



SCLMA President's Message

Dr Di Minuskin

Concern over the proposed Queensland Health contracts continues to dominate conversations throughout the region. Indeed, the issue has attracted Australia wide interest with many interstate medical bodies advising their members to consider very carefully any intent to work within the public system in Queensland. Both federal and state groups have taken up the fight and weighed heavily into the negotiations. Despite repeated attempts to table reasonable concerns about the contracts, there has been little indication that the government is prepared to make any changes. The last few weeks have been reminiscent of the movie "Ground Hog Day". Actions and evidence that would reasonably be expected to generate change have had no effect.

It is essential that this issue is resolved. If the contract is presented in its current form, there is likely to be a haemorrhage of talent from QH. Apart from the obvious effect on provision of services, the effect on training of our next generation of doctors will be devastating. This impacts all of us, not only those who are employed by QH. Lobby your state members and rally your patients to protect their access to a health service staffed by experienced physicians. As I write this, there are further negotiations going on. Perhaps by the time the newsletter is published a resolution may have been achieved. Let's hope so.

Both the new privacy guidelines and AHPRA's social media policy have generated some lively debate this month. For those of us who just want to practice medicine and achieve good outcomes for our patients, the discussions surrounding these issues are enough to make you reach for another glass of pinot. Is a positive comment on a patient's facebook page considered to be a testimonial? What are your obligations if you become aware of such a comment? These and other questions have surfaced in what is a rapidly changing social media scene.

Advertising guidelines are reviewed only every few years, but the evolution of social media is so rapid, it can be measured in weeks or months. Clinical photographs are a useful tool. I sometimes use them to monitor wound care or indeed seek advice from a specialist colleague. Apparently, verbal consent and an image on your smart phone will not fulfil the requirements of the guidelines. Whilst I am 100% behind protecting the patient's dignity and privacy, let's not place obstacles that would have a negative impact on their care. I will not be using clinical photographs if I have to enter into a contractual arrangement with the patient that is more complicated than a pre-nup with George Clooney!!!!



On the social front, April is shaping up to be quite an exciting month for me. I am meeting up with a good friend in Istanbul from where we will be flying into Sofia. We have employed the services of "Vlad" and a car and will be spending the next 17 days travelling though Bulgaria and Romania. Quite the adventure for two Aussie "girls". We are avoiding the Ukraine border on the Black Sea, but will be visiting the beautiful Maramures district which borders on the Ukraine further inland. I have been checking Smart Traveller often and no warnings have been posted. Still, I might brush up on my Russian and carry a large bottle of Vodka as a peace offering! Internet access may be a little difficult but I am hoping to contact you from Romania next month. Rob Ingham has kindly agreed to step in if I am unable to get a report to our Editor.

"до свидания" { Russian for Goodbye}

Di Minuskin

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



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CONTACTS:

President and	Dr Di Minuskin Ph: 5491 2911
Vice President:	Dr Rob Ingham Ph: 5443 3768
Secretary: & AMAQ Councillor	Dr Wayne Herdy Ph: 5476 0111
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
FHN Rep:	Dr Scott Phipps Ph: 5494 2131
Committee:	Dr Kirsten Hoyle Dr Denise Ladwig Dr Byron Oram Dr Mason Stevenson Dr Nigel Sommerfeld

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.au

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APRIL NEWSLETTER Deadline Date for APRIL 2014 newsletter will be FRIDAY 11 APRIL 2014

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

Our circulation via email, post and courier (Sullivan Nicolaides Pathology) reaches approximately 800 recipients!

Contact Jo: 5479 3979

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.



Editor's Corner

Welcome to the March SCLMA newsletter.

This month we welcome several new members to the coast. With the opening and commencement of both public and private work at the Kawana Private University hospital we have received several new membership applications.

Several of the new members have sent through their profiles which can be found in this month's newsletter. Quoting Jo the SCLMA secretary, "they all seem to be getting younger and better looking". What does that say about the rest of us?

On the international front February was all about Russia, Sochi, the winter Olympics. March is all about, yes you have guessed it, Russia. As the US imposes sanctions, Putin revels in the media spot light.

SMO contracts are commented on by several contributors in this month's newsletter. With time common sense will prevail and we will all move on to providing the excellent patient care that we all strive to provide. I hear in passing that SMO contracts are under review in Russia.

Moving to matters more corporate, Lexus Maroochydore have taken on the role as the platinum sponsor of the SCLMA newsletter. This decision was debated at several committee meetings and after robust discussion we welcome Lexus on board. This entitles SCLMA members to the exclusive Lexus Corporate Programme. To read more about the Corporate Programme please refer to their e advert in the current newsletter.

Finally for your next weekend breakfast try one of the following Sunshine Coast cafes: The Velo Project, 19 Careela St, Mooloolaba; Bulli, 1 Lorraine Ave, Maroocha and Curly's on the Boardwalk, 100/27 Boardwalk Blvd, Mt Coolom.



Bon Appetite
Marcel Knesl
mknesl@oceaniaoncology.com

HIGHLIGHTS:

- P 5: Kevin Hegarty - Health Service Link
- P 6: Dr Christian Rowan - AMAQ President
- P 7: Lexus - Corporate Program
- P 11: Introductions - New SCLMA members
- P 13: Case Study - Sunshine Coast Radiology
- P 16: Dr Clive Fraser - Motoring article
- P 27: Classifieds



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

THURSDAY 24 April 2014**AVAILABLE!!**

**Looking for sponsor & speaker
Contact Jo Bourke 0407 037 112**

THURSDAY 22 May 2014

Speaker: Dr George Parker

Topic: 'Arthroscopic surgery of the knee. A panacea?'

Sponsor: Claire Ellem, QDI

Venue: **Maroochydore Surf Club****COMING UP:**

Thurs 26 June: Sunshine Coast Radiology

Thurs 24 July: Sunshine Coast Centre for Orthopaedics

Thurs 28 August: QML Pathology

ENQUIRIES: Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrelrel.com.au

Meeting attendance:

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



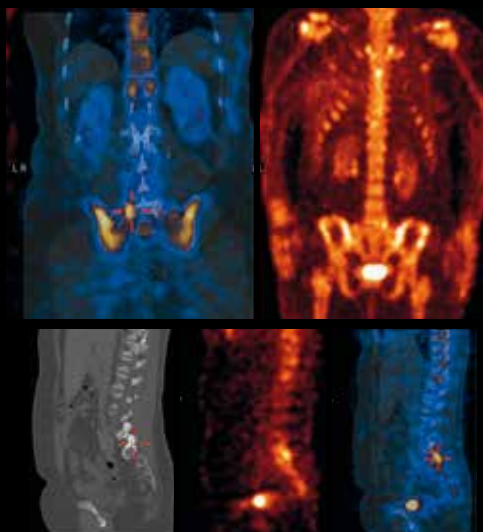
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Noosa
Noosa Private Hospital
Pav A, 111 Goodchap St
Ph: 5430 5200

HEALTH SERVICE LINK - MARCH 2014

with Kevin Hegarty



Since the Government's decision in December 2013 in relation to the service model for the Sunshine Coast Public University Hospital, the focus of our planning activities is very much on positioning the Hospital and Health Service for the transition to the

University Hospital and the transformation of our organisation to that of a tertiary service provider.

The myriad of activities associated with moving from where we are, to where we need to be in 2016/17 and beyond, can and will be met through sound project management and strong leadership across the organisation.

The real challenge over the next few years, as we experience such change and growth, will be to ensure that what we pride ourselves on now, lives on and continues to define us even after the significant organisational change occurs.

As a health service provider, we must continue to deliver the highest quality, safe and sustainable health care. Whilst there are all sorts of measures and independent accreditation processes that are used to assess how successful we are against this objective, there is a daily assessment that is far more important.

The feedback provided by our patients and clients, who receive our care and services, is the real test of how well we are responding to the challenge of delivering quality and safe health care.

The feedback contains a component that is not inherent in clinical indicators or accreditation reports. Patient feedback is where we receive confirmation that we are providing care in a way that has the patient's needs always at the forefront. It is from this that we learn that the services we are providing are delivered in a caring, personalised and professional way.

Recent feedback that I have had the opportunity to receive and discuss directly with the patients who took the time to provide it, showcases the personalised attention that some staff have gone to the trouble to provide. It is this level of caring where the individual outcomes for each patient are paramount, together with the attitude and approach of those providing the care. These are the key elements for successful outcomes.

Being known for high quality personal care, is a badge that any health care organisation would be keen to earn and determined to maintain. If we as an organisation build on the strengths that are already so evident in our organisation, as we simultaneously build on the range and capacity of services we provide, we and our community will be justifiably proud of the health service that we have created.

Regards

Kev Hegarty

Health Service Chief Executive

Kevin_Hegarty@health.qld.gov.au

CHRISTMAS IN JULY 2014 - SATURDAY 19 JULY 2014



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Plans afoot for Aveda Spa to open on Sunday.

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PRESIDENT'S REPORT

NEW SYNTHETIC DRUG CAMPAIGN FOR 2014

A NEW YEAR SEES SOME CHALLENGES BUT ALSO SOME GREAT OPPORTUNITIES TO MAKE AN IMPACT ON QUEENSLANDERS' HEALTH FOR THE BETTER.



DR CHRISTIAN ROWAN
President, AMA Queensland

PHARMACISTS AND FLU VACCINES

Our GP and primary care members are facing their own challenges with the recent approval of a trial allowing pharmacists to provide in-store flu vaccinations from 1 April 2014.

The Government claims the convenience of this scheme will encourage a higher rate of immunisation across the community. While we strongly support efforts to boost immunisation, AMA Queensland opposes this scheme as only suitably qualified GPs should be administering vaccines that potentially carry serious health risks for patients.

MEDICARE LOCALS

Another issue for primary care is the review of Medicare Locals, announced by the Federal Government late in 2013.

AMA Queensland contributed to the AMA submission which called for a network of PHCOs that are:

- ▶ GP-led and locally responsive;
- ▶ focused on supporting GPs in caring for patients, working collaboratively with other health care professionals;
- ▶ not overburdened by excessive paperwork and policy prescription;
- ▶ focused on addressing service gaps, not replicating existing services;
- ▶ and better aligned with Local Hospital Networks, with a strong emphasis on improving the primary care/hospital interface.



We will continue to monitor the progress of the review which is being led by Australia's former Chief Medical Officer Prof John Horvath AO. We welcome any feedback or comments from members on the review of Medicare Locals or AMA's submission (which can be viewed in full at ama.com.au).

SYNTHETIC DRUGS CAMPAIGN

As an addiction medicine specialist, I was very pleased to take part in a campaign recently with the Queensland Police Service's Crime Stopper unit highlighting the dangers of new synthetic drugs.

The campaign *New Synthetic Drugs: Real Damage*, aims to inform Queenslanders of the damaging effects new synthetic drugs are having on the community.

At the campaign launch on 17 February, Queensland Police Commissioner Ian Stewart explained that the introduction of new state laws last year mean Queenslanders caught taking or trafficking new synthetic drugs will face serious legal consequences.

The Drugs Misuse Act 1986 now includes 35 synthetic drugs classified as 'dangerous drugs', meaning the possession, trafficking or sale of new synthetic drugs in Queensland will be treated under the same laws as other illicit drugs.

The campaign features a series of short video messages outlining the key medical and legal consequences of using synthetic drugs can now be downloaded and viewed via YouTube. This collaboration was a great opportunity to raise awareness of a devastating but rarely discussed problem within our community. **Q**

“

The campaign *New Synthetic Drugs: Real Damage*, aims to inform Queenslanders of the damaging effects new synthetic drugs are having on the community. ”

SYNTHETIC DRUG EFFECTS

Violent outbursts
Irrational fears
Psychosis
Heart damage
Blurred vision
Stroke
Liver damage



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Lexus of Maroochydore looks forward to our partnership with the Sunshine Coast Local Medical Association and its members. For any queries please contact Michael Stewart on 0411 675 236.



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Introducing...

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Dr Marion Drennan

Psychiatrist

Dr Marion Drennan is a fellow of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), with a background in general practice and family planning. She has worked in urban and rural South Australia, and in Alice Springs and Darwin. She moved to Queensland in 2006 to work with the West Moreton Integrated Mental Health Service.

Dr Drennan has a long-standing interest in working in Aboriginal communities, initially as a General Practitioner in South Australia and more recently (since July 2007) as the visiting psychiatrist for the Cherbourg Community in Queensland.

As a senior lecturer for the University of Queensland she has enjoyed many years of medical student teaching. In 2008 she was the recipient of the Metropolitan Award for Excellence in Clinical Teaching of medical students at the University of Queensland (across all medical disciplines).

Dr Drennan sees patients aged 18 years and over for a wide range of psychiatric disorders. Her focus is on assessment and treatment and she does not see patients for the purpose of providing medico-legal reports. She plans to stay permanently on the Sunshine Coast, and looks forward to commencing work in the local community.

Contact Details

All appointments:

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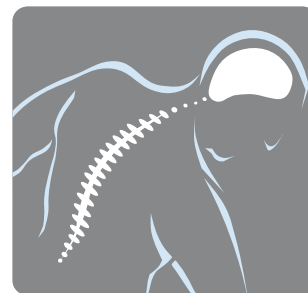
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MARCH 2014 UPDATE

Dr Sandra Peters - GPLO Sunshine Coast Hospital & Health Service

Danielle Causer GP Liaison - Clinical Support Focus Health Network.

Dr Zoltan Bourne GPLO Sunshine Coast Medicare Local

Lisa Edward GP Liaison Support Officer Sunshine Coast Medicare Local

HOSPITAL NEWS (SCHHS GPLO):

The Emergency Department at Nambour General Hospital is streamlining the process for accepting referrals from GPs. For those referrals where the GP believes hospital care is required the referral can be faxed to a designated number in Emergency. For those where advice is sought or urgent pre-admission care is required in the practice whilst awaiting ambulance transport there will be a dedicated GP line to the clinical co-ordinator in Emergency. This will reduce the amount of time busy GPs and Emergency department clinicians spend on the telephone without compromising patient safety at transition of care. The designated numbers will be emailed and/or faxed to GPs and Practice managers separately to facilitate timely updating of contact details in software address books. It is anticipated there will be an overlap of the current system of telephoning ahead for admissions and the fax system as the "wrinkles are ironed out" in the new process.

SCHHS is pleased to be offering educational opportunities for GPs and welcomes your comments and feedback. We will liaise with FHN and SCML to ensure the content is complimentary to educational events they are also hosting and to avoid duplication. Details of first workshop co-hosted with FHN on 9th April below.

UPCOMING WORKSHOPS with FHN:

- 2014 Mental Health Conference – Buderim Private - 22 March
- Reducing the Cost of Wounds – Nambour General Hospital - 25 March
- "Mind the Risk" – The 4th Floor, Mooloolaba 9th April. Dr Matira Taikato Clinical Director Mental Health Services Nambour Hospital SCHHS will present an interactive workshop for GPs on Risk Assessment . this will be the first of 3 workshops presented by Mental Health Service specialists over the course of this year.

WHAT'S NEW on the FHN WEBSITE?

- List of Procedural GPs
- The latest 'Starters and leavers' list

SUNSHINE COAST ML GP LIAISON NEWS:

Think Health was successfully launched on Friday 28 February at the Innovation Centre bringing together the Sunshine Coast and Gympie region's health leaders, professionals, educators and researchers, industry bodies and policy makers to share ideas and opinions in shaping the future of primary health care. Over 190 participants attended and 14 peak industry bodies hosted interactive trade displays. ABC's Health Report presenter, Dr Norman Swan facilitated the day with Dr Chris Davis MP (Assistant Health Minister) officially launching the event.

The participants were taken through a workshop process and then were able to engage with a discussion panel comprised of Ian Landreth (CEO of Sunshine Coast Medicare Local), Kevin Hegarty (Chief Executive Sunshine Coast Hospital and Health Service), Mayor Mark Jamieson (Sunshine Coast Council), Mayor Ron Dyne (Gympie Regional Council), Cr Sandy Bolton (Noosa Council), Leeza Boyce (Sunshine Coast TAFE), Prof Mike Hefferan (University of Sunshine Coast) and Lesley Van Schoubroeck (Mental Health Commissioner).

This initiative was led by Sunshine Coast Medicare Local and Sunshine Coast Hospital and Health Service in partnership with Sunshine Coast Regional Council, University of the Sunshine Coast, Sunshine Coast Institute of TAFE, Noosa Council and Gympie Regional Council.

A copy of the data analysis presentation is available on the Sunshine Coast Medicare Local website:

<http://www.scml.org.au/news.htm>

Dr Sandra Peters
Ph: 0408 715 697



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Date

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INTRODUCING NEW MEMBERS FEBRUARY 2014

Dr Mara Clarkson is a Specialist General and Laparoscopic Surgeon. She is a director of Sunshine Coast General Surgeons, a new practice operating out of the Sunshine Coast University Private Hospital.

Dr Clarkson has strong subspecialty interests and training in endocrine, breast and trauma surgery, applying minimally invasive and advanced laparoscopic techniques. Dr Clarkson's experience in this area has focused on the advancement of her technique in the areas of endocrine surgery, including surgical treatment of adrenal, thyroid and parathyroid disorders, as well as laparoscopic hernia repair.

Dr Clarkson graduated from the University of Queensland with a Bachelor of Medicine, Bachelor of Surgery in 2003, and was quickly accepted onto the Advanced Surgical Training Programme with the Royal Australasian College of Surgeons.

After completing her specialty surgical training in Queensland, predominantly at the Royal Brisbane and Women's Hospital, Dr Clarkson spent time in Perth as Fellow at the Endocrine Surgical Unit in Sir Charles Gairdner Hospital.

When she's not working long hours, she's likely to be halfway up a mountain, or bike riding, trail running or walking with her dogs on the beach.



Dr Priscilla Martin is a General and Laparoscopic Surgeon. She is a director of Sunshine Coast General Surgeons, a new practice operating out of the Sunshine Coast University Private Hospital.

Her particular interests lie in treating conditions of the pancreas, liver, and upper-gastrointestinal tract. As such, her surgical training has shown a specialised focus on the complex areas of hepato-pancreato-biliary surgery and upper-gastrointestinal surgery, including bariatric (weight loss) surgery.

Dr Martin graduated from the University of Queensland in 2003 and was awarded a Bachelor of Medicine, Bachelor of Surgery. Commencing her surgical training at the Royal Brisbane Hospital, in 2011 she completed her fellowship with the Royal Australasian College of Surgeons.

With a focus on extending her training in advanced laparoscopic surgery, Dr Martin then accepted a position as Senior Registrar at Nambour General Hospital, and as a Fellow at The Holy Spirit Northside in Bariatric Surgery.

In 2013 she spent further time honing her surgical technique at St Vincent's Hospital in Melbourne as a Fellow in the Hepatobiliary and Upper Gastrointestinal Surgery unit. During this time she was also appointed as an Honorary Hepatobiliary Fellow at the Peter MacCallum Cancer Centre.

Returning to the Sunshine Coast in 2014, Dr Martin is dedicated to further advancing her techniques and skills, and to sharing her knowledge with those she trains, both in the public and private sector. From 2014 she will treat patients at both Nambour Public Hospital and the Sunshine Coast University Private Hospitals.

When she finds the time, Priscilla loves travelling, exploring the local markets, amateur photography and Brisbane's art galleries.



Dr Kim Latendresse is an orthopaedic surgeon with fellowship training in hand, wrist and elbow surgery. He has VMO positions at Sunshine Coast University Private Hospital, Kawana Private Hospital, and Nambour Selangor Private Hospital. Dr Latendresse offers his expertise and experience in the treatment of a broad range of hand, wrist and elbow disorder, including: Dupuytren's contracture; Carpal tunnel syndrome, including endoscopic release; Wrist arthroscopy; Scaphoid non-unions; Treatment of arthritis in the fingers and wrist.

Dr Latendresse was educated in Canada, obtained his hand fellowship experience in Canada and Australia, and moved to the Sunshine Coast in 2006. He is a Fellow of the Royal Australasian College of Surgeons and the Australian Orthopaedic Association. He loves seeing his young family grow up in this gem of a region! Having just started his private practice, Dr Latendresse joined the SCLMA to network with colleagues of all disciplines and feel part of the local medical community!

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Dr Janusz Bonkowski

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Helping patients with lumbosacral and neck pain

Many patients present to their GP with lumbar and neck pain, some with radicular pain. Many can be managed with conservative methods, but image guided injections may also be helpful in those not responding to conservative management. With 27 different potential targets in the lumbar spine (5 levels and at each level an epidural, 2 foraminal and 2 facet joint targets and 2 SI joints) and 30 potential targets in the cervical region (6 levels and 5 targets at each level), the question is what target to aim at. Clinical assessment of the level and type of pain is essential in target selection. Failure of injections to relieve symptoms in the past may at least partly be due to poor patient and target selection.

Radicular pain may suggest nerve compression and MRI or CT can define the anatomy to guide whether a foraminal or epidural injection may be helpful. However, for those with local neck or lumbar pain an arthritic cause or other local pathology may be present and a facet joint injection may be more appropriate. CT and MRI may define the anatomy but are poor at predicting which are the painful joints. Bone scans however have high sensitivity to active arthropathy and have been demonstrated to have good predictive value as to which facet joints are worth injecting with steroids.

(Radiology Feb 2006 vol 238,2:693-698)

Below is a case where the CT scan does not demonstrate which facet joint is painful, but the bone scan clearly shows the L4/5 facet joints are inflamed and likely to respond to an injection of steroids.

The first image shows a sagittal CT image of the lumbar spine, where it is impossible to say which facet joint has active arthropathy. The second and third images are fused bone scan and CT images of the same patient. These images clearly show the L4/5 facet joints bilaterally have active arthropathy, left more than right, and are likely to respond to injection of steroids under CT guidance.

At Sunshine Coast Radiology (SCR) Maroochydore and SCUPH practices we have combined gamma cameras and high resolution CT scanners. We can provide a CT scan or MRI scan to define the anatomy and a bone scan to determine which facet joints are inflamed at a single appointment. The bone scans and CT scans for the lumbar & cervical region can be Bulk Billed with GP referral. We can then inject any appropriate target under CT guidance at a second appointment (gap charge) also with GP referral.

If you wish to discuss any of the above (or another matter) please call Dr John Evans or one of the other radiologists on **07 5436 7215**.

Image 1

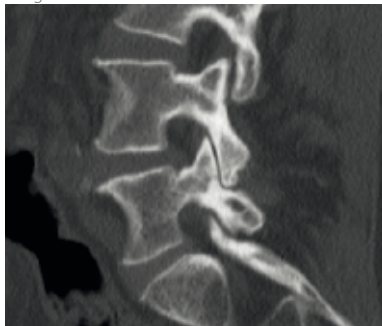


Image 2

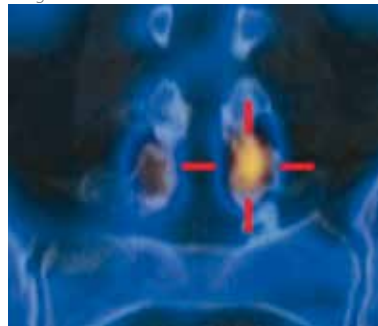
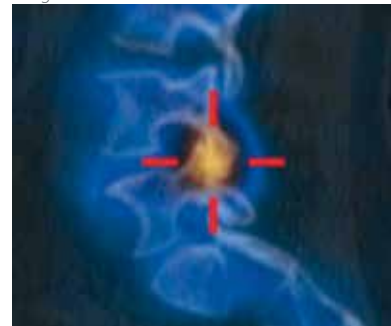


Image 3



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MEDICAL MOTORING

with Doctor Clive Fraser

MITSUBISHI MIRAGE ES ...

"It's a mirage!"



Chinese-made cars have been on Australia's roads since 2009.

Their only selling point is that they are cheap to buy, but that does not mean that they are good value.

We have all heard stories of how Chinese manufacturing will keep bringing prices down and we have all seen over the last few months how un-competetive Australian car manufacturing has been driven into the ground.

It is entirely logical to believe that cars will always be more cheaply made overseas in countries where there is no annual leave, no superannuation, no worker's compensation and where wages are low.

When Australian workers' conditions drift downwards to be similar to those in China we'll then be able to compete with the Chinese on price.

Will Australian workers be happy to give up their hard fought conditions? I think not.

But Campbell Newman is testing the water in Queensland where he's asking 3,500 senior medical officers to sign contracts which are simply unfair.

Doctors in Queensland, most of whom have been very devoted to the public system throughout their careers, face a very uncertain future.

The contracts provide no protection for unfair dismissal and can be changed by Queensland Health any time after being signed by the doctor.

Signing a contract with Queensland Health is like signing a blank cheque.

Whilst public hospital doctors have been told that they can trust the government "to do the right thing", experience in Queensland suggests otherwise.

And in a State with no Upper House, no proportional representation and only one major newspaper (controlled by an American), Queenslanders will always have to fight for fairness.

My own recent experience with Queensland Health may serve as a warning of what lies ahead.

I have worked for Queensland Health ever since graduating, 32 years ago.

I have been a loyal employee. I have always put the patients' interests first. I have always enjoyed teaching and the collegiate atmosphere of the public hospital. I also have a busy private practice.

Suffice to say that in September 2013 I was given three hours notice of a meeting where my "position" was going to be "discussed".

When I complained that three hours was not enough notice I was really left with no option other than to go to the meeting where I was told that my VMO position had been "abolished".

I had worked as a VMO at the local public hospital for 24 years.

I was told that I had three options.

The first one was to seek a transfer, but there were no other VMO positions to transfer to.

The second option was that I could appeal against the decision to abolish my position in which case I would be given three months notice in writing and my employment would be terminated anyway.

The final option was to accept a redundancy package.

And if I decided to accept redundancy I would also have to waive my rights to receive 14 days written notice of the offer and I would have to sign all the paperwork sometime in the next 24 hours.

It all seemed very hasty and disorganized, but most of all it seemed very un-fair.

On my first day of absence, the patients arrived, but no doctor was rostered to be at my clinic.

Just as well that it was an ECT Clinic, and not brain surgery.

This is the sort of experience that I think my public hospital SMO colleagues can expect if and when their conditions of employment change.

Just like there are more people who believe in God and attend Church after experiencing an earthquake, there will be many more doctors who will become AMA members simply because collective negotiation is really the only thing which gives workers any hope of being represented.

So I have been waiting for quite a while for Chinese cars to flood the Australian market.

It does not seem to have happened, though there are plenty of cars coming to Australia that are made in Thailand, Malaysia and South Africa.

Without import tariffs on cars we were all given the prospect that you might be able to buy a car in Australia for under \$10,000 on the road.

MEDICAL NOTORING /cont:



Whilst cars have never been cheaper I have struggled to find that deal.

That was until two weeks ago when I saw that you could buy a brand new Mitsubishi Mirage ES Manual for \$9,990 on the road drive-away.

A colleague had just bought an automatic Mirage LS for \$14,200 including on-road costs, but his car was an automatic and had additional features such as a Sports Kit, 15 inch alloy wheels, climate-control air-conditioning and automatic headlamps and wipers.

Either way all Mitsubishi Mirage's come with 5 doors, 5 seats, 5 years roadside assistance and a 5 year warranty.

I rang him to tell him that I finally found a new car for sale in Australia for under \$10,000 on the road.

I was excited. It was almost like the day I graduated.

He was disbelieving. He said to me, "Are you sure that's the right price?"

I said, "It's there in black and white, it's right in front of me, it's \$9,990 drive-away".

It was then that I realised that I had failed to read the fine print.

Whilst the car was "brand-new" there was a note next to the picture of the car that said there was "slight hail damage".

This note was not actually in fine print and I could never complain about the advertisement being misleading.

I had just seen the price and forgotten to look at the rest of the page.

I think there is a lesson in this for all the doctors who are being asked to sign the Queensland Health contracts.

There will always be a catch and one should not trade off hard-earned employee entitlements simply because the government has such a large majority and believes that it can bully its workers into submission.

2014 Mitsubishi Mirage ES

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Against: Plenty of great second-hand cars for the same money.

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Fast facts:

The Mitsubishi Mirage is built at Laem Chebang (25 kilometres north of Pattaya) in Thailand.

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com

PS there is of course one Chinese-made car for \$9,990 drive-away.

It's the Chery J1.

Whilst it does have four cylinders it prefers PULP and uses 46% more fuel than the Mirage.

It's also heavier, slower and less safe (only 3 stars on ANCAP) than its competitor.

For my money the Mitsubishi Mirage is better value, even with the dents!



The value of a cup of tea with a dash of trauma insurance



Recently I visited one of our clients to have a general chat about how they are going with their retirement planning. Over a cup of tea, it was revealed to me that my client had a major health issue requiring coronary bypass graft surgery. From this point on we didn't talk about retirement planning, my client was concerned about how his family was positioned.

By reviewing his personal insurances it was revealed that he had a Trauma policy but he wasn't aware about what it covered. As trauma insurance provides a lump sum payment if you suffer a major medical illness/disorder, our client qualified.

Our claims management process quickly swung into action, filling out forms and ensuring all the necessary documentation was in order to obtain a successful insurance payout.

In this case, our client will be receiving a cheque of over \$119,000 so he can use it to pay for extra rehabilitation, avoid financial stress during his recuperation and is paying off a small amount of debt.

Fortunately, he can now concentrate on his rehabilitation.

What are the medical conditions that can be covered with a Trauma policy?

The specific conditions covered by a trauma policy can vary from one insurer to the next, however many would typically include:

- Certain cancers
- Heart disorders
- Stroke
- Various accident conditions
- Specific body organ and nervous system disorders

Before proceeding with trauma cover it is important to review the conditions that will be covered.

How much will it cost me?

Typically trauma insurance is more expensive than life insurance. However, some providers allow you to link trauma cover to your life insurance policy which often works out cheaper. Your age, health and smoking status are the main factors that are considered when determining the premium costs.

Is it tax deductible?

No, it is not a personal tax deduction nor a tax deduction for your Super Fund.

The good news is that any claim amount is not recognised as assessable income.

As you can see it pays to get the right advice and ensure you are consulting a specialist when it comes to insurance requirements. For a free review of your insurance needs, contact Hayden White who is Poole Group's in house risk specialist phone 07 54379900 or email hwhite@poolegroup.com.au.

Health is wealth,

Best regards

Kirk Jarrott **Ph: 5437 9900**

CLOSING SERMON WORDS

A preacher was completing a temperance sermon: with great expression he said, "If I had all the beer in the world, I'd take it and throw it into the river." With even greater emphasis he said, "And if I had all the wine in the world, I'd take it and throw it into the river."



And then finally, he said, "And if I had all the whiskey in the world, I'd take it and throw it into the river."

He sat down. The song leader then stood very cautiously and announced with a smile, "For our closing song, let us sing Hymn # 365: 'Shall We Gather at the River.'"

LUNCH MEETING

A group of chaps, all aged 40, discussed where they should meet for lunch. Finally, it was agreed that they would meet at Wetherspoons in Birmingham because the waitresses were fit & wore mini skirts.

Ten years later, at age 50, the friends once again discussed where they should meet for lunch. Finally it was agreed that they would meet at Wetherspoons in Birmingham because the food and service was good and the beer was excellent.

Ten years later, at age 60, the friends again discussed where they should meet for lunch. Finally it was agreed that they would meet at Wetherspoons in Birmingham because they could dine in peace and quiet and it was good value for money.

Ten years later, at age 70, the friends discussed where they should meet for lunch. Finally it was agreed that they would meet at Wetherspoons in Birmingham because the restaurant was wheelchair accessible and had a lift for the disabled.

Ten years later, at age 80, the friends discussed where they should meet for lunch. Finally it was agreed that they would meet at Wetherspoons in Birmingham because they had never been there before.

It all began with an iPhone...

March was when our son celebrated his 17th birthday, and we got him an iPhone. He just loved it. Who wouldn't?

I celebrated my birthday in July, and my wife made me very happy when she bought me an iPad.

Our daughter's birthday was in August so we got her an iPod Touch.

My wife celebrated her birthday in September so I got her an iRon.

It was around then that the fight started..

What my wife failed to recognize is that the iRon can be integrated into the home network with iWash, iCook and iClean.

This inevitably activates the iNag reminder service.

I should be out of the hospital next week!!

iHurt

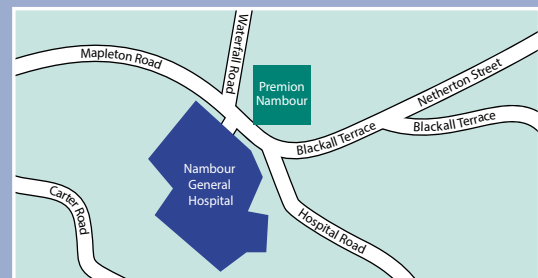


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COONAWARRA COOL



The Coonawarra region in South Australia is in a geo-social sense, next to nothing and close to nowhere. As a wine producing area, it almost faded into oblivion. A fateful turn of events has lead it to be Australia's premier Cabernet Sauvignon producer. The visionary, John Riddoch, first planted grapes in 1890 and up until the 1950's, cheap, bulk wine was produced and used in Brandy Distillation. The Government at the time implemented a vine pull system to pay for reducing vine numbers in favor of a dairy industry. In 1951, David Wynn bought the "stone" winery of John Riddoch and commenced producing a more palatable table wine.

In time, demand for this wine grew and other major producers became interested in the area. Penfolds and Yalumba were quick to realize the potential. Now names such as Lindemans, Brands, Balnaves, Leconfield, and Majella are well established. One of the biggest controversies was the definition of what the Geographical Index of Coonawarra is. A multi-million dollar law suit has seen an extended area defined.

The original definition of the Coonawarra region was based on its strip of Terra Rosa soil. This iron containing red soil overlying the limestone layer, formed from an old sea bed, is only 20 km long and 2 km wide. Despite a general lack of water, there is a constant layer of subterranean water that old vines can tap into. In wine speak; it is comparatively cool with 1430 units of heat ripening. The Barossa is over 1500 and Swan Valley in Western Australia about 1700. Burgundy in France is 1190.

90% of grapes grown are red. Cabernet Sauvignon is king with Shiraz and Merlot trailing. Chardonnay and Riesling are the more common whites. Small amounts of Cabernet Franc, Pinot Noir, and Sauvignon Blanc are also grown.

The Cabernet Sauvignon from Coonawarra is considered to be a more elegant style with limited tannin structure. Fruit characters range from red currant to deep brooding black currant flavors. They probably never get to the prominent cassis strength of Margaret River. An interesting characteristic that has waxed and waned has been a eucalypt and mint aroma. Mildara, in 1963, created a Cabernet Sauvignon that was christened "Peppermint Patty" with an obvious chocolate mint bouquet.

In general this is a most wine friendly place to visit. Riding the push bike around is fun but caution at the end of the day is needed.

More recently plush accommodation has been developed in the township of Penola. I can recommend the Oak Hotel for middle of the road or The Menzies Homestead of Yalumba for an up market treat.

Wines Tasted- all 2008, a hot well ripening year.

2008 Orlando St Hugo Coonawarra Cabernet Sauvignon- a medium garnet color, looking youthful. The nose has red currant spice and mint aromas. The Palate is full with fruit and a medium bridge of tannins that are integrating nicely. It will get better in the next 3-5 years. Overall a great sturdy wine to be enjoyed with scaloppini et fungi.

2008 Wynns Black Label Coonawarra Cabernet Sauvignon- A perennial favorite with 96 and 98 vintages being outstanding. A deeper garnet color is noted. The richer blackcurrant fruits waft on a trail of spicy oak and typical Coonawarra mint. The palate is a little fuller with elegant structure and there is less Cabernet "doughnut" effect. Continuing to develop in 5-7 years and good with duck in cassis liquor sauce.

2008 Di Giorgio Francesco Coonawarra Cabernet Sauvignon- A darker red to purple color. The nose has the dark black currant offerings but has complex oaky, liquorice aromas with hints of spearmint. The palate is generous and the tannins more evident with much more new French oak exposure. This is a serious wine that will develop over 10 years and should be enjoyed with Young rare lamb rack with a hint of star anise in the jus.

2008 Wynns John Riddoch Coonawarra Cabernet Sauvignon- A true Coonawarra icon, this was first made in 1982. A very deep dark purple is displayed. The nose is youthful but impressive with brooding dark fruits, and cigar box aromas. Spicy chocolate notes indicate the seriousness of this wine. The palate is full with a rising meter, latching onto thoughtfully arranged tannins. A super wine, as often is, that will cellar 10 plus years. It needs my old favorite, aged rib eye on the bone with a celeriac mash.

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TO CONE OR NOT TO CONE? Wayne Herdy

Coning is a bizarre agreement between pathologists and Medicare for funding of pathology services. Pathologists agreed to be paid for only the top three items requested by a GP (for out-of-hospital investigations, with a few exceptions).

Coning is an anomalous arrangement that has outlived its time. I now raise my voice to renew calls for its abolition.

The agreement dates from 1995, when some GPs enjoyed kickbacks from pathology providers. It is based in part on the false assumption that all GPs were dishonest in 1995, and that all GPs are still dishonest in 2014.

Coning is a commercial anomaly. What other industry ethically agrees to universally sacrifice 100% of its pricing depending on the source of the unrelated referral?

Coning is unfair to pathologists. They become a free provider of services. [That argument is complex. The marginal cost of adding test samples to a machine batch is small, so a few unpaid GP requests don't cost the pathologist much.]

Pathologists wanted to rescind the agreement, but not recently. The funding agreements between pathologists and government provide for a fixed budget for pathology, with indexation. Pathologists collectively will get the same annual amount from Medicare with or without coning. There is no financial incentive for pathologists to lobby for the abolition of coning.

The selective treatment of GP referrals is archaic.

In 1995, general practice had barely evolved from being a cottage industry. The College of General Practitioners had developed, and the training programme to become a GP is now sophisticated. General practice changed from the default career choice of graduates who couldn't face post-graduate training, and is now the career choice of those who are good enough to process undifferentiated patients. Even AHPRA has granted specialist recognition to GP's.



Coning treats general practitioners as second-class referrers. My argument today is all about respect. GP's of the modern era have earned the respect that comes with first-class practice. Coning denies us that respect. It is an insult to half of the medical practitioners in Australia, a non-commercial relic of an ancient era, and has no place in the provision of quality modern medical services.

Wayne Herdy is a general practitioner on the Sunshine Coast, with three decades' experience. He served on the Board of a Division of General Practice, including years as a Chair of that Division. He has served as a Federal Councillor of AMA, including years on the Council of General Practice, and is a serving Councillor of AMA Queensland (although the opinions expressed herein are his own and do not necessarily reflect AMA policy).

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Main Act: M7 – 7 talented local musicians including two well-known GPs!

Support Acts: The Stripes; Polly Atwal; Matt Ambrose.

This will be a family night and all welcome. Tickets are available at www.eventbrite.com.au at just \$15.00 for Adults and \$5.00 for children. There will be pizza, BBQ and bar available on the night with great prizes and raffles.

Saturday 29 March – Woombye School of Arts (next to the Woombye Hotel)

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JUNIOR DOCTORS CALL FOR RESOLUTION TO QUEENSLAND HOSPITAL DOCTOR CONTRACT DISPUTE

Junior doctors from around Australia have called for a quick resolution to the Queensland public hospital doctor contract dispute, amid fears that mass senior doctor registrations would cripple the Queensland health system and jeopardise medical training opportunities for the next generation of doctors.

Attending a Trainee Forum convened by the AMA Council of Doctors in Training (AMACDT) in Melbourne over the weekend, the junior doctor representatives passed resolutions supporting their senior colleagues in Queensland and calling for a fair and lasting resolution to the contract dispute.

AMACDT Chair, Dr James Churchill, said today that public hospitals are the cornerstone of medical education and training in Australia, and a strong and motivated Senior Medical Officer (SMO) workforce is critical to the delivery of high quality medical education and training.

“Junior doctors around the country are extremely concerned at the potential departure of SMOs from the Queensland public hospital system,” Dr Churchill said.

“They are highly skilled and experienced doctors, and crucial to the training of the future medical workforce.

“The senior doctors are a great asset for Queensland and should not have to endure the pressure and stress of the drawn-out contract negotiations.

“It is clear that the contracts as they stand are not fair and do not reflect the skills and dedication of the doctors.

“Our Trainee Forum has pledged its unanimous support to the Queensland doctors, and we call on the Queensland Government to deliver a fair and quick resolution that is agreed by all parties,” Dr Churchill said.

The Trainee Forum was attended by members of the AMACDT, and trainee representatives from the Australasian College of Sports Physicians, the Australia and New Zealand Association of Neurologists, the Australian and New Zealand Society of Geriatric Medicine, the Australian College of Rural and Remote Medicine, the College of Intensive Care Medicine, General Practice Registrars Australia, the Royal Australasian College of Medical Administrators, the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australian and New Zealand College of Psychiatrists, the Australian and New Zealand College of Anaesthetists, and the Royal Australian College of General Practitioners. Collectively these groups represent more than 18,000 junior medical officers in both prevocational and vocational training.

18 March 2014

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
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NAME	Surname:	First Name:
EMAIL:		
<u>PRACTICE ADDRESS:</u> This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.		
	Practice/Building	
	Street:	
	Suburb:	Postcode:
	Phone:	Fax:
<u>ALTERNATE ADDRESS:</u> (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
<u>PRACTITIONER DETAILS:</u>		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
<u>PLEASE NOTE:</u> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>		
<u>PROPOSERS:</u> (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).		
1. NAME:	Signature:	
2. NAME:	Signature:	
<u>ANNUAL SUBSCRIPTION (GST included):</u>	(Please tick)	DELIVERY OPTIONS
Full-time ordinary members - GP and Specialist	\$ 55.00	Your Monthly Invitation
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	Your Monthly Newsletter
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 <i>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</i> A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.		
Please return this form with your cheque OR details of your E.F.T. to: SCLMA PO BOX 549 COTTON TREE 4558		
<u>Please note:</u> <i>Membership applications will be considered at the next Management Committee meeting.</i>		

The Sunshine Coast Local Medical Association has Public Liability Insurance

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 NOVEMBER 2013
Maroochydhore Surf Club Function Room
MINUTES
(Accepted at Committee meeting 27 February 2014)**

Attendance: Drs Di Minuskin, Rob Ingham, Peter Ruscoe, Mason Stevenson, Scott Masters, Wayne Herdy, Kirsten Hoyle, Byron Oram, Peter Dobson (Medicare Local) and Jo Bourke (Secretariat).

Apologies: Drs Denise Ladwig, Jeremy Long, Scott Phipps, Marcel Knesl and Nigel Sommerfeld.

Minutes of last meeting: 24 October 2013.

The Minutes were accepted. Moved: Peter Ruscoe. Seconded: Rob Ingham.

Business arising from Minutes:

- Peter Ruscoe asked a question re a meeting between Government and Medicare Locals two weeks ago.

President's Report: Dr Di Minuskin.

Notes since the last meeting and for the next month:

1. Email to Lloyd Hill and subsequent phone conversation in regard to the concerns voiced by some members over the resignation of the CEO of the SCUPH so soon after opening. (Correspondence in/out).
2. Attended VMO/SMO meeting NGH on 22 November re employment contracts. Valid concerns were expressed re proposed VMO contracts
3. Individual contracts disadvantage some groups e.g. non procedural specialists who do not attract much income to the hospital
4. "No loss of income" guarantee does not make any promise to future employees, and may impact on the capacity to attract the highest quality future specialists.
5. Future VMOs will contract directly to the local hospital provider.
6. Meeting with Donna Kain, new CEO Caloundra Private Clinic 06 December
7. Sunshine Coast Fresh Focus in Health Conference 07 December – invited to attend (Correspondence In).
8. Opening the SCUPH 13 December – invited to attend (Corresp In)
9. Have also had meeting with cardiologist concerned re disproportionate distribution of cardiac procedures. There was considerable discussion about the way the local cardiology market has evolved. There is an underlying concern about sustainability and the effect of competitive market practices.
10. Also met with the General Manager of Lexus who is keen to extend the AMA offer to LMA members. Email re this sent to Medical Motoring columnist and awaiting reply. Also offering the use of the showroom for functions (Past Correspondence In)
11. Have spoken and met with Jason Marshall who is keen to give us a quote for monthly meetings and other events at the new Brightwater function centre (Past Correspondence In).

Vice President's Report : Dr Rob Ingham.

- Meeting with Medicare Local next week – GP Reference Group
- GPs are asking why they are still receiving paper reports from NGH. A majority have Medical Objects capability.

Secretary's Report: Dr Wayne Herdy

Correspondence In:

- Amanda Staples – Invitation to official opening SCUPH
- Barbara Chippendale, Specialist Point – information re Specialist website
- Lloyd Hill (via email) – Re resignation Kimberley Pierce CEO SCUPH
- Danielle Causer – Invitation to FHN Conference, 7 Dec 2013

Correspondence Out:

- Di Minuskin (via email) – Lloyd Hill
- Business arising from Correspondence: Nil

Treasurer's Report : Dr Peter Ruscoe.

Accounts to be paid:

- Australia Post – Account October 2013
- Office National – Account October 2013
- Jo Bourke – Secretariat October 2013
- Snap Printing – November 2013 invites
- Snap Printing - November 2013 newsletter
- Jo Bourke – November 2013 newsletter
- Genetiq Design – November 2013 website updates
- C Hawkins – Assistant Secretariat (July- December 2013)

The Treasurer, Peter moved that the accounts as tabled be approved for payment.

Seconded: Di Minuskin. Carried.

(b) Membership Report.

- Dr James Askew (General Surgery)
- Dr Wayne Crawford (Anaesthesia)

The membership applications were accepted.

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

AMAA Councillor's Report: Dr Wayne Herdy

- There is considerable ongoing concern about the unsatisfactory negotiations re future VMO contracts. Qld Health sponsored an open forum in Brisbane today (28 November)
- Medibank Private is promoting an arrangement to encourage patients to attend named GPs as preferred providers. This smacks of US style HMOs and is contrary to AMA policy. MP states that this is a trial confined to SE Queensland

Meetings Convenor Report: Dr Scott Masters

- Christmas in July 2014 will be at Pelican Waters Golf Resort and Spa on Saturday 19 July.

Focus Health Network Report: Dr Scott Phipps – Apology

Medicare Local Report: Dr Peter Dobson.

- Still trying to encourage local GPs to support new after-hours arrangements. Practices now contracting directly.
- FCMS now have new corporate directors. Communication lines have not been functioning well.
- PCEHR under review. Incoming government has recognized its shortcomings and is seeking advice on progress of the concept.

Hospital Liaison Report: Dr Jeremy Long – Apology.

General Business:

- Non-member attendance at clinical meetings. Policy is that all non-medical attendees (other than invitees) should pay a cost to the LMA,
- An additional committee meeting will be held in mid January.

Meeting Close: 1910

Next (Clinical) Meeting:

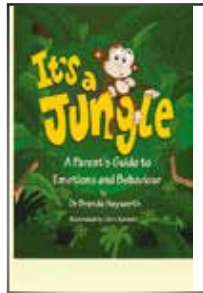
Thursday 27 February 2014, Maroochydhore Surf Club.

Dr Wayne Herdy,
Honorary Secretary.

CLASSIFIEDS

If you are LOOKING FOR A BOOK about CHILDREN'S BEHAVIOUR that:

- is easy for parents to read
- helps children develop better self-control
- has practical strategies
- helps parents feel better about themselves
- creates an opening for DOCTORS to talk with PARENTS about their own emotional health



"It's a Jungle: A Parent's Guide to Emotions and Behaviour" is written by local Child and Family Psychiatrist, Dr Brenda Heyworth, and is available for \$29.95 plus P&H from the website www.itsajungle.com

February 2014

DR KARL SCHULZE - CHANGE OF ADDRESS

- Sunshine Vascular Imaging has moved from Caloundra Private Hospital to 13 Fourth Ave, Caloundra (Dr Alana Harris' rooms).
- Sunshine Vascular Imaging performs all venous and arterial ultrasounds using the latest ultrasound technology and specialist vascular sonographers. All ultrasounds are bulk billed. **Ph: 07 5453 4300**

Website: www.sunshinevascular.com.au

February 2014

DR GLENN SPROLES, VASCULAR SURGEON CHANGE OF ADDRESS FROM FEBRUARY 2014

- Consulting rooms at Medisuites, QDI, 5 Innovation Parkway Birtinya have relocated to Lake Kawana Specialist Centre, Ground Floor, 5 Innovation Parkway, Birtinya Qld 4575

All appointments: Ph: 07 3832 4636

February 2014

DR PETER PATRIKIOS CHANGE OF ADDRESS FROM FEBRUARY 2014

- Dr Peter Patrikios, Neurologist, has moved to 27 Second Ave, Maroochydore. (No longer at Birtinya). He is on Medical Objects.

Ph 5479 2110 Fax 5479 2162.

February 2014

GP MAROOCHYDORE, SUNSHINE COAST

- Busy Family Practice is seeking a female PT/FT VR GP to work with us. Our Practice is modern and fully computerised with Medical Director and Pracsoft software, nursing support and a very harmonious and great administrative and GP team to work with.

Please contact Practice Manager:
pm.wrmc@yahoo.com.au or 0409447096

February 2014

COOLUM BEACH QLD- PARTNER OR BUYER

- Doctor wishing to retire now - looking for working partner or buyer of business. Will stay on if required for 1 or 2 days work per week.
- Currently Locum doing 2 days per week as well on a long term basis.
- Located in business centre, all systems in place, third generation of patients.
- No after hours or week end work

Please contact Sharon Ph: 0408341150

Email: sharon.coolum@gmail.com

March 2014

ROOM AVAILABLE

- Professional office situated on Gympie Terrace at Noosaville.
- Plenty of off-street parking. Suit Psychiatrist, Psychologist or Mental Health Professional.
- Available on a casual, part-time or full-time basis. Rates negotiable.

Contact Barney: 0412 037 926

or Catherine 0437 766 229.

March 2014

LANDSBOROUGH MEDICAL CENTRE PRACTICE MANAGER REQUIRED

- Landsborough and Mooloolah Medical Centre require a Practice Manager to manage this long established accredited medical practice which consists of thirteen general practitioners, three practice nurses and twelve administrative staff across two sites.
- As Practice Manager you will be working as a business manager for the Principals. You will be responsible for the day to day operations of the practice fostering a productive team environment amongst practice staff. Your professional business management and excellent leadership and communication skills will allow all staff to achieve the business vision of delivering high quality patient focused care.

Interested applicants may apply or obtain further information by emailing landmed@internode.on.net

February 2014

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

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

***Classifieds will remain on the list
for three months unless notified.***

SCLMA CLINICAL MEETING - 27 FEBRUARY 2014 - ATTENDANCE 66

Maroochydore Surf Club Function Room

Dr Jon Steinberg - 'Psychiatry Update - the DSM 5 and the new Caloundra Private Clinic

Sponsor: Caloundra Private Clinic



Dr David and Sue Raine with Dr Ian Colledge,
SCLMA Patron



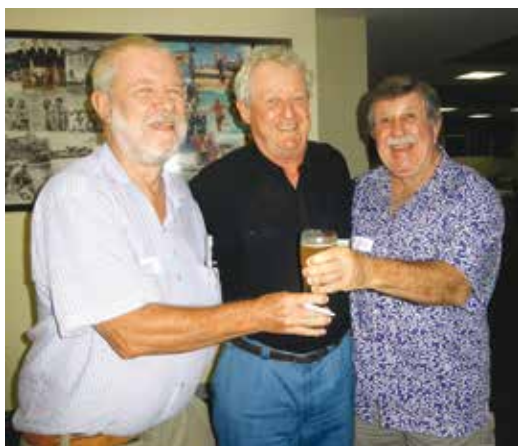
Dr Petra Ladwig, Dr Marion Drennon
with Pam Bull, Ramsay Health



Dr Rohan Wilmott and Dr Peter Jacobs



Presenter
Dr Jon Steinberg
Medical Director,
Caloundra
Private Clinic



Dr Stephen Kettle, Dr Brian Kimbell and Dr
Bruce Goldshaft



Dr Chris Lonergan, Dr Sharon Harding
and Dr Stacey Wirth

