

## SCLMA President's Message .....

### Dr Di Minuskin

*Aloha from Hawaii. I am writing this report from the slopes of an active volcano. The small township of Captain Cook, infamous as the place the famous explorer of the same name met his demise, is now studded with coffee plantations and B&Bs. The big island of Hawaii is quite different from the remainder of the Hawaiian Islands.*

*Yesterday we travelled to the summit of Mauna Kea, over 4200 meters, to view the sunset. One does not usually expect to pack gloves and beanies for a trip to Hawaii, but they were most welcome at the snowy summit. Altitude sickness is a real risk at this elevation with 40% less oxygen than sea level. Scattered along the summit are 13 telescopes operated by a roll call of nations that would do the UN proud. The night sky is ablaze with stars. For the first time in my life I was able to pick out some constellations other than our beloved Southern Cross. A good deal of imagination remained required though, no doubt assisted by the relative hypoxia at this altitude. It was an amazing experience, considering the evening before we had stood watching the eerie glow from the lava lake on Kilauea volcano. I have included a couple of photos for the back page.*

*Since I wrote the last column in May, I was invited to attend the 2015 National AMA Conference. I was inspired by a number of the speakers. In particular, the future stewardship of the profession appears to be in good hands. Medical students were represented by an articulate and and passionate group of young men and women who represented their peers on topics such as bullying within the training programs, the future of medical schools, climate change, the health care of asylum seekers and much more. This latter topic was a cause of concern for many of the delegates at the conference, both those starting out in their careers and those approaching retirement. Recent changes in the Border Protection Act 2015 will see doctors who publicly disclose gaps in health care provision to this group of vulnerable patients, threatened with a jail term. This was not a debate about how these people arrived here, it was a concern about threatening the principles of the doctor/patient relationship.*

*The Declaration of Geneva states that ethnic origin, gender, nationality, political affiliation and more, not intervene between the duty of the doctor and their patient.*



*Another topic that gained considerable attention at the conference was the huge burden of family violence on the community. There was welcome co-operation between the AMA and the Law Council of Australia to tackle this issue. A document "Supporting Patients Experiencing Family Violence" is a useful link for those primary care providers who are often the first point of contact.*

*On the local front, news of a possible deficit in the running costs of our new public hospital has raised concern. I did approach our state treasury on this matter down at the conference. He was plucked aside by one of his minders to rush off to an "impromptu" press conference, but did say that Kevin Hegarty had it all under control and that I should check with him. Well Kev, just let us know if you need the SCLMA to raffle a few "meat trays" down at the local for you!*

*I really am on holidays and will leave the in depth discussions for my fellow columnists this month. Tomorrow we head off to Waikiki, a destination that strikes fear into the heart of Mr M. Home of one of the largest open air shopping malls in the world!!*

Mahalo

Di Minuskin

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



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## JULY 2015

## NEWSLETTER

**Deadline Date  
will be FRIDAY  
17 JULY 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](mailto: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](http://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](mailto:jobo@squirrel.com.au)**

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

Directory form available on the website.



**HIGHLIGHTS in this issue:**

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## SCLMA CLINICAL MEETINGS

### 6.30pm for 7pm (over by 9pm)

**THURSDAY 23 JULY 2015**

Speaker: Dr Ken Maguire, Consultant Physician in Rheumatic Disease & Sports Medicine, Coast Joint Care, Sunshine Coast.

Topic: *'The Dreaded Hammy, not just a Clark problem'*

Speaker: Dr Clint Herd, Rheumatologist

Topic: *'Vision Australia'*

Sponsors: AbbVie and Janssen (tbc)

Venue: **The Lakehouse, Brightwater**  
**NOTE CHANGE OF VENUE FOR THIS MONTH.**

**SATURDAY 8 AUGUST 2015**  
**SCLMA CHRISTMAS IN AUGUST**  
**OUTRIGGER RESORT, NOOSA HEADS**  
**ENTERTAINMENT LOCAL BAND - M7**  
**STAY OVERNIGHT AND RELAX**  
**MARK YOUR DIARIES NOW!!**

**THURSDAY 27 AUGUST 2015**

Speakers: Clincopath Presentation

Sponsor: QML Pathology

Venue: Maroochydore Surf Club.

**ENQUIRIES:**

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Ph: 5479 3979 (M) 0407 037 112  
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*Welcome to the June SCLMA newsletter.*

*With technology comes freedom best illustrated this month by Di's column coming in from Hawaii and mine via Byron Bay.*



*This month for me its all about food, but before I get onto that a special welcome to the new AMAQ President Dr Chris Zappala, and a special thought goes out to Kev Hegarty who unfortunately has suffered an injury and is spending time recuperating. Speedy recovery and looking forward to having you back on board next month.*

*Right where was I, yes food! Canada versus USA ice hockey game last Saturday night at the Brisbane Events Centre. What a night, the excellent ice hockey was complimented by true American hospitality: Pulled Pork Sliders; Footlong Hotdogs; Southern Country Fried Chicken Wraps and of Course Fries, all washed down with full strength Coca Cola and a double hit of Crestor. Go Team USA. Canada won 6 to 3.*

*Mid semester breaks start for schools and uni students. Many of you will be heading away for a good break. Drive or fly safe. Remember to take your SCLMA newsletter with you and if you forget we are always available through our website.*



*August sees the mid winter SCLMA Christmas function. It's Saturday 8th August at The Outrigger, Little Hastings Street Resort & Spa, Noosa.*

*Local band M7 will return to provide entertainment as well as a few surprises!*

*Make the most of the SCLMA's only social event of the year and stay overnight! See you there!*

*Best regards*

*Marcel Knesl*  
[mknesl@oceaniaoncology.com](mailto:mknesl@oceaniaoncology.com)



# IT'S TIME TO CLOSE THE YEAR ON A HIGH



As the financial year comes to an end, reward yourself with a new breed of luxury. Visit Lexus of Maroochydore and be surprised by sharp drive away offers on selected vehicles and to discuss The Lexus Corporate Programme and all the benefits afforded to you as a SCLMA member. **This is the new Lexus.**



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\*Available on new vehicles purchased from 1/6/15 and delivered by 30/6/15. Excludes NX and RC vehicle lines and Demonstrator vehicles. This offer can be used in conjunction with the Lexus Corporate Programme for current SCLMA members if eligibility criteria is met. Lexus reserves the right to extend any offer. Recommended drive away price shown includes 12 months' registration, 12 months' compulsory third party (CTP) insurance, a maximum dealer delivery charge, stamp duty and Luxury Car Tax (LCT) (if applicable). Statutory charges are current as at 1/5/15. At participating dealerships. Premium paint at additional cost.

## Northcoast Nuclear Medicine



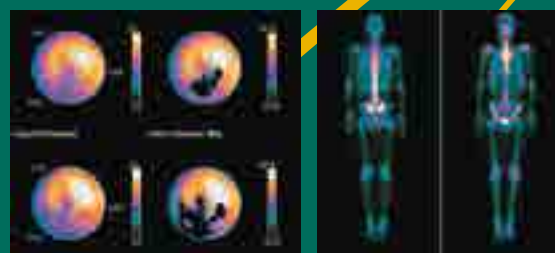
# *We have moved ...*

After 20 years at our Sunshine Coast Private Hospital rooms, we have moved to a new purpose built comprehensive imaging site on top of Buderim (co-located with QDI).

**Our new address is:**  
**Shop 5, 12 King Street, Buderim 4556**

We have also relocated our Noosaville rooms from the Homemaker Centre to the Noosa Hospital (co-located with QDI).

**Recently opened, the new address is:**  
**Noosa Hospital, 111 Goodchap Street, Noosaville 4566**



Our contact details remain the same:  
For all bookings phone: **5478 2037**  
Or fax referral to: **5444 7816**

■ **BUDERIM**  
QDI X-ray Rooms  
Shop 5, 12 King Street  
BUDERIM Q 4556

■ **NAMBOUR**  
**Nambour General Hospital**  
Ground Floor  
Hospital Road NAMBOUR 4560

■ **CALOUNDRA**  
QDI X-ray Rooms  
18 Mayes Avenue  
CALOUNDRA 4551

■ **NOOSAVILLE**  
QDI X-ray Rooms  
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# AMA QUEENSLAND PRESIDENT'S REPORT

## Dr Chris Zappala



Dear members,

As I step into the role of the AMA Queensland Presidency, I am conscious of the formidable effort and achievement of my predecessor. Under Dr Shaun Rudd's leadership over the last year, we have benefited from a number of accomplishments for the association, including invaluable advocacy work on issues affecting members, a successful campaign targeting obesity in the regions, and the launch of the AMA Queensland *Health Vision*.

Over the next year, I look forward to building upon these successes, particularly in regards to the upcoming launch of Part 2 of the *AMA Queensland Health Vision*. Focusing on the medical workforce and training, the initiatives called for in this chapter will ensure Queensland has a knowledgeable workforce that can meet demands of a changing population. As in the public health focussed Part 1, our vision is far reaching and aimed to garner bipartisan support.

One factor ensuring patients have access to high quality care when they need it, is facilitating sufficient access to after hours care.

AMA Queensland has welcomed the Federal Government's decision to reinstate incentives for medical practices that remain open after hours – returning this important function to general practitioners where it naturally belongs.

The decision is mutually beneficial for both patients and medical practitioners. The incentives will allow general practitioners to provide services that previously might not have been viable and will ensure continuity of care for patients. Vigilance will be required to ensure the outcomes we and our patients expect will be achieved.

The AMA Queensland team is currently drafting a response to the *Mental Health Bill 2015*. We are in the consultation process and have been working with stakeholders to ensure our submission reflects the thoughts of members. Please keep an eye out for *Online News* as well as the AMA Queensland website for updates on this submission.

In addition to our work on the *Mental Health Bill 2015*, we recently released a submission for the Infrastructure, Planning and Natural Resources Committee's inquiry into fly in, fly out and other long distance commuting practices in Queensland.

Recognising the scope of the issue, the AMA Queensland submission considered a number of sources including member feedback, survey results from other states, and previous government reports. These highlighted concerns around the mental health, sexual health, fatigue and use of alcohol and drugs more common in FIFO workers and their families.

Whilst AMA Queensland is not opposed to FIFO practices, mandatory fly in, fly out practices are potentially detrimental to the physical and mental wellbeing of workers and their families. Voluntary FIFO, which also allows an employee to live near the community in which they work, seems to limit many of the detrimental effects. It also enables juxtaposed local communities to benefit from an association with mining ventures.

AMA Queensland's advocacy on behalf of members and the public is fundamental to ensuring the health of Queenslanders and the sustainability and quality of our health system. This work is only possible with the support, efforts and feedback of members. I welcome your thoughts and feedback at any time.

Much of the last year's success can be attributed to the Association's consultative process and wide collaboration with members. I hope to continue this commendable work over the next year and encourage you to become an advocate around issues you are passionate about.

Sincerely,

Dr Chris Zappala

AMA Queensland President



## No wait, rapid access to advanced radiation treatment on the Sunshine Coast

Our Nambour radiotherapy centre has a highly skilled team of local doctors and is equipped to provide advanced radiation treatment for a wide range of cancer conditions.

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Telephone: 07 5441 4311, or Fax: 07 5441 3511

Office hours: Monday to Friday between 8.00am to 4.30pm

[www.genescancercareqld.com.au](http://www.genescancercareqld.com.au)



## **SCLMA NEWS** **Christmas in August**

**SATURDAY 8th AUGUST 2015**

**The Outrigger, Noosa**  
**Entertainment : M7 Local Band**  
**Stay overnight to relax!**

**INVITATION**

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## **'REVAMPED' SCLMA** **WEBSITE** **Going 'Live' in July!!**



**Please check your member details on the 'old' website**

**[www.sclma.com.au](http://www.sclma.com.au)**

**Please complete the Directory form on Page 29 to inform us of any changes.**

**Fax 07 5479 3995**

**Phone: 0407 037 112**

**Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)**

# Suspected Rotator Cuff Injury

## Assessment

### Red Flags

- **Suspected septic arthritis (e.g. red skin, fever, systemically unwell) - CALL 5470 6600 and ask for Orthopaedic Registrar**
- **Consider prior dislocation if trauma or seizure activity resulting in shoulder pain**

**Note: No single clinical test is both sensitive and specific for rotator cuff tears.**



## Investigations

If patient cannot afford Private MRI, send referral to Orthopaedic Surgeon / Service requesting this investigation



## Treatment: Primary/Secondary

Reassure patient regarding natural history of the disorder with possible improvement over time.  
(GP to provide information)



## Treatment: Tertiary

Referral Eligibility:

- ✓ All treatments have been undertaken and symptoms persist
- ✓ Patient ready for surgery

## Tendon Tear (Partial/Full)

Variable weakness.

Pain typically felt on the tip of the shoulder or lateral deltoid.

Usually after injury (which may be minor in the elderly).

Can be associated with normal painless function in the elderly.

## Bursitis & Impingement

Usually moderate to severe pain, and little or no weakness.

Inflammation and pain from within the subacromial bursa.

Process of non-inflammatory collagen fibre fatigue, secondary to age or repetitive activity, at or above shoulder height.

Painful arc (from 70° to 120° of active abduction) is the classical clinical sign of impingement.

## MBS Funded

Plain X-Ray & USS

## Private

MRI

## Physical

Activity Modification  
(GP to provide information)

Physiotherapy under GPMP (721) and TCA (723) as per SCHHS protocol

## Pharmacological

Paracetamol

Use NSAIDs with caution to side-effects

## Procedural

Request USS-Guided Injection therapy (repeat monthly x 3)

## Referral to Orthopaedic Surgeon / Service

Referral must include:

- Consultation Notes
- Physiotherapy Reports
- Imaging Reports
- USS-Guided Injection Reports

**NB Incomplete referrals to SCHHS, under this Pathway, will be automatically returned for completion and resubmission**

**If you feel any patient needs clinical review or falls outside of these guidelines please contact the registrar on call for advice (5370 3630).**

# WAYNE HERDY

## AMAQ Councillor Report

### WELCOME THE INCOMING PRESIDENT.

AMAQ has a new President. Chris Zapalla is a thoracic physician with experience in public practice and now enjoys a city-based private practice in thoracic medicine. Chris also has years of experience in the battlefield of AMAQ politics so is well equipped to handle the coming year or two.

My phrase "year or two" is significant. Chris is the first President to take office under a modernized Constitution that allows a President to hold office for two consecutive years. He has indicated that he will probably serve a second term. A brave choice: apart from the financial losses that every President suffers during the tenure of office, we have a political world that takes personal tolls on bearers of higher office. AMAQ members should wish him well and he has the full support of all Councillors.



Chris presided over his first meeting of Branch Council by generating a discussion to guide the course of AMAQ for the coming year. The discussion ranged over three domains – advocacy, member engagement, and the role of Council and the Councillors. While I try not to breach Council confidentiality, members should be interested to know what their State Council is thinking and what we see as the pressing issues.

### ***Under the heading of advocacy, Council raised a wide variety of live issues including ...***

- health workforce - training pipeline and exit block
- task substitution
- Medicare fraud
- salaried doctor contracts
- community mental health resources
- safe hours, fatigue
- clinical/social matters – soft drinks, ice epidemic DV, asylum seeker health.

I offer no prizes to my readers to recognize how many of these have been on our agenda forever and are still unresolved works in progress. I am disappointed at how few doctors can immediately recognize which issues are State issues and which are Federal issues. When an issue is primarily a Federal issue, I always wonder over the extent to which the State AMA can influence the Federal advocacy, and to what extent should we expend State resources to address a Federal problem?

### ***Under membership, issues raised included .....***

- webinars and online services
- utilizing social media to share information
- IMG engagement – they are highly represented among our membership
- members introducing non-members to meetings
- relationships with Local Medical Associations
- relationships with RMO associations.

### ***Under the role of Council and Councillors, topics included ...***

- engagement with LMAs, medical staff associations and IMG associations
- ensuring that AMA members know who their local Council representative and/or craft group representative is
- enhancing the two-way communications between AMA members and the Association through their representative members
- developing local AMA meetings or videoconferences in regions.

With his consultative style, members can look forward to having more of a two-way dialogue with their Association.

### **A NEW HOME FOR AMAQ?**

Members would have received a letter from AMAQ informing of the Board's intent to sell the stately old stone home of Hunstanton and take up residence in newer and larger premises.

I have my own views on this proposal and welcome feedback from my readers.



# WAYNE HERDY

## AMAQ Councillor Report / cont:

### PHARMACY WINDFALL.

I am so gobsmacked by this one that I can only plagiarize the Federal AMA release:

*"Pharmacists have won more than a billion dollars from the Federal Government for a major expansion of their role in patient care.*

*Despite her warning of a fiscal meltdown if spending is not controlled, Health Minister Sussan Ley (pictured) will sign the 6th Community Pharmacy Agreement on Wednesday, which will see pharmacies get \$1.26 billion for "professional services".*

*Double the funding under the previous agreement, the new deal will see pharmacies receiving payments for providing dose-administration aids, advice to prevent medication adverse events and payments for home medication reviews. Some \$600 million will be spent on "new and expanded" services, but there is no detail on what services this will cover.*

*Related News Review: How was \$15bn in pharmacy funding lost in space?*

*And the deal includes a further \$50 million for a pharmacy trial program that will "seek to improve clinical outcomes for consumers and extend the role of pharmacists in the delivery of healthcare services".*

*Again there is no detail of what patient services will be trialled. However, the "intended focus" will be on supporting rural areas and Indigenous patients.*

*The agreement over the next five years also includes a shake-up of the rules around the incentives offered to pharmacies to encourage greater use of generic medicines.*

*A damning report by the Australian National Audit Office earlier this year said that the cash bonuses were being claimed by pharmacies even though doctors had already prescribed a generic medication to their patient.*

*The Pharmacy Guild of Australia, which negotiated the new deal with government, said professional programs would be assessed by bodies like the Medical Services Advisory Committee to ensure they were cost-effective.*

*The government said pharmacy location rules reducing competition would also be reviewed, however, the current rules will remain in place until 2020.*

*AMA vice-president Dr Stephen Parnis has already laid into the profession's expanding clinical role, saying: "Where's the training, where's the expertise, what happens when, not if, something goes wrong, and where is the evidence of cost-effectiveness?"*

*"Last year the pharmacists put a proposal up that they'd take photos of skin lesions or moles ... and send those off to doctors. Potentially things like checking of blood pressure, whatever that means.*

*"And one that really made my jaw drop was mental health assessments." "*

We have to fight this one of course. Ignoring the interprofessional jealousies and doctors' belief that chemists make money out of unapproved generics and non-therapeutic retail sales, this proposal is taking money from doctors' budgets and putting patient care into hands that we believe are less safe.

### GP ACCESS PLAN

I am happy to close this month's column with some good news. The GP Access plan has been abandoned.

To remind my readers, there was a "trial" involving select GP practices (up to 26 sites of IPN practices) and Medibank clients, offering special priority access to GPs, GP appointments within 24 hours, no out-of-pocket expenses and free after-hours GP access.

The AMA opposed the "trial" for setting a precedent that critics argued would erode clinical autonomy and undermine universal access to healthcare.

Let's consign this one to the scrapheap of history until a truly universal and non-selective patient triage pathway can be negotiated, based on need rather than on special favours.

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

Wayne Herdy.

AMAQ representative, North Coast District.

# GPLO SCHHS – UPDATE JUNE 2015

**Sandra Peters**

The SCHHS external website pages which host information for GPs have mostly been published, but like painting the Forth Bridge this is a task which will never really be completed. In response to suggestions from GPs and specialists new information is regularly being added to help improve the usefulness of the pages.

Some of the pre-referral requirements are being changed in response to GP feedback (Gynaecology is the most recently updated specialty). Thanks to all the GPs who have contacted me with suggestions to ensure that the information requested from GPs really is the MINIMUM required to accurately triage a patient to a waiting category. There have also been some updates to the paediatrics pages, particularly the links to Child Development Services and Community services which now actually link to useful information! In addition Sunshine Coast GPs are now able to access PEMsoft **free of charge** via the Paediatric referral web page. PEMsoft is an online resource which is used by clinicians in hospitals and primary care to support the management of children with common conditions and injuries. Some information about the resource is on the next page. A brief introduction to PEMsoft is copied below for your information.

*“Although PEMSoft is supported by an international editorial board comprising over 50 senior Paediatricians and Paediatric Emergency Physicians, it was originally developed by Dr. Rob Pitt when he was Director of Paediatric Emergency Medicine at the Mater Children’s Hospital for 25 years. Rob has been a Paediatrician with SCHHS for the last 6 years and still maintains and publishes PEMSoft for EBSCO Health. There are separate US and Australian versions of PEMSoft and Rob ensures that the Australian version fully reflects local practice with recommendations drawn from the Australian children’s hospitals, Queensland Health, Australian Resuscitation Council, and the relevant Australian Colleges “*

The link to the website will be found on the Paediatric GP referral guidelines:

. <http://search.ebscohost.com/login.aspx?authtype=uid&profile=pemsoftuk>

The credentials needed to ensure successful access to the resources on PEMsoft are :

Username: sunshinecoast

Password: staff123

As you know the Department of Health is developing Clinical Prioritisation Criteria (CPC) to assist with standardisation of referral, triage and triage to procedure across the whole of Queensland in a bid to improve equity of access to patients with the same clinical conditions living in different geographic locations. The first 10 specialty areas are well advanced and the draft guidelines are being circulated for broader consultation. Any GPs with an interest in reviewing draft guidelines for Orthopaedics, Gynaecology or Urology should contact me and I will forward them to you for comment. It is looking likely that the Sunshine Coast will be a pilot site for the implementation phase for one or more of these CPCs. Could interested GPs/practices contact me for details? We will ask you to refer to the CPC for ONE of these specialties when making a referral over a 4 week period and then feedback – the good, the bad and the ugly, to drive improvement prior to the wider implementation phase across Queensland. This is our opportunity to help shape the guidelines going forward so please consider becoming involved.

Last but not least the Secure Web Transfer (SWT) of discharge information from the emergency department will soon commence in Gympie. There will be an evaluation of the safety and efficacy of using SWT rather than fax or patient to deliver the information and hopefully the outcomes will support the expansion to electronic discharge information to GPs from every hospital in the Sunshine Coast by September 2015.

As always feel free to contact me via email or phone. I will be away for the month of July, but Dr Ranjit Paul will be available to assist ([Ranjit.paul@health.qld.gov.au](mailto:Ranjit.paul@health.qld.gov.au)) at SCHHS and of course Drs Zoltan Bourne or Jon Harper are available every Tuesday at SCML ([zbourne@scml.org.au](mailto:zbourne@scml.org.au) ; [jharper@scml.org.au](mailto:jharper@scml.org.au))

Sandra Peters **07 5470 6541** [sandra.peters@health.qld.gov.au](mailto:sandra.peters@health.qld.gov.au)

## Get the most current information about clinical best practices for pediatric medicine with PEMSoft

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Diagnostic Studies	Tips
Differential Diagnosis	Current References with PubMed Links
Treatment	
Complications	

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- **Procedures Module:** Explicit, step-by-step compendium of emergency and critical care procedures in childhood, with vast video support



Pacific Radiology

## Clinical patient trial for sacroiliac joint/low back pain

**DR BYRON ORAM AT PACIFIC RADIOLOGY** is running the Australian limb of an international trial looking at the "effectiveness, safety and efficacy of Radiofrequency (RF) ablation of the sacroiliac joints in the treatment of chronic Sacroiliac Joint and/or dorsal sacral ligament pain, in well selected patients".

### NOW ENROLLING

We are now recruiting for the study. Any patients between 18 and 85 years of age, with lower back pain for more than 3 months duration and unresponsive to non-interventional care, and who do not have a systemic inflammatory arthritis, may be eligible for enrolment.



All procedures and MRI scans associated with the study will be performed by Dr Oram, and will be bulk-billed. The risk with RF ablation is considered minimal, and potential benefits include substantial, long-lasting relief of their low back pain.

Please refer on our standard Pacific Radiology referral forms, with 'SACROILIAC JOINT RF STUDY' in the requested examination line. Your patient will then be contacted, and undergo an initial consultation to determine if they meet eligibility criteria for the study.

FURTHER IN-DEPTH STUDY INFORMATION IS AVAILABLE ON REQUEST.

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# SUNSHINE COAST MEDICARE LOCAL UPDATE

## CEO Update - Pattie Hudson, CEO

We continue to move down the road to the establishment of the Primary Health Network (PHN) for the Central Queensland and Sunshine Coast region on 1 July 2015.

I'm very pleased to finally let you know that the Deed of Funding between Sunshine Coast Health Network Ltd (the organisation currently trading as Sunshine Coast Medicare Local) and the Department of Health has been signed. This will enable us to finalise contracts for program delivery, and ensure service continuity for our community, which has always been a priority for us over this transition period.



Our Operational Management Team has been travelling regularly between Central Queensland, Wide Bay and our Sunshine Coast offices, meeting with existing Medicare Local staff, GPs, and other stakeholders from the region. We are committed to listening to the needs of communities with a view to building strong relationships that will underpin a sustainable and effective PHN.

Of course, "business as usual" has been our mantra over the transition period, and our team continues working to ensure that Sunshine Coast Medicare Local activities continue to be delivered in line with our annual plan.

## Practice Support Update - Changes to After Hours Incentive Payments

As you may be aware, from 1 July, there will be changes to the delivery of the After Hours PIP. Following a review of the After Hours program by Professor Claire Jackson, the Department of Health has decided to put administration of the After Hours PIP back in the hands of GPs via Medicare Australia.

After Hours incentives will be delivered to practices in the form of a Medicare PIP from 1 July 2015. The new After HPIP will have five payment levels, and will be available to registered general practices. It will provide payments to eligible general practices that ensure their patients have access to quality after hours care. The emphasis from the Department of Health seems to indicate that the new PIP structure will provide additional encouragement for practices to be directly involved in the delivery of after hours care for their patients.

While details have not yet been provided, the Department of Health has indicated that Primary Health Networks (PHNs) will receive Commonwealth funding to work with key local stakeholders to plan, coordinate and support after hours health services. PHNs will provide an opportunity to improve access to after hours services that are tailored to the specific needs of different communities. We will be required to focus on addressing gaps in after hours service provision, 'at risk' populations and improved service integration.

After working hard to enhance the effectiveness of after hours services across the region as the Medicare Local, we look forward to continuing to support GPs in the provision of quality and accessible after hours services once we transition to the PHN.

For full details, visit the Department of Human Services website and search 'After Hours PIP'.

## Practice Quality Benchmarking Tool

The Practice Quality Benchmarking report is a quarterly spreadsheet tool provided to practices highlighting data quality, care opportunities and business opportunities based on the practices current data.

The key performance indicators are based on RACGP best practice guidelines. The colour coded traffic lights allow practices to quickly and efficiently choose a focus area for improvement. The practice can also see how they compare to a regional average of aggregated data.

The report is developed for the benefit of practices, to save time and effort in interrogating practice data. Practices are under no obligation to take any action based on the report findings however SCML Field Officers are available and enthusiastic to provide support, training and helpful resources in clinical audit software and quality improvement activities to help practices reach their goals in data quality, care and business income potential.

For more information about the Benchmarking Report, talk to your SCML Field Officer.

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Pain Physician  
**Dr Scott Masters**  
Musculoskeletal Physician  
**Sean Campbell**  
Spinal Rehabilitation Physiotherapist



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### REFERRALS:

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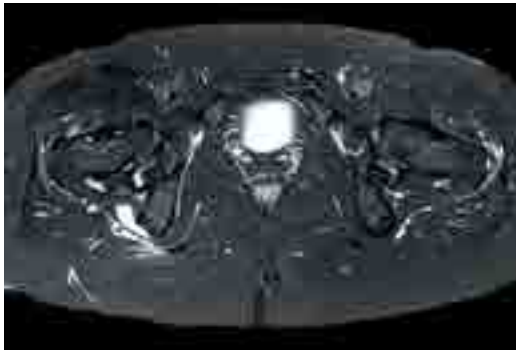






# Ischiogluteal Bursitis

**Clinical history:** Right hip pain after extension activity. Flexion, abduction and external rotation pain.



## Findings

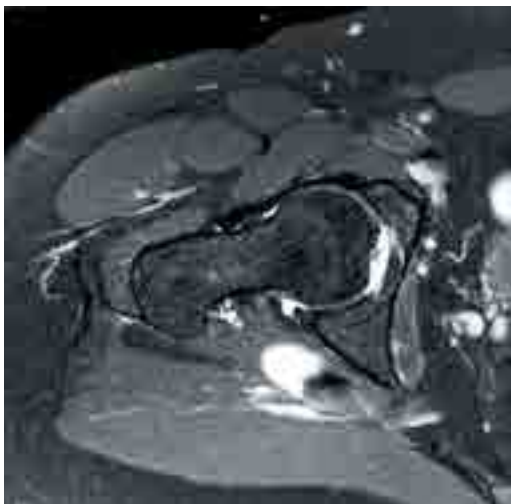
Enlarged right ischiogluteal bursa suggestive of bursitis. This abuts the ipsilateral sciatic nerve posteriorly.

## Diagnosis

Ischiogluteal bursitis, so called "weaver's bottom"

## Discussion

Inflammation of the ischiogluteal bursa has been known to be common in people whose occupations are related



with frequent irritation to the bursa, and this irritation can occur during long periods of time spent in the sitting position. When vibration is involved in working, such as with heavy powered sewing machine (weavers), tractor-

driving or road equipment machines, the ischiogluteal bursa can become inflamed. There are many sports that involve sitting such as canoeing, horseback riding, wheel-chair racing for paraplegic patients and so on.

Ischiogluteal bursitis, when it occurs in cancer patients, may clinically mimic a soft-tissue or bone metastasis from the primary malignancy. Whenever the possibility of tumor is in the differential diagnosis, biopsy or surgical



intervention should be performed for confirmation. In addition, an enlarged bursa should be aspirated to exclude an infectious process whenever this is suspected. Tuberculosis, gout, rheumatoid arthritis, systemic lupus erythematosus, ankylosing spondylitis and Reiter's syndrome have also been reported to involve the ischiogluteal bursa.

## Treatment and Prognosis

After the correct diagnosis is made ischiogluteal bursitis is easy to treat. Rest, correct and proper stretching technique and a home foam roller help in recovery. In addition to the home program it is often necessary to use therapeutic ultrasound, electrical stimulation, transverse friction, cross friction or active release massage in addition to manual muscle and joint manipulation to treat this painful condition. If there is clinical suspicion of mass/metastases excision may be required.

# HELP FOR YOUR VISUALLY IMPAIRED PATIENTS - VISION AUSTRALIA **CLINTON HERD FRACP Rheumatologist**



*As Doctors, the things we do, we do well.*

*As a Rheumatologist, in later years my RA patients stopped dissolving their joints and dying from premature vascular disease and AS patients straightened their backs due to our new drug treatments and physical therapies. Others started walking again with hip and knee replacements.*

*We can do dramatic things to save or preserve vision.*

*I recovered normal vision in my late teens after getting spectacles for myopia. We can control diabetes and glaucoma, treat trachoma and other eye infections; insert intra-ocular lens for cataracts, inject eyes with wet macular degeneration and replace corneas.*

*These are life changing.*

*However, given the pressures on our time, it is easy to overlook assisting patients manage disability we cannot cure or prevent, a service usually performed by our paramedical and rehabilitation colleagues and not-for-profit organisations like Vision Australia (VA).*

*Often, patients are too proud to admit disability or ask for help. An elderly relative with severe back and knee arthritis was clever enough to always park his car beside the supermarket trolley site, but too proud to use a wheelie walker, severely limiting his mobility.*

*I urge all of us to make sure that any patient with or facing significant visual impairment, not just the blind, is offered an early appointment with Vision Australia. I may have worked longer had my visual needs been assessed earlier. I suffer from Cone cell dystrophy; a rare hereditary disorder with gradual central vision loss, along with quite severe bright light intolerance (causes a "white-out" effect.) I was lucky to develop this in my sixties; most sufferers develop it much earlier.*

*I suffered several years of slowly deteriorating visual acuity, with the diagnosis delayed due to the absence of signs on fundal examination and OCT scan. This had given me hope I had escaped the apparent macular degeneration suffered by my father and several other members of his family. Then, over a couple of years, my visual acuity deteriorated from 6/12 (the driving limit) to 6/120.*

*During 2012, I had to cease road bike riding, social squash, driving a car, and closed my solo Rheumatology practice at the end of the year. Planned phased retirement and travel plans were aborted. I was still capable of assessing and treating patients but had difficulty reading reports, computer screens and X-rays. I could not drive to hospitals or read hospital charts or notes in any case. Reading books, newspapers and restaurant menus became nearly impossible even with a visual magnifier. Crossing a busy road became a nightmare because I could not read traffic signals and speeding cars came out of nowhere 50m away. I learnt about the existence of public transport. But hailing a bus is a problem when you can't see it coming, and then can't read its route number. "Are you a 600 bus?" is not appreciated by the driver after you pull up his 615 bus.*

*However, it is amazing how helpful bus drivers are when you stand at the stop with a white cane in hand and a "I have low vision" badge on your shirt. It is demoralising to become a dependent from a provider, especially as I otherwise enjoy excellent health.*

# HELP FOR YOUR VISUALLY IMPAIRED PATIENTS -

## VISION AUSTRALIA

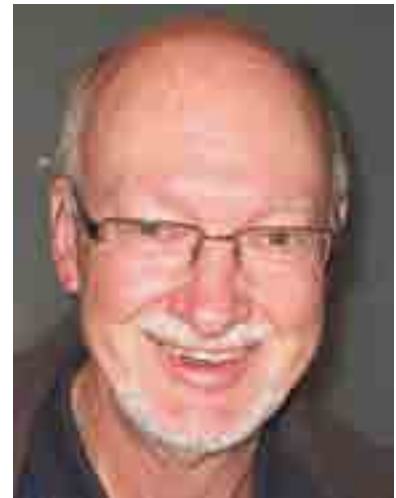
### CLINTON HERD FRACP Rheumatologist

*I found out about Vision Australia because my Ophthalmologist's patient information sheet asked if I was prepared to have medical reports sent to Vision Australia. What was this invasion of privacy by the Government all about?*

*Vision Australia services have quite dramatically altered my whole quality of life.*

*I learnt about the range of optical and digital magnification aids and the amazing accessibility features available for computers, tablets and mobile phones allowing me to read screens, books, papers, magazines; and navigation aids. Very helpful advice was given by the VA Occupational Therapist and adaptive technology consultants and trainers. I enjoy the VA men's group, where I have learned a lot of tricks for coping.*

*So far, I haven't needed to use the free VA audible book, magazine and newspaper library, or obtain a Seeing Eye Dog, but I now know what is available, and where to get it when I need it.*



**Vision Australia supports people who are blind or have low vision to live the lives they choose. For further information about us and how to refer patients please call the Maroochydore office on 5409 2200. Or refer patients directly to 1300 84 74 66 and we will outline our services and explain how we can help.**

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Cover charge: \$20 adult, \$10 children under 17, \$50 for family (includes Lucky Door Prize).

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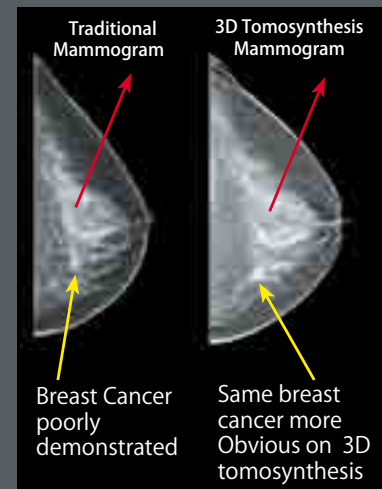
VENUE: 6 PM -11 PM Northshore Sports Complex, Mudjimba.

*This Band M7 will be entertaining at the SCLMA 'Christmas in August' once a year function at the Outrigger on Saturday 8th August - go along and check them out!*



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HIP Physiotherapist, Danielle has developed expertise in accurate diagnosis and treatment of low back and hip pain and regularly attends national and international conferences dedicated to these areas to stay up to date with research and current evidence for optimal patient care and positive outcomes. Danielle is very passionate about exercise rehabilitation and helping people return to their optimal physical and mental health through the use of Pilates. Danielle is experienced in identifying biomechanical dysfunction and using exercise specific techniques ensuring great outcomes.



For patients suffering from Lateral hip pain (LHP) the traditional diagnosis has been Trochanteric Burstis. However it has been demonstrated that Bursal enlargement / inflammation is not a consistent feature of LHP (Connel et al. 2003, Bird et al 2001, Silva et al 2008). There is instead evidence of gluteus medius/minimus tendonosis. (Dwek et al. 2005, Kong et al. 2007, Woodley et al. 2008). Tendon unloading strategies through relative rest and biomechanical correction are the mainstay of successful management.

**Dani is based in our Buderim & Kawana Practice**

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## IS YOUR FAMILY WEALTH PROTECTED?



For most families preserving and enhancing family wealth and possibly passing it on to future generations may be important to you.

The nature of a Trust can be a very powerful tool to protect and distribute family income and assets in a tax effective manner.

Broadly, a Trust is an agreement where a person or a company (the trustee) agrees to hold an asset or assets for the benefit of others (beneficiaries). The trustee is the legal owner of the Trust asset/s and the beneficiaries hold the beneficial interest in these assets.

### Who is classified as family?

If family life is complicated Section 272-95 of the Income Tax Assessment Act (ITAA) 1936 sets out who is considered family.

### Main Types of Trusts – Fixed, Discretionary and Hybrid

There are many different types of Trust however the most common are Fixed, Discretionary and Hybrid.

In Fixed Trusts the share that beneficiaries have in assets and income are pre-determined and fixed. An example of Fixed Trusts can be Unit Trusts (also known as managed investment funds) where each unit held in the Trust represents an entitlement to a certain proportion of income and capital.

A Discretionary Trust provides the trustee with discretion over the distribution of Trust income and capital in accordance with the terms of the Trust deed. Discretionary Trust structures are very common amongst family trusts due to the flexibility that they offer.

A Hybrid Trust has characteristics of both Fixed and Discretionary trusts. An example of a Hybrid Trust can be a Unit Trust with discretionary distribution options or a Discretionary Trust with certain fixed entitlements being fixed by the Trust deed.

### Taxation of Family Trust income, Franked Distributions and Capital Gains

The trustee of the Family Trust must distribute the taxable income generated by the assets of the Trust to the beneficiaries. Franked distributions can be allocated to beneficiaries by making them specifically entitled to these distributions. The beneficiary will be taxed on the distribution and also receive the benefit of any franking credits. Capital gains generated by the disposal of a Trust asset, can be allocated to beneficiaries for tax purposes.

### Benefits of Trusts

**Income Splitting** - It may be more tax effective to distribute most of the living Trust income (if not all) to adult beneficiaries, including senior family members who may be able to take advantage of the seniors and pensioners tax offset, also beneficiaries with lower taxable income. You need to be aware that you are only able to distribute a maximum of \$416 to minors.

**Asset Protection** - The trustee does not personally own these assets. As such, the assets held by a person as trustee cannot be taken by creditors in the event of a trustee declaring bankruptcy or insolvency unless the debt relating to the creditors was a Trust debt.

**Estate Planning** - One of the main advantages of using the Trust structure is that it allows family assets to be passed on to future generations in a tax effective manner. This can be arranged while the person is still alive (living Trust) or after their death (Testamentary will Trust).

### Conclusion

The Trust structure can be a powerful tool in protecting and distributing family assets in a tax effective manner. However the establishment and the structure of the trust must be carefully considered and as such professional legal, accounting and financial advice must be sought to ensure that the trust is established and operated in a manner that meets the family needs.

If you would like to discuss this topic please give me a call on **07 5437 9900**.

Happy investing  
Kirk Jarrott - Partner





## GENTLEMEN, DRAW YOUR MUSCATS!



It's a fickle world sometimes in the wine business. What was great and esteemed is sometimes considered so second rate that maybe alcos and old people only enjoy it. So maligned is Liqueur Muscat.

Australians can hold their heads high in the world of fortified wine. Like the evolution of Port in Portugal, the high environmental temperatures could affect table wine. So by keeping sugar levels high and adding wine spirit, the finished wine product could endure all sorts of travelling conditions. Thus providing the displaced geographical drinker with a suitable table product.

The grape variety is usually Muscat a Petits Grain and has the common name of Brown Muscat. However, Muscat as a grape name is quite diverse. 200 odd varieties are a Muscat of some type. It has always had a "grapey" yet fragrant aroma.

The terroir is warm and dry. The grapes are naturally high in sugar and left late to harvest as they "raisin" up. The water leaves and the sugar becomes concentrated. The balance of acids and sugar still define quality. The grapes are crushed and allowed to ferment as usual but at a stage the process is halted by the addition of brandy spirit.

The wine is then placed into oak barrels, usually old and big, then put in a warm part of the wine making facility; usually under the corrugated iron roof. Over time natural evaporation occurs, resulting in concentrated wines. The loss of fluid is known as the Angel's share.

The main areas of Muscat production include Rutherglen, Glenrowan in Victoria. The Barossa also has some producers. Baileys, Morris, Yalumba, Seppeltsfield would be the major producers. A regional Rutherglen classification has been determined. Rutherglen Muscat, Classic, Grand and Rare are the ascending order of quality.

Classic Muscat has 5-10 y of age with 180-240 gms of residual sugar, Grand 10-15 years, 270-400 gms of sugar and Rare is at least 20 y and 300-400 gms of sugar. Despite these surprisingly high sugars, the overall product is often an epiphany.

The younger muscats have more florals, high acidity and probably less integrated. The old muscats get complex liquorice and chocolate toffee notes. Traditionally more enjoyed in cooler climates, the Liqueur Muscats should be served cooler than a room temperature in Australia. They punctuate the end of a meal and can be enjoyed with desserts, cheeses, with dates and quince pastes. Chocolate and Muscat is a match from heaven.

### ***Wines tasted ....***

- Morris Classic Liqueur Muscat- cedar brown in colour. Notes of honey, florals, abound. A luscious silky palate.
- Seppeltsfield DP63 Grand Muscat- A deep tawny brown colour. Aromas of fruitcake, vanilla, florals and raisins. Super concentrated palate. Rich and powerful. Respected as a great example.
- McWilliams Show Reserve Muscat- the base wines date back to 1965. This is Australia's most awarded wine with more trophies and gold medals than Penfolds Grange. There is a golden hue around the thick liquorice like colour. The bouquet is a heady mix of caramelised raisins and toffee notes, the aniseed herbal notes vacillate in the background. A few mls is all that is need to coat the tongue and excite the palate.

### ***Dr Plonk .....***





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**Dr John Kenafake**  
M.B.B.S (QLD)

**ph. 07 5443 2122**

[www.traveldivemedicine.com.au](http://www.traveldivemedicine.com.au)

7 Day Medical Centre  
150 Horton Pde, Maroochydore  
(opposite Hungry Jacks)

## The Sunshine Coast Private Hospital's New Breast Clinic

For urgent referrals - call 5452 0500

**Now  
Open!**

Download the referral template here:  
[www.sunshinecoasthospital.com.au/breastclinic](http://www.sunshinecoasthospital.com.au/breastclinic)  
Return referral via Medical Objects or fax  
to 5444 1958

The Sunshine Coast Private Hospital  
12 Elsa Wilson Drive, Buderim

The Sunshine Coast  
Private Hospital  
at Buderim

**Comprehensive, purpose-built breast clinic offers same day results for screening and diagnostic appointments**

- State-of-the-art equipment such as 3D tomosynthesis (3D mammography) and the latest ultrasound technology
- Results reviewed by a multi-disciplinary team, including breast care physicians, radiologists, radiographers, sonographers and nurses
- Biopsies, including cyst aspiration, fine needle aspiration and core needle biopsy, performed on the day of consultation and a provisional result provided in person
- Pre-operative localisation imaging under ultrasound or tomographic control
- Ability to facilitate referrals for on-site MRI service and expedite referrals for ongoing treatment to the specialist of the GP's and the patient's choice.



UnitingCare Health

## Penang – The food Paradise of Asia

Known as the Pearl of the Orient, Penang tops the list of attractive locations of Malaysia, with its picturesque sandy beaches and biological diversity. Penang promises to leave you stunned with its natural oceanic beauty, vast options of water-sports activities, enticing landscapes and exotic cuisines. It is also called Food Paradise of Malaysia due to culinary influence of Multi-cultural history of Malay, Chinese, Indian and European ethnicity.



### What Penang has got in store for you?

- **Beaches** – If you are an ardent beach fan and want to spend your holiday relaxing on a beach, then head to some of the popular beaches of Penang. Penang has many secluded and unspoiled exotic beaches like Muka Head, Teluk Duyung (Monkey beach), Penatai Kerachut among others. These picturesque sandy beaches with crystal clear turquoise waters offer breath-taking natural views. If you like to click pictures, then these beaches give you plenty of opportunities to capture the natural beauty.
- **Water sports** – For adrenaline junkies, Penang brings to you plenty of exciting water activities. From Snorkeling to Jet-skiing, Scuba diving to Surfing, Penang has it all. You can also try Parasailing near the beaches. Escape Adventure Land offers zip lining (flying foxes), speeding through open air, hanging several feet above ground.
- **Jungle Trekking and Camping** – Penang National Park has many natural trails through the jungle, consisting diverse biological heritage and wide varieties of habitats. It is spread in over two and half thousand hectares of land comprising lakes, wetlands, mangroves, coral reefs and turtle nesting areas. It is recommended to visit Penang Hill to watch breath-taking views of the Island from the top. You can take Funicular train or hike 800 m, savoring the mesmerizing surrounding sights.
- **Bird watching** - For the nature lover inside you, Penang is home to more than 300 exotic species of birds from all over the world. Penang Bird Park is the largest bird park in Malaysia, offering you isolation from the hustle of the city and lets you enjoy rich natural diversity of flora & fauna.
- **For Foodies** – Penang is paradise for foodies, especially street food comprising Chinese, Indian and Malay cuisines, a diversity brought by years of multi-cultural heritage. Penang is known for varieties of food stalls offering must-try dishes like Char Kway Tseo, Penang Laksa and Nasi Kandar which can only be found in the island.

### What we have planned for you?

*We have developed an exhaustive itinerary, including exciting attractions and activities in the lovely Penang.*

- *Trip to beautiful Penang Hill by Funicular train, to watch gorgeous 360 degrees top view of the Island and taking leisure walk on the hill in cool breeze, savoring the natural beauty*
- *Snorkeling in the crystal-clear waters, parasailing in the ocean, diving deep into the ocean experiencing coral life, treating you with the enriching beauty of the aquatic life-forms.*
- *Hiking and Camping trip to Penang National Park, exploring the hills and bird watching*
- *Food trips to streets of Georgetown, discovering and exploring exotic spicy cuisines of Penang*
- *Shopping trips to Campbell street, popular for showcasing antiques and handicrafts originating from different cultures of Asia*

**Visit Penang and make memories for lifetime!**

**123Travel Shop 5/56 Burnett Street Buderim**

# SCLMA INVITATION



**‘CHRISTMAS IN AUGUST’  
SATURDAY 8 AUGUST 2015**

***FINE WINE, DELICIOUS DINING & DANCING  
ENTERTAINMENT: M7 WILL BE BACK!  
STAY OVERNIGHT AND RELAX!***



**TIME; 6.30PM FOR 7PM**

**DRESS: SMART CASUAL**

**NO LIMIT ON NUMBERS**

**SCLMA CURRENT & NEW MEMBERS FREE.**

**PARTNERS \$66.00**

**TABLE SEATING - 8 TO 10**

**Member's Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Partner's Name:** \_\_\_\_\_ **Amt Encl:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Table?** \_\_\_\_\_

**Dietary Requirement?** \_\_\_\_\_

**RSVP: ASAP or NO LATER THAN FRIDAY 17 JULY 2015 ANY QUERIES: JO: 0407 037 112**

**HOW: Return this form with cheque to: SCLMA PO Box 549 Cotton Tree 4558**

**OR EFT: BSB 034-243 ACCOUNT NUMBER 11-9298 (identify payment please)**

**PLEASE FAX YOUR RESPONSE IF PAYING ON-LINE TO 5479 3995**

**ACCOMMODATION:** To receive discounted rates please *quote 'SCLMA' function* to our reservations team when contacting them via telephone or email. **Three ways to make your booking:**

**Email:** [noosa@outrigger.com.au](mailto:noosa@outrigger.com.au)

**Phone:** 07 5455 2200 (press #1 for reservations)

**Online booking button:** <https://www.thebookingbutton.com.au/properties/hastresortspadirect>

# GP Education



## Doctor's Bag

*haemorrhoids, prolapse, incontinence, arthroscopy and rotator cuff tears*

Sunshine Coast University Private Hospital proudly presents a symposium featuring general surgeon, John Hansen, gynaecologist, Robyn Boston and orthopaedic surgeon, Luke McDermott.

Please join us for a night of interactive discussion.

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



### LEARNING OUTCOMES:

Attendees will be able to:

- Update their approach to common anorectal conditions
- Identify a systems approach to management of incontinence and prolapse
- Understand the role of arthroscopy v TKR and be able to discuss with patients
- Understand the course of rotator cuff injuries in the older population

### PROGRAM

6.15pm Dinner & registration

7.00pm Presentations & discussion

**"It's my haemorrhoids Doc"**

Dr John Hansen, General Surgeon

**Prolapse and incontinence in women young and old**

Dr Robyn Boston, Gynaecologist

**Case discussions:**

**Arthroscopy vs total knee replacement: who gets what and when?**

**The incidence and progression of rotator cuff tears in the older population**

Dr Luke McDermott, Orthopaedic Surgeon

9.00pm Evaluation & close

### When:

**Wednesday, 19 August, 2015**

### Where:

The Lakehouse Sunshine Coast,  
15 Freshwater Street  
(adjacent to Brightwater Hotel),  
Mountain Creek Qld 4557

### RSVP:

**Friday, 14 August**

**Approved 4 Category 2 QI&CPD points**

# It's easy to register

**Register online** [www.sunshinecoastuniversityprivate.com.au/](http://www.sunshinecoastuniversityprivate.com.au/)

**Email** [bullp@ramsayhealth.com.au](mailto:bullp@ramsayhealth.com.au)

**Call** Pam Bull, GP Liaison on 0427 327 321

or

scan this code



*Email / call Pam if you wish to be removed from our mailing list*

SUNSHINE COAST  
UNIVERSITY PRIVATE HOSPITAL



**SCLMA WEBSITE - MEMBER DIRECTORY****www.sclma.com.au****SAMPLE:**

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

**YOUR DETAILS**

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

\_\_\_\_\_  
(Title) (First Name) (Surname)

Name of Practice \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/C \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

\_\_\_\_\_

Special Interests: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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



**AMA Family  
Doctor Week 2015**  
YOU AND YOUR FAMILY DOCTOR:  
THE BEST PARTNERSHIP IN HEALTH



## MEDIA ALERT

**AMA FAMILY DOCTOR WEEK, 19- 25 July 2015**

*You and Your Family Doctor: the best partnership in health*

Family Doctor Week is the AMA's annual celebration of the hard work and dedication of Australia's GPs – your family doctors.

Each year, the AMA reminds the community of the vital role played by local family doctors in keeping Australians healthy.

Having a trusted family doctor is good for your health. People who have an ongoing relationship with a family doctor are shown to have better health outcomes.

This year, the theme for Family Doctor Week is *You and Your Family Doctor: the best partnership in health*.

During Family Doctor Week, the AMA will issue media releases highlighting the vital role played by family doctors in preventative health, aged care, and end of life care, and raise contemporary health policy issues such as the Medicare rebate freeze and general practice training and funding.

**The AMA encourages local media to make contact with family doctors in your town, suburb, or local community to hear their stories about the joys and the challenges of providing quality health care in your area.**

State and Territory AMAs can help you find local family doctors. Please contact:

NSW	Lachlan Jones, 02 9902 8113
Victoria	Felicity Ryan, 03 9280 8753
Queensland	Rachael Finley, 07 3872 2209
Western Australia	Robert Reid, 08 9273 3018
South Australia	Eva O'Driscoll, 08 8361 0106
Tasmania	Lucinda Bray, 03 6223 3333
ACT	Christine Brill, 02 6273 0455
NT	Fiona Thomson, 08 8941 0937

AMA Family Doctor Week is proudly sponsored by the Australian Government Department of Social Services, National Health and Medical Research Council, Cutcher & Neale, and AMEX.



23 June 2015

CONTACT: John Flannery 02 6270 5477 / 0419 494 761  
Odette Visser 02 6270 5464 / 0427 209 753

**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](mailto:jobo@squirrel.com.au)

<b><u>NAME</u></b>	Surname:		First Name:	
<b>EMAIL:</b>				
<b><u>PRACTICE ADDRESS:</u></b> This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.				
	Practice/Building			
	Street:			
	Suburb:		Postcode:	
	Phone:		Fax:	
<b><u>ALTERNATE ADDRESS:</u></b> (if practice address not applicable)				
	Street:			
	Suburb:		Postcode:	
	Phone:			
<b><u>PRACTITIONER DETAILS:</u></b>				
	Qualifications:			
	Date of Birth:		Year of Graduation:	
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
<b><u>PLEASE NOTE:</u></b> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
<b><u>PROPOSERS:</u></b> (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).				
<b>1. NAME:</b>		<b>Signature:</b>		
<b>2. NAME:</b>		<b>Signature:</b>		
<b><u>ANNUAL SUBSCRIPTION (GST included):</u></b>		<b>(Please tick)</b>	<b>DELIVERY OPTIONS</b>	
Full-time ordinary members - GP and Specialist		\$ 55.00	<b>Your Monthly Invitation</b>	
Doctor spouse of full-time ordinary member		\$ 22.00	By Email?	
Absentee or non-resident doctors		\$ 22.00	By Courier?	
Part-time ordinary members (less than 10 hours per week)		\$ 22.00	By Post?	
Non-practising ordinary members, under 60 years old		\$ 22.00	<b>Your Monthly Newsletter</b>	
Residents & Doctors in Training		Free	By Email?	
Non-practising ordinary members, over 60 years old		Free	By Courier?	
Patron and honorary members		Free	By Post?	
Payment can be made by cheque payable to SCLMA or by direct debit to the <b>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</b> A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.				
Please return this form with your cheque OR details of your E.F.T. to: <b>SCLMA PO BOX 549 COTTON TREE 4558</b>				
<b><u>Please note:</u></b> <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 23 APRIL 2015  
Maroochydore Surf Club Function Room, Maroochydore  
MINUTES  
(Accepted at Committee meeting 28 May 2015)**

**Attendance:** Drs Di Minuskin, Jenny Grew, Kirsten Hoyle, Peter Ruscoe, Peter Dobson, Marcel Knesl, Scott Masters, Jeremy Long, Rob Ingham and Jo Bourke (Observer)

**Apologies:** Drs Wayne Herdy, Nigel Sommerfeld, Scott Phips and Denise Ladwig.

**Minutes of last meeting:** 26 March 2015

The Minutes were accepted as a true and accurate record.

Moved: Jeremy Long. Seconded: Peter Ruscoe. Carried.

**Business arising from Minutes.** Nil.

**President's Report:** *Dr Di Minuskin.*

- Issues in the last month that have arisen include the delay in the roll-out of the Government funded flu vaccine. The 6 week delay caused concern amongst patients and frustration for doctors. Now faced with a greatly shortened window of opportunity to get everyone vaccinated before the flu "season". In the 4 weeks leading up to 14<sup>th</sup> April there were 51 notified cases in the Sunshine Coast region, almost double last year, but still low numbers. There was some misinformation in the media including a suggestion that there will not be enough vaccine. I have tried to get the message across that although there are logistic issues dealing with the number of patients, there is enough vaccine. Ringing around, I have found many practices have scheduled extra doctor/nurse sessions to cope with the numbers.
- Questions remain as to why the delay. Information received from AMAQ, Jeanette Young's office and QIPS indicates that the first couple of weeks' wait was due to a manufacturing delay and then a further wait until the paediatric Vaxigrip could also be sent out in the first delivery. I believe the Fluvax should have been available earlier. Pharmacists were entrusted NOT to give Fluvax to children – why not doctors? The Fluvax brand is contraindicated in children under 5 and not recommended between 5-9 years. The Vaxigrip brand is to be used in this age group. This was said to be one of the reasons there was a delay in the roll out. They waited until they were able to supply Fluvax and Vaxigrip in the same delivery, so that doctors did not give Fluvax to children by mistake.
- Recent meeting with SCUPH CEO, Oli Steele. SCUPH is re-opening a ward at the former Caloundra Private Hospital, now Caloundra Private Clinic, as an "at-capacity" strategy. This ward will have full nursing and RMO cover. A similar attempt late last year was not embraced by the RMOs because of lack of RMO cover. Designated Ward 6, this will function as a "step-down" ward, suitable for low risk, stable patients, for example those who have completed their acute phase of care at SCUPH, for those receiving antibiotics, with a UTI and/or awaiting placement.
- Federal Health Minister Sussan Ley's announcement on 22 April of a wide ranging review of Medicare is noted. Each of the funded medical services is to be examined together with a separate review of care and funding models and developing clearer rules for Medicare compliance. In the meantime, we "watch this space" for what could well be a watershed moment in health care reform. Especially welcome is the focus on fostering stronger connections between GP care and hospital care.

**Vice President's Report :** *Dr Rob Ingham –*

- Frustration over flu vax echoed, especially the lack of information and misinformation to doctors and to the public via the media. The roll-out was badly handled and it is important to ensure that this doesn't happen again.
- There are concerns regarding GP training re-vamp, which under changes proposed in the 2014-15 Federal Govt Budget, would see the Health Department assume responsibility for over-seeing GP training.
- It is hoped that the review of Medicare will reward quality medicine. Currently, Medicare rewards procedural rather than consultative medicine. This situation leads, for example to many cardiologists and few endocrinologists and geriatric medicine specialists. And yet, if we had more of the latter, we would need fewer of the former!

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

**Correspondence In:** *(tabled Jenny Grew, Acting Secretary)*

- Irwin Strous – reply to Dr Di Minuskin
- Dr Ryan Devlin – re SCLMA logo

**Correspondence Out:**

- Dr Di Minuskin – to Irwin Strous re advertisement complaint.
- Dr Di Minuskin – response to Dr Ryan Devlin

**Business arising from Correspondence:** Nil

**Treasurer's Report :** *Dr Peter Ruscoe*

**Accounts to be paid:**

- Australia Post – Account March 2015
- Office National – Account March 2015
- Jo Bourke – Secretariat March 2015
- Jo Bourke – Newsletter April 2015
- Snap Printing – Newsletter April 2015
- Snap Printing – Invites April 2015
- Jo Bourke – Adobe CC subscription March 2015
- C Hawkins – Assistant Secretariat (Sept 14 to April 15)
- C Bourke – website updates
- ATO – BAS QTR 3 (January to March 2015)

**Moved:** Peter Ruscoe that the accounts be paid. Seconded: Jeremy Long. Carried.

**(b) Membership Report.**

Dr Alicia Lorenz (GP Registrar)

Dr Gus Ferguson (Radiology)

**Moved:** Scott Masters. Seconded: Jeremy Long. Applications accepted.

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

**Meetings Convenor Report:** *Dr Scott Masters*

- Finalising arrangements for Christmas Party, now likely to be a date in early August.
- All meeting vacancies filled for the remainder of the year, with the exception September. "Spring Clinical" remains the likely theme with suggested topics of "Transition to the new Sunshine Coast hospital" and "Clinical Trials". Sponsorship to be finalised.



**SCLMA MANAGEMENT COMMITTEE MEETING  
THURSDAY 23 APRIL 2015  
Maroochydore Surf Club Function Room, Maroochydore  
MINUTES /cont:**

**Hospital Liaison Report:** *Dr Jeremy Long*

- First meeting of the HHS Clinical Council was held this week – an effective group which includes Dr Sandra Peters as GP Liaison. Focus on clinical aspects, including a greater degree of integration, and research; less emphasis on administration.
- The Queensland Clinical Senate met recently and discussed the clinical imperative for seven day healthcare delivery. There is a growing body of evidence that suggests there is an increase in mortality and morbidity rates for patients admitted to hospital on the weekend and after hours. Patients should have access to the same level of care regardless of what day of the week they present to hospital. The Clinical Senate will report on and provide recommendations regarding consistent access to full healthcare across the seven-day week, for consideration by the Department of Health.
- The process of developing Models of Care continues, albeit with slow progress. Drafts of the models of care will be open for review by GPs.

**Medicare Local Report:** *Peter Dobson*

- The Sunshine Coast Medicare Local was successful in its bid to operate the Central Queensland and Sunshine Coast Primary Health Network (CQSCPHN). The task now is to coordinate primary health care services for a population of 850 000 spread over an area of 167,000km. The SCML CEO Pattie Hudson, together with the Chief Financial Officer, has commenced travelling to meet with current Medicare Local staff, GPs, hospital and health care providers in the expanded area. The new PHN will be managed from the Sunshine Coast with leaders in the broader locations.

- Consortium partner Abt JTA, an international health and social sector consulting firm, specialises in operating in remote and challenging environments, thus connecting with the rural and remote aspects of PHN activities. The new PHN has also partnered with Philips Healthcare and Westfund.
- Amongst the enormity of the task to transition to the new PHN, it will be important not to lose sight of the other major transition – that to the new Sunshine Coast hospital.

**General Business:**

**Chris Bourke** – presentation of Overview of Website Proposal for the SCLMA. Chris outlined the following objectives in his proposal:

1. Develop a mobile responsive website
2. Create the primary Business/Members directory for Sunshine Coast health professionals
3. Provide a resource for local medical information and events
4. Create a website that is cost-effective to manage
5. Develop a website that generates monthly income for SCLMA.

The SCLMA will engage Chris Bourke to develop the website as proposed.

Moved: Di Minuskin. Seconded: Marcel Knesl. Carried.

**Meeting Close: 1905**

**Next meeting – Thursday 28 May 2015 - Maroochydore Surf Club**

*Acting Secretary  
Dr Jenny Grew*

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## 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**

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### ADVERTISING GUIDELINES:

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

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

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 .....



## ACTUAL COMPLAINTS RECEIVED BY "THOMAS COOK VACATIONS" FROM DISSATISFIED CUSTOMERS:

1. "On my holiday to Goa in India, I was disgusted to find that almost every restaurant served curry. I don't like spicy food."
2. "They should not allow topless sunbathing on the beach. It was very distracting for my husband who just wanted to relax."
3. "We went on holiday to Spain and had a problem with the taxi drivers as they were all Spanish."
4. "We booked an excursion to a water park but no-one told us we had to bring our own swimsuits and towels. We assumed it would be included in the price."
5. "The beach was too sandy. We had to clean everything when we returned to our room."
6. "We found the sand was not like the sand in the brochure. Your brochure shows the sand as white but it was more yellow."
7. "It's lazy of the local shopkeepers in Puerto Vallartato close in the afternoons. I often needed to buy things during 'siesta' time -- this should be banned."
8. "No-one told us there would be fish in the water. The children were scared."
9. "Although the brochure said that there was a fully equipped kitchen, there was no egg-slicer in the drawers."
10. "I think it should be explained in the brochure that the local convenience store does not sell proper biscuits like custard creams or ginger nuts."
11. "The roads were uneven and bumpy, so we could not read the local guide book during the bus ride to the resort. Because of this, we were unaware of many things that would have made our holiday more fun."
12. "It took us nine hours to fly home from Jamaica to England. It took the Americans only three hours to get home. This seems unfair."
13. "I compared the size of our one-bedroom suite to our friends' three-bedroom and ours was significantly smaller."
14. "The brochure stated: 'No hairdressers at the resort.' We're trainee hairdressers and we think they knew and made us wait longer for service."
15. "When we were in Spain, there were too many Spanish people there. The receptionist spoke Spanish, the food was Spanish. No one told us that there would be so many foreigners."
16. "We had to line up outside to catch the boat and there was no air-conditioning."
17. "It is your duty as a tour operator to advise us of noisy or unruly guests before we travel."
18. "I was bitten by a mosquito. The brochure did not mention mosquitoes."
19. "My fiancée and I requested twin-beds when we booked, but instead we were placed in a room with a king bed. We now hold you responsible and want to be re-reimbursed for the fact that I became pregnant. This would not have happened if you had put us in the room that we booked."

There is a medical distinction between Guts and Balls. We've heard colleagues referring to people with Guts, or with Balls. Do they, however, know the difference between them?\*

Here's the official distinction; straight from the British Medical Journal: Volume 323; page 295.\*

GUTS - Is arriving home late, after a night out with the lads, being met by your wife with a broom, and having the Guts to ask: "Are you still cleaning, or are you flying somewhere??"

BALLS - Is coming home late after a night out with the lads, smelling of perfume and beer, lipstick on your collar, slapping your wife on the bum and having the Balls to say: 'You're next, Chubby.'\*

I trust this clears up any confusion.\*Medically speaking, there is no difference in outcome; both are fatal.\*

A plane is on its way to Toronto, when a blonde in Economy class gets up and moves to the first class section and sits down.

The flight attendant watches her do this and asks to see her ticket. She then tells the blonde that she paid for Economy class and that she will have to sit in the back.

The blonde replies, "I'm Scottish, I'm blonde, I'm beautiful, I'm going to Toronto and I'm staying right here."

The flight attendant goes into the cockpit and tells the Pilot and the co-pilot that there is a blonde Scottish bimbo sitting in first class, who belongs in economy and won't move back to her seat.

The co-pilot goes back to the blonde and tries to explain that because she only paid for economy she will have to leave and return to her seat. The blonde replies, "I'm Scottish, I'm blonde, I'm beautiful, I'm going to Toronto and I'm staying right here."

The co-pilot tells the pilot that he probably should have the police waiting when they land to arrest this nutter blonde Scottish woman who won't listen to reason.

The pilot says, "You say she is a blonde? I'll handle this, I'm married to a blonde. I speak blonde." He goes back to the blonde and whispers in her ear, and she says, "oh, I'm sorry." and gets up and goes back to her seat in economy.

The flight attendant and co-pilot are amazed and asked him what he said to make her move without any fuss. "I told her, "First class isn't going to Toronto."\*

## The Vicar's False Teeth ....

A Pastor goes to the dentist for a new set of false teeth. The first Sunday after he gets his new teeth, he talks for only eight minutes.

The second Sunday, he talks for only ten minutes. The following Sunday, he talks for 2 hours and 48 minutes.

The congregation had to mob him to get him down from the pulpit and they asked him what happened.

The Pastor explains the first Sunday his gums hurt so bad he couldn't talk for more than 8 minutes. The second Sunday his gums hurt too much to talk for more than 10 minutes. But, the third Sunday, he put his wife's teeth in by mistake and he couldn't shut up

## CLASSIFIEDS

### GP OPPORTUNITY -

#### BRAND NEW PRACTICE IN NAMBOUR

Dr Wayne Herdy has moved from Ann St Family Medicine, Nambour to Maud Street Medical Centre, 7/1 Maud Street, Nambour (next door to Centrelink and Medibank).

**Dr Herdy is already booked out!**

Hours and financial arrangements flexible.

Contact Kelly Howard, practice manager:

**Ph: 5491 5666.**

### CHANGE OF ADDRESS -

#### DR ANDREW SOUTHEE

After 20 years at Sunshine Coast Private Hospital rooms Northcoast Nuclear Medicine has moved to: Shop 5, 12 King Street, Buderim (co-located with QDI)

Noosaville rooms have also relocated to:

Noosa Hospital, 111 Goodchap Street, Noosaville (co-located with QDI)

Contact details remain the same:

**All Bookings: Ph: 5478 2037**

**Fax Referrals to: 5444 7816**

### DR T K HO - RETURN TO WORK

Just a quick note to let our local medical colleagues know that I have made recovery from my injury last year and been back at full time work since February including full operative duties. My interests are arthroscopic shoulder surgery and shoulder replacements. Other interests include sport injury, hip and knee replacements and hand surgery for carpal tunnel syndrome and Dupuytren contractures.

My consultation rooms are at:

- 31 Second Avenue, Maroochydore
- 2 Caloundra Road, Caloundra
- **Ph: 5443 9999** for all appointments
- Visit our Website: [www.ortho-drho.com.au](http://www.ortho-drho.com.au)

Dr TK Ho, Orthopaedic Surgeon

May 2015

*Classifieds remain FREE  
for current SCLMA members.*

*\$110 for non-members*

*Ph: 5479 3979. Mobile: 0407 037 112.*

*Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)*

*Classifieds remain on the list for 3months.*

## SCLMA NEWS Christmas in August

**SATURDAY 8th AUGUST  
2015**

**The Outrigger, Noosa  
Entertainment : M7 Local  
Band**

**Stay overnight  
to relax!**



**INVITATION**

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## 'REVAMPED' SCLMA



## WEBSITE

**Going 'Live' in July!!**

**Please check your member  
details on the 'old' website**

**[www.sclma.com.au](http://www.sclma.com.au)**

**Please complete the Directory  
form on Page 29 to inform us  
of any changes.**

**Fax 07 5479 3995**

**Ph: 0407 037 112**

**Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)**

## SCLMA CLINICAL MEETING - 28 MAY 2015

Maroochydore Surf Club Function, Maroochydore

Dr Jon Steinberg - *'CPC - Caloundra Private Clinic Psychiatry Update'*

Dr Marion Drennan - *'ECT - Electro-Convulsive Therapy'*

Sponsor: Caloundra Private Clinic

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Dr Lisa Knesl with Dr Sabi Kishore



Presenters Dr Jon Steinberg  
and Dr Marion Drennan



Dr Bruce Goldshaft and Dr Kamal Singh



Dr Steven Kettle, Carol Hawkins  
and Dr Kevin Barker



Photos from Hawaii sent by President Di Minuskin



Sunshine Coast Local Medical Association Inc

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