NEWSLETTER
April 2016

SCLMA President's Message .....
Dr Di Minuskin

"In a chronically leaking boat, energy devoted to changing vessels is more productive than energy devoted to patching leaks." Warren Buffett

The federal government is proposing a major shakeup of healthcare. The concept of the "medical home" is not new. For many years there have been conversations about having a regular GP. It was intuitively thought that this was a good thing. Now, that opinion appears to be backed up by evidence that having a regular doctor, or at least a regular practice, can reduce preventable hospital admissions, reduce fragmentation of care, reduce duplication of care and consequently save money. There is no doubt this last point has caught the attention of those that hold the purse strings in Canberra. But the most compelling argument for change is found in the evidence that patients with complex or chronic disease achieve better health outcomes when their care is coordinated by a single practice.

A great many people already identify as having a regular GP. The changes being floated by the government are voluntary registration with a practice and significant changes in the way those practices are renumerated for seeing patients with chronic disease. At present, fee for service does not encourage the doctor to undertake the significant noncontact time it takes to thoroughly coordinate care. But some form of fee for service must remain for both episodic care and to ensure that those patients needing above "average" numbers of visits are not seen as undesirable. The changes promise flexibility that allows the doctor to develop a care model that is patient centred.

However, I am in favour of some realistic boundaries as to what is expected of the doctor in return for this bundled payment. While driving to work last week, I was listening to our federal health minister spruiking the reforms on ABC radio. She was emphasizing the flexibility of the proposed new arrangements, meaning the doctor may utilise non face to face episodes of care. For example she said, "you can text the doctor at 10PM for advice". It was a miracle I didn't drive off the road! I am all in favour of creating patient centred care, but what prevents it changing from a mutually developed care plan into one of unilateral convenience.

An additional benefit may be the more accurate collection of data regarding the incidence of chronic disease. Data collection should be robust but designed not to add to the administrative burden of practices. The information collected could be used to refine and improve care, but should not be used in a punitive way. Correctly administered, there is promise of improvement in both individual outcomes and community health policy.

So whilst there is much to recommend change, the devil may be in the detail. And detail is what we are lacking at the time of writing this report. Like the MBS review, there is potential for some useful reform. However, if the measure of success is saving money, rather than improving health outcomes, we might as well stick with the devil we know.

Wishing you all the best of health.

Di Minuskin

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

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MAY 2016 NEWSLETTER Deadline Date will be FRIDAY 13 MAY 2016

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

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

Contact Jo: 5479 3979
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We welcome new content - case studies, local news and photos. If you are a new member, send in a short bio and a photo to introduce yourself.

ARE YOU A MEMBER?

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

www.sclma.com.au.

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

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

Directory form available on the website.

Welcome to the April edition of the newsletter.

ANZAC weekend is always remembered by the early dawn service at exactly 04.28am and often ushered in by those first cold winds of Autumn. This year Canberra saw 4C at 04.28am.

ANZAC biscuits and those special edition ANZAC biscuit tins pay tribute to honour, tradition and a secure future. Lest we forget.

Councillor Wayne Herdy needs your vote. With AMA elections upon us this month he is asking you to vote for him for the position of Queensland area rep. He is running against Brisbane GP Dr Richard Kidd. Please read Wayne's councillor column and give him a thumbs up for area rep.

I agree with Wayne's column in regards to the huge amount of waste which takes place in the health care system, a whopping 30% of health dollars are wasted. This ranges from the duplication of investigations to excess screening to over servicing and over prescribing.

I also feel that as a medical body we have fallen behind and no longer lead with innovation but instead spend our time squabbling and defending our position with heath beaurocrats.

Smart Solutions Rehab Group announces in this month's newsletter the opening of a new specialty clinic in Maroochydore, Wound Care and Vascular Condition Service. Should prove to be interesting amongst our GPs?

The Sunshine Coast University Hospital (SCUH) is progressing along smoothly with a current headcount of staff reaching 5,446. Completion is planned for April 2017.

Eat better, live better is a common catch phrase often used in medical practice. I in particular have an interest in food and the current growing trend in so called wellness super foods. As medical practitioners it is our role to remain up to date with current food trends and be able to provide an educated comment when asked by our patients. So a quick update in regards to the latest wellness super foods: First place goes to the humble Cauliflower. Quickly followed by Watercress, Fatty Fish, Spirulina, Broccoli, Teff (yes this has now replaced Quinoa), Berries, Garlic, Chickpeas and in 10th place Artichokes.

So confusing, I bet you, what's happened to Coffee, Red Wine, Dark Chocolate?

Have a good month and see you at the next LMA evening.

Marcel Knesl

Marcel.knesl@roc.team

HIGHLIGHTS in this issue:

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

THURSDAY 26 MAY 2016

Speaker: Dr Bernard Tamba-Lebbie, Orthopaedic Surgeon
Topic: ***'Direct anterior total hip replacement...is there really a difference?'***
Sponsor: Johnson & Johnson
VENUE: ***TO BE ADVISED***

THURSDAY 23 JUNE 2016

To be advised ...

THURSDAY 28 JULY 2016

Speaker: Dr Grahame Solley
Sponsor: Meda Pharmaceuticals

THURSDAY 25 AUGUST 2016

(includes Annual General Meeting)

Speaker: Dr David McIntosh
Sponsor: Attune Hearing

ENQUIRIES:

Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrel.com.au

Clinical meetings are for current SCLMA members.

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

Website: www.sclma.com.au

HEALTH SERVICE LINK - April 2016

Kevin Hegarty

Construction on the Sunshine Coast University Hospital (SCUH) has now reached an advanced stage with the focus moving from the exterior of the buildings to the complex completion of the interior. This is best evidenced by the removal of the final tower-crane. A major milestone should be achieved this month with the targeted substantial completion of the internal fit out of the Main Hospital Building (MHB). Substantial completion means ceilings, internal walls, floor finishes and painting will be finished to all levels of the MHB. Over 1,500 construction workers have contributed towards this milestone.

Following the walk through, by SCLMA and other local private health sector members, of the SCUH site in late February, the first formal showcasing of the current status of SCUH for local media was conducted on 22 March 2016. This resulted in positive coverage and also marks a shift of emphasis from the construction phase to sharing with the community the ongoing benefits that the expanded capacity and range of services SCUH will bring to the community.

While the rescheduling of the hospital's opening provides the Health Service more time, we continue with the same rigor, determination and excitement that the organisation has displayed to date. The change of opening date is all about ensuring that we get it right. The lessons learnt from the recent commissioning of other hospitals have seen a move, from the parallel conducted activity in relation to building commissioning, ICT commissioning and Service commissioning, to one of sequential actioning of these activities. The new opening date of April 2017 allows these activities to be conducted in that order.

The recruitment of staff for the new facility began some time ago and has been a planned, progressive endeavour over recent years. We have developed our service range and capacity to make sure that we open SCUH, with an advanced functional capacity. For all intents and purposes, Nambour Hospital has been used as a staging post to allow this pre-emptive development and recruitment.

The quality of staff we have been able to recruit over the last couple of years and the continuing high interest in positions with the SCHHS gives us justified confidence that we will successfully complete recruitment for SCUH. That confidence can be seen as soundly based when you compare our current headcount of staff of 5,446, with that of 30 June 2013 which was 4,772.

Regards

Kev Hegarty

Kevin.Hegarty@health.qld.gov.au

Dr Chris Zappala

Dear members,

This time of year always brings some uncertainty as we look towards the next state and federal budgets. Every year, AMA Queensland works to develop a comprehensive Pre-Budget Submission, based on the feedback provided by members and key stakeholders. This submission guides our advocacy work as we work towards a healthier state that fosters a system of high-quality care and support for medical practitioners.

AMA Queensland recently released our 2016-2017 Pre-Budget submission, available at www.amaq.com.au, calling for a number of measures to reduce fragmentation in the healthcare system and ensure patients are properly supported at every stage. The submission focused on five key areas: public health, medical workforce and training, unifying the health system, end-of-life care and a patient-centred medical home.

We have long called for a GP-led system that ensures continuity of care in the health system. As Queensland continues to face an epidemic of lifestyle-related chronic disease, with vulnerable groups such as Aboriginal and Torres Strait Islanders, refugees and the unemployed particularly affected, there is a clear need for a more sustainable system that is refocused on patients' needs.

To achieve this system augmentation, AMA Queensland is calling for an investment in the trial of a "Health Hub" based on the patient-centred medical home model (PCMH). These models seek to better coordinate patient care and reduce cost by reducing the demand on hospital systems. Trials of similar models are underway in Victoria and Western Australia, where they have seen significant GP uptake. AMA Queensland is calling for the implementation of a similar trial that is entirely government funded to ensure patients receive objective high-quality care. The Commonwealth Government's recently announced chronic disease general practice trial represents a step forward, but we will all need to watch the conduct and results closely.

General practitioners contribute invaluably to Australia's healthcare system. Not only are they the most financially efficient aspect of our system, but they are uniquely placed to look after each patient's individual needs and care concerns. This is true in childhood and adulthood, but also extends into end-of-life care. As a profession, we must ensure maintenance of high and dependable standards of care through general practice so it can continue to serve as the focal point of community and chronic disease care, as well as defend against 'innovative models of care' that represent misguided role substitution.

At present, too many patients are spending their last days in public hospitals, causing death and dying to be increasingly institutionalised. While some patients require around-the-clock care that can only be provided in a hospital, a well-coordinated end-of-life care system would allow many patients to spend their last days at home with their loved ones. Implementing community-based palliative care measures, increasing specialist palliative care training and increasing funding in this field would all assist doctors and allied health professionals to provide this critical support. The Federal AMA, under the auspices of Dr Michael Gannon as Chair of the Ethics Committee, is leading a discussion on euthanasia at the imminent National Conference to explore whether AMA should recast its statement on this topic and how we, as a medicopolitical organisation, may develop a sensible strategy that reflects current wisdom and the views of the profession, recognising the latent value of palliative care in many settings.

An open dialogue around healthcare is needed for continual system evolution. We crave frank and honest consultation about what patients want and current deficiencies in our health system. First among our concerns with the State Government is adequate information and resources to address surgical waiting lists. We also must not abandon our unwavering, stentorian pleas for the Commonwealth to abolish the enervating MBS item freeze that disadvantages all of our patients, in all settings.

Australia as a whole has one of the world's most respected and efficient healthcare systems – our healthcare spend as a percentage of GDP remains static at 9.8 per cent. Australia has a slowly increasing life expectancy and stable spending on healthcare as a proportion of taxation revenue. Doctors can feel justifiably proud of their substantial contribution to this outcome. Maintaining this standard of care requires us to avoid complacency – we must continually look towards collaboration and evolution. Our hope is that the 2016-2017 Budget supports the health industry in that goal.

Sincerely,

Dr Chris Zappala

AMA Queensland President

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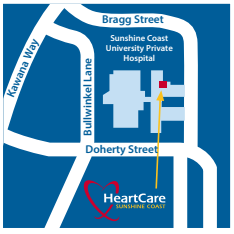

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Elsie – Maroochy Medical Centre

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SCHHS GP LIAISON - April 2016 Update

Dr Sandra Peters

Welcome to the April update from the GP liaison desk. The past month has flown by as usual and I will try to keep this update brief.

Those of you who attended the Paediatrics Master Class will remember that the presentations were filmed by "Armchair Medical" who recently advised us that their app has been approved and is active. The App will allow GPs to watch all the lectures from the Paediatric day.

Lectures included:

- Autism Spectrum Disorder,
- FASD the hidden pandemic,
- Changes to child safety legislation,
- Paediatric Asthma,
- ADHD and
- Paediatric Diabetes.

It will also allow you to sync the lectures to your phones, so you can listen to them while you drive should you feel so inclined.

To access these lectures featuring our local specialists download the armchair medical iphone/ipad app from the Apple app store using this link:

https://itunes.apple.com/au/app/armchair-medical/id1087154093

and scroll to the chapter called Local Knowledge Sunshine Coast. Our arrangement with armchair medical is for all our GPs to get up to a month's free access to all our lectures and all 650 other lectures on the app. I hope you enjoy them.

For those interested the national GPLO conference from late March was also recorded and there are a number of presentations relating to hospital avoidance initiatives being trialled around Australia and a great introduction by Professor Kirsty Douglas " General Practice and Primary Care – reclaiming the agenda" This was very thought provoking and definitely worth watching/listening to.

The Spot On pilot programme commenced on 21st March as planned and so far so good. I would be interested in feedback from any of the Tier One practices (i.e. everyone except the 5 Tier 2 practices) about their experience with QAS referred or transported patients, either give me a call or let me know when it's a convenient time for me to call you please.

Thanks to everyone who responded re the GP reference group – invitations have been sent out for 3rd May extra participants welcome, please contact me. Participation can be by telephone, videoconference or in person at NGH. Meetings will run for one hour only and be solutions focussed. Anyone with pressing issues which don't need group participation, we will continue offline immediately post meeting. Participants don't need to commit to each bi-monthly meeting, it is not meant to be onerous at all, more an opportunity for me to receive feedback and thoughts from colleagues and another channel to communicate.

Best wishes

Sandra Peters Mobile 0427 625 607.

Sandra.peters@health.qld.gov.au

AMAQ COUNCILLOR REPORT

Dr Wayne Herdy

YA GOTTA WALK THE WALK

An old friend of the AMA, Dr Bill Boyd, is a gynaecologist in Mackay. After years of service on AMAQ Branch Council, including time spent as Chair of Council, is the unchallenged candidate for the position of Vice-President, which means that he expects to be the next President of AMAQ when Chris Zapalla steps down.

Bill recently did the Walk the Bruce challenge, over 100km of walking down the Bruce Highway. While admirable as a fund-raiser for charity, and Bill admitted he needed to shed his spare 5kg, Bill has reminded us that as doctors we all need to walk the walk.

When we talk about personal care and preventive medicine, we lack credibility if we ourselves do not walk the walk – we have to keep our excess weight controlled, we have to keep to a regular exercise regime, we have to get our flu vaccines and our PSA's or Paps according to gender. It is not enough to talk the talk – we are expected to set a practical example to our patients.

AMA ELECTIONS

This month sees the usual bout of AMA elections. I always urge AMA members to exercise the electoral franchise which comes with payment of their AMA subscription fees. As always, I want you to vote for me in whatever position I am running for, but at least exercise your vote. It is remarkable that every year only a minority of members do so.

This year, I am a candidate for Queensland area rep, running against Brisbane GP Richard Kidd. The biggest difference between Richard and myself is that I have a track record of sharing information with the electorate whereas I assert that Richard's office-holding has been shrouded in secrecy – he never shares much of what happens in Council with the membership or even with other members of Council. If you want to see two-way communication with your organization, go the website now and vote #1 for this correspondent.

WHITHER THE WASTE?

We all know there is massive waste in our health system. Current figures for the USA (nobody is game enough to commit to an Australian figure but we are probably not far behind) is that a whopping 30% of health dollars are wasted.

What is remarkable, and not unexpected, is that almost all of that figure comes from fragmentation of care.

Fragmentation of care is not only hazardous, but it is wasteful because it leads to duplication of effort. We don't need to look far to find examples. Community-based doctors request a battery of investigations, then refer the patient to the public hospital where most of the investigations are repeated. Patients are referred for follow-up appointments, where nothing happens because of basic failures of communication of data and the patient has to come back another time. Patients get two or more brands of the same generic because they attend two prescribers – and then join the growing statistics of the 10+% of patients who are in hospitals because of medication errors. At the simplest level, doctors or their staff waste time chasing discharge summaries for patients who call in to the surgery on the way home from the hospital discharge.

AMAQ COUNCILLOR REPORT / cont:

Dr Wayne Herdy

When I accept a new admission into a nursing home, it is a matter of a few phone calls and a few faxes before my medical document is a model of near-perfection. And the time is rapidly approaching when the fax component of the communication will be bypassed by an electronic exchange of files only a few nanoseconds down the line. The line of communication out of the public sector is some distance behind. The hospitals are getting their collective acts together, but some are a lot better than others, and the non-hospital public sector stands almost mute – ever try to get a report from the community nurses or mental health teams?

In these days of high-tech medical communications, most of this waste is eminently avoidable. Why can't the reports of a private laboratory be accepted in the public hospital as routine? Why can't the discharge medication lists be accepted in the nursing homes, at least until the GP has time to attend? OK, we have to reach some negotiated solution about legal responsibility, but we do have the technology to be able to communicate between sectors and save the waste.

We are getting better at communication, but painfully slowly, and the silo "them-and-us" mentality between sectors is resisting attempts to break down the barriers. Regrettably, as long as private practitioners and hospital doctors each regard the other as inferior beings, the silos will stand tall and strong.

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

Wayne Herdy

Variety Bash

Dr Wayne Herdy has registered to take part in the Variety Bash next September. This is a charity event, raising funds for Variety Queensland, a long-established children's charity. Check out their website to get a taste of the wide variety of activities that they fund for Queensland kids.

You are being asked to make a donation to the charity. All of your donation goes direct to the charity – none of it goes to the participants. **The deduction is fully tax deductible.**

The donation can be made by getting on to the website and using the user-friendly link. Just go to :

https://2016varietybash.everydayhero.com/au/wayne

and follow the links.

You will be getting updates on the car and its painful progress. Did I forget to mention – the qualifying criterion is that the car must be at least 30 years old. I have bought a 1986 Mercedes-Benz 280S. Cost me $800! And then I needed a supply of spare parts, so I bought another car, this time a 1987 Mercedes-Benz 300SEL. That one cost me $300!

Dr Wayne Herdy,

Car 55!!

CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST PHN REGION

Pattie Hudson, CEO

Central Queensland, Wide Bay, Sunshine Coast PHN has a continued focus on supporting the Public Health Units and general practice across our region in promoting and implementing a number of vaccination programs. In 2016, vaccination (and in particular childhood vaccination) is a clear talking point in the health industry, media and community. Our job as a primary health care organisation is to ensure both members of our communities and health professionals on the ground are equipped with the tools, education and support they require to maintain a safe and quality level of health across all regions via immunisation.

The revised Queensland Immunisation Strategy 2014-2017 (updated October 2015) outlines the current priorities for Queensland and includes some significant new initiatives which provide the basis for a comprehensive and progressive approach to improving vaccination rates, protecting Queenslanders from vaccine preventable diseases and building a better and healthier Queensland.

Improving vaccination rates in Queensland will require ongoing partnerships across many sectors and levels of government and the engagement of individuals, families, community organisations and businesses to improve knowledge and awareness of lifetime vaccination requirements; develop confidence in the evidence to support vaccination; and improve immunisation data management.

As part of our commitment to immunisation programs delivered by the Department, we have employed an immunisation specialist within the PHN to continue in-house and external education regularly. David Armstrong, who joined our team in March 2016, is a registered nurse and an endorsed nurse practitioner with vast experience in the healthcare industry. David holds a Master of Nurse Practitioner Studies (General Practice) degree, has completed the Royal College of Nurse immunisation certificate, and worked extensively in the field of immunisation.

David's expertise and passion will assist the Primary Health Care Network in being able to support and improve immunisation rates in the local area, having been involved with providing vaccination programs in low-immunisation pockets in Western Sydney and Nepean-Blue Mountains.

Our practice support team will work alongside David to deliver a series of education workshops in rural and remote townships and assist practices in accessing the relatively new Australian Childhood Immunisation Register secure website. The Australian Childhood Immunisation Register secure website allows practices access immunisation history records, identify children that are overdue for immunisation and facilitates the follow up of children who are overdue for recommended vaccines. It's an important tool in maintaining high vaccination rates in our communities and the PHN is committed to providing GPs and their staff the support they need to make the most of this effective device.

"We're hoping to increase awareness and generate interest in some of our communities with low immunisation rates, working closely with the Public Health Unit to close the link between Government and general practice," David said.

"We're also hoping to continue to promote proper cold chain storage systems – we want to ensure the vaccinations being administered across the region are safe and effective, as well as minimize vaccine wastage where we can.

"It's a really important time in the health care industry to ensure practices are educated and up to date when it comes to immunisation.

"The No Jab No Pay reforms are already prompting a positive change in this field with increasing numbers of parents accessing General Practices for catch-up vaccination and we can't wait to see how it effects vaccination rates in a few years' time".

The PHN looks forward to providing our health care workers and communities with ongoing information, education and support when it comes to vaccination and managing vaccines the in the most efficient way possible.

Pattie Hudson

CEO

SMART SOLUTIONS REHAB GROUP

Smart Solutions Rehab Group is pleased to announce the opening of their new specialty clinic in Maroochydore offering comprehensive **Wound Care and Vascular Condition Services**.

The "Managing Wounds as a Team" position document by Wounds Australia, developed as a collaboration between the AAWC, AWMA, and EWMA identifies the necessity of a team care approach when treating complex wounds and associated conditions. In response to this we have created a multidisciplinary clinic that will work with you, your patient and their health care providers in line with best practice management.

Our Role:	**Outcomes We Guarantee:**
Providing Treatment Plans and communicating their implementation	Improved wound healing time
Reducing burden on your time and clinic nurses / treatment space	Improved lower limb skin integrity
Reducing the costs of clinic consumables and client expenses for dressings	Improved overall health and well being
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Co-ordinating your patients care needs with community service providers	Decreased functional limitations
Empowering your patient with realistic long term Self-Management Plans and support	Decreased pain and discomfort

How We Do This:
Comprehensive and holistic assessment with results supported by outcome measures
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Education regarding wound care, skin care, foot care and disease progression
Prescription and training for patients using compression therapy (bandages/garments)
Specialist prescription of appropriate footwear, orthotics and offloading management
Continued support and monitoring of Treatment Plans until outcomes are achieved

The service is staffed by a team of experienced and skilled clinicians including a Nurse Practitioner with extensive wound care qualifications, Podiatrist with chronic disease experience and Oedema/Lymphoedema trained Occupational Therapist. The service is also able to offer access to wider team of Allied Health professionals as required including Physiotherapists, Dietitian and Social Worker all in the same location.

We look forward to being of assistance to you and your clients in the Sunshine Coast region. For more information, call Regina Heffernan the Director on **1300 729 190** or visit the website at www.ssrg.com.au.

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- Post Stroke Oedema

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Helping patients with lumbosacral and neck pain

Introduction

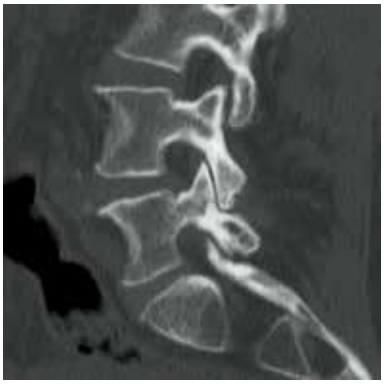
Many patients present to their GP with lumbar and neck pain, some with radicular pain. Many can be managed with conservative methods, but image guided injections may also be helpful in those not responding to conservative management. With 27 different potential targets in the lumbar spine (5 levels and 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.

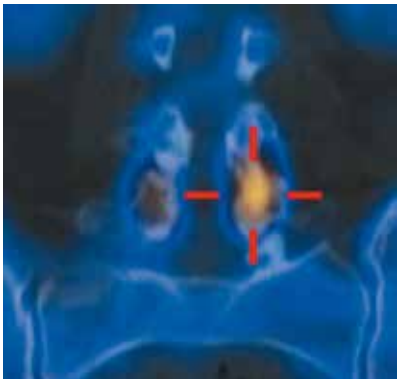
Radicular pain may suggest nerve compression and MRI or CT can define the anatomy to guide whether a foraminal or epidural injection may be helpful. However, for those with local neck or lumbar pain an arthritic cause or other local pathology may be present and a facet joint injection may be more appropriate. 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.

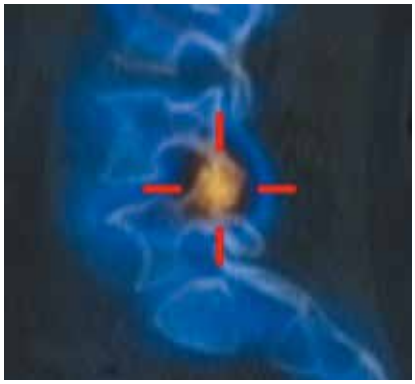
Below is a case where the CT scan does not demonstrate which facet joint is painful, but the bone scan clearly shows the L4/5 facet joints are inflamed and likely to respond to an injection of steroids.

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 lumber & 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.







scradiology.com.au - April 2016

Reference: Radiology feb 2006 vol 238,2:693-698

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  - Increased patient comfort.

Dr. John Evans
MBBS, B Med Sci (Hons), FRANZCR
Nuclear Medicine Specialist

Dr John Evans obtained his medical degree from the University of Tasmania in 1988. His Radiology training finished in 1996 and included work at Royal Canberra Hospital, Woden Valley Hospital Canberra, Royal Brisbane Hospital, Royal Infirmary and Western General Hospitals Edinburgh. His Nuclear Medicine training was at Princess Alexandra Hospital and Addenbrookes Hospital Cambridge finishing in 2001. He is accredited for PET and CT Coronary Angiography and performs many interventional procedures. He has spent the last 12 years at Cairns Diagnostic Imaging including 11 years as manager and MRI supervising radiologist. He has also been the supervising radiologist at Breastscreen QLD.

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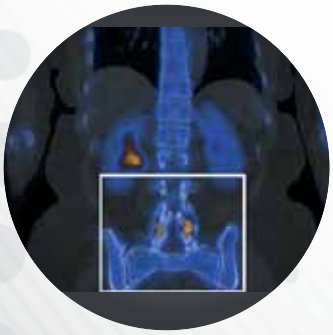
Dr. Mark Sinnamon
MBBS, FRANCZR, FAANMS

Dr Mark Sinnamon graduated from the University of Queensland in 1990. He completed his training at the Princess Alexandra Hospital Brisbane and completed further training at the Wesley PET Centre & Nuclear Medicine Brisbane. Mark is a member of Australian and New Zealand Association of Nuclear Medicine Physicians with accreditation in Nuclear Medicine and PET imaging.

Sub-specialists interests
- Oncology
- Musculoskeletal (MSK) Imaging



Sunshine Coast University Private Hospital
3 Doherty St, Birtinya ,QLD 4575

Maroochydore
60 Wises Road, QLD 4558

Booking 1300 MY SCAN
1300 69 7226

Comparison of 1.5T vs. 3.0T Multiparametric MR Imaging in the Detection of High Grade Prostate Cancer

Scientific Formal (Paper) PresentationsPresented on December 4, 2013
Presented as part of SSK08: Genitourinary (Prostate Cancer: Multimodality Diagnosis and Staging of Disease)

Participants

Daniel Aaron Moses MBBS, FRANZCR, Presenter: Ronald C. Shnier MBBS, Abstract Co-Author: James Thompson MBBS, Abstract Co-Author: Nothing to DiscloseLee E. Ponsky MD, Abstract Co-Author: Phillip Brenner MBBS, Abstract Co-Author: Warick Del Prado, Abstract Co-Author: Andrew Hayen PhD, Abstract Co-Author: Phillip Stricker MBBS, Abstract Co-Author:

PURPOSE

Compare the efficacy of 1.5T and 3.0T mp-MRI in the detection/exclusion of high grade prostate cancer.

METHOD AND MATERIALS

A prospective study (for 300 men) was approved by the ethics board. 122 men had been randomised for mp-MRI at either 1.5T or 3T before a planned transperineal biopsy. The MR protocol included high resolution T2-weighted, diffusion and perfusion sequences without the use of an endorectal coil. Two uroradiologists used the PI-RADS reporting system independently for each scan. A combined score was attained by taking the average.

RESULTS

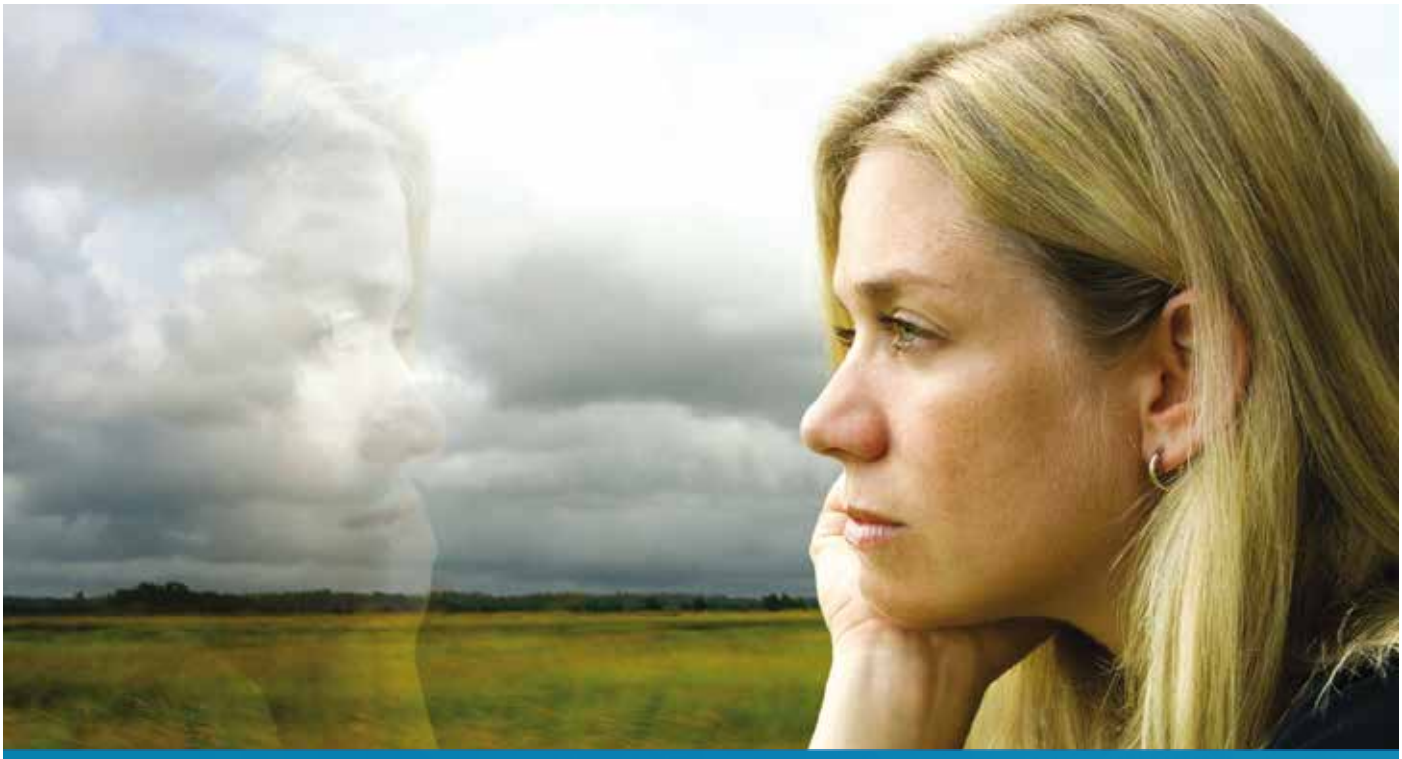
A total of 91/122 men received a average PI-RADS score of 2.5 or greater (intermediate to high risk of significant PCa), with 47/54 of men on the 1.5T MRI, and 44/68 of men on the 3T MRI being classified in the same way. On biopsy 48/122 [28/54 on 1.5T and 20/68 on 3T] had Gleason 7 or greater prostate cancer. 11/122 [6/54 on 1.5T and 5/68 on 3T] had greater than Gleason 8 prostate cancer.

The following results were achieved using a threshold of Gleason 7 disease and above as positive for significant disease an average PI-RADS score of 2.5 and above for suspected clinically significant disease: 1.5T: TPR 100%, FPR 73%, NPV 100%, PPV 60% 3.0T: TPR 100%, FPR 50%, NPV 100%, PPV 45% Combined: TPR 100%, FPR 58%, NPV 100%, PPV 53% Using a threshold of Gleason 8 disease and above as positive for significant disease and average PI-RADS score of 4 and above for suspected clinically significant disease: 1.5T: TPR 100%, FPR 29%, NPV 100%, PPV 30% 3.0T: TPR 100%, FPR 16%, NPV 100%, PPV 33% Combined: TPR 100%, FPR 22%, NPV 100%, PPV 31% [True positive rate (TPR), False positive rate (FPR), Negative predictive value (NPV), Positive predictive value (PPV)]

CONCLUSION

- **MP-MRI, without an ER coil, can achieve very high NPV for significant prostate cancer (in our case 100%).**
- **There was no difference between the NPV when using a 1.5T or 3T MR system.**
- **The positive predictive value was higher for 1.5T (60%) vs. 3T (45%) when choosing a threshold of Gleason 7 for significant disease.**
- **This equalised [1.5T 30% vs 3T 33%] with a threshold of Gleason 8.**

Moses, D, Shnier, R, Thompson, J, Ponsky, L, Brenner, P, Del Prado, W, Hayen, A, Stricker, P, Comparison of 1.5T vs. 3.0T Multiparametric MR Imaging in the Detection of High Grade Prostate Cancer. Radiological Society of North America 2013 Scientific Assembly and Annual Meeting, December 1 - December 6, 2013 ,Chicago



Have you recently been diagnosed with a Chronic Pain Condition?

If you suspect you have **Complex Regional Pain Syndrome (CRPS)**, or have been diagnosed with CRPS within the past 6 months, you may qualify for the **CREATE-1 Clinical Study**. The study is for an investigational medication that may help improve CRPS symptoms.

To learn more, please contact:

Catherine Bell
Sunshine Coast Clinical Research
5447 4777
sccr@painrehab.com.au

CREATE-1
CLINICAL STUDY

The growing importance of age care advice

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

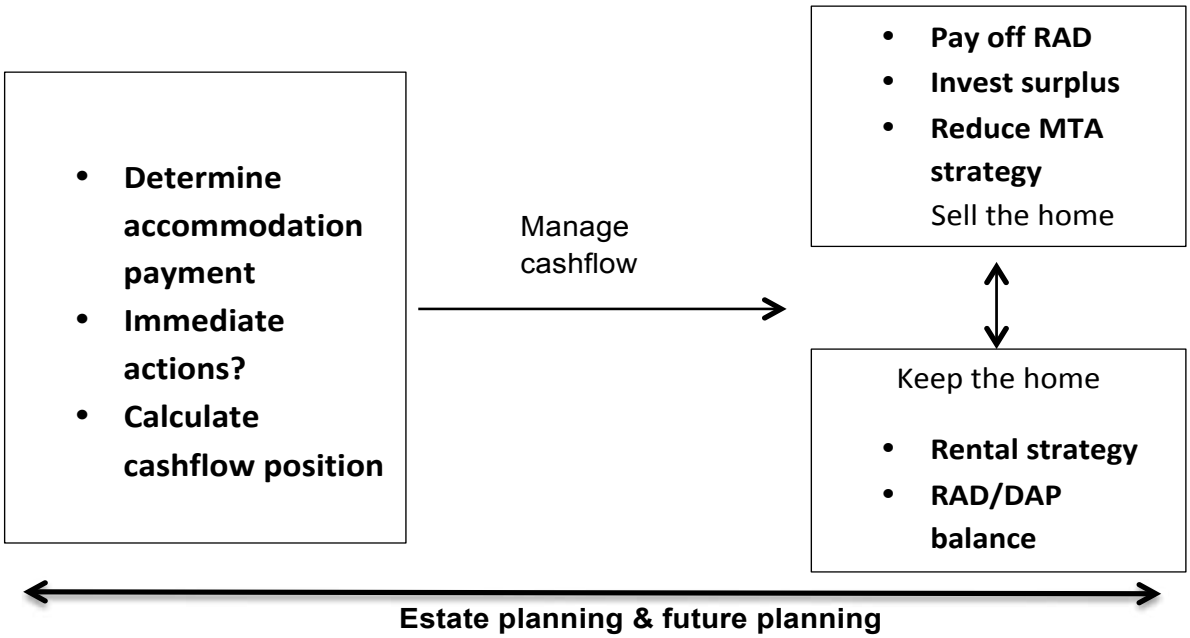
Each week, approximately 1,000 people turn age 85. Older Australians need advice about preparing for their care needs. For most families it's a confusing and emotional time and one that they are underprepared for.

The Productivity Commission's report on Government Services showed that 16% of people had to wait more than nine months for a bed in an aged care facility. Alternatively, this percentage is forecast to increase with the growing rate of our aging population.

Every client's circumstances are unique due to their deterioration in health. The family's reaction to these changes and having to deal with the stress during this time can be challenging. Time frames are crucial when negotiations need to be considered with a manageable strategy on particular aged care facilities and the associated living costs.

Unfortunately, it is the financial strategies that determine the place of care, how to finance the bond payable and how they are going to fund ongoing care costs including taking Centrelink pensions into account. It is an uncertain time for most however one of the major decisions faced is the ability to be able to keep the family home as it generally has a large emotional attachment to family members. Being equipped with all the financial facts gives the family assurance to make the best family decisions.

Below is a common strategy solution in obtaining a quality outcome for each individual and their families.



DAP- Daily Accommodation Payments, is the maximum you can be charged per day for an aged care facility room and the daily payment amount must be equivalent to the RAD.
MAT- Means Tested Amount. The MAT measures client's affordability (to determine how much the government pays)
RAD- A Refundable Accommodation Deposit, which is a lump sum paid or payable by a resident for entry to residential care.

Both Don Poole and Kirk Jarrott are Accredited Aged Care Specialists. For further information please contact Don or Kirk at Poole Group on **(07) 5437 9900.**

SCLMA CHRISTMAS FUNCTION 2016

DATE: SATURDAY, 13 AUGUST

VENUE: SURFAIR, MARCOOLA

Mark your diaries NOW!

Dr Wayne Herdy will be heading off the beaten track in September 2016, driving a 1986 Mercedes-Benz 280S.

He will be raising funds for Variety Queensland a not-for-profit Charity organisation committed to empowering Australian children who are sick, disadvantaged or have special needs to live, laugh and learn.

Check out: https://2016varietybash.everydayhero.com/au/wayne

Check out how much has been raised and how much more to achieve!

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Magnificent Abu Dhabi

Abu Dhabi, the contemporary capital city of United Arab Emirates, is an epitome of change in the modern era from a fishing village to World business Capital. The city is associated with many feats and world records such as fastest roller coaster, largest hand loomed carpet, and the tower with greatest lean. The city offers a unique experience of an ultra-modern city, engaging visitors with its enticing Gulf culture and Islamic religion.

Cuisines

Abu Dhabi is one of the world's ultra-modern villages, where you can find cuisines from all over the world. If you are a true foodie, then you don't want to miss an opportunity to taste authentic Gulf cuisines, prepared with native ingredients and spices from Asia and Middle East, reflecting the cultural trading history of United Arab Emirates. The famous dishes are Al Harees, Al Majboos which are made from fresh meat, blended with spices and herbs. Fish is one of the major components of Food in the country with the known dishes being Al Madrooba, a mix of salted fish along with spices and sauce.

Some of the famous restaurants serving authentic gulf cuisines can be found in Al Dhafra Tourist Village and Arabian Nights Village.

Arabian Nights Village

Located amidst the valley of Sand dunes, Arabian Nights Village perfectly captures the essence of old Arabian cultures, giving visitors an experience of beautiful desert life. The village offers different accommodation types, suiting different requirements and lifestyles of the region. There are various recreational activities available such as camel rides, quad bikes, morning desert safari and Dune bashing.

For Adventure Seekers

Abu Dhabi is renowned all over the world for its Desert Safaris which is a whole different experience in itself. Taking a 4x4 tour in sands on hot afternoon, accompanied with camel riders, enjoying the spectacular desert sunset while savoring barbeque delicacies, in midst of belly dancing performance definitely makes up unforgettable memories of lifetime. Abu Dhabi also offers some automobile adventures such as BloKarting, Gokarting, Dirt biking, Dune Buggying, sandboarding and sky diving.

The best adventure to fuel your adrenaline is Ferrari World's Formula Rossa, which is world's fastest roller coaster boasting speed of 240 kmph and lets you experience G-Force of 4.8.

What we have planned for you?

A detailed itinerary has been put together so that you don't forget to look beyond the Desert in Abu Dhabi and miss exciting activities

- *A 4x4 Desert Safari, a camel ride, Dune Buggying in the day and dinner alongside campfire with belly dancing performance*
- *Visit to Arabian Nights Village, experiencing the unique cultures and traditions of the region*
- *A visit to Sheikh Zayed Grand Mosque Center, which is a must-see site in Abu Dhabi*
- *Visit to Al Arish, an authentic Gulf food serving restaurant in the Al Dhafra Tourist Village, savoring the native cuisines*

Book Today and visit the City where everything moves all the time

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Institute for Resilient Regions – University of Southern Queensland

Working Well: An examination of wellbeing and work factors among Australian medical doctors

This research team requests your assistance! Little is known about the impact of various work-related stressors on practicing doctors, particularly within Australia. We would like to understand the effects of occupational stress among doctors in regional and metropolitan locations. Your input will help inform the development of a stress management program designed specifically for doctors.

Your contribution to this project would be greatly appreciated. Participation involves the completion of an online questionnaire that takes approximately 30 minutes to complete. Responses can be submitted anonymously.

The survey and more information can be accessed using the link:

http://tinyurl.com/docwellness.

Please also feel free to contact the research team if you have any questions regarding this project.

Email: **bonnie.clough@usq.edu.au**

Ph: (07) 34704157

MEDICAL MOTORING

with Dr Clive Fraser

"DRIVING FATIGUE"

Doctors are very well acquainted with what it's like to work long hours under pressure.

The experience begins in the under-graduate years with what seems like a Herculean effort to keep passing all of those exams.

By my second year as a medical student I didn't even sneeze when the anatomy lecturer said that we could be examined on anything at all from the 820 pages of Gardner, Gray and O'Rahilly's text-book, that is except for anything about teeth.

Looking for some respite I quickly flicked through the pages to find that Chapter 61's description of teeth was only eight pages long, leaving another 812 pages to memorize.

On my first day as a resident in a hospital with 300 beds I was rostered to do the 4PM to mid-night shift in Casualty with the last two hours in the hospital on my own.

That was until a phone call just before mid-night to tell me that the night RMO had called in sick and that I'd need to work on my own until 8AM.

Fast forward to life as a hospital registrar with the once a week 8AM until 5PM (the next day) shift.

Or worse still, the monthly 8AM Friday until 5PM Monday mix of on-duty and on-call.

The words "proximate" and "remote" don't quite convey how gruelling the work was.

Of course there was no possibility of complaining about the hours worked because the threat of not having a position in the following year would silence any complainers.

You are most vulnerable to fatigue when you don't get enough sleep, work at night, are awake for long periods of time or some combination of the above.

But my experiences pale in comparison to the hours involved in some forms of surgery.

One well-known neuro-surgeon recently found his gown dripping with saline and blood after a 14 hour operation.

He commented, "Oh my God, it looks like I wet myself", only to then find himself the subject of an AHPRA investigation when his off-the-cuff comment was taken literally.

Thankfully heavy vehicle drivers can attend to calls of nature in a more timely fashion compliments of the Heavy Vehicle National Law (2012).

After 5¼ hours of work they can take a 15 minute break or if they choose to keep working they must have a 30 minute break after 7½ hours or at least a one hour break after 10 hours.

They also must have a full 7 hours of rest every 24 hours and can't work for longer than a total of 12 hours in that period.

There are heavy penalties for not taking the stipulated rest breaks and all of this is recorded in a National Driver Work Diary for verification.

That is, of course, everywhere in Australia except for Western Australia and the Northern Territory where they presumably don't drive long distances.

Oh, by the way any hours spent waiting to be loaded and not resting in a bed are all counted as work hours.

The fatigue-regulated heavy vehicles that this legislation applies to includes any truck with a gross vehicle mass (GVM) over 12 tonne and buses over 4.5 tonne with a seating capacity of more than 12 adults (including the driver).

MEDICAL MOTORING / cont:

There are very good reasons for preventing fatigue on the road as truck drivers are more than 12 times as likely to be killed on the job as compared to the average worker.

This easily makes road freight transport driving Australia's most dangerous job with even a 50% greater risk than farming which is our next most dangerous occupation.

The community expects that pilots and truck drivers are taking enough breaks to ensure they are performing well and are not fatigued.

Undoubtedly, fatigue management practices have improved in medical work-places, but as I recall it this change has always lagged behind other industries which is just not good enough.

Safe motoring,

Dr Clive Fraser

THE BIOLOGICAL CLOCK

By Denise Donati (Director Fertility Solutions)

As women and men delay childbearing, there is now an unrealistic expectation that medical science can undo the effects of aging – unfortunately even with IVF this is not so. In a three part information exchange I will share the research and knowledge that surrounds the "Human Biological Clock"

Part 1 - ARE MEN ALWAYS AS GOOD AS THEY MAY THINK?

It has long been thought that male fertility is not affected by age and his fertility remains the same throughout the lifecycle. But recent research has actually suggested this to not be the case.

In 2003 Mohamed Hassan and Stephen Killick researched the effect of male age on fertility and found that:

* Men 45 years of age took **five times longer** to get their partners pregnant than men who were 25
* When comparing men aged 30 and 50 on average, semen v**olume was reduced by 30%, motility was found to be reduced by 37%** and **sperm were 5 times more likely to be misshapen**
* Sperm shape positively correlates with its genetic content. It has been reported that the higher number of misshapen sperm the greater potential for genetic abnormalities

In addition to this Hassan and Killick identified that

* When men older than 35 fathered children there was a reported **increase in genetic conditions** such as dwarfism, autism spectrum disorders and schizophrenia
* **Down Syndrome births doubled** among women aged 35-39 if their male partner was over 35

So why is it that there is such an impact on males as they age? Research suggests a strong correlation with male age and DNA fragmentation.

There are many things that impact on the integrity of the sperm DNA including diet, the frequency of ejaculation, smoking, alcohol, caffeine intake, recreational drugs and of course aging. One of the best markers we have today of the male biological clock is an increase in DNA damaged sperm.

- At age 25, only **5 percent** of a man's sperm has DNA damage;
- However, by age 35, that percentage has increased to **20 percent**

That's a fourfold increase in just ten years

It is therefore important to remember that as the percentage of damaged sperm increases, the odds of fertilisation decreases

An interesting fact to contemplate is that paternal-age risk factors aren't really an issue when the male has a female partner of 35 or less. Why is this so – it is because oocytes have a built-in mechanism known as DNA repair that amazingly identifies and usually repairs damaged DNA that has been delivered by the sperm. Whilst this safety mechanism exists for men with their partners are under the age of 35, the important take home message here is that this safety net starts to break down after the woman turns 35.

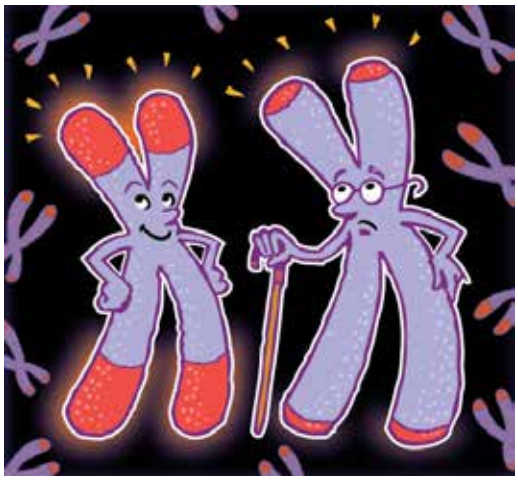
Telomeres:

What is becoming evident is that structures called telomeres also play a significant part with male fertility.

Telomeres are the caps at the end of each strand of DNA that protect our chromosomes and are likened to the plastic tips at the end of shoelaces.

Without the coating, shoelaces become frayed until they can no longer do their job, the same can be said for telomeres, without them the DNA strands become damaged and our cells can't do their job.

We inherit telomeres from our parents, but no matter the length of our telomeres at birth, everyone's get shorter as we age. Rodrigues and colleagues in 2005 examined telomeres and male fertility and found that critically short telomeres are associated with sperm DNA fragmentation.



So what is the relevance of DNA fragmentation? It has been stated that DNA fragmentation can be associated with impaired fertilisation rates, poorer embryo and blastocyst development, lower implantation rates and higher instances of miscarriage.

As a result of research it is becoming quite clear that male fertility is affected by age with there being a:

1. Longer time for pregnancy
2. Decrease in sperm quality
3. Shortening of telomeres, and
4. Increase in DNA damage.

Research shows that telomere shortening can be slowed or perhaps even stopped by making healthy changes to lifestyle choices. So what can we do to prolong the fountain of youth for men?

1. Reducing stress
2. Stopping smoking
3. Minimise alcohol intake
4. Losing weight
5. Exercising more
6. Eating a healthier diet, including exposure to antioxidants such as vitamins A, C and E, and the minerals copper, zinc and selenium which neutralises the free radicals that damage cell DNA

While men continue to produce sperm throughout their lives quality is compromised. Men under the age of 40 have an increased chance of a pregnancy & healthy baby compared to men who are over 40.

SO DO MALE BIOLOGICAL CLOCKS HAVE SNOOZE BUTTONS?.....UNFORTUNATELY NO

The clock still keeps ticking for us all .....

Next month – Part 2 The Female Biological Clock

References

Hassan, Mohamed A.M and Killick, Stephen, 2003, Effect of male age on fertility: evidence for the decline in male fertility with increasing age, Fertility and Sterility, Volume 79, Supplement 3, June 2003, Pages 1520-1527

Rodriguez, S., Goyanes, V., Segrelles, E., Blasco, M., Gosalvez,J. & Fernandez, J. L. (2005) Critically short telomeres are associated with sperm DNA fragmentation. Fertility and Sterility 84, 843–845.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 25 FEBRUARY 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee Meeting 24 March 2016

Attendance: Drs Di Minuskin, Wayne Herdy, Marcel Knesl, Kirsten Hoyle, Jeremy Long, Nigel Sommerfeld, Jon Harper and Scott Masters.

Apologies: Drs Jenny Grew, Peter Ruscoe, Mark de Wet and Mason Stevenson.

Minutes of last meeting: *26 November 2015 (To be accepted).*
Moved: Marcel Knesl Seconded: Nigel Sommerfeld. Carried.

Business arising from Minutes.
- Wayne Herdy has entered the Variety Bash in September 2015. So far there has been little response from the medical profession in terms of donations.

President's Report: *Dr Di Minuskin*
1. Unfortunately the planned meeting with QAS to discuss the "Spot On" project was rescheduled three times at QAS request and on the final arranged time, they failed to show. I wanted to discuss concerns raised by Avant – GP indemnity as yet remains problematic. The project is confined to the Sunshine Coast and funded by QHealth.
2. Correspondence from DEM. Have had further information from SCHHS that phone calls from GPs will be accepted. GPs would like QAS to notify practice if patient is diverted to a different destination hospital.
3. Proposed GP Urgent Care Clinic at Caloundra Hospital. Met with Kerrie Hayes on Monday evening to discuss concerns regarding this. Ten GPs with length of service to Caloundra region of up to 30 years attended. SCHHS operated service, 2pm – 10pm, 7 days a week proposed. Concern about impact on the viability of current after-hour arrangements. Plan is to close Caloundra DEM when SCUH opens. Alternative plan is to create a new GP-staffed walk-in centre at Caloundra. The details of this are yet to be negotiated. Salaried? Contract? Support services? Is provision of primary care services a core role of QHealth?.

Vice President's Report: *Wayne Herdy.* **Nil added.**

Secretary's Report: *Dr Jenny Grew - Apology*

Correspondence In:
- Avant Law – re QAS Pilot Scheme
- Dr Piotr Swierkowski - re 'Spot On' Project
- Michael Natale – General Practitioner Referrals
- Dr Raewyn James – re EPC Referral/update
- Dr Ian Matthews – re Changes to Chronic Disease Management

Correspondence Out:
- To Dr Piotr Swierkowski – re 'Spot On' Project
- Drs Raewyn James and Ian Matthews – re concerns raised.

Business arising from Correspondence: Nil.

Treasurer's Report: *Dr Peter Ruscoe – Apology.*
(No report – to be addended next month)

(a) Accounts to be paid:
- Australia Post – January 2016 Account
- Jo Bourke – Secretariat January 2016
- Jo Bourke – Adobe CC subscription January 2016
- Snap Printing – Invites February 2016
- Snap Printing – Newsletter February 2016
- Snap Printing – 2016 Renewals and Receipts
- Jo Bourke – Newsletter February 2016
- Australia Post – PO Box Renewal
- Directors & Officers Liability Insurance
- ATO – BAS payment Oct-Dec 2015
- Carol Hawkins – Assist Secretariat & Christmas decorations

Moved: Jeremy Long. Seconded: Nigel Sommerfeld.

(b) Membership Report:
- Dr Ethan Oost (Anatomical Pathology)
- Dr Kate Gazzard (Sports Medicine)
- Dr Tevita Taka (Radiology)

Moved: Di Minuskin. Seconded: Wayne Herdy.

AMAQ Councillor's Report: *Dr Wayne Herdy*
- Baby Asher debacle at LCCH has been controversial and divisive. Ultimately the facts appear to disclose that the child should have not been admitted to a burns unit or, having been admitted, should have been discharged expeditiously. The case has been a political ping-pong between the policies of the (Labor) State Government and the (Conservative) Federal Government. For the medical profession, the ultimate question is the degree to which we should be politically activist and civilly disobedient in order to exercise our role as the social conscience of the community.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 26 NOVEMBER 2015
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:
(Accepted at Committee Meeting 25 February 2016

Meetings Convenor Report: *Dr Scott Masters – Nil.*

Hospital Liaison Report: *Dr Jeremy Long*

- All appears on track for the transition to SCUH. The date of readiness for the new building remains indefinite, but probably close to being on schedule, expected 17 November 2015
- Focus on integration of services and integration with external services – a long road yet to be followed. HHSs are being encouraged to partner with LHNs.

PHN Country to Coast Report: *Dr Jon Harper*

- "Healthy Assessment" process being worked through. Priorities align with national priorities;
- Clinical Councils set up in three sub-regions – Board happy with a good spectrum of specialists and GPs
- Health Pathways will be funded on Sunshine Coast via PHN.

General Business: Nil

Meeting Close: 1915.

Next meeting:

Mdore Surf Club – Thursday 24 March 2016

Dr Wayne Herdy
Acting Secretary.

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

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

ADVERTISING GUIDELINES:

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

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

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

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

PLEASE NOTE THE FOLLOWING:

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

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

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : http://www.ama.com.au/

BUDGET CONFIRMS HEALTH POLICY VACUUM

The AMA tonight condemned the extension of the freeze of the Medicare patient rebate until 2020 – a saving to the Government of almost $1 billion.

AMA President, Professor Brian Owler, said the 2016-17 Health Budget continues the Government's stranglehold on Australia's Medicare system by taking $1 billion out of the pockets of Australian patients and household budgets by extending the Medicare rebate freeze.

"The poorest, the sickest and the most vulnerable will be the hardest hit," Professor Owler said.

Professor Owler said patients will be further disadvantaged by an extension of the pause in the indexation of the Medicare Levy Surcharge and the Private Health Insurance Rebate thresholds – saving the Government a further $370.9 million.

"These measures will be another hit to household budgets, and represent extra disincentives to people accessing health care when they need it.

"The AMA notes that there is inadequate funding for the Health Care Home trials, an important initiative to tackle chronic disease.

"We also have concerns about cuts to Flexible Funds, which will effect important programs in the community.

"This means that the people in the community most in need of support will be paying for the Government's 'Budget repair'.

"There are also significant cuts to the aged care sector which require closer examination."

Professor Owler said that there are some positives in the Budget, but they are overshadowed by the cuts.

"The AMA welcomes confirmation of the almost $2.9 billion in COAG funding for public hospitals, but we see this as a down-payment only.

"The States and Territories will need significant extra funding if they are to build hospital capacity to meet growing demand.

"We also welcome the increase in the tobacco tax, new funding for FASD programs, and continuation of the Health Star scheme."

The AMA will closely examine the totality of the Health Budget and health initiatives from other portfolios and comment later accordingly.

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3 May 2016

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 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

NAME	**Surname:**	**First Name:**
	EMAIL:	
PRACTICE ADDRESS: For members who wish to receive hard copies (instead of by email) of the monthly invitation & newsletter by Sullivan Nicolaides Pathology Couriers to avoid postage costs.		
	Practice/Building	
	Street:	
	Suburb:	Postcode:
	Phone:	Fax:
ALTERNATE ADDRESS: (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
PRACTITIONER DETAILS:		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
PLEASE NOTE:	***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***	
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).		
1. NAME:	**Signature:**	
2. NAME:	**Signature:**	

ANNUAL SUBSCRIPTION (GST included):	**(Please tick)**		**DELIVERY OPTIONS?**	
Full-time ordinary members - GP and Specialist	**$ 77**		**Your Monthly Invitation?**	
Doctor spouse of full-time ordinary member	**$ 33**		By Email?	
Absentee or non-resident doctors	**$ 33**		By Courier?	
Part-time ordinary members (less than 10 hours per week)	**$ 33**		By Post?	
Non-practising ordinary members, under 60 years old	**$ 33**		**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 *SCLMA Westpac Account.* BSB: 034-243 ACCOUNT NUMBER: 11-9298
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
OR: FAX TO 5479 3995 PLEASE NOTE HALF PRICE MSHIP CONTINUING THIS YEAR!

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

The Sunshine Coast Local Medical Association has Public Liability Insurance

Take Five .....

Curtain Rods (from WH)

He spent the first day following his divorce packing his belongings into boxes, crates and suitcases.

On the second day, he had the movers come and collect his things.

On the third day, he sat down for the last time at their beautiful dining room table by candle-light, put on some soft background music, and feasted on a kilo of shrimp, a jar of caviar, and a bottle of spring-water.

When he had finished, he went into each and every room and deposited a few half-eaten shrimp shells dipped in caviar into the hollow of the curtain rods.

He then cleaned up the kitchen and left.

When his ex returned with her new partner, all was bliss for the first few days.

Then slowly, the house began to smell. They tried everything; cleaning, mopping and airing the place out.

Vents were checked for dead rodents and carpets were steam cleaned. Air fresheners were hung everywhere.

Exterminators were brought in to set off gas canisters, during which they had to move out for a few days and in the end they even paid to replace the expensive wool carpeting.

Nothing worked !!

People stopped coming over to visit.

Repairmen refused to work in the house. The maid quit.

Finally, they could not take the stench any longer and decided to move.

A month later, even though they had cut their price in half, they could not find a buyer for their stinky house.

Word got out and eventually even the local Realtors refused to return their calls.

They had to borrow a huge sum of money from the bank to purchase a new place.

The ex called and asked her how things were going.

She told him the saga of the rotting house. He listened politely and said that he missed his old home terribly and asked if they would be willing to reduce their divorce settlement in exchange for him getting the house.

Knowing he had no idea how bad the smell was, they agreed on a price that was about 1/10th of what the house had been worth, but only if he were to sign the papers that very day.

He agreed and within the hour his lawyers delivered the paperwork.

A week later the ex and her partner stood smiling as they watched the moving Company pack everything to take to their new home.

And just to spite her ex-husband, they even took the curtain rods !!

More Actual Complaints received by 'Thomas Cook Vacations' from dissatisfied customers ....

1. "I compared the size of our one-bedroom suite to our friends' three-bedroom and ours was significantly smaller."
2. "The brochure stated: 'No hairdressers at the resort.' We're trainee hairdressers and we think they knew and made us wait longer for service."
3. "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."
4. "We had to line up outside to catch the boat and there was no air-conditioning."
5. "It is your duty as a tour operator to advise us of noisy or unruly guests before we travel."
6. "I was bitten by a mosquito. The brochure did not mention mosquitoes."

Clever Rearrangement of Letters .....

PRESBYTERIAN	BEST IN PRAYER
ASTRONOMER	MOON STARER
DESPERATION	A ROPE ENDS IT
THE EYES	THEY SEE
THE MORSE CODE	HERE COME DOTS
DORMITORY	DIRTY ROOM
SLOT MACHINES	CASH LOST IN ME
ANIMOSITY	IS NO AMITY
ELECTION RESULTS	LIES - LET'S RECOUNT
SNOOZE ALARMS	ALAS! NO MORE Z 'S
A DECIMAL POINT	I'M A DOT IN PLACE
THE EARTHQUAKES	THAT QUEER SHAKE
ELEVEN PLUS TWO	TWELVE PLUS ONE

Silly Headlines .....

Something Went Wrong in Jet Crash, Expert Says
Really? Ya' think?

Police Begin Campaign to Run Down Jaywalkers
Now that's taking things a bit far!

Miners Refuse to Work after Death
No-good-for-nothing' lazy so-and-so's!

Juvenile Court to Try Shooting Defendant
See if that works better than a fair trial!

War Dims Hope for Peace
I can see where it might have that effect!

If Strike Isn't Settled Quickly, It May Last Awhile
Ya' think?!

Cold Wave Linked to Temperatures
Who would have thought!

Enfield (London) Couple Slain; Police Suspect Homicide
They may be on to something!

Red Tape Holds Up New Bridges
You mean there's something stronger than duct tape?

Man Struck By Lightning: Faces Battery Charge
He probably IS the battery charge!

New Study of Obesity Looks for Larger Test Group
Weren't they fat enough?!

Kids Make Nutritious Snacks
Do they taste like chicken?

Local High School Dropouts Cut in Half
Chainsaw Massacre all over again!

Hospitals are sued by 7 Foot Doctors
Boy, are they tall!

And the winner is...
Typhoon Rips Through Cemetery; Hundreds Dead
Did I read that right?

CLASSIFIEDS

BEST POSITION

Unit available in dedicated Medical Building directly in front of the new Sunshine Coast Public Hospital. This is the best position within the new Health Hub at the Sunshine Coast, and is the first building completed in the area:

- Lot 603 is 85sqm and located on the top floor of the "Pulse" Medical Building
- Panoramic views to the south, looking back at the Hospital and plenty of natural light
- Located in a purpose built medical building in the Kawana Health precinct
- Dedicated car parks, lift access and retail amenity at ground level
- Other tenants include QML, QDI (Radiology), Coffee Club, Raw Energy Cafe & others
- Tenancy available for lease now

Contact Owner on **0421 315 448**
Or CBRE Real Estate
1st Floor, 11 Walan Street | Mooloolaba, QLD 4557
T 61 7 5457 5757 | F 61 7 5457 5700 | M 61 0402 159 588
April 2016

DAVID COLLEDGE – MEDICAL LEAVE.

Dr David Colledge is currently on unplanned medical leave and will be away from work until Monday July 4th 2016.
During Dr Colledge's absence Dr Drago Popovic, General and Colo-rectal Surgeon, has kindly agreed to act as locum to provide continuity of care of current patients and new referrals.
Please address any enquiries or referrals to either Dr Colledge or Dr Popovic c/o
Sunshine Coast Specialist Centre
Suite 9B, Nucleus Medical Centre
23 Elsa Wilson Drive. Buderim. 4556.
Ph: 5478 1449 Fax: 54442740 Email: admin@dcolledge.com.au
Also available via Medical Objects
April 2016

MOVING - Dr CRAIG WRIGHT, RESPIRATORY PHYSICIAN

New Premises - Pulse Oceanside Medical,
Suite 608/11 Eccles Boulevard, Birtinya 4575.
Located opposite SCUH/SCUPH these offices have 4 dedicated patient car parks on site as well as a public car park 1 block south. There will be a second consulting room available for full time or sessional rental.
Enquiries: Dr_Craig_Wright@hotmail.com.au"
April 2016

CONSULTING SUITES AVAILABLE SCUPH

Consulting suite at Sunshine Coast University Private Hospital has rooms available for lease on short term or longer term basis.
Flexible terms available
High standard of fit out.
Reception support available on negotiation.
For further details please contact Christine 07 5437 7633.
April 2016

FEMALE GP REQUIRED IN O&G PRACTICE - BUDERIM

This is an excellent opportunity for a female GP to join our Menopause and Weight Management Clinic located in Buderim on the beautiful Sunshine Coast Queensland.
We are looking for a full time or part time VR or Non VR female GP to join our well established all female practice.

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

For further information please contact Dr Dana Moisuc or Danielle Gage, Practice Manager. Ph: 07 5478 3533 Email: reception@danamoisuc.com.au
February 2016

FOR SALE - CONSULTING ROOMS, WITH HOME ABOVE AND OFFICE BELOW

- Recently used by a psychiatrist.
- Some office furniture.
- Council approved and off-street parking.

Any interest - please ring Tanya Montgomery at McGraths 0414 260 711
March 2016

FEMALE VRGP MOOLOOLABA

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

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

Please contact Wendy Stephenson on 5444 8077 or 0416 938 040, or email womenshealthcare@bigpond.com
March 2016

FEMALE VR GP REQUIRED - GOLDEN BEACH

Female VR GP required for doctor owned Family Medical Centre in Golden Beach, Caloundra.

- Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support.
- Visiting Allied Health Professionals on site.
- Pathology on site and X-ray facilities next door to the practice. Mixed billing and flexible working hours are available.
- Saturday mornings are on a rotating roster.

Please see our website: www.goldenbeachmedicalcentre.com.au For further information please contact Practice Manager: Karen Clarke on 07 54921044 or e-mail gbmedcentre@bigpond.com.au. (Afterhours on 0438 416 917)
March 2016

CHILD PSYCHIATRIST, OPEN TO REFERRAL, SHORT WAITING LIST

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

Ph. 5444 5022 Fax. 5444 5033
February 2016

FEMALE GP –WOMEN'S HEALTH

- We are seeking a female GP specializing in Women's Health.
- Position is flexible
- Remuneration is percentage on based earnings.
- Equipped with Admin and Nursing Staff,

Call Tracey 07 5476 3700
February 2016

SPECIAL OPPORTUNITY -MAROOCHYDORE

Special opportunity for a VR GP who is seeking to take up an existing patient load of a departing colleague at our busy, well established non-corporate Family Practice.
We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room. Please contact the Practice Manager:
pm.wrmc@yahoo.com.au or 0409 447 096
Continuing as per request.

FEMALE VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS

Female VR GP required for doctor owned Family Medical Centre in Pelican Waters, Caloundra.
We are a long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support.
We have visiting Allied Health Professionals and pathology on site. Our practice is mixed billing and flexible working hours are available. For further information please contact Practice Manager: **Karen Clarke on 07 5492 1044 or e-mail gbmedcentre@bigpond.com.au. (Afterhours on 0438 416 917)**
Continuing as per request.

Classifieds FREE for members, $110 for others. Ph Jo 0407 037 112

SCLMA CLINICAL MEETING - 24 MARCH 2016

Maroochydore Surf Club Function Room, Maroochydore

Speaker: Dr Daevyd Rodda, Orthopaedic Surgeon, SCUPH

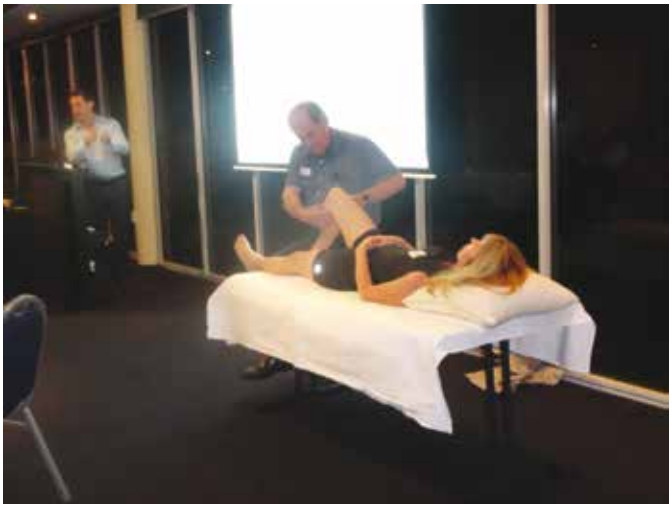
Topic: *'Anterior Cruciate Ligament Injuries'*

Dr Raouf George and Dr Mark de Wet

Dr Daevyd Rodder with David Bailey, ZimmerBiomet

Dr Wayne Crawford with Dr Johan van den Bogaerde

Dr Chris Vernon with Dr Clive Fraser



Demonstration in progress!

Sponsor Gary Bailey from ZimmerBiomet