



MyACMA

OFFICIAL PUBLICATION

26:2 2016



First 2016 Wednesday night education seminar in March, held in Chatswood. Topics – radiation oncology update, minimally invasive cardiothoracic surgery update and spinal surgery referral.

Special feature this issue – member survey report

AUSTRALIAN CHINESE MEDICAL ASSOCIATION

The Australian Chinese Medical Association (ACMA) Inc in NSW was formed on the 20th September, 1990. ACMA is also a foundation member of the Australasian Council of Chinese Medical Associations across Australia and New Zealand. Membership is open to all registered medical practitioners in Australia.

THE AIMS OF THE ACMA ARE:

- To promote professional standards for its members
- To provide a forum for professional and social exchange amongst members
- To promote and conduct continuing medical education and research
- To respond to community issues affecting its members
- To acquire knowledge and respond to health issues affecting the Australian Chinese community
- To contribute to deserving charitable causes and organisations
- To promote mutual understanding and liason with other medical organisations

Submissions, corrections, enquiries

Please do not hesitate to send to Dr Cecile Chu, MyACMA editor and Dr Kar Yin Fok, assistant editor at ceciledotchu@gmail.com.

Contact details

email: office@acma.org.au
tel: 9873 6222
fax: 9872 4777
url: www.acma.org.au

Vale

Our previous legal advisor Mr James Lee passed away Thursday 30th June 2016. Instead of sending flowers the family would appreciate that a donation be made either to the Smith Family or the RSPCA, in memory of his interest in helping less privileged children and his love of all animals.

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PRESIDENT'S ADDRESS



*A/Professor Vincent
Lam
ACMA President*

2016 has seen ACMA evolve with the changing times and with it comes a challenge for the years to come. The recent federal budget brought very little good news. The extension of the Medicare rebate freeze until 2020 is a particularly devastating to all medical practitioners with private practices in particularly those offering a “bulk billed” service. At the time of writing this presidential report, the results of the federal election in July remained unclear although the prediction is that the Coalition will probably get the numbers to retain office with/without the support from the

independents. We should be guarded with the electoral promises but the “temporary” rebate freeze does appear to be a firm Coalition policy for cost saving and likely to remain in place as long as medical practices are prepared to absorb the losses. As a profession, we will have to be careful to ensure that the blame lies where it belongs. The government will blame greedy doctors for withdrawing from bulk billing. We must keep our patients on side by ensuring that, from the very beginning, they know that financial reality means that we cannot universally discount the price of our medical services. However, medical practitioners are not alone with the funding cut. The proposal for the Coalition government to cut the bulk billing incentive payments to essential pathology services and diagnostic procedures was temporarily held off by Malcolm Turnbull during the election campaign period. Sonic Healthcare, which owns Douglass Hanly Moir Pathology (DHM), also reported a net profit decrease of 4.3% for the year ending 30th June 2015.

On another note of DHM, Marita Lysaght, the Client Services manager at DHM, has stepped down her role from June 2016, for a new life in France with her husband Michael. Over the years, Marita has provided excellent support to all ACMA members and the much needed sponsorship to ACMA. We wish her well on her new venture. We are fortunate enough to have Zita Dettori, a long standing employee of DHM, to take up Marita’s position and we are looking

forward to the ongoing relationship and commitment with DHM. The current ACMA monthly Wednesday Education Seminars, Annual Scientific Congress, Annual ball and Chinese New Year Dinner will not be possible without the support from DHM.

One of the biggest challenges for ACMA is sponsorship, with Douglass Hanly Moir Pathology being our only long term partner and sponsor. More long term sponsorships are needed in order to improve ACMA for the benefit of our members. If you know of any potential sponsors for ACMA, please feel free to pass on the details to me via email (vincent.lam@sydney.edu.au) and I will deal with the rest. Nevertheless, ACMA has established a number of new relationships over the past 18-24months:

- *We are partnering with The Private Practice for various heavily discounted courses aiming to provide an in-depth understanding of all aspects of establishing and managing successful medical practices, together with training on the actions, processes and habits required to achieve and maintain one's desired lifestyle.*
- *We partnered with Norwest Medical Imaging Group for the first ACMA Networking Dinner including a wine expert session at Golden Century Seafood Restaurant on 19th May 2016. Professor Danforn Lim has worked hard for this initiative and the second ACMA Networking Dinner*

will be held at the Parramatta Phoenix Chinese Restaurant and the details will be released very soon.

- *A partnership between ACMA and Sydney Badminton Association was established recently and this would not be possible without all the hard work by Dr Seng Chua. Heavily discounted three-month Badminton Beginners Class and Badminton Enhancement Class as well as free social sessions are currently offered to our members. Please register early as spaces for each class are limited.*

Thanks to our members who responded to the recent ACMA member survey on improving the quality of the ACMA membership and the Association's event and activities. Your input is invaluable and where possible, the management committee will endeavor to undertake changes based on your comments and suggestions.

Stayed tuned for activities planned for the rest of the year!! In particular, ACMA Annual Ball will be held at Opera House on 3rd December 2016. This event will be jointly sponsored by Maxmillian Group and ACMA principal sponsor – Douglass Hanly Moir Pathology. Please mark the date on your diary and we look forward to your company with good food and wine and lots of entertainment at this Sydney iconic venue.

ACMA MEMBER SURVEY REPORT

Dr Young Yu

A big thank you to everyone who contributed to the ACMA survey. In particular, thank you to Dr Vincent Lam for distributing the survey and Dr Season Yeung for collating the data. The purpose of this survey was to get feedback from our members, focusing on what activities were most relevant to them and how we can improve serving our members with the view of increasing membership.

We had a total of 53 responders to our survey. They were spread across a broad range of membership time. With close to 40% having been a member for less than 5 years, and 50% having been a member for more than 10 years, it reflected representation from both senior and newer members. When asked about what they found was most important for them as an ACMA member, collegiality and a sense of comradery was reported by 27%, followed by our monthly education seminars at 19%. Career day, Chinese New Year dinner, winter buffet and overseas conferences had a poor showing with only 2 – 6% reporting these events as relevant to them.

Education seminars are the most popular activity. However members expressed some challenges attending ACMA events as a whole. A lack of time (in particular) and the location where the events were held were the two most reported concerns. Others (17%) wanted more relevant

topics broadening to alternative Chinese medicine, financial and superannuation etc.

A number of suggestions were made to drive membership uptake. 23% of responders suggested we advertise and focus on targeting younger members through youthful activities. Following closely behind, 19% highlighted the value of improving referrals and improving networking.

Social media utilization (Facebook) was limited, with 26% not responding and 19% who say they do not use Facebook. For those who use our website, most were interested in current events and membership details. All members reported use of the ACMA newsletter, MyACMA. A little over a third consistently read it and 40% had read over 50% of the issues.

We had varied response to expanding membership to include medical students and allied health. Broadly speaking 41% of people supported the idea of medical students and /or allied health joining the ACMA.

Our cancer services have always stood out.



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NEW MANAGING COMMITTEE MEMBER PROFILE

Dr Michael
Suen

Dr Michael Suen received his undergraduate degree from the University of New South Wales. He completed a Masters degree in Colorectal Surgery from the University of Sydney in Year 2010, with his dissertation focused in the management of bowel obstruction from bowel cancer using colonic stents. He obtained further subspecialty colorectal fellowship training via the Colorectal Surgical Society of Australia and New Zealand (CSSANZ) in advanced laparoscopic colorectal surgery and pelvic floor management. He has particular interest in bowel cancer screening and management, minimally invasive surgery for bowel cancer, defaecatory disorders such as faecal incontinence and obstructive defaecation, and minimally invasive treatment for haemorrhoids and other proctological conditions. He is a senior lecturer in the University of Sydney with his main academic interest in perioperative care after

bowel cancer surgery. He holds a colorectal staff specialist appointment in Concord Repatriation Hospital and also operates in Strathfield Private and Sydney Private Hospital. He can speak fluent Cantonese and Mandarin.

*Digestive Pelvic Floor Centre
Suite 107, 3 Railway Parade
Burwood NSW 2134
T: +61 2 80843831 | F: +61 2
80843881
E: admin@dipelvic.com.au |
Web: www.dipelvic.com.au*

LETTER FROM ACMA TRUST CHAIR

Dr Gabriel So

Dear fellow members.

It's marvelous to see My ACMA going green – now distributed in electronic format. It's environmental friendly, economical and can be accessed by members at any time or place when they have an electronic device with/without internet connection.

ACMA trust is continuing its restructuring and our honorary legal adviser Mrs. Cathy Lam is working hard on its finer details. We expect the time frame will be twelve months.

The Trust donated a total of \$12,000 to CanRevive after the last ACMA annual dinner.

As we progress into the next decade, data collection with quantum computer power will bring about further advances in information technology, genes therapy, evidence based problem solving, individual tailored medical therapy and more transparency in all medical and/or surgical management. Our academic background propels us to seek relevant data in all aspect of scientific research especially related to health care issues. This is the reason for the long-term vision of the Trust to facilitate in this process. The DGR beneficiaries will have the financial resource to acquire sufficient knowledge via data collection to deal with the problems arising from the fast changing world around us. Thus this leads us to raise funds in the upcoming ACMA for W2IRED.

The upcoming ACMA annual dinner fund raising activities will be directed to Westmead Women's Institute for Research and Data Collaboration (W2IRED), the trust will be their inaugural sponsor.

W2IRED has the following goals:

- Oversee and co-ordinate the research and audit activity at Westmead Women's Health and its peripheral referring hospitals.
- Increase the research opportunities and output of the service
- Seek out and encourage early career researchers including medical and midwifery students
- Provide training and expertise for future researchers with respect to research methodology, design, paper/poster writing and conference presentation via education, supervision and practical in-field research experience. This will involve collaboration with the university and education sector
- Provide support through linkage with other peers, supervisors, universities and external resources.
- Improve the data collection and analysis systems utilized by the service
- Indirectly assist in attracting and retaining senior and junior clinical staff through support for research activities.

ACMA trust is honored to be their inaugural sponsor. With this research program, our current or next generation members will have another opportunity to embark on their interest in medical research. Please mark down your calendar for this coming ACMA annual dinner and support this initiative, hope to see you all in the annual dinner.



BREAK THE HABIT

CALL THE CHINESE QUITLINE TO HELP YOU QUIT SMOKING

Stopping smoking is never easy.

Get help by ringing the **Chinese Quitline**.

Stopping smoking is never easy. Get help by ringing the **Chinese Quitline**.

Call 1300 7848 36 and speak with a professionally trained Chinese speaking Advisor.

They will provide free, confidential support and help you plan your quit smoking journey.

Research* has shown that smokers who combine Nicotine Replacement Therapies (NRTs) such as gum or patches AND professional advice increased their chances of quitting smoking permanently.

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研究证明，那些结合使用如口香糖、贴片以及专业人员指导等尼古丁替代疗法（NRT）的吸烟者，永久戒烟的机会更大。

现在打电话和一位受过专业训练的中文顾问说说话，帮助你打破吸烟的习惯。

 **Quitline** 1300 7848 36
免費中文專業輔導協助你戒煙

MEDIA RELEASE

Tuesday 31 May 2016

CHINESE SMOKERS ENCOURAGED TO 'BREAK THE HABIT' ON WORLD NO TOBACCO DAY

Every year, World No Tobacco Day is celebrated globally on the 31st May.

This year, Arabic smokers in NSW are encouraged to call the Chinese Quitline to help them make a plan to quit smoking.

The NSW Multicultural Health Communication Service (MHCS) is working in partnership with the Cancer Institute NSW in running the 'Break the Habit' for World No Tobacco Day 2016 targeting the Chinese speaking community, to urge them to make significant changes in their lives for their own health, and their families.

Smoking takes a significant toll on people in NSW, with more than one in four male cancer deaths and one in five of female cancer deaths in the state due to tobacco smoking.¹

The high prevalence of smoking is having a devastating impact on the Chinese speaking community, with smokers at an increased risk of heart disease, stroke and many cancers. Smoking rates among Chinese-born men in NSW is 20.3 per cent.²

Peter Todaro, MHCS Director said that over the last ten years, the Chinese Quitline has helped Chinese smokers break their smoking habit.

"Stopping smoking is not easy, we believe that the Chinese Quitline can help smokers by providing them free and confidential support in their own language and help them plan their quit smoking journey" explained Mr. Todaro.

"World No Tobacco Day is an ideal time to give the Chinese Quitline a call and get help in developing a personal program to quit."

The World Health Organisation recognises the prominent role of all health professionals in assisting smokers to quit. The majority of people who smoke are interested in quitting but not necessarily ready to take action. Research shows that encouragement and brief advice from health professionals often lead to action.³

Anita Dessaix, Manager of Cancer Prevention at Cancer Institute NSW says research shows that most smokers will eventually quit on their own. However, smoking is very addictive and some smokers do need assistance to kick the habit for good.

"Quitting smoking is the best decision anyone can make for their health, and our Chinese Quitline advisors can provide free guidance and support to help a person realise a life without cigarettes."

The 'Break the Habit' campaign aims to contribute to decreasing the number of Chinese smokers in NSW by encouraging them to be the person in their community, family or friendship group that quits.

Call the Chinese Quitline on 1300 7848 36 to speak with a professionally trained adviser to help you quit smoking.

For more information visit www.cancerinstitute.org.au.

Download free resources in Chinese on the MHCS website:

http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0&c1=Smoking

MEDIA CONTACT: Jesusa Helaratne, NSW Multicultural Health Communication Service Media Manager 02 8753 500

¹ Smoking-attributable cancer mortality in NSW, Australia, 1972–2008. Creighton, N, Perez, D and Cotte, T. 2015, Public Health Research Practice, Vol. 25(3):e2531530.

² New South Wales Population Health Survey 2010 (HOIST). Centre of Epidemiology and Research, NSW Department of Health

³ Managing Nicotine Dependence: A Guide for NSW Health Staff NSW HEALTH, 19 January 2015

新闻稿

2016年5月31日，周二

鼓励华人吸烟者在世界无烟日“打破习惯”

每年的5月31日，是全球庆祝世界无烟日的日子。

今年，我们鼓励在新南威尔士州的华人吸烟者致电中文戒烟热线，制定戒烟计划。

新州多元文化健康传播服务(NSW Multicultural Health Communication Service)在2016年世界无烟日，开展一个针对讲中文社区，名为“打破习惯”的活动，敦促华人吸烟者为了他们的健康和家人做出重大的改变。

吸烟为新南威尔士州的民众带来巨大的损失。每四位男性或每五位女性中有一位死于因吸烟而导致的癌症。¹

由于吸烟者会增加患上心脏疾病、中风和其他癌症的风险，高比例的吸烟者对华人社区造成重大的影响。在新州，中国出生的男性吸烟率为20.3%。²

彼得·托达罗(Peter Todaro)，新州多元文化健康传播服务(MHCS)总监说，在过去的十年，中文戒烟热线帮助华人吸烟者打破他们吸烟的习惯。

“停止吸烟不容易，我们相信中文戒烟热线通过免费和保密的服务，可以帮助吸烟者规划他们戒烟的旅程”托达罗先生(Mr. Todaro)解释。

“世界无烟日是一个致电中文戒烟热线，寻求帮助和制定一个你专属的戒烟计划的理想时机。”

世界卫生组织承认所有协助吸烟者戒烟的医疗卫生人员对戒烟过程的杰出作用。大部分吸烟者有兴趣戒烟，但是没有采取行动的准备。研究表明，来自医务专业人士的鼓励和简短的建议通常可以促使其行动。³

研究表明，大多数吸烟者最终会自行戒烟。然而，吸烟是非常容易上瘾的，有些吸烟者的确需要帮助才可以永久戒除吸烟的习惯。

“戒烟对任何人来说，都是以恶个最好、最健康的决定，而且我们的中文戒烟热线顾问可以提供免费的指导和支持，帮助一个人实现没有香烟的生活。”

“打破习惯”活动旨在鼓励吸烟者成为他的社区、家庭和朋友圈的其中一名戒烟者，从而降低在新州范围内华人吸烟者的人数。

致电中文戒烟热线，号码1300 7848 36，和一位受过专业培训的顾问谈一下如何帮助你戒烟。

想了解更多资讯，浏览www.icanquit.com.au。

在MHCS网站上下载免费的中文资料

http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0&c1=Smoking

MEDIA CONTACT:

Jesusa Helaratne, NSW Multicultural Health Communication Service Media Manager 02 8753 5006

¹ Smoking-attributable cancer mortality in NSW, Australia, 1972–2008. Creighton, N, Perez, D and Cotte, T. 2015, Public Health Research Practice, Vol. 25(3):e2531530.

² New South Wales Population Health Survey 2010 (HOIST). Centre of Epidemiology and Research, NSW Department of Health

³ Managing Nicotine Dependence: A Guide for NSW Health Staff NSW HEALTH, 19 January 2015

NEW MEMBER PROFILE



DR APRIL WONG

MBChB MS FRACS
Specialist Breast & Melanoma Surgeon



Dr April Wong

MBChB MS FRACS

Specialist Breast & Melanoma Surgeon

P: (02) 9665 5583

F: (02) 9699 9855

Hemsley House
St Luke's Clinic

E: info@draprilwong.com.au

W: www.draprilwong.com.au

About

Dr April Wong is a specialist Breast & Melanoma surgeon of the Royal Australasian College of Surgeons, who undertook two years of Breast & Oncoplastic training through the BreastSurgANZ post fellowship program, and a fellowship year in Melanoma at the world-renowned Melanoma Institute Australia, Sydney.

Dr Wong is trained in all aspect of benign & malignant breast disease, including oncoplastic techniques such as breast reconstruction. She also provides diagnostic and surgical services relating to melanoma and non-melanoma skin cancer, and in general surgery.

Clinical Services provided by Dr Wong;

Breast & Oncoplastic Surgery

- Benign breast disease, Breast Cancer, Oncoplastic breast conserving surgery, Oncoplastic breast reduction, Breast Reconstruction, Multidisciplinary care

Skin cancer & Melanoma surgery

- Skin checks, Non melanoma skin cancer, Melanoma, Skin grafting, Skin flap repair, Sentinel node biopsy, Lymph node dissection, Multidisciplinary care

General Surgery

- Lipoma, Sebaceous cyst, Hernia repair (Laparoscopic techniques), Laparoscopic cholecystectomy

Dr Wong is a respected member in the research community having secured numerous prestigious grants for her research projects and is well published in her field. Dr Wong has been a speaker at multiple international and local meetings.

Dr. Wong is a member of BreastSurgANZ, Breast Cancer Network Australia, ANZ Breast Cancer Trials Group and affiliated with the Melanoma Institute Australia.

Dr. Wong has VMO appointments and also consults patients at St Luke's Private Hospital, Chris O'Brien Lifehouse, Prince of Wales Private Hospital and Waratah Private Hospital.

She speaks English and Mandarin.

***Dr. Wong consults at various locations through a centralized number. Please mention to our staff if there is a preferred location for your patients to be seen.*

Pain Management Case Study

By Dr Pradnya Dugal

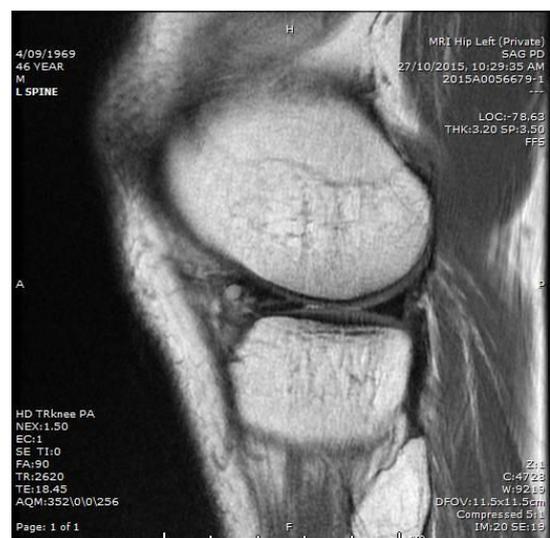
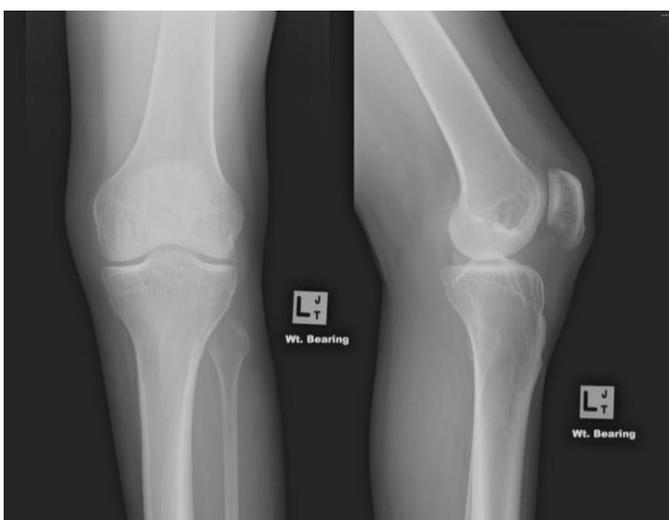
A 46 y.o man was referred by his doctor for investigation and management of pain. He presented with left anterior thigh pain radiating to the knee and mild lower back pain. He gave a past surgical history of a leg lengthening procedure when he was a teenager, and a prior hip arthroscopy procedure for a “clean up” at the age of 28. His GP thought he had sciatica or knee pathology, therefore referred him for lumbar spine and knee imaging, with a view to an image-guided therapeutic corticosteroid injection in the affected area, i.e. a lumbar epidural or selective perineural injection if disc pathology or radiculopathy was confirmed, or an intra-articular injection of the left knee if internal derangement of the knee was confirmed.

On Xrays and MRI of the lumbar spine, there was mild lumbar disc bulging, and a small annular tear at L4/5, but no central canal stenosis, foraminal stenosis or neural impingement.

Xrays and MRI of the left knee demonstrated no arthropathy or significant chondral wear. There had been prior arthroscopy and partial medial meniscectomy, without a medial meniscal retear. There was a lateral meniscal tear of the body and anterior horn with parameniscal cyst. No knee joint effusion or synovitis.



During the course of the imaging, severe chronic DDH (developmental dysplasia of the hip) was detected. Therefore xray and MRI of the left hip was also performed, confirming chronic dislocation of the left femoral head articulating with the pseudo acetabulum. Extensive degenerative wear was noted, with an extremely hypoplastic left femoral head. Synovitis was noted within the left hip. Subchondral cystic change and marrow oedema were noted, particularly involving the acetabular side of the hip joint, with marrow oedema also extending through the ischial tuberosity into the inferior pubic ramus.



Pain Management Case Study

By Dr Pradnya Dugal

Clinicoradiological correlation was undertaken by the radiologist to ascertain the appropriate therapeutic interventional procedure. The patient described lower back pain, left lateral hip, buttock and groin pain as well as knee pain. His most troubling pain was his knee, exacerbated on sitting for long periods (particularly driving the car). On examination, he was maximally tender and symptomatic during dynamic hip manoeuvres, including abduction, internal and external rotation, as well as flexion, at each time, exacerbating his "knee" pain. During the examination, he also experienced left buttock pain along the expected posterior margin of the hip. Given the minimal changes on lumbar spine and knee imaging, it was decided to proceed with a hip joint injection.

Informed consent was obtained, sterile field was established. 2ml 2% Xylocaine was introduced in the overlying soft tissues. A 23-gauge needle was then introduced in the left hip joint under CT-guidance. Intraarticular position was confirmed with contrast. 2 ampoules of Celestone, 2ml 2% Xylocaine, 2ml of 0.5% Marcaine was then injected. The patient tolerated the procedure extremely well, reporting pain reduction immediately after the procedure from 5/10 down to 0/10 due to the local anaesthetic effect. The procedure was of diagnostic yield, confirming the hip joint as the cause of his presenting symptoms. A pain chart was given to monitor his pain response over the next 10 days, as the cortisone took effect. He experienced relief of symptoms during this time, with excellent therapeutic response to the hip joint injection.





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- Dr Brian Lam
- Dr Tej Dugal
- Dr Melvin Chew
- Dr Pradnya Dugal
- Dr John Ly

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ARTICLE OF INTEREST - DOCTOR DISCIPLINED FOR TREATING FAMILY MEMBERS

An article of interest to our members. Reproduced with permission from Avant, Australia's leading medical defence organisation and medical indemnity insurance provider.

Url: www.avant.org.au/news/doctor-disciplined-for-inappropriately-treating-family-members/

DOCTOR DISCIPLINED FOR INAPPROPRIATELY TREATING FAMILY MEMBERS

By: Ruanne Brell, Medico Legal Advisor at Avant
Mar 23, 2016

A recent disciplinary case has reinforced the risks associated with mixing your duty as a doctor with your family obligations. A doctor specialising in mental health disorders has been found guilty of professional misconduct for treating family members.

Dr Houston* had been practising for more than 30 years in private practice and for a community mental health service, with no prior disciplinary record or conditions on their registration.

TRIBUNAL DRAWS THE LINE ON NATURE OF CONDUCT

The tribunal found that over a five-year period, Dr Houston provided wrongful and inappropriate prescriptions to their two adult children and spouse, including Schedule 4D drugs. The doctor also self-prescribed by issuing prescriptions in their spouse's name for medication that they consumed, and failed to maintain appropriate clinical records and communicate with other treating doctors regarding the treatment.

Unusually, the conduct issues were confined to the doctor's family members and there was no evidence of any inappropriate conduct in their day-to-day treatment of patients. The prescriptions provided to family members were also within clinical standards in terms of medication choice and dose.

Dr Houston admitted to all of the allegations and conceded that the conduct in question constituted unsatisfactory professional conduct. However, submissions were made on behalf of the doctor that the conduct did not amount to professional misconduct. Under the Health Practitioner Regulation National Law (NSW), professional misconduct is found to have occurred where the conduct is considered more serious than unsatisfactory professional conduct, warranting suspension or cancellation of the doctor's registration, or where there are repeated instances of unsatisfactory professional conduct, amounting to sufficiently serious conduct.

TREATMENT OF FAMILY MEMBERS ONLY ACCEPTABLE IN AN EMERGENCY OR NECESSITY

In handing down their decision, the tribunal referred to the Medical Council of NSW's Guidelines for self-treatment and treating family members (The guidelines) which supplement the Medical Board of Australia's Good Medical Practice: A Code of Conduct for all Doctors in Australia (The code).

In the words of the tribunal, there are some "narrow limits" which override the impropriety of doctors treating their family members and themselves, including emergency or necessity. The guidelines recognise that:

- Where no help is available in an emergency or isolated settings, a doctor may treat themselves or their family, but only until another doctor becomes available
- There are circumstances where a doctor may work together with an independent doctor to maintain established treatment for themselves or their family members, but should not be their primary or regular care provider.

MISPLACED SENSE OF RESPONSIBILITY TO FAMILY

While the tribunal acknowledged the extreme and chaotic nature of Dr Houston's domestic situation, it ultimately found the doctor guilty of professional misconduct. The doctor's conduct went beyond the exceptions outlined above and was seen to come from a misplaced sense of familial responsibility, which conflicted with professional obligations as a doctor. Dr Houston was reprimanded and ordered to undergo medical ethics education and mentoring by a psychiatrist.

Key lessons

Agreeing to prescribe for family members may be driven by wanting to help your family, particularly if the patients are your children, or you may feel pressure from your relatives to treat them. However, there is often an inherent conflict between your obligations as a doctor and your relationship with your family. For example, doctors who treat family members may be affected by subjective emotions which hamper their ability to provide the best treatment. So, where possible, avoid mixing the two, and remember:

- It is not advisable to treat any family members, or yourself.
- If there is an emergency or necessity to treat a family member, provide only the treatment required and then handover care to an independent doctor.
- If necessary, you can collaborate with a relative's treating doctors, but you should not be their primary doctor.
- If you do need to provide treatment to a family member, document it and communicate with their other care providers.
- It is a good idea to have your own independent GP.

*The doctor's name has been changed to protect privacy.

MEMBER ARTICLE FEATURE – HAINAN GPS VISIT

PRESS RELEASE – Australian and Chinese GPs are learning together!

By Dr. Michael Burke
MBBS, PhD, FRACGP
Chair, HealthServe Australia

The General Practitioner (GP) Support Network linking Sydney and Hainan Province, China is strengthening a new, sustainable high-level network linking educators, general practitioners and primary care practitioners in the two countries.

Six Chinese general practitioner colleagues from major Hainan hospitals visited in May this year. Hainan is a beautiful island in southeast China. Participants spent time with the University of Sydney Hornsby General Practice Unit. They spent several days in a range of local general practices as well as a Traditional Chinese Medicine practice. The visitors attended an international medical education workshop run by HealthServe Australia. This visit was jointly hosted by HealthServe Australia and the Office for Global Health, University of Sydney. The project was funded by the Australia China Council.

Dr Gu from Hainan shared “we felt warmly welcomed by the whole Australian group. The Clinic is fantastic. The referral system between GP and Specialist is quite effective.” Dr Tim indicated that “six members of the Hainan GP Association are visiting Sydney for ten days to explore the Australian general practice system and gain insights into potential ways to make improvements in the training of general practitioners in Hainan.”

General practice is commencing in China. Australia has been developing its general practice system for more than sixty years. Exchange visits are building understanding of general practice systems. Electronic networks are augmenting these activities.

The network is working on several tasks. Participants in China and Australia are gaining



Members of Sydney – Hainan GP Support network – Dr Gu (Hainan), Dr Stephens (Hainan), Dr Moon (Sydney), Dr Bai (Hainan), Dr Burke (Sydney) and Ray (Kildare Rd Medical Centre Pharmacist, Sydney)

awareness of professional similarities and differences in general practice in their respective settings. Chinese partners are gaining clinical experience in the Australian setting of general Practice. Australian partners are gaining similar experience in the Chinese setting. Participants acquire expertise in training models relevant to Chinese context. Chinese and Australian partners are gaining experience working in international partnership and are exposed to new approaches related to cultural differences in health care.

We are all building important friendships! An Australian team will visit Hainan soon for a training forum on Women's Health.

ACMA MEMBER DR IAN CHENG FEATURED IN MJA CAREERS

MJA Careers

MJA Careers

Up, up and away

The medicine of flight and space travel is a burgeoning field filled with exciting prospects

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Up, up and away

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C4

Calendar of conferences in Australia and New Zealand

SINCE astronaut Scott Kelly fell back to Earth after his record-breaking 340-day stay on board the International Space Station, there has been a raft of stories and articles written about just how his prolonged visit to space affected his body and his health.

He came back taller (albeit briefly), his hair probably stopped growing, he lost bone mass, his muscles atrophied and his risk of a fatal cancer is increased, probably for the rest of his life, due to being exposed to 10 times the radiation of a person on Earth.

His blood pressure was increased, and his risks of cardiac arrhythmia and atrophy were greater.¹

Add to the mix the fact that Kelly has a twin brother, retired astronaut Mark Kelly, and you can see why the doctors and scientists at NASA couldn't wait to get their hands on him once he was again gravity-bound.²

Many of those poking and prodding the Kelly brothers are aviation and aerospace medicine specialists.

In Australia there are about 800 members of the Australasian Society of Aerospace Medicine (ASAM), around 500 or so of which are Designated Aviation Medical Examiners (DAMEs).³

The current president of the ASAM, Dr Ian Cheng tells the *MJA* that despite being a "niche area" aviation and aerospace medicine was "fascinating".



Scott Kelly

Aerospace medicine is, according to the Australasian College of Aerospace Medicine (ACAM), "concerned with the interaction between the aviation environment and human physiology".⁴

"It is concerned with the physiological stresses experienced by a healthy person in flight, and the interaction between the aviation environment and underlying health problems — in passengers as well as in aircrew.

"It is also concerned with sustaining and enhancing the performance of those engaged in flight operations.

"Aerospace medicine also encompasses the health, safety, and working environments of those ground personnel engaged in support of air operations."

Dr Cheng is a founding fellow of the ACAM, is a staff specialist in Occupational Medicine at Royal North Shore Hospital in Sydney, and also conducts a private practice in Aviation and Occupational Medicine while periodically providing aviation medical services for the Civil Aviation Safety Authority's (CASA) Aviation Medicine division.

continued on page C2



Dr Ian Cheng

But it wasn't always going to be that way.

Dr Cheng began his academic life as an engineering student at the University of New South Wales.

"I was coming to the end of my engineering degree and I interviewed for a Master of Biomedical Engineering," he says.

"Biomedical engineering had always been my plan, but then I looked at the opportunity to do a medical degree as well and thought that was a good idea."

The lure of space and the dream of being an astronaut floats in the minds of many a young person, and Dr Cheng was no different, so it was probably no surprise to find him walking away from university with both an engineering and a medical degree.

Unlike many aviation medicine specialists, Dr Cheng did not come through the ranks of the Royal Australian Air Force, but flying itself is definitely on his bucket list.

"I've had a few lessons," he says. "It's definitely on my bucket list, but it's an expensive hobby to have. One day ..."

Like many other specialties, aviation medicine faces particular challenges in rural and remote Australia.

"There is quite a community of flyers in rural and remote Australia," Dr Cheng says.

"Whether it's farmers doing their mustering by plane, or others doing agricultural spraying — all those pilots need to be certified as fit to fly and sometimes finding a qualified doctor to do that can be a problem."

Medical students do not receive any aviation training in their undergraduate years. ACAM's Aerospace Medicine Training Program is a 4-year plan. Trainees must have 5 years' primary care experience or 3 years of specialty training; must have completed, or planned to complete during the training period, post-graduate training in aerospace medicine at the level of a Diploma or Master's degree from an approved institution and taken part in the 4-year mentored training program and assessments.

The ASAM also offers a scholarship to its Annual Scientific Meeting to help foster student participation and interest in the field. According to Dr Cheng, one such student is now "living the dream", working at the European Space Agency.⁵

You can almost see Dr Cheng become starry-eyed as he tells that story. Becoming an astronaut "was certainly a dream in my younger years", he admits.

"It's a frontier world. Very exciting"

To qualify as a DAME, a doctor must

have completed a post-graduate degree in aviation medicine.

DAMEs, according to the Civil Aviation Safety Authority website, "conduct medical examinations as required by the *Civil Aviation Act 1988*, the *Civil Aviation Regulations 1988* and the *Civil Aviation Safety Regulations 1998*". Their duties include:

- personally examining applicants requiring medical certification
- discussing the applicant's medical history and medical record during the course of the medical examination
- referring applicants for follow-up testing when required
- issuing certificates for fitness to return to flying
- undertaking appropriate aviation medicine Continual Medical Education (CME).⁶

Occupational medicine, including aviation and aerospace medicine, is an intriguing two-way street, says Dr Cheng.

"Occupational medicine is about how a person's work environment might affect their health," he says. "But it also goes the other way: how does a person's health affect their work?"

For all his youthful dreams, Dr Cheng has no regrets about the path his career has taken.

"My pathway may not have been what I initially thought it would be," he says. "But no, no regrets at all. It's a fascinating area."

"It's a frontier world. Very exciting"

1. New Zealand Herald: *The health hazards of space tourism* http://www.nzherald.co.nz/travel/news/article.cfm?c_id=7&objectid=11620502
2. NASA twins study <https://www.nasa.gov/twins-study>
3. The Australasian Society of Aerospace Medicine <http://asam.org.au/>
4. The Australasian College of Aerospace Medicine Training Curriculum http://www.aerospacemedicine.org.au/sites/aerospacemedicine.org.au/files/acasm_training_curriculum_master_050514.pdf
5. European Space Agency <http://www.esa.int/ESA>
6. Civil Aviation Safety Authority: *Becoming a DAME, roles and responsibilities* http://services.casa.gov.au/avmed/dames/becoming_dame.asp

doi: 10.5694/mja16.0205C1

His son, Adrian Cheng received the 2014 ACMA High Achiever award (presented 2015 Chinese New Year dinner) for ATAR 99.95.

Swannell C. Up, up and away. MJA InSight. <https://www.mja.com.au/careers/204/8/and-away> © Copyright 2016 – reproduced with permission

THE PRIVATE PRACTICE "COMPREHENSIVE COURSE" REVIEW

by Dr Hsiang Chung, General surgeon and Surgical Oncologist at Nepean Hospital

As junior doctors, our work often takes up a lot of our personal time. Learning about how to setup and run a practice or manage personal finances does not generally rank high on people's list of things to do - particularly in the years when you are preparing for your fellowship exams or looking for gainful employment as a consultant. Unfortunately it is just after these times that this knowledge suddenly becomes mandatory. I myself have just finished my fellowship and started working at a public hospital as a consultant this year. I had spent some time talking to various people, scouting around for rooms, looking for practice software and even attempted to hire a secretary in the months just prior to attending this course.

The Private Practice "Comprehensive course" promises to provide you with the knowledge and contacts to help you start your own private practice. The course was three days in total and normally costs just over two thousand dollars.

Day 1 started off with a pep talk by the director of The Private Practice, Steven Macarounas. He was previously a financial planner but has been running The Private Practice talks for about 8 years now. The main focus of his talk was that we as doctors with private practices need to think and act like a business within the frameworks of our own ethical boundaries. He maintained that a good practice is one that can continue to function when you are away and can be sold at

the end of your career. There were further talks regarding practice setup, the practice manager, marketing, billing and financial decisions. To be honest, apart from the marketing talk, I didn't really learn much that I didn't have some idea about beforehand. Some speakers were clearly better than others but my thought after day 1 was that they really didn't give much away. What they did do was a fantastic job of subtly marketing themselves and their products in the name of education, exactly as they advised in the marketing talk.

Day 2 in contrast was much more useful. The topics included Accounting and Business Structure, Wealth and Lifestyle Creation, Practice Design and Personal and Business Insurances. Again a lot of the information I had heard before but it was nice to have it reiterated and synthesized. I did feel that the speakers on the second day gave away a lot more tips as to how they handled specific situations and problems. A tip that most people probably already know is the use of an offset account for the mortgage on your first home. By paying interest only repayments, the offset account allows the interest due to be minimized while maintaining the entirety of the loan. On purchasing a second family home, the first home can then be turned into an investment property and the money in the offset account used to finance the second home. The interest on the original home will now become tax deductible. This is different

from a redraw facility where if part of the loan had already been paid off, any interest on the amount redrawn will not be tax deductible. The financial planners also ran a session where they were reasonably candid about how they made recommendations for personal finances and personal insurances using examples of their own clients.

The day ended with what was coined a "speed dating" session of Meet the Experts. All the participants were allowed a number of fifteen minute sessions with any of the presenters of their choice. Essentially this allowed for personal questions to be answered privately but also for the presenters to give you an opportunity to meet them and decide if you would like to see them professionally for further advice.

Day 3 included presentations on Medical IT, Mortgage Brokers, Estate Planning, review of some key points and a concluding pep talk. It was an early finish on day 3 at 3pm but I was quite glad for that by then. I found the talk on estate planning very useful as I knew literally nothing prior. The other talks were less interesting and in fact much of this review was written during the talk about the various business mortgage options.

After the course, you can choose to meet up with one of the Private Practice Consultants for a one on one session to discuss the outcomes of the course. I had Michelle Gianferrari, a very nice lady with prior experience in Banking come to meet me. We ran through all the various topics covered in the talk. Essentially her role was really to help me liase with the other "experts" at the

talk should I want more advice or assistance.

So I know what you are all thinking – if I sign up will I have all my business and financial worries sorted at the end of the course? And the answer is clearly no. This course is really a basic overview of a lot of topics, but few topics were covered to such depth that you could do more without spending more time looking into it or engaging the services of an "expert". What it does do well, is allow you to get a feel so when you do speak with these "experts" you will have an

appreciation for what they are talking about. In comparison to other private practice and finance oriented sessions I've attended at the College of Surgeons, this was definitely more useful and I think the contacts you make here are better. I also had the benefit of paying only

\$330 as an ACMA special and for that price this course was excellent. The other benefit of this course is that it is actually three days that you have cordoned off from the rest of your busy life to sit and think about your personal finances and business. And for me, that was very helpful.

For people who are already business minded and have a good handle on their personal finances, this course will probably not be very useful. For the people who spend a lot of their time working or being on call but are always late with their tax returns and their private billing, this course may well allow for a shift in your frame of mind about the importance of running your own business.



MAXMILLIAN GROUP EDITORIAL



CEO

Maxmillian Group

Linda Chen



General Manager

Tina Su



With more than fifteen years experience in tax and financial management as a licensed accountant, Linda Chen has spent a lot of time dedicated to helping clients manage their personal wealth and financial goals. Therefore, Linda has accumulated a good reputation and credibility in the industry. Among her clients, there is no shortage of professional and high net worth individuals from various industries. The clients are most concerned in how to achieve a natural hedge against inflation and accumulation of own wealth through effective tax planning. To bring

some enlightenment, please see several success stories below.

Case I:

Dr. George* is a senior plastic surgeon who specialises in breast augmentation surgery. He works for a company who contracts him to perform plastic surgery services at several different hospitals and clinics. The source of Dr. George's income comes solely from the company. Due to the nature of contractual work, conclusions arise which lead the

ATO to classify Dr. George's income to be Professional Service Income (PSI), which is taxed as high as 46.5%. After assessing Dr. George's situation, Linda recognised the PSI classification and redesigned the business structure of his work. With the assistance of Dr. George's company, Linda has applied for a private ruling with the ATO. Consequently, Dr. George saved approximately \$100,000 annually in personal income tax.

Case II:

Dr. Xu* is a young doctor who specialises in ophthalmology and earns an annual salary of \$300,000. He is very dedicated to his medical career and thus spends most of his time at work, never considering the importance of financial management. Like most people, Dr. Xu's monthly income is deposited directly into the bank account with no investment planning. It was not until one day, when he learned of the need to pay a high personal income tax, he realized the importance of revenue and financial management. Fortunately, through a friend's introduction, Dr. Xu found Linda.

First of all, Linda learned of Dr. Xu's daily income, expenditure and cash flow situation. She then recommended Dr. Xu to invest in real estate and shares introducing him to negative gearing and the tax advantages that comes with it. Through this series of arrangements, not only did Linda help Dr. Xu achieve considerable tax relief, but also help him build a valuable asset portfolio.

Today, Dr. Xu has acquired three sets of real estate investments over the past three years, achieving ultra-high returns on each investment. One of the investment properties for example, was purchased at \$700,000 and now has reached a market value of \$1,000,000.

Case III:

Dr. Nguyen* is a well-known General Practitioner and has worked in clinic operations for many years. The property in which his clinic occupied was being leased at \$8000 per month. At the time, Dr. Nguyen was fast approaching his retirement age, often bringing up the decision to continue operating his clinic, but leaving this undecided. However, one day

during a business gathering, Dr. Nguyen met Linda and listened to her explain the tax treatment of High Net Worth Individuals (HNWIs) along with issues and benefits relating to them. Following this, he felt a great need to obtain advice from Linda and of course she was very happy to help Dr. Xu set out a strategic plan.

Firstly, Linda recommended Dr. Xu to stop leasing the property where his clinic had occupied but directly approach the owners to buy out the property instead. Then, because of Dr. Xu's circumstances, a SMSF was recommended to be established so his pension investments were able to be utilised to purchase commercial property. Finally, Linda recommended two options for Dr. Xu when he officially decides to retire. Either sell the property where his clinic had occupied and be eligible for CGT exemption or sublet the property to other doctors so the clinic could continue to operate.

Dr. Xu was very satisfied with Linda's recommendations and has since put the plan into action. Today, the value of the property of the clinic continues to rise, more than 15% from the original value.

*Names have been changed

To book your private consultation session, please contact Linda 0488 880 018, lindachen@maxmilliangroup.com.au or Tina Su 0411 303 693, tinasu@maxmilliangroup.com.au

Your Invitation to attend kNOw AntiCoagulants

Traditional vs novel oral anticoagulants

Earn 3 RACGP QI&CPD Category 2 points

Activity Number: 13392

Earn 2 Core ACRRM points

Activity Number: E1502DDBR

Overview

The aim is to educate GPs on the use of anticoagulants, including the novel oral anticoagulants (NOACs). This RACGP and ACRRM accredited program, sponsored by Bayer, has been developed by an independent steering committee.

Steering committee

This meeting content was developed with input from the following Steering Committee:

- Emeritus Prof Hatem Salem, (Chairman), Haematologist, VIC
- A/Prof Harry Gibbs, Cardiologist/Vascular Physician, VIC
- Prof Andrew Sindone, Cardiologist, NSW
- Dr Damian Flanagan, GP, VIC

Learning outcomes

1. List the advantages and disadvantages of NOACs compared with traditional anticoagulant therapies
2. Outline anticoagulation options in the prevention of stroke in patients with non-valvular atrial fibrillation and at least one risk factor for stroke, and in the treatment and prevention of venous thromboembolism
3. Identify patients who may benefit from switching anticoagulation therapy
4. Use and interpret objective scoring systems to assess the risk of stroke and bleeding in patients with atrial fibrillation

Event details

Date: 9th August 2016

Time: 6.30pm for 7.00pm start - 9.00pm Evaluation and close



Speaker(s): Dr Sidney Lo, Consultant Cardiologist, Liverpool Hospital
Dr Danny Hsu, Consultant Haematologist, Liverpool Hospital
Moderator - Dr LCK Leong, GP from Fairfield

Venue: Crystal Seafood Restaurant
Shop 29 Strathfield Plaza, 14 Churchill Av, Strathfield NSW 2135

Parking arrangements: Free parking on the premises

RSVP by: 5th August 2016

Please RSVP to this event by completing all the relevant details on the following RSVP faxback form.

Sponsored by:



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875 Pacific Highway, Pymble NSW 2073.
BAY3684. Prepared February 2015.

Accredited provider

DDB Remedy

Provider number: 557853



kNOw AntiCoagulants

Traditional vs novel oral anticoagulants

Date: 9th August 2016

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Shop 29 Strathfield Plaza, 14 Churchill Av, Strathfield NSW 2135

RSVP by: 5th August 2016

**To RSVP please complete all relevant details below and fax to (02) 8260 2467
or by email on knownoacs@syd.ddb.com**

Yes, I would like to attend this meeting No, I am unable to attend this meeting

PLEASE PRINT IN CAPITAL BLOCK LETTERS:

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First Name: _____

Last Name: _____

Practice/Hospital: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____

Email: _____

Special Dietary Requirements: _____

PRIVACY STATEMENT: Bayer Australia Ltd is committed to protecting your privacy. By registering to take part in the RACGP accredited programme titled 'Know Anticoagulants' you consent to our collection of your personal information for the purposes of registering your attendance at this event and future activities related to this topic area through which we can better support you in your practice. Bayer will not sell, trade, give or pass on to any third party information obtained from you unless you consent to such a disclosure or we are required by law. As Bayer is a global business some personal information may be transferred overseas. You may access the information we collect from you, or you may make a complaint about breaches to the Privacy Act, by contacting the Privacy Officer by telephone on +61 (2) 9391 6000 or by email at privacy.officer@bayer.com. Further information about our privacy policy can be found at www.bayer.com.au. If you no longer wish to receive information from or on behalf of Bayer Australia Limited, please mail or send a facsimile to C. Levis, Bayer Australia Limited, 875 Pacific Highway, Pymble NSW 2073; facsimile: (02) 9391 6633.

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Our pathologists warmly encourage doctors to contact them if they can be of assistance in any way and are available to discuss individual patients and to provide information or advice on ordering of tests, result interpretation, or any other aspect of pathology.

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