

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

### Dr Roger Faint

*With rapid computerisation and imbedding of computer chips in all objects possible occurring across our civilisation, medicine and thus patient care is benefitting. This was well illustrated at our 30 November clinical meeting supported by six sponsors, including Ramsay Health, on 'Neuromodulation'. Dr Peter Georgius, Dr Neala Milburn and Glenn Kirby presented on the latest advances in chronic pain and rehabilitation medicine. The advances in chronic pain management through the use of spinal cord stimulation (SCS) over the last 3 to 4 years are impressive with the remarkable to come.*

*Following up from my October article I have spoken with Scott Lisle, Acting CEO SCHSD. He has sincerely reassured me that the contracting of orthopaedic surgical services to the private sector definitely will cease in September 2018, when planned expansion and resourcing of SCUH and Nambour General Hospital. He has also reassured me that the health district is absolutely committed to training across all professional groups and that the health district highly values the importance of registrar training.*

*I have also discussed this same issue with the AMAQ president, Dr Bill Boyd. He has canvassed the issue of QH contracting out surgical services within AMAQ ranks and found it not to be as concerning an issue outside of the Sunshine Coast Health District. There was apparently considerable sympathy expressed regarding the loss of the two accredited orthopaedic training places.*

*Currently it appears that major issue here is only one of a hospital 'transition' to SCUH and that the current various specialty manpower issues will be addressed over the next few years, sadly and currently at the expense of orthopaedic department.*

*I would like to warmly congratulate Dr Mason Stevenson for his listing in the Sunshine Coast Daily Newspaper's top 100 most influential personalities on the Sunshine Coast. Mason is on our SCLMA committee having been President and Treasurer in past years, and has busy roles in the SCHHS (board member), PHN, AMAQ (previous President), AMA as well as a busy GP.*

*Mason has been acting as a medical spokesmen for the past 17 years and with his broad knowledge, confidence and ethics, I feel he is an inspiration and example that many of us should follow.*

*As most of you know Sunshine Coast Medical School will be opening in 2019.*

*The Sunshine Coast University has recently announced that a medical Science degree will be available from 2018 which will be designed to prepare students for our medical school. Twenty places at the medical school will be available purely for graduates of this degree. How exciting and well done to all who supported this issue during its' conception.*

*I would like to thank the hard work of the PHN (particularly Jesse Barr) and associated GPs like Dr John Harper. Recent useful video postings have been on the new Sunshine Coast & Gympie Health Pathways with more to come.*

*Dr Harper has promised he would also post a new article relating the 'QH Health Provider Portal' (the viewer). I feel this is an exceptional piece of software (albeit a little clunky) that allows a GP to see 'live' his patient clinical and appointment details. 'Register now, just do it'*

*Have a great festive season*

*Yours sincerely*

*Dr Roger K Faint*



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



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

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## DECEMBER NEWSLETTER Deadline will be TUESDAY 12 DECEMBER 2017

### DO YOU HAVE SOMETHING TO SAY?

- Perhaps you might like to comment on articles published.
- What would you like to see in the newsletter?
- Do you have some jokes we can publish (and not offend anyone!!).

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

**Contact Jo: 5479 3979**

**Mobile: 0407 037 112**

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

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

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself

**Enquiries: Jo Ph: 5479 3979 or 0407 037 112**

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

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

Directory form available on the website.



*Editorial .....*

*Six years ago I thought it mordant when physicist Stephen Hawking argued that computer viruses should be considered a new form of life, and added that “maybe it says something about human nature, that the only form of life we have created so far is purely destructive”.*



*I found him equally sagacious when last week he appeared on stage at a Web summit in Portugal to warn humanity about the development of Artificial Intelligence. He proffered that it could be the “biggest” thing or the “worst” thing. (Digression - I don't mean to nitpick a genius but if AI proved to be the worst thing, wouldn't it qualify as the biggest thing?!) He proposed that AI is hugely exciting and if used wisely, could undo some of the damage that we have committed on the natural world or eradicate disease and poverty but the grave danger of its uncritical use threatens jobs, may lead to new ways for the few to oppress the many as well as to autonomous weapons and potentially sideline or destroy humans. We are at an inflection point and he implores us all to stop and focus not only on making AI better but also on the benefits of humanity.*

*I am reminded of Martin Luther King who half a century ago in a much less technologically advanced world enjoined, “we are confronted with the fierce urgency of now” and remonstrated against insouciance when he asserted, “we shall surely be dragged down the long, dark, and shameful corridors of time reserved for those who possess power without compassion, might without morality, and strength without sight” if we don't make the right choices.*

*As you read this month's newsletter articles, reflect on whether the choices we each make are the right ones. If they were, everything would be copacetic!*

*Regards*

*Kirsten Hoyle*

**HIGHLIGHTS in this issue:**

P 5:	Scott Lisle, Acting CE, SCHHS
P 6:	AMAQ - 'Connecting GPs with Veterans'
P 8:	Dr Wayne Herdy - AMAQ Councillor
P 10-11	Who are GPLO & what do they do
P 14:	PHN - Communicating with Parents
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P 18:	Poole Group - Aged Care decisions
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P 24:	Travel - Visit Morocco
P 29:	Membership Application ( <b>Note all Registrars' mship is free</b> )
P 30-31:	Classifieds

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

**NO CLINICAL MEETINGS -**  
**DECEMBER & JANUARY.**

**THURSDAY 22 FEBRUARY 2018**

**Topic: “Riding the new wave of innovative treatments (clinical trials) in gastroenterology”**

**Joint presentation between Coastal Digestive Health (Dr Hans Seltenreich) and USC.**

**Venue: M'dore Surf Club**

**Sponsor: USC**

**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.

**www.sclma.com.au**

**If you wish to present at a Clinical Meeting in 2018, please contact Jo Bourke (details above).**



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# Health Service Link - November 2017

As the year draws to an end I would like to reflect on what a busy year it has been for the Sunshine Coast Hospital and Health Service (SCHHS). Of most significance is the successful commissioning of the Sunshine Coast University Hospital (SCUH), recruitment of the more than 1000 staff required to ensure the smooth running of all facilities and the additional services that are now available for the Sunshine Coast and Gympie communities.

As mentioned in my last column, works at Caloundra have now commenced with the first sod turned on 7 November 2017 to mark the start of the \$17M redevelopment. Planning work is continuing on the Nambour redevelopment with an outcome on funding expected early in 2018.

On 30 November 2017, the SCHHS held its annual service and excellence awards ceremony. This year 493 staff celebrated a combined total of 3,530 years of service. As well as the many staff who received a certificate for 5 to 45 years of service, we had 3 staff members recognised for 40 years and 2 for 45 years of service. To have dedicated what must be your whole working life to our health service is testament to their commitment in serving the community and that the health service is a great place to work.

The Dr H H (Barney) Moy Memorial Medal is in memory of Dr Moy, a consultant urologist at Nambour Hospital from 1989 to 1992. He had a strong commitment to the hospital and in his memory his family established a bequest to enable the Barney Moy Medal to be awarded annually to a member of staff nominated by their peers. It is the highest recognition a member of SCHHS can achieve and this year, clinical nurse consultant Kerrie Hall was the recipient of this prestigious award for her consistent innovation, 'can do' attitude, flexibility through change and her passion for making a difference in patient care and the health service community.

The 2017 Queensland Health and Department of Health Awards for Excellence event is fast approaching. I am very proud to announce that the Sunshine Coast University Hospital Program has been selected as a finalist for an award this year under the Delivering Healthcare category.

SCHHS held the fourth annual Patient Safety Day on 12 October 2017 which emphasised the continued focus on delivering high quality, patient-centred care and to raise awareness of ways to improve high reliability care, incident prevention and look at how technology can improve patient safety.

The annual SCHHS Research Day was held on 15 November 2017. Keynote speaker, 2017 Australian of the year, Professor Emeritus Alan Mackay-Sim from the Griffith Institute for Drug Discovery, Griffith University provided a motivating speech which set the tone for a very successful event that showcased the current research underway.



The SCHHS Annual Research Report for 2016 was also launched on the day. The report can be accessed at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0027/683316/research-report-2016.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0027/683316/research-report-2016.pdf)

On behalf of all staff of the health service, I extend best wishes to SCLMA members for the festive season and for a safe and healthy 2018.

Scott Lisle

[Scott.Lisle@health.qld.gov.au](mailto:Scott.Lisle@health.qld.gov.au)

## Need a non-surgical solution for patients' skin cancer?

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# AMA QUEENSLAND - CEO UPDATE

## Connecting GPs with Veterans

In a bid to bridge the gap between GPs and veterans, AMA Queensland is working with RSL Queensland, to provide current and former Australian Defence Service (ADF) personnel with direct connections to GPs within their own communities.

Many of those in the veteran community are reluctant to open up to practitioners who have not experienced service life themselves, or who do not appreciate the unique health challenge and issues that can result from deployment to a war zone or transitioning back to civilian life.

For this reason, we are calling on members who have served in the ADF or have experience in veteran-related health issues to identify themselves to allow us to connect GPs with service personnel and their families living in your local communities.

A world-first study by the Gallipoli Medical Research Foundation (GMRF) on the long-term physical impacts of PTSD showed that this disorder could no longer be considered narrowly as a psychological condition but was best described as a full systemic disorder. The data collected from the veterans was rigorously analysed to unravel relationships between physical illnesses like heart disease, gastric complaints and sleep disorders and the psychological symptoms of PTSD.

Earlier this year, the findings of this research were used by GMRF to create an online national education program through ThinkGP for GPs, registrars, nurses, practice managers, allied health professionals and professionals in primary care. It can be found at <https://www.thinkgp.com.au/gmrf>.

The ThinkGP program helps clinicians identify PTSD earlier before it becomes a life-threatening illness, aid early detection and treatment of physical illnesses associated with PTSD and improve the recovery and quality of life for veterans and their families.

We would encourage you to undertake the one-hour GMRF's PTSD: A wound of mind and body module because as clinicians, we have the opportunity to potentially save the lives of more than one million Australians experiencing PTSD.

The education is accredited offering RACGP 2 CPD, ACRRM 1 CME PD.

If you have experience in treating veterans or you have served in the ADF, please email [membership@amaq.com.au](mailto:membership@amaq.com.au) or call us:

**(07) 3872 2200.**

*Jane Schmitt*

*Chief Executive Officer, AMA Queensland*



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#### Dr Marcel Knesl

- Practicing on the Sunshine Coast since 2006
- Wide-ranging practice
- Particular interest in lymphoma, gastrointestinal, genitourinary and breast malignancies

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- Initiate/follow up on test results
- Liaison with VMOs

The medical officer roster operates 24 hours a day, 7 days a week with flexible shifts available.

#### Essential Criteria:

- AHPRA Registration – without restrictions or conditions
- Minimum PGY3+ with ICU or Emergency experience
- You must be able to cannulate, have advanced adult resuscitation skills and be confident with neonatal resuscitation.

#### For further information, please contact:

Sandy Moore, CEO, Nambour Selangor Private Hospital,  
 T: (07) 5459 7409 or Email: [MooreS@ramsayhealth.com.au](mailto:MooreS@ramsayhealth.com.au)  
[www.ramsaydocs.com.au](http://www.ramsaydocs.com.au)



## Dr Wayne Herdy

### AMA Queensland Councillor, North Coast Representative

#### **THE PEOPLE OF AUSTRALIA HAVE SPOKEN.**

In a contest between preserving ancient values versus broadening equality, a battle between established traditions of the supposed dominant culture versus changes demanded by vocal minorities, the minorities and equality have won the day. Same sex marriage will soon be a fact of life in Australia.

But will there be a medical cost? Contrary to conventional wisdom, there is now some science to refute the widely held assumption that children of non-traditional marriages will grow up in some way disturbed. However, there remains an underlying concern that same-sex couples will always be regarded as different, and will attract discrimination. When the broad community recognizes same-sex relationships, those relationships will become openly identifiable. Will that open the doors to acceptance by professional practitioners? Or will non-traditional couples find themselves in the same boat as disadvantaged groups?

#### **GOODBYE TO THE PAP SMEAR.**

As I write, Australia bids a farewell to cytology-based cancer screening and a very guarded welcome to virology-based screening. The new test can predict HPV-related disease years before the now-discarded Pap smear. Because of the longer lead time between a positive test and frank disease, it requires less frequent testing, welcome news to women who rarely approach the Pap exam with any enthusiasm.

But what a dog's breakfast the new screening programme has turned out to be. A camel is said to be a horse designed by a committee, and what we have here is at least a two-humped camel.

The flow-chart for eligibility for the test looks like the plan for a Babylonian tomb and is equally written in foreign-sounding hieroglyphics. Why did it have to be so complex? And why did a 5-year testing interval become a surprisingly rigid 57 months? I tried to enter the programme's website to undergo the self-learning process to understand the new test, and found that I had to set up a new account with a password that didn't work, so I remain as ignorant as ever.

The wholesome plan for self-collection of specimens has been temporarily abandoned because, days before implementation on 1st December, it was determined that the swabs ordered for self-collection were not accredited, so cannot be distributed. I can only hope that the committee that designed this camel will simplify the plan so that what we humble

practitioners have to ride looks more like a thoroughbred than like a dromedary.

#### **HEPATITIS C TREATMENT ON THE SUNSHINE COAST.**

When Susan Leahy was Minister for Health, she was advised that the cost of hepatocellular carcinoma in Australia was escalating exponentially and within decades would dominate if not bankrupt the health budget. HCC is the end-product of cirrhosis, and hepatitis C is a leading preventable cause of cirrhosis. It will be cheaper to minimize the incidence of Hep C in Australia (the optimistic word "eradicate" was aired) than to countenance the inevitable cost predicted. Until two years ago HCV treatment was complex and difficult, with cumbersome lengthy and unpleasant treatments with interferon and ribavirin acting indirectly to kill the virus, with reasonable but imperfect success rates.

Since the advent of the direct-acting anti-virals, and especially the emergence of a few that claim to be polygenomic (i.e. can kill all genotypes) the treatment is now much simpler, shorter, has fewer side-effects, and success rates in the range of 97%. Treating HV has been transformed from the role of sub-specialists to fall within the province of every GP. All that remains is to motivate the GP's to expand their role, and to give them as much training as they require. There are only a handful of doctors on the Sunshine Coast who have experience in treating HCV, and most GP's need prompting to learn the process.

The PHN has finally started looking seriously at setting up a condensed training course for GP's, possibly one of the first in Australia aimed solely at community GP's. If the GP's take up the challenge, we can look forward to the prospect of the Sunny Coast leading the country in high cure rates for HCV. Stepping back a little and taking a broader perspective, I wonder if one day we will look back with amusement at the change in anti-viral treatment, transformed from the province of super-specialists to being an everyday event, just as we have forgotten how antibacterial antibiotic treatment was at first a daring experiment and is now commonplace.

*Wayne Herdy*





# Got a patient with neck or spinal problems?



**Dr Greg Finch** FRACS FAOrthA  
Spine Surgeon, Orthopaedic Surgeon

Now practising from the Nucleus Medical Centre at The Sunshine Coast Private Hospital, Buderim, Dr Finch specialises in the care and treatment of all spinal conditions.

So if you have a patient with a spinal issue that's proving **rather prickly**, refer them to someone who really knows their stuff.

Dr Finch has more than 15 years experience in:

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## Meet your local GPLO Team - who are we and what do we do?

As a GP, you and your patients will frequently engage with the Sunshine Coast Hospital and Health Service (SCHHS) - as outpatients, inpatients or in community health. The SCHHS as an organisation is continually working to improve integration and communication with our local GPs, to better serve our patients.

GP Liaison Officers (GPLOs) exist to help improve these interactions that occur wherever primary care and hospital care intersect. We also provide 'a voice' for GPs and primary care within the hospital system.

### Your GPLO Team :



**Dr Michelle Johnston, GPLO.**

Michelle is also a GP at Maleny and Landsborough.



**Dr Marlene Pearce, GPLO.**

Marlene is also a GP at Sippy Downs.



**Merrin Godwin, GP Liaison Clinical Nurse**



**Peta-Maree Willett, GP Liaison Administration Officer**

## Meet your local GPLO Team - who are we and what do we do?

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Our scope includes involvement with;

- GP incoming referrals to outpatients, triaging and appointments
- Outpatient correspondence back to GPs
- Discharge planning and clinical handover to GPs
- Local service mapping and navigation solutions
- Audits, systems improvement and IT solutions
- GP feedback and complaints resolution
- GP education events with speciality teams

Our friendly GPLO team are passionate about improving the experience for GPs and patients who are navigating our health service. This is no small task in our complex healthcare system! We value ongoing conversations and feedback from our local GPs as to how we can improve quality care. Via this monthly newsletter, we hope to keep you updated with our active projects, recent SCHHS service changes and education events.

## Want immediate access to Queensland Health results from your clinic desktop?

Did you know you can now look at internal Queensland Health patient results and appointments from your GP office computer? The Health Provider Portal (HPP) is now live. This puts clinical information immediately at your fingertips, rather than having to ring and request a copy from Medical Records.

**The Health Provider Portal (HPP)** - allows registered QLD GPs to view the following for their patients from any public hospital site in Queensland;

- Pathology / Radiology
- Discharge Summaries
- Emergency Department notes / letters
- Outpatient appointment bookings

## The HPP sounds great! What do I need to register?

***You or your practice manager will need to:***

1. Ensure your GP name and practice details are correct in the **STS Addressbook** to receive electronic communication from Queensland Health
2. Create a personal **QGov Login account** if you do not already have one
3. Register for **Health Provider Portal** access <https://hpp.health.qld.gov.au/>
  - *For Technical Assistance with registering for HPP: 1300 478 439*





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# BUDERIM PRIVATE HOSPITAL

**From Tuesday 21 November, The Sunshine Coast Private Hospital at Buderim will now be known as Buderim Private Hospital.**

With a number of new hospitals operating in the area with a similar title to its previous name, and after talking to the local community, employees and doctors, it was clear it was the right time for a change of name.

The new name, Buderim Private Hospital, not only honours the hospital's history and strong ties to the local community but also seeks to recognise the unique care and services that Buderim Private Hospital provides.

General Manager of Buderim Private Hospital, Wallis Westbrook, said he anticipates the community will welcome the change.

"For almost 40 years we at the Buderim Private Hospital have placed the health and wellbeing of the Sunshine Coast community at the heart of our decision making and today's announcement continues this long tradition of listening and responding to our community's needs," Mr Westbrook said.

"Since first opening our doors in 1980, this hospital has cared for hundreds of thousands of people and we look forward to continuing to provide high quality and compassionate care as Buderim Private Hospital," he said.

Since the hospital is located centrally on the Sunshine Coast, changing the name to the Buderim Private Hospital makes the physical location much clearer to the entire Sunshine Coast Community, including how accessible it is to the Maroochydore CBD, Caloundra in the south, Noosa in the north and hinterland towns such as Maleny.

Buderim Private Hospital is committed to delivering innovative services to the community, including the Sunshine Coast's first private Emergency Centre, scheduled to open in 2018.

The hospital's onsite radiology service provider, Sunshine Coast Medical Imaging, will also change its name from today and be known as Buderim Private Medical Imaging.

Buderim Private Hospital has been serving the Sunshine Coast community since 1980 and is part of UnitingCare Health - one of the largest not-for-profit private hospital groups in Queensland which manages more than 1000 licensed beds across four hospitals.

The hospital has 25,000 patient admissions every year, has delivered more than 13,000 babies, employs more than 700 local people and has invested more than \$70 million on new infrastructure and equipment since 2000.

***Wallis Westbrook, Buderim Private Hospital General Manager, and Dr Ian Mackle, Director of the Buderim Private Hospital Intensive Care Unit***



## Actively communicating with parents on immunisation

*Abbey Notley, Immunisation Project Officer,  
Central Queensland, Wide Bay, Sunshine Coast PHN*

Last month, Central Queensland, Wide Bay, Sunshine Coast PHN and the Sunshine Coast Public Health Unit facilitated a presentation by Associate Professor Julie Leask from the University of Sydney. The presentation gave more than 80 health professionals from across the Sunshine Coast an opportunity to develop new ways of involving parents in the conversation about immunisation.



Our communities show an incredible trust in health professionals and their recommendation can be the biggest factor in parents having their children immunised. Health professionals need to engage with parents, build trust and adopt different styles of communication to reinforce the benefits of immunisation, and respond to concerns about the risks.

The information presented on the night indicated that there is an increase in the immunisation of young children in the Sunshine Coast and Gympie regions and that the vast majority of parents in the region are vaccinating their children. Some of the most common reasons for children falling behind their immunisation schedule included parents being too busy or missing an appointment and failing to schedule their catch up.

That is why our local health providers need to be proactive and engage with families to ensure patients have every opportunity to receive scheduled immunisations that are recommended to protect their children while they are most at risk from serious diseases.

As health professionals, we know that immunisation helps to prevent serious and potentially life threatening illnesses such as whooping cough and measles. These diseases used to cause significant harm prior to our vaccination programs and it is concerning that we are starting to see these diseases remerge in Australia.

Despite immunisation rates protecting the majority of children, communities without high immunisation rates mean that serious diseases still pose a risk to vulnerable groups in our communities. There is also a window of risk for patients who are travelling overseas. Many of the most popular travel destinations for Australian tourists do experience vaccine preventable diseases, so it is important for children to be up to date before they travel.

It is great to see that most families make sure their children are up to date, however we can see that doctors and nurses may need extra support to communicate effectively with parents who are vaccine hesitant or are simply looking for more information.

***If you are looking for more clinical support and advice you can contact  
the Sunshine Coast Public Health Unit on 5409 6600.***



# HealthPathways

## Sunshine Coast and Gympie

Newsletter November 2017  
Since the launch of HealthPathways



**3,245**  
individual users



**15,847**  
individual sessions



**93,105**  
page views



**295**  
pages now live with  
67 under development



### Top 5 pages

- Non-acute Ophthalmology Assessment
- Non-acute Orthopaedic Assessment
- Non-acute Gastroenterology Assessment
- Non-acute Gynaecology Assessment
- Non-acute General Surgery Assessment



### Pages coming soon

#### Request pages

Organ and Tissue Donation, Voice Clinic Assessment, Gastrostomy Service, After Hours providers, Low Vision Assistance, Patient Travel Subsidy Scheme, Community transport, Nerve Conduction Studies, Colposcopy Requests, Hand Therapy Service

#### Clinical Pathways

Giant Cell Arteritis, Septic Arthritis, Disease Modifying Anti-rheumatic Drugs, Polymyalgia Rheumatica, First Seizure in Adults, Hoarse Voice, Enteral Feeding Tubes, Fibromyalgia, Ankylosing spondylitis, Inflammatory Arthritis



## Health System News Snapshot

### Up-scheduling of Codeine

Codeine-containing medicines will no longer be available without a prescription from 01 February 2018. Therapeutic Goods Administration (TGA) decided to up-schedule over-the-counter codeine-containing medicines to prescription-only medicines from 01 February 2018, principally as a result of safety concerns.

This is consistent with the international status of codeine and is supported by major Australian clinical groups e.g., AMA, RACP, RACGP, and Faculty of Medicine. Scriptwise and NPS Medicinewise will communicate the changes. The Pharmaceutical Society of Australia and Pharmacy Guild of Australia have received funding from Australian Department of Health to deliver training modules for pharmacists and communication materials for the public.

TGA has developed a [codeine information hub](#) with details on the codeine scheduling decision.

- Consumer's information on the changes and why they have been made
- [Tips for talking about codeine](#) for general practitioners
- Numerous fact sheets
- FAQs
- Safety reports

### HealthPathways Team Practice Visit

The HealthPathways team provide visits to Sunshine Coast general practices to demonstrate the site. To book a visit please contact: [cbazley@ourphn.org.au](mailto:cbazley@ourphn.org.au).

### Mental health services are changing for GPs

Mental health services are changing. See [fast facts for GPs](#) for more information.

For more information contact the HealthPathways Coordinator via [CBazley@ourphn.org.au](mailto:CBazley@ourphn.org.au)



[sunshinecoast.healthpathwayscommunity.org](http://sunshinecoast.healthpathwayscommunity.org)

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## Sunshine Coast Orthopaedic Clinic

### The Acute Knee Clinic

The first few days can make all the difference in recovery from a sporting injury.

Dr Steve Lawrie at the Sunshine Coast Orthopaedic Clinic provides an Acute Knee Clinic each Monday and Tuesday which is specifically designed for, but not limited to, sports injuries of the knee with a view to rapid assessment, investigation and adoption of a management plan within the first few days of the initial injury.

The Acute Knee Clinic has now been running for twelve years. We have treated many professional and semi-professional athletes as well as the "weekend warriors", including a special interest in paediatric sporting injuries. Dr Lawrie has a close association with many sporting teams on the Sunshine Coast, including the Sunshine Coast Falcons, Melbourne Storm and many other local clubs.

Specific conditions that can benefit from emergent assessment include suspected ligamentous injuries, including cruciate ligaments, medial ligaments, multiple ligament injuries, acute patellar dislocation, locked knees and especially paediatric cruciate and meniscal injuries whether that be by implementing early surgical techniques

or an appropriate non-operative treatment programme.

To access the Acute Knee Clinic, a patient needs to have a current referral to Dr Steven Lawrie and plain x-rays of the knee should also be arranged before the initial consultation.

A plain x-ray is very important in the initial assessment to exclude fractures, loose bodies, and to show the alignment of the knee joint and the patellofemoral joint, which cannot be seen on other investigations, such as an MRI scan.

Splints and orthotics can be organized directly with Leonie Walton on 5473 5858. Leonie attends our clinic on a Thursday afternoon, but she is available throughout the week as needed.

The Acute Knee Clinic is intended to complement Dr Lawrie's other interests, including hip and knee replacement, revision arthroplasty, computer assisted joint replacement, cartilage surgery, as well as hip, knee and ankle arthroscopy.

Dr Lawrie is happy to take phone calls for advice, queries etc as this often helps the referral process.

### For appointments contact

Dr Steven Lawrie  
Suite 17, Kawana Private Hospital  
5 Innovation Parkway, Birtinya QLD 4575  
p: 07 5493 3994  
f: 07 5493 3897  
e: [sunshineortho@bigpond.com.au](mailto:sunshineortho@bigpond.com.au)  
[www.sunshineortho.com.au](http://www.sunshineortho.com.au)

### Examples of these injuries include:

A medial ligament injury is usually easily treated in a range of motion brace, using an MCL protocol if applied with the 1st week or so. But it can be extremely difficult to correct if there is a delay of a number of weeks.

Paediatric meniscal tears may be repairable early after an injury, but a delay typically means meniscal resection becomes necessary.

Acute patellar dislocation may respond to surgical repair if surgery is offered in the first 2 weeks after the injury.

Traumatic meniscal tears where early repair rather than delayed resection can make a dramatic difference in outcomes

Early ACL surgery in the young active patient/sportsman.



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# Myxopapillary Ependymoma

## Findings

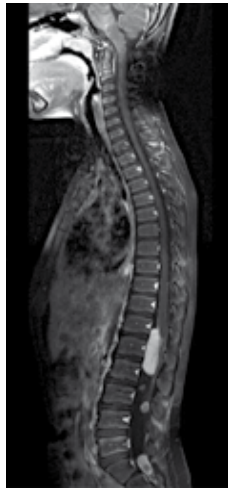
Extensive intradural avidly enhancing tumor distorting the conus & cauda equina. Multiple skip lesions are also noted.

## Diagnosis

Findings are in keeping with myxopapillary ependymoma.

## Discussion

Spinal myxopapillary ependymomas are a variant type of spinal ependymoma that occur exclusively in the conus medullaris and filum terminale. They represent 13% of all spinal ependymomas<sup>3</sup> and are by far the most common tumours of the conus medullaris and filum terminale.



## Epidemiology

They tend to have an earlier clinical presentation than other spinal ependymomas, with a mean age of presentation of 35 years. There is a slight male predominance.

## Clinical presentation

The most common presenting symptoms are low back, leg or sacral pain. Up to twenty five percent of patients may present with leg weakness or sphincter dysfunction. They may occasionally present as a subarachnoid haemorrhage.

## Pathology

They are thought to arise from the ependymal glia of the filum terminale or conus medullaris.

Histologically, they contain papillary elements in a myxoid background, admixed with ependymoma-like cells.

They are generally classified as WHO grade I lesions, however occasionally CSF dissemination occurs and multiple lesions are seen in 14 - 43% cases. They are typically multilobulated and encapsulated. They often have associated haemorrhage, and may calcify or undergo cystic degeneration. The vast majority are intramedullary, however rarely they occur in the extradural space.

## Radiographic features

### Plain film / CT

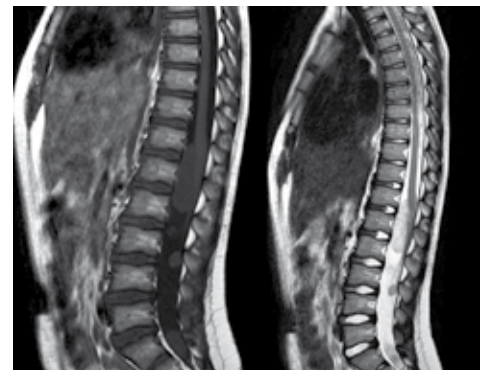
If they become large, myxopapillary ependymomas may expand the spinal canal, cause scalloping of the vertebral bodies and extend out of the neural exit foramina.

### MRI

Smaller tumours tend to displace the nerve roots of the cauda equina; larger tumours often compress or encase them.

Reported signal characteristics include

- T1
  - usually isointense
  - prominent mucinous component occasionally results in T1 hyperintensity
  - haemorrhage and calcification can also lead to regions of hyper- or hypointensity
- T2:
  - overall high intensity
  - low intensity may be seen at the tumour margins because of haemorrhage (myxopapillary ependymomas are the subtype of ependymomas that are most prone to haemorrhage)
  - calcification may also lead to regions of low T2 signal
- T1 C+ (Gd):
  - enhancement is virtually always seen
  - the enhancement pattern is typically homogeneous, however they can have a variable enhancement pattern that, in part, depends on the amount of haemorrhage present



## Treatment and prognosis

Myxopapillary ependymomas are generally slow-growing, although some sacral and presacral lesions behave aggressively and metastasise to lymph nodes, lung and bone.

They can often be excised completely. In these cases, prognosis is excellent. If the tumour has extended into the subarachnoid space and surrounded the roots of the cauda equina, resection is often incomplete and local recurrence is likely.

## Differential diagnosis

Differential diagnosis of a small conus and filum terminale myxopapillary ependymoma includes:

- spinal schwannoma (often indistinguishable from ependymoma)
- spinal paraganglioma

Differential diagnosis of a large myxopapillary ependymoma that causes sacral destruction:

- aneurysmal bone cyst - involving the spine
- chordoma
- giant cell tumour - involving the spine



## Planning for Aged Care is more than moving into an Aged Care Facility



Our chances of living longer are increasing as life expectancies continue to increase. At age 65 a person's chance of needing aged care during their remaining lifetime is 68% for females and 48% for males. Old age can be associated with declining cognitive abilities, resulting in problems when managing personal finances. However, it is at this time in life many financial decisions are required to ensure adequate income is available to fund, not only retirement years, but changing care needs.

Financial planning for aged care does not simply involve structuring finances to fund a move into an Aged Care Facility. Planning for aged care includes educating clients about what choices are available as their care needs change during their retirement years. Early planning and good advice can take the stress out of aged care decisions and improve lifestyle quality by providing guidance and peace of mind by:

- Helping to create a clear plan for aged care
- Facilitate family discussions to minimise family disputes
- Understand all available choices for aged care living, the decision/actions needed to secure appropriate levels of care and the costs involved eg, Independent Living, Retirement Villages, Assisted Living, Commonwealth Home Support Programs, Home Care Packages, Residential Aged Care Living.
- Review of financial situation to help evaluate affordability of available options
- Develop strategies to optimize financial position
- Review estate plans to avoid unintended consequences

Most people prefer to stay in their home for as long as their health and physical ability allows. Many people choose to downsize to a home that requires less upkeep and gardening as they get older. If you are lucky enough to have good friends and family living nearby they may be able to help where needed to enable you to stay in your home. Additional help is also available through more formal channels. The Government encourages and supports a range of community supports and services run by private and charitable organization to help older people to live well and remain independent in their homes.

As you can see there are many different choices available when planning for aged care. The Government acknowledges the growing demand for aged care services and has/is introducing many changes - including a greater focus on user pays. This has resulted in an ever-changing system which causes confusion for the end user, normally an elderly person that may be suffering from declining cognitive abilities, trying to access services. In addition, the costs associated with aged care are complex and difficult at the best of times.

Navigating available options, the costs and deciding upon the best way to structure finances to pay for care needs can be challenging. Getting the right information and advice can help elderly patients make the best choices for their future care, security and happiness. If you have aging patients whom may benefit from our services please encourage them to contact us. This will enable them to make informed decisions and understand the actions needed to plan for their future needs.

With an aging population we are focusing on simplifying the aged care process for our clients to ensure a stress free journey. We have staff trained in Aged Care if you have any questions please feel free to call us here at Poole Group **5437 9900**.

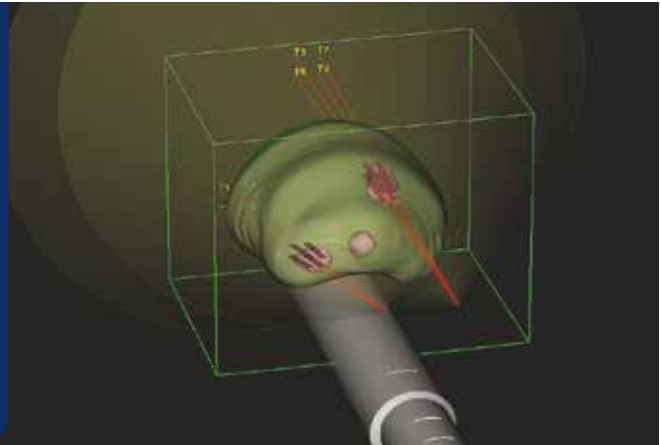
Yours in Aged Care

Kirk Jarrott



# ROBOTIC PROSTATIC BIOPSY

Introducing the Mona Lisa BioBot robotically targeted transperineal prostatic biopsy system



## AVAILABLE IN BUDERIM



**Dr. Tony Gianduzzo** is proud to introduce **Queensland's first robotic transperineal prostatic biopsy system** – the Mona Lisa BioBot. The service is provided in conjunction with The Sunshine Coast Private Hospital, Buderim.

Robotic targeting provides unsurpassed accuracy during transperineal biopsy of MRI identified prostatic lesions, with extremely low infection risk. The Mona Lisa BioBot imports CAD segmented MRI images and targets, then fuses these with real-time 3-D ultrasound to give accurate lesion positioning. After biopsy planning, the robotic system then gives precise control of the direction and depth of each biopsy core. Biopsies are taken through only two transperineal puncture sites, dramatically reducing the incidence of infective complications compared to classical transrectal biopsy.

MRI-informed robotic targeted transperineal biopsy provides an optimised diagnostic pathway, with more accurate diagnosis and patient risk-stratification. Better diagnosis, grading and staging allows for better treatment choices for patients with clinically significant prostate cancer, while reducing overdiagnosis and overtreatment of insignificant disease.

**What about MRI Prostate?** The prostate cancer diagnostics service is supported by world-class Radiology. Sunshine Coast Medical Imaging works in conjunction with Wesley Medical Imaging - one of the highest volume units in the world. The group boasts a highly experienced team of radiologists that introduced prostatic MRI to Australia, and were involved in a world-first clinical trial for prostate cancer diagnosis. This published trial has become one of the highest cited papers in all urological literature in the last 2 years.

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MRI is a game-changer in prostate cancer diagnostics, with better detection of significant cancers. When combined with alterations in biopsy techniques, it may also reduce identification of insignificant cancers. Multi-parametric MRI of the prostate (mpMRI) is very difficult to perform and interpret correctly. It requires specialised MRI techniques, specific radiologist training, and urologist clinical input. Even in the best of hands, 10-20% of significant prostate cancers are still MRI invisible. Given the potential for misinterpretation and misunderstanding of this important diagnostic aid, the general radiological and urological view is to refer any patient of concern to a Urologist before performing prostate MRI.

**Why Offer PSA Testing?** Level 1 evidence shows PSA testing saves lives for men 50-69 (Consensus statement, Prostate Cancer World Congress, Melbourne, 2013), with numbers needed to screen per life saved better than for breast cancer. The main concerns with PSA testing relate to potential downsides of overdiagnosis and overtreatment of insignificant cancer. Recent advances in MRI and biopsy diagnostics, improvements in radical therapies, and surveillance of low-risk cases are working to mitigate these issues. It is important to discuss the pros and cons of reduced death rates and rates of presentations with metastatic disease vs. potential overdiagnosis and overtreatment with patients before embarking on PSA testing.

**When to start?** 50 years of age. High-risk patients 40-45yo. Men up to 70 years of age are those most likely to benefit from early detection.

**HIGH RISK** - Family history prostate cancer (especially if <60yo), BRACA or Lynch Syndrome, African ancestry.

**When to refer?** **PSA >3 (PSA >2 in 40's)** (NCCN Guidelines Version 1.2014 Prostate Cancer Early Detection). Given the complexities and the pros and cons of prostate cancer diagnostics, Urologists are then best placed to further assess and advise patients whether further evaluation is indicated.

**Look for Dr Tony Gianduzzo in your Medical Director "Refer" Widget**



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Image:  
Light Play – Spoonbill  
by Pete Marshall (detail)



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**Dr Irene Krajewska FRCPA FIAC**

E: irene\_krajewska@snp.com.au

T: (07) 5459 1400

Dr Irene Krajewska graduated from Manchester University in 1978. After five years of FRCS surgical training in the UK and South Australia, she undertook training in anatomical pathology at the IMVS in Adelaide, where she developed an interest in GIT, gynaepathology and cytology under Prof. Svante Orell. She was awarded the RCPA Fellowship in 1990 and the Fellowship of the International Academy of Cytology in 1991. Irene has been an examiner for the RCPA and Australian Society of Cytology. She joined Sullivan Nicolaides Pathology in 2003 and is based on the Sunshine Coast. Her interests are FNA cytology, breast pathology, dermatopathology, gastrointestinal pathology and gynaepathology.

**Dr Jerome Lai FRCPA**

E: jerome\_lai@snp.com.au

T: (07) 5459 1400

Dr Lai graduated from the University of Queensland in 1984 and undertook further training in pathology at the Princess Alexandra Hospital and the Mater Misericordiae Hospital in Brisbane. He was awarded the RCPA Fellowship in 1991. Before joining Sullivan Nicolaides Pathology, Dr Lai was Pathology Queensland's Director of Pathology for the Sunshine Coast region.

**Dr Karien Treurnicht FRCPA FIAC**

E: karien\_treurnicht@snp.com.au

T: (07) 5459 1400

Dr Karien Treurnicht graduated cum laude from the School of Medicine at the University of Pretoria, South Africa, in 1995. Karien moved to the UK in 1999 and undertook specialist training in histopathology at a number of London hospitals. She gained a Fellowship from the Royal College of Pathologists (FRCPath UK) in 2003 and in the following year went on to a Urological Pathology Fellowship at Bostwick Laboratories in Richmond, Virginia, USA. In 2005, Karien became Medical Director of Bostwick Laboratories, London, a full-service independent medical laboratory specialising in the interpretation of prostate and urological biopsies. She joined Sullivan Nicolaides Pathology in 2015 and is based at the Buderim laboratory. Karien is widely published and has presented at conferences internationally.

# MEDICAL MOTORING

## *When I'm Sixty-four .....* 1953 Austin A40



In 1958 Sir Paul McCartney was 16 years old when he wrote a song about ageing and relationships.

It had the title, "When I'm Sixty-four".

The song was eventually released nine years later on the "Sgt. Pepper's Lonely Hearts Club Band" album and it is still one of my favourite Beatles songs.

It immediately came to my mind when a colleague told me about a car that he'd just bought.

It was a 1953 Austin A40 that had been languishing in a paddock under a tree near Warwick for thirty years.

It turns out that the car was under a tree because the tree had actually grown up through the car, and not the other way around.

When my colleague opened his garage door to show me the vehicle waves of nostalgia were flooding my mind as I recalled that this was the very same A40 model that had delivered myself and my three brothers home from hospital as infants.

Whilst childhood amnesia denies me any contemporaneous memory of the vehicle, there are two old family photos of our A40 which through the wonders of projective identification I can place myself in.

But, what about the 2017 A40.

For starters there was the need to negotiate the asking price of \$900 down to an acceptable \$750.

This was of course a pre-requisite for establishing a positive relationship with an object that was going to consume the best part of the next ten years of my colleague's life and take up a considerable space in his garage.

Importantly the old A40 was complete with every nut and bolt still attached.

We stood there marvelling at the Mist Green paint job which even after 64 years could still be seen through the eroded layers.

The seats were stuffed with horse hair and covered with British cow hides and provided an important clue as to how many miles the vehicle had actually travelled.

For my colleague had neglected to check the odometer reading when he decided to buy the vehicle.



After all it was 64 years old and who would care if it had been around the clock, a few times.

Did it even have an odometer?

I scrambled inside the car and through the dusty glass I could see that the car had done 54,768 miles.

We then convened a meeting to discuss the possibilities.

There was no way that those front seats had supported 154,768 miles of buttocks (three times the mileage on the odometer).

The pedals and steering wheel weren't worn either, so the actual mileage of this car was simply 54,768.

With such a low mileage on the odometer we thought that this might be a good predictor of longevity in the drive-train.





I then asked the bleeding obvious question, "Do you think the motor will turn over?"

Seems like the previous owner said that the A40 had been driven to the paddock, but I've always been wary when buying a second-hand car.

A rotating adjustable wrench on the crank-shaft proved that the motor was in fact still functional.

Could this be the start of another 64 years for the A40?

Safe motoring,

Doctor Clive Fraser.



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- *A trip to the old city of Fez to travel back to the middle ages.*
- *Trek through the traditional villages and beautiful countryside in the Atlas Mountains. A stay in a traditional Berber home can be a good option to get a better understanding of the tradition and culture of the people in that area.*
- *Camel trek through the majestic dunes of the Sahara Desert.*
- *A guided tour through the busy medina of Marrakech and enjoy night carnival of dancers, medicine men and fortune-tellers in Jemaa el-Fna square.*

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From the Radiologists and Staff of Sunshine Coast Radiology, we would like to thank our referrers and patients for their continued support throughout the year in 2017. We wish you and your family a Merry Christmas and a safe and Happy New Year.

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# Happy Holidays!

From the team at **SPORTS & SPINAL PHYSIOTHERAPY**

The holiday season is a wonderful time for us to remember the friends & medical community who help our business and make our jobs a pleasure all year long, Sports & Spinal would not be possible without your support.

We would like to take this moment to say thank you and send our best wishes to you and your families. May the New Year be filled with success and happiness!

**We look forward to continuing to provide you and your patients with the very best evidence based treatments and rehabilitation in 2018.**



**DON'T LET PAIN INTERFERE  
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Caloundra	5437 2679
Coolum	5351 1733
Kawana	5438 8511
Nambour	5441 2744
Sippy Downs	5445 6033

# SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. MANAGEMENT COMMITTEE MEETING

## THURSDAY 26 OCTOBER 2017

Maroochydore Surf Club Function Room, Maroochydore

Accepted at Committee Meeting 30 November 2017

**Attendance:** Drs Roger Faint, Mark de Wet, Peter Ruscoe, Kirsten Hoyle, Fabio Brecciaroli, Mason Stevenson, Alicia Lorenz, John Harper, Marcel Knesl, John Evans and Grant Eddie. (Observer Jo Bourke).

**Apologies:** Drs Wayne Herdy, Scott Masters, Tau Boga.

**Minutes of last meeting: 24 August 2017** (*To be accepted*).

Moved: Mark de Wet. Seconded: John Evans. Carried.

**Business arising from Minutes: Nil.**

**President's Report:** *Dr Roger Faint*

1. Strategic Planning Summary distributed tonight. Are there any additions, omissions or clarifications
2. Management committee meeting tonight to discuss the Orthopaedic training issue at SCUH. There has been an objection raised by an orthopaedic doctor to my open letter sent to the AOA. I have not received a reply from the AOA. Perhaps the letter could have been a closed letter. I wrote the letter after an interview with Scott Lisle, acting CE of SCHHS, a telephone and casual discussions with Orthopaedic and surgical consultants. The letter was written to support the health district and its attempt for a decision review and a meeting with a Director General a week later. They will be updating our committee regarding this issue and their attendance is very appreciated.
3. I do feel the LMA does need to begin to gain support for concerns relating to outsourcing of surgical services. It would be good to get AMA Queensland on board.
4. Tonight I will be attempting to record our first Facebook interview. Cross fingers.
5. See PHN YouTube video on health pathways. <https://youtu.be/ton-57hoDsg> I have requested a similar video on QH Health Provider Portal.
6. Note the invite for the Medical Cannabis Symposium on 1<sup>st</sup> December.
7. Medical school: media reports suggest 2019 as starting date, 20 students from Sunshine Coast and Bio med course beginning next year I believe.
8. Congratulations to newly appointed SCHHS CE - Adjunct Professor Naomi Dwyer.
9. Congratulatory letter to be sent to Dr Ted Weaver as new head of Clinical school and also letter to Dr Steven Coverdale thanking him for his role over the last 9 yrs.

**Secretary's Report:** *Dr Mark de Wet*

**Correspondence In:**

- Simon Miller (Qld State Library) – re permission to archive SCLMA website
- Greg Bradley USC – confirmation of SCLMA Bursary recipient
- Dr Russell Bourne – re correspondence Qld Branch OAO
- Andrew Wallace MP – thanks re Health Minister announcement.

**Correspondence Out:**

- Greg Bradley USC re choice of Bursary student
- Hon Greg Hunt MP – re SCUH announcement
- Mr Scott Lisle – letter of introduction
- Dr Gary Nielsen – re withdrawal of training positions (Orthopaedic Registrars)

**Business arising from Correspondence:**

- Peter Ruscoe will investigate the request to archive SCLMA website..

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

**(a) Accounts to be paid:**

- Australia Post – Account Sept 2017
- Jo Bourke – Secretariat Sept 2017
- Jo Bourke – Adobe CC subscription Aug & Sept 2017
- Office National – Account Sept 2017
- R Faint – Reimbursement gift
- C Hawkins – Assist Sec Sept/Oct 2017
- Snap Printing - Newsletter October 2017
- Jo Bourke – Newsletter October 2017
- BAS – July – Sept 2017

*Peter Ruscoe moved that the accounts as presented be approved for payment. Seconded: Mason Stevenson. Carried.*

**(b) Membership Report:**

- Dr Nova Evans - SCUH
- Dr Pankaj Jha – Vascular Surgery
- Dr Tamer Aly – Emergency SCUH
- Dr Jonathan Robertson – Interventional Radiologist
- Dr Greg Finch – Orthopaedic Surgery

*Peter Ruscoe moved that the applications for membership be accepted. Seconded: Grant Eddie. Carried.*

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



**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
Inc.  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 26 OCTOBER 2017  
Maroochydore Surf Club Function Room,  
Maroochydore  
MINUTES  
(Accepted at Committee Meeting 30 Nov 2017) /Cont:**



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

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

**Hospital Liaison Report:** *Nil*

**PHN Country to Coast Report:** *Dr Jon Harper.*

- GPs now have access to the Queensland health "Viewer" via the Health Provider Portal. Any GP can register to get access. Currently restricted to GPs and QHealth specialists. Private specialists cannot access the "Viewer" until further changes in legislation.

**General Business:** Nil

**Meeting Close:** 19.15

**Next meeting:** Thursday 30 November 2017.

**Maroochydore Surf Club Function Room.**

*Dr Mark de Wet, Honorary Secretary.*

**SCLMA Membership is FREE for doctors in training.**

**Full membership: \$77**

**Partner Mship: \$33**

**Retired Mship: Free**

**Have you checked out the SCLMA WEBSITE?**

**Are you listed on the SCLMA DIRECTORY?**

**Are your details correct on the SCLMA Directory?**

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

**Fax Directory Form with updates to: 5479 3995**

**or scan and email to: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)**

**Have you checked out our Facebook page?**

**[sunshine coast local medical association inc](https://www.facebook.com/sunshinecoastlocalmedicalassociationinc)**

**PLEASE 'LIKE' OUR FACEBOOK PAGE!**

**YOU CAN COMMENT AND SHARE**

**OUR FACEBOOK POSTS TOO!**

## **REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER**

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

**[www.rdma.org.au](http://www.rdma.org.au) or email: [RDMAnews@gmail.com](mailto: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.*

## **Presents NOT to buy your partner for Christmas!**

### **Cookware**

Pots, pans, plates, cups, they are very impersonal and suggest that a woman belongs in the kitchen cooking and doing dishes. Not a great idea, guys.

### **Cleaning supplies**

Do you expect your wife to jump up and down with joy and immediately start cleaning the house when you give her a vacuum? That is not a gift at all, but rather a necessary purchase you budget for the home.

### **Something YOU wanted**

Don't be all sneaky and buy something you've been wanting and then put your wife's name on the gift. She will know who the PlayStation is really for as soon as she opens the box, no matter how much you try to convince her it is something the both of you can do together.

### **Laser hair removal**

While I would honestly like to get some laser hair removal done, if my husband gave it to me as a gift I would automatically think he did not like something about me. Even if my hairy legs appall him, he should never mention it, especially as a cleverly-disguised Christmas gift.

### **Gym membership**

A gym membership? Does this mean you think your wife should work out more? Does this mean you think she is fat? Does this mean you think she has too much time on her hands and should be spending it at the gym? I think you can see how this gift would go over.

### **Underwear**

Underwear was the dreaded gift when you were a child, and it still is as an adult. No one should pick another person's underwear out for them unless it comes in the form of a gift card for Victoria's Secret.

### **Appliances**

I remember one year my dad was so excited to give my mom an electric can opener for Christmas. She had been complaining about how hard it was to use her hand crank one, and he thought this was a perfect gift. He built it up so much that she couldn't wait to open it. Imagine her disappointment when inside the box was not some

beautiful scarf or box set of books by her favorite author, but rather a can opener. Needless to say, it did not go over well. Appliances, just like cleaning supplies and dishes, are gifts for the home, not the wife.



### **Recipe book**

Anything to do with cooking is not a great idea. Instead, why not take your wife out to dinner? Or, better yet, YOU make dinner and do the dishes. That would be a real gift.

### **Homemade coupons**

You know the ones I mean: good for one foot massage or good for one snuggle. Your wife should not need a coupon for you to give her a massage or cuddle; you should be doing that anyway. A coupon is just adding insult to the fact that you're not already doing those things for free.

### **Something for the car**

You really think seat covers or an ice scraper for a car that both of you drive says how you really feel about your wife? Items for the car fall under "car maintenance" not "Christmas gift for wife."

### **Something you have both been saving to buy**

Have you decided as a couple to buy a new computer? Have you done all the research and put money aside each month to be able to afford it? If so, continue to do that. Don't just go out and buy it as her gift. She knows how much it costs; she knows you were going to buy it anyway. That is not a gift, just you jumping the gun. Nothing

Lastly, don't just give her nothing. Even if you said "no gifts" this year, this does not mean come Christmas morning she is going to expect nothing. Make her breakfast, frame a cute picture of the two of you for her office, write her a poem, give her something. It doesn't have to cost money, it doesn't have to take tons of time, just put a little thought into it and make sure it is out of the ordinary of what you regularly do for her.

### **Need to re-think your Christmas gifts??**



## Your pathology provider on the Sunshine Coast

<b>Results (24 hours)</b>	<b>P: 1300 778 555</b>	
Added tests	P: (07) 3377 8528	
Sonic Dx / IT Support	P: 1800 100 769	
Doctor Stores Request	F: (07) 5459 1440	
Faxed Pathology Request Forms	F: (07) 5459 1440	
<a href="http://www.snp.com.au" style="color: white;">www.snp.com.au</a>		

**Local Laboratories**  
 Birtinya P: (07) 5459 1400  
 Kawana P: (07) 5459 1433

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.** ABN: 56 932 130 084**MEMBERSHIP APPLICATION**Enquiries: Jo Bourke Ph: 5479 3979 Mb: 0407 037 112 Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)

<b>NAME</b>	Surname:		First Name:	
<b>EMAIL:</b>				
<b>PRACTICE ADDRESS:</b> 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:		
<b>ALTERNATE ADDRESS:</b> (if practice address not applicable)				
	Street:			
	Suburb:	Postcode:		
	Phone:			
<b>PRACTITIONER DETAILS:</b>				
	Qualifications:			
	Date of Birth:	Year of Graduation:		
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
<b>PLEASE NOTE:</b> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
<b>PROPOSERS:</b> (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
<b>1. NAME:</b>		<b>Signature:</b>		
<b>2. NAME:</b>		<b>Signature:</b>		
<b>ANNUAL SUBSCRIPTION (GST included):</b>		<b>(Please tick)</b>		<b>DELIVERY OPTIONS?</b>
Full-time ordinary members - GP and Specialist		\$ 77	<input type="checkbox"/>	<b>Your Monthly Invitation?</b>
Doctor spouse of full-time ordinary member		\$ 33	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Absentee or non-resident doctors		\$ 33	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Part-time ordinary members (less than 10 hours per week)		\$ 33	<input type="checkbox"/>	By Post? <input type="checkbox"/>
Non-practising ordinary members, under 60 years old		\$ 33	<input type="checkbox"/>	<b>Your Monthly Newsletter?</b>
Residents & Doctors in Training		Free	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Non-practising ordinary members, over 60 years old		Free	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Patron and honorary members		Free	<input type="checkbox"/>	By Post? <input type="checkbox"/>
<b>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</b> <b>A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.</b>				
<b>Please return this form with your cheque OR details of your E.F.T. to:</b> <b>SCLMA PO BOX 549 COTTON TREE 4558</b> <b>OR: FAX TO 5479 3995 PLEASE NOTE HALF PRICE MSHIP CONTINUING THIS YEAR!</b>				
<b>Please note: Membership applications will be considered at the next Management Committee meeting.</b>				



# CLASSIFIEDS

## HEADSPACE MAROOCHYDORE – VR GP WITH SPECIAL INTEREST IN YOUTH MENTAL HEALTH

Headspace Maroochydore seeks a GP to join our team at our centrally located service in Maroochydore.

- We require a commitment of one session per week to complement and enhance the provision of early intervention mental health treatment for 12-25 year olds.
- Our Centre offers you the opportunity to improve the lives of young people with flexible working hours, full administration support and an on-site clinical team.

For further information or to register your interest, please contact Karen Glover, Practice Manager.

**Email:** [kglover@unitedsynergies.com.au](mailto:kglover@unitedsynergies.com.au)

August 2017

## DOCTOR OPPORTUNITIES AVAILABLE AT KON-TIKI MEDICAL CENTRE - MAROOCHYDORE

"KON-TIKI MEDICAL CENTRE" has officially opened its doors with a passionate team of medical staff and specialists already onboard.

We have further opportunities for high quality VR GPs to join our team and be part of something truly amazing!

- Up to 70% of billings, plus initial retainer
- Full-time, Part-time and Locum opportunities available – flexible and supportive environment
- Bonus incentives for education and investment to develop your special interests
- All EPC Plans, Health Assessments and Medication Reviews are organised by Registered Nurse
- Assistance of management with your patients to ensure a high value service is offered to your patients
- Acute treatment room, Medical Emergency attendance facility and state-of-the-art Fracture Clinic
- Onsite pathology, imaging and pharmacy
- Coastal lifestyle with proximity to beachside living and reputable schools and University
- Located in a thriving and accessible business centre in the heart of the Maroochydore CBD
- Join something special and Live the Lifestyle!

**Expressions of interest to Kimberley Richards:**

**Email:** [kimberley@krsolutions.com.au](mailto:kimberley@krsolutions.com.au)

**Ph:** 0414 889 079.

August 2017

## DR DRAGO POPOVIC HAS MOVED TO: COTTON TREE GASTROENTEROLOGY GROUP

Level 2, Cnr Esplanade & Second Avenue

Cotton Tree 4558

**Contact details:**

**Mobile:** 0468 488 444 **Work:** 07 5443 6011

**Fax:** 07 5302 0703

**Email:** [reception@coastalgeneralsurgeons.com.au](mailto:reception@coastalgeneralsurgeons.com.au)

August 2017

## GP WITH EXPERIENCE AND INTEREST IN COSMETIC MEDICINE

We are looking to expand our cosmetic services in a thriving and modern Dermatology practice on the Sunshine Coast.

- A special opportunity exists for a GP with experience in Botox, Peels and Laser treatments with a keen interest to learn new techniques.
- Flexible sessions for cosmetic consultations and treatments are available.
- We offer state of the art rooms and equipment, a large patient base and a very friendly team to support you.
- Hands on training and ongoing professional dermatological support will be provided. Does this interest you?

**Please send any enquiries to:**

**cosmetic4558@gmail.com**

September 2017

## NEW PRIVATE PSYCHIATRIST PRACTICE – SUNSHINE COAST

Dr Joanne Boynton B.Biomed Sci MBBS UQ (Hons)  
FRANZCP Consultant Psychiatrist

- Experience as both a GP and an embedded GP Consultation-Liaison Psychiatrist
- Prompt assessments and management advice now available for adults 18-65yo
- Focus on prompt feedback and multi-disciplinary liaison with other providers
- For more information regarding special interests, exclusions et al please phone or email:

**Ph: (07) 5493 5859 Fax: (07) 5390 9671**

**E: [reception@asielhouse.com.au](mailto:reception@asielhouse.com.au)**

**Referrals via Medical Objects or Fax accepted.**

Level 5 Suite 602 Pulse Oceanside Medical Cnr Eccles and Florey Boulevards Birtinya Q. 4575

August 2017

*Classifieds remain FREE for current SCLMA members,  
\$110 for non-members.*

*Ph Jo: 0407 037 112*

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

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

**REMINDER: If your details have changed please download a Directory form from the website and fax to 5479 3995.**

**You are NOT automatically entered on the website. It is necessary for you to complete a Directory form from website and sign, date and fax or email it. Thanks. Jo.**

# CLASSIFIEDS

## SPECIALIST CONSULTING ROOMS AVAILABLE - BEERWAH, SUNSHINE COAST

- Rapid growth area
- Ample parking
- Prime location
- Established Pathology, Radiology, 8 GP's, Dental Practice, Pharmacy, Hearing Aid & Allied Health

**For further information please contact Tom Currie**  
**Ph: 0413328495, Email: thc@derek-investments.com**

*November 2017*

## VRGP WITH CLINPALLMEDDIP/PALLIATIVE CARE CONSULTANT

- Eden Rehabilitation Hospital is currently seeking a Vocationally Registered GP with ClinPalMedDip (Clinical Diploma of Palliative Medicine) or a Palliative Care Consultant to lead our experienced medical team.
- The role will work very closely with our Director of Clinical Services, Senior Medical Officer and Rehabilitation Physicians.
- Eden Rehabilitation Hospital is a Healthe Care Australia owned private 48 bed rehabilitation and sub-acute medical hospital with a strong reputation of excellence in diverse rehabilitation and medical service provision.
- Located just 20 minutes from Noosa in the hinterland township of Cooroy. Eden offers the intimacy of a country hospital with a unique, dedicated focus on rehabilitation and medical care making it an idyllic place to work.

**For more information regarding this position please contact Ainsley O'Keefe or Julie Ferdinando.**  
**Ph: 07 5472 6472.**

*November 2017*

## CONSULTATION ROOM AVAILABLE for SESSIONAL RENTAL AT SPECIALIST SUITE - BIRTINYA

- Prime location at 5 Innovation Parkway, co-located with Kawana Private Hospital Ground floor, Modern, well equipped suite of rooms, building overlooking Lake Kawana
- Generous reception and waiting room area
- Treatment room available
- Close to pathology and pharmacy facilities
- Convenient patient parking
- Suitable for Medical, Surgical or Allied Health Specialist Sessional basis with half or full day session available
- Rental on basis of meet and greet only or providing your own receptionist for the session

**For further information please contact the Practice Managers**

**Janette Ritchie janetteritchie@iinet.net.au** **Lindy Waugh lindywaugh@westnet.com.au**

*October 2017*

## ROOM FOR RENT - "PULSE SPECIALIST CENTRE"

- Located opposite the new SCUH Hospital
- Professionally appointed Suites located in the new health "hub" at Birtinya – Medical, Specialists, Ancillary Providers.

**Phone Sandy 0411 898 156 of 5408 7419**

*October 2017*

## VR GP REQUIRED – SUNSHINE COAST HINTERLAND

NAMBOUR MEDICAL CENTRE is a busy, long established, highly respected & privately owned Medical Centre situated midway between our stunning Sunshine Coast beaches & the beautiful hinterland towns of Maleny & Montville

We are seeking an additional VR GP Full Time or Part-Time to join our team of 9 Doctors

- Fully computerised (Best Practice) - Accredited - Modern, fully equipped treatment rooms with full time nurse support; professional and friendly administration staff
- Pathology & Allied Health facility next door Emphasis on quality care and teaching
- Great working environment and family friendly Mixed billing with No On Call
- DWS not available

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

**Please direct all CVs or enquiries to - [practicemanager@nambourmedical.com.au](mailto:practicemanager@nambourmedical.com.au) or Ph 07 5441 4033**

***It will be a pleasure to hear from you***

*September 2017*

## NAMBOUR CLINIC FAMILY MEDICINE – SEEKING GENERAL PRACTITIONER

- Well established, fully accredited GP owned family practices at Nambour, Woombye and Palmwoods.
- Fully computerised, modern medical centres with remote access.
- Excellent peer support and friendly staff.
- Fully equipped treatment rooms with full time nursing support.
- Spacious consulting rooms with windows
- Mixed billing
- Flexible working hours, full-time, part-time hours available.
- Check out our website at [www.nambourclinic.com.au](http://www.nambourclinic.com.au).
- No DWS

**For further information contact Rowena on 07 5441 1455, 0412 292 666 or email [admin@nambourclinic.com.au](mailto:admin@nambourclinic.com.au)**

*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](mailto:gbmedcentre@bigpond.com.au).**  
**(Afterhours on 0438 416 917)**  
*Continuing as per request.*

## SCLMA CLINICAL MEETING - 26 OCTOBER 2017

Maroochydore Surf Club Function Room

Dr Jonathan Robertson, Interventional Radiologist & Dr Chris Vernon, Urologist

Sponsors: Culpan, Boston Scientific and Penumbra Inc.



Left: Presenters Dr Jonathan Robertson & Dr Chris Vernon. Right: Dr Tony Gianduzzo, Dr Vince Flynn, Dr Ian Young & Dr Bruce Moore.



Dr Bel Zoughi with Dr Lisa Knesl



Dr Tamer Aly with Dr Gerri van Wyk



Above: Dr Wyn Lewis (Life Member), Dr Vince Flynn with Dr David Bleakley. Left: Our Sponsors from Culpan, Boston Scientific and Penumbra Inc.

