NEWSLETTER
July 2016

SCLMA President's Message .....

Dr Di Minuskin

I have a love hate relationship with computers and technology. It's been a frustrating couple of weeks. Perhaps I should have heeded the omen when our home network failed at a crucial time over the week end. After a two hour conversation to the after hours technician, at a rate that would make most neurosurgeons blush, the problem was finally tracked down to a software issue. Now, having an enquiring mind, I asked why this had occurred as we had not installed any new programs or changed operating systems. Apparently, after a lengthy conversation, the best explanation was, "it just happens sometimes". A phrase reminiscent of the iconic Nike "Just Do It". A phrase that promises less angst with blind acceptance rather than trying to seize control. After the last couple of weeks, I've decided to adopt this ideology as my mantra when it comes to computers. It was either this or pursue the idea that some form of artificial intelligence within the system, was plotting to test my resilience!

The next hurdle presented when I arrived at work on Monday morning. A gentle reminder from the practice manager that we needed to upload a certain percentage of health summaries to the "My Health Record" previously the PCEHR, by the end of the month or lose a significant portion of the PIP payment. Now, whilst I have embraced and experienced the benefits of computerisation in many aspects of patient care, I have been dragging the chain on this particular scheme. Like many of my colleagues, I have concerns in regard to the design and implementation. However the threat of yet another chunk of money being removed from the dwindling income of GPs, spurred me into action.

My first opportunity arose when I noticed that the record of the young computer savvy patient in front of me indicated that they had a PCEHR. The subsequent conversation went something like this. " I see you have registered for an electronic record with Medicare." "No I haven't." she said. I checked again and there it was, plain for all to see on the screen. Finally after much scratching of heads, the patient's husband spoke up with, " Don't you remember that girl signing you up for something in the Medicare office last year, I guess that was it". So much for informed consent!!! We established consent for me to access the record, and then proceeded to creat a shared health summary to upload. With

a twirling of the finger for dramatic effect, I clicked on the upload button. This is where things went pear shaped. The subsequent cascade of errors, crashed both the system and my patience at the same time. What should have been a 10 minute consultation for contraceptive renewal, was now 30 minutes long and the poor woman still didn't have her OCP prescription! Suffice it to say that this scene was repeated several times over the week until we sorted out the bugs.

The next challenge came shortly after. One of the private hospitals has gone to an electronic credentialing system. I received an automated email saying my indemnity insurance had expired. Now, I know I had already uploaded a new certificate, so logged on to confirm this. Finding it to be correct, I advised them in an email. A week later, I received a further email stating my indemnity had expired. Over the next day, a string of emails and telephone calls established that the system had created a duplicate file containing the certificate I could view, but they could not.

The final straw came when logging on to check the banking. Someone had taken my credit card on a spending spree in the UK. A common event the bank advised me as they struggle to stay ahead of the hackers.

No wonder adult colouring books have become so popular! Low tech! Low stress!

Best wishes

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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AUGUST 2016 NEWSLETTER Deadline Date will be MONDAY 15 AUGUST 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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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.

Welcome to the July edition of the newsletter.

With the Federal election behind us we can now move forward away from politics and more into the realm of getting things right.

Kevin Hegarty's SCUH update is a positive read and emphasizes all the good that is been done in regards to health care on the Sunshine Coast.

I sometimes think that both on a local level with the LMA and on a state level with QLD AMA we should direct some compliments towards the Sunshine Coast Health Board. Well done, meeting tough budgets and delivering a first class health service.

In this month's newsletter a few articles make reference to the recent Federal election and the scare campaign in regards to the privatization of Medicare and the freeze on the Medicare rebate. I agree with many colleagues that the freeze on the rebate is tough in regards to remuneration especially of bulk billing practices and maybe the rebate should be linked to the CPI but in regards to the misinformation on privatization I do feel that the AMA should have pointed this misinformation out to the general public. Surely we are the voice of the people in regards to healthcare and if something as important as the privatization of Medicare is about to take place then we will know about it. Instead we were silent and allowed this misleading misinformation be propagated through to the public.

On a more positive note read the very informative wine column and how to clean up an oil spill in the motoring column. Try a pool acid spill in the back of a Land Rover Discovery. A small mishap encountered recently by a good colleague of mine.

August is the month for our annual AGM. Several committee members will be moving on or rotating and positions will need to be filled. Rumours are that the positions of President, Editor and Hospital Liaison will be vacated and up for grabs. All committee positions are very rewarding, not too demanding and your colleagues would be very appreciative of your time and involvement. So give it some thought and nominate a friend.

The radiology case study contrasts a metastasis versus a benign meningioma. A difference well worth noting.

On a final note I once again thank all our sponsors and advertisers. I thank you for your support and I hope we meet your expectations.

Kind Regards,

Marcel Knesl

kneslm@roc.team

HIGHLIGHTS in this issue:

P 5:	Kevin Hegarty - Health Service Link
P 6:	Dr Chris Zappala - AMAQ President
P 7:	SCLMA Social Function Invitation
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SCLMA CLINICAL MEETINGS
6.30pm for 7pm (over by 9pm)

THURSDAY 25 AUGUST 2016
(includes Annual General Meeting)

Speaker: Dr David McIntosh, Paediatric ENT Specialist
Topic: *'Acute otitis media and the role of antibiotics in 2016'*
Sponsor: Attune Hearing
Sponsor: Meda Pharmaceuticals
Sponsor: National Home Doctor Service
Venue: Maroochydore Surf Club

THURSDAY 15 SEPTEMBER 2016

NOTE: CHANGE FROM 4th THURSDAY TO 3rd THURSDAY TO AVOID SCHOOL HOLS

Speaker: Dr Steven Kypraios
Speaker: Dr Rebecca Magee (TBC)
Topic: To be advised
Sponsor: Medtronic
Sponsor: National Home Doctor Service
Venue: Maroochydore Surf Club (TBC)

THURSDAY 27 OCTOBER 2016

Speakers: To be advised
Sponsor: Sunshine Coast Private Hospital
Venue: Ebb Waterfront Restaurant

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

Website: www.sclma.com.au

Health Service Link – July 2016

The commencement of a new financial year is a good prompt for a column with a fiscal focus. It is also an entree to a very positive story for public health services on the Sunshine Coast.

The 2016 State Budget handed down on 14 June 2016 included a number of significant funding allocations for the Sunshine Coast Hospital and Health Service:

- The most significant allocation is our recurrent or operating budget which reaches a new level this year with an initial allocation of $992 million. With the certain additional special purpose funds provided during the course of the year, we will without doubt have responsibility to invest over $1 Billion in health services during 2016/17.
- $167 million provided to complete the delivery of the Sunshine Coast University Hospital Stage 1 and the Sunshine Coast Health Institute.
- A share of the State total of $27.9 million as part of the *Enhancing Regional Hospitals Program* for the advancement of the detail design for Caloundra Health Service refurbishment. This was initially flagged in the 2015 State Budget.

  The project will include the reconfiguration of the Caloundra site with a focus on the following key clinical areas:

  - Specialist Palliative Care service – increasing the existing 10 bed Dove Cottage to 20 beds.
  - Creation of an Urgent Care Centre.
  - Expanding the current range of community health services that will include our child development service.
  - Maintaining functionality for the provision of a range of existing services including ophthalmology, renal dialysis and Oral health.

  The refurbishment work will commence post the opening of the SCUH in April 2017 with an anticipated completion date of late 2018.
- An allocation of a substantial portion of the new $230 million (over five years) *Advancing Queensland's Health Infrastructure Program* for the repurposing of the Nambour General Hospital post the opening of the SCUH. This will include the redevelopment of the mental health wards and creation of a purpose built rehabilitation unit.

We start 2016/17 knowing that the 2015/16 year was one of major achievement for the SCHHS:

- Record Emergency Department presentations
- Record Specialist Outpatient referrals and whilst achieving record throughput and a marked reduction in waiting times.
- Excellent Elective Surgery performance with virtually no long waits in any category.
- Record overall activity in the context of record demand and responded to by both expanded service capacity and range.

Whilst these achievements are substantial and impressive, the most pleasing aspects of our performance are the quality and safety of the health care provided and importantly and obviously underpinning that, the dedication, professionalism and commitment of all who work in the SCHHS. They are what make us the successful, innovative and caring organisation we are.

Regards

Kev Hegarty
Kevin.Hegarty@health.qld.gov.au

Dr Chris Zappala

Dear members,

Political uncertainty is maybe something we must endure in Queensland. We have a minority State Government and, after prolonged federal uncertainty that only served to extended a fatiguing campaign beyond reasonable bounds, we have a bloodied and tenuously re-elected Commonwealth Government. The recent election campaign and current political landscape highlight the importance of health to voters and raise the more prickly issue of how best to engage with voters (patients) on political issues.

The Medicare rebate freeze became an increasing topic of debate (hysteria?) as the Federal Election campaign progressed, with both parties making accusations about the other's intentions without actually presenting a viable Medicare model themselves.

Into this fracas the AMA crept with its 'end the freeze' campaign. We all know why this is important for doctors and to underpin high quality medical care for patients, while still allowing protection of the vulnerable. Despite this, I received a small number of complaints about this campaign and I think it useful to discuss further.

The main concern the couple of dissenters had was that our message preferentially needs to be centred upon having patients acquiesce to a small payment for a quality service and that the campaign amounted to 'support' for bulk-billing – which is killing general practice (either financially or in regards to its credibility and quality).

As we reflect on our campaign, and the election, there are several conclusions to be drawn:

1. The media message of an organisation represents a succinct and captivating point to pique interest – it is not a distillation of everything believed in. I recognise that ending the Medicare freeze would not be the end of our woes. It is hoped however that this message is a useful catalyst to open up wider discussion.
2. If doctors are to successfully persuade politicians and the public (our patients) about responsible, even-handed healthcare funding reform, we need to recognise and be aware of the medico-political milieu in which we operate and tailor our message accordingly.
3. We need, as a profession, to ensure we have the weight of evidence and 'the high moral ground' on our side, but never pretend that this alone is sufficient to win the day.
4. What happens now to Medicare, co-payments and bulk-billing is anyone's guess.

The extension of these musings is that we can't turn a blind eye to poor performance or inferior standards of care. We cannot sacrifice good clinical governance or compromise patient outcomes in pursuit of income. 'Conveyor-belt' bulk-billing medicine compromises our integrity and when we tolerate it we look foolish. At the very least, it thoroughly cripples any ability we might have to argue for positive reform beyond 'end the freeze'. How can we argue for an end to the rebate freeze if a 'popular' model of care focuses on patient throughput and income, rather than the quality of care provided? This internal conflict within our profession represents our greatest risk and vulnerability.

I do not disagree with unease about a simple 'end the freeze' slogan, but this is not the full extent of our advocacy. AMA Queensland will continue to enhance our own credibility, sharpen our political antennae and deliver consistent, positive and tailored campaigns that focus on patient safety and quality of care.

Just quickly, at the state level, we are glad to see a bit more cohesion around public health, with the new alcohol trading laws recently implemented. The last few years have seen increasing rates of alcohol-fuelled harm, particularly in regards to alcohol-fuelled violence. Our emergency departments are one group of clinicians who have seen the effect of this.

Trading hours restrictions have proven effective in other states and countries that have implemented similar measures and are an important step towards changing Queensland's relationship with alcohol. While there is still more to be done, AMA Queensland is optimistic that these measures will be an important first step. We will continue to keep you updated as any information about the success of the measures becomes available.

Sincerely

Dr Chris Zappala

AMA Queensland President

vision australia

blindness and low vision services

Specialised vision loss support on the Sunshine Coast

Vision impairment can affect people of all ages. Major causes of vision impairment include stroke, diabetic retinopathy, glaucoma and age-related macular degeneration. Approximately two thirds of people who are vision impaired are over the age of 65.

Vision impairment can dramatically impact a person's life. But with the right support and advice people can continue to do the things they enjoy and remain independent.

We have a local support centre in **Maroochydore** with expert staff to support people living on the Sunshine Coast.

Vision Australia is a for-purpose organisation. We take a person-centred approach to the delivery of disability services for people with vision impairment to help them participate in all aspects of life.

A range of specialised vision loss services are available, including:

- Early childhood intervention
- Assisting school aged children to access the curriculum
- Falls prevention
- Home safety and independence
- Assistive technology training and equipment
- Vision loss support for people with chronic disease such as diabetes
- Neuro-mobility, including post acquired brain injury, stroke or multiple sclerosis.
- Expert advice and support to navigate the NDIS and My Aged Care funding systems.

"I have bilateral macular dystrophy, a degenerative condition of the retina. So I only have patches of vision."

"I would recommend that anyone who has a patient with vision loss sends them Vision Australia's way to get the support they need to live well with vision loss. The team at Vision Australia are always extremely friendly and helpful. With their advice on magnifiers I will soon be back reading the books I love."

Lionel, aged 64, Sunshine Coast resident.

Come and meet the local team

Visit us at 19 George Street, Maroochydore, to discover all that we have to offer.

How to refer your patients to Vision Australia

Phone: 5409 2200
Fax: 1300 84 73 29
Email: referrals@visionaustralia.org
Online: www.visionaustralia.org

SCHHS GPLO - JULY 2016 UPDATE

Dr Sandra Peters

Hi everyone ..... trying to keep it short and snappy for this month with a few quick updates for you!

BPAC SeNT referral

The smart referral has been very well accepted by the GPs using it, so much so that some are not only using for Orthopaedics but for all specialties. There have been some recent enhancements and as a result the organisation who developed the template are keen for an increased number of GPs to use it without cost as we continue to build the case for a fully funded solution which would integrate with referral guidelines to achieve a seamless experience for the user. Participating GPs can use as their sole template if acceptable to you and anyone wishing to hop on board please feel free to email or call me for installation instructions.

Clinical Prioritisation Criteria(CPC)

Sunshine Coast will be one of the four proof of concept sites for CPC for Queensland. These guidelines have been developed to reflect only the pre-requisite investigations to allow for safe triage to an outpatient category. We will also be implementing the triage guidelines with the specialty groups to ensure standardisation of triage universally. Please contact me for further information regarding this. I am hoping to meet with as many GPs as possible to discuss this further over the next two months so keep an eye on the practice calendar for lunch time appointments please!

Best wishes

Sandra

Sandra.peters@health.qld.gov.au

Mobile:0427 625 607

AMAQ COUNCILLOR REPORT

Dr Wayne Herdy

ELECTION 2016.

No matter which way you swing, the 2016 Federal election was a disaster. The Coalition came within a whisker of losing power, the ALP came within a whisker of enduring another minority government, only one of the minorities actually made an impact (and the Xenophon party is really only relevant to one of our smallest states) and nobody has a mandate. Both sides will claim that they have a mandate, but really neither has the confidence of the people.

And a lot of the knife-edge outcome can be blamed on a blatant lie, the false basis to the Mediscare campaign. The Coalition did plan to weaken Medicare by freezing rebates, but they denied any intent to privatize Medicare (and that might not have been a bad thing for the country if they did, but it involved slaughtering the most sacred of sacred cows).

What is ultimately important about the Mediscare campaign is (a) that the ALP got away with it, and (b) the Coalition did not successfully counter the underlying mistruth, and when they did raise a feeble response they were not believed.

At AMA National Conference a month ago, all the experts told us that health was a number one issue for all voters. But it never gained traction in the campaign until the very end. Both sides concentrated on the economy and job security, or at least that was all that the media fed to the mug punter. It was only in the last week or so that Mediscare emerged, and it was never truly debated.

So what do we have? We have a weakened and emasculated Coalition that will claim that they won, so they have a mandate to freeze rebates. But they know how risky that is, and if they have a eye to the next election (which Bill Shorten asserts will be a snap election in the near future) they might lack the courage to anger the voting public any more. Hospital funding is in limbo, because I cant see any coherent policy that makes sense and will be bought by the State governments.

I suppose the other contentious issue close to the hearts of doctors is the proposal to change the tax benefits of superannuation, to limit the quantum to a figure that is more appropriate to a public servant than to a self-employed professional. What is most contentious is the proposal to make the changes retrospective and by a huge amount. If this happens, nobody planning a financial future will be able to make any confident decisions, when the rules can be changed ten years from now to take away what was given today.

After the closest-possible result, the AMA is again stating that health will have centre stage in the public view. They will be watching closely to see how an impoverished government approaches the problems faced by emergency departments and aged care. Inevitably, we ourselves will also watch this space with close interest.

BREXIT.

The entire world was caught by surprise when the Brits decided to leave the EU. What is often described as Independence Day was strongly influenced by a refusal to keep subsidizing the poorer cousins of the EU and by a determination to determine their own immigration policy. Does this have implications for Australian medicine?

At the most superficial level, for those who want to work overseas, it will probably be easier to get training places or simple medical tourism places in the Old Dart, much as it was when I was a lad.

More profoundly, the vote reflects a xenophobia that was probably much stronger than any suspected, following so closely in the steps of the Muslim invasion of Europe and ISIS-inspired violence in multiple events in recent history. I cannot help but wonder how closely this is mirrored in Australian sentiment. Our stop-the-boats policy, debate over refugee management, and vocal left-wing minorities constantly raise questions about our relationships with those who seek to bring foreign cultures into conflict with our dominant culture. What we are seeing in Australia is a war, a war fought with social weapons and not hard weapons, but a war nevertheless. As doctors, we cannot sit on the sidelines as spectators but must actively participate to care for the casualties of a novel form of warfare.

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

Wayne Herdy.

CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST PHN REGION

Pattie Hudson, CEO

Community groups in Gympie and Sunshine Coast jump on board Healthy Towns program

We're pleased to announce community groups from across the region are getting their nominations in for the Healthy Towns awards, which offer up to $5000 worth of prize money to winning groups. The innovative pilot program, which launched earlier this year, will support and reward communities for local projects that focus on creating friendships, healthy lifestyles, exercise and the use of outdoor areas, such as parks and nature reserves.

Our organisation has collaborated with the University of the Sunshine Coast, Griffith University, Caloundra Community Centre, Sunshine Coast and Noosa Councils to develop a program in which community groups can be publicly recognise, as well as receive funding to continue good work.

Several sets of funding will be awarded to chosen community organisations, with grants ranging from $1000 to $5000 depending on the award category.

We understand that even a small contribution can go a long way for a community group in a regional town. Whether you're a breast feeding support group, a book club, or a free boot camp program, we want to hear about the success of your group and encourage you to keep up the great work.

Keeping healthy is everybody's business and that's what this program is really all about. It's the little things you do every day that improve the health and happiness of both yourself and your community – so we want people to invite their friends, families, and neighbours to get involved in the Healthy Towns program.

The first round of Healthy Towns nominations open from 1 April 2016 until 30 September 2016. Winners will be announced in October 2016 and an award event will be held. With only just over two months to go, the PHN has been pleased with the response from the community, which has seen nominations from nature watching groups, kids exercise and nutrition programs and a wheelchair basketball association. Other eligible groups may include neighbourhood watch groups, cultural groups, Men's Sheds, youth groups, book clubs, kitchen gardens, historical groups and habitat restoration groups.

The PHN welcomes nominations and enquiries from any groups across the region who encourage connections between people, outdoor activities, promote the culture of their community and generally encourage holistic health and wellness.

To find out more about Healthy Towns a free morning tea will be held in Gympie at 10am, Thursday 25 August at Gympie Community Place.

Nuclear Medicine + Radiology

SUNSHINE COAST RADIOLOGY®

Nuclear Medicine at Sunshine Coast Radiology

Nuclear Medicine examinations are very sensitive studies, providing unique information, often identifying pathology earlier than other imaging techniques. Although, at times Nuclear Medicine scans may be less specific, consequently, supporting imaging techniques may be required to provide or support a final diagnosis.

At Sunshine Coast Radiology we offer routine nuclear medicine studies along with a comprehensive range of general radiology examinations. We have dual-trained radiologists who are able to offer nuclear medicine and radiology correlated reports.

We also have an extensive database of patients' previous examination records from across the Sunshine Coast and adjacent regions. Often a patient's diagnosis can be determined by comparing previous imaging against the new studies. If previous images become available at a later date we are happy to provide an amended report after comparing these previous images with the new study.

The benefits of referring to a Nuclear Medicine Radiologist include:

1- A more comprehensive report-examination findings will be compared to previous images, giving a more complete report.

2- If a further or alternative investigation is required, this can often be done while the patient is still in the department, thus saving time for both the referrer and the patient.

Case Study

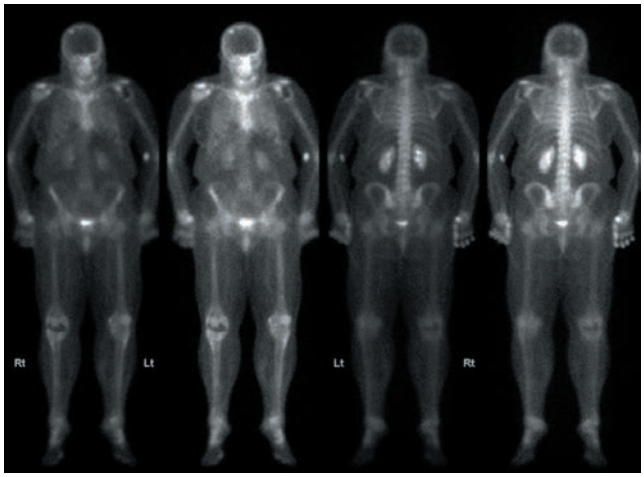

Image 1A

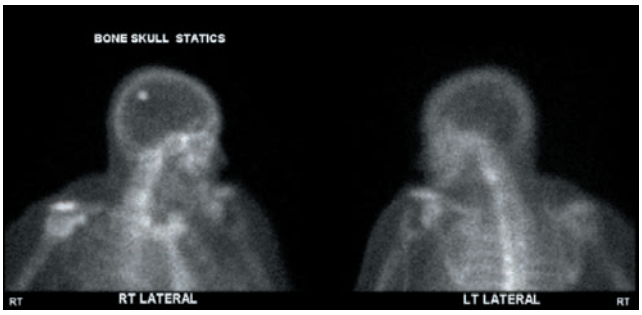

Image 1B

Image -1 shows the bone scan of a patient with suspected metastatic disease. There is a "hot spot" in the cranial vault. On the bone scan images, this may be a metastasis as it is non-specific. This patient also has arthritis and joint prostheses but no other "hot spots".

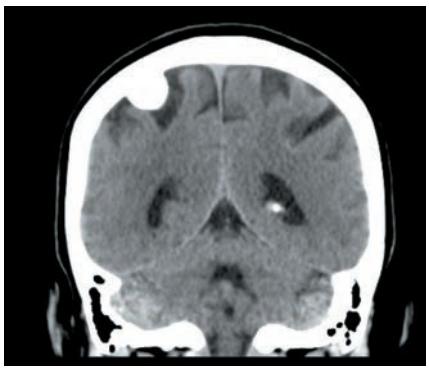

Image 2A

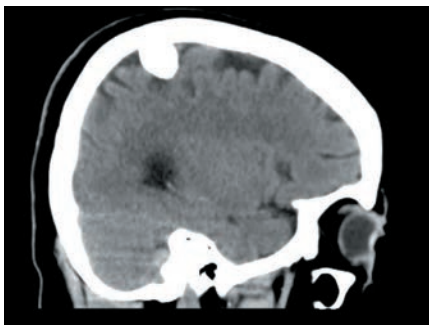

Image 2B

Image -2 shows a CT from 2 years ago that shows a benign meningioma, which the patient had forgotten about, and the patient's new doctor was not aware of. This accounts for the "hot spot".

If just the bone scan was done, the patient would then have had a possible diagnosis of a metastasis, however, because we have the comprehensive database at SCR and are dually trained we could give the patient a report confidently saying "No bony metastatic disease seen" at the one attendance.

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

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- Can fuse CT and Nuclear Medicine images to improve diagnostic accuracy.

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- Are bulk billed where Medicare eligible.
- Use low dose software technology.

Bulk Billing

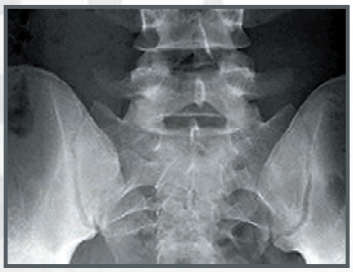
"medicare eligible services"

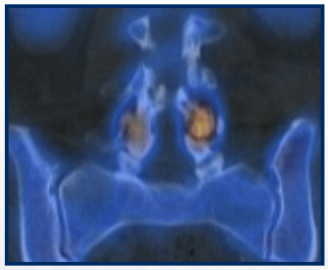
Dr. John Evans

MBBS, B Med Sci (Hons), FRANZCR

Nuclear Medicine Specialist

Dr John Evans obtained his medical degree from the University of Tasmania in 1988. Dr Evans completed his Radiology training in 1996. During this time he worked at Royal Canberra Hospital, Woden Valley Hospital Canberra, Royal Brisbane Hospital, Royal Infirmary and Western General Hospital Edinburgh. Dr John Evan's 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 12 years in Cairns including 11 years as managing radiologist for a comprehensive private practise, MRI supervising radiologist and supervising radiologist at Breastscreen Cairns.





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

1300 MY SCAN
Booking 1300 69 7226

With the modern advances in the medical profession we are all living longer.

Unfortunately, we are seeing the demands from society impact the elderly community. In 2014-15, there were 1.8m people aged between 45-70 who had to retire due to severe health concerns or age related deterioration.

It is at these times when hard choices have to be made to sell the family home, access services to assist with the basic living needs, move the elderly into the support of other family members' homes or meet the intense demands of caring from your own home.

In 2009, 94% of aging population before the impacts of major health conditions lived in private dwellings. This portion was comprised of 74% of people living with others (family) and 20% living alone.

In 2012, there were 2.7 million carers in Australia, of these, 769 800 (28.6%) were family members who took on the responsibility as primary carer. In most cases these primary carers are faced with the difficult decision to give up time from work and forego income to provide the basic living care needs.

Following this, there are 1.4 million business owners looking to retire in the next 10 years across Australia. They will have lifestyle decisions that need to be made i.e. downsizing the family home, impacts from rising living expenses and the expectation to finally meet some life objectives.

They will need a structured approach to deliver a comprehensive retirement plan.

Many do not realise that since Government changes were implemented in July 2014, it altered individual consumers need to pay for their own aged care; the amounts being demanded have been extravagant. People are paying up to $550,000 for Refundable Accommodation Deposit (RAD) for rooms smaller than their kitchen at home. In addition to this, if the consumer cannot pay for the room although are in the position to fund half the amount ($275,000), the balance due ($275,000) will be charged interest at a rate of 6.5 per cent or $17,875 per year. This interest payment is called a Daily Accommodation Payment (DAP).

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Kirk Jarrott: KJarrott@poolegroup.com.au
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Poole Group: (07) 5437 9900

If they are unable to pay the DAP it will accumulate as debt against the $275,000 amount they were able to contribute. When they die that unpaid DAP balance will be deducted.

For many these expenses are funded through the utilisation of their superannuation accounts. As at February 2016, Australia had over $2 trillion in superannuation assets and the average asset per Self-Managed Super Funds (SMSF) exceeded $1 million.

In terms of superannuation funds, they were the key buyers of domestic equities in 2015, purchasing $42 billion compared to $19 billion of buying by foreign investors. Super funds increase in buying comes after the minimal buying from FY12-FY14. This suggests super funds are viewing equities as offering the best prospects of a positive real return.

These recent legislation changes indicate a growing complexity with the aged care regime and the challenges it is creating for both advisers and their aging clients.

Our in house Aged Care Specialists take all financial implications into consideration in reducing that complexity and stress for you and your family.

"Hope is not a financial plan"- Ric Edelman.

MEDICAL MOTORING

with Dr Clive Fraser

Oil Spills .....

25 years ago Iraqi forces opened oil valves to impede the troops trying to liberate Kuwait.

What unfolded was easily the biggest oil spill in human history with 4,000 square kilometres of Kuwait covered in a 10 cm thick oil slick.

4 million barrels or 480,000 m^3 of oil spilled out onto the land and sea.

It was almost enough oil to fill Sydney Harbour.

About 50% of the volume evaporated, 25% was recovered and the rest is still sitting there with a lot of oil that entered waterways washing up on Saudi beaches.

Quite a mess to clean up.

Reminded of this I recently helped a colleague to clean up a much smaller oil spill in the rear foot-well of his Honda Civic.

Seems that he'd bought 5 litres to do an oil change which he then completed.

The remaining 1.5 litres in the container didn't find a place on the shelf in his workshop, but rather was put back behind the driver's seat.

Sometime in the next two weeks the container slipped sideways and, can you believe it, the top wasn't sealed.

Discovering that there was one litre still left in the container, we estimated that the total spill was only 500 ml.

But how do you pick up two cupful and put it back where it came from?

The Internet was the obvious place to seek advice from.

Absorbent paper towels did a good job in Step One, but the carpet still seemed sodden with oil and felt greasy no matter how many paper towels we used.

Step Two would necessarily involve a chemical attack, but that would have to be after the laborious job of removing the carpet from the vehicle.

Most automotive carpets have a perforated backing so that dampness can dry out.

Those perforations are just as able to allow fluid to get under the carpet as well.

Half a day was all it took to get the carpet out after the seats, door sills and centre console were removed.

Cleaning the shiny metal floor-pan was easy with just a rag and any old detergent.

Cleaning the oil from the carpet was going to be a lot harder.

According to the Internet the best place to start was with Bicarb of Soda or sodium bicarbonate ($NaHCO_3$).

Sprinkle it on, the crystals soak up the oil and then vacuum it up.

Sorry, but that didn't cut the mustard though sodium bicarbonate is still a pretty good antacid.

Next thing was dry cleaning fluid or tetrachloroethylene ($Cl_2C=CCl_2$).

A chemical solvent should dissolve the oil, but with the carpet fibres having such a big surface area there seemed to be no way of shifting the oil without flooding the carpet which might also be dissolved by the cleaner.

Next we tried degreasing oil.

On paper this approach did look promising with a greater volume of solvent.

In practise the carpet was just as greasy after de-greasing and to make matters worse, it now smelt like degreaser to boot.

Our final line of attack was with good old-fashioned amphiphilic detergent.

Remember the hydrophobic "fat-loving" end of the detergent molecule would dissolve the oil which should then just wash away with water.

As the spill had been in a car we started with car wash detergent.

Somehow it just didn't seem to cut the grease so we tried dish-washing detergent which similarly failed to impress.

Whilst the process was gentle on our skin, the carpet still felt oily.

MEDICAL MOTORING / cont:

With the options reducing and the distinct possibility of admitting defeat and ordering a new carpet on eBay for $200US we gave it one last try.

Laundry detergent was never meant to be tested on humans or animals, but it was good for cleaning overalls.

With more surfactants, enzymes and optical brighteners this had to work, and it did.

That corner of the carpet was now so clean it left the remainder looking decidedly dirty.

So there was no other choice but to push on and remove the chocolate, mud and two litres of dehydrated Coca-Cola that was deposited elsewhere on the flooring.

Next job, Kuwait.

Safe motoring,

Clive Fraser

This is Dr Wayne Herdy's car! Wayne is registered to participate in the 2016 Variety Bash!

Cars have to be over 30 years old! Wayne has bought a 1986 Mercedes Benz 280SE (cost $800) and his co-driver Keith Beard has been working to get it roadworthied and registered.

The 2016 Bash will start in Warwick on Friday 30 September and finish in Bathurst on Saturday 8 October, the day of the big race. Wayne would love your donations for this worthy cause - his goal is $8,500 and his tally to date is $4,727.46

Check out the list of donations so far and add yours - easy to do by going to ....

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

GREAT TRAIN JOURNEYS- THE CANADIAN ROCKIES

The best way to experience the expanse of enchanting Canada is on the sleek, silver '50s railway coaches that provide for a relaxing journey with stunning views, warm service, good food, and the comfort of delightful conversations with our co-passengers. The great Canadian train odyssey is all about the beauty of the prairies, the mighty Niagara Falls, the soaring Rockies including, Jasper and Banff, Butchart Gardens, Hell's Gate, Victoria and Vancouver.

The Perfect Train Escape

1. **The Union Station, Toronto:** This is where we embark on our magical odyssey through Canada's treasure-troves. Built in the early 20th century in the luxurious Beau Arts-style, this station and its imposing hallway is an architectural wonder.
2. **The Canadian Shield:** Dense boreal forests separated by multitudes of clear water rivers, lakes and bare rocks offer unequalled postcard-perfect scenery. Home to the largest game reserve in the world, you may catch a glimpse of bears, moose, deer, and mountain goats as the train whistles by.
3. **Jasper: T**he largest National Park of the Canadian Rockies, **Jasper National Park** – a UNESCO World Heritage Site **–** features acres of scenic mountain wilderness. Famous for a great backcountry trail network, and the Columbia Icefields, Jasper is home to the rarest of wildlife including, moose, wolves, caribou and grizzly bears. The enchanting **Pyramid Lake** and **Spirit Island** are other must-see sites.
4. **Banff National Park:** It is undeniably one of the most breath-taking places on Earth. Popular for the emerald waters of **Lake Louise**, glistening glaciers and waterfalls, the **Sunshine Meadows,** and the **Icefields Parkway,** the **Banff National Park** are some of the go-to places for awe-inspiring sightseeing and tremendous recreational activities.
5. **Waterton Lakes National Park:** One of Canada's famous mountain parks, Waterton Lakes National Park is where you can be one with nature amidst beautiful alpine meadows, prairies of wheat and grass, soaring mountain peaks, and an assortment of flora and fauna.
6. **Golden, British Columbia:** Nestled between the Purcell Mountains and the Canadian Rockies, Golden is a low-key place blessed with abundant beauty. Apart from sightseeing, it offers access to some world-class restaurants, as well as tons of adventurous activities like hiking, snowmobiling, golfing, skiing, snowboarding, and by the end of the day, soul-revitalising relaxation.

What have we planned for you?

A comprehensive itinerary has been planned to let you make the most of the charm and grandeur of the Canadian Rockies and everything it has to offer

- *Trip to the Niagara Falls, with an opportunity to see both the American and Canadian sides of the falls on the "Maid of the Mist" boat cruise*
- *A guided Trans-Canada Rail journey from Toronto, past the gorgeous sceneries, enthralling Rockies, majestic waterfalls, serene lakes, and much more*
- *Don't miss out on the spectacular view of zillions of beautiful flowers and waterfalls at the Butchart Gardens.*
- *Tour of Jasper, Pyramid Lake, Jasper Gondola, and optional cruise on the Maligne Lake*
- *Guided white water rafting trips in the Jasper National Park and the Canadian Rockies*
- *Guided mountaineering and rock climbing trips to the Rockies assisted by professionals*

www.123Travelconferences.com.au

Andrew Thomas - It's all about the Red and White

dr. plonk

Sounds obvious for a wine maker that the passion for the red and white would be all consuming. In Andrew Thomas's case he also passionate about the Red and White in the jersey of the mighty Sydney Swans. For a country NSW boy this might seem strange when you are in Rugby League heartland.

You have to go back a step and realize he is McLaren Vale born and raised. His dad, Wayne Thomas was well known in SA wine circles and has a scholarship named after him. Hence the love of the all dominant game of AFL in SA.

The grape doesn't fall far from the bunch as wine folk admire the work of his Father and the enthusiasm and finesse of Andrew's wine making skills. Throw in a big dose of larrikin and "tell it like it is NO BS policy" and you have Andrew in a nutshell.

Roseworthy College gave him his degree in Oenology. He has done vintage in Sonoma, Piedmont, Tuscany and Provence. These iconic wine making areas lend themselves to structure and finesse. Hence Andrew's pull towards the Hunter Valley. He worked for Tyrells an invaluable 13 years.

Andrew had an opportunity to lease wine making facilities and had relationships with some of the best fruit producers in the region. The first vintage was in 1997. He has recently opened a designated cellar door in Pokolbin The website is www.thomaswines.com.au

Semillon and Shiraz rule in the hunter. It can be a tough place to make wine with tropical rain and thunder storms peppering some vintages. So when these wine makers create little master pieces, the wine world should stand and applaud.

All wine regions should be idiosyncratic in their final product. The Hunter is indeed this. The Semillons are usually grassy with citrus notes and have sharp acidic finishes, they last for decades and transform into highly sort after wines. The reds, often described with funk and leather, sweaty etc. have been created in a fresher mid weighted wine style.

As the palate of this writer develops, you appreciate the affection great wine writers like Len Evans and James Halliday have for the Hunter.

No one else makes anything like these expressions of Semillon and Shiraz. Andrew has opened a designated cellar door.

Wines tasted

2015 Six Degrees Semillon Hunter Valley- Pale lemon/lime color. Bouquet-White peach aromas with and interesting mushroom/herbal complexity, from subtle suspended yeast contact. Palate- this is an off dry style with 38 g/l residual sugar. It will not appeal to all palates due to its sweetness, I believe it to be a balanced wine with a lush fruit driven style and supporting acids. At 8% alcohol it's a great lunch wine with a Fisherman's basket. It could an aperitif style with soft cheeses.

2015 Braemore Semillon Hunter Valley- Pale Lime colors. Bouquet is classic hunter Semillon with grassy lemon notes. The Palate is quite lush with fruit, finishes somewhat mid palate with a crisp flinty acidic structure. This wine has won many trophies and medals and will cellar for 12 plus years.

2014 Elenay Shiraz Hunter Valley- Garnet in color. Lush red currant notes with vanillin oak aromas. There are smoky herbal notes that make this wine quite alluring. It is medium bodied red with a full anterior palate and mid palate structure. Have with a Chacuterie plate. 5-7 years cellar.

2014 Synergy Shiraz Hunter Valley- Purple Garnet in color. A deeper red currant maraschino cherry nose. Hints of violets/ Chinese 5 spice. A lush full wine, lovely mouth feel and structural Tannins. Any Japanese food would match. 7-10 year cellar.

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

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 some research and knowledge that surrounds the "Human Biological Clock"

Part 3 - Is there such a thing as the Fountain of Youth?

As we read about in parts 1 and 2, telomere shorting happens as we age and can adversely affect fertility by promoting end-to-end joining of affected chromosomes and chromosomal instability which results in an increase in recurrent miscarriages due to embryo diploidy, anueuploidy and other anomolies such as polyploidy & translocations. Research is now suggesting that telomere shortening can be slowed or perhaps even stopped by making healthy changes to lifestyle choices.

These health choices include reducing stress, stopping smoking, losing weight, exercising more and eating a healthier die, 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

However there has to date been no magic cure identified that will stop or even slow down the effects of aging on both male and female fertility although, some recent research is concentrating on the relatively newly identified enzyme telomerase. DNA strands are protected by telomeres. Telomeres are built by an enzyme called telomerase.

It is thought that this enzyme may be able to turn back the biological clock. Telomerase is in all your cells, but in adults it's usually turned off. The key to slowing or even reversing the aging process and therefore slowing or stopping the shortening of our telomeres is to activate telomerase. Once activated cells should then be able to begin copying again.

So what foods contain telomerase?

Many cruciferous vegetables – such as broccoli, cabbage, kale and broccoli and sprouts – contain telomerase. A compound in green tea also appears to keep telomerase active so drinking a few cups of green tea daily seems to control telomerase and may have an age defying effect.

What about Vitamin D?

As we all know Vitamin D is called the "sunshine vitamin" for good reason. But it might soon be renamed the "telomere vitamin". A study by the American Journal of Clinical Nutrition looked at more than 2,000 women of all ages. The more vitamin D they had in their bodies, the longer their telomeres were. On top of that, people who supplemented with vitamin D had longer telomeres than those who didn't.

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

The take home message today is whilst ART has come a long way over the last few decades; IVF won't and does not fix everything for everyone.

As health care providers we have a duty of care to ensure that we inform our patients of the effects that both male and female age can and does have on fertility, pregnancy and birth. That way our patients can be making informed decisions around their reproductive choices.

In summary

- From the age 32, a woman's chances of conceiving decreases gradually with decline **increasing at 35**
- By age 40, **fertility has fallen by half**
- At **30**, the chance of conceiving per cycle is about **45%.** At **40** it's around **5%**
- Older women are more likely to have a baby with **birth defects** or **genetic abnormalities**
- For a woman aged **40 the risk of miscarriage is greater than the chance of a live birth**
- While women and their partners must be the ones to decide the best time to have children, women in their mid 20's & early 30's are most likely to conceive
- The average time to pregnancy if a man is **under 25 is around 4.5 months** but **nearly two years** if a man is **over 40**
- There is a **five-fold increase** in time to pregnancy if the male partner is aged over **45 years**
- For couples having IVF, the risk of **not having a baby** is more than **five times higher** if the male partner is aged **41 or older**
- The volume of a man's **semen and sperm motility decrease** continually between the ages of **20 and 80**
- The risk of **miscarriage is twice as high** for women whose male partner is **aged over 45** than for those whose partners are under 25
- Children with **fathers aged 40 or older** are more than **five times** as likely to have a **genetic condition** than children fathered by men aged under 30
- 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 FEMALE AND MALE BIOLOGICAL CLOCKS HAVE SNOOZE BUTTONS?

UNFORTUNATELY NO

The clock still keeps ticking for us all …..

Fertility Solutions is now offering a Fertility Investigation Package for Individuals or couples. Referrals can be made directly to the clinic or contact us on 1300 FERTILTIY

References:

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The American Journal of Clinical Nutrition. 2007 *Higher serum vitamin D concentrations are associated with longer leukocyte telomere length in women*.
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NINETEENTH ANNUAL GENERAL MEETING
The Sunshine Coast Local Medical Association Inc.
THURSDAY 25 AUGUST 2016
Maroochydore Surf Club Function Room

AGENDA

Business:

1 Chairman's opening remarks

2 Apologies

3 Minutes of previous Annual General Meeting, 27 August 2015

4 Business arising from previous minutes

5 President's report

6 The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year

7. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year

8. The appointment of an Auditor/Accountant

9. The election of members of the Executive Management Committee

10. General Business:

Close

Dr Jenny Grew
Honorary Secretary

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

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 26 MAY 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee Meeting 23 June 2016

Attendance: Drs Di Minuskin, Scott Masters, Jenny Grew, Peter Ruscoe, Kirsten Hoyle, Mark De Wet, Jon Harper and Jo Bourke (Observer)

Apologies: Drs Wayne Herdy, Jeremy Long, Nigel Sommerfeld, Mason Stevenson, Marcel Knesl.

Minutes of last meeting: *28 April 2016 (To be accepted).*

Moved: Peter Ruscoe **Seconded:** Scott Masters Carried.

Business arising from Minutes.

- Assoc Prof David Morgan (The Queensland Board of the Medical Board of Australia) confirmed to speak at November LMA meeting.

President's Report: *Dr Di Minuskin*

- Following up from the March meeting, I have had further conversations with the SCHHS in regard to the "Urgent Care" Centre proposed for the Caloundra public hospital site when SCUH opens. Considerable concern remains regarding this service and it has been agreed to pull together a committee of Caloundra GPs and representatives of the SCHHS to discuss further planning.
- Also had meeting yesterday with Sandra Peters and RACGP Qld chair and council members in regard to hospital avoidance and low acuity presentations to DEM. Discussion re plans to raise the profile of General Practice (e.g., via Grand Rounds) with respect to capability to absorb some of this work. This included reducing the number of OPD reviews that could easily be handled in general practice.
- Meeting next month with Prof Grieves to discuss research and data sharing with general practice.

Vice President's Report : *Dr Wayne Herdy - Apology.*

Secretary's Report: *Dr Jenny Grew*

Correspondence In:

- AMAQ Insurance Advisernet – Business Insurance Policy
- Responses from Committee members re Treasurer's Flying Minute
- Wayne Herdy – suggestions for charitable donations for 2016

Correspondence Out:

- Treasurer's Flying Minute to all Committee members

Business arising from Correspondence:

- Discussion re proposed donations to Cittamani and The Shack as per Wayne's correspondence. The Committee agreed with Wayne's proposals to make donations to these organisations to cover their identified greatest needs and priorities.

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

Treasurer's Report : *Dr Peter Ruscoe*

(a) Accounts to be paid:

- Australia Post – April 2016 Account
- Jo Bourke – Secretariat April 2016
- Jo Bourke – Adobe CC subscription April 2016
- Snap Printing – Newsletter May 2016
- Jo Bourke – Newsletter May 2016
- AMAQ Insurance Advisernet (public liability)

Moved: Peter Ruscoe Seconded: Jenny Grew Carried.

(b) Membership Report:

- Dr Peter Brookfield (Radiology)
- Dr Andrew Dettrick (Pathology)
- Dr Dal Goodman (General Practice)
- Dr Drago Popovic (General Surgery)
- Dr Andrew Robertson (Radiology/Nuclear Medicine)
- Dr Marlene Pearce (General Practice)

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

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

Meetings Convenor Report: *Dr Scott Masters*

- Assoc Prof David Morgan confirmed for November meeting.
- $55 for partners and members to attend annual dinner function. Surf Air locked in, inspected and given the thumbs-up. Date: Saturday 13th August.
- Meetings schedule largely sorted for the year, with the possibility of some gaps available at short notice for additional speakers and sponsors.

Hospital Liaison Report: *Dr Jeremy Long - Apology*

PHN Country to Coast Report: *Dr Jon Harper*

- HealthPathways – rolling out through the year. Patient needs are matched to the services available. There will be forums for GPs as part of setting this up.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 26 MAY 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:
(Accepted at Committee Meeting 23 June 2016

- Jon discussed the NGH Hepatitis C MDT referral system. The aim is to organise a management regime under the care of the GP, initially requiring specialist assessment then care delegated to GPs.
- Ehealth/MyHealthRecord – PHN working hard to support GPs in implementation (practice support officers)
- Jon discussed Medibank Private's chronic care program, CareComplete – there have been discussions with the PHN. Coordinators in primary care to try and reduce hospital admissions. Access would be to all, not only Medibank fee-paying patients.
- Jon discussed the Integrated Care Innovation Fund indicating that it has the potential to contribute as part of the overall coordinated care scheme. The particular target group is the top 4% of health system "frequent flyers".

General Business:

- Discussion and choice of menu for annual function.

Meeting Close: 1855.

Next meeting: 23 June Maroochydore Surf Club
Speaker: Dr Steven Kypraios

Jenny Grew, Honorary 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.

History facts ....

The next time you are washing your hands and complain because the water temperature isn't just how you like it, think about how things used to be.

Here are some facts about the 1500s: Most people got married in June, because they took their yearly bath in May and they still smelled pretty good by June. However, since they were starting to smell, brides carried a bouquet of flowers to hide the body odour. Hence the custom today of carrying a bouquet when getting married.

Baths consisted of a big tub filled with hot water. The man of the house had the privilege of the nice clean water, then all the other sons and men, then the women and finally the children. Last of all the babies. By then the water was so dirty you could actually lose someone in it. Hence the saying, "Don't throw the baby out with the bath water!"

Houses had thatched roofs, thick straw piled high, with no wood underneath. It was the only place for animals to get warm, so all the cats and other small animals (mice, bugs) lived in the roof. When it rained it became slippery and sometimes the animals would slip and fall off the roof. Hence the saying "It's raining cats and dogs."

There was nothing to stop things from falling into the house. This posed a real problem in the bedroom, where bugs and other droppings could mess up your nice clean bed. Hence, a bed with big posts and a sheet hung over the top afforded some protection.. That's how canopy beds came into existence.The floor was dirt.. Only the wealthy had something other than dirt. Hence the saying, "dirt poor." The wealthy had slate floors that would get slippery in the winter when wet, so they spread thresh (straw) on floor to help keep their footing. As the winter wore on they added more thresh until, when you opened the door, it would all start slipping outside. A piece of wood was placed in the entrance. Hence: a thresh hold.

In those old days, they cooked in the kitchen with a big kettle that always hung over the fire. Every day they lit the fire and added things to the pot. They ate mostly vegetables and did not get much meat. They would eat the stew for dinner, leaving leftovers in the pot to get cold overnight, then start over the next day. Sometimes stew had food in it that had been there for quite a while. Hence the rhyme: ''Peas porridge hot, peas porridge cold, peas porridge in the pot, nine days old''.

Sometimes they could obtain pork, which made them feel quite special. When visitors came over they would hang up their bacon, to show off. It was a sign of wealth that a man could, "Bring home the bacon." They would cut off a little to share with guests and would all sit around talking and ''chew the fat''.

Those with money had plates made of pewter. Food with high acid content caused some of the lead to leach onto the food, causing lead poisoning and death. This happened most often with tomatoes, so for the next 400 years or so, tomatoes were considered poisonous.

Bread was divided according to status. Workers got the burnt bottom of the loaf, the family got the middle, and guests got the top, or ''The Upper Crust''.

Lead cups were used to drink ale or whisky. The combination would sometimes knock the imbibers out for a couple of days. Someone walking along the road would take them for dead and prepare them for burial. They were laid out on the kitchen table for a couple of days and the family would gather around and eat and drink and wait and see if they would wake up. Hence the custom of ''Holding a Wake''.

England is old and small and the local folks started running out of places to bury people, so they would dig up coffins and would take the bones to a bone-house and reuse the grave. When reopening these coffins, 1 out of 25 coffins were found to have scratch marks on the inside and they realised they had been burying people alive. So they would tie a string on the wrist of the corpse, thread it through the coffin and up through the ground and tie it to a bell. Someone would have to sit out in the graveyard all night (the graveyard shift) to listen for the bell; thus someone could be, ''Saved by the Bell ''or was considered a ''Dead Ringer''

Now, whoever said history was boring ! ! !

CLASSIFIEDS

GP REQUIRED - O&G PRACTICE - BUDERIM
Excellent opportunity for a GP to join our Integrated Women's Health Practice located in Buderim on the beautiful Sunshine Coast Queensland.
We are looking for a full time or part time VR or Non VR GP to join our well established practice.
- Private Billing
- No weekends
- No after hours
- Remuneration negotiable

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

POSITION VACANT - CALOUNDRA SKIN CLINIC
Non-corporate practice established in 2003
- Private billing
- Remuneration by negotiation
- Full time or part time
- Friendly supportive team including nursing support
- Modern premises with three consultation rooms, treatment room and OT
- We are in an area of Work Force Shortage
- You will need to be experienced in Skin Cancer Medicine and preferably be Skin Cancer College accredited or studying towards same. Mentorship towards Diploma and fellowship is available.
- Principal is a Fellow of the Skin Cancer College Australasia

Dr Alex Morgan 075492 6333(W) 075443 2610(H) after hours Email : tk1doc@gmail.com
July 2016

GP VACANCY – MEDICINE ON SECOND
Opportunity exists for 2 VR GPs, full time and part time hours available.
- Busy, fully accredited and computerised practice with a team of Nursing and Reception support staff.
- Fully equipped treatment room, Pathology on site, and pharmacy next door.

Please contact: judy@medicineonsecond.com.au
June 2016

DR PETER GEORGIUS
To better service southern areas of the coast, Dr Peter Georgius, Pain Specialist and Rehabilitation Physician, is now seeing patients at Suite 16, Sunshine Coast University Private Hospital.
All correspondence to go to Noosa Heads rooms.
Medical Objects preferred.
Suite 4 Noosa Central
6 Bottlebrush Ave Noosa Heads 4567
Phone: 5447 2144 Fax:5447 2322
June 2016

SUNSHINE COAST BREAST CLINIC AT BUDERIM-SENIOR MEDICAL OFFICERS
The Sunshine Coast Private Hospital at Buderim seeks expressions of interest from experienced Medical Practitioners or Breast Physicians for permanent part-time or casual sessions in our state-of-the-art Breast Clinic.
- Duties will depend upon the SMO's experience and qualifications, but will include clinical history and examination, interpretation of results, liaison with referring practitioners, and referral for treatment. Percutaneous biopsy and image interpretation may be offered to suitably trained or interested candidates.

For further information regarding this position, please contact the Breast Clinic Director on **(07) 5452 0500.**
To apply for this opportunity, please go to: https://uchealth.mercury.com.au/ and enter the reference number – 11386.
June 2016

VR GP LOCUM REQUIRED - SEPTEMBER
- Cotton Tree 12th September 2016 for 4 weeks.
- Hours flexible. Remuneration negotiable

Please contact Jenny for more details.
Email: jenny.i@westnet.com.au
May 2016

RUSSELL BOURNE - RETURN TO WORK
Russell wishes to thank everyone for their support and understanding through his recent illness.
Returning to work part-time from 14 June 2016 and will increase workload slowly. **Contact: 07 5444 0355**
May 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.

VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS
VR GP required for doctor owned Family Medical Centre in Pelican Waters, Caloundra.
Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support. Visiting Allied Health Professionals and pathology on site. Mixed billing and flexible working hours 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 remain FREE for current SCLMA members, $110 for non-members. Ph Jo: 5479 3979 or 0407 037 112 Email: jobo@squirrel.com.au

SCLMA CLINICAL MEETING - 23 JUNE 2016

Maroochydore Surf Club Function Room, Maroochydore

Speaker: Dr Steven Kypraios FRACP, Interventional Cardiologist

"Coronary Heart Disease Update - Prevention, Detection, Treatment"

Angela Kypraios from Sunshine Coast Cardiology, Meeting Co-Sponsor.

Presenter: Dt Steven Kypraios FRACP, Interventional Cardiologist

Please note: The September meeting will change to the third Thursday of the month to avoid school holidays. Thursday 15th September, Maroochydore Surf Club.

Left: Lindsay Stewart from National Home Doctor Service and on the right with Dr Marcel Knesl.