

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

### Dr Di Minuskin

*Well, the AGM is over for another year. After months of campaigning and knocking back challengers, just kidding, your committee has been elected. There are many experienced, or should that be weary faces, that you are familiar with, and also some "new blood". Thank you to the members who have elected me President for a further 12 months. It is an exciting time to be part of the committee with local, state and federal issues impacting on the provision of medical services. Pressure continues to be applied to the government in regard to the MBS Review and the Primary Health Care Review. I mentioned this last month, but it is worthy of a further discussion. The measure of worth when undertaking these reviews must be patient benefit, and not cost or volume. I would recommend reading the Primary Health Care Discussion paper, available on the Department of Health website. The AMA and RACGP submission papers will also provide an insight into the scope of this review.*

*A government initiative that was meant to simplify access to aged care services has been met with a less than enthusiastic response. "My Aged Care" has managed to complicate matters, while at the same time failing to reach the government's own standards for secure electronic messaging. Referrals for services that I could previously arrange in 2-3 steps, are taking 4-5 times longer. It has almost become an automatic response these days when I hear the words reform or review, that I order another ream or two of paper. The amount of time I spend filling in forms and doing care plans so patients can get their toe nails clipped etc, frustrates me. But the business model for general practice has become dependent on these items. Is this really the best use of a highly trained professional with thirty years experience?*


*This is not a new problem. When I researched this topic, I came across an article published in the Journal of General Internal Medicine in 1999. The issues covered in that article are just as relevant now as they were then. One interesting comment caught my eye in regard to the outcome of patients with chronic disease.*

*Patients who were "trained to be more effective eliciting information from their physicians had improvements in their functional status and glycosylated haemoglobin levels". I think the Primary Care and MBS reviews are important as long as the correct measures are applied. However, it might be a little like rearranging deckchairs on the Titanic unless we also engage the increasing number of patients with chronic disease, as active participants in their treatment and outcomes. This is a personal opinion and I do not pretend to have the health management skills to weave this into a solution. But hopefully those that are tasked with this enormous undertaking, will take some time to listen to the "grass roots" doctors.*



*Sadly, I will be away for the September meeting. I was very much looking forward to hearing the presentation from the SCHHS. I am heading over to New York to catch up with family and will attend the AMAQ conference whilst I am there. Dr Zappala has kindly invited me to participate in a session on health reform. He has asked me to speak on reform failures. I'll have to measure my words carefully. I have no desire to appear on "Border Patrol" because my name showed up on a "do not re-enter list"!!!! I enjoy my work despite the frustration that I think we all feel at times. It is the patients that make us laugh, sometimes cry and bring us home baked cakes for morning tea and photos of their grand-daughter's wedding, that keep us turning up to work each day.*

Best Wishes, Di Minuskin



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*The SCLMA thanks  
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distribution of the  
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## OCTOBER 2015 NLETTER Deadline Date will be FRIDAY 15 OCTOBER 2015

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

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

**Contact Jo: 5479 3979**

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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 September edition of the SCLMA newsletter.

*With politics at the forefront of everybody's mind, as of late, it would be difficult to start this column without mentioning the recent spiral of events. It seems that each time I leave my adopted homeland, Australia; I return to the confronting realisation that a new prime minister has been put in office. My most recent trip to Queenstown, accompanied by my fifteen year old daughter, saw the end of Tony Abbot.*

*With my trusty teen by my side we hit the slopes, taking advantage of the last spring snowfall that scattered the rocky terrain of the surrounding mountains. As most teens are, my daughter could not wait until we found the next McDonald's and "do you have any wifi....?" seemed to be at the end of her every sentence. Although for the brief moments that her phone wasn't glued in her hands, we actually did some good one on one bonding.*

*New Zealand- a country where rugby is religion and lamb is featured on every restaurant's menu entices me time and time again. This was our third skiing trip and as 'regulars' we have already established our favourite dining option however we could not pass up the classic, Fergburger.*

*Among the local and international community, Fergburger is a well-known satisfying option when you're craving a guilty pleasure. There is a wide selection of burgers catering for everybody's tastes, with the traditional Fergburger consisting of: prime New Zealand beef, lettuce, tomato, red onion, aioli & tomato relish (\$11.00). Or why not try Little Lamby-prime New Zealand lamb, mint jelly, lettuce, tomato, red onion, aioli & tomato relish. There is even a Bun Laden which has falafel patties dressed with lemon yoghurt and chipotle chilli sauce, lettuce, tomato, red onion, cucumber, avocado & aioli, which caters for the vegetarians amongst you.*

*And so enjoy this issue of the newsletter. Our regular medico-journos once again share their thoughts on topical issues some popular and others not so.*

*I leave you with a passing quote from a very inspirational current All Black, "It's nearly lunchtime, so I'm focusing on that. After lunch I'll think about tomorrow."*

*To all the other rugby teams in the world cup, I say to you, "Be Scared".*

*Kia ora*

*Marcel Knesl*

*mknesl@oceaniaoncology.com*



## HIGHLIGHTS in this issue:

P 5:	Kevin Hegarty - Health Service Link
P 6-7:	SCHHS - Service Transition Strategy
P 9:	Dr Chris Zappala - AMAQ President
P 10-11:	Dr Wayne Herdy - AMAQ Councillor
P 12:	GPLO - SCHHS Update
P 15:	Dr Peter Dobson, Board Chair PHN
P 17:	Ramsay Hospitals - Easy Access to Private Beds for GPs
P 19:	TSCPH - GP Admission & Referral Information
P 27:	Poole article - Springclean time
P 29:	Travel - Las Vegas
P 35:	Classifieds & meeting details.

**Note: Easy Access information for Ramsay and TSCPH will be uploaded to [www.sclma.com.au](http://www.sclma.com.au)**

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

### THURSDAY 22 OCTOBER 2015

Speakers: **SCUPH doctors**

**Topic: Cardiology Update**

Venue: Maroochydhore Surf Club.

Sponsor: Ramsay

### THURSDAY 26 NOVEMBER 2015

Dr Bev Powell & Dr Olivia Bigault - TBC

## ENQUIRIES:

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Email: jobo@squirrel.com.au

Clinical meetings are for current SCLMA members. Membership Applications are available at each meeting, in the newsletter and the SCLMA website.





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## HEALTH SERVICE LINK September 2015



### *The Future – detailed!*

The announcements contained in this year's state budget, that I detailed in July's *Health Service Link*, together with the Minister's visit to Nambour General Hospital (NGH) on 19 August 2015, have provided us with the level of certainty that is needed for us to finalise detailed planning for the commissioning of the Sunshine Coast Public University Hospital (SCPUH), together with the reconfigured services at NGH and Caloundra Health Service (CHS). This work is now occurring as a priority.

Our approach to the commissioning of SCPUH and the reconfiguration of CHS and NGH is underpinned by a four phased approach – Plan; Move; Settle and Grow. This will ensure that all required preparation occurs and will have as its central reference

point the maintenance of patient safety.

The changes at both CHS and NGH from late 2016 through to 2018 will also ensure that services are located in a way that best meets the overall needs of the community, whilst again also achieving this in a manner that maximises clinical safety and service sustainability. Both CHS and NGH will undergo redevelopments immediately post the opening of SCPUH in order to make them fit for purpose for their future roles.

The *Service Transition Strategy* plan on the following page provides a further level of detail on how each facility will change over the period until the end of 2018.

We are currently engaged in consultation with staff to ensure their input into the process that will be utilised to allocate work location post the opening of SCPUH is undertaken in a way that is fair, transparent and equitable, whilst also satisfying service needs. This consultation will be underpinned by ascertaining staff preferences, initially from NGH and CHS, given it is these two facilities that will be most significantly reconfigured post the opening of SCPUH.

Options to address existing staff preferences will be actioned prior to the commencement of recruitment of additional staff. We will have more positions than we currently have staff. This is an exciting time, and one that many across the organisation have worked hard over the last few years, in order to get to this point.

### *Well earned recognition*

Dr Rohan Grimley has been named the 2015 Stroke Care Champion by the National Stroke Foundation in partnership with the Stroke Society of Australasia. Rohan has not only led the enhancement of our stroke services but has provided leadership to service throughout Queensland as the Chair of the Queensland Stroke Clinical Network.

Our Palliative Care Service has also achieved national recognition as the inaugural Palliative Care Australia Outstanding Team Award recipient - a well-deserved award, earned by a true team that is always focused on the patient.

### *Kevin Hegarty*

Health Service Chief Executive

Sunshine Coast Hospital and Health Service

[Kevin.Hegarty@health.qld.gov.au](mailto:Kevin.Hegarty@health.qld.gov.au)



## Sunshine Coast Hospital and Health Service



This aerial photo supplied by Lendlease Building provide an update of the construction progress at the Sunshine Coast Public University Hospital.





# Sunshine Coast Hospital and Health Service Service Transition Strategy

## Phase 1 Plan

## Phase 2 Move (from November 2016)

## Phase 3 Settle

## Phase 4 Grow (2018)

Nambour General Hospital	Acute 425 bed regional hospital with level 4/5 specialty services plus ED beds.	Services development: neonates; paediatrics; maternity; mental health; master planning.	Level 3 facility with 129 beds: 85 overnight and same day, 44 mental health (plus 25 ED beds and endoscopy).	Transfer out new services to SCPUH; Refurbishment begins		Refurbishment completed during 2017/18; rehab transferred from CHS end 2017/18; rehab and sub-acute grow from 2018/19	Level 3 facility with 246 beds: 147 overnight and same day, 44 mental health, 55 rehab (plus 25 ED and endoscopy).* <i>* timing of service changes dependent on approval and completion of capital works</i>	
Caloundra Health Service	Level 3 facility (83 beds), 25 acute, 24 rehab, 24 same day, 10 palliative care.	Service development: Rehab (level 5); masterplanning; planning to procure GP walk-in clinic.	Level 3 facility 67 beds: 18 same day, 20 palliative care, 29 rehab beds, ophthalmology	Transfer of services to SCPUH (ED/acute)	Transition to integrated community hub, G.P. walk-in clinic, refurbishment commences	Transfer 29 rehab beds to NGH end 2017/18; refurbishment complete during 2017/18	Level 3 facility 38 beds: 18 same day, 20 palliative care, G.P. walk-in clinic, ophthalmology (plus community services e.g. child development from Maroochydore).*  <i>* timing of service changes dependent on approval and completion of capital works</i>	
Sunshine Coast Public University Hospital	Construction phase		Transitioning phase 	Nov 16 - Mar 17: Transfer in services from NGH and CHS	507 beds: 454 overnight beds, 53 same day beds (plus 61 ED beds)	Plan and commission New services - cardiothoracic surgery, neurosurgery Maintaining other level 6 services Prepare for commissioning stage 2	SCPUH Stage 2 602 beds: 544 overnight, 58 same day beds, (plus 61 ED beds), commence new tertiary services.	
All other hospitals	214 beds - 24 Maleny - 90 Gympie - 110 SCUPH - 20 Noosa		214 beds - 24 Maleny - 90 Gympie - 110 SCUPH - 20 Noosa			214 beds - 24 Maleny - 90 Gympie - 80 SCUPH - 20 Noosa  SCUPH reduction planning and implementation	June 2018 SCUPH contract finishes (transfer to SCPUH)	134 beds - 24 Maleny - 90 Gympie - 20 Noosa

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The Oceanside Health Hub and Kawana Health Campus is Australia's single largest investment in health infrastructure. The Sunshine Coast University Private Hospital, a Ramsay Health Care project, already provides 200 beds while The Sunshine Coast University Public Hospital (SCUPH), is well under construction and proposes to open in 2016 with 450 beds, expanding to an estimated 738 beds by 2021.

Consisting of four, architecturally designed floors built to Medical 9A standards and designed solely for health related tenants.

For an Information Memorandum on the project please contact Matthew Evans 0407 786 232.

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## AMA QUEENSLAND PRESIDENT'S REPORT

*Dr Chris Zappala*



Dear members,

Several weeks ago Medibank Private (MPL) and Calvary Healthcare reached an agreement in their contentious and ongoing contract dispute. The contracts in question included a flawed safety and quality clause, with Medibank citing 165 "highly preventable" events they would not pay for, including infections after a hospital procedure and falls that occur while in hospital. As if falls will ever be completely abolished?

As clinicians, we are aware that adverse events occasionally occur even with the highest standard of care. The attempts of MPL to stipulate quality controls based on flawed generalisations is divisive and mercenary, reflecting a clear indication that MPL's motivation is financial and not clinical. In this, they have the support of other health insurance funds.

Whilst we welcome an agreement between Medibank and Calvary, the decision to keep the terms of the new contract's quality clause private is one that creates uncertainty for patients, lacks transparency and sets a dangerous precedent for other negotiations between hospitals and private health insurers. With several other insurers indicating they would follow suit in their negotiations, interests of private health insurers and hospitals remain conflicting. Transparency in how private insurance works and what they pay for is critical to the system working well. A waning private sector influences the healthcare of everyone as the public system's burden increases.

In the Queensland public sector, Queensland Health advised earlier this year that it intends to introduce a set of Clinical Prioritisation Criteria (CPC) intended to help ensure access to transparent and equitable care. The CPC would include criteria for referrals, outpatient treatment and intervention and would be initially introduced for specialties with the highest volume of outpatient referrals.

Whilst the CPC are clearly well-intentioned, AMA Queensland remains concerned about how it would work in practice. At this stage, the implementation process and logistics remain unclear with the implementation by individual HHSs open to interpretation or amendment – remember HHSs are separate legal entities with self-governing boards.

AMA Queensland has expressed our concerns to Queensland Health and we commend them for their open consultation process. We share a common goal of ensuring an efficient health system for Queensland that provides patients with the best outcomes, and it is vital that any new criteria support this goal. The relationship between referrer and hospital should not be obscured or complicated. Above all, CPC should not be used to control waiting lists or deny access.

AMA Queensland is currently drafting a position statement in regards to the CPC which will influence our advocacy work in the coming months. We look forward to being part of the ongoing consultation process and hope to play an active role in the CPC's development.

If you have feedback or concerns about the CPC or about the role of private health insurers, I urge you to raise them with AMA Queensland via your regional councillor, craft group representative or by contacting me directly. It is absolutely vital our work is influenced by honest and ongoing member feedback, and I encourage you to play a role in the process.

Sincerely,

Dr Chris Zappala

AMA Queensland President



# WAYNE HERDY

## AMAA Councillor Report

### ARE WE READY FOR PLAIN SPEAKING?

At a recent meeting, one of my regular readers came up to me and told me that he enjoys reading my column because I speak plainly and forthrightly. Apart from the fact that I was flattered that anybody actually reads my column, I was surprised that my readers see me as a plain speaker. Compared with what is going through my mind at times, I always thought that my scribbles were relatively restrained and diplomatic. And this remark had me thinking about political correctness all the way home.

I am fascinated to see that a lead contender for the American presidency, Donald Trump, is being both lauded and condemned because he advocates an end to political correctness, a disease that he believes is killing his country. I believe that Donald Trump will never achieve residency in the White House because he speaks his mind too openly (a quality that has won him many admirers, but when it comes to the crunch, I think that the voters will still prefer a leader who is more tactful) and I am open to being proven wrong next year. But I do agree with his underlying sentiment that political correctness and obeisance to minority groups is killing American society, and equally killing Australian society.

Aussies had a hard-earned reputation as a larrikin culture, but now too many of our dominant culture are so fearful of offending, so precious about internal or international condemnation for not saying what is really on their minds. Whether we are talking about mosques or same-sex marriage or illegal immigrants, Aussie should man up and use plain speaking. We should not deliberately and meaninglessly offend, and we can still deliver up to minorities what is due to them. But we should not be afraid to call a spade a dirty old shovel.

### DOMESTIC VIOLENCE.

Within one week, Queensland witnessed three deaths from DV-related incidents. Hopefully this is a statistical spike rather than a trend.

It has highlighted the prevalence and severity of domestic violence in the modern world. What have we come to, when we have started killing those who we are biologically designed to protect?

From my ants-view perspective as an addiction-treating doctor, I cannot help but wonder how closely the changing pattern of DV is related to the upsurge in amphetamine use, the ice epidemic. Certainly past trends in DV have been closely related to alcohol, one of the drugs that notoriously inhibits frontal lobe behaviour.



The National Ice Taskforce is busily examining how methylamphetamine is changing the face of our society, and DV must come within their event horizon.

As doctors, we must all be alert to the signs of DV. It is not only a general practitioner problem; indeed sometimes GPs are too close to the problem to be able to see it clearly.

### ILLEGAL IMMIGRANTS AND REFUGEES.

The Syrian crisis has dominated the world news, at least in the huge problem of refugees swarming into Europe (if I can be forgiven for deliberately using the politically incorrect word swarm that landed the British PM in so much hot water). When so many people descend without preparation onto limited economies and hope to consume massive resources, the similarity to a predatory swarm cannot be overlooked.

What is critical for each country is a balance between the obligation that humans feel to care for other humans in distress and the obligation that countries have to care for the security of their own citizens. Security means not only financial security, not drawing too many resources away from public spending aimed at the indigenous taxpayers. It also means military security; all countries are paranoid about granting entry to undercover terrorists.

It also means cultural security, Australians are especially sensitive to the propensity for one minority ethnic group or religion to demand superiority over the dominant culture.

## WAYNE HERDY / cont:

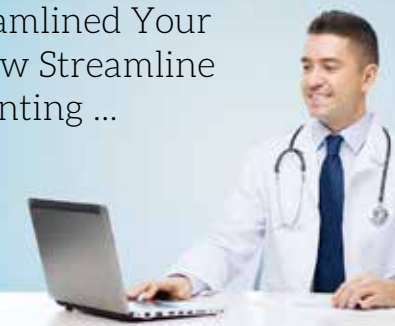
Australia is accepting 13,000 refugees, which is well within our capacity to absorb without harming our economy or our society. Some say the number is too small, others are concerned that the selection process will be overly discriminatory. But again asserting my doctors ants-eye view of the world, I express the view, sometimes not expressed loudly enough, that charity begins at home. We doctors should have no objection to accepting a moderate number of genuine refugees from a war-torn world, but let's not take our eyes off the ball in our own playing field. We have thousands of homeless native-born Australians sleeping rough every night, the homeless and derelict and marginalized and, regrettably, forgotten souls who call the street their home. By all means spend the taxpayers' dollar to provide safety and comfort to those whose lives have been destroyed through no choice of their own, but don't lose sight of those in our own back yards whose lives have been destroyed by poor choices of their own.

As always, the views herein remain those of your correspondent,

Wayne HERDY

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## GPLO SCHHS – UPDATE SEPTEMBER 2015

Dr Sandra Peters

Hello everyone,

First of all congratulations to Di Minuskin on being re-elected as President ; and to the committee members who also work so tirelessly on our behalf – thank you! You all do a fantastic job and I look forward to continuing to work with Di and the committee over the coming year.

### Communication between GPs and SCHHS is top of the agenda as always!

Here at SCHHS Dr Jeremy Long as Chair of the Clinical Council has supported the call for more focussed debate around the communication issues GPs commonly experience . There are many factors which impact on this “transfer of care” communication with GPs from an in and out patient perspective, including the administrative and clinical governance issues. Pleasingly the clinical leaders at SCHHS are ready to embrace the discussion in the search for solutions.

At a state level we seem to be creeping ever closer to external access to “The Viewer” for non Queensland Health employees. This is very exciting as it will allow us read only access through a portal to discharge summaries, pathology results, radiology results and medication management plans for our patients, not only from SCHHS hospitals but any public hospital in Queensland e.g. if they have presented elsewhere whilst holidaying or visiting family. Obviously there is some complex work do be done around patient consent and ensuring privacy considerations are met – but it is a huge step forward that there is a realisation that as GPs **we need access** to that information in order to continue to safely manage our patients. I am an eternal optimist and something of a Pollyanna so you will have to forgive me for my enthusiasm when progress is seemingly slow from the GP perspective ☺

I would like to take the opportunity to remind you that the next Ante-Natal Preferred Provider Workshop for GPs is being held on Saturday October 10<sup>th</sup> at Nambour Hospital. The workshop is accredited for 40 category 1 CPD points and is free of charge to GPs. The workshop is part of a regional programme developed initially by the GP/Obstetrician team at Mater Mothers and localised by the Department of Obstetrics at SCHHS Participants successfully completing the workshop are listed as preferred providers of ante-natal care on the SCHHS website, Mater Mothers website and Metro North HHS website

*This seminar will outline the GP antenatal shared care process on the Sunshine Coast and highlight best practice clinical guidelines.*

*Shared Maternity Care represents an opportunity to practise collaborative holistic obstetric care by combining the varied skills of Midwife, General Practitioner and Obstetrician to the benefit of the community, and mutual understanding between colleagues.*

### Learning Outcomes:

- Understand and apply best practice guidelines in the diagnostic assessment of antenatal patients.
- Review and understand the locally available models of care in pregnancy.
- Understand diagnosis and treatment of hypertensive disorders and other complex needs in pregnancy.
- Review the application of guidelines for exercise/weight management/travel/work in pregnancy

Royal Australian College of General Practitioners (RACGP): Approved by the RACGP QI&CPD program for the 2014-16 triennium. Total CPD points: 40 (Category 1). Activity no.: 18307

PLEASE NOTE: this event is a repeat of the event held on 7/3/15. Your attendance is not required if you completed the March event.

**Feedback from the inaugural workshop in March was very positive and the team from the Department of Obstetrics look forward to welcoming you. To register please visit**

<http://professionals.phncountrytocoast.org.au/events/phn-education-training>

Thanks for reading to the end! Have a great month!

Dr Sandra Peters

[Sandra.peters@health.qld.gov.au](mailto:Sandra.peters@health.qld.gov.au)

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## Noosa Hospital VRGPs required Full time/Part time / Casual

### About the Job:

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- Monday to Friday 3pm – 11pm;
- Saturday, Sunday and Public Holidays 11am – 11pm (there can be some flexibility with shifts).

Supported by on call VMO's and ICU residents, you will be responsible for providing medical management and care for a wide range of hospital in-patients. Duties include general ward call, patient admissions, medication management, and acute patient reviews, initiate/ follow up on test results, liaison with VMO. This is a great opportunity to use your clinical assessment and diagnostic skills within a supportive, collegial environment.

The medical officer roster operates 24 hours a day, 7 days a week with a combination of onsite and on-call services. This includes, Staff Specialists and doctors in training.

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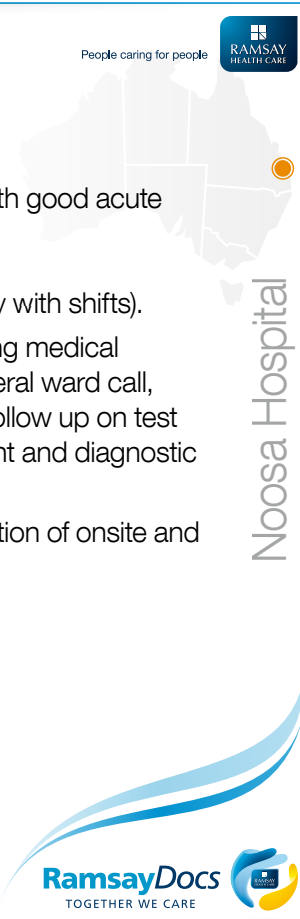
- General or specialist registration with AHPRA
- A minimum of 3 years Australian clinical experience.
- You must be able to cannulate and have advanced adult resuscitation skills.

Only candidates who meet this criterion to apply.

### For further information, please contact:

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## Dr Peter Dobson, Board Chair, Central Queensland, Wide Bay, Sunshine Coast PHN



Submissions closed this month to the Primary Health Care Advisory Group (PHCAG) on options for health care reform, particularly for people with chronic and complex health conditions.

The Medicare system has served us well for several decades, contributing to one of the highest standards of health in the world. But can we afford to maintain this standard of health care as our costs increase?

We've all been told over and over again that our current health system is unsustainable. Our ageing population – something particularly relevant to us here on the Coast – means we have a growing cohort of patients with increasingly complex health needs, coexisting within the limitations of a finite health budget. One of the catchphrases that we often hear in primary care is ensuring that communities can access “the right care, in the right place, at the right time.”

### The Right Care

Advances in technology, combined with community expectation of a health system that can extend life well beyond anything we've experienced in human history, means that a significant portion of a patient's lifetime health cost is concentrated into a very short window at the end of their life. At the same time, we continue to see a rise in patients with chronic conditions such as cancer, respiratory disease, heart disease, diabetes and mental illness.

2012-13 data from the National Health Performance Authority showed that of the 300,000 residents in the Sunshine Coast and Gympie region, 15.4%, or around 46,000 people, visit their GP more than 12 times a year. These high users have the demographic profile you would expect – they are older, have multiple chronic conditions, are more likely to come from a disadvantaged background and are less likely to have private health insurance.

However, even with these comorbidities, primary care – particularly GP care – is still an affordable way to care for these patients. Total annual non-hospital MBS expenditure for these highest users (those with over 12 visits per year) still only costs around \$2560, with well over half of that cost in the form of GP attendances and pathology and diagnostic imaging. When compared to the average cost of a single hospital admission for heart failure or chronic obstructive pulmonary disease without any other complications – around \$5,500 or equal to more than 100 general practice consultations – primary care still offers pretty good bang for the taxpayer's buck.

### In the Right Place

One of the challenges that general practitioners face is managing patients with chronic and complex care needs. We often see these patients move swiftly into the secondary care system – perhaps more quickly than would be ideal – simply because GPs may not have the support to manage them within their practice.

By ensuring that GPs have access to the resources and skills, along with coordinated care and team-based care options, patients can be managed within the primary care system, while maintaining successful health outcomes.

### At the Right Time

“...nearly a quarter (23%) of people who visited an emergency department in 2012–13 felt their care could have been provided by a general practitioner.” (NHPA, *Healthy Communities, Frequent GP Attenders*)

It is interesting to note that while high GP attenders (those with more than 12 visits per year) are admitted to hospital significantly more frequently than low GP attenders – unsurprising, considering these are largely older, unwell people – the emergency department attendances of this group is actually only slightly above average. High GP attenders are more likely to only go to the emergency department for actual emergencies; while people who didn't visit a GP at all in the period studied were more likely than average to attend the emergency department for an issue that could have been managed by a GP.

To some degree, patients must take responsibility for seeking the right care provider. While improved access to after hours GP services is an important part of the mix, along with initiatives to reduce avoidable ED admissions; it seems likely that health literacy, increased education and communication with the community about seeking appropriate care options should also be considered.

The solutions to these complex challenges won't be straightforward, and they require input across the spectrum of primary, secondary, tertiary and community care providers, along with a focus on patient participation, equity in access to health services and culturally appropriate care.

We are also likely to see increased focus on data collection and quality improvement. As the health budget is stretched, and we are required to do more with less, we should expect a greater emphasis on patient outcomes data, and demonstrating increased efficiencies.

Technology will undoubtedly play an important role in improving access and reducing costs, and we as health professionals will need to embrace the new platforms that we will inevitably face in the near future.

*NHPA 2015. Healthy communities: Frequent GP attenders and their use of health services in 2012–13*





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### Noosa Hospital Emergency

GP only urgent admissions hotline - 5455 9591  
General enquiries - 5455 9381

### Noosa Hospital Private Patient admissions

Noosa specialists - see Ezifind or  
[www.noosahospital.com.au/Our%20Doctors/Specialists](http://www.noosahospital.com.au/Our%20Doctors/Specialists)  
**(FOR URGENT ADMISSIONS PLEASE CONTACT EMERGENCY - 5455 9591)**  
Noosa Hospital is currently reviewing its processes to streamline admission and will update GPs on this in the near future.

### Caloundra Clinic (mental health)

GP EziAccess hotline - 5492 0277  
See our Ezifind or website for specialist listings:  
[www.caloundraprivateclinic.com.au/Our-Specialists](http://www.caloundraprivateclinic.com.au/Our-Specialists)

### Nambour Selangor Private Hospital (medical, surgical, rehab)

GP EziAccess hotline - 5459 7461  
Please see our Ezifind for the latest list of Visiting Medical Officers or visit:  
[www.nambourselangorprivate.com.au/Our-Specialists](http://www.nambourselangorprivate.com.au/Our-Specialists)

### Sunshine Coast University Private Hospital (medical, surgical)

Based on feedback received from GPs, Sunshine Coast University Private Hospital is in the process of creating a 1800 hotline for GPs. We look forward to providing you with this number to access our GP only EziAccess service for your private patients in the next few months.

Surgical admissions - via specialist  
Medical admissions - via specialist  
Please see our Ezifind for latest list of Visiting Medical Officers or visit:  
[www.sunshinecoastuniversityprivate.com.au/Our-Specialists](http://www.sunshinecoastuniversityprivate.com.au/Our-Specialists)



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## GP Admission and Referral Information



### Acute admissions - 5430 3314

For acute admissions, phone the Hospital Coordinator on **5430 3314**

- To assess the bed situation
- To assess the appropriateness of the admission
- To assess VMP availability to accept admission

If admission appropriate and bed available and VMP accepts admission, the patient can then be sent directly to main reception at the hospital. The GP practice must notify the hospital coordinator that the VMP has accepted care of the patient so the appropriate bed can be held.



### Buderim Heart Centre admissions - 1300 675 897

For Buderim Heart Centre admissions, phone **1300 675 897** where you will speak to an ICU RMO who will assist with patient assessment and organising admission directly to the hospital.



### Breast Clinic referrals - 5452 0500

For Breast Clinic referrals, phone **5452 0500**. Referral forms can be downloaded from the website at [sunshinecoasthospital.com.au/breastclinic](http://sunshinecoasthospital.com.au/breastclinic).



### Acute Mental Health referrals - 1300 780 413

For acute mental health referrals, visit [sunshinecoasthospital.com.au/doctorsearch](http://sunshinecoasthospital.com.au/doctorsearch) to access your preferred credentialed consultant psychiatrist's details and forward the patient referral directly. For general enquiries, phone the Cooina Mental Health Service on **1300 780 413**.

### Important information required at the time of the initial enquiry

- Patients' full name and date of birth
- Diagnosis
- Brief history, including comorbidities that may impact nursing care
- Health fund details

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### Noosa

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MBBS FRANZCP -  
Director Psychiatry

ph: 5492 0221

fx: 5492 0279

Admitting Psychiatrist - adult general  
psychiatry and old age psychiatry.



## Dr Andrea Boros-Lavack

MD, FRANZCP - Psychiatrist

ph: 5492 0288

fx: 5491 0405

Admitting Psychiatrist - general adult  
psychiatry and all psychiatric disorders.



## Dr Wendy Bourke

MBBS, FRANZCP, Diploma of  
Psychological Medicine (Qld) - Psychiatrist

ph: 5492 0221

fx: 5492 0279

Admitting Psychiatrist - general adult  
psychiatry.



## Dr Peter Clark

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MBBS FRANZCP - Psychiatrist

ph: 5492 0221

fx: 5492 0279

Admitting Psychiatrist - mood and  
anxiety disorders, psychosis, dual  
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intellectual disability), substance related  
disorders and medicolegal matters.



## Dr Marion Drennan

RANZCP - Psychiatrist

ph: 5492 0221

fx: 5492 0279

Admitting Psychiatrist - has a back-  
ground in general practice and family  
planning with a long-standing interest  
in working in Aboriginal communities.  
Senior lecturer for the University of  
Queensland. Dr Drennan sees patients  
aged 18 years and over for a wide  
range of psychiatric disorders and  
performs ECT.



## Dr Charis Gauvin

RANZCP - Psychiatrist

ph: 5492 0221

fx: 5492 0279

Admitting Psychiatrist - has advanced  
dual certificates in Child & Adolescent  
psychiatry and psychotherapy and has  
also undertaken additional studies in  
Family therapy, infant mental health  
and Parallel Parent Child Narrative.  
She has a strong interest in working  
holistically with young people and their  
families.



## Dr Mohamed Milad

MBBS, FRANZCP, MRC PSYCH (UK) -  
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# Lateral Patellar Dislocation

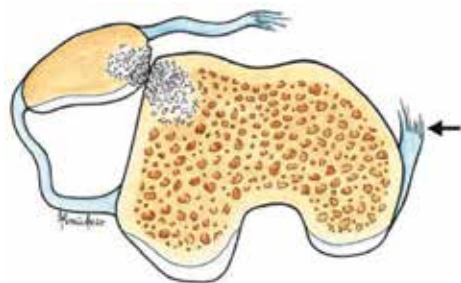
**Clinical history:** A 19 year-old male with acute knee injury and knee instability presents for MR imaging. Ultrasound revealed joint effusion. FSPD axial and sagittal images are provided. Lateral radiograph of the knee of the patient is also provided.

## Findings

MR of the knee reveals ill-margined contusions in the anterolateral femoral condyle and the medial patellar facet. There is also osteochondral injury in the medial patellar facet and the anterolateral aspect of the femur. An osteochondral fragment is seen posteroinferior to the patella. Also a high grade tear of the patella attachment of medial patellofemoral ligament is seen with lateral patellar tilt and subluxation.

There is evidence of trochlear dysplasia with the medial patellar facet less than 40% of the lateral patellar facet.

## Diagnosis



Lateral patellar dislocation due to underlying trochlear dysplasia with associated osteochondral injuries.

## Discussion

First-time patellar dislocation typically occurs with twisting knee motions, during which the medial ligamentous stabilizers rupture, and the patella strikes against the lateral femoral condyle. The typical injury pattern is a tear of the medial patellofemoral ligament (MPFL) and bone bruises of the patella and the lateral femoral condyle. Additionally, complex injuries to bone, cartilage, and ligaments may occur.

The ensuing loss of medial restraint favors future patellar dislocations, especially if additional risk factors are present.

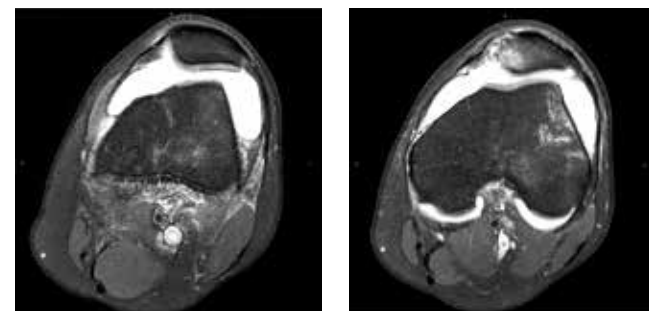
Recurrent patellar dislocations usually occur in individuals with anatomic variants of the patellar stabilizers, such as trochlear dysplasia, patella alta, and lateralization of



the tibial tuberosity. Magnetic resonance (MR) imaging is reliable in identifying risk factors for chronic patellar instability and in assessing knee joint damage associated with patellar dislocation. MR imaging can thus provide important information for individually tailored treatment.

## Treatment

Patients with primary patellar dislocation without severe internal derangement who lack major risk factors can be treated conservatively. Patients with pronounced ligamentous tears or large osteochondral lesions require



prompt surgery. In addition, surgical correction of anatomic variants will help reduce the potential for chronic instability. The most common procedures, in addition to MPFL reconstruction, include trochleoplasty, medialization of the tibial tuberosity, and medial capsular plication. For comprehensive assessment of patellar dislocation, MRI of the knee is the investigation of choice.

# KNEE PAIN & PHYSIOTHERAPY



Andrew Duff (Pictured left at the 2014 Sochi Paralympics) has been working with both national and international level athletes since graduating with a Bachelor of Physiotherapy in 2004 & a Post Graduate Diploma in Manipulative Physiotherapy in 2009. Throughout this time he has worked with NZ Youth Olympic, Winter Olympic & Paralympic athletes. Andrew enjoys working with and supporting his patients to achieve their goals, applying his extensive knowledge and experience in musculoskeletal physiotherapy and injury prevention to fully rehabilitate patient injuries and develop and strengthen performance in their selected area.

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Andrew is based in Sippy Downs & Caloundra  
For more information visit us online or, call Sippy Downs on: 5373 0700  
& Caloundra on: 5437 2679



## Sports & Spinal are now on Best Practice!

Sports & Spinal now have a referral template on Best Practice (BP). This new referral template means that all Physiotherapy, Exercise Physiology, Podiatry & Remedial Massage patients can be referred to us via this template on BP.



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# MEDICAL MOTORING

with Dr Clive Fraser

**“King of the Mountain”**

**2015 Bathurst 1000**

October is the time of year for some great sporting events.

There are grand finals in the NRL and the AFL, but for those who prefer motorized competition there is also the Supercheap Auto Bathurst 1000 on Sunday October 11th.

As 2016 will see the end of Australian automotive manufacturing, it will be interesting to see how the religious fundamentalism that exists amongst the supporters of Ford and Holden plays out over the next few years.

But I think the Bathurst race has enough momentum to go on long after the demise of locally produced cars.

As this year's race approached I thought I'd take the 200 kilometre pilgrimage from Sydney to the Bathurst motoring Mecca.

The biblical analogies are everywhere with visitors approaching Bathurst on The Great Western Highway from the east directed to the mount as you approach the town, Mount Panorama that is.

A left turn at William Street takes you straight past the Charles Sturt University on to Murray's Corner and Pit Straight.

At that point you are actually on the real Bathurst race track.

My instructions were to only tackle the track in an anti-clockwise direction.

That was good advice because even though it is a two-way suburban road no one seems to go the other way around.

Even the large number of pedestrians out for a stroll on a Sunday afternoon all seemed to be only going one way.

Besides, I'd studiously watched every race from beginning to end for decades and I must have watched thousands of laps by now, all anti-clockwise.



Recently re-surfaced, the bitumen is in beautiful condition and I didn't see a lot of burnt rubber on the road unlike many secluded streets near my house where hooners practise their burn-outs.

60 km/h is absolutely the speed limit for the next 6.2 kilometres as the track wanders past houses, sporting clubs and even a vineyard.

For years my only view of the track has been straight ahead at anything up to 300 km/h so it was a real change to see normal suburban houses on either side.

And whilst I was tackling the track in a Korean hire car there was no shortage of Mustangs, Commodores and V8 utes in hot pursuit.

I couldn't help smiling as I headed up Mountain Straight behind an old Escort panel van as I watched the driver ahead of me swerve from side to side as he warmed up his tyres on the track.

Driver etiquette obliges you not to ever over-take anyone on your Sunday circuit lest the pedal goes to the metal and an impromptu race begins.

As of 2014 the V8 Supercar Bathurst lap record is set at 2.07.4812 achieved by Paul Dumbrell in a VE Commodore, eight seconds faster than the fastest ever lap by a motorcycle.

# MEDICAL MOTORING / cont:

with Dr Clive Fraser

A Formula One vehicle did circuit the track in 1.48.88 in 2011, but no "car" of any description has ever come around the track in under two minutes.

To do so would see an average speed of 186 km/h on the straights and around the 23 bends.

My lap time was a shade under 15 minutes with plenty of time to stop and take a few photos.

Real estate fronting the track seemed quite affordable with a house on an acre worth about \$600,000.

Mount Panorama, Bathurst, it seemed like a nice neighbourhood.

Maybe I might even move there!

Safe motoring,

Doctor Clive Fraser

doctorclivefraser@hotmail.com



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### AMA CONGRATULATES MALCOLM TURNBULL ON ELECTION AS PRIME MINISTER

The AMA congratulates Malcolm Turnbull on his election last night as Leader of the Liberal Party and Prime Minister, and looks forward to a fresh approach to building a strong health system to serve the Australian people.

AMA President, Professor Brian Owler, said that health must be a priority for the new Prime Minister and Cabinet.

“Poor health policy plagued the Coalition following the 2014 Budget, and the Government has struggled to fully recover,” Professor Owler said.

“The ill-fated GP co-payment and the scrapping of public hospital funding to the States severely damaged the Government’s health policy credentials.

“The management of the Health portfolio has improved, but there is still so much to be done to strengthen the health system to meet the needs of a growing and ageing population.

“The first task is to lift the freeze on Medicare patient rebates.

“Other priorities include a genuine, transparent consultative approach to the Medicare Benefits Schedule (MBS) Reviews; the restoration of public hospital funding; a review of the private health insurance system; significant new investment in general practice; and coordinated medical workforce planning.

“The AMA is keen to work with Prime Minister Turnbull on practical solutions to the challenges facing the Australian health system,” Professor Owler said.

The AMA acknowledges the contributions of Tony Abbott as Prime Minister, especially his decision to step in and put an end to the plans for GP co-payments, and his personal commitment to Indigenous health.

15 September 2015

CONTACT: John Flannery 02 6270 5477 / 0419 494 761  
Odette Visser 02 6270 5412 / 0427 209 753

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## It's time to Spring Clean, Go Lean and Mean!



Life sure is busy in society today. If you aren't emailing, texting or talking to someone at least 30 times a day then you might just not be normal. I personally look forward to peace and quiet at some point during the day, without the constant email & phone stalking. That awkward sound of the phone drawing my attention away from what I am doing or ringing at the most inopportune moment.

Below are a list of suggestions to help both in your professional and personal lives to free up your time and money, so that instead of being caught up in useless “fluff stuff” you are making the best use of your time and life.

- Back up your devices to one central point. This will save time if you lose a device and save your sanity.
- Organise and clear your emails regularly. File the emails in folders or create a to do list of emails to clear. If you need an email reminder a useful tool is to send the email to yourself but delay the delivery (in email options) to arrive to you at a certain time.
- Have the one Calendar for work and personal, no double ups.
- Don't just delete spam emails, BLOCK and/or UNSUBSCRIBE, this way they won't ever come back.
- Facebook and Linked in can be valuable tools to connect for business but use them wisely.
- When you are working on a task, focus on that task alone, don't let a vibrating phone interrupt. This can be for work or when you are spending time with family and friends, focus your time for quality & quantity.
- Limit the games you play on your smart phone or limit the number you play. I regularly delete games or useless apps on my phone and tablet.
- Put your devices on “do not disturb” whilst you are sleeping or at work.
- Work offline so you don't get those annoying pop up emails “Mail”
- Do a cleanup of your house or office at work, at least once a year. If you haven't worn it in the last 12 months or used it in the last 5 years forget it.
- Sell useless items on Ebay or Gumtree and make yourself some money.
- Have a review performed on all of your insurances, car, house, health, life, income protection.
- Look at your super, you can't retire on it if you haven't nurtured it and made the best out of what you have. Gardens don't grow without water.
- Do a project at home or work you have been procrastinating about, paint the house or repair broken lights.
- Review your loans and credit cards with the banks. Keep them on their toes and giving you the best rates. Close unused accounts or condense your accounts down as much as possible.
- Clean out files at home, shred or scan and setup a future system.
- Move furniture around at both work and home to give these spaces a new feel.
- Do your tax returns. Setup a central area to keep all of your tax and financial records.
- Complete your Wills. May your wishes known. Look after your legacy.

If you can start to implement some of these strategies you may just free up some of your time to enjoy yourself and those around you. You may earn some money on those useless items that have been lying around for year. With this money plan and book a holiday to reward yourself.

We all constantly walk around saying “I'll do that when I get time”. The only way to get the time is to actively seek it out. Do yourself a favour, have a Spring Clean of your life and declutter. Life is too short to spend it procrastinating.

Get it done and go outdoors and live! Enjoy.

Kerri Welsh, Manager Poole Group Phone 07 5437 9900.



## Australian Medical Association Limited

ABN 37 008 426 793

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



### GOVERNMENT UNDERMINES MBS REVIEW WITH ATTACK ON MEDICARE AND INTEGRITY OF DOCTORS

AMA President, Professor Brian Owler, said today that the Government has undermined its own Review of the Medicare Benefits Schedule (MBS) by launching a political attack on Medicare and the integrity of doctors.

Professor Owler said the AMA had been very supportive of an MBS Review process that was clinician-led, and which had no preconceptions about the use or misuse of medical services, but Health Minister Ley has overnight launched an attack on the medical profession.

“We are deeply disappointed that the Government has launched an attack on Medicare and the integrity of doctors in its rush to cut health funding and services,” Professor Owler said.

“The Prime Minister and the Health Minister have today lost the goodwill and support of the medical profession in our shared goal of a modern MBS, which means reviewing items, removing those that are no longer used in practice, and introducing new items to provide patient rebates for modern medical practice.

“Instead, the Government has revealed its true intentions to cut health services and cut health funding – and publicly attack the medical profession.

“It is outrageous for the Minister to claim that doctors would deliberately conduct tests only for financial gain and without consideration of what is best for the patient. This is a slur on all doctors.

“It is not acceptable for the Minister to tell us one thing in private, then go in a different direction with her public comments.

“Rather than continue with a Review based on consultation with clinicians, the Minister has now chosen to follow a consumer-driven process, which will endanger the trust and respect of the doctor-patient relationship – the foundation of quality health care.

“And it is wrong for the Minister to push responsibility for the new direction of the MBS Review on to the members of the Taskforce – this is totally the responsibility of the Government.”

For the Review to be clinician-led and the MBS to support quality patient care, there must be:

- a clear and overarching vision and specific direction for the Australian healthcare system to guide the final outcomes of the reviews;
- specific and quantifiable aims;
- the direct involvement of specialist colleges, associations and societies;
- full transparency of the individual reviews as they progress and the decisions that will come from them; and
- new items are able to be added to the MBS.

27 September 2015

CONTACT: John Flannery 02 6270 5477 / 0419 494 761

## Las Vegas- The City that Never Sleeps

The City of Las Vegas is all about the stuff that wild dreams are made of! This is one resort town that never ceases to enthrall your spirit with its buzzing, highly contagious energy, and riveting excitement. It is synonymous to 24-hour casinos, scintillating nightlife, fine dining, museums, visual and performing arts centres, and shopping. From historical, educational and inspirational to mind-numbingly crazy, adrenaline-kicking and downright badass- Las Vegas has it all! No wonder it is famously touted as ‘The Entertainment Capital of The World’.

### Las Vegas in all its nocturnal glory

The hyper-energetic nightlife of Vegas does not wind up at the break of dawn but goes on and on 24x7x365. Pool clubs, ritzy bars, night clubs, adult entertainment clubs, casinos for the lady-luck chasing gambler, and much more, this city lives life on the high lane and that too in utmost flamboyance.

### Fun beyond Casinos

- Driving through the scenic Red Rock Canyon on luxury cars like Ferrari, Lamborghini or Audi is any auto enthusiast's dream.
- Head to the Bodies...The Exhibition for a unique educational visual treat of whole-body as well as partial-body specimens and innumerable organs.
- Bellagio Gallery of Fine Art houses a delightful, eclectic collection of art and articles from different parts of the world as well as surreal bronze statues by the famous Richard MacDonald.
- Ethel M Chocolate Factory – where all those delectable chocolates come from - is one attraction even the adults can't say no to!
- Madame Tussauds Wax Museum presents a stunning army of impeccable wax figures of the world's most renowned personalities.
- Las Vegas offers tons of museums pertaining to history, nature, culture, and innovation. Natural history Museum, Mob Museum, Marjorie Barrick Museum, Lost City Museum, National Atomic Testing Museum, Nevada State Railroad Museum, Titanic- the Artefact Exhibition and Pinball Hall of Fame are but mere handful of Vegas' prized possessions.

### What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of the enchanting Las Vegas.

- *Limo tour of the Las Vegas Strip and visit to the Wynn Las Vegas Casino for adults.*
- *Ride on the High Roller – the largest observation wheel in the world at The LINQ.*
- *Trip to the Auto Collections at The LINQ displaying hundreds of heart-pounding, adrenaline-pumping muscle cars, racing cars, and many more.*
- *Adventurous activities like indoor skydiving, Sky Combat Ace tour, special opportunity to experience the thrill of driving a NASCAR race car on a real race track- Las Vegas Motor Speedway, and trip to the Adventuredome.*
- *Tour of Ethel M Chocolate Factory, the Botanical Cactus Gardens and the P3 Studio at the Cosmopolitan.*
- *Guided tours to the Grand Canyon, Zion National Park, Lake Mead, the Valley of Fire and the Hot Springs. Trip to the Sobe Ice Arena upon demand.*
- *Visit to Madame Tussauds Wax Museum and shows at Cirque du Soleil.*



**Hurry! Come to Las Vegas and get lost in this land of wonder and no-holds-barred entertainment! Great deals on flights at the moment. If you are looking for a tour then consider America's National Parks & Northern California in July 2016 with me.**

**123 Travel Shop 5/56 Burnett St Buderim.**

SCLMA WEBSITE - MEMBER DIRECTORY

www.sclma.com.au



SAMPLE:

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

YOUR DETAILS

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

(Title) (First Name) (Surname)

Name of Practice

Address:

Suburb: P/C

Phone: Fax:

Email:

Website:

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

Special Interests:

Signed: Date:

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

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)

NAME	Surname:	First Name:
EMAIL:		
PRACTICE ADDRESS: This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.		
	Practice/Building	
	Street:	
	Suburb:	Postcode:
	Phone:	Fax:
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	\$ 55.00	Your Monthly Invitation
Doctor spouse of full-time ordinary member	\$ 22.00	By Email?
Absentee or non-resident doctors	\$ 22.00	By Courier?
Part-time ordinary members (less than 10 hours per week)	\$ 22.00	By Post?
Non-practising ordinary members, under 60 years old	\$ 22.00	Your Monthly Newsletter
Residents & Doctors in Training	Free	By Email?
Non-practising ordinary members, over 60 years old	Free	By Courier?
Patron and honorary members	Free	By Post?
Payment can be made by cheque payable to SCLMA or by direct debit to the 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		
Please note: Membership applications will be considered at the next Management Committee meeting.		



**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 23 JULY 2015  
The Lakehouse, Freshwater Street, Mountain Creek  
MINUTES  
(Accepted at Committee meeting 27 August 2015)**

**Attendance:** Drs Di Minuskin, Jeremy Long, Scott Masters, Scott Phipps, Jenny Grew, Peter Ruscoe, Kirsten Hoyle, Wayne Herdy, Jo Bourke (Observer)

**Apologies:** Drs Rob Ingham, Mason Stevenson, Marcel Knesl and Nigel Sommerfeld.

**Minutes of last meeting:** 25 June 2015 (To be accepted). Moved: Peter Ruscoe. Seconded: Jeremy Long. Carried.

**Business arising from Minutes:**

National Bowel Cancer Screening Program issue high priority for discussion at next AMAQ meeting.

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

Dr Rob Ingham and I attended the GP Council meeting at the new PHN Country to Coast this week. The meeting was well attended with representatives from primary care, the SCHHS, the PHN and the private health sector.

Two main items for the agenda were discussed.

1. Firstly, a possible solution to the issue of accessing results was presented. Basically a central holding system for pathology/radiology results with various levels of security to ensure confidentiality. This led onto discussions in regard to the progress in the development of the electronic medical record within QH. Pleased to hear that progress has been made in this matter.
2. The second and very important subject was discussion around the forming of a Clinical Council for primary care that would report to the Board of the PHN. There would then be avenues for liaison with the SCHHS Clinical Council. It was revealed that in the two other regions within the PHN boundaries, the primary care Clinical Council and the hospital Clinical Council would be a single entity. Further discussion was had as to the barriers and benefits of having a single council locally.

Some discussion about the various projects underway to lessen the clinical load on the hospital service and QAS etc. Need to examine the capacity of general practice to absorb the extra work. Look forward to hearing from Dr Zoltan Bourne on statistics in this regard.

**Vice President's Report :** Dr Rob Ingham – Apology (Report tabled)

I will not be attending the meeting tomorrow evening and wished to comment on AMAQ new President Dr Chris Zappala's request for closer association with LMAs. I believe closer communication with our respective bodies can only be beneficial.

- I view this request with some suspicion. The richness of the LMA membership has long been the envy of AMAQ. I wonder if membership drive is not partially behind this. If there has been criticism of our association over the last few decades it is that we have been "too political" never that we have been "not political enough". Our association charter is educational, social and dealing with local issues. Thus this new connexion is really new to our aims and may be a decision to take to the whole membership.
- As clarification, I did enjoy my 9 years on AMAQ council and have nothing but good things to say about AMAQ at that time. However, I am no longer a member of the AMA, instead being affiliated with the RACGP.

Re bowel screen debate, I have had two occasions in the last two weeks where information of results has been lost. I feel it very important to tighten the process up and put it in the hands of general practice.

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

**Correspondence In:**

- Mike Hefferan, USC – re meeting re health precinct proposal for SCPUH
- Chris Zappala, AMAQ President re closer association with LMA

**Correspondence Out:**

- Di Minuskin – reply to Mike Hefferan, USC – re possible meeting.

**Business arising from Correspondence: Nil**

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

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

- Australia Post – Account June 2015
- Jo Bourke – Secretariat June 2015
- Office National – Account June 2015
- Snap Printing – July 2015 invites
- Snap Printing – July 2015 newsletter
- Jo Bourke – July 2015 newsletter
- Jo Bourke – Adobe CC subscription June 2015
- C Hawkins – Assist Secretariat May 2015
- ATO – BAS Qtr 4 (April-June 2015)

Moved: Peter Ruscoe Seconded: Jeremy Long. Carried.

**(b) Membership Report.**

- Dr Kim Bulwinkel (Orthopaedic Surgeon, SCUPH)
- Dr Karl Symonds (GP, Bundilla)
- Dr Cassandra Wys (GP)
- Dr Daevyd Rodda (Orthopaedic Surgeon)

Moved: Peter Ruscoe Seconded: Jeremy Long. Carried.

**SCLMA COMMITTEE MEETING 23 JULY 2015  
MINUTES / cont:**

**AMAA Councillor's Report: Dr Wayne Herdy**

Largely working under the radar of late.

- Re AMAQ relationship with LMA – email corresp tabled as Report. The drive to create a closer link between AMAQ and LMA came mostly from me. The aim is to allow areas elsewhere in Queensland to benefit from an LMA presence. Some areas (e.g., Toowoomba) used to have a thriving LMA but it has almost expired. Others (especially Cairns) want one but nobody has pulled enough of the ducks into line to make it happen. David Molloy and Zelle Hodge as AMAQ Presidents used to conduct a monthly LMA Presidents teleconference which was a very uniting experience, especially for those outside the SEQ corner. We were surprised at the number of LMAs that existed at least in name, although few had formal meetings.
- My experience with SCLMA and Redcliffe showed me that LMAs have a valuable role, especially with isolated doctors who are not AMA members. I have little faith in RACGP and in any case it misses the specialists and most hospital doctors. Don't be suspicious of AMAQ. I am trying to persuade them to use their secretarial services to communicate with the smaller and barely-existent LMAs. There is a potential membership benefit for them, although they in fact don't see it. I have struggled to get them to take any interest. If the SCLMA engages with AMAQ as an affiliate organisation (and I have always emphasised that AMA will never be a parent organisation), it will improve our communications and information sources but have relatively little impact on us. However, if the AMAQ can see in SCLMA and Redcliffe what we can see, then they will be motivated to assist the other LMAs to assist their potential. That can have a massive impact on unification of all doctors in other parts of Queensland.

**Meetings Convenor Report: Dr Scott Masters**

- Christmas in August function all set to go – menu looks good (and NO big screen for the Bledisloe Cup game!)
- SCUPH/Ramsay Health Care set to sponsor October meeting. Consider extending invitation to AMAQ to speak briefly at this meeting.

**Hospital Liaison Report: Dr Jeremy Long**

- Budget announced for the new hospital; allocation and practicalities of ramping up services is underway. Private out-sourcing not pursued with pathology, radiology and others remaining public. Still awaiting agreement regarding the funding of medical student placements.
- Nambour General Hospital will go through a ramp down/ramp up process and undergo refurbishment. Some services, such as cancer services, will remain.

**PHN Country to Coast Report: Peter Dobson – Apology**

- Di to approach PHN Country to Coast CEO to invite/confirm PHN representative to attend monthly SCLMA meetings.

**General Business:**

- Accommodation for LMA Secretariat (Jo and Carol) for Christmas Function.

Moved: Peter Ruscoe. Seconded: Scott Phipps. Carried.

- AGM to be held at the next monthly meeting 27 August. Nominations for Committee positions sought.

Meeting Close 1900

Next meeting – Thursday 27 August 2015 – Maroochydore Surf Club.

*Dr Jenny Grew, Assistant 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"

# Take Five .....



## DIVORCE ...

A judge was interviewing a woman regarding her pending divorce, and asked, "What are the grounds for your divorce?"

She replied, "About four acres and a nice little home in the middle of the property with a stream running by."

"No," he said, "I mean what is the foundation of this case?"

"It is made of concrete, brick and mortar," she responded.

"I mean," he continued, "What are your relations like?"

"I have an aunt and uncle living here in town, and so do my husband's parents."

The judge said, "Do you have a real grudge?"

"No," she replied, "We have a two-car carport and have never really needed one."

"Please," he tried again, "is there any infidelity in your marriage?"

"Yes, both my son and daughter have stereo sets. We don't necessarily like the music, but the answer to your questions is yes."

"Ma'am, does your husband ever beat you up?"

"Yes," she responded, "about twice a week he gets up earlier than I do."

Finally, in frustration, the judge asked, "Lady, why do you want a divorce?"

"Oh, I don't want a divorce," she replied. "I've never wanted a divorce. My husband does. He said he can't communicate with me."

## NEW SENIORS' EXAM .... only need 4 correct out of 10 questions to pass....

- 1) How long did the Hundred Years' War last?
  - 2) Which country makes Panama hats?
  - 3) From which animal do we get cat gut?
  - 4) In which month do Russians celebrate the October Revolution?
  - 5) What is a camel's hair brush made of?
  - 6) The Canary Islands in the Pacific are named after what animal?
  - 7) What was King George VI's first name?
  - 8) What color is a purple finch?
  - 9) Where are Chinese gooseberries from?
  - 10) What is the color of the black box in a commercial airplane?
- Remember, you need only 4 correct answers to pass.

## CALL FROM HUSBAND (From Cell Phone):

Hi Honey, I got hit by a car in the office parking lot.

Paula took me to the hospital.

They have conducted many tests and taken numerous x-rays. The blow to the head is serious and may have lasting effects.

I have three broken ribs, a spinal injury, multiple lacerations, a broken left leg and they are considering amputation of my right foot.

## WIFE'S REPLY:

Who is Paula ?

## SOOOO .... WHAT'S THE PROBLEM ???

A wife asks her husband, "Could you please go shopping for me and buy a carton of milk and if they have avocados, get 6.

A short time later the husband comes back with 6 cartons of milk.

The wife asks him, "Why did you buy 6 cartons of milk?"

He replied, "They had avocados."

If you're a woman, I'm sure you're going back to read it again. Men will get it the first time.

## WATER IN THE CARBURETTOR ....

WIFE: "There is trouble with the car. It has water in the carburettor."

HUSBAND: "Water in the carburettor? That's ridiculous"

WIFE: "I tell you the car has water in the carburettor."

HUSBAND: "You don't even know what a carburettor is. I'll check it out. Where's the car?"

WIFE: "In the river"

## BITS OF HISTORY .....

There is an old Hotel/Pub in Marble Arch, London, which used to have a gallows adjacent to it. Prisoners were taken to the gallows (after a fair trial of course) to be hanged. The horse-drawn dray, carting the prisoner, was accompanied by an armed guard, who would stop the dray outside the pub and ask the prisoner if he would like "ONE LAST DRINK". If he said YES, it was referred to as ONE FOR THE ROAD. If he declined, that prisoner was ON THE WAGON.

People back then used to use urine to tan animal skins, so families used to all pee in a pot and then once a day it was taken and sold to the tannery. If you had to do this to survive you were "piss poor", but worse than that were the really poor folk, who couldn't even afford to buy a pot, they "Didn't have a pot to piss in" and were the lowest of the low.

## ANSWERS TO THE QUIZ .....

- 1) How long did the Hundred Years War last? **116 years**
  - 2) Which country makes Panama hats? **Ecuador**
  - 3) From which animal do we get cat gut? **Sheep and Horses**
  - 4) In which month do Russians celebrate the October Revolution? **November**
  - 5) What is a camel's hair brush made of? **Squirrel fur**
  - 6) The Canary Islands in the Pacific are named after what animal? **Dogs**
  - 7) What was King George VI's first name? **Albert**
  - 8) What color is a purple finch? **Crimson**
  - 9) Where are Chinese gooseberries from? **New Zealand**
  - 10) What is the color of the black box in a commercial airplane? **Orange (of course)**
- What was your score ??

# CLASSIFIEDS

## ADVISORY - ENT LOCUMS

I wish to advise I will be away for the better part of Sept and greater part of October but I am pleased to report I have been lucky enough to secure two locums.

In my absence initially Diana Kirke an old graduate of the Nambour General surgical alumni from 2009 who has recently completed her ENT surgical training in Adelaide. Diana is due to take up a Head and Neck Surgical Fellowship in Boston later in the year.

Following Diana's few weeks in the practice Professor Paul Fagan will be performing a two week locum. Professor Fagan has recently retired following a long and distinguished otologic career in Sydney. Paul is Australia's most celebrated and venerated otologic surgeon and recent past president of the World Society of Skull Base Surgery.

I am delighted to have Paul in the practice for a few weeks as he has always been one of my great mentors particularly during the early part of my training. Should you have any difficult otologic queries in regard to any of your patients I can think of no one better in this country to review the patient and give a subspecialist otologic opinion.

I will be returning to the practice on 26th October and my rooms will be open to patients in my absence for most of that time.

Yours sincerely  
Kevin Feely  
August 2015

## GP OPPORTUNITIES - JOIN OUR GROWING PRACTICE!!

Suncoast Christian Health Centre is a rapidly expanding 7-Day general practice in Buderim, with long-term and established GP's for regular and growing clientele.

- Our newly renovated practice boasts the latest in diagnostic equipment, including Molemax Pro for skin.
- Open from 8am till 8pm with full RN support every hour. QML onsite. X-Ray 50 metre walk.
- Spacious clinical rooms and generous treatment room, separate nursing offices, and admin offices upstairs.
- We welcome more GPs - weekday, weekend, and evening shifts are all available - we will tailor a package to suit your needs.

Call Shanti Herbert, Practice owner, direct **0418 714 864**  
August 2015

## NAMBOUR CLINIC FAMILY MEDICINE – SEEKING PART TIME GENERAL PRACTITIONER

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

For further information contact Rowena on 075441 1455, 0412 292 666 or email [admin@nambourclinic.com.au](mailto:admin@nambourclinic.com.au)

August 2015

## COOLUM VRGP REQUIRED

VRGP Coolum with or without view to join busy Medical Centre. Doctors wishing to retire in 2 years and only work part time til then.

- All systems in place. Premises with 3 consulting rooms, 2 dressing rooms, central, modern and nurse support.
- Work, buy or partnership considered.

Please phone PM: Sharon 0408 341 150 or email: [sharon.coolum@gmail.com](mailto:sharon.coolum@gmail.com)  
August 2015

## FEMALE VR GP REQUIRED

- For a not for profit Women's Clinic in Mooloolaba offering family planning type services.
- Hourly rate, work at your own pace.
- Fully computerised using BP software.
- Full time nurse support. Work days and hours flexible. No weekend or after hours.
- The opportunity also exists to be involved in decision making and goal setting for the clinic. The practice has DWS approval.

For more information contact Practice Manager, Wendy Stephenson, on [womenshealthcare@bigpond.com](mailto:womenshealthcare@bigpond.com) or Ph: 0416 938 040 or 5444 8077  
July 2015

## DR LYDIA PITCHER

Paediatric Haematologist / Clinical Haematologist

Welcoming new patients at Sunshine Coast Haematology and Oncology Clinic 10 King Street, Buderim  
Dr Pitcher is a paediatric haematologist, with dual fellowships in paediatrics and pathology (haematology), and extensive clinical and laboratory experience in blood disorders in children and young adults.

To arrange an appointment, or make enquiries,  
Phone : 5479 0000 Email [reception@schoc.com](mailto:reception@schoc.com)  
July 2015

## GP OPPORTUNITY

- General Practitioner wanted to join our friendly team at Better Health on Buderim on the beautiful Sunshine Coast.
- A choice of sessions are available mornings and afternoons Wednesdays, Thursdays and Fridays, and in the afternoon Mondays and Tuesdays. There is a rotating roster for Saturday mornings.
- We offer a CDM nurse, full nursing support and a fully equipped treatment room.
- The practice is accredited and fully computerised using Best Practice. We are a mixed billing practice. Our current consult 23 fee is \$75.90 with the practice charging a 35% management fee.

For further information please call Nicola on (07) 5456 1600 or email [pm@betterhealthonbuderim.com.au](mailto:pm@betterhealthonbuderim.com.au)  
July 2015

## FOR SALE:

- Wheelchair, Manual, Meyra Eurochair 50cm x 46 cm (width x depth) 24" rear wheel, backrest with lumbar support, front fork with 3 hole adjustment, handrail aluminium, silverline colour and cover black.
- Back rest height: 44cm, long armrest, pressure brake, 7" solid rubber front castor, wheel base extension 4cm, Amputee leg supports both left and right. Very good condition \$1,500.00

Contact: Carol 0421 258 408.



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

*Ph: 5479 3979. Mobile: 0407 037 112.  
Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)*

*Classifieds remain on the list for 3months.*



## **SCLMA CLINICAL MEETING - 27 AUGUST 2015**

Maroochydore Surf Club Function Room, Maroochydore

Topic: 'Molecular karyotyping- – New advances for prenatal, constitutional and cancer diagnosis'.

Speaker: Nicole Chia, Genetics Manager, QML Pathology,

With contributions from Dr Sybil Kellner (Haematologist) and Dr Jenny Grew (QML Pathology)

Sponsor: QML Pathology



SCLMA Patron Dr Ian Colledge, Life Member  
Dr Clem Nommensen, Dr Vince Flynn with  
Life Member, Dr Wyn Lewis.



Samantha Rowe, QML Pathology with presenters, Dr Sybil  
Kellner, Haematologist, Nicole Chia, Genetics Manager QML  
Pathology and Dr Jenny Grew, QML Pathology



Dr Irene Krajewska, Dr Debbie Pfeiffer  
with Dr Robyn Hewland



Dr Petra Ladwig, Dr Mark De Wet  
with Dr Marlene Clout



## **SCLMA ANNUAL GENERAL MEETING 27 AUGUST 2015**

### **SCLMA COMMITTEE 2015 - 2016**

President: Dr Di Minuskin

Vice President & AMAQ Councillor: Dr Wayne  
Herdy

Treasurer: Dr Peter Ruscoe

Newsletter Editor: Dr Marcel Knesl

Meetings Convenor: Dr Scott Masters

Hospital Liaison: Dr Jeremy Long

Committee:

Drs Kirsten Hoyle, Mason Stevenson,  
Nigel Sommerfeld and Mark De Wet

