

SCLMA President's Message

Dr Roger Faint



I am nearly recovered from my second infective episode of COVID (passed to me from my wife) after 7 days and returned to work Monday 7 November. Sadly, I missed Dr Mara Clarkson's and Jen McKenzie's presentations at the

clinical meeting held Thursday 27th October.

My first COVID episode was in February this year with a similar amount of time off, however my symptoms were worse with full recovery taking 4 weeks. Cross fingers that 4 vaccinations and an infective episode 8 months ago assist in symptom amelioration, although I appreciate that COVID is different. I have once again appreciated the COVID related telephone item numbers, the ability to text scripts and remote computer access!

Dr Ken Wishaw, visionary, retired anaesthetist, emergency care physician and co-founder of Care Flight Sydney, presented the most polished, extraordinary presentation of his professional life that I have ever witnessed. His presentation beautifully complemented the thoroughly enjoyable SCLMA Cocktail Party which raises funds for Wishlist.

However, for reasons only known to Twin Waters Resort, there were COVID related issues which significantly reduced the dollars raised.

I would like to thank all sponsors and raffle donators for their extra-ordinary generosity, plus a warm thank you to Ken.

Prior to being unwell, I worked at my old stomping ground of Mitchell town and Hospital, which I left over 17 years ago.

It was a very positive experience (I still knew many patients and the practice staff were the same), however the town had not had a doctor (including a locum) for over two months.

Of recent years there have been three rural GPs, one being a registrar, and the lack of a doctor locally illustrates how grim medical services in the bush currently are.

The Hospital is staffed by excellent nurses who rely on the Brisbane based QH Telehealth Emergency Management Support Unit (TEMSU) for all clinical cases from dressings to very occasional resuscitation. Please contact me if anyone is interested in a Mitchell locum?

The COVID delayed SCLMA AGM is scheduled for this month on Thursday 24th November. If any members would like to join the committee, please contact myself or Jo.

This is all the energy I currently have. All keep well and COVID free.

Regards

Dr Roger Faint

SCLMA President.

FINAL SCLMA Clinical Meeting for 2022!

THURSDAY 24 NOVEMBER

MAROOCHYDORE SURF CLUB 6.30pm

COAST JOINT CARE - RHEUMATOLOGY

Presenters:

Dr Steve Truong, Rheumatologist

Topic: "Hot Topics in Rheumatology"

Dr Peter Nash, Rheumatologist

Topic: The 10 Commandments in Rheumatology"

Sponsor: Abbvie.

RSVP NOW! - Jo 0407 037 112

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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:

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Newsletter Editor: Mara (W) 07 5437 9788



**NOVEMBER 2022
NEWSLETTER**

**Deadline FRIDAY
25th NOVEMBER**

- 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.

NOTE: *We are planning to change to digital only newsletter distribution over the next month.*

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.

www.sclma.com.au



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 PAST MINUTES & AGENDA

Please 'like', 'share' and 'follow' our Facebook page: *sunshinecoast local medical association.*

<https://www.sclma.com.au>

DATE CLAIMERS:

THURSDAY 24 NOVEMBER 2022

VENUE - MAROOCHYDORE

SURF CLUB FUNCTION ROOM

COAST JOINT CARE

SPONSOR: ABBVIE

PRESENTERS:

DR STEVE TRUONG

"Hot Topics in Rheumatology"

DR PETER NASH

"The 10 Commandments in Rheumatology"

ALSO: SHORT AGM TO BE HELD.

THIS IS OUR LAST MEETING FOR 2022

2023:

THURSDAY 23 FEBRUARY 2023

THE THOMPSON INSTITUTE

PROFESSOR JIM LAGOPOULOS

Jim is an internationally recognised expert in neuroimaging and has established three Australian research centres that explore innovative approaches to brain health.

Jim is passionate about translating research discoveries into real-world treatments. His research delves into novel approaches to mental health, with a focus on:

- *suicide prevention*
- *youth mental health*
- *healthy brain ageing*
- *post-traumatic stress disorder.*

MEETINGS are held last Thursday of each month except December and January.

Corporate sponsorship welcome! Speakers and topics need to be approved by SCLMA Meetings Convenor.

Presentation time for speakers is 20 minutes plus Q&A

Queries: Jo Ph: 0407 037 112

Email: admin@sclma.com.au

Have you checked out the revamped SCLMA website?? Already you can pay your renewal or membership application with one click!



Are you listed on our Members' Directory? Do your details need to be updated?

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

Contact: Jo - admin@sclma.com.au

Ph: 0407 037 112

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



ALL NEWSLETTERS ARE ON OUR WEBSITE

<https://www.sclma.com.au>

HEALTH SERVICE LINK – OCTOBER 2022

Dear SCLMA Colleagues,

Last month I mentioned that, SCUH has been recognised as among Australia's best performing hospitals for hip fracture care, for the second year running.

I am proud to announce that, SCUH won this year's Australian and New Zealand Hip Fracture Registry (ANZHFR) Golden Hip Award, which rates a hospital's performance against 16 indicators within the national Clinical Care Standard for Hip Fracture care.

Our innovative model of care involves a multidisciplinary team approach where all confirmed hip fracture patients are admitted directly under the care of an Ortho-geriatrician, with surgical consultation, who has primary responsibility of the patient's coordination of care.

It's a comprehensive approach that includes care provision by multiple areas of the hospital, including geriatricians, the emergency department, anaesthetists, orthopaedic surgeons and allied health.



Photo: Photo: General Manager Surgery and Critical Care, Marli Millas, Executive Director, Medical Services, Dr Marlene Pearce (myself), Consultant Geriatrician, Dr Stephen Murray, Clinical Leader Physiotherapy, Glenn Tolano, Staff Specialist - Anaesthetics, Dr Nellie Dick, Staff Specialist - Anaesthetics, Dr Catherine Pease, Health Service Chief Executive, Dr Peter Gillies.

HEALTH SERVICE LINK – OCTOBER 2022



The [program](#) for the SCHHS Research Day has just been released.

This event is an opportunity for SCHHS Researchers to showcase their work and to meet and discuss the future of research in our HHS.

The Director of Research would like to extend this invite to SCLMA readers and GPs, 17 November 12:30-6pm now at Sunshine Coast Health Institute:

<https://www.eventbrite.com.au/e/sunshine-coast-hospital-and-health-service-research-day-tickets-349986718697>

If you have any questions contact: SC-Research-Day@health.qld.gov.au

SCHHS staff part of award-winning Paediatric Sepsis Team

Congratulations to the Children's Health Queensland Paediatric Sepsis Program for winning Queensland Health Awards for Excellence in two categories – 'Delivering healthcare' and 'Consumer engagement'.

A/Prof Paula Lister, SCHHS Director Paediatric Critical Care Unit, said she was proud to co-lead the Queensland Paediatric Sepsis Program (QPSP), developed to reduce the burden of sepsis on families, clinicians and the health system.

In addition to her role with the SCHHS, Dr Lister is the co-chair of the Queensland Paediatric Sepsis program with Children's Health Queensland, a specialist state-wide network of health services committed to delivering the best possible care for children.

Dr Lister said the awards recognised the team's multidisciplinary approach in partnering with family representatives, to reduce the burden of sepsis across the state including regional, rural and remote Queensland.

I congratulate this team.

Photo: The Children's Health Queensland Paediatric Sepsis Program, including SCHHS staff A/Prof Paula Lister, (front row on right) and Sarah Summerville (back row, third from right).



HEALTH SERVICE LINK – OCTOBER 2022

Joint cardiac rehabilitation and research program to deliver best patient care



Photo: Clinical Director Cardiac Dr Rohan Poulter, Clinical Nurse Consultant Michelle Aust, UniSC Associate Professor Chris Askew, Exercise Physiologist, Damien Kerley.

On World Heart Day (29 September), Sunshine Coast Hospital and Health Service (SCHHS) and University of Sunshine Coast (UniSC) launched a cardiovascular rehabilitation and research program.

Clinical Nurse Consultant Michelle Aust said the program, jointly funded by Sunshine Coast Hospital and Health Service (SCHHS) and

University of Sunshine Coast (UniSC), will deliver the latest developments in care for patients recovering from heart attacks and cardiovascular surgery.

The program will operate from a community-based clinic located within the O2 Performance gym in the Sports Hub at Birtinya.

“This model of care can help patients join a regular gym and hopefully start them on a journey to better care for themselves in the longer term.

“The clinic at the Sports Hub gives us space to expand our service to offer more places to patients and reduce wait times,” she said.

Associate Professor Chris Askew said the program supported research on expanding cardiovascular rehabilitation to target secondary prevention in high-risk patients.

“UniSC researchers and PhD students will work closely with clinicians to investigate real-world clinical challenges with findings translated back into the program.

“Findings are also published, so the research has reach and potential impact all around the world,” he said.

“The research will be tied to the rehabilitation service and will include researchers and clinicians from medicine, nursing, exercise physiology and other areas of allied health like dietetics and psychology, with a focus on optimising and advancing the care of people with cardiovascular disease.

“Through research focused on patients who have recently had a heart attack or heart surgery, we can discover how rehabilitation can be tailored to improve quality of life, prevent disease progression, improve life expectancy, and reduce the need for hospital care.

“An example might be a hybrid model where the patient comes on site for some of the time, but they do some of the rehab at their own home or closer to their own home; and we would test that through research before rolling it out as part of the standard service.

Ms Aust said patients could be referred to the community-based cardiovascular rehabilitation clinic through their hospital clinician or GP; and would consent separately if they chose to participate in the research.



Link: <https://vimeo.com/763650165/286dcdbd958>

***Radiation Oncology profile: Dr Francis Gibbins – Director of Medical Physics
Meet the Sunshine Coast Hospital and Health Service’s Director of Radiation Oncology Medical Physics, Dr Francis Gibbins.***

Dr Gibbins was born in Scotland and studied in the UK. “I was doing a PhD and at the end of my Medical Physicist training, I got married. I remember coming home from golf one Sunday and my wife had a job application waiting for me. It was in Melbourne. I applied, and thirteen years and two kids later, we’re all Aussies now,” Dr Gibbins said.

Dr Gibbins was working at the Peter McCallum Cancer Centre in Victoria when he accepted the role at the Sunshine Coast University Hospital in 2017. “The chance to lead a team of physicists, even though the team was me and one other at the time was a fantastic opportunity. We have been able to build the service from the ground up and really guide the strategic development. We have consistently exceeded the planning number of patients anticipated to be treated at the service.”

“You’re only as strong as your Multi-Disciplinary Team around you. Radiation Oncology moves quite quickly, so a lot has changed since the planning of this service took place,” Dr Gibbins said.

“We have been able to open an additional service in skin brachytherapy in 2020. This is a non-invasive treatment for early non-melanoma skin cancer that can be an effective alternative to surgery.”

“We also went through a major expansion last year, with the addition of a third linear accelerator. Our service is currently on track to treat around 1200 patients this year, and we were initially scoped to treat around half of that.”

To meet growing demand, the radiation oncology unit will expand under SCUH stage three, and a dedicated brachytherapy suite is currently being built.

“We’re excited about this new addition, because it will allow us to hopefully expand into gynaecology and prostate work, in conjunction with the anaesthetist and surgical teams,” Dr Gibbins said.

“We will also be offering a SABR (Stereotactic Ablative Radiotherapy) in the future. This is a highly focused radiation treatment that gives an intense dose of radiation concentrated on a tumour. It will mean locals can access this treatment close to home, without having to travel to Brisbane.”

In his spare time, Dr Gibbins enjoys spending time with his family, golfing, surfing badly and playing Soccer.

*Kind regards,
Dr Marlene Pearce
Executive Director Medical Services*

GP Liaison

Your hospital connection, together we can deliver better healthcare.

Dr Edwin Krays and Dr Michelle Johnston



GP with Special Interest (GPSI) Opportunities

The GPSI program allows GPs the opportunity to work part-time within the *Sunshine Coast Hospital and Health Service* under the supervision and support of specialist consultants, while continuing with their regular GP practice.

The GPSI program is expanding and looking for enthusiastic, experienced GPs to fill a number of part-time opportunities in various specialty areas, as follows:

- Dermatology
- ENT
- Obstetric Medicine
- Ophthalmology
- Palliative Care
- Radiation Oncology – Palliative Therapy
- Rheumatology
- Urology

Please contact Nicole on 5202 0269 or email SCHHS-GPSI@health.qld.gov.au for further information or to express your interest.

Primary Care Fracture Clinic (PCFC) referrals

GPs are encouraged to refer simple fractures directly to one of the two PCFC's at either Noosa Heads or Sippy Downs (please note that previous barriers to direct GP referrals have been addressed).

As per HealthPathways (Fracture Clinic Assessment):

1. **Check criteria.** For injuries outside scope, request acute assessment by:
 - A hospital fracture clinic (if initial management by general practitioner), or
 - The nearest emergency department
2. Refer by phoning the nearest PCFC

Ochre Health Noosa

24 Sunshine Beach Road, Noosa Heads, QLD 4567
Phone (07) 5343 1400

Ochre Health Sippy Downs

9 Ochre Way, Sippy Downs, QLD 4556
Phone (07) 5373 0700

3. Prepare required information and send with the patient.
4. Advise the patient of the referral, and to take any private X-rays or scans with them.
5. Provide patient information – *Primary Care Fracture and Soft Tissue Injury Service* (flyer on HealthPathways - Fracture Clinic Assessment).

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Hospital and Health Service

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An initiative of RPS MedicineWise



Applications are now open - voluntary assisted dying practitioner in Queensland

Applications are now open to become a voluntary assisted dying practitioner in Queensland.

Queensland Health invites applications from eligible:

- **medical practitioners** to participate in Queensland's voluntary assisted dying scheme as coordinating, consulting, and administering practitioners.
- **nurse practitioners** and **registered nurses** to participate in Queensland's voluntary assisted dying scheme as administering practitioners.

Before submitting an application, it is recommended prospective practitioners review this [information pack](#), which provides:

- a summary of practitioner roles
- eligibility requirements
- how to apply.

[Click here to submit an application.](#)

Your application will be considered by the Queensland Voluntary Assisted Dying Practitioner Eligibility Panel. If you meet the [eligibility requirements](#) you will be provided access to mandatory training required for authorised voluntary assisted dying practitioners. Upon successful completion of the training and assessment, you will be authorised by the Chief Medical Officer of Queensland Health to provide voluntary assisted dying services in Queensland from 1 January 2023, when the [Voluntary Assisted Dying Act 2021](#) commences.

More information about the voluntary assisted dying scheme and background to the *Voluntary Assisted Dying Act 2021* is available on the [Queensland Health website](#).

Please contact the Voluntary Assisted Dying Unit via email VADUnit@health.qld.gov.au with any enquiries.

The GP Liaison Unit wants to hear from you!

Send us an email or give us a call: SCHHS-GPLO@health.qld.gov.au; Phone: 5202 3822

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Government



IRRITABLE BOWEL SYNDROME: HOW A DIETITIAN CAN HELP

THE SPORTS & SPINAL DIETITIAN TEAM ARE AVAILABLE TO TREAT AND MANAGE IBS ACROSS OUR SUNSHINE COAST LOCATIONS.

REFERRALS VIA MEDICAL OBJECTS, WEBSITE, FAX OR PHONE



SCAN THE QR CODE FOR MORE INFORMATION

WHAT IS IBS?

Irritable bowel syndrome (IBS) is a collection of symptoms that occur together, including:

- Repeated stomach pain and/ or cramping
- Changes in bowel movement (constipation, diarrhea)
- Urgency
- Excessive gas/ bloating.

LOW FODMAP DIET:

Once a positive diagnosis of IBS has been made, a dietitian will work with the patient to identify individual food triggers.

FODMAPs are found in everyday foods, including specific dairy products, wheat, other grains, fruit and vegetables. These foods are natural prebiotics and are essential for a healthy gut; these foods also contain essential vitamins and minerals.

THE 3 PHASES OF FODMAP:

Elimination Phase (2-6 weeks)

➤ Aims to induce symptoms in order to prepare for individual food challenges.

Reintroduction Phase (6-8 weeks)

➤ Aims to pinpoint trigger foods and identify sensitivity to individual FODMAP subgroups.

Personalization (long-term diet)

➤ Aims to liberalise restrictions, expand diet and establish a personalized long-term diet.

An innovative approach to hip and knee replacement

Dr. Daevyd Rodda is a highly experienced and innovative hip and knee replacement surgeon based on the Sunshine Coast. He leads a specialised, multi-disciplinary team and regularly trains Australian and International surgeons in advanced techniques including:

- Anterior, minimally invasive total hip replacement
- Patient specific and Robotic knee replacement
- Complex revision hip and knee replacement

Telehealth appointments available for regional patients.



Dr Daevyd Rodda
Orthopaedic Surgeon

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SUNSHINECOAST
ORTHOPAEDIC GROUP

SCLMA NEWSLETTER

12 OCTOBER 2022

**GENERAL PRACTICE CRISIS SUMMIT**

More than 100 general practitioners as well as key stakeholders including the AMA and healthcare professionals gathered in Canberra at the start of October for the RACGP's General Practice Crisis Summit.

Buderim GP Dr Jon Harper was at Old Parliament House for the summit, a one-day forum exploring the critical issues currently faced by general practice in Australia.

"As the GP Liaison Officer for the PHN, I hear numerous concerns from GPs - from Caloundra to Emerald - about the difficulties facing practices," said Dr Harper.

"Access to GP care has always been an issue in certain parts of Australia.

"Regional, rural and remote communities have been struggling for a while to secure a long-term GP workforce, but in the last year or so there has been a significant shift, across all communities, in the availability of GPs.

"Part of the problem is recruiting doctors into general practice training, particularly into rural training, patients are also feeling the pinch financially, because the Medicare rebates for GP consultations barely cover half the cost of a typical appointment.

"The RACGP General Practice Crisis Summit was urgently arranged in recognition of this looming disaster for general practice and their patients."

The summit was broken up into three sessions, with the aim of exploring solutions to key questions on funding, workforce and data governance.

Leading discussions on the funding model required to support general practice's leading role in providing patient-centred, continuous and coordinated care were subject matter experts from the RACGP Expert Committee on Funding and Health System Reform, Avant Mutual, the University of Queensland's Faculty of Medicine Primary Care Reform.

Some of the suggestions proposed by attendees included the simplification and modernisation of the MBS, flexible and blended funded payments, and a call for all health funders to start contributing to general practice.

The second session on addressing and reversing the erosion of the general practice workforce yielded predictable results, with suggestions to improve recruitment and retention for both incoming doctors and those already practicing, a shift in culture and narrative around general practice, and better support for international medical graduates.

The afternoon session on improving the capture, linkage and meaningful use of data (including patient experience, clinician experience and quality patient outcomes) was led by representatives from the Australian Digital Health Agency and ANU Medical School.

Interoperability between systems and the establishment of a framework of data governance were identified as key considerations.

"The summit was well attended by a range of stakeholders, including state health departments and grass-roots general practitioners," said Dr Harper.

"It was focussed on developing real-world solutions, including some that could be rapidly implemented."

Content compiled at the General Practice Crisis Summit will inform a White Paper, which the RACGP intends to present to the Australian Government in the weeks ahead.

Read more about the summit here:

www1.racgp.org.au/newsgp/racgp/general-practice-crisis-summit-key-outcomes?utm_source=racgpnewsgpnewsletter&utm_campaign=newsgpedm&utm_medium=email



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World

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- Nuclear Medicine
- Echocardiography
- Dental Imaging/ OPG

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60 Wises Road,
Maroochydore

WARANA

1 Main Drive,
Warana

BUDERIM

12-14 King Street,
Buderim

NAMBOUR

Nambour Central,
Main entry via Ann St

SELANGOR PRIVATE

62 Netherton Street,
Nambour

SCUPH

3 Doherty Street,
Birtinya

BLI BLI

Bli Bli Village Centre,
310 David Low Way

☎ 1300 MY SCAN
1300 697 226

🌐 scradiology.com.au
✉ bookings@scradiology.com.au

BUDERIM PRIVATE HOSPITAL

OCTOBER 2022

Welcome to Dr Vasudev Navalgund

We recently welcomed Dr Vasudev Navalgund to Buderim Private Hospital's team of Visiting Medical Specialists.



Dr Navalgund is an orthopaedic and spinal surgeon who moved to the Sunshine Coast in 2018 and commenced private practice at Buderim Private Hospital in 2022.

His special interests include cervical, thoracic and lumbar decompressions and fusions including minimally invasive surgery.

For more information about Dr Navalgund including his full biography and contact details, please visit:

buderimprivatehospital.com.au/doctors/Vasudev-Navalgund

New GP Liaison Officer

We are pleased to welcome our new GP Liaison Officer Pam Fotheringham, who commenced at our hospital in recent weeks.

Pam has an extensive background working on the Sunshine Coast in print media and as Business Development/ Liaison for Pathology, Pharmaceuticals and Hospitals.

In this newly created position, Pam will work help to promote our hospital specialists and services to GPs through GP practice visits and educational events.

Would you like to meet one of our specialists or hear more about our services? Please contact Pam who can organise a visit to your GP practice.

Pamela.Fotheringham@uhealth.com.au
0448 739 389



We want to hear from you!

Please take two minutes of your time to provide us with valuable insights to shape future education events and activities at Buderim Private Hospital.

buderimprivatehospital.com.au/gpsurvey

Kind regards,

Shane Mitchell
General Manager

Acute Admissions 5430 3314 buderimprivatehospital.com.au

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Remote Home Monitoring is a service offered by Heart HQ that allows 'virtual checkups' of the patient's implanted cardiac devices (such as loop recorder, pacemakers and implantable cardiac defibrillator) via the use of a small monitor or app downloaded onto your mobile.

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MONTHLY UPDATE

By CEOs Justin Greenwell and Anna Olson

SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL
NAMBOUR SELANGOR PRIVATE HOSPITAL • NOOSA HOSPITAL
RAMSAY CLINIC CALOUNDRA

Inpatient Rehabilitation Services at Noosa Hospital

After carrying out a review of the rehabilitation services we offer across our Sunshine Coast network, we will be expanding our comprehensive range of outpatient rehabilitation programs at Noosa Hospital to include more specific reconditioning for Parkinson's disease and cancer rehabilitation programs. Inpatient rehabilitation admissions at Noosa Hospital ceased on 1 September 2022.

We will also be growing our inpatient rehabilitation, day rehabilitation and outpatient programs at Nambour Selangor Private Hospital. The rehabilitation ward has expanded to take over the first floor of the hospital and this has doubled the number of dedicated inpatient beds available.

If you have any enquiries about accessing these services, please do not hesitate to contact either Anna Krzysica our Rehab NUM on 5459 7450 or Ben Robertson our Rehab Assessor on 5459 7679.

New specialist updates – Sunshine Coast

We welcome Gastroenterologist [Dr Tony Croft](#) to Caloundra Private Day Hospital. Tony has a special interest general gastroenterology and hepatology, diagnostic and therapeutic gastroscopy and colonoscopy, inflammatory bowel disease and intestinal ultrasound.

We are pleased to announce that [Dr Robert North](#), Gynaecologist, will be joining Noosa Hospital and will be available for consultations in the specialist suites. Rob's goal is to provide continuity of care to women and their families and to improve the quality of life and outcomes for women.

[A/Prof Kristopher Rallah-Baker](#), from Sunshine Coast's Ophthalmologists at Noosa, will be expanding his private ophthalmology services to Nambour Selangor Private Hospital's specialist suites. His expertise covers all areas of general ophthalmology, cataract surgery, pterygium surgery, diabetic eye disease and Age-Related Macular Degeneration (ARMD).

Sunshine Coast Sleep Studies

Sunshine Coast University Private Hospital now offers a high-quality overnight sleep study service for privately insured, DVA and self-funded patients. Our dedicated team of respiratory and sleep physicians admits inpatients across the Sunshine Coast. The service is supported by a team of experienced Sleep Physicians, Scientists, and sleep technicians. We provide a comprehensive assessment and management of a range of sleep disorders, including:

- Snoring
- Sleep Apnoea
- Sleep Disorders related to Heart Disease, Hypertension, Obesity
- Excessive Daytime Sleepiness
- Insomnia
- Narcolepsy
- Restless Legs Syndrome
- Nightmares and Night Terrors
- Sleep Walking/Talking
- Jet Lag, Circadian Rhythm Disorders and Shifts on Body Clock

Referrals

Please complete and send the [referral form](#) via Medical Objects, email or fax to **Medical Objects: Search "Sleep" and select the appropriate QLD Sleep location**

E: sa@qsdu.com.au
P: 1800 717 566
F: 07 3217 2523

For more information please visit [our website](#).



Mental Health Week Activities: 8-16 October

Ramsay Health staff across our Sunshine Coast Network of hospitals marked the start of Mental Health Week by participating in the annual "Lift the Lid Walk for Mental Health" at Mooloolaba on Sunday 9 October. The walk is hosted by Australian Rotary Health and proudly sponsored by Ramsay Clinic Caloundra and Sunshine Coast University Private Hospital.

The walk is an opportunity for members of the community to "Lift the Lid" on mental health and in the process raise much needed funds for mental health research.



IAGEWELL Seniors Festival 2022

Ramsay Health Sunshine Coast Network of hospital attended the IAGEWELL Seniors Festival at The Sunshine Coast Turf Club in Caloundra on Thursday 13 October 2022.



The festival included a wide range of exhibits, workshops and entertainment that focus on providing information on the right services to meet the lifestyle needs and care of our seniors.



Our team really enjoyed the day and having a chat to our seniors' community about the extensive health care services Ramsay provides on the Sunshine Coast.



Ramsay
Health Care

LONG ACTING INJECTABLES

Dr Wayne Herdy



I have been managing drug addicts for about 30 years now.

In the early days, our only viable option was Opioid Substitution Treatment (OST) with methadone. We were trading off a life of irregular supplies of white powders of uncertain composition and uncertain purity and unknown dosage for a life of a regular supply of a known dose of a known substance with known purity. The addicts were still addicts, but they were controlled. More or less. And all the nasty behaviour that went with drug addiction, the social evils of crime and prostitution and poverty, the sharing of blood-borne viruses, the medical end-stages of addiction with heart valve disease, hepatic failure, metastatic infections, all were reduced to some extent. More or less. The mantra was harm minimization. We did not eliminate harm, but we made the world a safer place, for the patients and for the public at large. At a cost – expended health resources and endless battles over the perceived “entitlement” to takeaway doses, the biggest single factor creating conflict between patients and prescribers (and their ever-suffering reception staff). Addiction practitioners would ruefully admit among ourselves that the greatest benefit of our work was crime reduction.

Along came the next miracle drug, buprenorphine. As an agonist-antagonist, it had a lot of advantages over methadone. Buprenorphine (Subutex) is more than simple OST, it is not just replacing an illicit drug with a legal one. Still a narcotic (and well known as TemGesic, a remarkably low dose of sublingual buprenorphine offering very effective post-operative analgesia), it latches on the mu receptors (and a few others) and tells the patient that they have an opiate on board and didn't need to go hunting daily for any more. We now have more or less reasonable control of the addict, but better than methadone. With methadone, the confirmed addict would occasionally shoot up something off the streets and top up their methadone fix. By binding the receptor sites tightly, buprenorphine also blocks other narcotics. The addict established on buprenorphine might occasionally try for another hit of their preferred poison, but finds it ineffective. Well, that was a waste of time and money, wasn't it?

And combine buprenorphine with naloxone, we get an even better product (Suboxone). Naloxone doesn't do much if swallowed or administered sublingually, but if the dose is diverted and injected intravenously, the addict goes into instant withdrawal. Nasty, we won't do that again.

Addiction practitioners prescribing “subbies” have a much easier time than they do with patients on methadone, much fewer difficulties with takeaways and telephone disputes with pharmacies. Methadone patients get quite obsessed with tiny changes in their doses, but buprenorphine patients are far more tractable and negotiable. But there is still a lot of finesse and skill in negotiating the pathways to control with buprenorphine patients. However, there is a light at the end of the tunnel. Addicts who insist that methadone is the only drug that works for them are telling me that they have every intent of using extra illicit drugs at whim. Patients who choose (or agree to) buprenorphine often have a real desire to get off all drugs and rehabilitate themselves into social normality.

Along comes the next evolution in narcotic addiction treatment, the long-acting injectables. Essentially, the two products on the market in Australia are depot injections of buprenorphine. It is not appropriate here for me to discuss the pros and cons of the two brands, Sublocade and Buvidal, but I have a clear preference for one.

The change from a daily dose of buprenorphine to a monthly injection does not at first blush sound like such a significant variation, but my experience is that it represents a tectonic change in management. For perspective, of my 180-something addict patients, over 100 are now on LAIs. My patients have changed from daily dosing of something, often dosing at the pharmacy for every dose, and after months of stability enjoying the privilege of a few precious takeaways. They now present at my practice once every four weeks. Instead of having serum levels up and down every 24 hours, they have stable serum levels, declining ever so slowly over 3 or 4 months.

No withdrawal effects.

/CONT:**LONG ACTING INJECTABLES****Dr Wayne Herdy**

I cannot overemphasize the difference between daily dosing and monthly dosing for an addict. I have had patients present a week or two late for their monthly injection, saying "I forgot". Dwell on that for a moment – I have patient who for the past 30 years has woken every morning with just one thought on his mind, where to get his next fix. Even on the Suboxone program, they had to take a dose every day, often at a designated dosing point populated by so many other addicts. Dosing was a daily reinforcement of the "I am an addict" mentality and a frequent reinforcement of their ongoing contact with the drug-using subculture. A few months on the new regime, and they have forgotten that they are/were an addict??? Not one or two of my 100-plus LAI patients, but a few dozen – have taken the biggest step ever in their lives towards social normality. For what it is worth, my life as a prescriber is so much easier. With a depot injection, we have no arguments or negotiations about takeaway doses, they just don't exist. Can you imagine the Nobel prizes to be won if we were to invent a monthly

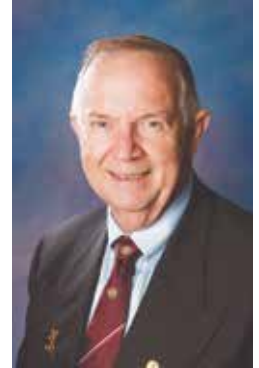
injection that allows diabetics to forget that they were diabetic?

(Or asthmatics or hypertensives, or choose your chronic disease.)

With the advent of the long-acting injectables, addiction practitioners now have a real chance of transforming narcotic addicts into worthwhile citizens.

And the product is so easy to use, and turns the patients into much nicer humans, that I entertain a fond hope that a few of my colleagues who have declined to manage addicts in their practices might now be prepared to unburden me of some of my workload.

A small footnote. This discussion has all been about narcotic addiction. The rapidly growing cohort of addicts who are essentially unmanageable by anything like the regimes described herein, are the ice addicts. Sorry, I don't have an answer to that one yet.

**Sunshine Coast Orthopaedic Clinic****The Acute Knee Clinic**

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

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

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

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

or an appropriate non-operative treatment programme.

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

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

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

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

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

For appointments contact

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

Examples of these injuries include:

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

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

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

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

Early ACL surgery in the young active patient/sportsman.



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- Urodynamic Studies

Director IDs – a prevention for fraudulent activities

Are you a company Director?

If so then you must apply for a Director ID.

All company Directors are now required to apply for a Director Identification Number (DIN). A Director ID is a unique identifier that a director will apply for once and keep forever, and it's aimed at preventing the use of false or fraudulent director identities.

The deadline for applying for a director ID depends on when you became a director:

- * Existing directors have until **30 November 2022** to apply;
- * From 5 April 2022, intending directors must apply before they are appointed.

How do Directors apply?

Directors are now able to apply for their director ID using the [ABRS website](#).

Prior to applying for a director ID, directors are encouraged to:

- * Set up a myGovID (if they don't already have one and are applying digitally); and
- * Ensure they have the required identifying documents.

Applicants will need:

- * A standard or strong identity strength myGovID.
- * An individual Australian tax file number (TFN). Providing your TFN is optional but it speeds up the process.
- * Your residential address, as recorded by the Australian Taxation Office (ATO).
- * Answers to 2 questions based on details known about you from the following documents:
Bank account - notice of assessment - super account - dividend statement -
centrelink statement - PAYG summary

Unfortunately we or your current Accountant cannot apply for an ID on behalf of a Director (although we or your current Accountant can provide assistance if you are having issues).

Those without a myGovID will still be able to apply by phone or written application. Details for how to do this can be found on the ATO website.

Please note: The ATO has clarified that anyone who WAS a company director at any time after October 31, 2021, was required to have a DIN, even if the company had been closed down. So closing down your company does not get you out of applying for a DIN.

ASIC is responsible for enforcing director ID offences and it is a criminal offence if you do not apply on time. You will be fined if you do not apply in time!

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- Cold cap therapy to prevent/minimise hair loss caused by certain chemotherapy treatments
- Allied Health including Clinical Psychology, Exercise Physiology, Dietetics & Oncology Massage Therapy
- McGrath Breast Care Nurse
- Clinical Trials



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HAEMATOLOGY & ONCOLOGY CLINIC
– Montserrat Cancer Care –

GP/Specialist Priority Line:
07 3054 0758

Our Team:



Dr Hong Shue
Medical Oncologist
MBBS (Monash), FRACP



Dr Brenton Seidl
Medical Oncologist
MBBS, BSc, FRACP



Dr Sorab Shavaksha
Clinical Haematologist
MBChB (Leeds), FRACP,
FRCPA (2013)



Dr Joshua Richmond
Clinical Haematologist
MBBS(Hons), FRACGP,
FRACP, FRCPA



Dr Alice Livings
Clinical Haematologist
BSc(Hons), MBBS(Hons),
FRACP, FRCPA



Dr Manjunath Narayana
Clinical Haematologist
MBBS, FRACP, FRCPA



Dr Susie Muir
Specialist GP (Palliative
Medicine)
MBChB, FRACGP



Samantha Clutton
Clinical Psychologist
MPsychClin, FCCLP



Sarah Bloomfield
Dietitian & Nutritionist
APD, APN



Jesse Goldfinch
Exercise Physiologist
BClinExSc, ESSAM, AEP



Tania Shaw
Massage Therapist
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Mental Health Skills Training

Attendees will gain the skills needed to give evidence-based, person-centred mental health care. GP attendees will become eligible to claim higher MBS rebates through items 2715 and 2717 (or 281, 282 for non VR-GPs). Highly interactive, this training will provide a base for working with people experiencing mild to severe mental disorders. Learning is in a multidisciplinary training environment. Broaden your mental health skill set and understand the finer points of mental health assessments and mental state examinations. Upskill and refresh.

Training topics

- Understanding mental health historical context
- The psychiatric interview
- Mental status examination and risk assessment
- Managing risk in general practice
- Key mental disorders
- Treatment planning
- Optimising treatment through the MBS billing cycle
- Relapse prevention
- Mental health service system
- Insights into SE Qld community needs

Presenters

- Dr Adem Can, Consultant Psychiatrist
- Melissa Herdy, Clinical Psychologist
- Megan Dutton, Mental Health Nurse Practitioner
- Guest speakers: consumer and carer perspectives

Details

40 CPD points | Face-to-face format

DATE: Thursday 17 November 2022

TIME: 8.30am–5pm

COST: \$600 (GPs)
\$300 (Health professionals)

VENUE: Thompson Institute, Birtinya

CATERING: Fully catered

REGISTER: Via usc.edu.au/mental-health-skills-training

Enquiries:

✉ TI_clinicalservices@usc.edu.au

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Does leg artery disease cause you pain when walking?

If you suffer symptoms of peripheral artery disease (PAD) you may be eligible to take part in a trial.

General Practitioners:
Want to get involved in this trial as an investigator?

We are interested to hear from GPs who feel they can assist with trial recruitment and/or medical screening visits.

The Foot-PAD Trial is testing a new therapy for PAD using a footplate stimulation device.



THE TRIAL WILL INVOLVE:

- Nine study visits (60-90 min each) which include:
 - Walking Tests
 - Vascular Function Tests
 - Questionnaires
- Daily home use of a Revitive® footplate device for 12 weeks

PARTICIPANTS WILL RECEIVE:

- Expenses to cover cost of travel to study visits
- A free Revitive® Medic Coach device to keep upon completion of the trial (RRP \$550)
- A free medical screening

LOCATION:

All study appointments will be held at the University of the Sunshine Coast campus in Sippy Downs.

CONTACT:

Dr Mark Windsor
(Trial Coordinator)
Email: footpad@usc.edu.au
Ph: 5456 5364

VISIT:

usc.edu.au/footpad



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HOW TO REFER

Referrals are accepted via Medical Objects or IconDoctorApp.com, or to discuss patient eligibility prior to referral, please contact our centre on the following contact details:

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60 Wises Road
Maroochydore QLD 4558
P 07 5414 3700 | F 07 5414 3701

iconcancercentre.com.au

RADIATION ONCOLOGISTS

Specialist and GP referrals are accepted for all cancer types. Special clinical interests are indicated below.



Dr Joanne Castelli
FRANZCR, MBBS (Hons), BSc (Biomed)

Brain and spinal (CNS), breast, lung and prostate cancers and stereotactic radiation therapy



Dr Colin Dicks
MBChB, MMED, FCRadOnc (SA), Dip Palliative Medicine, FRANZCR, MBA

Lung, skin, prostate and breast cancers, palliative care and psychosocial issues within oncology



Dr Marcel Knesl
MBChB, FRANZCR, GAICD MD

Breast, gastrointestinal and genitourinary cancers and lymphoma



NEW GUIDELINES FOR MANAGEMENT OF KNEE OSTEOARTHRITIS



The AAOS (American Academy of Orthopaedic Surgeons) have recently released new guidelines for management of knee osteoarthritis. This is now the third iteration of these evidence based guidelines. This year there is a complete re-write with recommendations being stratified according to the strength of evidence to support or not support the modality into strong, moderate or limited evidence. The following is a summary of these recommendations.

Strong Recommendations in favour of:

- ★★★★★ Supervised exercise, unsupervised exercise &/or aquatic exercise
- ★★★★★ Self-managed programmes
- ★★★★★ Patient education
- ★★★★★ Oral NSAIDs
- ★★★★★ Oral paracetamol
- ★★★★★ Topical NSAIDs

Moderate Recommendations in favour of:

- ★★★★☆ Canes/Walking stick
- ★★★★☆ Unloader braces
- ★★★★☆ Neuromuscular training
- ★★★★☆ Weight loss (evidence downgraded)
- ★★★★☆ Intra-articular steroids
- ★★★★☆ Arthroscopic partial meniscectomy can be used for meniscal tears in patients with mild to moderate osteoarthritis who have failed physical therapy and other nonsurgical treatments

Limited Recommendations in favour of:

- ★★★☆☆ Oral/dietary supplements may be helpful but evidence is inconsistent/limited and additional research is needed to clarify the efficacy of;
 - Tumeric
 - Ginger extract
 - Glucosamine
 - Chondroitin
 - Vitamin D
 (evidence downgraded)
- ★★★☆☆ Manual therapy in addition to an exercise programme (evidence downgraded)
- ★★★☆☆ Massage may be used in addition to usual care (evidence downgraded)
- ★★★☆☆ FDA-approved laser treatment may be useful (evidence downgraded)

- ★★★☆☆ Acupuncture may improve pain and function (evidence downgraded)
- ★★★☆☆ TENS may be used to improve pain and or function (evidence downgraded)
 - a. Percutaneous Electrical Nerve Stimulation for pain and function
 - b. pulsed electromagnetic field therapy may improve pain (evidence downgraded)
- ★★★☆☆ Extracorporeal Shockwave therapy
- ★★★☆☆ PRP
- ★★★☆☆ Denervation therapy
- ★★★☆☆ High Tibial Osteotomy

Strong recommendations against use of:

- ★★★★★ Lateral wedge insoles
- ★★★★★ Oral narcotics including Tramadol

Moderate recommendations against use of:

- ★★★★☆ Hyaluronic acid intra-articular injections
- ★★★★☆ Arthroscopic lavage and or debridement

Consensus Statements; ★★★★★

Dry needling and free-floating interpositional devices should not be used

These recommendations can be used in determining management strategies in primary care management of knee osteoarthritis prior to considering knee replacement surgery.

Of particular interest is the new recommendation against any narcotic use, recommendations against hyaluronic injections, and recommends for arthroscopic partial meniscectomy if not responding to non-operative treatment in mild to moderate disease.

Further information can be found on our website at www.sunshineortho.com.au

The original document can be downloaded at <https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-knee/oak3cpg.pdf>

For appointments contact

Dr Steven Lawrie
Suite 17, Kawana Private Hospital
5 Innovation Parkway, Birtinya QLD 4575

p: 07 5493 3994 | f: 07 5493 3897
e: sunshineortho@bigpond.com.au | sunshineortho.com.au



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Icon Cancer Centre Annual GP CPD Weekend 3 – 4 December 2022 | Sofitel Noosa Pacific Resort

Icon Cancer Centre proudly presents our fourth annual South East Queensland GP conference, as part of our commitment to delivering the best cancer care possible, as close to home as possible.

With a focus on highly relevant and practical learning, our dynamic two-day program will provide GPs with practical skills that can be readily applied to real-world practice. Topics span across screening and early diagnosis, new treatments and advances, end-of-life care and the future direction of cancer care and haematology.

This year we are proud to offer an exclusive skin cancer workshop with Specialist Plastic Surgeon, Dr Dan Kennedy. This two-part workshop will cover clinical assessment, biopsy techniques and includes a hands-on surgical session to extend your operative skills. Limited spots available!

Don't miss this exclusive opportunity to connect with leading specialists across Australia's most prevalent cancers including breast, prostate, lung, skin and colorectal cancers, and haematological disorders.



Registration

Scan the QR code or use the link below to register and pay via our secure gateway. Spaces are limited – please register early.

<https://qrco.de/IconCPDWeekend2022>

For further information please contact the Icon Events team by email **cpd.conference@icon.team** or phone **07 3347 9560**.



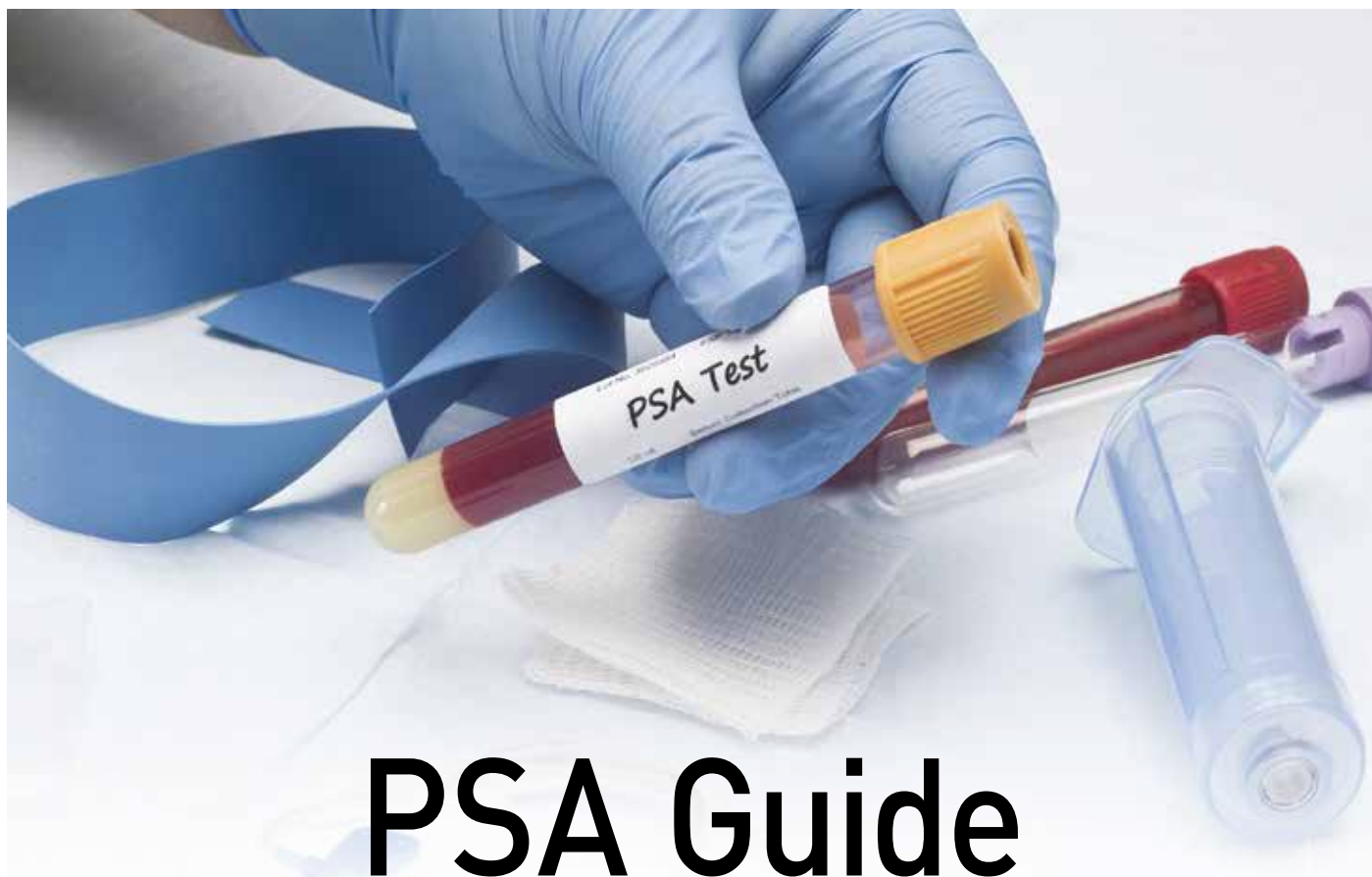
PLEASE REFER TO OUR EVENT WEBSITE FOR FULL CPD WEEKEND PROGRAM AND AVAILABLE DELEGATE PACKAGES.

Please note program and speakers may be subject to change.

Icon Cancer Centres 598125 is an authorised provider of Accredited Activities under the RACGP CPD Program.

This activity is pending approval for 40 accredited CPD activity points.

iconcancercentre.com.au



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

Buderim Prostate Clinic

A. Suite 2/5 Lyrebird St, Buderim QLD 4556

P. +61 7 5444 0672 **F.** +61 7 5444 0997

E. info@buderimprostateclinic.com.au

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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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We provide advanced radiation therapy techniques and continuously invest in cancer treatments and technology that has less side effects, and improves quality-of-life.¹

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Dr Debra Furniss

GI, Breast, lung, SABR, SRS, benign diseases, skin and palliative



Dr James MacKean

Prostate brachytherapy, urological, GI, SRS, haematology and palliative



A/Prof Alex Tan

Prostate brachytherapy, urological, lung, GI, palliative and stereotactic radiotherapy



Dr Bradley Wong

Wide-field skin, prostate, urological, benign conditions, breast and palliative

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Treatment centres:

Buderim
10 King Street

Nambour
10 Mapleton Road

Get in touch:

Tel: 5374 8100

receptiononcologybuderim@genesiscare.com

Consulting clinics:

Caboolture - Dr Debra Furniss
Noosa - Dr Debra Furniss,
Dr Bradley Wong

Cooroy - Dr Alex Tan
Gympie - Dr Bradley Wong

Reference: 1. Brown PD, et al. JAMA 2016; 316(4):401-409.

Disclaimer: Any procedure including treatments involving radiation carry risks, including skin irritation and associated pain. Before proceeding with a referral for treatment, patients should be advised to seek a second opinion from an appropriately qualified health practitioner. As in any medical procedure, patient experiences and outcomes will vary.

genesiscare.com



Quebec, Canada – The Walled City

A charming city beaming with vibrant culture, heavily accented by its French heritage, Quebec is the most popular destination in North America. Its convivial people, beautiful rolling hills, colourful Victorian facades, romantic bistros, and vivacious winter season make it an instant hit amongst travellers. Quebec has something exciting in store for every kind of adventurer there is. Be it getting knee-deep in history, treating the foodie in you with scrumptious delicacies, hanging out with nature or, daredevilry at Quebec's outdoor adventure playground, Quebec will surely be a thrilling entry in your diary!

Fascinating Outdoor Adventure

1. **Old Quebec:** Captivating ancient architecture, the enchanting **Château Frontenac**, historic attractions, the unique sight of street performers at the open-air art gallery, **Dufferin Terrace** overlooking the St. Lawrence River, and Rue du Tresor ...much more awaits you at Old Quebec.
2. **Parc de la Chute-Montmorency:** Take a gondola ride over the majestic **Montmorency Waterfall** and feel the force of the roaring waters, as well as relish the beauty of **île d'Orléans** and the **St. Lawrence River**. The brave-hearts may try ice climbing up the frozen cliff.
3. **île d'Orléans:** Its picturesque beauty – resembling Quebec's 19th century countryside – is highlighted by baroque churches, heritage homes and historic farms. While you are at it, indulge in its famous apples, strawberries and blackcurrant liqueurs!
4. Camp out in **Portneuf** and **Laurentians wildlife reserves** or, visit the **Parc national de la Jacques-Cartier**, and enjoy hunting, wildlife watching, mini-rafting, hiking, canoeing, fishing or simply relaxing.
5. **Battlefields Park:** It is one of the largest and finest urban parks in the world, and hosts many activities like cross-country skiing, and cycling.
6. **Vallée Bras-du-Nord:** Check out the waterfall, the snaking river, and scenic peaks in this enchanting valley in Portneuf. For a stronger dose of adrenaline, explore the 70 km long grid of tracks, ride a horse, kayak or canoe down the river or, hit the mountain bike paths!
7. **Le Massif de Charlevoix:** This spectacular mountain overlooking the enchanting St. Lawrence River offers a surreal experience of skiing down its snow-blanketed slopes facing the river!
8. **Cap Tourmente National Wildlife Area:** Behold the mesmerizing sea of snow geese that flock the area during spring and autumn. Watch out for over 300 species of birds here. Get your camera and binoculars ready!

Winter Wonderland

Quebec transforms into a magical snow-world during winters, which is ideal for skiing, dogsledding, snowmobiling, snow fishing, and snowshoeing. The world-renowned **Quebec Winter Carnival**, **Ice Hotel**, and **Valcartier Vacation Village** are other star attractions.

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Quebec.

- Guided trip through Parc de l'Esplanade, along the perimeter of the town walls between the two historic gates – Porte St-Jean and Porte St-Louis – to the Citadelle.
- Visit Parc de la Chute-Montmorency, and Parliament Hill including, Parliament Building, Fontaine de Tournay, and Observatoire de la Capitale
- Organised trip to Old Quebec
- Trip to the Plains of Abraham, and Musée des Plaines d'Abraham
- Tour of the Place-Royale – Quebec's ancient town square, and Musée de la Civilisation – Quebec's finest museum
- Shopping at Rue St-Paul

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NEWSLETTER



October 2022

GP Longitudinal Program (GPLP)

Year 1/2/3

As 2022 draws to a close, and again what a challenging year it has been for Primary Care, a big **THANK YOU** to all our GP supervisors and practices who have had one or more of our students in the GPLP over the second half of the year. A special thank you to those who stepped in at short notice when students needed urgent placements due to extenuating circumstances.

Student feedback was once again overwhelmingly positive, and they wanted more!

"Sad GP placements are over, would like more GP placements across both semesters in year 2"

"would be good if GPLP lasted the whole year"

During our Year 1 on campus consolidation sessions we have noted a consistent theme, that came through in the student presentations, of the high standard of skills and teaching by our local GPs.

In saying that, we always welcome new supervisors to join our team of clinical teachers in practice. Please forward this on to any interested parties within or outside of your organisation who may wish to supervise students.

GP Rotation

Year 4

Ditto! (And some of you are involved in both programs!). Our first cohort of 48 Griffith students on the Sunshine Coast have completed their final year in 2022 and will be shortly graduating and we should all be proud of their, and our, achievements to date! Many of our GPLP supervisors who have had students for the last 3 years have now supervised

NEWSLETTER

their Year 4 rotation, to make their experience a truly longitudinal program.

However, there is no fixed commitment in any part of the GPLP and it is flexible to our supervisors' wishes and availability.

Faculty Development Modules

We released an online Faculty Development Module for our GPLP supervisors earlier in the year (RACGP CPD accredited for 2020-22 and to be updated for the new triennium in 2023). We now have a second module for new and experienced supervisors.

Module 1- [Overview, Unconscious Bias, Integrating Clinical Reasoning into a consult](#)

Module 2- [Overview of 2022 program, how to deliver feedback, teaching in the telehealth era](#)

Dates for the Diary

Monday 9th January 2023 - Year 4 rotation starts

Mid Jan (date to be confirmed) - We will be holding an online Q&A Session for our new and interested GPLP supervisors

Thursday 2nd or 9th Feb 2023 - Year 2 GPLP starts

Thursday 13th or 20th July 2023 – Phase 1 Trimester 2 (Year 1) GPLP starts

A values-based University

At Griffith we understand that equity, diversity and inclusion is our strength. We embrace diversity and inclusion to ensure that students are provided with a safe, supportive and productive environment. We respectfully ask that our supervisors and practices are also supportive of this culture.

Griffith University acknowledges the people who are the traditional custodians of the land and pays respect to the Elders, past and present, and extends that respect to other Aboriginal and Torres Strait Islander peoples.

Contacts

Academic enquiries: Dr Bryan Palmer T 5202 0333 |
E b.palmer@griffith.edu.au

Placement enquiries: Rachel Coney T 5202 0333 |
E r.coney@griffith.edu.au

RACGP CPD

Did you know you can apply for CPD points for your teaching with the RACGP?

Options include either a Quick log or Self-directed Log (Educator/Supervisor/Examiner link)

<https://mycpd.racgp.org.au/log>

Academic Title

As a clinical supervisor you can apply to be an Academic Title holder with Griffith University. Please visit the link for more information and how to apply.

<https://www.griffith.edu.au/griffith-health/academic-titles>





Leading Queensland Doctors
Creating Better Health

PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

On 1 October, the urinary tract infection (UTI) prescribing pilot became a permanent fixture of the Queensland health system. On 31 October, the declared public health emergency for COVID-19 expired at midnight and mandatory mask wearing became a thing of the past.

In between, changes to the National Law allowing Ahpra to name and shame doctors under investigation passed the Queensland parliament, the government formally announced its plans for the North Queensland pharmacy

prescribing experiment, doctors came under unfounded attacks over Medicare fraud, and the federal budget stripped \$2.4 billion from the nation's public hospitals.

It's been a busy month but AMA Queensland will continue to work tirelessly for our members and the community for the best health outcomes for all.

FEDERAL BUDGET

The Albanese Government's first budget delivered little to address the issues affecting Queensland – ambulance ramping, bed access block, elective surgery wait lists and the woeful Medicare rebates for patients to access medical services.

Worse, it cut \$2.4 billion nationally over the next four years from public hospital funding based on state forecasts of fewer hospital services to be delivered in that time.

States have cut their forecasts because they don't have the staff or the resources to deliver these services. It makes no sense to exacerbate the situation by cutting funding to our hospitals.

The federal government will also no longer go 50-50 with the states on COVID-related public hospital costs from the end of this year. Our hospitals were already under pressure before COVID, but almost three years of pandemic has stretched our healthcare workforce to breaking point. This pandemic is not over.

We had hoped that having the same party in power federally and in the state would make it easier for both levels of government to resolve these funding issues. We were wrong.

We will continue to campaign fiercely to increase funding for our hospitals, to reform Medicare, and to support our rural and regional workforce. Read more at qld.ama.com.au/news/FedBudget



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*Leading Queensland Doctors
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NORTH QUEENSLAND PHARMACY TRIAL

We remain opposed to the state government's decision to push ahead with its dangerous plan to allow retail pharmacists in North Queensland to diagnose and prescribe for a range of serious medical conditions.

The government has confirmed the North Queensland pharmacy trial will go ahead. However, we have managed to delay its commencement by at least 12 months and reduced the number of conditions from the original 23 to 17.

We will not give up. This dangerous experiment shows a blatant disregard for patient safety and will do nothing to reduce the pressure on general practice, hospitals or ambulances.

This trial goes against the independent, unbiased, evidence-based advice from the federal Therapeutic Goods Administration (TGA) about who can prescribe and access medication, and research into patient safety.

We have met with the Office of the Health Ombudsman (OHO) to raise our concerns about the lack of reporting mechanisms for patients who were harmed by the urinary tract infection (UTI) prescribing pilot that was the basis for the North Queensland trial.

The OHO shares our concerns about the lack of communication with doctors about the UTI and North Queensland trials and has committed to providing information and clear reporting pathways for doctors and patients. You can read more about our position at qld.ama.com.au/news/Pharmacy-trial-danger



MEDICARE



We were disappointed to see three respected media outlets, the ABC, *The Sydney Morning Herald* and *The Age*, making unverified claims about alleged Medicare fraud.

Members are rightly upset by this. GPs have been on the frontline of the COVID response for almost three years – treating patients, delivering vaccines and keeping people out of hospital. They're fatigued and burnt out.

We know that every cent of health funding is precious and if anyone is robbing the system, they should be identified and penalised.

However, we have seen no evidence to back the claims of \$8 billion a year in fraud.

Medicare is no longer fit for purpose. The patient rebates go nowhere near the cost of providing quality health care and it is time to overhaul the entire system.

Read Dr Maria Boulton's defence of doctors at qld.ama.com.au/news/MBSclaims



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REGIONAL WORKFORCE – CENTRAL QUEENSLAND



Dr Maria Boulton in the ABC Capricornia studios in Rockhampton with Mornings presenter Paul Culliver

In October, we travelled to Rockhampton and Gladstone to hear firsthand from doctors and patients about the strained medical system in Central Queensland.

The Gladstone Hospital maternity unit has been on bypass for months, meaning that women in labour have to travel to Rockhampton or further to give birth.

The phased reopening of the maternity unit, beginning with elective caesareans from mid-October, is welcome but does not resolve the ongoing issues facing patients, doctors, nurses and midwives in the region.

The patient stories were shocking— a family with a woman in labour who drove from Biloela to Gladstone, only to be told to keep driving to

Rockhampton; a new mother who was given the option of a 90-minute ambulance trip without her baby to wait in the Rockhampton ED to be stitched, or wait until 7am when the midwife who could do suturing came on shift.

The staff stories were just as disturbing – no junior doctors, consultants doing the work of two to three people and being on call, working 30-hour shifts with a four-hour break, no locums, no respite. Our international medical graduates (IMGs) feel abandoned and Australian-trained doctors warn they will walk away.

We warned back in 2018 when Queensland Health purchased the Mater Private Hospital in Gladstone that it would lead to the end of private obstetrics in the region. Sadly, we were right.

It is clear that we need real action. We need a real investment in healthcare services and staff. We are facing a global shortfall of 15 million healthcare workers by 2030. We need to grow our own medical workforce, and we need to treat our international medical graduates better.

Read more about the Central Queensland visit at qld.ama.com.au/news/gladstone-maternity-services

RAMPING

Ambulance ramping continues to be a concern, with Queensland recording the worst statistics in the nation in figures released in early October.

The figures, from the height of the COVID pandemic in July, showed 73 per cent of patients at Redland Hospital and 66 per cent at Logan Hospital were ramped for more than 30 minutes.

At the time, we had hundreds of COVID patients in hospital and thousands of staff furloughed either with COVID or as close contacts.



However, we have seen little sign of improvement and will continue to pursue our Ramping Roundtable's five-point action plan to reduce stress on all areas of our hospitals, from emergency departments to other wards and the discharge process.

You can read AMA Queensland Vice President Dr Nick Yim talking to *Sunrise* about the ramping figures at qld.ama.com.au/news/Sunrise-ramping



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VOLUNTARY PATIENT ENROLMENT

AMA Queensland and our state and national counterparts have been actively engaging with governments at all levels to drive whole-of-healthcare reform for primary care, particularly Medicare rebate reform to ensure longer, more complex consultations attract rebates that reflect the extra resourcing involved.

We believe this should always be delivered through a fee-for-service Medicare model.

The Australian Government's *Primary Health Care 10-Year Plan 2022-2032* includes voluntary patient enrolment (VPE) as one of its recommendations.

VPE is not capitation, in which the healthcare provider receives a set payment for every patient attributed to them, regardless of the number of times the patient seeks care. The AMA does not and will not support a move to capitation.

Voluntary patient enrolment with a GP or practice establishes a formal relationship with the patient, providing a basis for shared goals and outcomes. This in turn provides a framework for funding reform that rewards continuity of care. For example, chronic disease management plans and health assessments would be linked to these relationships.

This funding is in addition to, not instead of, Medicare fee for service.

The AMA supports VPE, provided it is designed appropriately, strengthens the position of general practice in our health system, and provides a basis for government to deliver extra investment into general practice.

We will oppose any initiatives that do not increase funding into general practice. Read more at qld.ama.com.au/news/VPEfacts

WOMEN IN MEDICINE BREAKFAST



Our Women in Medicine Breakfast sold out with 240 keen attendees, including babies.

You can read Dr Boulton's speech at qld.ama.com.au/news/WIMspeech and check out the photo gallery on our Facebook page.

JOIN AMA QUEENSLAND

We are proud to lead Queensland doctors and create better health outcomes for our community. Join AMA Queensland and receive a \$50 Prezzy gift card. Scan this QR code to join now and enjoy the myriad of member benefits.

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**Twenty-Third Annual General Meeting
The Sunshine Coast Local Medical Association Inc.
Thursday 29 APRIL 2021
Maroochydore Surf Club Function Room
(DRAFT) MINUTES
(to be accepted at Annual General Meeting 24 November 2022)**

Meeting opened by Chair, Jo Bourke at 8.45 pm.

BUSINESS:

1. Chairman's Welcome and opening remarks: Jo Bourke, SCLMA Secretariat.
Chair established a quorum was present, according to the Rules of the Association.
Only current members to vote at this meeting. Any comments to be made through the Chair.
Apologies: Dr Ian Colledge, SCLMA Patron; Dr Wyn Lewis (Life Member)
2. **Members present: (46)**
Drs Kevin Barker, Deepika Bhat, Fabio Brecciaroli, Krys Cichocki, Marlene Clout, Chris Dawkins, James Dick, Colin Dicks, Grant Eddie, John Evans, Roger Faint, Vince Flynn, Ian Gardner, Bruce Goldshaft, Wayne Herdy, Peter Jacobs, Stephen Kettle, Lisa Knesl, Irene Krajewska, Katie Lane, Jonathan Last, Bill Lindsay, Chris Lonergan, Petros Markou, Philip Marshall, Scott Masters, Siobhan McDonald, Di Minuskin, Vivek Mistry, Moses Mutiah, Trish Pease, Bert Pruim, Kannan Rajappa, Katherine Rimmer, Peter Ruscoe, John Scott, Shrey Singh, Brian Smith, Karien Treurnicht, Ramesh Tripathi, Valerie Turner, Ajay Verma, Franz Weil, Deborah Wiens, Jim Williams, Bel Zoughi.
Members' Apologies: (16)
Drs Trevor Beall, Tau Boga, Mark Coghlan, Ian Colledge (Patron), Wayne Crawford, Kevin Farrell, Jon Harper, Clint Herd, Fran Johnson, Wyn Lewis (Life Member), Alicia Lorenz, James Moir, Paul Munchenberg, Peter Nash, Heather Parker, James Tunggal.
3. **Minutes of previous Annual General Meeting, 29 August 2019:**
Motion - 'that the Minutes of the Annual General Meeting, 29 August 2019 are a true and accurate record of the meeting'
Moved: Dr Kevin Barker Seconded: Dr Di Minuskin. Carried.
4. **Business arising from previous minutes: Nil**
5. **The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year: (Copies of audited financials are on each table for perusal).**
Current Treasurer, Dr Peter Ruscoe presented the Financial Report.
Current Treasurer, Dr Peter Ruscoe moved a Motion to accept the Financial Report.
Motion - 'that the statement of income and expenditure for the SCLMA for the past financial year be accepted'
Moved: Dr Peter Ruscoe. Seconded: Dr Ian Gardner. Carried.
6. **The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year:**
Current Treasurer, Dr Peter Ruscoe moved a Motion to accept the Financial Report.
Motion - 'that the meeting accept the Auditor's report'
Moved: Dr Peter Ruscoe. Seconded: Dr Kevin Barker. Carried.
7. **The appointment of an Auditor/Accountant:**
Current Treasurer, Dr Peter Ruscoe moved a Motion to approve the appointment of an Auditor / Accountant, Smart Steps Accounting, Mooloolaba.
Motion - 'that the SCLMA approve the appointment of an Auditor/Accountant, Smart Steps Accounting'
Moved: Dr Peter Ruscoe. Seconded: Dr Trish Pease. Carried.
8. **The election of members of the Executive Management Committee:**
The nominees for positions for 2021 are as follows:

<u>ROLE</u>	<u>NOMINEE</u>	<u>PROPOSER</u>	<u>SECONDER</u>
President	Dr Roger Faint	Dr Peter Ruscoe	Dr Scott Masters
Vice President plus	Dr Scott Masters	Dr Roger Faint	Dr Peter Ruscoe
Shared Meetings Conv			
Secretary	Dr John Evans	Dr Jonathan Last	Dr Grant Eddie

Treasurer	Dr Peter Ruscoe	Dr Scott Masters	Dr Roger Faint
Newsletter Editor	<i>Vacant</i>		
Meetings Conv Shared	Dr Alicia Lorenz	Dr Roger Faint	Dr Scott Masters
Committee	Dr Grant Eddie	Dr John Evans	Dr Peter Ruscoe
Committee	Dr Wayne Herdy	Dr Roger Faint	Dr Peter Ruscoe
Committee	Dr Jonathan Last	Dr John Evans	Dr Jon Harper
Committee	Dr Fabio Brecciaroli	Dr Roger Faint	Dr Peter Ruscoe
Committee	Dr James Tunggal	Dr Roger Faint	Dr Peter Ruscoe
Committee	Dr Shrey Singh	Dr Roger Faint	Dr Scott Masters
Committee	Dr Mara Clarson	Dr Roger Faint	Dr Scott Masters
Committee	Dr Werner Van Vuuren	Dr Roger Faint	Dr Scott Masters

Representatives invited to be part of the SCLMA Committee meetings 2021

Dr Jon Harper – Primary Health Network (PHN)

Dr Katherine Rimmer – President, SCJDS

Dr Daniel Patti – Vice President, SCJDS

9. Incoming President's report delivered by Dr Roger Faint.

This is a delayed AGM being held tonight. I would like to thank Jo Bourke, Carol Hawkins, the SCLMA committee and members for their support over the last 19 months. I am pleased to announce that I was elected unopposed as president of the SCLMA for one more year.

The clinical meeting tonight was well attended and very relevant as it included an excellent presentation by Public Health Physician, Dr Josette Chor.

Sadly Dr Tau Boga (Cardiologist) and Dr Annie George (previous GP registrar) have both stepped down from the committee because of work and family commitments. I thank them for their time and energy.

I am pleased to announce that Dr Mara Clarson (General Surgeon) and Dr Werner Van Vuuren (a very wizened General Physician) has joined the broad medical representative committee, which is so important.

It was particularly nice to have junior doctors Dr Katherine Rimmer and Dr Katie Lane at the committee and clinical meeting, along with several Griffith 4th year medical students. They are the committee members of the future.

India reported 401,993 new COVID cases with 3523 new deaths on 1st May, as I write this article. The country is in the grip of a second COVID wave (as is Brazil) and the numbers significantly under represent the true picture. If you take the time to examine the John Hopkins University Website, you will notice that Australia barely lights up. Despite the obvious 'Dogs Breakfast' logistics roll out of the Astra Zenica Vaccine through General Practice, Australians are in a fortunate position. Currently there is little community spread and cases are generally imported or 'leaked' from hotel quarantine centres.

I looked back at my President report dated April 2020. Paul Kelly, Deputy Chief Health Officer, mentioned that as of 16th March 2020, 50,000 Australians would have died without the community intervention and management that we have witnessed thus far in Australia. How nice to be so predictable and dull.

Sadly GPs are continuing to drop out of aged care. I illustrate this by mentioning that three GPs have recently withdrawn their services from St Vincent's Retirement Village in Maroochydore. The 'drain' is one way currently and I wonder how desperate the situation will become before there is Federal or State intervention. Please contact St Vincent's if you have an interest in providing RACF medical care.

The SCLMA Cocktail Party is on Friday 6th August this year. One of Australia's most knowledge and humorous public speakers, Roly Sussex, will be presenting. **Roland (Roly) Denis Sussex** OAM is Emeritus Professor of Applied Language Studies at the School of Languages and Comparative Cultural Studies of the University of Queensland. He writes weekly for the Courier Mail and has his own linguistics show on ABC radio. Remember this is a fund raiser for the Wishlist Foundation and I look forward to seeing you all at Twin Waters.

10. General Business: Nil

Meeting Close: 9.00pm.

Chair, Annual General Meeting 29 April 2021.

Jo Bourke, SCLMA Secretariat.

TWENTY- FOURTH ANNUAL GENERAL MEETING

The Sunshine Coast Local Medical Association Inc.

THURSDAY 24 NOVEMBER 2022

Maroochydore Surf Club Cotton Tree

AGENDA**Business:**

1. Chairman's opening remarks
2. Apologies
3. Minutes of previous Annual General Meeting, 29 August 2019
4. Business arising from previous minutes
5. The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year
6. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year
7. The appointment of an Auditor/Accountant
8. The election of members of the Executive Management Committee
9. Incoming President's Address
10. General Business:

Close

Dr John Evans

Honorary Secretary

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.

24th ANNUAL GENERAL MEETING**Thursday 24 November 2022****NOMINATION FORM**

for the SCLMA Management Committee

Nominations are to be proposed by a financial member of the Association, seconded by one other financial member of the Association, and accepted by the nominee.

POSITION: _____

NOMINEE: (Print): _____

PROPOSER: (Print): _____

SECONDER: (Print): _____

I, _____
agree to this nomination (please sign)

RSVP: Friday 18 Nov 2022. Scan & email to:
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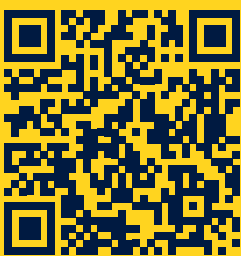
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Email: sharon@coastaldigestivehealth.com.au

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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.

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If you like the sound of us and believe you could bring something positive to our already awesome team, then please forward your application and resume to pm@goldenbeachmedicalcentre.com.au

July 2022

GET WITH THE STRENGTH AT LAKE KAWANA GENERAL PRACTICE

The Practice: Doctor owned and operated. The practice has been established for 16 years and situated on the edge of Lake Kawana: 1km from the surf beach, 60 minutes to the international airport and 20 minutes to the domestic airport. Twelve consult rooms with a five-bed treatment room in addition to a dedicated excision room and vaccination zone. 15-minute appointments. Underground secure car park for doctors.

Open Monday to Friday 8.00am to 5.00pm – no after hours. (Rotational Saturday roster of a 3 hour session, may be required)

Childcare facility located next door.

The Building: Situated on the ground level of the Sunshine Coast Surgical and Specialist Centre, together with Kawana Private Hospital, specialists (ortho, gynae, plastics, ophthalmology and vascular), pharmacy, physio, podiatry, dietetics and pathology.

The Team: Practice Manager, four nurses, including CDM, and six receptionists.

The Situation: 12,000 patients on the books with eight doctors to service them. The medical team has a combined 150 years of GP experience on the Sunshine Coast.

The Solution: Keen ambitious private billing VRGP who works 32 – 40 hours a week and gets paid \$200 per hour*. (*Private billing only)

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July 2022

CLASSIFIEDS: admin@sclma.com.au
Free to SCLMA members \$110 for non members.
Queries: Jo 0407 037 112

COME IN, SIT DOWN AND START WORKING!

We offer full service specialist medical consulting rooms in the Nucleus Medical Suites on the Campus of Buderim Private Hospital.

We will look after all your accreditation requirements. We look after your business all week long. We have supported multiple doctors in developing and growing their business. We have a strong service culture towards our doctors and their patients.

- We will manage all of your appointments.
- Book all of your procedures, including securing an anaesthetist if required.
- Manage all of your billing.
- Handle all of your correspondence.
- Our staff are experienced and professional.
- Our rooms are modern with a large reception area.
- We have a dedicated procedure room.
- We have on site parking.

For further information please contact Lindsey on 5444 6003.

July 2022

ANN ST FAMILY MEDICINE – GENERAL PRACTITIONER

- We are looking for a VR General Practitioner to join our busy team which is GP owned. Part time position offering 75% of billings.
- Full support from an experienced and professional team of nurses and support staff.

Please email your CV to olivia@annstfamilymedicine.com.au or contact Olivia on 0412 113 846.

February 2022

PROFESSIONAL MEDICAL CONSULTING SUITE AVAILABLE FOR PERMANENT LEASE ON A FRIDAY EACH WEEK FOR A MEDICAL PRACTITIONER LOCATED IN TEWANTIN.

The Consulting suite provides:

- 1x Furnished consulting room with
- 1x Furnished examination room equipped with a bed, basin/sink, QML biopsy and speculum disposables.
- Fully equipped staff kitchen with a fridge, kettle and microwave.
- Access to toilets for staff and patients across the corridor.
- QML pathology on ground floor below and Quantum radiology across the road.
- Priceline and Live Life Pharmacy on the ground floor.
- Parking in the front and back of building.

Consulting suite available for lease starting Friday 10/06/2022 from 8:30 am until 3:30pm. The cost will be \$330 plus GST per clinic which covers the cost of the suite rental, staff member, water, and electricity. Please email practicemanager.scwbg@outlook.com or call me on 0420 297 401 to enquire or arrange a viewing.

February 2022

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.*

SCLMA CLINICAL MEETING - THURSDAY 27 OCTOBER 2022

PRESENTER: DR MARA CLARSON, Specialist General Surgeon and Laparoscopic Surgeon

TOPIC: WHAT'S NEW IN BREAST CANCER?

PRESENTER: JEN MCKENZIE, Lymphedema Physiotherapist, The McKenzie Clinic.

**TOPIC: THE VITAL IMPORTANCE of EARLY REFERRAL to PHYSIOTHERAPY
after BREAST CANCER DIAGNOSIS**

**SPONSORS: My Seeker Loans & Regional Health Care
Maroochydore Surf Club Function Room**



Presenters: Dr Mara Clarson and Jen McKenzie

Sponsor: Matt Sukkarieh and Jolene Sukkarieh, My Seeker Loans



**Sponsor: Tim Brown,
Regional Health Care Group**

**FINAL SCLMA Clinical Meeting for 2022!
THURSDAY 24 NOVEMBER 2022
MAROOCHYDORE SURF CLUB 6.30pm
COAST JOINT CARE - RHEUMATOLOGY**

Presenters:

Dr Steve Truong, Rheumatologist

Topic: "Hot Topics in Rheumatology"

Dr Peter Nash, Rheumatologist

Topic: The 10 Commandments in Rheumatology"

Sponsor: Abbvie.

RSVP NOW! - Jo 0407 037 112

ARE YOU A CURRENT MEMBER?? <https://www.sclma.com.au>

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Drop down payment options!!

Do it now and be covered for 2023!!

