NEWSLETTER
October 2015

SCLMA President's Message .....

Dr Di Minuskin

My nose is back to the grind stone after a whirlwind trip to the USA. New York City certainly never fails to impress, living up to the reputation as the "city that never sleeps". If possible, the energy in the city seemed even higher than usual with the visit of Pope Francis. The sidewalks were packed with people and the NYPD was out in force. Fortunately, despite the sardine like conditions, the difficulty getting around was made bearable by the uplifted mood of the whole city. Nobody can do a motorcade like the Americans. I did have a chuckle watching the lines of black surburbans, lights flashing and sirens wailing, accompanying the Pope around town. It made me laugh seeing the Pope, surrounded by these huge vehicles, sitting in his little two door Fiat, looking for all the world like Mr Bean going on holiday! No disrespect intended.

The AMAQ conference was excellent. One of the most interesting sessions was a talk given by the past president of the American Medical Association. He discussed the evolution of the American health system since the time of the great depression. Some concerning parallels with Australia are noted when governments use cost as the measure of worth rather than the health of the people.

Just when you were wondering how you are going to cope with the burden of paperwork, MBS rebate freezes and the ever increasing numbers of patients with chronic complex problems, another shell is being lobbed in your direction. The indications are that some form of revalidation for doctors is inevitable. It would appear that Fellowship exams, CME, Practice accreditation and mandatory reporting are inadequate to maintain the standards of the profession. The Medical Board of Australia has released three models that have been presented to them as possible options. *(See page 7)*

Whilst everyone will be required to comply, specific groups such as doctors over the age of 60 and those that have been in solo practice for over 5 years, will come in for additional scrutiny. I wonder how much we will be required to pay for this privilege? I understand the need to ensure that our patients are being looked after by a competent medical workforce, but it seems to me that this approach employs a "machine gun" when a "fly-swatter" might suffice. Even the government's own numbers suggest that the group of "under performers" is a small percentage. Surely a more targeted approach, offering up-skilling to this group, would be a less expensive option. The savings made can then be spent on actual patient care! The implication that just because you are 60 years old, you may be a threat to the patients is also quite offensive, if not discriminatory.

By the way, has anyone looked at the birth dates of our PM and Deputy? Successive governments have promised to look at the amount of red tape and paper work that has eroded both the amount of clinical time we can spend with our patients and our valuable leisure time. This latest measure just might be the straw on the camel's back for a number of competent experienced doctors in that 60+ age group.

This last year seems to have vanished in no time at all. Perhaps it has been the constant challenges and battles that the profession has faced in the last 12 months. We have just two more editions before your newsletter team packs away the keyboard for a couple of months. The Newsletter is the voice of the SCLMA and we would welcome suggestions for articles or topics you would like to see covered. It is not always medical news and politics that makes for a newsworthy story. We are a group of articulate, well educated, well travelled professionals with a diverse range of interests and hobbies. So if you have a passion for something, whether it is "plants of the sand-dunes" or the "origins of blue grass bands", dust off your writing skills and tell us about it.

Di Minuskin

CONTACTS:

President and	Dr Di Minuskin Ph: 5491 2911
Vice President & AMAQ Councillor	Dr Wayne Herdy Ph: 54791 5666
Secretary:	Dr Jenny Grew Ph: 5441 0200
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Newsletter Editor:	Dr Marcel Knesl Ph: 5479 0444
Meetings Convenor:	Dr Scott Masters Ph: 5491 1144
Hospital Liaison:	Dr Jeremy Long Ph: 5470 5651
Committee:	Dr Kirsten Hoyle Dr Mason Stevenson Dr Nigel Sommerfeld Dr Mark De Wet

For general enquiries and all editorial or advertising contributions and costs, please contact:

Jo Bourke (Secretariat)
Ph: 5479 3979
Mob: 0407 037 112
Fax: 5479 3995

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

Please address all correspondence to:
SCLMA PO Box 549 Cotton Tree 4558
Email: jobo@squirrel.com.au
Fax: 5479 3995
Newsletter Editor:
Email: Dr Marcel Knesl
mknesl@oceaniaoncology.com

NOVEMBER 2015 NLETTER Deadline Date will be FRIDAY 6 NOVEMBER 2015

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 800 recipients!

Contact Jo: 5479 3979
Mobile: 0407 037 112
Email: jobo@squirrel.com.au
Fax: 5479 3995

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

ARE YOU A MEMBER?

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

www.sclma.com.au.

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself
Enquiries: Jo Ph: 5479 3979 or 0407 037 112
Email: jobo@squirrel.com.au

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

Directory form available on the website.

Ok, well it's October and the 3rd last newsletter for 2015. My eyes are rugby weary and I feel a bit sleep deprived.

Dr Di Minuskin kicks this month off with her president's report drawing attention to the concept of revalidation of doctors in particular for doctors over the age of 60 years and those doctors in solo practice. Yes I knew this opening statement would get you focused on the content.

I always enjoy the radiology case of the month prepared by SCR. This time it's the Lisfranc injury.

AMA president Chris Zappala talks about the current Federal Governments review of the Medicare Benefits Schedule.

New advertiser Cassell Accounting draws our attention to the true cost of your business motor vehicle and why you have to be an Orthopaedic Surgeon not to worry about luxury car tax.

Jon Miles from Lexus, Maroochydore recently dropped me a line. For the month of October Lexus are running their premier sales event of the year, L'Exhibition. This is a finance rate of 1.5% on a large selection of new vehicles. SCLMA members also benefit from complimentary servicing and generous savings on the purchase price of the vehicle. Jon's direct dial is 5452 8777. By the way Jon is the GM so you are talking to the top man.

The committee on behalf of the SCLMA members also strives to channel our support to certain academic pursuits and with this principle in mind we once again presented a scholarship bursary on behalf of the SCLMA to a student from The University of The Sunshine Coast.

Photos are included of Dr Ian College with the scholarship recipient Dylan Astley.

Enjoy the read .....

Regards

Marcel Knesl

mknesl@oceaniaoncology.com

HIGHLIGHTS in this issue:

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

LAST MEETING FOR 2015!
Maroochydore Surf Club Function Room

THURSDAY 26 NOVEMBER 2015
Dr Chris Zappala, President AMA Queensland will attend to meet members and address the meeting briefly.

Speaker:	Dr Bev Powell, Gynaecologist
Topic:	***'Sex, Lies and Laserbeams, (or Nonhormonal Treatment of Vaginal Atrophy)'***
Sponsor:	High Tech Laser, Australia
Speakers:	Dr Olivia Bigault & Dr Debra Furness, Radiation Oncologists
Sponsor:	Genesis Cancer Care Queensland
Topics:	***TBA***
Speaker:	Dr Rachael Sharman, USC
Topic:	***'Concussion in sport'***

ENQUIRIES:

Jo Bourke
Ph: 5479 3979 (M) 0407 037 112
Email: jobo@squirrel.com.au
Clinical meetings are for current SCLMA members.
Membership Applications are available at each meeting, in the newsletter and the SCLMA website.

Website: www.sclma.com.au

Telephone (07) 5443 6990 Email maroochydore@snap.com.au print design websites sn@p

HEALTH SERVICE LINK
October 2015

Following on from the opportunity to present an update on our research endeavours at the SCLMA's September Clinical meeting, the annual Sunshine Coast Hospital and Health Service (SCHHS) Research Day was held on 14 October 2015.

It was very pleasing to see both the quantity and quality of research that is being undertaken within the health service. This year has seen the highest quality work submitted for Research Day since it commenced in 2011. We have also seen an increase in the number of research projects involving several health disciplines which demonstrates our commitment to delivering care in a contemporary multidisciplinary context.

Our research strategy is supported by Wishlist (Sunshine Coast Health Foundation), which provides research funding support for projects undertaken by health service researchers.

The Wishlist Research Grants were first launched in 2009 to offer direct advantages to service delivery and health care throughout the SCHHS. Over this period $1million in research grants has been provided by Wishlist. A record 16 research grants worth more than $225,000 were announced at the annual SCHHS Research Day. Wishlist has also pledged $475,000 of its annual spend to research projects in the 2015/16 financial year—30 percent of the foundation's annual commitment to SCHHS. In addition to the quality presentations that were provided by SCHHS staff, two leading Australian health researchers also contributed to the day:

- Professor Alex Broom, Professor of Sociology, University of New South Wales, who presented on 'What drives practice and what limits change? Utilising social science to understand and transform healthcare delivery' and;
- Professor Wendy Chaboyer, Director National Health Medical Research Council National Centre for Research Excellence in Nursing, Griffith University, who presented on 'Engaging Patients in Care; A Patient Safety Priority'.

Over the last four years, Clinical Trials in the SCHHS has also undergone significant change with the view of ensuring that all research activity is undertaken with sound governance and strong foundations for growth and development. The establishment of the Research Governance and Development Unit (which has full oversight of Clinical Trials activity) has provided the necessary infrastructure for the implementation of sound and robust Clinical Trials practices.

There are more than 70 externally funded clinical trials and clinical research projects conducted in the SCHHS (as at 31/08/2015), including:-

Anaesthetics 4	Cardiology 8	Gastroenterology 3
Geriatrics/Palliative Care 4	Infectious Diseases (including HIV) 4	Intensive Care 5
Obstetrics/Paediatrics 5	Oncology 28	Orthopaedics 1
Renal 7	Respiratory 1	Surgical 2

One of the fundamental elements of a true tertiary health care provider is the support and prominence of research within the organisation. Under the vision of Associate Professor Nick Gray and supported by Megan Rutter, Manager Research Governance, our health service can demonstrate that we are well on the way to satisfying this test. The dedication and commitment of our researchers, together with the leadership of the SCHHS Research Committee will ensure that this journey continues.

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

AMA QUEENSLAND PRESIDENT'S REPORT

Dr Chris Zappala

Dear Members,

AMA and AMA Queensland have long called for a healthcare system that works towards continuous improvements in the areas of quality and efficiency. Whilst many attribute healthcare successes to the work of policy makers, these wins would not be possible without the hard work of dedicated clinicians who make innumerable daily clinical decisions.

Despite this, the judgment of clinicians has recently come under attack by the Federal Government in their Review of the Medicare Benefits Schedule (MBS). Claims of waste and doctors using the system and patients for financial gain are unfounded, offensive and undermine the skills and contributions of medical practitioners across the country. That the data was drawn from a wide ranging USA publication, without sole focus on clinical care, matters little to our Federal Health Minister, who has deliberately tried to inflame and splinter doctors – familiar tactics!

AMA has long been supportive of an MBS Review, provided it is clinician-led and has no prejudiced notions about the use or misuse of medical services. Clearly technology and practice change, and the MBS will require sensible evolution. Instead, we have seen government try to obscure its repeated attempts to cut costs and boost the bottom line by launching vitriolic attacks on the profession.

Our increasing medical knowledge and technological innovations mean it is inevitable various medical tests and procedures will become obsolete. Moreover, the pressure of medico-legal risk does occasionally necessitate investigations and certain management steps. The MBS Review should therefore be a collaborative and constructive process that modernises the MBS, not one that creates an unnecessary division between healthcare providers and health policy makers.

Inevitably, there will be isolated incidents where a colleague's judgment might have been mistakenly deficient. Clearly, the correct avenues to address this already exist and spurious use of MBS item numbers to achieve this misguided end are fraught. In addition, the unpleasant taint of over-servicing and/or over-charging needs to be dealt with thoughtfully and constructively so that outliers are brought back into the mainstream. Programs such as the Australian Atlas of Healthcare Variation, being compiled by the Commission on Safety and Quality in Healthcare, are more appropriate, purpose-designed efforts with this aim.

Last year, the Office of the Health Ombudsman was established as Queensland's new health service complaints agency. At the time of the legislation's introduction in 2013, AMA Queensland held significant concerns which have not been quelled since its establishment. Consultation with prominent members of the medical community has raised a number of significant concerns about the OHO's functioning and the lacklustre handling of complaints in some cases, including unacceptable delays.

AMA Queensland believes patients and doctors deserve an effective and fair health regulator and the OHO requires further refinement to meet this brief and contribute constructively to health system improvement without aggressive persecution of individuals. We are consulting with members and stakeholders to develop a submission to government that will outline a practical blueprint for improvement. If you have a contribution to make, please contact AMA Queensland (07) 3872 2222.

I would like to finish on a positive note for the dwindling (few) readers who've managed to reach this far in my column. At the beginning of the year, AMA Queensland called for the establishment of a Queensland Medical Education and Training Institute to bring uniformity and rigour to workforce prevocational training. We have been happy to see the State Government's support of a unified prevocational junior doctor training workforce. Whilst it is early days, we remain positive about the possibility of improvements for junior doctors during their formative years as they move between various jobs that update and enrich their experience of medicine. We will continue to update you on new developments.

Sincerely,

Dr Chris Zappala, AMA Queensland President

REVALIDATION MODELS

Model A:

- Low-level model of revalidation operated entirely online.
- Running over a period of five years, doctors would be required to produce an annual online portfolio/supporting information showing evidence they had taken part in mandatory self-directed CME and get feedback from multiple sources on their practice.
- These would both need to be signed off by a line manager or equivalent professional body once a year.
- The model would be cost-effective, potentially available nationwide provided internet access was available, and easy to administer and relatively easy to assimilate into daily workloads.
- It would demonstrate that doctors are up-to-date but not necessarily fit to practise providing a single regulatory response.
- However, there would be only limited opportunities for "reflective and collaborative learning". It would also fail to specifically target 'at risk' doctors — for instance those aged 60 or older or those in independent practice for five years or more.
- The heavy reliance on self-directed CME may also prevent beneficial development.

Model B:

- The system would operate over a five-year period and seeks to deal with the deficiencies identified in Model A.
- Doctors would be required to present an online portfolio/supporting information. This would detail doctors' engagement in directed CME (no self-directed option) and facilitated online learning.
- It would also include biannual appraisals for targeted groups such as doctors aged 60 or older or those in independent, private practice for five years or more.
- A "revalidation appraisal" would be undertaken for all doctors every fifth year.
- There would remain a limited opportunity for reflective practice, a lack of regular appraisals for all Australian doctors and the development of potential hostility surrounding exclusively directed CME.

Model C:

- Model C ensures doctors are both up-to-date and fit to practise.
- Doctors would be required to show evidence of self-directed and directed interactive CME.
- This would include facilitated online learning, blended learning, annual appraisals, and participation in feedback from multiple sources including a review of patient complaints.
- It would operate over a five-year cycle with every fifth appraisal acting as a revalidation recommendation.
- Possible hostility from the profession and lack of effective development arising from CME would be addressed by combining both self-directed and directed CME.
- Doctors would be required to attend a core of similar CME events but would maintain freedom amongst their CME choices beyond this.
- All doctors would engage in annual appraisals providing valuable "reflective practice opportunities", and would therefore receive the full benefits of facilitated appraisals and feedback.
- A review of patient complaints would provide an additional layer of reflective practice and ensure that the patient voice was both heard and acknowledged.
- Although difficulties in fully implementing Model C in the Australian context are acknowledged given the high percentage of private doctors, it offers the best model of revalidation informed by the current evidence base, and is most likely to assure both safe and — over time — better practice.

Source: *The evidence and options for medical revalidation in the Australian context*

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We Need to Talk! – about Integrated Care

Dr Jenny Grew (Secretary, SCLMA)

Astute observers amongst us predict that a perfect storm is forming for integrated care. Given the current "health atmospherics", I reckon they're onto something. We have health budget blow-outs that aren't, MBS and Primary Care reviews, Medicare Locals being reborn as PHNs and on the Sunshine Coast, the transition to a new public hospital. The common thread in much of the commentary, including in the pages of this newsletter, is Integrated Care. As enthusiastically reported to the SCLMA Committee by Dr Jeremy Long, it was the headline topic at the most recent Queensland Clinical Senate meeting. Particularly compelling was a presentation on the transformational integration work going on in the health system in Canterbury (NZ).

So, just what is Integrated Care? The term means different things to different people. A 2008 WHO definition describes it as the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system. In other words: "right care at the right time in the right place".

Why do we need Integrated Care? I think we all know the answer to this! Current fragmented services fail to meet the demands of an ageing population and increases in the number of people with multiple long term conditions. Developing integrated care means overcoming the barriers between primary and secondary care, physical and mental health, and health and social care. Integration can improve the patient experience – *and* the outcomes and efficiency of care.

What's the next step? Creation of the vision is a key enabler of change. To capture the current momentum, it's been suggested that we get our collective heads together in a very large room and simply begin the conversation. In doing so, we discover the commonalities of experience and develop better understanding of the local issues – our shared objectives, the barriers, and potential solutions…and we're underway! In Canterbury, a 'Showcase' event was developed – this took place in a warehouse and involved a walk-through various 'scenes' that set out the challenges facing the health system. It might not take the form of a showcase, but plans for an integrated care forum are afoot in the Sunshine Coast

In the meantime, check out some of the presentations on integrated care from the Clinical Senate meeting:
https://www.health.qld.gov.au/clinical-practice/engagement/clinical-senate/meetings-publications/previous-archive/default.asp

And if you read nothing else about integrated care, the 2013 King's Fund report on the Canterbury experience provides the feel-good factor (reference below). As the authors admit, it reads as a little bit "Mom and apple pie" and the sighs of "here we go again" from jaundiced clinicians might almost be audible. Integrated care has been described as hard, lengthy and time-consuming. But there are also clear indicators that it is real and it works. Be sure to join the conversation.

References

Timmins N and Ham C (2013) The quest for integrated health and social care: A case study in Canterbury, New Zealand. The King's Fund.

Oliver-Baxter J, Brown L, Bywood P (2013). Integrated care: What policies support and influence integration in health care in Australia? PHCRIS Policy Issue Review. Adelaide: Primary Health Care Research and Information Service.

Ham C and Walsh N (2013). Making integrated care happen at scale and pace. The King's Fund.

GPLO SCHHS – UPDATE OCTOBER 2015

Dr Sandra Peters

We seem to be hurtling towards the end of 2015 and as usual time is speeding up the closer we get. I have a few updates for you this month and will try to keep it brief!

Clinical prioritisation criteria (CPC):

- Live testing will commence on 2nd November on the Sunshine Coast to evaluate the "end user experience". I would like to express my thanks to the > 60 GPs locally who have engaged with the CPC implementation team and volunteered to participate in the evaluation of the referral criteria for Orthopaedics, Gynaecology and Urology. The Sunshine Coast has had a high rate of participation by GPs and specialists in the Clinical Advisory Groups for the development of CPCs. It is exciting to be part of a clinical community committed to working together to find solutions to improve access to public hospital services for our patients.
- Testing will end on 27th November and all the feedback will be collated for a report which will be available for review early in 2016.
- If anyone would like to see the DRAFT version of any CPC documentation please email and I will forward to you. These documents will remain draft until all the testing and feedback has been completed and clinician recommended changes have been incorporated into the final CPC solution.

SeNT (Smart referral):

- A collaborative project between SCHHS and PHN Country to Coast
- Smart referral, agnostic of clinical software systems and currently able to be fully integrated with Best Practice and Medical Director
- Ability to import and attach ALL documentation including previously scanned documents
- Inbuilt criteria for Orthopaedic referrals
- 20 practices to participate in a 6 month pilot, using this referral as their referral solution for this period. Please contact myself or Vanessa Lynn (vlynn@phncountrytocoast.org.au) for more information.
- Address to check out how the generic platform will look

https://www.youtube.com/watch?v=HMJ9jtOtoJA&feature=youtu.be

Statement of Choices Programme :

End of Life Care was the focus for discussion in the Queensland Clinical Senate in 2014, and has remained high on the agenda for many local clinicians since then. Ideally discussions regarding end of life choices are best initiated in the family and discussed with GPs and then shared with other clinicians involved in the patient's care. Sometimes initiation of discussion may begin during a hospital admission. The Advanced Health Directive (AHD) remains the only legally binding document in Queensland from the contestability point of view, but its completion can be daunting and overwhelming for many. There is a new "Statement of Choices" programme which is being embraced in other parts of the State and which will be promoted on the Sunshine Coast in the coming months. The development of a Statement of Choices supports the completion of an AHD. Please find a little more information about the programme below.

- The Statement of Choices program is an advance care planning document designed for patients to write down their health care values and preferences.
- It provides a way for individuals to inform their family and doctors of their future health care choices and share their values, beliefs and treatment preferences with their family, friends and health care providers.
- GPs will be invited to use this program with their patients as a starting point for discussion about future health care decisions.
- Further information about the program will be available closer to the commencement date.
- Every adult can consider planning now for their future health care, regardless of their age or health.
- Advance care planning is a completely voluntary process and not all patients will want to participate.

Web link: http://metrosouth.health.qld.gov.au/acp for more info

Last but not least, my thanks to Di Minuskin who highlighted to the SCHHS that the process for notifying GPs of the death of a patient in SCHHS facilities was sometimes unreliable. I am pleased to share that in a short time frame the process has been reviewed and a system implemented to ensure that GPs receive a written confirmation that a patient is deceased by the next business day. This illustrates the importance of feedback from GPs to help drive the cycle of improvement at SCHHS.

On that note I bid you adieu for the month and remind you of the email address to make contact!

Best wishes
Sandra Peters
Sandra.peters@health.qld.gov.au
(07) 5470 6541

University of the Sunshine Coast Scholarships Presentation Ceremony 7 October 2015

SCLMA Patron, Dr Ian Colledge attended on behalf of the Sunshine Coast Local Medical Association and delivered the following address ...

"The Sunshine Coast Local Medical Association is pleased to be able to award this bursary to Dylan Astley.

Dylan started his Honours program within the School of Health and Sport Sciences in July 2015. His Honours project is to find "A diagnostic test for scabies: IgE epitope mapping of Scabies mite allergen Sar s14.3"

Scabies is not everyone "cup of tea". I is however, a world wide problem which is not always easily diagnosed. I understand that the scabies allergen Sar s14.3 has been identified, however its diagnostic usefulness is inconsistent.

Dylan's project is to map the antigen sites to which this allergen binds. This research will hopefully enable the development of an accurate diagnostic test and perhaps new treatment choices.

Dylan you have a sound academic record. The LMA is proud to be able to support you with this basic medical research. We hope your experience with basic research will equip you for a life of thoughtful enquiry, and perhaps a major medical breakthrough.

The SCLMA members look forward to hearing about your research at a clinical meeting in 2016."

PHN Update – Support for General Practice

Robb Major, Practice Support Team Leader

Central Queensland, Wide Bay, Sunshine Coast PHN recognises that general practice lies at the heart of primary health care, and as such, we are committed to providing support and assistance to practices to ensure that people across the region have access to quality health care services.

Our Practice Support Officers (PSOs) are available to work with your practice team on a range of programs and services. We can provide the following services to enhance quality care and access to services for your patients, including building capacity within your practice.

Data management
Assistance with clinical data management, such as data cleansing and creation of chronic disease registers and reminder systems. The **Pen+** software suite including Pencat4 Clinical Audit Tool, PatCat, Top Bar and Scheduler are utilities we can demonstrate, install in your practice and train staff.

eHealth
Support with eHealth initiatives including; secure electronic messaging, electronic prescribing, individual NASH and location certificate support, setup and use of MyHealthRecord, SCHHS eReferral templates and guidelines required for referrals.

Aboriginal & Torres Islander Care
Closing the Gap program aims to help the health outcomes of Aboriginal and Torres Strait Islander patients. We work with general practice and the community to educate and encourage for better access and support. Services include Cultural Awareness Training and enhanced care opportunities through specific MBS item numbers.
The Care Coordination and Supplementary Services (CSSS) Program aims to help Aboriginal and Torres Strait Islander people with chronic disease to look after their health.

Accreditation
PSOs provide resources and support around accreditation processes and requirements. We are fortunate to have an experienced accreditation support person on staff who can assist with the process including completing "mock" survey visits.

Chronic Disease Management
Chronic disease has been identified as a priority for our region. Due to the region's ageing population and other factors, chronic diseases are prevalent, particularly asthma, diabetes, respiratory disease, and mental illness.

The PHN supports GPs in enhanced management of chronic disease through:
- Data management and identification of patients with chronic disease or associated risk factors
- Training and education around chronic disease

Education
PHN Central Queensland, Wide Bay, Sunshine Coast provide evidenced based quality improvement and continuous professional development activities for general practitioners and Practice Staff (practice managers, nurses, allied health and admin). These are timely, relevant, and evidence-based. We are also committed to providing education responding to identified health priorities of Central Queensland, Wide Bay and Sunshine Coast.

For assistance in any of the above areas, please contact our office on **5456 8100** and ask to speak to:

Clinton Bazley	South & Hinterland Region
Lou Collins	Central Region
Amber Scott	Gympie & Noosa Hinterland Region
Robb Major	Northside & Coastal Region

WAYNE HERDY

AMAQ Councillor Report

WHITHER THE SOCIAL CONSCIENCE?

This year, the Nobel prize committee made a rather unusual choice in awarding the Nobel Peace Prize to an unknown and loose coalition of amateurs who had conspired to protect democracy and avert a civil war. The coalition comprised four discreet groups plus some others, including – wait for it! – a group of lawyers. Now lawyers are not notorious as a class for overflowing with the milk of human kindness, and I was left to wonder: where were the doctors?

As individuals, doctors are inherently altruistic. We have the legend of Albert Schweitzer (who won the Peace Prize in 1952) and the reality of Fred Hollows, but they are the tip of a veritable iceberg of doctors who nobly devote their lives to some cause or another. Mostly they do not achieve or seek public recognition, although the Australian Honours awards usually reflect disproportionate numbers of doctors of all kinds.

However, as a professional collective, doctors do not stand out as the conscience of our communities. Sure, the AMA publishes the occasional statement on social injustice, be it aboriginal health or asylum detention or domestic violence. But those statements are dry, clinical, and carefully worded so as not to offend – or to incite real action. Rarely do we see a medical collective such as a Local Medical Association or the AMA put on its Quixotic armour and sally forth to tilt at some meaningful social windmills. When we do allow our blood to stir, it is more likely to be for a less altruistic cause, such as the ultimate distribution of the health dollar. The most powerful campaign ever mounted by an Australian medical collective centred on medical indemnity, not the care of the disenfranchised and disadvantaged.

I look fondly back at the romantic (and possibly fictitious) ideal of the village doctor in a bygone era, a moral paragon within the community, and local leader of social reforms. With very few exceptions, I do not see that ideal translated into a profession-wide role as the conscience of our community, whether local or global.

In 1985, the Nobel Peace Prize went to the International Physicians for the Prevention of Nuclear War, which I think is the only time that doctors were so recognized as being an instrument of social conscience. The Red Cross won it in 1917 and 1944 (near the end of both World Wars) and again in 1963, and MSF won it in 1999, but for practical works, not for being a social conscience.

So I am still left to wonder: when will the Nobel Peace Prize next be awarded to a collective of doctors for their role in making the world a better place for all?

MEDICAL BENEFITS SCHEDULE REVIEW.

The MBS review has excited some media attention lately, and a review committee has actually been called into existence.

What is this all about?

Do we need a review of the MBS? There is some truth in the assertion that at least 10% of the MBS is archaic and should be scrapped. But the AMA's swiftest response is to remind us of the eternal caution: be careful what you wish for. A sweeping review of the MBS might leave us with a dog's breakfast worse than the one we have, and there is real potential for a new MBS to be engineered to destroy clinical autonomy. There is also a potential for the review to lubricate the slippery slope away from fee-for-service and towards capitation.

There are a few certainties. One is that the government is not exploring the MBS as a way of giving doctors more money. There is an underlying sentiment that the MBS can be managed more efficiently. But a revised MBS is more likely to eventually mean a smaller health budget and less money in doctors' bank accounts.

Another certainty is that the final product will be written by bean-counters, not by clinicians. We will have to be grateful enough if clinicians' views are even heard, but you don't need a life of experience with government to know that clinical views will not dominate.

It was no coincidence that the ABC recently aired a feature article on Four Corners about waste in the health sector. Dr Norman Swan, although academically one of our own, has a history of bringing some real left-of-field views into the public domain. The article has been widely condemned for its lack of balance. Swan declaimed back and knee surgery but cited as evidence some procedures which most reputable surgeons would not routinely perform. We all know there is waste in the health sector. It might even be as high as the 30% proposed in the Four Corners article.

WAYNE HERDY
AMAQ Councillor Report /cont:

But the AMA thinks that most of the waste in Australia is bureaucratic, not poor clinical judgment or blind adherence to worthless treatments. For those who watched the Four Corners show, Swan's preoccupation with an analogy with trains left me curious: who does he think should be driving the train?

An argument that Norman Swan did not put forward is that the mug punter, i.e. the hapless patient, really has to put some faith in the doctor who is advising him. The main indication for tonsillectomy in us early Baby Boomers was the possession of a pair of tonsils. These days, ENT surgeons will proceed infrequently to tonsillectomy and under the gravest of provocation. It is the prudent exercise of clinical discretion by the ENTs that has led to tonsillectomy being a rare operation. That does not mean that tonsillectomy should never be performed. It means that the community has to leave clinical discretion to the experts.

I cannot resist my small-minded personal view on my chosen target for the MBS review. Extended Primary care (EPC) items such as Care Plans rarely uncover anything that the careful GP didn't already know about the patient, they have been widely abused as a lucrative but unproductive income stream, are open to abuse by GPs who are not the patient's usual treating doctor, and ultimately lead to a MBS subsidy for five referrals to allied care professionals. Would it not be cheaper, more efficient, and better care, simply to allow the patient's usual treating doctor to refer patients to allied health professionals according to need? Minister Ley, please have another look at the waste generated by EPC items.

An area of waste in the health sector which has not been aired much – and cannot be addressed by an MBS review – is the unnecessary use of health resources for defensive medicine. I have publicly raised the question, and called for another examination of law reform as a pathway to better spending of the health dollar.

I hesitate to raise my other personal experience of waste in primary care – the doctor shopper. I suspect that the HIC knows fairly accurately how much doctor shoppers cost the health budget, but it is not politically wise to mention it in polite company. To do so places the blame for waste on the shoulders of the patient – for "patient", read "voter". And why do I hesitate to raise it? Because the answer to doctor shopping is capitation. Having worked in the UK, I still call Australia home.

As always, the opinions expressed herein remain those of your correspondent, Wayne Herdy.

What Is The Real Cost Of Your Motor Vehicle?

by FRANK CASSELLS

If you use your motor vehicle for earning your income then there are certainly some tax benefits to be had. And we all should be maximising our claims. But tread carefully, because that company car may be a luxury your practice can't afford.

The cost of a vehicle doesn't determine whether or not you get a tax deduction per-se; but it sure has an impact on how much it is costing you and how much the tax man is helping.

The thing is, the ATO have decided that if you purchase a vehicle costing $57,466 or more (ex GST) you are officially driving a 'Luxury' car. And they reckon you should be shouldering the cost of this luxury, both from a depreciation and a GST perspective.

So, on the purchase of a new car (assuming 100% business use), you get to claim depreciation and GST input credits of the same amount irrespective of whether or not the car costs you $57,500 (ex GST) or $120,000 (ex GST).

The sting in the tail comes when you go to sell

In the first year this depreciation is around $17,250 and the GST input credit is $5224. The trouble is when you come to sell the vehicle, there is a potential sting in the tail.

For a non 'Luxury' vehicle, if the sell price (ex GST) is more than the written down value (cost less depreciation claimed) then there is a taxable profit, when you sell.

But when you sell a luxury vehicle there is this thing called a 'balancing adjustment' whereby the value you sell your car for is reduced pro-rata.

This takes into account the luxury vehicle limit as a proportion of the original total cost of your vehicle.

While that sounds good, the end result appears invariably to be a greater 'taxable profit on sale' than we normally see for non luxury cars.

This often comes as a shock to the unsuspecting taxpayer at tax return time after they have decided to update their motor vehicle. But wait, there's more ...

The Luxury Car Tax

In Australia we have been conditioned to believe that the price differential for the joy of driving that 5 Series BMW or other European equivalent is all due to the extra opulence and safety.

Not necessarily. There is the Luxury Car Tax, paid by the dealer and included in the price (ex GST) of your motor vehicle when the price exceeds $63,184 (2015/16) (note $75,375 for fuel efficient cars). The tax rate is 33%!

So if you buy a new motor vehicle for $125,000, you are paying $18,545 in luxury car tax before you drive it away. A new car price tag of $200,000 means you have paid luxury car tax of over $40,000. Is it any wonder the value of new cars drops so much in the first couple of years?

> **A new car price tag of $200,000 means you have paid luxury car tax of over $40,000. Is it any wonder the value of new cars drops so quickly?**

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EASY ACCESS FOR GPs!
CENTRE PAGES of this newsletter and on our website!

The Sunshine Coast Private Hospital, Buderim has provided GP Admission and Referral Information for all services. (PAGE 18)

Ramsay GP Liaison Officer, Pam Bull, has provided 'Easy Access to Private Beds' for all Ramsay Hospitals. (PAGE 19)

The Minutes of the SCLMA meeting held 27 August 2015 are published in this newsletter. Please note the Motions accepted.

To those cardiologists who were asking about joining at the SCLMA October meeting, the message is to JOIN NOW, pay the New fee of $70 plus gst and be covered for the rest of this year and all of 2016.

Telephone (07) 5443 6990 Email maroochydore@snap.com.au print design websites sn@p

GP Admission and Referral Information

The Sunshine Coast Private Hospital at Buderim

Acute admissions - 5430 3314

For acute admissions, phone the Hospital Coordinator on **5430 3314**
- To assess the bed situation
- To assess the appropriateness of the admission
- To assess VMP availability to accept admission

If admission appropriate and bed available and VMP accepts admission, the patient can then be sent directly to main reception at the hospital. The GP practice must notify the hospital coordinator that the VMP has accepted care of the patient so the appropriate bed can be held.

Buderim Heart Centre admissions - 1300 675 897

For Buderim Heart Centre admissions, phone **1300 675 897** where you will speak to an ICU RMO who will assist with patient assessment and organising admission directly to the hospital.

Breast Clinic referrals - 5452 0500

For Breast Clinic referrals, phone **5452 0500**. Referral forms can be downloaded from the website at sunshinecoasthospital.com.au/breastclinic.

Acute Mental Health referrals - 1300 780 413

For acute mental health referrals, visit sunshinecoasthospital.com.au/doctorsearch to access your preferred credentialed consultant psychiatrist's details and forward the patient referral directly. For general enquiries, phone the Cooinda Mental Health Service on **1300 780 413**.

Important information required at the time of the initial enquiry

- Patients' full name and date of birth
- Diagnosis
- Brief history, including comorbidities that may impact nursing care
- Health fund details

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Noosa Hospital Emergency	**GP only urgent admissions hotline - 5455 9591** General enquiries – 5455 9381
Noosa Hospital Private Patient admissions	Noosa specialists – see Ezifind or **www.noosahospital.com.au/Our%20Doctors/Specialists** **(FOR URGENT ADMISSIONS PLEASE CONTACT EMERGENCY – 5455 9591)** Noosa Hospital is currently reviewing its processes to streamline admission and will update GPs on this in the near future.
Caloundra Clinic (mental health)	**GP EziAccess hotline - 5492 0277** See our Ezifind or website for specialist listings: **www.caloundraprivateclinic.com.au/Our-Specialists**
Nambour Selangor Private Hospital (medical, surgical, rehab)	GP EziAccess hotline - 5459 7461 Please see our Ezifind for the latest list of Visiting Medical Officers or visit: **www.nambourselangorprivate.com.au/Our-Specialists**
Sunshine Coast University Private Hospital (medical, surgical)	Based on feedback received from GPs, Sunshine Coast University Private Hospital is in the process of creating a 1800 hotline for GPs. We look forward to providing you with this number to access our GP only EziAccess service for your private patients in the next few months. Surgical admissions – via specialist Medical admissions – via specialist Please see our Ezifind for latest list of Visiting Medical Officers or visit: **www.sunshinecoastuniversityprivate.com.au/Our-Specialists**

Call or email our GP Liaison Officer Pam Bull with your queries or feedback or for a copy of one of our ezifind specialist lists.
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Adam Ryder – Coastal Family Heath

"When problems arise, CRT respond to my calls promptly and efficiently. I recommend CRT Network Solutions unreservedly for any of your IT needs."

Jean Currin – Beerwah Medical Centre

"CRT pride themselves on promptness of response and I feel that this is what they deliver, not to mention experienced staff who will ensure a job well done before leaving site. I have no hesitation in recommending their services and expertise to other medical practices. They do an excellent job and our computers run consistently smoothly."

Elsie – Maroochy Medical Centre

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GenesisCare

IMPORTANT: CHANGE IN DEFINITION FOR TERMINAL ILLNESS

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

On the 1st July 2015 the definition of terminal illness for the purposes of superannuation and tax law changed where the period to be able to claim was extended from 12 to 24 months. This significant change provides those suffering from a terminal medical condition earlier access to their superannuation.

Previously, to allow early access to superannuation benefits on the basis of a terminal medical condition, two registered medical practitioners (one being a GP and the other a specialist) needed to certify that the insured's illness was likely to result in death within 12 months.

How does this impact you as a GP?

From the 1st July 2015 greater flexibility is provided to allow you to extend the likelihood of a patient passing away within a 24 month period, hence relaxing the stringent onus and unknown factor that is normally put on you from superannuation funds and patients.

Does the definition extend to Life Insurance policies?

The majority of Life insurance policies have a Terminal Illness component in them where if the client meets the definition the full insured life benefit can be paid out in advance prior to death. Up until recently insurance companies have continued to keep the 12 month clause for terminal illness benefits. This obviously creates an issue from a claims perspective and confusion for clients because the changes that are referred to above are purely relating to the account/investment balance within a superannuation funds. The majority of superannuation funds have Life insurance/Terminal Illness within them as a default cover so you can have the real scenario where a client may have $200K as an account balance and $800K Life insurance within the super fund. If the client was diagnosed to be terminally ill and likely to pass away within 24 months, they could access the $200K but would not be able to access the $800K until two medical practitioners certify the illness will result in death within 12 months.

First to market changes

An announcement was made this week that one retail insurer was extending their definition out to 24 months, effective 01/10/2015. This is an important step in providing clients/patients with early access to both their superannuation and Life insurance benefits. The pressure will now be on other retail insurers to respond and the likelihood will be that the majority of retail insures will change their terminal illness definition to 24 months within this financial year.

Importantly, the retail life insurance changes may not be extended to group and industry superannuation funds for a longer period as these policies normally take longer to respond and aren't under as much pressure to change.

If you require any additional information please contact Hayden White, Risk Specialist at Poole Group Accountants & Investment Advisers – hwhite@poolegroup.com.au / **07 5437 9900.**

Article written by Hayden White
Reference to Tech Wrap July 2015

Lisfranc Dislocation

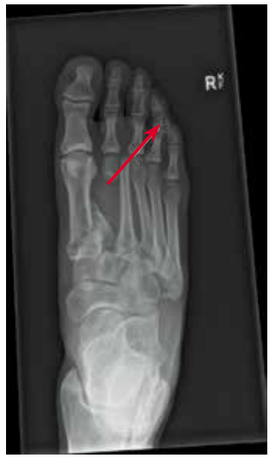
Clinical history: Injury to the foot, pain.

Findings

There is an oblique fracture of the 1st MT base, subluxation of the 1st TMT joint, all 5 tarsometatarsal joints are dislocated laterally. Fracture of the neck of second metatarsal is also seen.

Diagnosis

Findings in keeping with lisfranc's fracture dislocation.



Discussion

A Lisfranc injury (also termed a Lisfranc fracture-dislocation), is the most common type of dislocation involving the foot.

Anatomy

The Lisfranc joint is the articulation of the tarsus with the metatarsal bases, whereby the first three metatarsals articulate respectively with the three cuneiforms, and the 4th and 5th metatarsals - with the cuboid. The Lisfranc ligament is a strong band attaching the medial cuneiform to the 2nd metatarsal base on the plantar aspect of the foot. Its integrity is crucial to the stability of the Lisfranc joint.

Pathology

Mechanism

Injury mechanisms are varied, and include direct crush injury, or an indirect load onto a plantar flexed foot. Tarsometatarsal dislocation may also occur in the diabetic neuropathic joint (Charcot's).

Subtypes

There are two types of Lisfranc fracture-dislocation:

Homolateral

A homolateral injury refers to lateral displacement of the 1st to 5th metatarsals, or of 2ndto 5th metatarsals where the 1st MTP joint remains congruent.

Divergent

A divergent injury is the lateral dislocation of the 2nd to 5th metatarsals with medial dislocation of the 1st metatarsal.

Radiographic features

Plain film / CT

These injuries are well demonstrated on the standard views of the foot. Ancillary imaging techniques are seldom required, although CT examination may demonstrate unsuspected associated fractures. Associated fractures most often occur at the base of the second metatarsal. They may also be seen in the 3rd metatarsal, 1st or 2nd cuneiform, or navicular bones.

Ultrasound

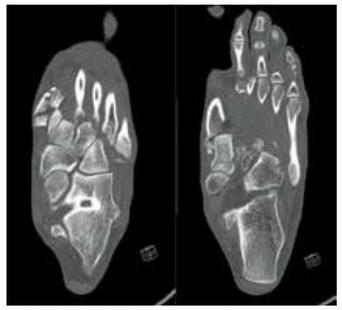
Useful for assessing ligamentous injury. Non-visualisation of the dorsal C1-M2 ligament and a C1-M2 distance > 2.5 mm is indirectly indicative or a Lisfranc ligament tear. Dynamic evaluation with weight bearing may show widening of the space between C1 and M2.

MRI

Again may be useful for assessing ligamentous injury especially when there is strong clinical concern with routine radiographs being inconclusive.

Complications

The most common complications of ankle and foot fractures are non-union and post traumatic arthritis. Although conventional radiography can usually demonstrate the features of these complications, CT is the better technique for delineating their details.



Etymology

It is named after Jacques Lisfranc De Saint Martin (1790-1847), French surgeon.

REFERENCES
http://radiopaedia.org/articles/lisfranc-injury

scradiology.com.au - Oct 2015

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Visit Madrid - The city which lives the life

The capital city of Spain and a financial hub for much of Southern Europe, Madrid has enchanting cultural lifestyle that attracts holidaymakers from across the globe. It boasts of artistic history, which spells bound art lovers to visit here again and again. With its beautiful historical architectural heritage of Roman culture, exotic Spanish culinary varieties, friendly people and exciting nightlife, it's an engaging and fascinating city.

Madrid is a cosmopolitan city, with modern amenities and rich artistic heritage, blended together for centuries of history. Madrid caters to everyone, with varied tastes and opens itself to everyone to discover and explore.

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- **Palaces and Monasteries –** Madrid has many ancient Palaces and Monasteries, which were once inhabited by Royal family and noble laureates. The guided tours help you unfold the mysteries behind palaces and other heritage sites.
- **Nature at its best–** Apart from rich architectural and cultural heritage, Madrid has 10 protected natural zones like Natural Park of the Summit, Regional Park of the Cuenca Alta del Manzanares, and Natural site of national interest of Hyedo de Montejo de la Sierra. These protected areas offer recreational and educational activities like Bird watching, far from the hustle-bustle and fast-paced city life. A must do, if you are a nature lover!
- **Outdoor Activities –** If your holiday revolves around getting the adrenaline rush, then Madrid has a lot to offer you with plenty of outdoor activities. Madrid is famous for its nautical sports like canoeing, skiing, sailing, rowing, rafting and windsurfing. The natural forests of Madrid offer activities like hiking & trekking, skiing and cycling.
- **For the food lover in you –** A holiday without good food is incomplete and if you want to satisfy your food loving soul, then head to some of the best restaurants of Madrid. Madrid boasts of world's oldest restaurant, Botin at Habsburg Madrid, known for its traditional roasted pig in wood oven. The restaurants in Madrid have evolved and made the city as the food capital of the Europe. They offer a blend of innovation and creativity in the traditional menu, showcasing infinite variety of food from every corner of Europe.

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- *Nautical sports like sailing, rowing, canoeing and rafting in the San Juan reservoir*
- *Food walk in the old centenary restaurants of Madrid, reliving the past history and moving your taste buds in exotic cuisines from all over Spain.*
- *Experiencing Street life of Madrid that perfectly complements the sheer energy of city, binding the very soul of city with music and nightlife.*

Book today and open the doors to discover yourself! Having just returned I can highly recommend a visit to Spain. 123 Travel Shop 5/56 Burnett Street Buderim.

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MBS REVIEW PRIORITY MUST BE IMPROVING HEALTH, NOT THE BUDGET BOTTOM LINE

AMA Submission to the Medicare Benefits Schedule (MBS) Review Taskforce

The AMA has lodged its submission in response to the MBS Review Taskforce Consultation Paper with the Department of Health.

AMA President, Professor Brian Owler, said today that the AMA supports a systematic review of the MBS, which involves genuine consultation with all medical specialties.

"The AMA wants the review to produce a modern MBS that reflects high quality, contemporary medical practice," Professor Owler said.

"The review should be a single comprehensive update of the MBS that removes or amends outdated items and adds new items to reflect current modern medical care.

"However, the process outlined by the Taskforce Consultation Paper will lead to a fragmented MBS because items will be removed and minor amendments will be made quickly, while any new items to reflect modern practice would languish in the slow-moving Medical Services Advisory Committee (MSAC) pipeline without being added.

"This raises the perception that the review could be merely a savings exercise with no benefits to patients.

"The AMA recommends a fast review and rapid implementation of its findings, preferably with the full support of the medical profession.

"It is vitally important that the process is rigorous, and ensures that the initial set of findings is tested sufficiently with the relevant medical groups to rule out unintended consequences.

"In our submission, the AMA is proposing a process that would be more efficient and transparent, and which would be more likely to be support the clinical services that patients need."

The AMA submission is at https://ama.com.au/submission/ama-submission-medicare-benefits-schedule-review-taskforce-consultation-paper

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28 October 2015

CONTACT: John Flannery 02 6270 5477 / 0419 494 761

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MEDICAL TRAINING MUST BE PRIORITY FOR HEALTH MINISTERS

The AMA has written to Health Minister Sussan Ley urging her to make medical training a priority agenda item when she meets with the State and Territory Health Ministers in coming weeks.

The AMA understands that the Standing Committee On Health (SCoH) is scheduled to meet on Friday 6 November.

AMA President, Professor Brian Owler, said today that the threat of shortages of training positions for medical graduates – illustrated by news this week that large numbers of South Australian domestic medical graduates will miss out on internships from 2017 – could become a national crisis over the next few years.

Professor Owler said that reports suggest that 22 South Australian trained domestic graduates could miss out on local internships in 2017, and up to 39 in 2018.

"This comes on top of data from the former Health Workforce Australia that predicted a national shortfall of 569 first-year advanced specialist training places by 2018, rising to 689 places in 2024, and rising further to 1,011 places in 2030," Professor Owler said.

"HWA demonstrated that, while Australia does not need to boost graduate numbers beyond current planned growth, it cannot afford to waste the investment that has been made in expanding medical school places in Australia to almost 3700 graduates at the end of this year.

"There is an urgent need to provide sufficient prevocational and vocational training places for medical graduates, with a particular emphasis on underserviced locations and under-supplied specialty areas.

"There is a sufficient number of medical graduates making their way through the training pipeline but, if our governments do not fund the required numbers of training places, we will see growing training bottlenecks and the community will not have the access to the medical care that it needs.

"Australia continues to be very reliant on international medical graduates. It is not acceptable for some governments to ignore the growing supply of local graduates, and the need to support them in progressing through the medical training pipeline to full specialist qualification.

"The AMA is calling on all Health Ministers to re-affirm past COAG commitments, and agree to work more closely together in the funding, planning, and coordination of medical training places.

"The Federal Government must show leadership on this issue," Professor Owler said.

---

21 October 2015

CONTACT: John Flannery 02 6270 5477 / 0419 494 761

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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PRACTITIONER DETAILS:		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	

PLEASE NOTE: ***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***

PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).

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Please note*: Membership applications will be considered at the next Management Committee meeting.*

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SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING

THURSDAY 27 AUGUST 2015

Maroochydore Surf Club Function Room, Maroochydore

MINUTES

(Accepted at Committee meeting 24 September 2015)

Attendance: Drs Di Minuskin, Kirsten Hoyle, Peter Ruscoe, Marcel Knesl, Scott Masters, Jeremy Long, Wayne Herdy, Mason Stevenson, Jenny Grew, Nigel Sommerfeld and Jo Bourke (Observer)

Apologies: Drs Scott Phips, Byron Oram, Rob Ingham and Denise Ladwig.

Minutes of last meeting: 23 July 2015
The Minutes were accepted as a true and accurate record.
Moved: Peter Ruscoe Seconded: Jeremy Long. Carried.

Business arising from Minutes: Nil.

President's Report: Dr Di Minuskin.

1. Congratulations to Scott Masters, Jo Bourke and Carol Hawkins on their efforts in organising a great annual function. Very positive feedback from those that attended.
2. Nigel Sommerfeld, Jenny Grew and I met with Profs Hefferan and Lohmann to discuss how the medical community on the Sunshine Coast might come together to encourage research. Worthy endeavour but barriers such as IT systems and poor funding in primary care were discussed.
3. Rob Ingham and I met with Dr Sandra Peters regarding concerns about delayed correspondence to GPs especially in regard to outpatient appointments. Sandra will be having ongoing meetings. Discussion also in regard to ongoing issues of Orthopaedic OPD access. Questioned and established that there is a process for dealing with correspondence returned to NGH if sent to the incorrect GP.
4. Would like to propose that the SCLMA patron, Dr Ian College present the bursary for 2015 to the USC student bursary.
5. Memorandum of agreement for Secretariat (Jo Bourke and Carol Hawkins) unchanged and to be signed. Moved: Di Minuskin. Seconded: Wayne Herdy. Carried.

Vice President's Report : Dr Rob Ingham – Apology.

Secretary's Report: Jenny Grew, Acting Secretary
Correspondence In:

- Chris Zappala – AMAQ President
- Melissa Creed USC – re SCLMA Student Bursary
- Mike Hefferan USC – re meeting
- Scott Phipps – re NGH letters
- Melissa Creed – USC student nominated for Bursary
- Pattie Hudson PHN – re representative at monthly meetings

Correspondence Out:

- Di Minuskin – to Pattie Hudson re PHN rep attending meetings

Business arising from Correspondence: Nil

Treasurer's Report : Dr Peter Ruscoe
(a) Accounts to be paid:

- Australia Post – Account July 2015
- Jo Bourke – Secretariat July 2015
- Jo Bourke – Newsletter August 2015
- Snap Printing – Newsletter August 2015
- Snap Printing – Invites August 2015
- Jo Bourke – Adobe CC subscription July 2015
- C Bourke – uploads to old website
- Jo Bourke – Reimbursement Christmas Function Outlays
- C Hawkins - Reimbursement Christmas Function Outlays
- C Bourke – new hosting for new website (yearly)
- C Hawkins – Assistant Secretariat (July)
- C Bourke – new SCLMA website
- USC – Student Bursary
- Smart Steps Accounting

Moved: Peter Ruscoe that the accounts be paid. Seconded: Wayne Herdy. Carried.

SCLMA COMMITTEE MEETING 27 AUGUST 2015
MINUTES / cont:

(b) Membership Report.

- Dr Carmen Vaughan (GP)
- Dr Peter Herbert (GP/re-join)

Moved: Scott Masters. Seconded: Jeremy Long. Carried.

(c) Treasurer Dr Peter Ruscoe moved three Proposals for increasing revenue stream and for dispersal of funds:

1. ***Increase SCLMA membership fees from $55.00 ($50.00 +$5.00 GST) to $77.00 ($70.00 + $7.00 GST). Seconded Mason Stevenson. Carried.***
2. ***Charge members to attend Christmas function – members $55 ($50 + $5 GST) and partners $66 ($60 + $6 GST). Seconded Jenny Grew. Carried.***
3. ***Annual donation of up to $3000 to a medical NGO in support of their services to improve the health and welfare of the community.***

Seconded Wayne Herdy. Carried.

AMAQ Councillor's Report: Dr Wayne Herdy

1. This year's flu season shaping up to be the worst in decades with 500-1000 verified cases (and rising) on the Sunshine Coast so far this year, comprising a fairly significant influenza B epidemic. The trivalent vaccine covers the B/Phuket strain but not a second strain of influenza B (Brisbane or Victorian lineage). In addition, pharmacies have sold out of Tamiflu.
2. AMAQ continues its review of the relationship between AMAQ and the LMAs around the state. Fostering a closer alliance between the two places AMAQ in a stronger position to get feedback from the "grass roots", knowledge of what is really happening in medical workplaces.

Meetings Convenor Report: Dr Scott Masters

- Very successful Christmas function. The next one needs to be decided on before 2015 year end.
- AMAQ President Chris Zappala to speak during the October SCLMA meeting.
- Meetings to remain on the 4th Thursday of the month.

Hospital Liaison Report: Dr Jeremy Long

- Background work goes on while awaiting allocation of budgets, due to be finalised by end of next month.
- Will receive and consider feedback regarding integration of SCHHS and PHN Clinical Councils, both of which are in their infancy.

PHN Country to Coast Report: Nil

General Business: Nil

Meeting Close: 1910

Next meeting – Thursday 24 September 2015 Maroochydore Surf Club

Dr Jenny Grew, Acting 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"

Take Five .....

A woman and a lawyer were seated next to each other on a flight from LA to NY. The lawyer asked if she would like to play a fun game.

The woman, tired, just wanted to take a nap. She politely declined and rolled over to the window to catch a few winks. The lawyer persisted and explained that the game is easy and a lot of fun. He explained, "I ask you a question, and if you don't know the answer, you pay me $5.00, and vice versa."

Again, she declined and tried to get some sleep.

The lawyer, now agitated, says, "Okay, if you don't know the answer you pay me $5.00, and if I don't know the answer, I will pay you $500.00."

This catches the woman's attention and, figuring there will be no end to this torment unless she plays, she agrees to the game.

The lawyer asks the first question. "What's the distance from the earth to the moon?"

The woman doesn't say a word, reaches into her purse, pulls out a $5.00 bill and hands it to the lawyer. "Okay," says the lawyer, "your turn."

She asks the lawyer, "What goes up a hill with three legs and comes down with four legs?"

The lawyer, puzzled, takes out his laptop and searches all his references. No answer. He searches the net and the library of congress. No answer. Frustrated, he sends an email to his friends and coworkers to no avail. After an hour, he wakes the woman, and hands her $500.00.

The woman says, "Thank you," and turns back to get some more sleep.

The lawyer, who is more than a little miffed, wakes the woman and asks, "Well, what's the answer?"

Without a word, the woman reaches into her purse, hands the lawyer $5.00, and goes back to sleep.

Share this joke with your friends and bring a little bit of laughter into their day!

In ancient Israel , it came to pass that a trader by the name of Abraham Com did take unto himself a healthy young wife by the name of Dorothy (Dot for short). Dot Com was a comely woman, large of breast, broad of shoulder and long of leg. Indeed, she was often called Amazon Dot Com.

And she said unto Abraham, her husband, "Why dost thou travel so far from town to town with thy goods when thou canst trade without ever leaving thy tent?"

And Abraham did look at her as though she were several saddle bags short of a camel load, but simply said, "How, dear?"

And Dot replied, "I will place drums in all the towns and drums in between to send messages saying what you have for sale, and they will reply telling you who hath the best price. The sale can be made on the drums and delivery made by Uriah's Pony Stable (UPS)."

Abraham thought long and decided he would let Dot have her way with the drums. And the drums rang out and were an immediate success. Abraham sold all the goods he had at the top price, without ever having to move from his tent.

To prevent neighboring countries from overhearing what the drums were saying, Dot devised a system that only she and the drummers knew. It was known as Must Send Drum Over Sound (MSDOS), and she also developed a language to transmit ideas and pictures - Hebrew to The People (HTTP).

And the young men did take to Dot Com's trading as doth the greedy horsefly take to camel dung. They were called Nomadic Ecclesiastical Rich Dominican Sybarites, or NERDS. And lo, the land was so feverish with joy at the new riches and the deafening sound of drums that no one noticed that the real riches were going to that enterprising drum dealer, Brother William of Gates, who bought off every drum maker in the land. Indeed he did insist on drums to be made that would work only with Brother Gates' drumheads and drumsticks.

And Dot did say, "Oh, Abraham, what we have started is being taken over by others." And Abraham looked out over the Bay of Ezekiel , or eBay as it came to be known. He said, "We need a name that reflects what we are." And Dot replied, "Young Ambitious Hebrew Owner Operators." "YAHOO," said Abraham. And because it was Dot's idea, they named it YAHOO Dot Com.

Abraham's cousin, Joshua, being the young Gregarious Energetic Educated Kid (GEEK) that he was, soon started using Dot's drums to locate things around the countryside. It soon became known as God's Own Official Guide to Locating Everything (GOOGLE). That is how it all began. ***(From W.H.)***

Dr. Epstein was a renowned physician who earned his medical degree in his home town and left for Manhattan. Soon he was invited to give a speech back in his home town. As he placed his papers on the lectern they slid off onto the floor and when he bent over to retrieve them, at precisely the wrong instant, he passed a gigantic fart and the microphone amplified it throughout the room.

He was embarrassed but regained his composure to deliver his paper. After he concluded, he raced out the stage door, never to be seen in his home town until decades later.

His return those many years later was to visit his ailing, elderly mother.

He reserved a hotel room under a false name, Levy, and arrived under cover of darknessThe desk clerk asked him, "Is this your first visit to our city, Mr. Levy?"

Dr. Epstein replied, "Well, young man, no, it isn't. I grew up here but then I moved away."

"Why haven't you visited?" asked the clerk.

"I did visit once, many years ago, but an embarrassing thing happened and since then I've been too ashamed to return."

The clerk consoled him, "Sir, while I don't have your life experiences, one thing I've learned is that often what seems embarrassing to me isn't even remembered by others. I'll bet that's true of your incident, too."

Dr. Epstein replied, "Son, I hope that's the case with my incident."

"Was it a long time ago?"

"Yes, many years."

"Was it before or after the Epstein Fart?"

CLASSIFIEDS

SURGICAL ASSISTANT AVAILABLE

Dr Richard Pope has retired from general practice, but wishes to continue with some surgical assisting. Current and previous experience in orthopaedic and general surgical assisting.

Dr Richard Pope is accredited at Nambour Selangor, The Sunshine Coast Private Hospital Buderim and the Sunshine Coast University Hospital.
Phone 0408 195 938
October 2015

READY FOR A CHANGE OF LOCATION

Kawana Waters 7 Day Medical Centre requires at least two Doctors.

- We are very flexible and accommodate our Doctors as a priority
- You choose - your days - your hours
- Great remuneration
- Great facilities
- Excellent friendly and skilled staff
- Exceptionally happy team who work together
- Open seven days 8am to 9pm Monday to Friday and 8am to 4pm Weekends.

Ring Sabra for a confidential chat on 5444 7544 or 0407 877 037 or email manager@kwmc7day.com.au
October 2015

GP OPPORTUNITIES - JOIN OUR GROWING PRACTICE!!

Suncoast Christian Health Centre is a rapidly expanding 7-Day general practice in Buderim, with long-term and established GP's for regular and growing clientele.

- Our newly renovated practice boasts the latest in diagnostic equipment, including Molemax Pro for skin.
- Open from 8am till 8pm with full RN support every hour. QML onsite. X-Ray 50 metre walk.
- Spacious clinical rooms and generous treatment room, separate nursing offices, and admin offices upstairs.
- We welcome more GPs - weekday, weekend, and evening shifts are all available - we will tailor a package to suit your needs.

Call Shanti Herbert, Practice owner, direct 0418 714 864
August 2015

NAMBOUR CLINIC FAMILY MEDICINE – SEEKING PART TIME GENERAL PRACTITIONER

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

For further information contact Rowena on 075441 1455, 0412 292 666 or email admin@nambourclinic.com.au
August 2015

COOLUM VRGP REQUIRED

VRGP Coolum with or without view to join busy Medical Centre. Doctors wishing to retire in 2 years and only work part time til then.

- All systems in place. Premises with 3 consulting rooms, 2 dressing rooms, central, modern and nurse support.
- Work, buy or partnership considered.

Please phone PM: Sharon 0408 341 150 or email: sharon.coolum@gmail.com
August 2015

FEMALE VR GP REQUIRED

- For a not for profit Women's Clinic in Mooloolaba offering family planning type services.
- Hourly rate, work at your own pace.
- Fully computerised using BP software.
- Full time nurse support. Work days and hours flexible. No weekend or after hours.
- The opportunity also exists to be involved in decision making and goal setting for the clinic. The practice has DWS approval.

For more information contact Practice Manager, Wendy Stephenson, on womenshealthcare@bigpond.com or Ph: 0416 938 040 or 5444 8077
July 2015

GP OPPORTUNITY

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

- A choice of sessions are available mornings and afternoons Wednesdays, Thursdays and Fridays, and in the afternoon Mondays and Tuesdays. There is a rotating roster for Saturday mornings.
- We offer a CDM nurse, full nursing support and a fully equipped treatment room.
- The practice is accredited and fully computerised using Best Practice. We are a mixed billing practice. Our current consult 23 fee is $75.90 with the practice charging a 35% management fee.

For further information please call **Nicola on (07) 5456 1600 or email pm@betterhealthonbuderim.com.au**
July 2015

FOR SALE:

- Wheelchair, Manual, Meyra Eurochair 50cm x 46 cm (width x depth) 24" rear wheel, backrest with lumbar support, front fork with 3 hole adjustment, handrail aluminium, silverline colour and cover black.
- Back rest height: 44cm, long armrest, pressure brake, 7" solid rubber front castor, wheel base extension 4cm, Amputee leg supports both left and right. Very good condition $1,500.00

Contact: Carol 0421 258 408.

Classifieds remain FREE for current SCLMA members. $110 for non-members Ph: 5479 3979. Mobile: 0407 037 112. Email: jobo@squirrel.com.au Classifieds remain on the list for 3months.

SCLMA CLINICAL MEETING - 24 SEPTEMBER 2015

Maroochydore Surf Club Function Room, Maroochydore
Speaker: Dr Jason Restall, Haematologist & Haematopathologist. Topic: 'Newer Therapies in Haematology'.
Speakers: A/Prof Nicholas, Chair of Rearch Committee & Director Renal Medicine and Prof Kim Greaves, Consultant Cardiologist & Director of Cardia Research. Topic: 'Research Now & for the Future'
Sponsors: Sullivan Nicolaides Pathology and House Call Doctor

Left:
Sponsors
Joanne Davis
and Chimene
Koppenol
from House Call
Doctor

Right:
Presenter,
Dr Jason Restall,
from Sullivan
Nicolaides
Pathology

Dr Fabio Brecciaroli with Dr Steven Coverdale

Dr Shyam Sunder

Attendees at AMAQ Conference, New York: Drs Di Minuskin, Bob Brown and Kimberley Bondson
Right: Dr Di Minuskin, Dr Katherine Philp, Tresscox Lawyers and Jane Schmitt, CEO AMAQ