

SCLMA President's Message

Dr Roger Faint



*Before I mention the Sunshine Coast COVID 'lockdown' which started at 6pm last Tuesday night, I would like to remind all members of the **SCLMA Gala Celebration to be held Friday 6th August at the Sunshine Coast Convention Centre, Novotel Twin Waters.***

To date, about 25% of Australians have been partly vaccinated with only 5% having been completed over a period of about three months. This is a slow vaccination rate compared to other countries and is largely secondary to vaccine hesitancy regarding the Astra Zeneca vaccine. The 'pop up' Pfizer vaccination clinic held at Caloundra for ten days was wildly successful, confirming there needs to be widely available similar long standing community vaccination centres throughout Queensland and the Sunshine Coast. Cross fingers it happens soon!

*As members would know, this is the SCLMA's yearly premier social event which raises money for Wishlist. Two years ago, the SCLMA raised \$15,000 towards vulnerable children who are fostered out on leaving hospital. Most of the dollars raised were from the raffles on the night, the prizes of which were donated by members and included treasured wines, jewellery (**Opals Down Under**), travel (**123 Travel**) restaurant dining (**Milan's Pizza & Pasta**), **Buderim Pharmacy** and coffee vouchers (**North Buderim Coffee**) and the 'Container') and more. This year, as well as those listed, prizes will also include treasured **whisky** donated by generous members to whom the SCLMA is very thankful.*

*Starting time is **6.30pm** and **Simon Drew**, trumpet player and vocalist will be entertaining the crowd during early drinks along with his piano player. Keynote speaker will be **Roly Sussex OAM**, (Linguist of University of QLD and Radio National fame) and of course the very popular **M7 Band** will be playing again. The tickets are 'cost price' of \$150 each and it would be great to see a capacity group of doctors and supporters.*

It was just a matter of time, The Sunshine Coast and other parts of QLD went into lockdown last week for three days with masks to be worn for a minimum of two weeks (Crikey, we just lost the state of origin). In some ways, I find the mask wearing the most wearisome and yes, the lockdown is likely to affect my mum's 80th birthday party.

I attended the RDAQ (Rural Doctors Association of QLD) conference at the Gold Coast last Saturday. Jeannette Young, the QLD chief medical officer and newly appointed Governor attended, spoke well, was well liked and rushed off to impose new QLD restrictions on travel. I don't envy her current position.

Locally, at my busy surgery, I notice new faces each day attending the practice. On the Sunshine Coast, GPs, specialists, paramedics, SCUH emergency (considerable ramping) and OPD, NGH, Caloundra Minor Injuries Clinic, Surgery Connect, Maleny's and Noosa Hospital's amongst significant other services, all have significantly increased activity and I suspect this is the new normal. Gympie, here I come!

*Dr Roger K Faint
President, SCLMA*

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CONTACTS:

President	Dr Roger Faint Ph: 0448 848 327
Vice President and Meetings Convenor	Dr Scott Masters Ph: 5491 1144 (W)
SCLMA Life Memb.	Dr Wayne Herdy
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PHN Representative:	Dr Jon Harper
Junior Docs Reps:	SCJDS alternating doctors

For general enquiries and all editorial or advertising contributions and costs, please contact:

Jo Bourke (Secretariat)

Email: admin@sclma.com.au

Mob: 0407 037 112

Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558

Email: admin@sclma.com.au

Fax: 5479 3995

Newsletter Editor: Position Vacant.

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JULY 2021 NEWSLETTER

**Deadline will be
FRIDAY 23rd
JULY 2021**

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

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

Contact Jo: Mobile: 0407 037 112

Email: admin@sclma.com.au

Fax: 5479 3995

We welcome new content - case studies, local news and photos.

If you are a new member, please send in a short bio and a photo to introduce yourself.

ARE YOU A MEMBER?

If you are not a member please complete the application form available on the website:

www.sclma.com.au.

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

Enquiries: Jo Ph: 0407 037 112

Email: admin@sclma.com.au

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

Directory form available on the website.



SCLMA MEMBERSHIP**Welcome New Members**

- **Dr Matthew Tung (Cardiology)**
- **Dr Katie Lane (SCUH - Resident)**
- **Dr Vivek Mistry (SCUH - Resident)**
- **Dr Daniel Bothma (Dermatology/Skin Cancer)**

Please pass this newsletter to someone who might like to become a member!

Application Form - Page 33

Are you listed on our Members' Directory?

Do your details need to be updated?

<http://www.sclma.com.au/members/>

Contact: admin@sclma.com.au

Thanks to all members who have renewed and identified their payments.

Have you paid your 2021 Membership?

Still just \$110 per year. Renew now and be covered for 2022.

HIGHLIGHTS in this issue:

- P 4-6: SCHHS - Dr Sue Nightingale, Exec Director Clinical Governance, Education and Research
- P 9: PHN - JUNE Update
- P 10-11: SCHHS GPLO JUNE Update
- P 13: DR WAYNE HERDY - Bureaucracy!
- P 15: SCUPH - Justin Greenwell CEO
- P 17&19: USC - Clinical Trials
- P 21: SCLMA JUNE MEETING RECAP
- P 23: POOLE GROUP - FHSSS.
- P 25: WAYNE HERDY VISITS BUNYAS
- P 28-31: AMA Qld - PRESIDENT'S REPORT
- P 32: **AAMI CONFERENCE 2021 INFO**
- P 36: **SCLMA/WISHLIST GALA INFO**

Please 'like', 'share' and 'follow' our Facebook page: [sunshinecoast local medical association](#).

**ALL COVID-19 UPDATES
ARE UPLOADED AS RECEIVED.**

Website: www.sclma.com.au

CLINICAL MEETINGS 2021

Thursday 29 July 2021

THE LAKEHOUSE, MOUNTAIN CREEK

Presenters:

- Prof Greg King
- Dr Russell Wiseman

Topic: Targeting the peripheral airways: new developments in asthma and COPD management
Sponsor: Chiesi

Thursday 26 August 2021

MAROOCHYDORE SURF CLUB

Sunshine Coast Health Report 2021

Presenters:

- Sunshine Coast Hospital & Health Service
- Primary Health Network (PHN)
- Sunshine Coast University Private Hospital
- Buderim Private Hospital.

Sponsors: PHN and SCLMA

**NOTE: THURSDAY 16 SEPTEMBER
DATE CHANGED TO AVOID SCHOOL HOLIDAYS -
MAROOCHYDORE SURF CLUB**

THURSDAY 28 OCTOBER - MDORE SURF CLUB

Thursday 25 NOVEMBER -MDORE SURF CLUB

(Planning in progress for all above meetings)

Queries: Jo Ph: 0407 037 112

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HEALTH SERVICE LINK - JUNE 2021

Dear SCLMA Colleagues,

Health Service leadership update

After 3.5 years, SCHHS Chief Executive Adj Professor Naomi Dwyer announced on 2 June, she would be leaving the health service.

She thanked Sunshine Coast Health staff, members of the Sunshine Coast Hospital and Health Board, and our community partners.



Dr Mark Waters commenced on 7 June 2021 as the Interim Health Service Chief Executive. Mark is an experienced health executive and leader with decades of experience in multiple clinical and administrative roles.

The recruitment process for the Sunshine Coast Hospital and Health Board is also now complete with Sabrina Walsh appointed as Chair of the Sunshine Coast Hospital and Health Board until March 2024. And new Board members, Mr Bruce Cowley and Mr Rod Cameron also appointed.

Dr Lorraine Ferguson AM (past Board Chair), Mr Peter Sullivan (past Deputy Board Chair) and Professor Julie-Anne Tarr terms of appointment expired on 17 May 2021. On behalf of the Board I sincerely thank them all for their commitment and dedication to the Health Service and the community during their long tenure.

Mass Vaccination centre activates in Caloundra

Local health services were in demand after the COVID-19 positives cases those arose 8 June with a couple entering Queensland from Victoria. Testing locations, and demand for COVID-19 vaccinations were at their peak. We worked with QPS, Sunshine Coast Council, Queensland Health, volunteers, and COVID-19 vaccination staff to open the Pfizer walk in clinic at Caloundra Indoor stadium.

The centre has issued more than 7450 vaccinations. We thank the PHN, and all GPs across the region for their response to managing patients across communities during this time, we are thankful there haven't been any additional positive cases.

Engaging with the community at the Nambour show

Our teams from Nambour Hospital, BreastScreen, Oral Health, Diabetes, Choosing Wisely, Aboriginal and Torres Strait Islander Health, and Consumer Engagement enjoyed being out and about with the community at the Sunshine Coast Show at Nambour Showgrounds, 12-14 June. Our representatives were Graham Reeks, Sonia Renouf and Janita Adams.

Co-Chairs of the GPLO network

Congratulations to SCHHS GPLO Dr Edwin Kruys who will join Dr Toni Weller from Townsville appointed as co-chairs of the Queensland General Practice Liaison Network for the next term, from 1 July 2021 – 1 July 2023.



Edwin finished his GP training in Amsterdam, the Netherlands in 2004. He is a fellow of the Royal Australian College of General Practitioners (RACGP) since 2008. He has worked in rural and remote parts of Australia, including Cooktown and Geraldton, and is currently the medical coordinator at Ochre Medical Centre Maleny, teamed with his role as GP Liaison Officer role at Sunshine Coast Health.

HEALTH SERVICE LINK - JUNE 2021 /cont:

Local win at Queensland Palliative Care Awards

Announced at the 2021 Palliative Care In Queensland awards, Sunshine Coast Hub for the Specialist Palliative Care Rural Telehealth Service is the winner for the Innovation in Palliative Care Award.

The Sunshine Coast Hub Specialist Palliative Care Rural Telehealth Service aims to support clinicians caring for palliative patients extending North to Gladstone and westward from Boulia down to Birdsville capturing the HHS of Central West, Central Queensland and Wide Bay.



Well done to Dr Prem Ram, Daniel Polon, Suzy Smith, Wendy Burke, Sharon Adams, Dr Emily Rayers, Dr Matthew Cooper, Ben Newman and everyone who supports the SPaRTa team and cares for our communities.

<https://palliativecareqld.org.au/innovation-in.../>

*Kind regards,
Dr Sue Nightingale
Executive Director Clinical Governance, Education and Research*

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HEALTH SERVICE LINK - JUNE 2021 /cont

Medical Profile:

Dr Rachel Taylor

Medical Director Partnerships and Specialist Services, Mental Health and Addiction Services

Greater integration of healthcare services is an integral and increasing part of the future of health. By connecting patient services, patients can receive the most comprehensive and high-quality care possible, when and where they need it.

This is something Dr Rachel Taylor, new Medical Director Partnerships and Specialist Service, Mental Health and Addiction Services at Sunshine Coast Hospital and Health Service is most passionate about.

"I feel very fortunate to have been given this opportunity because mental health is part of every healthcare presentation and yet we're all quite unintentionally divided in our approaches.

"Typically, we interface with paediatrics, the emergency department, Department of Child Safety, Education Queensland and a variety of NGOs, and there are lots of synergies in how we work. By working collaboratively with our partners and stakeholders we can offer a more integrated and comprehensive approach to care", Rachel said.

Rachel, who obtained her medical degree in the UK before moving to Australia to complete specialist training, practises as a child and adolescent psychiatrist and says her days are very busy but extremely rewarding.

"I look after a very large and busy team. The Child and Youth Mental Health Service support children and their families who are referred with severe and complex mental health difficulties. On average we receive between 150 to 200 new referrals a month, typically the more acute, higher risk, complicated presentations, and we have people in various stages of treatment.

"It can be extremely demanding and very emotionally draining but I really do enjoy my job and I'm grateful to work alongside a team of highly trained and experienced staff. We care a great deal about each other and we're really trying to focus on staff wellbeing. We are the therapists for some of our most vulnerable children and young people and their families, and it's very important in this work that the therapists are also supported.

"I think that's the thing I'm most proud of. Our team here on the Sunshine Coast is very experienced, very nurturing and we're really in tune as a cohort, about what we all need to survive in the job."

Since the outbreak of COVID-19 Rachel says there has been an extraordinary impact on the mental health space, with skyrocketing demand for services and changes to the types of presentations.

"With the uncertainty over the last 12-18 months we have seen an increase in young people presenting with eating disorders, mood and anxiety disorders, self-harm and suicidal ideation, complex trauma, substance abuse problems and first episode psychosis. We are also starting to observe a wave of young people who have what's termed 'functional neurological disorders', disabling conditions where there's no easily explainable physical diagnosis.

When you peel back the story, there is typically a young person who has suffered chronic stress in their life, and rather than being able to express it emotionally it's being expressed in a very physiological way".

"Typically, we would have had lots of referrals from parents, young people themselves, school-based health nurses and guidance officers. Now we're getting an overwhelming increase in the number of referrals for consumers who have presented in crisis to the emergency department. We're now seeing people who have significantly more complex presentations, with significantly increased risk."

Rachel says an advantage of working in psychiatry is sitting in a domain of healthcare where you can 'see the big picture' and with this in mind she wants to continue to improve access to the right kind of care for young people.

"Body health and mind health are not separate. They are incredibly integrated, and every facet of physical healthcare has a mental health aspect to it.

"Healthcare needs to be easily accessible for everybody, but particularly for children and adolescents. One of my biggest focuses over the next little while is to think about whether we're accessing and engaging young people and children, in the right way. Knowing that most young people in particular, carry a digital platform in their back pockets, is asking them to come into relatively sterile buildings the right way to engage with them?

"We've recently been gifted a really exciting opportunity through the Mix FM "Give Me 5 For Kids" fundraising campaign for Wishlist. They would like to support us with setting up a Youth Advisory Group program within mental health, and their fundraising efforts will fund a worker to coordinate its development and implementation, as well as design and run some resilient family initiatives.

"It's exciting because I think this is the first opportunity that our youth mental health consumers have had a platform where young people have an opportunity to have their voices amplified within our service.

"Greater access to and integration of care is my vision for the future, not just for young people but for adults as well who present to the Mental Health Service with chronic, severe, persisting, psychiatric conditions.

"There's two parts to that. Yes, it needs leadership and a particular skill set to advance that way of thinking, but more importantly we need to represent the voice of our consumers, and listen to our experienced frontline clinicians, in order to shape the format and delivery of personalised healthcare".

There is a well-known African proverb 'it takes a village to raise a child' - health services are part of our consumers 'village' and that is a privileged position to be in.



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Dr James MacKean

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Dr Bradley Wong

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References:

1. Brown PD, et al. JAMA 2016; 316(4):401-409.
2. Freisleder P et al. Rad Oncol 2020; 15:187.
3. Tian S, et al. Int J Radiat Oncol Biol Phys 2020; 108(1):P304-13.

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A world of experience in spinal surgery

Dr Greg Finch FRACS FAOrthA
Spine Surgeon, Orthopaedic Surgeon

Dr Greg Finch received his medical degree through the University of **Auckland** in 1992, and obtained his FRACS through the Royal Australasian College of Surgeons in **Melbourne** in 2001. He undertook fully accredited intensive fellowship training in Spinal Surgery in **Portland, Oregon** at the Shriners Children's Hospital and Oregon Health Sciences University campus. He was fortunate to work with world-renowned surgeons in the field of spinal deformity surgery, and paediatric orthopaedics.

Dr Finch's second fellowship was undertaken in **Birmingham, UK**, at the Royal Orthopaedic Hospital where he treated spinal trauma, spinal tumours, adult and paediatric deformity, performed microscopic spine surgery, minimally invasive spine surgery and cervical and lumbar disc replacement surgery.

Dr Finch held appointments in **Perth** at the Royal Perth Hospital, Sir Charles Gardiner Hospital and Princess Margaret Hospital



for Children. Most recently he was a Consultant Orthopaedic Spinal Surgeon at the **Sunshine Coast** Hospital and Health Services.

Dr Finch is a specialist spine surgeon with particular interests in minimally-invasive spinal surgery, cervical and lumbar disc replacement, spinal tumours, anterior spinal surgery, adult spinal deformity, disc surgery, the degenerative spine, spinal stenosis, spinal trauma and revision or salvage spinal surgery.

So if you have a patient with a spinal issue, contact Dr Finch and have him map out a treatment plan to alleviate the problem.



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COVID-19 vaccination and testing clinic opens in Noosa

The Noosa Shire now has a combined COVID-19 testing and vaccination hub, with community outreach champions Sunny Street unpacking their mobile health care clinic into a premise in downtown Tewantin for the next year.

The Sunny Street Sunshine Coast Respiratory Clinic at 10 Pelican Street, Tewantin is the only GPRC on the northern end of the Sunshine Coast.

Sunny Street co-founder Dr Nova Evans said the clinic will offer respiratory clinic services including COVID-19 testing for the assessment and treatment of symptomatic patients, as well as COVID-19 vaccinations.

"We are so thrilled to be here in Tewantin - we have been in the area at various locations since August last year and in that time completed more than 10,500 COVID tests and vaccinated over 1000 locals," Dr Evans said.

"Our new respiratory clinic is set up with two very distinct spaces so that symptomatic people coming in for COVID-19 testing are kept very separate to the general public and those who are coming in for a COVID-19 vaccine.

"With the risk of outbreaks ever-present like we've just seen in Victoria, it's vital we provide both services to the highest clinical standards, along with trusted information and support.

"In addition to COVID-19 testing and vaccination services, we can also refer patients for imaging and treatment as clinically indicated, as well as a dose of happiness and sunshine."

The Sunny Street SCRC is funded the Australian Government and Central Queensland, Wide Bay, Sunshine Coast PHN.

Primary healthcare senior manager Robb Major said the opening of the Sunny Street SCRC was a much-needed shot in the arm towards vaccinating the community against COVID-19.

"There's been a bit of confusion and misinformation around the COVID-19 vaccination and the continued need for testing for those with even the mildest of symptoms, like a sore throat or a runny nose" Mr Major said.

"The Sunny Street Sunshine Respiratory Clinic is run by highly qualified medical practitioners and their team are on hand to give people as much conversation, education and information as people need during their visit.

"They can also help with any IT issues as the best way to book a COVID-19 vaccination is still online via the Eligibility Checker or by phoning the National Coronavirus and COVID-19 Vaccination Helpline on 1800 020 080."

Located on the corner of Poinciana Ave, the Sunny Street GPRC is conveniently located next door to Tewantin Post Office and opposite the Noosa Shire Council chambers.

Noosa Mayor Clare Stewart applauded the work of Sunny Street doctors and nurses.

"The way our community has responded to the COVID challenge has been amazing and the work of Sunny Street has been exceptional," Cr Stewart said.

"It's fantastic to have a community vaccination site in Noosa which will go a long way to increasing the rate of vaccinations to those eligible.

"I encourage residents to take advantage of the new central location in Tewantin."

Anyone currently eligible to receive the COVID-19 vaccine as per the current government rollout is welcome to make an appointment using the Eligibility Checker.

The Sunny Street Sunshine Coast Respiratory Clinic is located at 10 Pelican Street, Tewantin.





Confused about COVID-19 vaccination advice and referral pathways?

We try to regularly update HealthPathways with referral tips for the SCHHS vaccination clinics, FAQs and contact phone numbers for medical advice around COVID-19 vaccination challenges.

Visit: <https://sunshinecoast.communityhealthpathways.org>

Username: usersc **Password:** pwsc

SmartReferrals now shows waiting times

When selecting a specialty and entering initial referral data, Smart Referrals will now show the expected waiting times per urgency category for SCHHS outpatient clinics, allowing referring GPs to better advise patients.

Endocrinology tips from Dr Brett Sillars, SCHHS Clinical Director, Endocrinology

Brett's well-received recent webinar presentation to GPs included some useful tips around sensible use of hormone tests.

(recording available here: <https://attendee.gotowebinar.com/recording/4058788215986134275>)

Abnormalities in endocrine tests are extremely common as a result of wide normal reference ranges, pulsatile secretion, normal adaptive physiology, test performance and assay interference.

Be careful of ordering too many hormone tests as you will likely get false positives. As always, the clinical scenario is important in the interpretation of these results.

Ask 'What is the pre-test probability?' and 'Does it make sense with the patients symptoms? If not, the result is probably irrelevant.'

Brett's recommendations about when / when not to order specific hormonal tests:

Anterior Pituitary:

- ACTH – only AFTER diagnosed cortisol problem, ie low or high
- Prolactin – when symptoms - amenorrhoea, galactorrhoea
- LH/FSH – when hypogonadism diagnosed
- IGF-1 – acromegaly suspected, occasionally hypopituitarism
- GH – no role outside of stimulation/suppression test

**Adrenal:**

- Serum Cortisol – screen for adrenal insufficiency (early morning)
- 24hr free cortisol/1mg DST/midnight salivary – screen for Cushing's
- Renin/aldosterone ratio – adrenal adenoma + HTN, resistant HTN
- Metanephrines (plasma, 24hr urine) – adrenal adenoma, resistant HTN
- Androstenedione/DHEA-S – suspect virilising adrenal adenoma (rarely useful)
- 17OHP – screening for CAH

Bone/Parathyroid:

- PTH – only if hyper or hypocalcaemic. No role with normal calcium
- Bone turnover markers – not convinced alters management

Gonadal hormones:

- Testosterone – more specific sexual dysfunction symptoms. Not a screening test
- E2/Prog/LH/FSH – amenorrhoea, ovarian failure

Endocrine Pancreas:

- Insulin – I never check (unless 1x hypoglycaemia)
- C-peptide – ?beta cell reserve. Occasionally useful, need concurrent glucose.

For more clinical information and advice about endocrinology referral pathways, please visit HealthPathways.

The SCHHS General Practice Liaison Unit wants to hear from you!

**Please email feedback and suggestions to SCHHS-
GPLO@health.qld.gov.au**

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Last year, the PBS rules underwent an interesting change.

Suddenly, prescribers of opiates were required to satisfy a whole new set of criteria before prescribing long-acting opioids. We had to verify (and repeat the verification for every prescription) that the patient has a chronic disabling pain. That progressed to having to verify that the patient has had an approval since 1st June 2020. And then the added

requirement that the patient was going to have, or had had, a second opinion from another prescriber.

I preface my remarks by acknowledging the noble intent behind this bureaucratic disaster, being to make prescribers reflect on patients' continuing needs for long-term opioid analgesics. OK, I get it, this is a safety issue. We know that a number of patients die each year from pharmacological incidents, and that opioids (and benzos) are involved in a significant and disproportionate number of those deaths. But this plan was dumped on us (regrettably, with some AMA input) without enough thought of the practical application. I also know that oxycodone has attracted some very bad press in the last few years (but the bad press did not give enough weight to co-prescribing of benzos and pregabalin and phenothiazines, the dangerous magic cocktail so favoured among abusers).

Opioid scripts now take a significantly longer time to write. Prescribers hate it. The queues to get onto the authority approval lines are getting longer. I feel that we are now dealing with increasing numbers of inadequately trained and experienced operators who seem to have been put on the payroll in a manpower rush to meet the increased demand for phone authorities. I cannot even conjecture at the cost to the taxpayer of implementing the added authority applications alone. Listening to the voices at the other end of the line, it is obvious that the HIC operators hate it as much as we do. Fortunately, we can still streamline the authorities - if we are prepared to settle for a two-week re-writing of the scripts. Fortnightly prescribing doubles the number of consultations for opioid scripts, which expands my bank balance but has a negative impact on my appointment schedule. Worse, it doubles the number of times our poor ever-suffering patients have to attend just for a regular script, not a good outcome if they are a genuine pain patient with the attendant mobility transport restrictions. (Thankfully, we can still do telephone consultations – at added cost to the taxpayer.)

I used to send in mailed requests for authorities – which means I can get away with prescribing once every 3 months if I ask for 2 repeats. Unfortunately, the sheer volume of words required does not fit on an A4 script page, and even though I hand-wrote the added criteria in the margin, I had every one of those applications rejected. Back to the telephone authorities, or fortnightly streamlines.

Why do I have to tell the operator that the patient has had the medication for over 12 months, or that the patient has had an authority since 1st June, or even that the patient has had a review in the past 12 months. Why is that information not already on the screen before they ask?

Now let's look at the medical manpower waste involved in the review process.

Again, I recognize why Big Brother would think that a review by a second prescriber is a great idea. We all know that there are a few cowboys out there who are pretty generous (or careless) with their prescribing, opioids or benzos or otherwise. I have an addiction practice – I inherit their blunders. But there are not all that many careless prescribers, and there are other ways of identifying the outliers and calling individuals to account without imposing a wasteful and frustrating burden on every prescriber.

The review requires that a second set of eyes look at the clinical picture. In reality, how many of us, often seeing a pain patient as a once-off encounter, are really going to criticize and disapprove what our fellows have done after a longer course of knowing the patient better than we ever will? Especially if we have to maintain a working relationship with our colleagues?

And the manpower wastage is phenomenal! Pluck a figure, and I guess that there are maybe half a million patients around the country who are prescribed long-term opioids. That means that, before 1st June last year, over a period of about a month, Australian doctors had to find an extra half-million consultations just for a second opinion. And this month we have to go through the same process and find another half-million spare appointments. On top of our usual workload. On top of the flu vaccine season. On top of vaccinating the entire country for COVID and/or sitting counselling worried patients extensively about the risks and benefits of COVID vaccination. And heading into winter with all the added respiratory consultations that happen at this time of the year. Even as we struggle with our over-crammed appointment books, the taxpayer has to struggle with an added \$25 million or so for the additional consultations alone.

I love quoting the line that a camel is a horse put together by a committee. This whole opioid approval system is without a doubt at least a three-humped camel.

And at the end of the day, is there any evidence that this nonsensical bureaucratic burden has saved any lives? I challenge the HIC to show me the money.

Wayne Herdy



Choosing the right surgeon for your patients on the Sunshine Coast isn't rocket science - it's brain surgery.

Sunshine Coast Neurosurgery is the specialist practice of Dr Stephen Byrne, who has worked on the Sunshine Coast since 2017.

Dr Byrne MBChB, MRCSEd, FRACS underwent his neurosurgical training in Melbourne, Adelaide & New Zealand before gaining his Fellowship of the Royal Australasian College of Surgeons.

In fact, Stephen is the only fellowship-trained spine surgeon on the coast endorsed by both the Australian Orthopaedic Association and the Neurosurgical Society of Australasia.

At Sunshine Coast Neurosurgery all patients receive one-to-one pre-operative counselling and tailored personalised care using the latest techniques to deliver world-class healthcare.

Please feel free to call Sunshine Coast Neurosurgery to discuss any neurosurgical issue and we look forward to helping your patients along the road to recovery.

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MONTHLY UPDATE

By CEO Justin Greenwell

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NAMBOUR SELANGOR PRIVATE HOSPITAL • NOOSA HOSPITAL

Noosa Hospital news: Eye surgery & Breast care

Ophthalmic surgery at Noosa Hospital has received a boost with Noosa Hospital's investment of over \$200,000 in a ZEISS Lumera microscope with Callisto Eye (pictured below with ophthalmologist Dr Kris Rallah-Baker second from left, and team).

I'm so pleased that after launching ophthalmology services at Noosa Hospital just over 18 months ago, we are already progressing with new technology for our local patients.

In other news, Noosa Hospital staff have joined with local businesses to create a 'care pack' for women needing surgery for breast cancer.

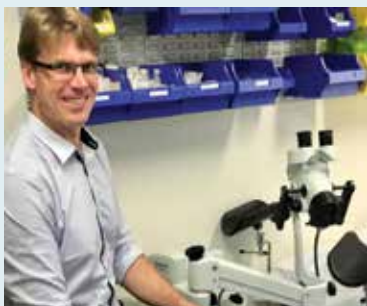
Noosa Hospital breast cancer nurses Jean Kelly and Mel Diggle call them our 'community care packs' as local businesses who've come on board donating lovely products are showing the ladies receiving them that there are people out there they don't even know, who are thinking of them and caring about them. A wonderful display of 'People caring for People'.



Nambour Selangor news: Gynaecology support

To support gynaecology services in the Nambour and Hinterland areas, Nambour Selangor Private Hospital has invested in a new Olympus Colposcope, providing high quality optics and smooth manoeuvrability.

Pictured is local gynaecologist Dr Christopher Weekes who will use the colposcope in his fortnightly clinic at Nambour Selangor Private Hospital.



SCUPH news: Rezum & 200th TAVI

In June, urological surgeon Dr Borjana Barth performed the first Rezum at Sunshine Coast University Private Hospital (SCUPH) – a transurethral water vapour therapy for benign prostatic enlargement (BPH).

Dr Barth said the day procedure increases minimally invasive options for men on the Coast with BPH, providing an alternative to medication or potentially more invasive surgery. By working on just the enlarged part of the prostate, using ablation to shrink the enlargement, she says Rezum avoids impact on ejaculation ability.

In other June news, SCUPH marked a milestone in the cardiac field, with 200 transcatheter aortic valve (TAVI) procedures, helping patients with aortic stenosis.

Learn more in our two-minute video where SCUPH cardiologists Dr Peter Larsen and Dr Stuart Butterly discuss TAVI as well as MitraClip technology:

<https://www.sunshinecoastuniversityprivate.com.au/Our-Services/Cardiac-Services/Cardiac-Services>



Hervey Bay, Bribie Island Consulting

As part of its commitment to increase accessibility to quality specialist care, Ramsay Health Care has opened Consulting Suites on Queensland's Bribie Island and further north at Hervey Bay.

Ramsay Consulting Suites Hervey Bay had the first Clinic on June 18, with bariatric weight loss specialists Dr Garth McLeod and Dr James Askew (pictured above, with practice manager Ashleigh), who operate at Noosa Hospital and Sunshine Coast University Private Hospital. The suites are located in the heart of Hervey Bay's medical precinct with free onsite parking, three consulting suites and a treatment room.

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- ✓ Pelvic/Gynaecologic Ultrasound
- ✓ Pre-IVF Assessment and Follicular Tracking
- ✓ Saline Sonohysterogram
- ✓ Hysterosalpingo-Contrast-Sonography (HyCoSy)
- ✓ Targeted Endometriosis Ultrasound



DR DENISE LADWIG
FRANZCOG, DDU

Dr Denise Ladwig is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and has a Diploma of Diagnostic Ultrasound. She has special interests in gynaecologic pathology, 3D/4D imaging and fetal abnormalities.

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Advanced Women's Imaging provides specialised scans and diagnostic procedures for women using state of the art equipment and technology. Dr Ladwig is passionate about providing high quality professional care including individual consultations for patients following their ultrasound, with an opportunity to discuss findings.

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- All forms of exercise produced PEH in sedentary elderly hypertensive patients. However, High Intensive Interval Exercise produced the greater and more sustained PEH



Clinical TRIALS



Gastroenterology trials at USC Clinical Trials

For the past five years USC Clinical Trials has participated in gastroenterology studies, offering potential new investigational treatments for a range of conditions.

Globally we have witnessed the emergence of a new wave of experimental therapies targeting gastroenterological conditions including studies that focus on gut health and the microbiome. These treatments are now entering clinical trials in indications such as Crohn's Disease, ulcerative colitis, and coeliac disease.

Our Sippy Downs clinic has completed several trials relating to these indications and is currently running pharmacologic and microbiome-based clinical trials for ulcerative colitis.

Currently recruiting trials

Celiac disease
Ulcerative colitis



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Clinical TRIALS



COVID-19 vaccine trials at USC Clinical Trials

As the worldwide rollouts of first generation COVID-19 vaccines continue, there remains a strong case for researching and developing new vaccines and booster shots. Australia's relatively low prevalence of COVID-19 in the community has drawn the attention of many companies around the world, who are looking to our clinical trials industry to run clinical trials in COVID-naïve participants. There will be a range of COVID-19 clinical trial opportunities at USC which will include the investigation of new vaccine platforms; vaccines targeting new virus variants; combining COVID-19 and influenza vaccines; and vaccine boosters looking to extend vaccine effectiveness longer term on people already fully vaccinated against COVID-19. For USC Clinical Trials this area of research continues to grow in relevance as our researchers and community come together to be at the forefront of medical research translation.

Please register your interest for upcoming COVID-19 vaccine trials for individuals fully or yet to be vaccinated at usc.edu.au/covid

We are proud to be running studies spanning all clinical trial phases at our Moreton Bay and Sunshine Coast clinics, with a new facility opening soon in Southbank Brisbane.

Currently recruiting trials

Phase 1 healthy volunteers

Phase 1/2 healthy volunteers



Sippy Downs

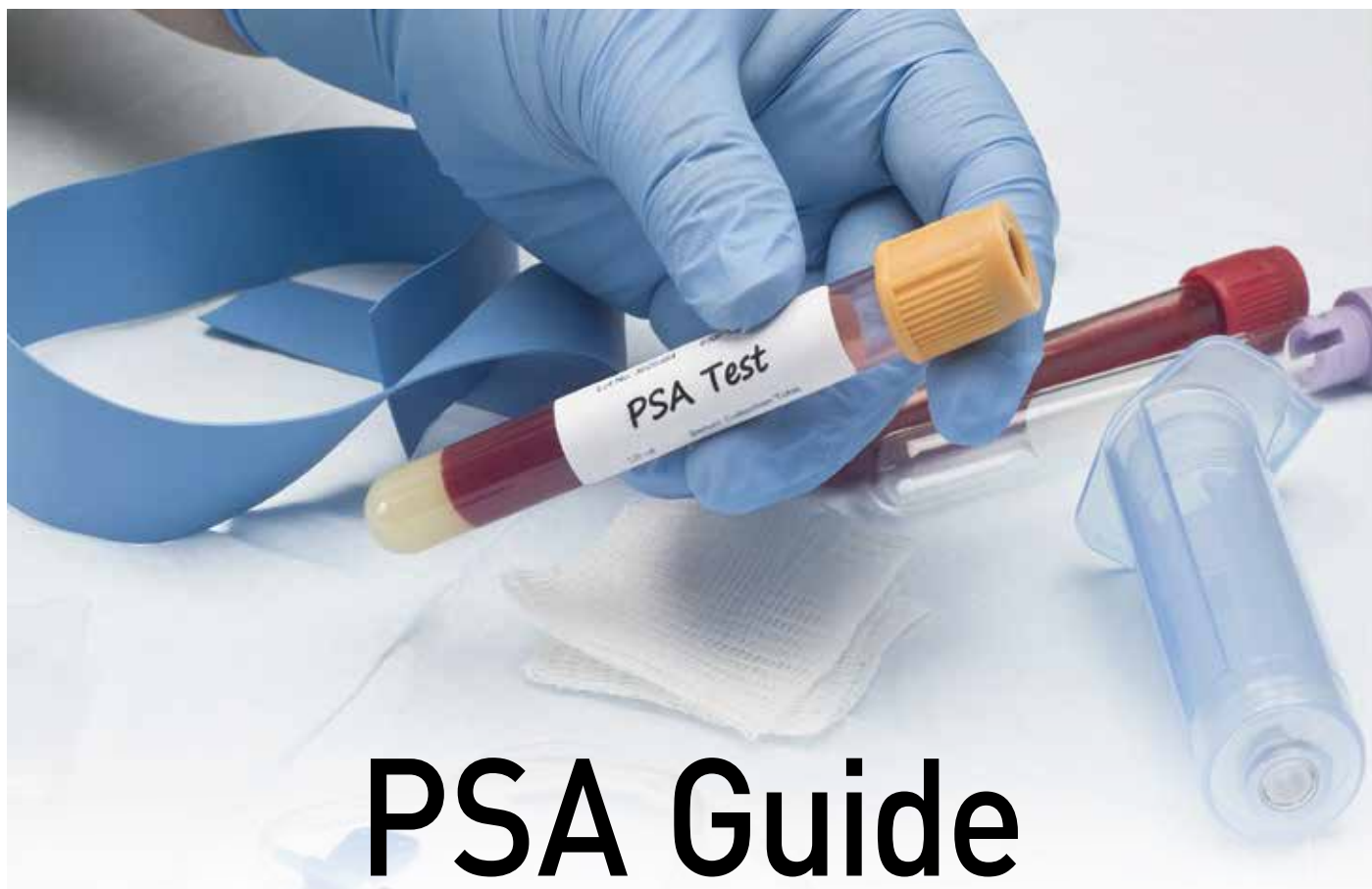
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PSA Guide

Early detection saves lives

PSA >3 is a red flag

(>2 if positive Family Hx, BRCA)

Repeat PSA in 1-3 months with free/ total ratio

Refer if:

Second PSA is still >3 (2)

Or anytime if there is a hard prostatic nodule
or PSA increases while on Duodart

Refer to:

Dr. Tony Gianduzzo or A/Prof. Troy Gianduzzo



Sunshine Coast Urology Clinic

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W. buderimprostateclinic.com.au

SCLMA Clinical Meeting - 24 June 2021 - Maroochydore Surf Club**Presenter: Dr Peter Georgius, Pain Medicine Specialist & Rehabilitation Specialist.****Topic: 'ReActivate Treatment and Results'. Sponsor: Amber Wick, Mainstay-Medical**

(ReActiv8 is an active implantable medical device designed to treat people with chronic low back pain (CLBP). ReActiv8 electrically stimulates the nerves that supply the lumbar multifidus muscle, a key stabilizing muscle of the low back, to elicit contraction of the muscle which can lead to restoration of control over time, allowing the back to recover from CLBP).



Presenter Dr
Peter Georgius
with Amber
Wick,
Sponsor,
Mainstay-
Medical



New SCLMA member Dr Danielle Carter with
Medical Student, Imogen Masters.



Dr Jeff Tarr, new SCLMA member Dr Daniel Bothma
with Dr John Scott..

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Saving tax using the First home super saver scheme (FHSSS)

Do you want to buy your first home and save on tax at the same time?!

If yes, then you need to keep reading!

In the 2017-2018 Federal Budget, the First Home Super Saver Scheme (FHSSS) was introduced. If you haven't already heard of the FHSSS, it was a scheme introduced to help first home buyers to build a deposit within their superannuation fund whilst also giving them a tax cut at the same time.

The FHSSS allows you to make voluntary contributions to your super fund, which you can then withdraw at the time you are going to purchase your first home. In the 2020-2021 Federal budget, the cap was increased from \$30,000 to \$50,000. An individual can voluntarily contribute up to \$15,000 per year, if you are a couple, then this can obviously increase to \$30,000 per couple and you can release up to \$50,000 from each superfund, totalling to potentially a joint deposit of \$100,000. You will also be able to withdraw 'interest' on top of your voluntary contributions. Please keep in mind, these contributions available for withdrawal DO NOT include the superannuation contributions made by your employer.

When it comes time to purchase your first home, before you sign your contract you need to have applied for and received a FHSSS determination from the ATO. You can do this online using your MyGov account and the ATO will tell you your maximum amount you are able to withdraw under the FHSSS. When you receive the amount, there will be a payment summary to include in your tax return the year you withdraw the contributions.

So, how does this save me tax?

These voluntary contributions are treated as a tax deduction in your personal tax return. If you chose to contribute \$10,000 in one year, then you would be able to reduce your taxable income by this amount and save tax at your marginal tax rate. You will need to contact your superfund or completing a Notice of intent to claim tax deduction form, you can find these here:

<https://www.ato.gov.au/Forms/Notice-of-intent-to-claim-or-vary-a-deduction-for-personal-super-contributions/>

How do I make a voluntary contribution?

You will need to contact your nominated superfund to check they will release the money under the scheme. They will be able to point you in the right direction with payment details for you to make these voluntary contributions.

As we are approaching the end of the financial year, now is the time to contact your accountant and prepare a tax plan to find out how much this will benefit you this year. Whilst finding out how much the FHSSS can reduce your tax bill this year, ask them to also run you through the FHSSS in more detail.

We are here to help if you have any questions, so please call **07 5437 9900**.

Article written by Brooke Fenwick.

Please note – the above does not constitute tax advice and readers should seek advice for their individual circumstances from their trusted advisor.



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Tim graduated from the University of Edinburgh and completed advanced training in urology at teaching hospitals in London and Queensland. He has trained extensively in da Vinci Robotic Surgery at the University Hospital, Leipzig, and the Wesley Hospital.

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BUNYA!!

Wayne Herdy



Only a few hours from our doorsteps lies one of nature's hidden treasures. The Bunya Mountains are home to a national park, North of Dalby and South of Nanango/Kingaroy. They are close enough for a day trip, but better if you plan to stay overnight, renting one of the many private chalets, or roughing it in one of the several camping areas (which unexpectedly do have hot showers and clean toilets).



I marvel at the feats of communication (aeons before Western society had the internet or even the telephone) and navigation (before the Chinese had invented the compass and when the English were struggling with early maps). The horizontal scars that you can still see on the trunks of the older trees were steps cut with stone axes to assist climbers aspiring to harvest the nuts high overhead.



There are several walks, none particularly strenuous and all very picturesque. The keen walker can easily cover every walking track in a day. Just remember to heed the warnings that this is tick country. Take the Aerogard (or the author's preference, Bushman's insect repellent). There are cafes and a restaurant, but most visitors would be self-catered.

The interpretative signs along the tracks explain how the aborigines would come to this sacred area to renew their energy and strength from Mother Earth. It is easy to understand how they felt, once you have breathed in the spirits of the forest.

Yes, definitely put the Bunya Mountains on your bucket list for a long day trip or a few days in fresh air and back to nature.

Bunya is home to, you guessed it, the Bunya pine, a veritable giant of the forest, an inhospitable plant with spiky leaves that don't encourage close and personal contact.

The Bunya pine cone is bigger than a pineapple, and produces small nuts that are quite tasty, especially roasted. The Bunya pine produces a more prolific crop of nuts every 3 years.

For thousands of years, the aborigines would gather every 3 years at the due time, travelling from as far away what is now the NSW border or Rockhampton.

This triennial festival was a major time in the celebratory calendar, a time for doing business, arranging marriages, settling disputes, and all those functions essential to a primitive but sophisticated society.



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Sunshine Coast Orthopaedic Clinic

**SAVE THE MENISCUS -
AN UPDATE ON ARTHROSCOPY**

There have been a number of recent papers questioning the role of knee arthroscopy and partial medial meniscectomy in the degenerate knee. This has quite rightly led to a decreased use of knee arthroscopy to treat the degenerative knee, at least as a first line treatment. That's not to say that arthroscopy and partial meniscectomy cannot be beneficial in certain older patients, but it is reasonable to start with a dedicated physiotherapy programme first and reserve arthroscopy for recalcitrant symptoms, or those with severe mechanical symptoms such as locked or locking knees or conditions such as root tears, loose bodies etc.

An unintended consequence, however, has been to reduce referral rates of younger patients for which the benefit of early arthroscopy and repair of the meniscus is clear. The goal of knee surgery is to save the meniscus. So meniscal repair and to a lesser extent conservative meniscal resection is the mantra for knee surgery, especially in younger patients. Meniscal repair preserves meniscal function so should prevent the problems of increased risk of arthritis, chronic pain and decreased function that can occur especially in younger patients. The time from injury to referral has a significant impact on the quality of the meniscus and the chances of successful repair. On a cost benefit analysis, meniscal repair is far superior to partial meniscectomy or physiotherapy. Age is not a barrier to repair. The results of repair are no different for those under 40 as to those over 40 with a 10% to 20% failure rate reported depending on the paper,

but younger patients have more to lose if their meniscus is not repaired. Meniscal repair is a more complex procedure with a longer recovery time than arthroscopic partial meniscectomy or non-operative treatment but the benefits are clear: reduced osteoarthritis, better functional outcomes and reduced long term costs.

Please consider early referral for patients with mechanical symptoms likely to be arising from a meniscal tear, especially if there is a history of traumatic onset, mechanical symptoms or clinical signs.

I am happy to take your calls and discuss further any cases as always.

For appointments contact

Dr Steven Lawrie

Suite 17, Kawana Private Hospital

5 Innovation Parkway, Birtinya QLD 4575

p: 07 5493 3994

f: 07 5493 3897

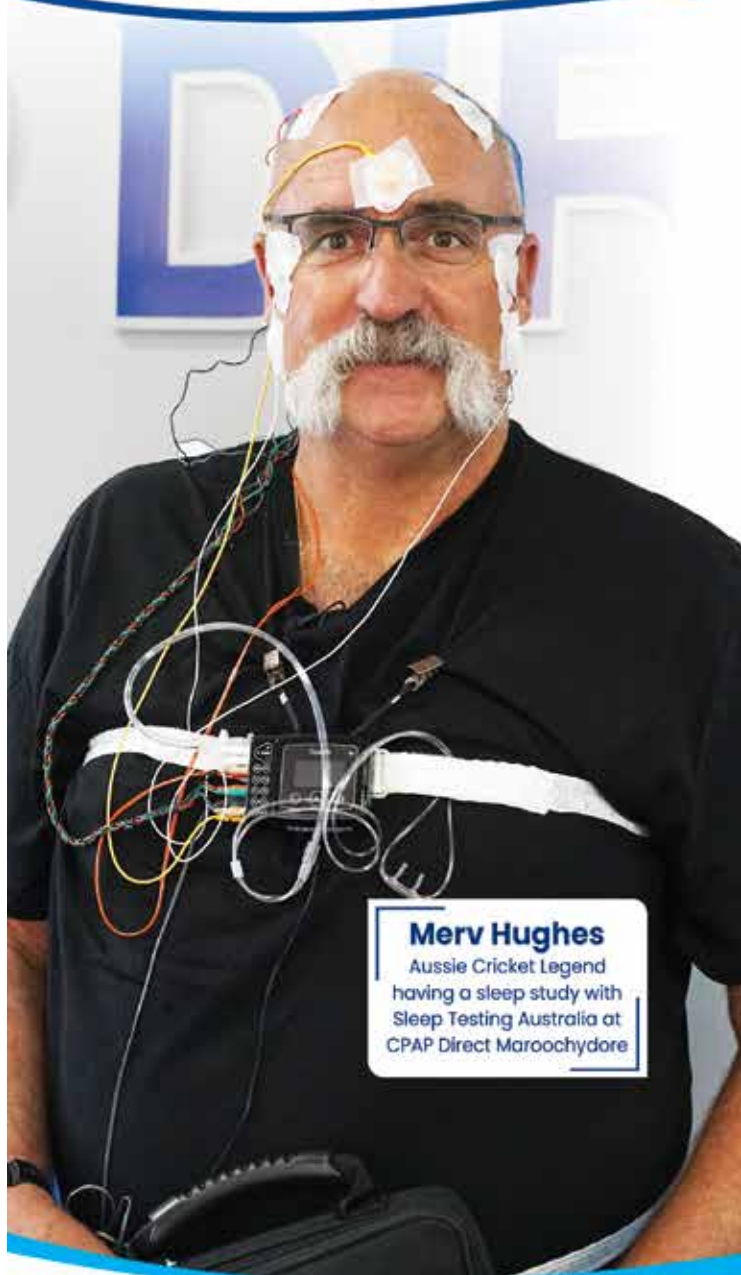
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PRESIDENT AND CEO REPORT



Prof Chris Perry OAM and Dr Brett Dale

June has seen us responding to the Queensland State Budget and highlighting the wins and gaps for health in the state. The COVID-19 vaccine debate and the lock down has dominated attention at the end of the month, but we cannot forget we also saw an escalation in media exposure on emergency department ramping and access block at the start of June. Read our update to find out how we have been advocating for the medical profession in Queensland this month.

COVID-19 UPDATE

Queenslanders are on tenterhooks to see if our COVID-19 restrictions need to continue to contain transmissions in our state. It is appropriate for the potentially exposed local government areas, including the Sunshine Coast, to operate in the 'moderate' risk category now with escalated use of personal protective equipment (PPE). This ruling is necessary but we need to ensure all health care workers, including GP clinics and their staff, have the support they need, which means access to adequate PPE supplies and fit-testing. We need meaningful action from the State and Federal Governments to ensure protection for GPs and all frontline health workers so they can continue to care for our community. Read our media statement on our website *GPs demand better protection from virulent Delta strain*.

Confusion over AstraZeneca

There were major changes and conflicting government advice for the AstraZeneca vaccine in June. On 23 June, the Australian Technical Advisory Group on Immunisation (ATAGI) lifted the age guidelines for the AstraZeneca vaccine from patients 50 years and over, to 60 years and over. This sudden change caught GPs by surprise and threw COVID-19 vaccine clinics into chaos with high cancellation rates, no-shows, wastage of vaccines and a significant drop in public confidence in the vaccine program.

Late Monday 28 June, the Federal Government announced that GPs would have indemnity against any adverse reactions caused by the AstraZeneca vaccine. The indemnity announcement was welcome news but the edict on AstraZeneca for younger Australians again caught GPs by surprise and created confusion for patients and unnecessary pressure on clinics to provide clear advice and guidance.

On Wednesday 30 June, the State Government declared that no one under 40 should have the AstraZeneca vaccine further compounding vaccine confusion and again throwing GPs into a spin dealing with confused and concerned patients.



In the space of one week, both the Federal and State Governments failed to consult with the medical profession and did not provide clear and consistent vaccine advice for the community. Their disjointed and uncoordinated messages further undermined confidence in our COVID-19 vaccine program and continued to place GPs under inordinate pressure to combat vaccine hesitancy.

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We standby the current ATAGI advice that recommends Pfizer for people under 60. However, people under 60 may choose to have the AstraZeneca vaccine based on the information available and their personal health risk profile. Some younger people are making this informed decision and are choosing to have the AstraZeneca vaccine. We support their choice and right to do so. The Federal Government indemnity also gives GPs greater confidence to provide the AstraZeneca vaccine to people under 60 but it remains a discussion between a patient and their GP to make the best decision for their circumstances.

The vaccine debacle must end and GPs must have prior notice of changes to the vaccine program. The current reactive system gives GPs no time to understand new information, provide advice to patients and change existing bookings and systems in their practices. GPs need to have advance warning so they can continue to provide the best advice to their patients and effectively deliver COVID-19 vaccinations.

It is also imperative for the Federal Government to invest in a major public health campaign across all communication channels and mediums. This needs to restore confidence in the vaccine program, allay concerns and promote the benefits of vaccination against COVID-19. We are also calling for the blame game to end and that greater collaboration and coordination occurs across all levels of government.



GPs to administer Pfizer

From 1 July, 500 general practices started administering Pfizer vaccinations. This will increase as more supply becomes available with full capacity expected by October. We have been lobbying for this change over many months, ever since the storage advice for Pfizer was updated allowing storage in a normal fridge for one month. This hard-fought, crucial step forward will allow GPs to vaccinate more members of the community, which is even more important given the changes to the AstraZeneca

vaccine.

Medicare COVID-19 consultations flawed

On 23 June, the Federal Government announced new Medicare items for longer GP consultations to provide advice to patients on COVID-19 vaccinations. This was the result of significant advocacy over several months by the AMA with the Prime Minister and the Minister for Health. We welcomed the new items initially but the devil is in the detail.

Our members are concerned over the timing that this consultation is required to occur. Many have reported it must take place before a patient receives the jab. However, the vast majority of patients want to discuss COVID-19 vaccines with their GP well in advance of receiving a dose. GPs have also told us that most patients book a regular consult and then have a COVID-19 discussion as a 'tag on topic' taking between 5–10 minutes on top of their scheduled appointment. In addition, the new items force GPs to bulk bill the consultation to which we are opposed. The bulk billing rates set by the Federal Government fall woefully short of the true cost of delivering quality primary care to the community and hinder the ability for GPs to sustain viable businesses.

We are seeking clarity for GPs from the Department of Health and will continue to advocate for changes that truly reflect the needs of the medical profession to deliver high quality health care to our community.



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Creating Better Health*

STATE BUDGET RESPONSE

The Queensland Government produced a health budget focussed on bricks and mortar rather than patient care and the wellbeing of doctors. While we welcome the \$2 billion Hospital Building Fund, we need innovation and investment to find solutions that will address access block now. We need to move patients through the hospital system and stop the ramping crisis that is crippling Queensland. Not only do we need hundreds more staff in intensive care, mental health and general wards, we must also recognise the difficult conditions doctors and all frontline health workers are experiencing and invest in their care and support.

Rural Queensland did not receive adequate support in this budget with no allocation for specialist maternity care, mental health and pain management services. There was no additional funding for palliative care, underwhelming investment in Indigenous health and no training for much needed addiction medicine specialists. Read our full response to the State Budget, *Doctors disappointed by Budget* on our website.

RAMPING ROUNDTABLE

We held our first AMA Queensland Ramping Round Table on 16 June, convening a group of diverse health experts from across Queensland to develop new ideas and solutions to address access block in our hospitals. Not only do we need more beds but also we must use the beds we have more efficiently.

The Chair, Dr Kim Hansen said there was no shortage of practical ideas that could be rolled out now and over the longer-term. Some of the key ideas the group flagged in the initial meeting include:

- measuring patient flow through the hospital system and not just emergency department wait times;
- establishing access and flow committees in hospitals that are focussed on patient movement and care through the hospital system;
- maintaining hospital capacity at 90 per cent to leave room for patients to be admitted into wards; and
- better processes for patients to access care in the community rather than in a hospital bed e.g. nursing home placements, scans, and reviews.

The 10-member group will bring on additional expertise as needed and plan to meet again in the next month. A clear timeline for recommendations will be developed including short, medium and long-term goals. We look forward to working with Queensland Health and the Government to help provide solutions out of our current ramping crisis. Read more on our website *Big ideas to fix hospital bed block*.

EVERY DR NEEDS A GP

AMA Queensland identified the need to encourage doctors to take care of their own health and devised the *Every Dr Needs a GP* campaign. It can be tricky for a doctor to be a patient and for a doctor to be comfortable treating another doctor, but the reality is, every doctor needs a GP to provide objective health advice and support.

Our campaign includes a guide on how to find a GP, testimonials from our Board and Council, as well as an *In Conversation* webinar with Dr Jennifer Schafer from Doctors' Health in Queensland. Doctors, like most people, delay getting a GP until they are sick, which makes it difficult to find the right person when your decision-making capacity is at its lowest. We are encouraging every doctor to have a GP as a part of their regular health care, so you can access support and advice that you trust, when you need it most. Read more about the campaign on our website





*Leading Queensland Doctors
Creating Better Health*

PAY RISES FOR HOSPITAL DOCTORS

Our industrial relations partner ASMOFQ has secured two wage increases for Queensland Health-employed doctors over the next six months. From 1 July 2021, doctors will obtain a 2.5 per cent pay increase. This is a delayed pay rise postponed during the COVID-19 outbreak. ASMOFQ maintained pressure on the Queensland Government to deliver this wage increase as promised. An additional wage increase of 2.5 per cent will also occur from 1 January 2022 as a part of a new deal secured by ASMOFQ.

MINIMUM WAGE INCREASED

The Panel of the Fair Work Commission has decided to increase the minimum modern award rates of pay by 2.5 per cent. For the health care sector, this increase will take effect from 1 July 2021 and impacts employees covered by industry modern awards, such as the Nurses Award 2010 and the Health Professional and Support Services Award 2020. Our Workplace Relations Team has updated our Pay Rates Summary for 2021-22, which is available to all members. Contact our team at workplacelrelations@amaq.com.au for more information.



PRIVATE PRACTICE WEBINAR SERIES

The next Private Practice Webinar is Monday 26 July from 10am -12pm on the topic of termination of employment. This five-part training series covers key issues for GPs, practice managers and specialists. Receive a 40 per cent discount if you purchase all five sessions and either join the live webinars or access the recordings. Head to the events section of our website to purchase the series.

DOCTOR Q INTERVIEWS HEALTH MINISTER

Members will have received the winter edition of *Doctor Q* where we interviewed the Queensland Health Minister, The Hon. Yvette D'Ath MP, on the crisis facing emergency departments around the state. Other feature articles include breaking down the aged care recommendations and meeting our newly elected Board and Council.

We are always keen to hear your feedback so please let us know if you have any suggestions for content and articles you would like to see in our flagship magazine.

We also welcome member feedback and inquiries from the medical profession in Queensland so please do not hesitate to contact us.

Please email your inquiries, suggestions and feedback to amaq@amaq.com.au.





SAVE THE DATE

**AUSTRALIAN ASSOCIATION OF
MUSCULOSKELETAL MEDICINE**
2021 CONFERENCE

**JOINING^{THE}
DOTS**

**MAKING SENSE OF
MUSCULOSKELETAL PAIN**

**26-29 AUGUST
2021**
**RACV, NOOSA
QUEENSLAND**

The Organising Committee is pleased to invite you to the **2021 Conference** in tropical Noosa.

Join us as we explore the common links between the wide range of available diagnostic paradigms, imaging modalities and treatment approaches and try to 'make sense' of musculoskeletal pain.

With an emphasis on practical, day-to-day topics, the conference will feature many expert presentations and useful updates in clinical practice and imaging. Workshops will include ultrasound and injection skills, Regenerative Injection Therapies (PRP and Dextrose Prolotherapy), manual therapy and medicinal cannabis prescribing.

We hope you can join us in 2021 for a great educational experience and a chance to explore the lovely Noosa region.

Enquiries or to register your interest: NC Events

T: 0439 841 048

E: ncosta@ncevents.com.au

www.aamm.org.au



SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084

MEMBERSHIP APPLICATION

Enquiries: Jo Bourke Ph: Mb: 0407 037 112 Email: admin@sclma.com.au

<u>NAME</u>	Surname: _____	First Name: _____
<u>EMAIL:</u> _____		
<i>THE SCLMA PREFERS TO SEND MONTHLY NEWSLETTERS & INVITES BY EMAIL</i>		
<u>ADDRESS:</u>		
	Practice/Building _____	
	Street: _____	
	Suburb: _____	Postcode: _____
	Phone: _____	Mobile: _____
<u>PRACTITIONER DETAILS:</u>		
	Qualifications: _____	
	Date of Birth: _____	Year of Graduation: _____
	Hospital employed / Private Practice (cross out one) _____	
	General Practice / Specialist (cross out one) _____	
	Area of Speciality: _____	
<u>PLEASE NOTE:</u> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>		
<u>PROPOSERS:</u> (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).		
1. NAME: _____		Signature: _____
2. NAME: _____		Signature: _____
<u>ANNUAL SUBSCRIPTION (GST included):</u>	(Please tick)	<u>PLEASE COMPLETE:</u>
Full-time ordinary members - GP and Specialist	\$ 110	Your Monthly Invitation?
Doctor spouse of full-time ordinary member	\$ 55	By Email? _____
Absentee or non-resident doctors	\$ 55	By Courier? _____
Part-time ordinary members (less than 10 hours per week)	\$ 55	By Post? _____
Non-practising ordinary members, under 60 years old	\$ 55	Your Monthly Newsletter?
Residents & Doctors in Training	Free	By Email? _____
Non-practising ordinary members, over 60 years old	Free	By Courier? _____
Patron and honorary members	Free	By Post? _____
Payment can be made by cheque payable to SCLMA or by direct debit to: <i>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</i>		
Please return this form either by email (scan or photo) or Fax 07 5479 3995 of your E.F.T. to: Email: admin@sclma.com.au Post: SCLMA PO BOX 549 COTTON TREE 4558 Fax: 07 5479 3995		
<u>Please note:</u> <i>Membership applications will be considered at the next Management Committee meeting.</i>		

The Sunshine Coast Local Medical Association has Public Liability Insurance



Helping the Sunshine Coast

Move Without Pain.

To book call 1300 300 410
or visit daneverson.com.au



Maroochydore | Noosa | Nambour | Caloundra | Morayfield | Deception Bay | Indooroopilly

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website: www.rdma.org.au

Email: RDMAnews@gmail.com

SCLMA ADVERTISING GUIDELINES:

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

Paragraph (a) "Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised"

Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"

Paragraph (o) "Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners"

PLEASE NOTE THE FOLLOWING:

The anti discrimination commission of Queensland has the following statement on job advertising:

Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply. References to sex, relationship status, age, race, religion etc should be avoided, as should the use of words that may indicate a preference for particular groups or may discourage others from applying, eg foreman, tradesman, glamorous, well-built, mature, youthful, office girl etc. Publishers can be fined and be the subject of a complaint to the Commission for publishing discriminatory advertisements that show an intention to contravene the Anti-Discrimination Act 1991. Discriminatory advertisements will therefore often be refused or modified by publishers in order to avoid legal liability.

CLASSIFIEDS

VR GP REQUIRED MAROOCHYDORE

Medicine on Second is located in the heart of the CBD in Maroochydore, close to the beach, major shopping centre and public transport. We are seeking a PT/FT GP to add to our doctor owned, accredited family practice, dedicated to providing high quality care. We are a highly regarded mixed billing practice with increasing new patient demand daily. We focus on providing exceptional care and require a like-minded, caring and committed GP to join our team. Our GPs are offered excellent conditions and remuneration with high earning capacity.

About our Practice:

- Fully computerized using Best Practice Software
- Online Bookings, Appointment reminders and recalls
- 6 bed treatment room including 2 private procedure rooms
- Onsite Pathology
- Covid-19 Vaccination Clinic
- Full Nursing Support from an experienced team of Nurses and support staff
- Onsite Carparking for patients and staff

To apply for this role or for a confidential discussion please contact our Practice Manager on practice.manager@medicineonsecond.com.au or (07) 5443 9455

May 2021

SHARED LEASE OPPORTUNITY AVAILABLE IN SPECIALIST SUITE AT LAKE KAWANA, BIRTINYA

Located on Ground Floor in a renowned Medical Building at Birtinya. 5 minute drive to SCU/SCUPH. Modern fit-out offering a fully equipped spacious reception room, 3 consulting rooms (2 dedicated to tenants and the other current Visiting Specialists), treatment room, back office, large storage room, kitchen and toilet. Suites have 2 door access. Each of the 2 tenancy offer 2 car park spaces. QML on same floor next to General Practice with Radiology minutes away.

Convenient patient parking with Café on grounds

Other tenant Upper Limb Orthopedic Surgeon

Shared outgoings and expenses

For further information, please contact Dr Janette Ritchie on janetteritchie@iinet.net.au or 0400 593007

May 2021

GENERAL PRACTITIONER

We are looking for a VR General Practitioner to join our busy well established GP owned and operated Family Practice. Full time preferred however not essential, with partnership opportunity on the beautiful Sunshine Coast.

We are an accredited mixed billing practice with well- established operating systems and very loyal patient base.

You will be supported by experienced, professional nursing and reception staff in a family friendly workplace.

Please email resume to admin@trinityclinic.com.au or contact Nadine Ware on (07) 5491 9888.

March 2021

MEDICAL PRACTITIONER, SPECIALIST

- Rheumatologist
- Neurologist
- Rehabilitation physician

To join a multidisciplinary pain and rehabilitation clinic in Noosa. Scope of practice can be expanded based on experience and expertise.

Purpose built facility in Noosa Heads also has access to Sunshine Coast Clinical Research, which has GCP accreditation and expertise in USA FDA studies, for practitioners who wish to explore research and clinical studies.

Please email expressions of interest to mail@painrehab.com.au

April 2021

MEDICAL PRACTITIONER

GP (VR or non-VR), Pain Physician or Rehabilitation Physician to assist in medical cannabis prescribing clinic

Qualifications:

Registered Medical Practitioner

Role:

- To be part of a multidiscipline team, delivering comprehensive pain rehabilitation
- Working with clinical nurses in assessment and prescription of medical cannabis with Dr Georgius, Pain Physician & Rehabilitation Physician
- TGA applications
- Assessment of efficacy, side effects, compliance and safety

Scope and role can be expanded as per expertise and experience

Please email expressions of interest to mail@painrehab.com.au

April 2021

PROFESSIONAL MEDICAL CONSULTING ROOMS

- Available for Lease on a Sessional or Permanent basis for Medical Practitioners/Allied Health Providers.
- 3 x Fully Furnished premium office spaces, available individually or lease all 3.
- These professional offices are located in Tewantin within an existing thriving Diagnostic and Allied Health Business. Ground level with ample parking. Rooms equipped with a hand basin, telephone and internet connection; Spacious waiting room/ reception area.
- Access to staff amenities – toilets, kitchenette/microwave oven/ fridge. Admin support can be negotiated in the lease.
- Immediate start available for suitable applicant.

Please mail manage@dusktilldawnsleep.com.au to enquire or register your interest and arrange a viewing.

April 2021

PROFESSIONAL MEDICAL CONSULTING ROOMS

Available for Lease on a Sessional or Permanent basis for Medical Practitioners and Allied Health Providers. Grow your practice by establishing a foothold in the beautiful Sunshine Coast.

Located on Level 3 of Pulse Oceanside Medical, a six level multi tenanted medical facility within the thriving Birtinya Health Hub and conveniently situated opposite the Sunshine Coast University Hospital and Sunshine Coast University Private Hospital.

- Rooms equipped with a hand basin, telephone and internet connection;
- Spacious waiting room/reception area with television; Large reception desk with room for a receptionist station – if required; Internet access;
- Telephone line billed separately; One private car park allocated on Level 1 (undercover, locked and secure) Electricity, air conditioning/heating, general cleaning; Access to staff amenities – toilets/shower, kitchenette/microwave oven/ fridge; Lockable storage cupboard for medical supplies and equipment.
- Radiology practice in building; Cafes and restaurants on the Ground Floor
- **Immediate start available**
- **Sessional and Fulltime (no Meet and Greet)**
- **Please phone Kelly on 07 5317 1117 for further enquiries.**

February 2021

GENERAL PRACTITIONER (VR) - SUNSHINE COAST QUEENSLAND

To find out more, please email your resume to admin@nambourclinic.com.au or ring Rowena for an informal chat Ph: 0412 292 666. *Continuing.*

CLASSIFIEDS:

Free to SCLMA members

\$110 for non members.

Queries: Jo 0407 037 112 Email: admin@sclma.com.au



wishlist

SCLMA

Gala Celebration

— **Friday 6 August** —

6.30pm until late

Sunshine Coast Convention Centre

Novotel Sunshine Coast

Three course meal and beverages

Simon Drew trumpet player vocalist will be entertaining the crowd for the early drinks along with his piano player

Keynote speaker - Roly Sussex OAM,
(Linguist University of QLD and Radio National fame)

Popular M7 Band again

Raffles galore

Sponsored by

theradiologyclinic

Health&Co

Venue partner



Limited tickets available

TICKETS WISHLIST.ORG.AU

