



*Opening wide in Nepal*

## Contents

Editorial	3
Keep Healthy Minds in Mind	4
Assoc Prof Austin Curtin – Lismore’s Citizen of the Year	5
From Alstonville to the Himalayas	6
GP2GP:	9
Electronic Patient Notes Transfer in New Zealand	9
Pressure mounting to help job seekers	11
Regional MP appointed as Health Minister	15
Order in the House	15
UoW medicine graduates had a ball	16
Congratulations to Rev. Dorothy Harris-Gordon	17
Exercise and mental health	17
Dr David Addenbrooke	18
North Coast Radiology supports local artist	19
Plain-pack cigs under threat?	20
Book Review	21
Book Review	22
High-flyers heading to Hobart conference	23
Patch of paradise aims to send illness packing	24
Byron’s new hospital shapes up	25
Rainforest gardens thrive on ‘rubbish’ land	26
Calder Chaffey, man of medicine and plants	27

## Cover story:



Retired Alstonville dentist John Niven and his wife Helen, formerly on the staff of then-North Coast Area Health Service, are shown striding out in the Nepalese Himalayas, warmly welcomed by local villagers. For some years the Nivens have been visiting Nepal to conduct dental clinics in areas too remote and too poor to access oral health care. They are truly ‘making a difference’ in people’s

lives. GP Speak is pleased to share some of their stories and photographs with readers. Those who’d like to see more are urged to keep a lookout for their 2016 fundraising calendar, which like its forerunners, will surely be a sellout. The calendars help raise funds to underwrite the cost of their trips, including dental supplies. The generosity of local benefactors is also important -perhaps you would like to join in?

### Contacts

Dr David Guest Chair NRGPN  
info@nrgpn.org.au

Dr Andrew Binns Clinical Editor  
info@nrgpn.org.au

Robin Osborne Editor  
editor@nrgpn.org.au

Angela Bettess graphics | web design  
angela@whiteduckdesign.com.au



Quality Plus Printers 1 Clark Street, Ballina, NSW 2478

whiteduckdesign

www.whiteduckdesign.com.au



web and graphic design

## Editorial

Dr David Guest

NRGPN Chair



As the saying goes, a week is a long time in politics, while three months is an eternity. Since the last edition of GPSpeak the Coalition's second proposal for changes to GP Medicare funding has come and gone. We also have a new Minister for Health, Sussan Ley, whom we wish well in this challenging portfolio.

The proposal to increase the minimum length for a standard consultation from 5 to 10 minutes took the profession by surprise. While the average "Level B" GP consultation is 14 minutes, 25 per cent are less than 10 minutes. The government's aim was to eliminate so-called "6-minute medicine" but the proposal contained several potentially adverse effects for general practice.

Firstly, it would have a significant impact on joint GP/nursing care, making dressings, vaccinations and in-house pathology testing uneconomical.

Next, it would reward discontinuous care by disadvantaging GPs who are familiar with their own patients' health issues. The time spent by a GP with a new patient with complex needs easily extends the consultation time from 6 to over 10 minutes for even relatively simple problems. The resulting decrease in the supply of available consultations on any given day would extend GP waiting times.

Thirdly, the \$5.00 cut in the rebate for all but health care card holders and pensioners would have a pronounced effect on GPs' incomes. This loss would be most marked for GPs who own their own practice since most practice costs are fixed. Who in the community would wish to see their incomes slashed?

Since dropping the proposed changes to Medicare, Minister Ley has embarked on a series of meetings with doctors and communities around the country. She has identified four principles:

- Protecting Medicare for the long-term
- Ensuring bulk billing remains for vulnerable and concessional patients

- Maintaining our high quality care and treatment for all Australians

- Sending a price signal of a modest co-payment into the health system for those who have the capacity to pay.

While these four principles are laudable, it is the last that is the most controversial. Unlike other groups representing doctors, the AMA agrees with the government on this point. It argues that any co-payment should be cost neutral but the government is looking to reduce GP Medicare expenditures by several billion dollars over the next few years.

The AMA is frequently criticised as being just a union for doctors and is often a lonely voice in financial health care discussions but at least on this matter it can count on the avid support of 0.1% of the Australian population.

Discussions and negotiations appear likely to continue for a while, although it is currently tipped that the 2015-16 Budget to be announced in May will contain a co-payment and a freeze on Medicare rebates from 1 July 2015.

In this issue, GPSpeak congratulates Associate Professor Austin Curtin on being chosen as the Australia Day Lismore Citizen of the Year 2015. The award recognises this dedicated surgeon's commitment to his patients, our local hospitals and the community.

Congratulations, too, to Rev. Dorothy Harris-Gordon, the City of Lismore's Debra Rhodes Aboriginal Citizen of the Year. Dorothy has given marvellous service to the community in so many ways, going above and beyond the normal call of duty to help many people in need.

We also recognise the labour of love by retired North Coast orthopaedic surgeon, Neil Thompson. Over the last three years Neil has been

painstakingly researching the history of the medical practitioners in the Richmond Valley. "Sawbones, Saddle Burns and Soothing Balms" provides glimpses into the changing nature of medical care over the last 150 years. My only reservation with this book is that in covering the period 1866 to 1986 Neil has made me "history".

The work of two other retired health professionals is also honoured. The late Calder Chaffey retired from general practice in Dapto and travelled north to Wollongbar in 1986. A keen botanist, he – and an enthusiastic team of volunteers - instigated the founding of the Lismore Rainforest Botanic Gardens. Members of the public are welcome, and attending a guided tour is a thrill for any subtropical gardener.

Retired dentist, John Niven, ably assisted by his wife Helen, have run dental clinics in remote parts of Nepal for the last three years. Travelling on dangerous dirt roads and operating with basic equipment would be more familiar to a health practitioner of 1866 than modern day counterparts.

With the northern winter drawing to a close, John and Helen are about to return to their Himalayan village clinics where again they will be warmly welcomed. We are all familiar with the work of ophthalmologist, the late Fred Hollows, and this story has a similar setting. There's something about the mountains... After reading our cover story you might decide to give them a helping hand.

GP Speak wishes the Nivens God's speed and a safe journey. We also hope that 2015 will be a healthy and productive year for all our readers.

# Keep Healthy Minds in Mind

Since its inception eight years ago, **the Better Access to Mental Health Care program** has significantly improved the management of mental health problems. While the program allows for the treatment of a broad range **of mental health disorders**, the great majority of issues managed by general practitioners under the scheme relate to depression and/or anxiety.



The Better Access program started in 2006 and is open to all GPs and replaced the previous Better Outcomes program that was available only to GPs who had undergone specific psychological training.

**BEACH data analysis** has shown that compared to Better Outcomes, the new program significantly increased the rates of depression management in primary care, with a halving of the referral rate to psychiatrists, a six-fold increase in referrals to psychologists, and no change in medication rates.

The Health **Department's own analysis** found that **Better Access** reached a much larger number of patients than previously, was cost effective and reduced levels of distress from high or very high to moderate. However, it found that its uptake was greatest amongst city dwellers and

those from higher socio-economic groups. Thus poorer and rural patients, and those aged less than 15 years, tended to miss out.

The Access to Allied Psychological Services (ATAPS) is another Commonwealth initiative to address mental health issues. It was launched over ten years ago and in recent years has been **re-targeted to reach out to these vulnerable groups**. Like Better Access, ATAPS has also found to be effective in reducing psychological distress.

Most North Coast GPs are happy with the Better Access program for patients who can afford a co-payment for psychological services. Over the years they have built up referral patterns that work well for themselves, the psychologist and the patient. Accessing services for poorer patients, however, is often difficult and is limited by factors such as a fixed annual government grant for the service, or changing staff.

To help address these issues North Coast Medicare Local has developed their **Healthy Minds program and Online Portal**. Healthy Minds focuses on providing short-term mental health support (initially 6 x one-hour sessions) to vulnerable groups. Funding from both ATAPS and Better Access makes it available to those with a health care card (or are under severe financial distress) at no cost to the patient.

Healthy Minds prioritises the homeless, refugees, children (particularly those affected by forced adoption), Indigenous people, sufferers of perinatal depression and those at mild to moderate suicide risk.

Many such patients do not have a GP. Through their partnerships with local service organisations, such as those dealing with unemployment,

homelessness, domestic violence and family support, NCML is linking patients to GPs and in turn to mental health workers, many of whom are already embedded in these support organisations.

Due to its funding arrangements, Healthy Minds is not available to those who have had a GP Mental Health Care Plan or used ATAPS in the current calendar year. It is also not suitable for those with major psychiatric issues that should continue to be managed by Local Health District Mental Health Services or psychiatrists.

To ease the GPs' burden the referral process is simple. Complete a Healthy Minds Referral Form and Treatment Plan and fax it to the intake offices in Tweed (07 5523 5596) or Lismore (02 6627 3396). **Referral forms that auto-populate** the required fields are available for Best Practice and Medical Director.

Other information about the program can be obtained at the Healthy North Coast **website**, via email at [healthyminds@ncml.org.au](mailto:healthyminds@ncml.org.au) or on 1300 137 237.

**TNR** Thomas Noble & Russell  
Accountants | Auditors | Business Advisers

Audit & Assurance  
Taxation & Business Services  
Non-Profit Corporate Governance  
Due Diligence  
FBT & Salary Packaging

Thomas Noble & Russell  
31 Keen Street  
LISMORE NSW 2480  
[www.tnr.com.au](http://www.tnr.com.au)  
Phone: (02) 6621 8544

## Assoc Prof Austin Curtin – Lismore’s Citizen of the Year



*Associate Professor Austin Curtin with medicine undergraduates at the University Centre for Rural Health's Lismore campus.*

The Northern Rivers General Practice Network and GP Speak heartily congratulate long-serving local surgeon and educator Austin Curtin (MBBS, FRACS) on being chosen as Lismore’s Citizen of the Year in the 2015 Australia Day awards.

After being educated in Sydney – a university Blue in Boat, he represented NSW in rowing, nationally and internationally - he trained in surgery there and in Belfast.

He has been in practice as a Surgeon on the North Coast since 1985 when he moved here with his family. He holds surgical appointments to Lismore Base Hospital, St Vincent’s Hospital and Casino Hospitals.

With a strong commitment to community development, Mr Curtin has a deep interest in the opportunities of Aboriginal and Torres Strait Islander Australians achieving equality in health outcomes.

He currently chairs the NSW Ministerial Advisory Committee on Rural Health, and was recently elected to the governing council of Southern Cross University, where he was made a Fellow in 2008 and holds an Associate Professorship.

Austin Curtin has a lifelong interest in trauma care, skills that have proved valuable in his role as a

Reservist with the Royal Australian Army Medical Corps. He performed Army service in Afghanistan in 2014.

Noted Vietnam veteran, Rev Maj (ret) Graeme Davis in the award’s nomination form, “Most wounded soldiers never get to meet face to face the medical team who ‘patches them up’ in an often unfriendly and remote land (I know because I am one such soldier)... it is up to people

University Centre for Rural Health North Coast.

He has served on the Board of St Vincent’s Hospital Lismore since 1992 and on the Board of the Northern NSW Local Health District in 2011-2012. He was the inaugural Chair of the NSW Institute of Rural Clinical Services and Teaching (since absorbed into the NSW Agency for Clinical Innovation and the Health

*“This city owes people like Dr Curtin a great deal... “*

who survive to speak on their behalf, and say ‘Thank you for saving my life, thank you for giving them a second chance.’”

Austin Curtin also has a strong interest in melanoma and has held an NH&MRC grant to investigate Melanoma Care on the North Coast.

He was supervisor of Surgical Training in Lismore from 1995-2001 and has been involved with teaching medical students in Lismore since 1995. In 2001, he was appointed Sub-Dean (Lismore) of the Northern Clinical School, University of Sydney, and is currently attached to the Uni-

Education and Training Institute).

In the words of nominator Graeme Davis, “This city owes people like Dr Curtin a great deal... recognition of his meritorious service and devotion to the community of the surrounding district as a general medical specialist (surgeon) since 1985 goes some way in acknowledging the man he is... Many patients owe their lives to his efficiency and skills...”

It was on their behalf, and that of many others, that the City of Lismore expressed a warm official ‘thank you’ to a practitioner who so richly deserves the honour bestowed.

# From Alstonville to the Himalayas

## *John and Helen Niven recount the incredible story of taking dental care to the remote villagers of Nepal.*

Our dental volunteer trips to Nepal were initiated by my meeting Ang Tshering Sherpa in May 2011 whilst on a trip through Tibet with World Expeditions. He was the chairman of the committee that ran the Kushudebu Public Health Mission Nepal at Junbesi, a remote village on the original route to Mount Everest.

While the clinic was able to cover many medical problems the nearest dental service was five hours walk away. After many conversations and emails with Ang I decided to come to KPHMN and attempt to set up a basic dental facility.

In April 2012 Helen and I arrived in Kathmandu with many kilograms of portable dental equipment and supplies. We were met by Ang's brother Ang Nigma who was our guide for our visit to Nepal. A visit to a local dental supply house to collect further supplies, followed by an interview with the Nepal Medical Board to obtain my dental registration, saw us ready to set out to Junbesi.

I had managed to put together a simple transportable dental surgery, consisting of a portable dental unit, a suction unit I found in Kathmandu, and a suitable quantity of instruments and supplies provided by generous dentists and dental supply houses in Australia.

We flew to Phaplu by twin engine Otter, landing on a gravel runway on the side of the mountain. A four-hour trek up the valley brought to us to

We stayed at Junbesi for two weeks with the occasional day off for some local trekking and monastery visits. I saw and treated 167 patients, which



*Staff and medical committee members at Junbesi. Ang Tshering who got us into this on Helen's left.*

Junbesi; fortunately we had porters to carry our baggage and dental supplies.

After setting up in a spare room at the clinic we were informed that 91 people had already registered for treatment and there were more to come - our presence had been advertised on the local radio.

included many extraction cases, restorative cases, and other miscellaneous cases.

The clinic staff was most helpful. Ang Nigma and the doctor translated and explained the treatment to patients, and the nursing staff assisted in treating patients and were keen to learn about dental treatment.

The patient mix was interesting: we saw many older patients with multiple rotten teeth, but what was encouraging was the teenagers' dental health. Most had fairly good oral hygiene and often presented with only one obvious carious lesion which could be restored.

We saw many monks and nuns who came down from the monasteries, in particular Thupten Chholing which houses 500 monks and nuns a majority of whom are refugees from Tibet having walked over the Himalaya passes to escape from the Chinese.

There was no appointment system, the patients just appeared and had to be seen. We were able to postpone treatment on the immediate local village patients to get some order into proceedings.

We managed to obtain good if basic working conditions. The doctor's couch was the right height for extraction cases, and a bed was utilised for the restorative cases. Lighting was by strong LED torches and head-lights, not ideal but satisfactory. We managed without any radiography facilities. The clinic had an autoclave, and all instruments were cleaned and autoclaved between patients.

One of my assistants (Shelly Voight) who is the business partner to Ang Nigma in his trekking company, is the fundraiser for a similar clinic at Ghandruk in the Annapurnas. I was asked if I could do a similar clinic in that facility.

November found us in the beautiful village of Ghandruk with a similar dental package. I treated 200 patients over a 2-week period with still more wanting to be seen. This village is on the Annapurna sanctuary track, requiring a 3-hour car/4WD journey followed by a 2-hour trek up to the village.

We left both villages after very satisfying visits. We stayed in local lodges and received great hospitality. I feel we achieved everything we set out to do. We established basic dental facilities which have been packed away until I or another dentist returns. I kept the dental set up simple, complex equipment would be impossible to repair or service in

these remote areas, the transportable nature of the equipment allows it to be taken to Kathmandu if necessary.

With my connections to two trekking companies I am hoping it will be possible to organise visits by dental professionals to combine a clinic with some trekking or other tourist activity.

In 2014, when we would treat 500+ patients, we ran the Ghandruk Clinic first and then went to Junbesi. We were unable to join the Adelaide group this year, but they took another dentist who was able to use the pack away dental set up, which was very pleasing. This time as Phaplu airport was still closed we were flown in to the village by helicopter, much more civilised. At Junbesi we were able to see and treat many teenagers from the school, which we hope will reduce their dental problems.

I have managed to improve the dental facilities at both clinics at each visit. Both clinics have a portable dental unit, ultrasonic scaler, surgical suction unit, restorative capsule mixer, and restorative curing lights, plus a good supply of instruments. Ghaundrul now has a portable dental chair including operating light. As a result we are now able to do more restorative and preventative procedures.

We are planning our return to Nepal for March–April this year. Another dentist will be accompanying me to Junbesi, and we plan to concentrate on the school children from the Junbesi school as well as other smaller schools from the surrounding valley and the boys from the Serlo Monastery.

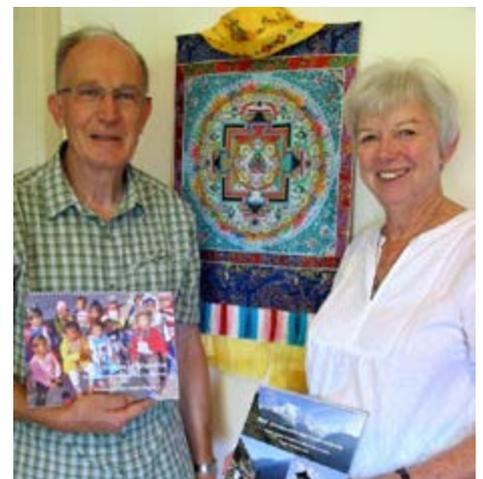
[www.kushudebu.org.np](http://www.kushudebu.org.np)

[www.sanjiwani.net.au](http://www.sanjiwani.net.au)



*At work in Ghandruk featuring the new portable dental chair and operating light*

Acknowledgements to the following for their support: Australian Dental Association Far North Division, Friends, acquaintances, and the people of the Alstonville Plateau, Rotary Club of Ballina on Richmond, Henry Schein Halas, Southern Dental Industries, Troldental, Plateau Dental Care, Dr. Steve Shelton.



*The Nivens and their fund-raising calendars.*

## NEWS CLIPS

## New NHMRC CEO

A new CEO has been appointed to head the National Health and Medical Research Council. **Distinguished medical researcher Professor Anne Kelso AO** will succeed Professor Warwick Anderson AO in this important role, Health Minister Sussan Ley has announced.

“Professor Kelso’s experience and expertise will be a great asset to Australia’s leading expert body for health and medical research and help Australia build on its reputation as a world leader in medical innovation,” the Minister said.

Professor Kelso’s roles have included Director of the WHO Collaborating Centre on Influenza, working on surveillance and vaccine policy relating to pandemic viruses, and providing technical advice to health ministers throughout the Asia-Pacific region.

She was also the Director of the CRC for Vaccine Technology from 2000-2006.

## VaxFacts

Vaccination is back in the news, which is no doubt what the anti-vax lobby wants, even if the coverage has been strongly in favour of child immunisation against contagious diseases.

The cancellation of the planned tour by US anti-vax campaigner Sherri Tenpenny was certainly a setback. Likewise, the measures taken by the NSW government to ban unvaccinated children from care centres, with Victoria just announcing it will follow suit in 2016.

SA and WA are watching closely, and may take similar action. To Australia’s anti-vax lobby, “This is how governments behave in fascist and communist countries.” (‘Adverse reaction’, The Saturday Paper, Feb 14-20, 2015)

Meanwhile, the well-heeled parents of California’s Silicon Valley have created the lowest

child vaccination rates in America. A Google nursery registers only 49 per cent fully immunized, and Berkeley’s Pixar Child Care Centre (home of Toy Story) just 43 per cent.

California - the nearest thing to the NSW far north coast - has been identified as the source of the measles outbreak that has affected 17 US states.



## Dr Steven Stylian (Haematologist and Medical Oncologist)

Byron Bay Specialist Centre,

Suite 6, 130 Jonson Street, Byron Bay, NSW 2481

All enquiries: Phone (07) 5597 1305

Fax (07) 5597 1205

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

Web: [www.gcho.com.au](http://www.gcho.com.au)

Dr Steven Stylian wishes to announce that he has commenced Private Practice in Byron Bay. Over the years he has wanted to address the need for specialist care in peripheral regions. He has remained grateful for his patients travelling to the Gold Coast region to access care and now wishes to minimise the need for this.

He provides care for all aspects of Haematology, Medical Oncology and specifically provides tertiary level care for complex disorders including leukaemia, all types of malignant conditions, apheresis and stem cell transplantation.

**Urgent cases will be prioritised. All patients will be bulk billed.**

**He welcomes phone advice if needed and is now ready to accept referrals.**

# GP2GP:

## Electronic Patient Notes Transfer in New Zealand

After a long period of development GP2GP was finally released in New Zealand in 2012. GP2GP is an electronic patient record transfer system allowing patient files to be transferred from practice to practice when patients transfer to a new General Practitioner. Each transfer can, in theory, be completed in near real time but generally at our practice files are transferred or received within 48 hours of the initial transfer request.



*Dr Richard Medicott, Island Bay Medical Centre*

The driving force behind the development of GP2GP was to provide a way of transferring notes that was secure and provided better continuity of care. It also avoids using transfers of paper notes or the use of CDs and memory sticks, which are all equally insecure and rely on the postal system for their movement from practice to practice. It also saves valuable time for administrators and clinicians alike.

It allows transfers of patient notes

using four of the main practice management systems in New Zealand - Houston VIP, My Practice, Profile and Medtech32. It solves a lot of the old problems with getting notes transferred. It populates the relevant fields in the practice management system with new data. This includes consultation notes, medications, classifications, allergies, scanned documents and measurements.

It does not include recalls, which are often decided on local protocols that may differ from practice to practice. Information that has been designated as confidential is not transferred either, although this is flagged so that the patient's new clinician knows there is such information missing.

There are a few quirks to the system. The transfer is still initiated by either a faxed or posted request for the transfer of notes signed by the patient, and although the size of the file able to be sent electronically has increased from 5MB to 20MB there are still some files too large to be sent in one transfer. This can be overcome by creating and sending two (and sometimes three) separate GP2GP files. If necessary - and this is a rare occasion in 2015 - the GP2GP file can be loaded onto a USB stick or CD and posted. The file is encrypted and can only be read by a GP2GP compliant practice management system.

GP2GP was initially designed to be used by the GP to both send and import patient files; however, at our practice sending files is largely an administrative task. Sending a file to a new GP requires the following information: the GP's Medical Council Number, a practice electronic

mailbox address and the first and last name of the recipient GP. This information is provided by the requesting practice on the fax or letter requesting the transfer of notes.

The recipient practice will need to have the patient set up in the practice management system prior to



receiving the GP2GP file, as patient identification is by the mandatory use of the National Health Index Number that all NZ citizens and residents have. Once the file has been successfully imported an electronic receipt notice is sent to the sending practice. Our administrators check these daily as a safeguard to ensure the process has been completed.

Generally, imported patient files are reviewed first by the GP and then sent on to a nurse to add recalls as per our practice policies and to review other data such as immunisations and smoking status.

Since the inception of GP2GP it is estimated that 375,000 patient files have been transferred in this way. Its success is such that in most areas in New Zealand GP2GP is being used by 90 per cent of General Practices, with over 32,000 files being sent this way each month. It is now very much an essential electronic tool for General Practice in New Zealand.

*Dr Richard Medicott was a clinical lead in the development of GP2GP*



## Strategic investment advice pays off



***Therese Pearce***

Many medical professionals look to include residential property in their investment portfolio.

Therese Pearce, Medfin Finance's Port Macquarie relationship manager, helps medical professionals manage their business and personal financ-

es and can also help structure residential home loans to suit their unique needs.

Therese believes that while each investor requires their own individual strategy, property investment does not have to be complicated. Here, she shares her top tips for investing in property.

### **Choose a property tenants will find attractive**

Look for property which suits the majority of tenants in your area to ensure your investment is always attractive to local renters. For example, in a region popular with young families, you may want to focus on a home with a backyard as opposed to a one bedroom apartment.



### **Talk to your financial advisers regularly**

This is vital to ensure you have the correct structure in place for your investment and know what fees and charges you are out-laying. A good adviser will understand your financial goals and partner with you to help you meet them.

### **Look for growth opportunities**

Properties which are close to the CBD, leisure facilities, schools, public transport and beaches are often more likely to gain value over time. However, it's really important that you understand the local conditions.

### **Take a long term view**

Taking a long term view to your investment is critical. Selling a property incurs sales costs and taxes, so if you can afford to buy and hold on to your asset for longer, the greater potential rewards you can reap.

### **Create instant equity through simple renovations**

Making simple but high impact renovations can be a good way to maximise the value of your investment property. A good rule of thumb is to aim to get back at least \$1.00- \$2.00 in value for

every dollar you spend on renovations.

### **About Medfin:**

Medfin focuses exclusively on the financial needs of medical, dental and healthcare practitioners. With more than 20 years of market experience, Medfin is an Australian leader in finance for healthcare professionals.

Before making any financial decisions, make sure you receive appropriate financial, legal and tax advice.

# Pressure mounting to help job seekers

Dr Andrew Binns

Clinical Editor



The federal government has begun placing greater demands on GPs and allied health professionals to help job seekers who have disability, injury or other health conditions to gain employment. Similar pressure

tions on the chart are highly likely to bring these job seekers into contact with GPs who will often need to refer them on to allied health colleagues for further assistance to manage their

health issue.

These clients will invariably need a Centrelink certificate from the GP, with Centrelink then referring them to one of the contracted employment agencies in

does not seem have been much talk or education to prepare GPs for this responsibility. No doubt it is assumed that they are already adept at this type of work.

My personal experience in this area is that many of these job seekers have not had much access to GPs in the past. Indeed, there seems to be a whole new cohort of people coming to see a GP after being referred by an employment agency. The ability and willingness of GPs to take on these cases is likely to vary considerably.

People with psychiatric illness often come from a background where there has been post traumatic stress from childhood onwards due to domestic violence, physical, verbal or sexual assault, alcohol and substance abuse and related social problems.

Many come from culturally and linguistically diverse backgrounds, are homeless, perhaps ex-offenders, while many are Aboriginal and Torres Strait Islander people. Age groups vary from the younger, who have never had previous employment, to older people who have lost their job and/or fallen upon hard times for whatever reason.

is both being applied to individuals affected, while incentives are being provided to employment agencies for these clients to engage in paid work rather than continuing to receive payments through Newstart, Youth Allowance, disability support pensions or parenting support schemes.

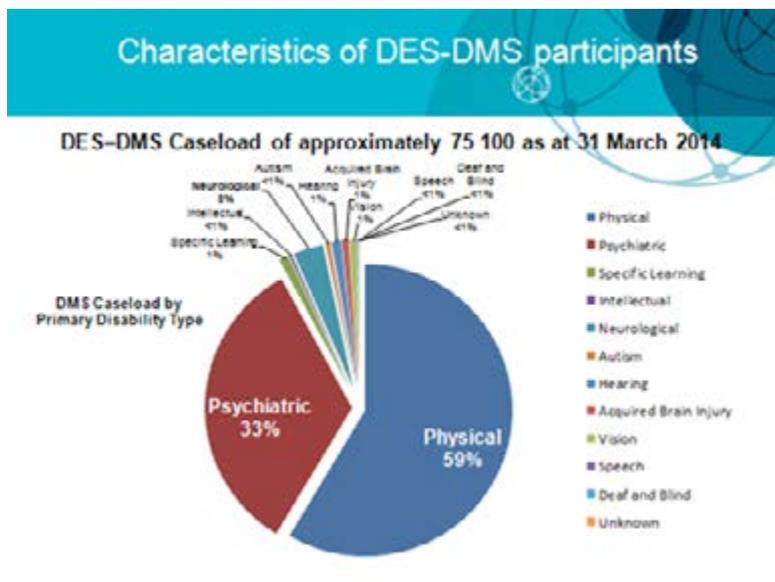
However, it is yet to made clear just what role primary care providers are expected to play in the complex job search process.

Disability Employment Services (DES) and Disability Management Services (DMS) are currently being contracted to employment organisations by Centrelink, Department of Human Services.

More than 75,000 people are currently participating in DES–DMS. As can be seen in the chart, 59 per cent of the participants currently have physical disabilities, and 33 per cent have psychiatric disorders. All condi-

the area. GPs may already be noticing an increasing number of referrals from these agencies following implementation of the new Government changes to the employment industry announced in the last Budget.

It is not only the employment agencies that are expanding. There seems to be a whole new health industry developing around the need for primary care workers to play a crucial role in the often complex process of helping these job seekers gain employment. Despite this, there



Although this caseload is challenging work for the primary health team it can have its rewards when a needy person progresses and gains employment. Time will tell how successful these new measures are. Job creation and availability will limit what is possible in each region.

At a time of business pressures and rising unemployment there must be real concerns about what solutions will be possible.

# UPCOMING INFLAMMATORY ARTHRITIS CPD WORKSHOP BYRON BAY



Australian Musculoskeletal  
Network (AMSN)

Connecting Research with Practice

## Overview

The AMSN welcomes Rheumatologist Dr Daniel Lewis and Radiologist Dr Ian Cappe for a 4 hours workshop at the Lord Byron Resort at the best time to visit Byron Bay.

**This workshop is pending assessment by COCA for 4 formal CPD hours and RACGP for Cat 2 points.**

## Description

Inflammatory Arthritis is a Musculo-Skeletal Emergency.

The workshop will provide you with the latest evidence and practice in the assessment (including radiological investigations), diagnosis and treatment (including pharmacotherapy) of Inflammatory Arthritis.

The workshop will highlight the need and teach you the skills for early detection and management by musculo-skeletal practitioners in order to prevent long term morbidity in this patient group.

## The presenters



**Dr Daniel Lewis MB.BS (Hons),  
FRACP**

- Senior honorary specialist at the Monash Medical Centre, Melbourne  
- Adjunct Lecturer in the Department of Medicine at Monash University  
- Victorian WorkCover Authority

**Dr Ian Cappe FRANZCR**  
- Partner Radiologist, North Coast Radiology Group  
- Visiting Radiologist, North Coast Area Health Service  
- Member of radiological panel North Coast BreastScreen



## Time and Venue:

**Saturday the 14th March**

**1-5pm**

**Lord Byron Resort**

**Byron Bay.**

To Enroll or To Register Your Interest Go To:

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

Email: [info@amsn.com.au](mailto:info@amsn.com.au) or call Phone: 0428288526



*Assoc Prof  
John Stevens  
Director  
AMSN*

## Australian Musculoskeletal Network (AMSN)

The Australian Musculo-Skeletal Network (AMSN) was developed to provide quality inter-professional development and networking opportunities for practitioners,

researchers and academics engaged in Musculo-Skeletal care.

The idea of AMSN grew out of our own frustrations at the lack of true multidisciplinary events that could be found as well as the cost and inconvenience of the CPD we had to do. Whether it was mandatory for registration or for true interest in a professional development topic, the reality was that we lost income by having to close the Practice and plan days of away from family. Then we spent big

money on travel, accommodation and registration fees. Sometimes it was great to get out of town for break but mostly it was an imposition.

Based in Byron Shire, we thought to make the CPD happen here so local professionals could network and get as good an education event as they would if they travelled away. As it turns out the events have been so attractive clinicians and researchers are travelling from all over the country to come to us Byron for their CPD. If you were working in Melbourne in winter who wouldn't want to come to Byron for a weekend workshop?

AMSN caters for Practitioners with a clinical emphasis on Musculo-Skeletal care such as (but not limited to) General Practitioners, Chiropractors, Osteopaths, Physiotherapists, Radiologists, Radiographers, OT's, Podiatrists, Exercise Physiologists and other interested medical and al-

lied health providers.

AMSN is a professional network that is free to join. At this stage we have not looked for sponsors so that we are beholden only to our members. We keep members informed of upcoming events and encourage interdisciplinary dialogue and the events we run are generated by needs identified by the members.

Events cost a lot less for members as well. We have a classified section for members looking to buy and sell equipment and for those looking for locums or referrals. There are over 20 events so far on the 2015 calendar delivered in a range of formats including: afternoon and weekend seminars and workshop, human anatomy wet-labs and eduventures where we provide education in bits over a few days while undertaking a variety of adventures. If you would like to know more: go to [www.amsn.com.au](http://www.amsn.com.au)



**Embrace**  
Exercise Physiology.

**“USE EXERCISE AS MEDICINE”**

AN EVIDENCE BASED APPROACH



Improve patient outcomes by including an exercise physiologist (EP) in patient's care plans.

Embrace are a local team of EP's who treat patients in home or at one of our locations.

New exercise & rehab clinic now open at 8/8 Slade St Goonellabah, we are welcoming new referrals and patients.

Bulk Billing and Rebates available.

**SERVICING AREAS**

Tweed Heads, Byron Bay,  
Lennox Head, Ocean Shores, Ballina,  
Lismore, Goonellabah, Casino, Evans

**Jesse Morgan** ESSAM AEP

**0431 320 094**

Fax: (02) 6678 0444

info@embraceep.com

**www.embraceep.com**



## FAMILY TRUSTS STILL OFFER BENEFITS



There is a tendency currently for family trusts to be overlooked in favour of self managed superannuation funds (SMSFs) as a way of managing wealth.

Yet family trusts have a number of advantages over SMSFs that shouldn't be ignored, and can be used in conjunction with SMSFs to great effect.

Family trusts have far fewer restrictions and rules than SMSFs and are therefore simpler to operate.

Other benefits of family trusts include:

- ✚ Asset protection options;
- ✚ Intergenerational wealth transfer;
- ✚ No limit to contributions to the trust and the ability to increase capital;
- ✚ Income splitting to all family members, giving substantial tax benefits, particularly where there are low, or no income earners in the family;
- ✚ No age limits to access funds;
- ✚ Ability to hold personal use assets, such as a holiday home;
- ✚ Ability to run a business through the trust; and
- ✚ Estate planning benefits.

The reasons people tend to ignore family trusts as a wealth management tool is because they believe their benefits have been largely eroded and they are seen as overly complex and expensive. In reality, they are often simpler and cheaper to operate than an SMSF.

The big attractions of SMSFs are in the tax benefits that superannuation offers as well as the flexibility they give in managing retirement savings, but the benefits of family trusts are also very significant.

Through a family trust ownership of assets such as a share portfolio or holiday house can continue on uninterrupted even if a family member dies. This is because the family member doesn't own the asset, the trust does. Consequently, the assets don't form part of the individual's estate.

Basically this makes family trusts an ideal tool for multi-generational wealth transfer while SMSFs, on the other hand, must be wound up when the last member passes away.

This potentially means all assets held by an SMSF must be sold or transferred in specie to beneficiaries. If the family wishes to keep an asset, such as property, they will be liable for stamp duty and conveyancing costs.

Those wanting to invest a substantial amount, say more than \$300,000, who have either maxed out their contributions to super, or want more accessibility than super provides, may find a family trust worthwhile.

**If you have any questions in relation to Family Trusts, please contact Peter Morrow or Kris Graham, Partners, Thomas Noble & Russell on (02) 6621 8544.**



Kris Graham



Peter Morrow

### DID YOU KNOW – SOME OF THE STRANGEST TAXES ON RECORD

- ✚ During the Middle Ages, soap was taxed in some European nations. The tax stayed in effect for about a hundred years. Great Britain repealed its soap tax in 1835.
- ✚ In 1660, England put a tax on fireplaces. Citizens began to cover their fireplaces with bricks to hide them and avoid the tax. It was repealed in 1689.
- ✚ Later that century, in 1696, England began to tax houses on the amount of windows they had. This led builders to build houses with fewer windows, which in turn caused widespread health problems. England repealed the tax in 1851.
- ✚ 1705 in Russia, Emperor Peter the Great implemented a beard tax, in hopes it would force men to adopt the clean-shaven look popular in Western Europe.
- ✚ New York City has a sliced bagel tax. The city taxes prepared food as well as general food, which means sliced bagels are taxed once as a food item and again as a prepared food item.
- ✚ In California, fresh fruit bought from a vending machine is taxed at 33%

Kevin Hogan

MP for Page



## Order in the House

by four principles:

- Protecting Medicare for the long-term;
- Ensuring bulk billing remains for vulnerable and concessional patients
- Maintaining high-quality care and treatment for all Australians and
- Ensuring that those who have the means to do so make a modest contribution to the cost of their care.



*The Nightingales on the home stretch*

Australians deserve a world class health system with access to services provided by highly-skilled doctors, nurses and allied health professions.

This must be underpinned by a strong and sustainable Medicare.

Last month I organised a phone hook-up between three local doctors and two nurse practitioners, and the Assistant Minister for Health Fiona Nash so that our health professions could directly tell the Government about the health needs of our community.

Over the coming months, the new health minister Sussan Ley, who has already visited Page, will be talking a wide-ranging consultation on the ground with doctors and the community across the country in order to come up with sensible options to deliver appropriate Medicare reforms.

These consultations will be guided

Like our local health services, I am committed to protecting Medicare and ensuring that it continues to provide access to high-quality health care.

Ministers Ley, Nash and I are always happy to hear the views of the medical profession, so please feel free to email me at [kevin.hogan.mp@aph.gov.au](mailto:kevin.hogan.mp@aph.gov.au) if you have any suggestions or concerns.

I would like to congratulate the Lismore Base Hospital auxiliary and hospital's staff for their time and effort in organising its Fair Day late last year.

This is one of the auxiliary's biggest

fundraiser of the year and the money is used to pay for medical equipment. I was happy to compete in the bed race with "The Nightingales". We were at very long odds but made the semi's to everyone's surprise including our own.

I would also like to take this opportunity to congratulate Edna Fuller who was awarded a Medal of the Order of Australia, in part for her dedicated work as the president of the Casino and District Memorial Hospital Auxiliary.

Hospital auxiliaries across the North Coast play a crucial role in fundraising and I thank all of their members for their hard work for our community.

## Regional MP appointed as Health Minister

The reshuffle of the Coalition government's cabinet in late December 2014 saw the appointment of Sussan Ley ("Lee") the federal Member for the rural electorate of Farrar, as Australia's new Health Minister.

She replaces Peter Dutton, the shadow minister before the Coalition's victory last year, who kept the portfolio in the first Abbott cabinet. In so doing Ms Ley has become the second woman in the inner cabinet, joining the acclaimed Julie Bishop.

Named after William James Farrer, the father of the Australian wheat industry, Ms Ley's electorate covers a vast 250,000 square kilometres of NSW. Fortunately her skills include piloting aircraft (along with air traffic controlling, farming and tax account-



*Sussan Ley, Minister for Health*

ancy).

The immense challenges of the portfolio, and the contentious nature of health service delivery in Australia, was highlighted on the day her appointment was announced.

Quick out of the blocks was the AMA whose president Brian Owler slammed the government's handling of the Medicare funding issue, both the \$7.00 co-payment proposed in the now-shaky 2013-14 Budget and the more recent 'compromise' to cut the GP rebate by \$5.00

Minister Ley is seen as a better communicator than her predecessor and improvements in this area will be welcomed by both the public and the profession.

## UoW medicine graduates had a ball



Medicine graduates from the University of Wollongong's Byron/Ballina hub celebrated at their Graduation Ball on 29 November 2014. Their local clinical placements were coordinated by the University Centre for Rural Health North Coast (UCRH).

The clinics where they undertook their supervised placements are shown in brackets.

Left to right: Dr Andrew Binns (GP), Alexandra Henry (North Coast Medical Centre), Michelle Durst (Prema House Family Medical), Ingrid Elvy (Holdsworth House Medical Practice), Dr Jane Barker (Regional Academic Leader, University of Wollongong/UCRH), David Glendinning (Goonellabah Medical Centre), Corinne Watson (Hold-

sworth House Medical Practice), Gabrielle Legendre (Lennox Head Medical Practice), Flora Zigterman (Placement Facilitator, University of Wollongong/UCRH), Ben Armstrong (Bullinah AMS), and Haddi Hughes (Bangalow Medical Centre).

The students spent 12 months in the Northern Rivers, with two days a week at a local General Practice and the rest of their time at local hospitals and the teaching program at UCRH.

Three of the graduate doctors have returned to the region for their internship - Alexandra Henry and David Glendinning at Lismore Base Hospital, and Corinne Watson at The Tweed Hospital.

# UNIVERSITY OF WOLLONGONG



### Sullivan Nicolaides Pathology a proud supporter of GPSpeak

Sullivan Nicolaides Pathology has had a dedicated pathologist at its Lismore Laboratory for over 25 years and now has four resident pathologists. With expertise in surgical pathology and special interest in the sub specialities of breast, gastrointestinal, skin and cytopathology.

For consultations T: (02) 6622 8666



## your local pathology provider

## Congratulations to Rev. Dorothy Harris-Gordon



*Rev. Dorothy Harris-Gordon, who was announced as the City of Lismore's Debra Rhodes Aboriginal Citizen of the Year, with Australia Day Ambassador Clyde Campbell and Mayor Jenny Dowell.*

When not offering her services as a pastor with the Uniting Church, or as a chaplain at both Lismore Base and St Vincent's Private Hospital, Dorothy can be found helping out at the Lismore Soup Kitchen or assisting families by delivering and picking

up school children.

She served as the ground-breaking first Indigenous female chaplain at Grafton Gaol for over a decade and is on call to assist the most needy members of our community at any time of the day or night.

## Exercise and mental health



Mental disorders account for the third largest source of disease burden in Australia, those with severe mental illness living from 10-32 years less than the general population. This gap has grown in recent decades. It is estimated that two-thirds of these early deaths can be attributed to inadequate access to medical care, poor diets, insufficient exercise, medications that induce weight gain and subsequent lifestyle-related diseases.

So what role can exercise play in managing mental disorders, and closing this life expectancy gap?

Unfortunately there is a limited amount of high quality studies on the linkages of exercise with mental health outcomes. Most of current research pertains to the effects of ex-

ercise as a treatment for depression, with recent meta-analyses indicating exercise may have a moderate to large therapeutic effect on those with mild to moderate depression.

Some studies have investigated the effects of exercise on those with anxiety disorders and schiz-

ophrenia, but with mixed results. Exercise seems to be effective as an adjunctive treatment for anxiety disorders, but less effective compared with anti-depressant treatment. Research on the effects of exercise in those with schizophrenia seems to indicate that exercise can improve certain aspects such as loss of motivation and cognitive ability, but has little effect on other symptoms such as delusions and hallucinations.

Perhaps one of the most key areas where exercise treatment may be effective in these populations is in the prevention of medication-induced weight gain and subsequent lifestyle related diseases.

Recent research has shown exer-

cise to be effective in significantly attenuating medication-induced weight gain in those experiencing first episode psychosis. Other studies indicate that patients with schizophrenia are twice as likely to develop type 2 diabetes compared to the general population. Exercise may have a significant role to play in the health outcomes in this population, with known benefits being the prevention of the onset of type 2 diabetes and improving glycemic control in those with type 2 diabetes.

Unfortunately, the exact types and amounts of exercise needed to achieve a therapeutic effect are yet to be determined. Based on the limited research, a minimum recommendation of at least 30 minutes three times per week at a moderate to vigorous intensity is recommended. This recommendation is similar to that advised for the maintenance of general health. However, it is important for exercise to be tailored to suit the needs of the individual, taking into account the fitness level, motivation and any co-morbidities that may affect a person's ability to maintain regular exercise. An Accredited Exercise Physiologist will be able to assist in the implementation of a patient-specific exercise program.

**by Jasmine Ritchie**



## Ballina gets new MRI Service

North Coast Radiology Group (NCRG) is pleased to announce the installation of a new state-of-the-art Siemens Aera 1.5T Magnetic Resonance Imaging (MRI) unit at its Ballina branch. The MRI unit features a short wide bore & quieter exams meaning it can accommodate more types of patients as well as assist in increasing patient satisfaction.

This MRI unit enables NCRG, with its accredited Radiologists and experienced team, to deliver the most comprehensive range of diagnostic imaging services in Ballina within the one location.

### For bookings and appointments:

☎ 02 6618 2900

📍 93 Tamar Street, Ballina NSW 2478

🌐 [www.northcoastradiology.com.au](http://www.northcoastradiology.com.au)

Computed Tomography (CT) | Magnetic Resonance Imaging (MRI) | Ultrasound  
Mammography | Bone Densitometry (BMD) | General & Dental X-Ray

More locally delivered services  
making a difference.  
*We see you.*

## Dr David Addenbrooke

Dr David Addenbrooke grew up on the NSW North Coast, receiving his primary and high school education in Alstonville, then studying medicine at the University of NSW in Sydney. He combined his medical studies with an arts degree in English literature and graduated in 2005. During his medical training, David delivered his first baby and from that moment directed his career towards Obstetrics and Women's Health.

David was accepted into specialist training in 2008 with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). During specialist training, he acquired advanced skills as a registrar at The Royal Brisbane and Women's Hospital, Gold Coast University Hospital and subsequently as senior registrar at St George Hospital (Sydney).

He continued his commitment to rural health, with appointments at peripheral hospitals including Lismore, Hervey Bay, Armidale, Wagga Wagga, Griffith, Bendigo, Launceston and Hobart. His intention, however, has always been to return to the Northern Rivers for long-term

practice. This has been realised with his recent appointment as a VMO Obstetrician and Gynaecologist at Lismore Base and Ballina Hospitals

David has experience in the full range of Women's Health sub-specialties, including high risk pregnancy management, infertility, urogynaecology (bladder and prolapse concerns) and gynaecological cancer surgery. He has a special interest in promoting natural birth experiences, including offering "Natural Caesarean", vaginal birth after Caesarean (including multiple Caesareans) and lotus birth.

In addition to traditional one-to-one Obstetrician care, David is committed to collaboration with midwives to offer women options for joint models of care whilst retaining the reassurance of his support should a crisis occur in labour.



His other interest is in non-invasive surgery. He is skilled in complex laparoscopic surgery, including advanced endometriosis excision. For the first time in the Northern Rivers, Total Laparoscopic Hysterectomy (TLH) will be offered to women under David's care - avoiding the need, in many patients, for traditional open incisions. Women undergoing TLH will often be pain free and ready for discharge on the day following surgery and enjoy a much more rapid recovery compared with open hysterectomy.

David also offers a wide range of vaginal surgeries for prolapse and bladder incontinence, including advanced procedures such as sacrospinous fixation, paravaginal repair and tension free vaginal tapes.

David has commenced private practice and is working in association with Dr Phillip Steele, from his rooms located at 62 Diadem St, Lismore. David and Phil will share private obstetric cover on week-ends.

David is happy to talk to GPs about any aspect of obstetric or gynaecological care. He can be reached via his rooms in Lismore and additional information is available from his [website](#).

## North Coast Radiology supports local artist

North Coast Radiology, the leading provider of Medical imaging services within the Northern Rivers region, recently invested in a new MRI service for their Ballina Rooms. In an effort to make the new state of the art facility as welcoming for patients as possible, they commissioned local photographer Dane Hodkinson of DB Hodkinson Photography to capture some local landmarks to put on the wall.

The result was amazing' said Andrew Hooper, Chairman of North Coast Radiology, 'We really wanted to open the space up as much as possible and

make the room less clinical feeling'. This is considering that the local photographer, Dane, had just 3 days to come up with the perfect landscape shots. The 2 shots are of The Ballina river mouth and Lennox Point and take up the full length of each side of the new MRI Room. When talking to him about the process he said 'I had 3 days to do this prior to the MRI Magnet being installed, and the weather was foul. As it happened I managed to get these 2 shots within 20 minutes of each other, including the driving!'

Andrew Hopper said 'It is great when we can support a local business in this way, especially when in the medical profession we rely so heavily on global manufacturers for our medical imaging technology. So as a local business we always try to support local businesses when we are making any upgrades to our services - and it is made all the more special when you see patient reactions to the images and enjoying a welcoming and calming environment for their MRI scan'.



Local photographer Dane Hodkinson with Dr Andrew Hooper, Chairman of North Coast Radiology

## My Favourite Magnet

On 4 April 1968, five years after his "I have a dream" speech, US civil rights campaigner, Martin Luther King ("MLK") was shot dead on the open verandah of the Lorraine Motel, Memphis, Tennessee.

Rooms 306 and 307, which were regularly occupied by Dr King and his fellow preacher-activists, were preserved as part of a specially built National Civil Rights Museum, a testament to the struggle for African-American equality.

The passage from Genesis reads, "And they say one to another, Behold, this dreamer cometh.

"Come now, therefore, and let us

slay him, and cast him into some pit, and we will say, Some evil beast hath devoured him: and we shall see what will become of his dreams."

MLK Day is a national holiday in the USA.



**Magnets are a portable and popular travel souvenir. Back home on the kitchen fridge, they're a tiny reminder of our trip... amusing, kitsch, thought provoking, or nostalgic. Readers are invited to contribute to 'My Favourite Magnet' – send a high-res photo/scan and up to 150 words of background information. Submit to [editor@nrgpn.org.au](mailto:editor@nrgpn.org.au)**

## Plain-pack cigs under threat?

*Small ads running in the national press may have big implications for public health, as Robin Osborne reports...*



National advertising placed by the **Department of Health** appears to suggest that the impacts of plain-packaging tobacco legislation on tobacco companies will outweigh the health benefits of making cigarette packs unappealing to present or potential smokers.

Seeking public input to a ‘post implementation review’ on the measure, introduced by Labor’s then-health minister Nicola Roxon, the ad advises that a consultant has been engaged to “inform an analysis of the material impacts of the tobacco plain packaging measure on stakeholders and, where possible, quantify the costs and benefits of the measure.”

To what extent the public – smokers or otherwise – are seen as ‘stakeholders’ is unclear. So is whether lessening the risk of lung cancer through repugnant imagery might qualify as a ‘material impact’.

Quantifying the ‘costs’ of the measure sounds ominous, too, while analysing the ‘benefits’ could be a challenge for plain-pack advocates, as the measures must be seen in conjunction with higher taxes and public health campaigns (largely dropped

since the Abbott government moved to disband the Australian National Preventative Health Agency).

Even before the advent of the plain-pack law the tobacco companies have asserted that financial disadvantage would result from their inability to compete on package design (mindful of PR, they have always insisted they do not wish to recruit more smokers, especially the young).

One major furphy has been that smokers would turn to illegally made or imported cigarettes, said to be of a lower ‘quality’ than the branded products, and cheaper, meaning (so the companies say) that people will smoke more.

In fact, overall tobacco sales are trending downwards, and plain packaging is regarded by untainted analysts as a notable success – a number of other countries have either emulated the move or are looking into it.

“All interested members of the public are now invited to have their say and submit a response to inform the Post Implementation Review,”

the ad reads.

What constitutes ‘the public’ is listed on the consultant’s **website [www.sigginsmiller.com/plain-packaging](http://www.sigginsmiller.com/plain-packaging)** which advises that stakeholders may include (listed in this order) tobacco industry representatives, tobacco wholesalers and retailers, tobacco product packaging manufacturers, and other parties.

Near the bottom of the list come public health experts and organisations, and the general public and consumers.

The consultation runs until 27 March 2015.

Australia’s plain packaging legislation was the trigger for a recent 18-minute segment on America’s ‘The Last Week Tonight’ show, featuring comic host John Oliver. The biting funny clip (#JeffWeCare) skewers tobacco companies for their selective use of data and legal judgments, and bullying tactics against small nations.

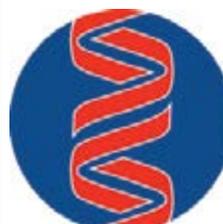
**<http://thenewdaily.com.au/entertainment/2015/02/17/john-oliver-tackles-us-institutions-killer-episode/>**

Advertise with 

**GPSpeak**

contact [editor@nrgpn.org.au](mailto:editor@nrgpn.org.au)

**SOUTHSIDE  
HEALTH & HIRE  
CENTRE**



**Sullivan  
Nicolaides  
PATHOLOGY**

## Book Review

Robin Osborne

Editor GPSpeak



### Sawbones, Saddle Burns & Soothing Balms

*Medical Practitioners in the Richmond Valley*

1866-1986

Neil Thompson (nelaint@bigpond.net.au)

Busy in retirement, orthopaedic surgeon Neil Thompson has just self-published this extraordinary labour of love, documenting the names and professional histories of every registered medico to have practiced in the Richmond Valley over the past 120 years.

While a head count is not offered,

high principles... after a young girl patient of his complained to him about indecent behavior towards her by her father, Dr Aitken took his stick and the law into his own hands and beat the guilty father about the head, so that the man had to have his scalp wound sewn up by another doctor in the town.”

The magistrate levied only a small fine because the father was deemed to have deserved it.

Arranged alphabetically by locations, from Alstonville to Woodburn, the 228-page volume has a foreword by Dr/Brigadier Brian Pezzutti, NNSW LHD chair and Army reservist, who notes that the catalyst for the book was well known local surgeon Austin Curtin.

He writes that “the painstaking research of this historian is to be admired all the more because it was undertaken pretty much on his own,” adding it was a “long and tortu-

ous task.”

The same does not apply to the reader’s task: while focusing on the biographical content, the work is peppered with historical photos and entertaining anecdotes.

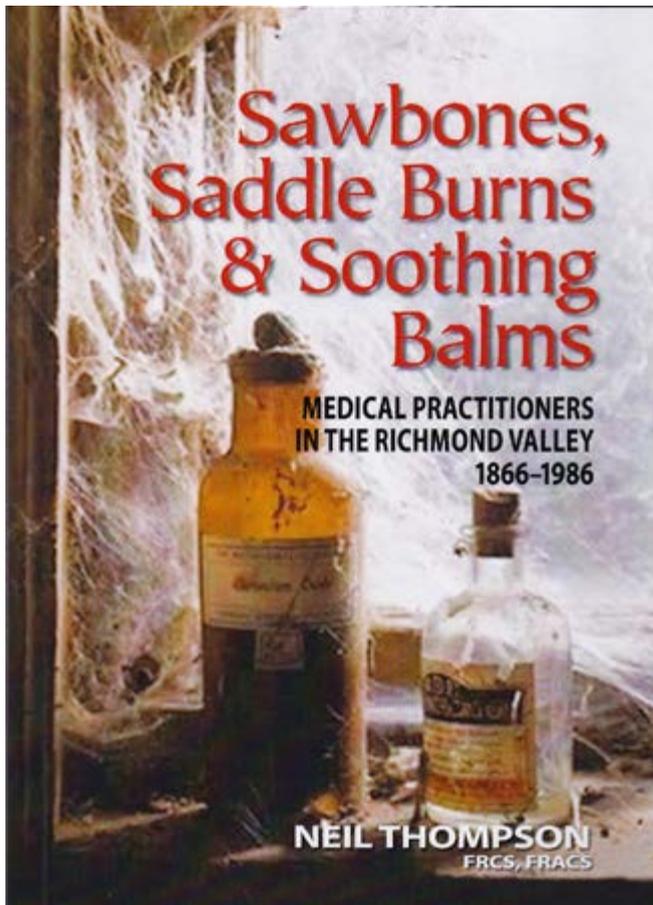
As a Bangalow resident, I was attracted to the story of the Corlis

Family, said to have had “a profound effect on the medical development of the Richmond River region.”

First came Josiah, a minister in Canada who charged tack to study medicine at McGill University in Ontario. Not to be outdone, his wife Margaret – pictured in Victorian attire in her rooms – squeezed in getting her MD around a busy life with her husband and three sons, graduating in 1885, and moving with the family to a “more friendly climate”. She would become one of the earliest female doctors on the NSW and Australian registers.

After practising in central Sydney, she moved to Bellingen, only to encounter an infamous imposter, masquerading as a doctor, who tried to defraud her. That he failed is hardly surprising.

This is a cracking read, and a valuable contribution to the region’s history. The author would like someone else to take up the challenge to report our medical history since 1986. Hopefully this will not take another 100 years, for the recent decades have been just as interesting and characterised by change.



a rough tally of the names in the index suggests that a roll of at least 500 doctors have ministered to the area’s populace over this time, with many having experiences going well beyond the strictly medical.

The author describes Kyogle practitioner James Aitken, who also worked in the Tweed, as “a man of

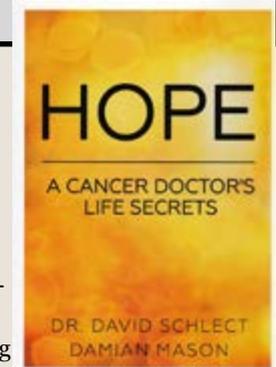
“Sawbones, Saddle Burns & Soothing Balms“ is priced at \$50 including postage and handling. It is available from:

Neil Thompson  
PO Box 1788  
Byron Bay 2481

**Book Review**

**Hope – A Cancer Doctor’s Life Secrets**

David Schlect & Damian Mason



The initial print run of this work was sponsored by Genesis CancerCare Queensland, and a second edition is on the cards if people heed the advice of Dr Bev Rowbotham, director of haematology for SNP in Brisbane: “At last, the distilled wisdom that makes good doctors into great doctors... Buy two copies of this wonderful book – one for yourself and one for your doctor.”

Dr David Schlect is a consultant radiation oncologist at The Wesley Hospital, Brisbane, and co-author Damian Mason is a graduate psychologist and radiation therapist who has worked in cancer care for twenty years.

They have combined their skills and experience, added a strong dose of compassion, and produced a valuable guide to help people with a cancer diagnosis maximise the quality of their lives.

“The concept or phenomenon of ‘hope’ has become much maligned

in recent times,” they write, adding, “From our perspective in cancer care, this negative perspective of hope could not be further from the truth.”

They address the seeming paradox by describing hope as “very much an active, adaptive response to one of life’s greatest challenges - a cancer diagnosis: the moment an individual may be confronted with their own mortality for the first time.

“From our perspective, hope is an integral component to successfully coping with life’s many and varied travails... High-hope individuals are more likely to find benefits in their attempts at coping with stressors.”

As they suggest, coping is as important as hoping, and this is where practical strategies become important.

With the help of case histories and life affirming quotes - from Lord Byron, Charlie Chaplin, Gandhi and many in between - the book

discusses the importance of developing ‘The Plan’.

Key to this are support networks, suitable exercise, rest, and taking enjoyment from life’s pleasures – bungee jump if you will, otherwise have coffee with friends.

Useful advice includes taking action, being willing to change (with more than a nod to Norman Doige), to laugh, to love, and, hopefully, to accept.

“No one can really know how they will react if they were faced with a cancer diagnosis... we simply hope that we are able to emulate their courage, resilience, and choices, if we were ever faced with the same or similar challenge.”

This little (111-page) book would

**Nurses are available weekdays to provide advice about CPAP machines and compression stockings**



**Fisher & Paykel**  
HEALTHCARE

**CPAP supplier**



**SOUTHSIDE**  
**HEALTH & HIRE**  
**CENTRE**



**Doff N' Donner** puts compression garments on safely and in minutes.

*new*

**Southside Pharmacy**  
13 Casino Street  
Lismore, NSW 2480

**Ph 0266 214440**  
health.sspharmacy@westnet.com.au  
www.southsidehealthandhire.com.au

**Our nurses** take the time to optimize your patients’ health outcomes.

## High-flyers heading to Hobart conference

Rapidly establishing a reputation as a focus of creativity – think David Walsh’s MONA gallery, Richard Flanagan’s Booker Prize win, and global awards for its single-malt whiskies – Tasmania is hosting a major conference on health system innovation.

The focus of the ‘Sustainable Healthcare Transformation’ conference in Hobart from 18-20 March is the improvement of hospital performance in Tasmania, nationally and globally.

Amongst the high-flying presenters are Sir Robert Naylor, Chief Executive of University College London Hospitals, knighted for services to UK health care, Professor Chris Baggeley AO, Australia’s Chief Medical Officer, Anthony Moorhouse, CEO of emergency management firm operating Dynamiq, and well-known spokesperson on youth matters, Holly Ransom.

An ‘on-the-couch’ panel session with key speakers will be hosted by former ABC North Coast station manager, and popular breakfast host, Martin Corben.



*Conference dinner will be held at the Museum of Old and New Art (MONA).*

Particular attention will be paid to developing more innovative ways of providing clinical care, according to University of Tasmania Assoc Prof Craig Quarmby, Co-Director of Health Services Innovation Tasmania, which is implementing clinical redesign in the Tasmanian hospitals under a Federal funding package.

“This will be a valuable event for anyone whose focus is providing high-quality care in a tight fiscal environ-

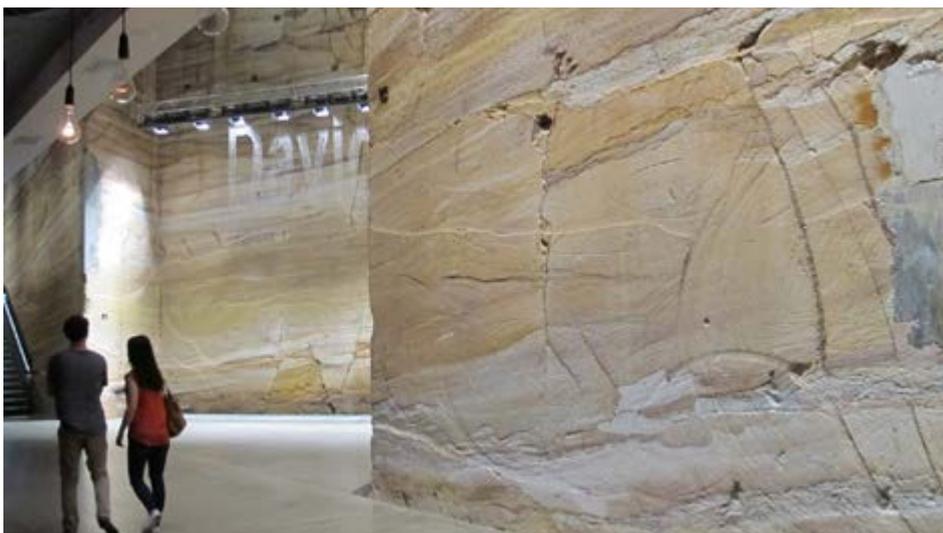
ment,” Assoc Prof Quarmby said. “Some of these innovations have already been implemented, many are being planned, while others have yet to be identified and explored.”

Conference speakers come from the forefront of transformative change in the field of healthcare, higher education and manufacturing industry. As leaders in innovative organisations they have a range of valuable experiences to share with clinicians and healthcare planners in Tasmania and beyond.

The conference is designed for:

- Medical, nursing and allied health clinicians from the primary care or acute sectors both public and private.
- Health service and hospital managers.
- Policy makers within government.
- Educators and researchers.

‘Sustainable Healthcare Transformation’ will be held at the Hotel Grand Chancellor, Hobart, from 18-20 March 2015. Further details at <http://www.healthcaretransformation.com.au/>



*MONA art gallery interior*

The inaugural conference will address the challenges of delivering quality acute care in an era of rising patient demand and tighter funding.

ment,” Assoc Prof Quarmby said.

“At a time of growing demand and finite budgets, both at a state level and federally, it is unrealistic for the health sector to try and spend its way to improvement.

“Nationally and internationally, it

## Patch of paradise aims to send illness packing

It is billed as “an integrative holistic residential treatment centre providing specialised support services for individuals struggling with drug and alcohol addiction, eating disorders, depression, anxiety, trauma and co-dependency.”

However, Nungkari (the word means an Indigenous traditional healer) can be described more simply as a touch of paradise in the Byron Bay hinterland where a clinical team can draw on the environment to assist the recovery and sustainable wellbeing of their patients/clients.

Conditions addressed also include Trauma/PTSD, Sex Addiction, and Pain Management.

Although situated in a quiet setting with million-dollar views, the purpose-built treatment centre, whose doors open on 9 October, is not aimed at rich celebrities seeking a luxury detox, according to clinical director David Godden.

David, who has worked at The Buttery, Lismore mental health and other local settings, is well attuned to the diverse demographics of need, whether from local residents or out-of-towners needing support.

“We are extremely conscious of that elitist kind of image and keen to avoid attracting it,” he explained, while workmen laid turf and applied the final coats of varnish to the decking of the pavilion area.

“To ensure equity of access we are in the process of developing an outpatients program that will operate in parallel with our 5-bed residential program. This will enable people who may not have the money or the time for six weeks of live-in to still access the expert multidisciplinary support we offer.”

As well as David, as coordinator, the clinical team includes Consulting Psychiatrist Peter Siefken - also trained in naturopathy - Disordered Eating Program Consultant Jodie Gale, Psychotherapist Isa Pfluger, Family Therapist Maria Dolenc, formerly at Manly’s South Pacific Private Hospital, Cranio Sacral Thera-

py/ Sound Healing / Equine Assisted Therapy Co- Facilitator Leandra Gurbiel, – Naturopath/Nutritionist Sue Daly, and Yoga and Meditation Therapist Emma Grant.

Regular GP access is available through local practitioners.

“Nungkari Treatment Centre offers a 42-day integrated residential treatment program,” David explained.

“Our clinical team believes this allows for adequate time to detox and physically address the underlying issues that are contributing to your life struggles.

“We address each individual’s needs when developing a treatment plan and understand that each client is unique with their own story to tell.”

From past experience, David believes that some programs risk empowering groups over individuals, with a risk that those who stop attending meetings may feel alone, and be vulnerable to behavioural relapse.

“Our specialised program will help residents address issues holistically while developing the strategies and skills needed to regulate emotions and behaviours, particularly when confronted with difficult situations or challenging environments.”

For instance, clients with eating disorders will be assisted to deal with food related issues such as shopping, storing and preparation. Trips to the local farmer’s markets are envisaged, David said.

A maximum of five residents can be accommodated individually in the simple yet stylish rooms. Daily, they access a range of therapeutic interventions and activities, from personal and facilitated group therapy to yoga and equine therapy (horses brought to the paddock next to the buildings), and organic wholefood nutritional support.

People with substance dependency issues are strongly encouraged to



*Clinical director David Godden in the superb setting of the Nungkari Treatment Centre.*

access the relevant 12-step programs. Mobile phones are out, and contact with family is allowed just once a week. Internet can be accessed for one hour per night, upon approval.

After their six-weeks residential clients are encouraged to enter the four-month supported living program ‘Stepping Stones’, a transition program based in a group home in Byron Bay.

“Stepping Stones offers a safe and secure home-like setting for clients who have completed the residential program,” David said.

“Components include house meetings, individual case management, living skills, peer support and 12 step meetings.

“Residents are also encouraged to access supports available to them through the program at Nungkari Treatment Centre.”

The home is situated in close proximity to healthcare and medical supports, beaches, public transport, and 12-step meetings for those who are attending them.

“We understand that the transition back to previous living arrangements can be difficult and daunting. Without proper supports individuals may find themselves back in old behaviours and patterns of addiction.

“Our program is designed to hold clients in a safe, less restricted environment allowing a thorough integration of life skills to better prepare residents for life outside of treatment.”

[www.nungkaritreatment.com.au](http://www.nungkaritreatment.com.au)

## Byron's new hospital shapes up

The chosen 6 hectare site at Ewingsdale, on the approach road to Byron Bay, is being rapidly transformed into the new Byron Central Hospital (BCH), scheduled to be opened by mid-2016.

The enabling and early works stage has included the completion of internal road base preparation, site in-ground drainage, bulk excavation and cut/fill, and installation of temporary site sheds.

More than 15,000 cubic metres of earthworks have been completed, and over 1,500m of stormwater pipe installed to date.

Taking shape is a new facility to replace the smaller hospitals in Byron Bay and Mullumbimby, estimated to cost \$80M. Its aesthetic design



*Aerial view of the Byron Central hospital construction site at Ewingsdale, looking north-east.*



*Construction teams working with contractor Brookfield Multiplex are rapidly transforming the site.*

incorporates a range of environmentally friendly features.

Services to be offered will include 24-hour emergency attention, with 14 ED acute treatment spaces; 43 overnight inpatient beds; low-risk maternity services, 20-bed, non-acute mental health unit; X-ray, ultrasound, CT, and OPG (dental imaging); 4-chair dental service, 4-chair chemotherapy unit, and ambulatory care services.

There will be expanded ambulatory clinic space for visiting medical services, allied health and community health clinics, plus co-location of community and allied health.

BCH will have over 2,400 power points and 700 data points, and some 102,000m of communications cabling and 95,000m of power cabling.

The construction contractor, Brookfield Multiplex, has a strong commitment to Aboriginal participation in its workforce, and using local contrac-

tors wherever possible.

Community members continue to show close interest in the process aimed at creating a surgical service with specialists undertaking day surgery, including diagnostic procedures, for public patients on the NNSW LHD's booking list, as well as privately insured patients.

Consistent with statewide procedure, public patients would not be charged for these services. Nor is Byron Central Hospital part of any public-private partnership process, as it is a public hospital funded by the NSW Government. A 'market sounding' to explore interest in a suitable surgical model is continuing. This is focused on the nature of the opportunity, value for money for the state, and viability for the private sector.

The process has involved targeted approaches to potential providers, and extensive advertising and online presence. Although interest to date has been limited, proceeding to a tender process is considered justified, and may begin soon.

## Rainforest gardens thrive on 'rubbish' land

Long known as the Lismore tip, or even less attractively, the town dump, the facility that manages the city's wastes is now called the Lismore Recycling and Recovery Centre.

The change is not just in the branding, but in reality, with the well managed facility becoming the envy of many a local Council.

An equally dramatic transformation has taken place at the adjacent Rainforest Botanic Gardens. Here, on a sizeable patch of once unappealing scrub, characterised by weeds, fallen trees, and illegally dumped rubbish, knowledgeable and enthusiastic volunteers are creating a network of walking paths through regenerated sub-tropical forest.

Such a project was long the dream of Friends of Lismore Rainforest Bo-



*Callcarpa Berries at the Rainforest Botanic Gardens*

anic Gardens, a group formed well before a site had even been identified. A founder member was plant enthusiast and long-serving retired local GP, the late Calder Chaffey (see separate story).

Today, the gardens are a protected space where representatives of all the unique plant species of our sub-tropical area can be grown in an ecosystem where they will thrive.

And thriving they are, thanks to the energy of the Friends and the support of Lismore City Council, and other community benefactors.

**The Lismore Rainforest Botanic Gardens** were officially opened on 5 June, 2013, fifteen years after the Friends was founded. The focus was to be on rainforest and other plant species endemic to an area within 200 km of Lismore.

"The aim is to support the conservation of local rainforest species, facilitate scientific plant research, educate about this special environment, preserve the history of human interaction with the rainforest, and provide a place for recreation," explained the coordinator of the Gardens' guided walks, high-energy octogenarian Geoff Walker.

Only a few steps onto a forest track, the visitor finds it hard to believe that Lismore's CBD is only two minutes' drive away, and a huge waste facility next door.

To enable a better understanding of the species mix, the Gardens have a range of information signs and individual tree labels, while seats and picnic areas are conducive to a longer stay. The air is cool, and there's the added attrac-

tion of wildlife spotting. Koalas are regularly sighted, mostly around the barbecue area, and in big old gums at the far end of the Rainforest Walk at the western end of the Gardens. Wallabies are also regulars and there is abundant bird life, including an active scrub turkey mound.

When GP Speak visited, Geoff pointed out a lorikeet nest, complete with a curious emergent chick, high in a eucalypt.

So far, more than four hectares have been planted with dry, subtropical and riverine rainforest species,

with the volunteers weeding, clearing, planting and doing maintenance for hours every week.

"Visitors ask how long before the work is finished," Geoff says, with a laugh. "We tell them about three hundred years"

The Gardens were to have been on a site at Wollongbar, near the Alphadale crossroads, but acquiring the land became too expensive, and sights were turned elsewhere, closer to town. In time, Lismore City Council came to the party, supported by the NSW Government and private donors.

The latest project is establishing an easy access Sensory Garden, with wheelchair friendly main paths, and plantings of windbreak trees along the south and north boundaries. Visitors will be encouraged to enjoy the perfume, colour, shape, surface coverings, and movement of the plants.

Plans are afoot for a Commemorative Garden to 'Salute the Service' of Australian military personnel and highlight their ingenuity in the use of plants for food, medicine and other purposes in times of conflict.

An added attraction is the adjacent Hoop Pine (*Araucaria cunninghamii*) forest, planted in 1984 by NSW Agriculture and Council to show farmers that camphor laurels could be controlled through poisoning and replacement with this valuable local rainforest species.

The forest is a huge hit with local school groups, many children saying they have never been in a real forest before.

**Lismore Rainforest Botanic Gardens** is open every day except public holidays, and access is free of charge. There is a gas BBQ, piped water, toilets and an information centre.

*by Robin Osborne*

## Calder Chaffey, man of medicine and plants

*Geoff Walker from the Friends of Lismore Rainforest Botanic Gardens pays homage to a GP who became a towering figure in North Coast botany.*



*Geoff Walker at the Lismore Rainforest Botanic Gardens*

After graduating from The University of Sydney and working for over forty years as a general practitioner in Sydney and on the South Coast, Dr. Calder Chaffey retired in 1986. For many years, as he and his wife Beryl (also a GP) developed the Dapto Medical Clinic, their limited leisure time had been devoted to their family and the growing of Australian native plants, ferns and orchids.

They planned to spend their final years on 1.5ha of basalt soil in Wollongbar, and as they travelled north for their retirement, their trailer was laden with such potted plants.

His passion for botany was heightened when he cleared the lantana from the large gully on his block, to find hidden rainforest plants then unknown to him.

He told me that they chose Wollongbar because it had the best climate, ideal soil and “was close to a good Base Hospital”.

Calder and Beryl became collectors of native ferns and amassed quite a library of dried specimens. He built a large fern house, complete with automated watering, and began to study eucalypts and Far North Coast rainforest plants.

Calder was truly a scholar and a man of letters. His extensive library

included original manuscripts and books written by the early Australian explorers.

He joined fern societies and was President of the Far North Coast Branch of the Australian Plants Society. With his hand lens, microscope, leaf press and computer, he became a prolific

contributor to native plant magazines and for Landcare. He authored six books on plants and edited several others.

His two Field Guides to Australian Ferns, sponsored by Southern Cross University, broke new ground. These guides described 730 distinct ferns with listed locations from Tasmania to the Tropics. At the time of his unexpected death, he had completed two books on eucalypts and ferns for SCU students.

Calder Chaffey spent many hours engrossed in identifications within the SCU collection and was its guest lecturer on ferns and eucalypts. It was here, using the electron microscope, that he developed a new key for the identification of eucalypts using only the unique markings on the seed capsules of each tree.

After Beryl's death, Calder travelled widely in Australia, joining expeditions at the invitation of university botanists, and collecting grevilleas in New Caledonia and ferns on Lord Howe Island. In the latter location he re-discovered a rare fern first collected in the 19th Century and thought to be extinct.

One of his last expeditions with botanists was west and then north

from Cook on the Transcontinental Railway (now the Indian Pacific) across three deserts to reach and follow The Canning Stock Route in Western Australia.

Calder was involved with the Lismore Rainforest Botanic Gardens from its inception. He and his scribe were a familiar sight as they listed the co-ordinates of all the major flora within the new gardens. Just before his death in 2006, Calder wrote a book on the botanical names of all the plants in the Rainforest Gardens, listing their Latin pronunciations, common names and meanings.

Like his other books, its copyright was presented to The Friends of The Lismore Rainforest Botanic Gardens.

Calder passed away in 2006, before his beloved **Lismore Rainforest Botanic Gardens** were opened to the public. He and Beryl left two sons, five grandchildren and a legacy for the future of Lismore that will outlive us all.



*The late Dr Calder Chaffey's resting place*



## Radiation oncology specialists at Byron Bay

Rapid access to advanced radiation treatment for publicly and privately referred cancer patients now available at Byron Bay Specialist Centre.

Dr Grant Trotter and Professor David Christie (Radiation Oncologists) attend the Byron Bay clinic once every three weeks. They have extensive experience in treating all major cancer types including Head and Neck, Lung, Breast, Prostate, Colorectal, and Skin malignancies.

For further information about our Byron Bay clinic service please contact our Tugun centre on (07) 5598 0366 or email: [ccq.reception.tugun@genesiscare.com.au](mailto:ccq.reception.tugun@genesiscare.com.au)

**Consultation clinic address:**

Byron Bay Specialist Centre  
Suite 6 / 130 Jonson Street  
Byron Bay NSW 2481

[www.genesiscancercareqld.com.au](http://www.genesiscancercareqld.com.au)



**St Vincents**  
Private Hospital Lismore

Refer your patients to the Hospital that is dedicated to providing the best in hospital care

Your *first choice* in hospital care

St Vincents Private Hospital is an acute surgical, medical, rehabilitation and palliative care hospital which provides a wide range of services.

**Surgical Services**

- Ear, Nose & Throat
- Endoscopy
- General Surgery
- Gynaecology
- Ophthalmology
- Oral & Maxillofacial
- Orthopaedics
- Plastic Surgery
- Urogynaecology
- Urology
- Vascular Surgery

**Medical Services**

- General Medicine
- Haematology
- Infusional Service
- Oncology
- Palliative Care
- Rehabilitation/Hydrotherapy (Inpatient & Day only programs)
- Renal Dialysis
- Sleep Studies



Ph 02 6627 9600 [www.svh.org.au](http://www.svh.org.au)