



SCLMA President's Message

Dr Roger Faint



With such serious events and disasters occurring in other parts of the world, I am thankful that voting at the Voice Referendum this Saturday is all I have to be concerned about. This is not to belittle the importance of the referendum for all Australians.

I have been recently involved with interviewing graduating high school students for the Griffith University Medical school, for the second time. I sat with Dr Ted Weaver (well respected O&G specialist) which made the day pass quickly. Not long ago Dr Weaver was the only O&G on the Sunshine Coast, and he is still going strong. What an inspiration!

Last week, for the first time, I was an examiner for the Sunshine Coast Griffith Medical school final year exams. Several of the students I knew through GP attachments and it was reassuring to see them completing the OSCE examination process. Many of the students are working at SCUH next year which is nice to see.

A meeting with Jarrod Bleijie MP for Kawana to discuss the Payroll Tax, was cancelled before the SCLMA committee meeting on the 28th September. This was because the QLD Treasury Department had decided not to pursue GP practices, at least not in the near future, for this tax.

There is no doubt that the Payroll Tax would have increased costs for patients at a time when bulk billing on the Sunshine Coast is at an all time low, so common sense has prevailed.

Thank you to Dr Jim Williams GP for his support in relation to this hot topic.

The SCLMA did however lose the opportunity to discuss the low number of training GP registrars with many training spots unfilled. In Tasmania and Victoria, local health departments have developed packages to encourage increased numbers of GP registrars with great success. The same could be done in QLD and on the Sunshine Coast. Next time.

The Buderim Hospital Emergency Department is as popular as ever with increasing patient numbers and I applaud its existence. Many of my patients visit there regularly and there are very few criticisms and I would like to thank Dr Michael Natale for his hard work as Medical Director.

I have been recently accepted as a member of the Country to Coast PHN clinical council. I look forward to contributing as a representative of the local primary care community. Please let me know if any issues or concerns.

I would also like to request feedback relating to the SCLMA Cocktail party.

Regards

*Dr Roger Faint
SCLMA President.*

OCTOBER CLINICAL MEETING

Thursday 26th October.

Maroochydore Surf Club Function Room

Dr Ian Baxter, Bariatric & General Surgeon

"Bariatric surgery for diabetic patients – what operations should they have?"

Dr Pretissha Harrichund, Endocrinologist & General Medicine

"Medical Management of Obesity"



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

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OCTOBER 2023 NEWSLETTER

**Deadline FRIDAY
27th OCTOBER
2023**

Our circulation via email, Mail Chimp reaches more than 1,500 recipients!

It is also uploaded to the SCLMA website and FaceBook page.

Contact Jo: Mobile: 0407 037 112

Email: admin@sclma.com.au

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 have changed to digital only newsletter distribution

ALL Newsletters are posted to our website

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

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



HIGHLIGHTS in this issue:

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 P 7: SCHHS - Profile - Dr Kris McQuaid
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 P 13: BPH SEPT Update
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 P 18-19: New Ruling on Payroll Tax for Medical Centres (Poole Group)
 P 30: Travel - Scotland
 P 34-35: AMA Qld - PRESIDENT'S REPORT

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

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

SCLMA MEMBERSHIP 2023

Thanks to all who have renewed for 2023 please contact Jo via email: admin@sclma.com.au if you would like a receipt or phone 407 037 112.

Sadly there are approx 140 long time members who have not yet renewed for 2023.

YOUR FINAL RENEWAL IS N ITS WAY!

THE SCLMA IS FAR MORE THAN THE MONTHLY MEETING - MUCH WORK IS DONE BEHIND THE SCENES WITH LIAISONS WITH LOCAL HOSPITALS, COUNTRY to COAST AND ALLIED HEALTH.

VERY EASY TO PAY BY CARD TOO!

Please contact Jo
 ph: 0407 037 112 or
 email admin@sclma.com.au with any queries.

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 **ALL NEWSLETTERS ARE ON OUR WEBSITE** <https://www.sclma.com.au>

**DATE CLAIMERS:****REMAINING DATES FOR 2023:**

THURSDAY 26 OCTOBER 2023

6.30pm - 9pm (meal provided)

Maroochydore Surf Club Private Function Room

Speakers:

Dr Ian Baxter, Bariatric and General Surgeon

Topic: "Bariatric surgery for diabetic patients – what operations should they have?"

Dr Pretissha Harrichund, Endocrinologist and General Medicine.

Topic: "The role of a Bariatric Psychologist"

Short Intro from our Bursary Student Sepehr Pirmoradi, B Medical Science.

Sponsors: FitForMe, Medtronic, Buderim Private Hospital

THURSDAY 30 NOVEMBER 2023

6.30pm - 9pm (meal provided)

Maroochydore Surf Club Private Function Room

Topics and Speakers: TBC (in progress) RAMSAY HEALTH CARE

AGM and election of SCLMA Committee to be held

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

TAKING BOOKINGS FOR 2024!

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

GP Liaison

Your hospital connection, together we can deliver better healthcare.

Dr Edwin Krays and Dr Michelle Johnston



GPs with Special Interest (GPSIs) in SCHHS

GPSIs have been working in the Sunshine Coast Hospital and Health Service outpatient departments for the past five years and there are now 20 specialty services with a GPSI as part of their team.

Feedback from consumers, GPs and specialty teams has been very positive.

Benefits are shorter waiting lists, timely access to care, upskilling and job satisfaction for GPs and importantly, better connection and collegiality with hospital teams.

One of the goals of the Sunshine Coast GPSI model is to better connect primary and secondary care. Therefore, it is a requirement that GPs continue working in the community. On average they work 1 day per week in outpatients in addition to their GP work.

An article on the model was recently published and can be accessed via this link:

[GPs with a special interest improve connection between hospitals and primary care | InSight+ \(mja.com.au\)](#)

BSQSC Breast Density Notification Trial has now launched at the BreastScreen Sunshine Coast Service

This world-first study aims to find out the impact of different ways of telling women with dense breast about how their breasts look on mammograms. Results will help inform future policy for breast screening programs in Australia and around the world.

The study recruitment period will run for approximately 6 months. Women due for breast screening during the study period will be eligible to participate. All women who participate will receive the usual information from BreastScreen Queensland. Some women will also receive information about their breast density.

To book a breast screening appointment women can Call [13 20 50](tel:132050) and enter their postcode to be directed to your nearest BreastScreen Queensland service. Or [book online](#).

As part of the trial local GPs, Surgeons and Radiology services can also book a clinical nurse consultation about the study – please see contact details below.

For further questions about the Breast Density Notification Trial, please contact:

Trial coordinators at The University of Sydney: breastdensity.study@sydney.edu.au

Dr Brooke Nickel at The University of Sydney brooke.nickel@sydney.edu.au

Dr Lisa Hammerton at BreastScreen Queensland Sunshine Coast service:

Lisa.Poh@health.qld.gov.au

Take the 2023 National Workforce Survey for Child, Parent and Family Mental Health and help shape child mental health planning and policy.

Emerging Minds is conducting the National Workforce Survey for Family, Parent and Child Mental Health again following the success of the inaugural survey in 2020-21. The survey will inform strategies and policy to meet the needs of health, social and community services workers across Australia, and support improved outcomes for infants, children, and families.

Complete the survey @ <https://survey.zohopublic.com.au/zs/MBBtNU?link=partners> for your chance to win an iPad. Be sure to complete the survey early for a chance to win.

The survey closes on **Wednesday, 15th November 2023**. Check out the Emerging Minds website for the latest resources or to [Key findings from the 2020-21 National Workforce Survey - Emerging Minds](#)



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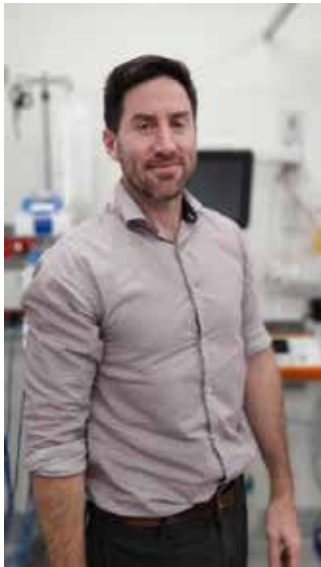
Breast Diagnostic Specialists
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Sunshine Coast

Hospital and Health Service

Dr Kris McQuaid

Medical Superintendent Maleny Soldiers Memorial Hospital



Dr Kris McQuaid plays an important role in supporting both rural patients and registrars at Maleny Soldiers Memorial Hospital, while always looking ahead at alternative models of care.

He's been the Medical Superintendent at Maleny Soldiers Memorial Hospital for around five years, which involves a 75:25 clinical/non-clinical split. He said the senior medical staff cover the clinical work for the whole of Maleny hospital, including a medical ward and a 24/7 emergency department. When Dr McQuaid isn't wearing his clinical hat, he's helping with day-to-day running of the hospital and management of medical staff.

He has been practising in and around the Sunshine Coast region for most of the last 12 years, with a brief sojourn to Ireland. He completed his rural generalist training (FACRRM) and is currently training in occupational and environmental medicine.

Maleny Soldiers Memorial Hospital runs many important services, but Dr McQuaid highlighted the particular importance of the outpatient clinics, which currently provides advanced skin cancer management, palliative care and midwifery.

"We are always looking for more. Rural hospitals are great places to trial small scale alternative models of care, and when this is done correctly it can take pressure off the larger centres."

Some of Dr McQuaid's proudest moments on the job are centred around supporting registrars through training and then watching them progress to fellowship.

"I enjoy the opportunity to train doctors in the intangible skills – the ones not in the textbooks."

He's also passionate about preventative medicine, which is at the core of his philosophy on health care.

"Prevention and early intervention are key, and it takes forward thinking and hard work to make this happen. This is true for clinical and non-clinical things."

Dr McQuaid's acknowledges the many challenges GPs face.

"I'll always take the chance to acknowledge that General Practice is the most difficult specialty to do well. I tried it once and I was not good enough to maintain it. If you do have any ideas for alternative models of care for your patients, I am always happy to discuss."

With such a passion for healthcare, most would be surprised to hear he once part-owned a skate shop with his brother!

Country to Coast, QLD – September 2023

Primary Sense – enhanced real time decision support for General Practice

Country to Coast, QLD (CCQ) are thrilled to introduce Primary Sense, a cutting-edge tool designed to support general practice to enhance the quality of patient care in our region.

We invite your practice to fill out the Primary Sense [registration form](#) and start your Primary Sense journey.

CCQ is working diligently to improve healthcare for both general practices and their patients. Primary Sense is a population health management and clinical decision support tool that provides real-time clinical decision support for general practitioners at the point of care. It leverages the world-renowned Johns Hopkins University ACG® System to identify at-risk patients, making it a leading population health analytics software. Primary Sense also supports data reporting to meet general practice PIP QI compliance requirements.

Key Features:

- Real-time clinical decision support tool for general practitioners
- Identification of at-risk patients
- Near real-time extraction, analysis, and secure management of de-identified practice data
- Confidential and secure data handling
- Assistance with patient risk assessment, reporting, and care planning.

We are honoured to have heard from clinical champions, including Professor Kim Greaves, Specialist Cardiologist at Sunshine Coast University Hospital, and General Practitioner Dr. Lisa Beecham. They have played a crucial role in designing this practitioner-driven tool, which is set to advance quality improvement outcomes in primary healthcare.

The videos below include highlights from Professor Kim Greaves and Dr Lisa Beecham as they share their expertise and discuss how Primary Sense is driving quality improvement in primary healthcare.



<https://youtu.be/CGAPVSDdvJM>



<https://youtu.be/6E7c-4mh-2U>

What's changing?

- ☐ Primary Sense is compatible with General practices using Medical Director or Best Practice software.
- ☐ By May 2024, Primary Sense will replace Pen CS's CAT4 and Topbar software for GP Practices in Country to Coast, QLD regions.
- ☐ To ensure a smooth transition, we'll collaborate closely with your GP Practice in the upcoming months.
- ☐ Your dedicated Primary Health Coordinator will work alongside your practice team and IT experts to facilitate this transition.

Currently, Primary Sense is compatible with Medical Director and Best Practice. So, for those general practices the first step is for you to complete this [registration form](#).

If you have any questions please contact us: pracsupport@c2coast.org.au

This is an exciting time for us to work together as we further enhance data to better inform quality improvement outcomes for your practice our community.



Getting ready for MyMedicare – steps for Practice Registration

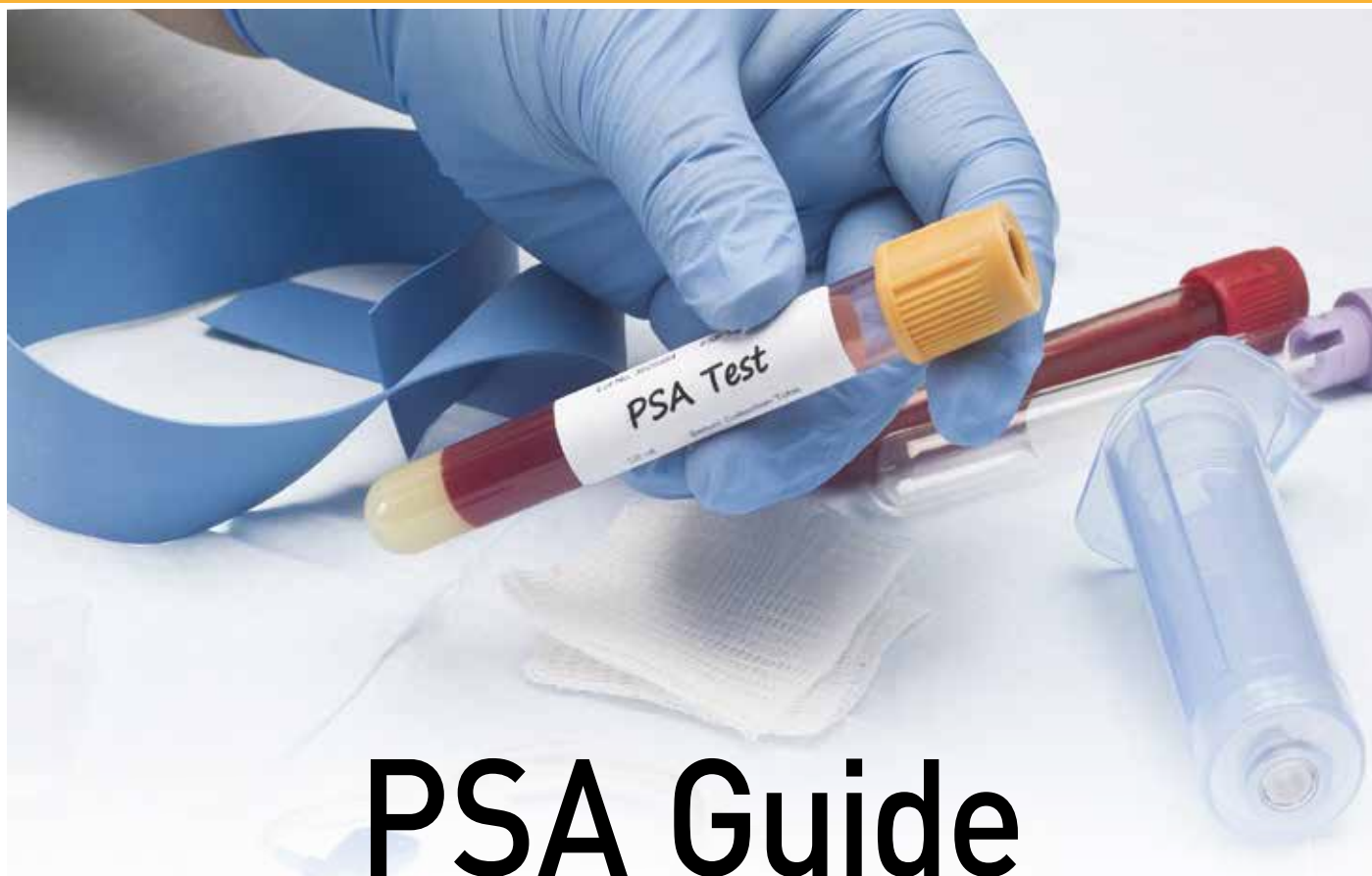
CCQ encourages General Practices to register for MyMedicare – patient registration opened on 1 October.

- ☐ Check if your practices eligibility to participate in MyMedicare by visiting health.gov.au/MyMedicare
- ☐ Using PRODA, link your organisation to the [Health Professional Online Services \(HPOS\)](https://hpe.servicesaustralia.gov.au/orgreg_orgreg.html). Instructions on how to do this are available here: https://hpe.servicesaustralia.gov.au/orgreg_orgreg.html
- ☐ Once linked, you can access the [HPOS Organisation Register](#) to register your practice and link eligible providers.

MyMedicare practices will have access to:

- ☐ more information about regular patients, making it easier to tailor services to fit the patient's needs.
- ☐ the new longer telehealth items linked to MyMedicare.
- ☐ the General Practice in Aged Care Incentive from 1 August 2024, which will support regular health assessments, care plans and regular GP visits for people in residential aged care homes.
- ☐ new blended funding payments to support better care in the community for people with complex, chronic disease who frequently attend hospitals. These arrangements will roll out progressively across the country over three years from the 2024–25 financial year.
- ☐ Chronic Disease Management items linked to a patient's registration in MyMedicare from November 2024, to support continuity of care for people with chronic and complex conditions. Patients who are not registered in MyMedicare will still be able to receive Chronic Disease Management items from their usual GP.

Learn more by reading these helpful [FAQs](#)



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

W. buderimprostateclinic.com.au

NURSE NAVIGATOR SERVICE REFERRAL INFORMATION

- Referral welcome through *e-BlueSlip, Community Referral Intake Service* (for internal referrals) or
Health Pathways, SMART referrals, NNS Referral form (for external referrals)
- Referral for most complex patients with multiple comorbidities, appointments and procedures
- Patients with care that is fragmented and needing coordination and linkage with support services/coordination of existing services

SCHHSNurseNavigatorService@health.qld.gov.au

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SCHHSNurseNavigatorService@health.qld.gov.au



BUDERIM PRIVATE HOSPITAL MONTHLY UPDATE

SHANE MITCHELL
GENERAL MANAGER

E: shane.mitchell@uchealth.com.au
P: 07 5430 3260

SEPTEMBER 2023

We've got you covered CPD event

Thank you to all the GPs who joined us for our 'We've got you covered' CPD event on Saturday 9 September at the University of the Sunshine Coast.

Featuring 15 specialist doctors covering a variety of topics, this event was designed to help GPs stay up-to-date with changes in general practice and evolving patient needs.

We appreciate our event sponsors I-MED Radiology Network and Stryker for making the day possible.

We have enjoyed providing you with a variety of GP educational events in 2023 and really appreciate your valuable feedback on the quality and content of the education.

We will be using this to provide GP education events in 2024 so please email our GP Liaison Officer Pam Fotheringham (pamela.fotheringham@uchealth.com.au) if you have any preferred topics or formats.



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September 2023

MONTHLY UPDATE



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

New CEO – Noosa Hospital & Nambour Selangor Private Hospital

We are delighted to introduce Jennie Cameron new CEO at Noosa & Nambour Selangor Private Hospitals. Jennie is an accomplished CEO with over 40 years' experience in the private health sector. She has successfully led facilities and services delivering growth and new service development alongside improvements in organisational culture, staff engagement and patient satisfaction.



First robotic bowel resection performed on the Sunshine Coast

A 33-year-old woman with bowel cancer has become the first person to benefit from a new surgery now being offered on the Sunshine Coast, undergoing the region's first robotic bowel resection.

The young woman had the surgery at Sunshine Coast University Private Hospital (SCUPH) in September and was able to return home within 24 hours, thanks to the minimally invasive nature of the procedure.

Robotic and Colorectal Surgeon, Dr Kareem Marwan, performed the first such surgery on the coast, after performing almost 300 robotic procedures when based in Melbourne.

Robotic bowel resection can be used to treat bowel cancer, inflammatory bowel disease and for advanced or complicated cases of diverticular disease.

Dr Marwan said he was excited to be joining the team at

SCUPH and offering this new procedure to communities in and around the Sunshine Coast.

"It is absolutely a delight to be part of this milestone on the Sunshine coast. Having state-of-the-art technology available in our own backyard is great for the community," Dr Marwan said.

SCUPH Acting CEO, Samantha Dodd, said hospital operator Ramsay Health Care was committed to investing in leading technology and specialists for the communities of the Sunshine Coast.

"By investing in state-of-the-art surgical technology, we're able to offer Sunshine Coast locals access to modern procedures, close to home. Having procedures locally can help relieve stress on the patient as well as their family and friends," Ms Dodd said.

"Leading robotic technology, along with our \$10 million operating theatre upgrade that's underway, has also helped us attract some of the country's best doctors to the Sunshine State."



Dr Sonia Moorthy

Drugs and the Optical System



Drugs can significantly impact the optical system, which comprises the eyes and their complex neural connections. From altered perception and dilated pupils to potential damage to the delicate structures of the eye, substances like hallucinogens, stimulants, and even some prescription medications can profoundly affect vision and visual perception. Understanding the interplay between drugs and the optical system is crucial for both medical professionals and individuals seeking to maintain their visual health.

1. Anti-hypertensives and glaucoma

Glaucoma, responsible for gradual vision loss stems ganglion cell and optic nerve dysfunction.

Various studies have now demonstrated significant and extended dips in nocturnal diastolic blood pressure (DBP) compromises ocular perfusion and exacerbates visual field loss in normal tension glaucoma (NTG). Therefore, drug-induced excessive nocturnal DBP dip should be avoided.

It is therefore important to consider morning rather than evening dosing of anti-hypertensives.

2. Aromatase inhibitors and dry eyes disease (DED)

Aromatase inhibitor (AI) therapy is currently the preferred choice in postmenopausal women with oestrogen receptor (ER) positive breast cancer.

Several clinical studies evidenced that AI therapy impacts the ocular surface, resulting in significant DED and meibomian dysfunction, against a setting of poor tear film.

Recognition and treatment of this entity is vital, in preserving the ocular surface and ensuring AI therapy compliance. Management includes preservative free lubricants and topical cyclosporin, now PBS listed.

3. Amiodarone and vortex keratopathy

Amiodarone can result in vortex like corneal deposits, termed vortex keratopathy, reversible within 3–20 months following amiodarone cessation. This is relevant in elderly patients with other degenerative corneal conditions, namely Fuchs endothelial dystrophy. An assessment of the cornea is therefore mandatory with ongoing therapy.



Dr Sonia Moorthy

MBCHB, MPH, FRANZCO

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Unit 1, 23 Elsa Wilson Drive
Buderim QLD 4556

P 07 5220 8990

F 07 5220 8991

W www.eyehub.net.au

Link to podcast: [Everyone Has A Story: Dr Sonia Moorthy – Giving back to the community on Apple Podcasts](#)

About Dr Moorthy

Dr Sonia Moorthy is a regional adult and paediatric ophthalmologist. She has a wealth of experience in the treatment of ocular diseases, including cataract and implantation of advanced technology lenses, pterygium surgery with glued autoconjunctival graft, glaucoma and MIGS implantation, anti-VEGF for macula disorders and strabismus.

MR0043277 NamSelPH Dr Sonia Moorthy A4, Drugs and the optical system

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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.

Tim successfully introduced Robotic Prostate and Kidney Surgery to Buderim Private Hospital. He has pioneered MRI guided robotic transperineal prostate biopsy for safe and accurate diagnosis.

DR TIM NATHAN

MB ChB (Edin), FRCS (Eng), FRCS (Urol), FRACS (Urol)

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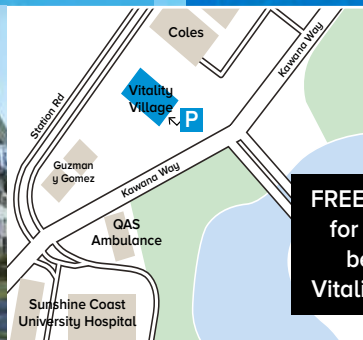
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The New Ruling on Payroll Tax for Medical Centres

Public Ruling Payroll Tax Act

Medical professionals in Queensland consider the new Public Ruling PTAQ000.6.2 Payroll Tax Act: Relevant Contracts – Medical Centres, issued by the State Government on 19 September 2023, a positive and sensible move. Under the new public ruling, practitioners who work independently will be exempt from payroll tax if specific criteria are met.

The liability for payroll tax arises under the 'relevant contracts' provisions of the Payroll Tax Act 1971 (QLD), referred to as 'the Act', due to the operation of the deeming provisions that apply to independent contractors and employment agents. Where a contract is a relevant contract, the medical centre is deemed an employer; the independent contractor is deemed an employee, and the payments made under the contract for the work performed are deemed wages unless an exemption applies.

What is a Relevant Contract?

A contract between an entity that conducts a medical centre and a practitioner is a relevant contractor under s.13B of the Act if all of the following apply:

- a) The practitioner carries on a business or practice of providing medical-related services to patients
- b) In the course of conducting its business, the medical centre
 - i. Provides members of the public with access to medical-related services
 - ii. Engages a practitioner to supply services to the medical centre by serving patients on its behalf
- c) An exemption under s.13B(2) of the Act does not apply

However, each contract must be considered individually on a case-by-case basis to determine whether there is a relevant contract. If the contract provides, either expressly or by implication, that a practitioner is engaged to supply work-related services to the medical centre by serving patients for or on behalf of the medical centre, the contract is a relevant contract under s.13B(1) of the Act. Medical centres include dental clinics, medical specialists, physiotherapy practices, radiology centres, and other similar healthcare providers.

Exemptions from relevant contract provisions

If an exemption applies under s.13B(2) of the Act, no payroll tax liability arises under the relevant contract provisions.

Under s.13B(2) of the Act, the three exemptions more likely to apply to a contract between a medical centre and a practitioner are:

- a) The practitioner provides services to the public generally – s.13B(2)(b)(iv) of the Act
- b) The practitioner performs work for no more than 90 days in a financial year – s.13B(2)(b)(iii) of the Act
- c) Services are performed by two or more persons – s.13B(2)(c)(i) of the Act

When claiming an exemption, a medical centre must be able to substantiate the exemption with sufficient evidence.

Please note that a tenancy contract is not a relevant contract if the practitioner does not supply work-related services to patients on behalf of the landlord. Under a tenancy contract, a landlord (who may be a sub-lessor) by lease or license provides a practitioner with a suite or space where the practitioner conducts their independent medical practice.

The Existence of a Relevant Contract

Where a relevant contract exists, payroll tax registration is required within seven days after the end of the month in which an 'employer' (or where they become a member of a group that together) pays more than \$25,000 in a week of Australian taxable wages. The definition of taxable wages is broad but essentially includes wages that are paid or payable in kind, including a fringe benefit paid by an employer or deemed employer.

Medical practices with relevant contracts must pay payroll tax on an ongoing basis; they may also have to pay retrospective payroll tax, which could amount to significant sums of money when aggregated.

Service Agreement

The service agreement between the medical centre and the practitioner may state that the medical centre only provides administrative services to the practitioner. A relevant contract may still exist where the medical centre can exercise operational or administrative control over the practitioner to influence who can practice at the centre when they can practice, and the space within the centre where it occurs. Even though the parties may characterise their relationship in the agreement to provide administrative services, the actual conduct must be consistent with the written terms of the agreement. Generally, the higher the level of control the service entity has over the medical practitioners, the more likely a relevant contract will exist.

The Importance of the Arrangement

In *Thomas and Naaz Pty Ltd v Chief Commissioner of State Revenue [2021] NSWCATAD 259*, referred to as “Thomas and Naaz”, received Medicare benefits on behalf of the doctors. Thomas and Naaz retained 30% of the amount and paid the remaining 70% to the doctors. These doctor payments were deemed wages under s.13E of the Act, even though the doctors were beneficially entitled to that money. This case highlights the requirement for the practitioner to accept the assignment of the Medicare Benefit in full payment for the service they provided into their bank account and then make subsequent payments to the medical practice for the services received. Essentially, the entities involved, the structure of the agreement and the flow of funds will need to be considered.

The New Public Ruling

Under normal business arrangements, Medicare benefits assigned and the payment of out-of-pocket patient fees paid directly to practitioners will not constitute a wage under s.13E or s.51 of the Act.

Essentially, a patient must enter into an agreement to assign the right of payment of the Medicare benefit to the practitioner, and the practitioner must accept the assignment in full payment for the service. Under a relevant contract between a medical centre and practitioner, where a patient assigns their right to the Medicare benefit and any additional out-of-pocket fees paid directly to the practitioner, the payment is not taken to be wages as a ‘third-party’ payment under s.51 of the Act. These payments are not considered wages under s.13E of the Act because they are not paid or payable by the deemed employer (the medical centre) to the practitioner under the relevant contract. In addition, the out-of-pocket fees are not wages, as the patient is paying for medical services and not for the practitioner's services as an employee.

Payroll Tax Amnesty

The Queensland Government has provided an amnesty on payments made to contracted general practitioners until 30 June 2025. Applying for amnesty does not create an automatic liability for payroll tax but will provide time for investigation and compliance if required. Where it is determined that payroll tax is not payable, it is possible to opt out of the amnesty, and no further action is required. If an expression of interest is not submitted by 10 November 2023, and it is later found that a liability for payroll tax exists on contracted general practitioner payments, the total amount of payroll tax, interest and penalties will be applicable.

As the payroll tax amnesty only applies to general practitioners, this has caused some anxiety among other medical practitioners, including allied health practitioners, dentists and medical specialists who do not fall under the amnesty.

Consideration of the Particular Circumstances

Attention should be given to the written agreement, the service model in place and the current flow of services. Medical practitioners must consider and obtain advice on how the payroll tax legislation applies to their particular circumstances. Other considerations include whether or not to express an interest in the payroll tax amnesty.

If you require any advice or assistance with your tax affairs, please contact our experienced accountants at Poole Group on 07 5437 9900 or poole@poolegroup.com.au





NUCLEAR MEDICINE BONE SCANS



Dr Andrew Paszkowski
MBBS FRACP, AANZSNM
Clinical Director of
Nuclear Medicine

When are they most useful?

STAGING OF CANCER

Bone scanning, combined with SPECT CT, is very sensitive for the detection of osseous metastases from most cancers, in particular breast, prostate and lung.

ASSESSING THE ACTIVITY OF PAGET'S DISEASE AND TREATMENT RESPONSE

The degree of uptake on bone scintigraphy can help determine activity and extent of conditions such as Paget's disease. Serial imaging following therapy for Paget's or cancer is very helpful in assessing treatment response.

EVALUATING ABNORMAL BONE LESIONS

Incidental sclerotic and lucent lesions are commonly reported in other modalities. A bone scan is beneficial in assessing the metabolic activity of lesions and determining their significance.

LOCALISING SITES OF BONE PAIN

Imaging with X-rays, CT, or MRI will often identify multiple sites of degeneration or other pathology that may be causing pain, such as facet joint arthritis, degenerative disc disease or sacroiliitis. Studies have shown a higher success in pain relief when the sites showing the most marked activity are injected with cortisone and local anaesthetic. Bone scintigraphy with SPECT CT may also show other possible osseous causes of pain.

EVALUATING PAINFUL JOINT PROSTHESES

Joint prostheses cause a range of technical problems, which make the interpretation of radiographs, CT and MRI difficult. Bone scans are not affected by these technical factors and are very useful for the evaluation of loosening, periprosthetic fracture, particle disease and infection. A normal scan carries a high negative predictive value for the exclusion of these conditions.

Dr Paszkowski welcomes calls from referring health professionals.
We kindly ask that the direct referrers line is not shared with the general public.

xrayimaging.com.au

Nuclear Medicine Direct Referrers Line 07 5458 4400

nucmed@xrayimaging.com.au



Clinical Trials News

Trial for potential malaria treatment

Recent malaria trial participants have completed their five-day confinement phase, and their feedback is overwhelmingly positive. The attentive care provided by our staff was praised, ensuring their safety and comfort at all times. One of our participant, Kye, also commented on the high-quality and enjoyable meals tailored to their preferences. With comments like "Staff and doctors are great, always felt in very good hands", our participants' voices truly reflect our commitment to excellence. We're actively looking for healthy participants and your assistance in helping us is greatly appreciated.



Participants at the UniSC Clinical Trials Moreton Bay clinic

COVID-19 nasal spray trial triumph

Announcing the successful completion of a phase one clinical trial for a potential nasal spray vaccine. As the single global site selected for this study, not only did we surpass our patient recruitment goal, but we've also redefined medical innovation. Under the leadership of Dr Rob Scott and our Senior Clinical Trials Coordinator, James Donkin, our Sippy Downs team ventured into uncharted territory. By directly targeting the virus's point of entry through a nasal spray.

A heartfelt appreciation to our dedicated volunteers, the true driving force behind this research.

Currently recruiting trials:

- Melanoma
- Ovarian cancer
- Breast cancer
- Head and neck cancer
- Non small cell lung cancer
- Migraine
- Depression
- Immune disorders
- Coeliac disease

Upcoming trials:

- Dry-eye disease
- Healthy volunteer trials
- Osteoarthritis
- Alcohol consumption

usc.edu.au/trials



Sunshine Coast

Level 1/9 Ochre Way
Sippy Downs QLD 4556
07 5456 3797



Moreton Bay

Level 1/19-31 Dickson Road
Morayfield QLD 4506
07 5456 3965



Brisbane

Building A2, SW1 Complex
52 Merivale Street
South Brisbane QLD 4101
07 5409 8630



Sunshine Coast

Haematology & Oncology Clinic
10 King Street
Buderim QLD 4556
07 5479 0000

We are looking for coeliac patients for a clinical study.

We are looking for coeliac patients, who still have symptoms despite following a gluten-free diet, for a phase IIb clinical study. The double-blind, randomised, multicentre, placebo-controlled, comparative phase IIb study investigates the effect and tolerability of ZED1227, a tissue transglutaminase (TG2) inhibitor in the form of a hard capsule for oral administration, in the treatment of coeliac disease.

Main Inclusion criteria

1. Patient is between 18 and 80 years of age
2. Biopsy proven diagnosis of coeliac disease at least 12 months prior
3. Adherence to a gluten-free diet (GFD) for at least 12 months
4. Human leukocyte antigen DQ (HLA-DQ) typing compatible with coeliac disease (if known)
5. Symptoms (diarrhoea and/or abdominal pain and/or bloating and/ or nausea) despite GFD
6. Negative diagnosis of *Helicobacter pylori* infection and no eradication within the last two months (if known)
7. BMI between 17.0 and 35, inclusively
8. Willing to maintain current GFD throughout participation in the trial

Should you be interested in referring potential candidates to us, have questions or need more information, please contact:



Dr Hans Seltenreich
Coastal Digestive Health
503/5 Emporio Place, Maroochydore
07 5408 0900
admin@coastaldigestivehealth.com.au

Patients Suffering Chronic Knee Pain?

Genicular Nerve Radiofrequency Ablation may be suitable in the treatment of a variety of conditions, including:

- ⦿ Chronic knee pain
- ⦿ Osteoarthritis (OA)
- ⦿ Degenerative Joint Disease
- ⦿ Patients unfit for knee replacement
- ⦿ Patients trying to avoid knee replacement
- ⦿ Post surgical knee pain

RFA is a minimally invasive procedure in which radiofrequency currents are applied near the nerve to interrupt the pain signal to the brain. This is a simple 30 minute procedure performed in our clinic.

Prior to a genicular nerve RFA, a diagnostic procedure, called a genicular nerve block, is performed using local anaesthetic to determine if the ablation would be effective. This test is Bulk Billed under Medicare.

We accept referrals from both GP's and Specialists for this procedure.

SCAN TO
BOOK ONLINE



Call 07 5391 0366 or
Email Reception@theradiologyclinic.com.au
31 Plaza Parade, Maroochydore Q 4558
www.theradiologyclinic.com.au

theradiologyclinic

A clinical research study for people with excess weight and knee osteoarthritis pain



TRIUMPH-4

TRIUMPH-4 is a clinical research study for people with excess weight and knee osteoarthritis pain.

The study will test how safe and well the investigational medicine (the medicine being studied) works for weight management and knee osteoarthritis pain.



ANY PERSONS DEPICTED IN THIS ADVERTISEMENT ARE MODELS AND THE IMAGES ARE BEING USED FOR ILLUSTRATIVE PURPOSES ONLY

Can I join this weight management study?

Yes, you may be able to join the research study if you:

- » Are aged 18 years or older
- » Have knee osteoarthritis pain
- » Have a BMI of 27 or more
- » Have not been able to lose body weight on your own



BMI stands for **body mass index**. It is a number that compares a person's weight to their height. It can be used to tell if a person may be at risk of some health conditions.



CDH
RESEARCH
INSTITUTE

Contact details:

503/5 Emporio Place
Maroochydore, 4558
5408 0900
www.cdhresearch.com.au

TRIUMPH-4

The Sunshine Coast's only integrated Cancer Centre

Our facility is home to:

- Highly experienced team of Medical Oncologists & Clinical Haematologists
- Day infusion unit providing the latest & cutting edge treatments (including chemotherapy, immunotherapy, targeted therapy, blood products, iron infusions & venesections)
- GenesisCare Radiation Oncology
- 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



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



Samantha Clutton
Clinical Psychologist
MPsychClin, FCCLP



Sarah Bloomfield
Dietitian & Nutritionist
APD, APN



Jesse Goldfinch
Exercise Physiologist
BClinExSc, ESSAM, AEP



Tania Shaw
Massage Therapist
DipRM, CLT, OMT



SUNSHINE COAST
HAEMATOLOGY & ONCOLOGY CLINIC
– Montserrat Cancer Care –

GP/Specialist Priority Line:
07 3054 0758

10 King Street, Buderim QLD 4556 | P: 07 5479 0000 | F: 07 5479 5050 | schoc.com.au

A clinical research study for people with excess weight and heart disease



TRIUMPH-3

TRIUMPH-3 is a clinical research study for people with excess weight and heart disease. The study will test how safe and well the investigational medicine (the medicine being studied) works for weight management.

ANY PERSONS DEPICTED IN THIS ADVERTISEMENT ARE MODELS AND THE IMAGES ARE BEING USED FOR ILLUSTRATIVE PURPOSES ONLY



Can I join this weight management study?

Yes, you may be able to join the research study if you:

- » Are aged 18 years or older
- » Have obesity, with a BMI of 35 or higher
- » Have heart disease
- » Have not been able to lose body weight on your own



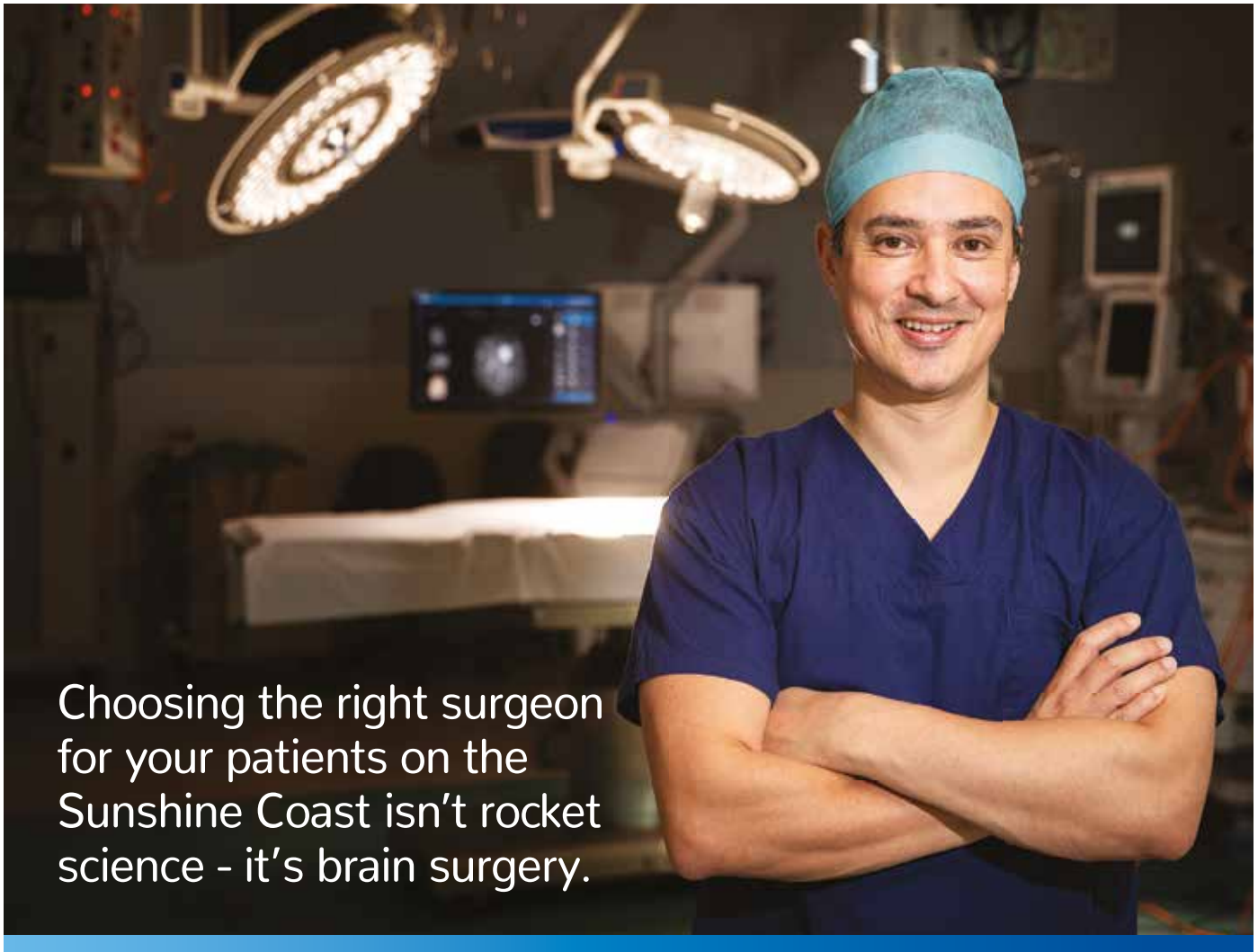
BMI stands for **body mass index**. It is a number that compares a person's weight to their height. It can be used to tell if a person may be at risk of some health conditions.



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TRIUMPH-3



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.

List of Services

Sunshine Coast Neurosurgery use their extensive experience to treat many common conditions such as:

- Cervical and lumbar degenerative conditions
- Brain tumours
- Spine tumours
- Pituitary tumours
- Chiari malformations.

Plus they have a specialist interest in minimally invasive brain and spine surgery.

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Suite 17, 3 Doherty Street, Birtinya QLD 4575

T 07 5437 7256
E info@scneuro.com.au



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www.scneurosurgery.com.au

General Practitioners

Want to get involved in this trial as an investigator?

We want 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 Peripheral Artery Disease (PAD) using a footplate stimulation device.

The therapy is aimed at improving walking distance and reducing lower limb pain during exercise.

We need enthusiastic General Practitioners to help us find eligible participants for our study. Here are two simple ways you can get involved:

1. Simply screen potentially eligible patients within your clinic. Our streamlined recruitment and screening system makes this easy, so it won't take much of your time or your staff's.
2. Display promotional leaflets and posters about the trial in your clinic. This way, your clinic can become a central place for potential participants to easily join our study.

We will pay you. You will receive an honorarium/ administration fee for each patient recruited through your clinic.



UniSC HREC: A211659
TPCH (The Prince Charles Hospital): 78962

6345/0823

More information

Dr Mark Windsor
Trial Coordinator
Email: footpad@usc.edu.au
Tel: 07 5456 5364
usc.edu.au/footpad



Designing better care

GenesisCare radiation oncology

We provide modern radiation therapy techniques and continuously invest in cancer treatments and technology with the aim of reducing side effects and improving quality of life.

Our team of radiation oncologists have experience across many types of tumours in adults. They aim to combine their knowledge, experience, and a multidisciplinary approach to offer personalised, evidence-based care to all patients.



Dr Debra Furniss
Regional Medical Director

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Dr Bradley Wong
Radiation Oncologist

Wide field skin cancer, breast, prostate and urological lesions, benign conditions and palliative treatments

On the Sunshine Coast, GenesisCare provides:

- Radiation therapy for most adult cancer types
- Treatment for non melanoma skin cancer
- Rapid access palliative radiation therapy
- Treatment for benign conditions e.g Dupuytren's disease, plantar fasciitis and keloid scars
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- Patient transport service

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Get in touch:

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receptiononcologybuderim@genesiscare.com

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Consulting clinics:

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 • Dr Bradley Wong
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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

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Scotland

With its many castles, lush green highlands, lochs and moors, Scotland is easily a fairy-tale destination for an exciting holiday. This country is also famous for its whiskey distilleries and wool. In fact, you may encounter quite a few sheep when there. Friendly locals with their warm hospitality make this destination a pleasant experience.

Take a tour back in time at the castles

It is impossible to visit Scotland and not tour at least one castle. After all, at one point this country had over 3000 castles! Possibly the most famous of these is the Edinburgh castle built in the 17th century. It sits high up in a volcanic crag known as Castle Rock. Once lived in by monarchs and queens, it was later used for military purposes. Today it is available for anyone to explore on guided tours. Experience the childhood fantasies of living in castles, feeling like royalty.



Hike through the highlands

One of the popular attractions in Scotland are its picturesque highlands which are mountainous regions encompassing the north-western part of the country. Noted for its scenic beauty, there are many places of interest within this region, like the Glen Coe which has been featured in many movies. The village of Glencoe is located between the banks of Loch Leven and the mouth of the glen.

Take a tipsy trip

A visit to Scotland would be incomplete without a visit to one of its finest distilleries, like the Isle of Harris distillery. The distillery is open for visits and not only offers a tour, but also has a canteen which serves hearty meals according to the season, to pair with the gin.

What we have planned for you:

- Start your day with a big breakfast at one of Edinburgh's famous establishments.
- Head out to the Edinburgh castle for a tour back in time.
- Rent a car and drive to loch Katrine for a day of kayaking, swimming, or relaxing at the picnic area.
- Drive back to Glasgow for a night-time stroll through Ashton Lane.

You can also choose instead, to catch a classic at one of the unique cinemas of Glasgow. It's all worth it! Find out more

123Travel – Cheryl Ryan

<https://123travel.com.au>



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

e: sunshineortho@bigpond.com.au www.sunshineortho.com.au

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MEDIA RELEASE

Thursday, 21 September 2023

COVID-19 inquiry must focus on how Australia can be better prepared

The AMA welcomes the federal government's inquiry into COVID-19, saying the inquiry's focus must be on how Australia can be better prepared for a pandemic.

Australian Medical Association President Professor Steve Robson said Australia had managed the COVID-19 pandemic very well but could have done better.

"There are many lessons to be learned from how Australia handled the pandemic, and the AMA will make sure the lived experiences of Australia's doctors are listened to throughout the review," Professor Robson said.

"The pandemic has had a profound impact on every doctor in Australia. We have all been involved in the response whether it was through vaccinating, treating patients, working extra shifts to cover colleagues who were infected, or simply spending time every day putting on PPE and taking it off again — over and over."

Professor Robson thanked Australia's doctors for their efforts which saved Australian lives.

"Australia had very low rates of transmission before vaccines were made available and we then had one of the most successful vaccination programs globally. This was largely thanks to our GPs who delivered the largest proportion of initial doses and educated patients about the importance of getting vaccinated to protect them and their families.

"One of the other key strengths of Australia's response to the pandemic was the prominence of medical and scientific expert advice. The AMA would like to see this become an intrinsic part of any future pandemic response plan.

"We will also be highlighting to government the significant impact the pandemic had on frontline healthcare workers.

"The pandemic had — and continues to have — an ongoing impact at all levels of the system from interfering with medical training, fundamentally changing how general practices run, and adding to the logjam in our public hospitals to name a few."

While the terms of reference largely focus on the Commonwealth Government's response to the COVID-19 pandemic it is difficult to see how it can avoid taking a close look at the actions of states/territories during the pandemic.

"The reality is that our response to COVID-19 involved all levels of government in areas like health service delivery, public health restrictions, vaccination roll out and economic support for businesses and individuals. Many decisions were interrelated, and the inquiry needs to get the full picture if it is to come up with robust and effective recommendations."

Professor Robson said the planned Centre for Disease Control (CDC), which the AMA had been calling for since 2017, needed to play a central role in future pandemic planning and response.

Contact: AMA Media: +61 427 209 753 media@ama.com.au



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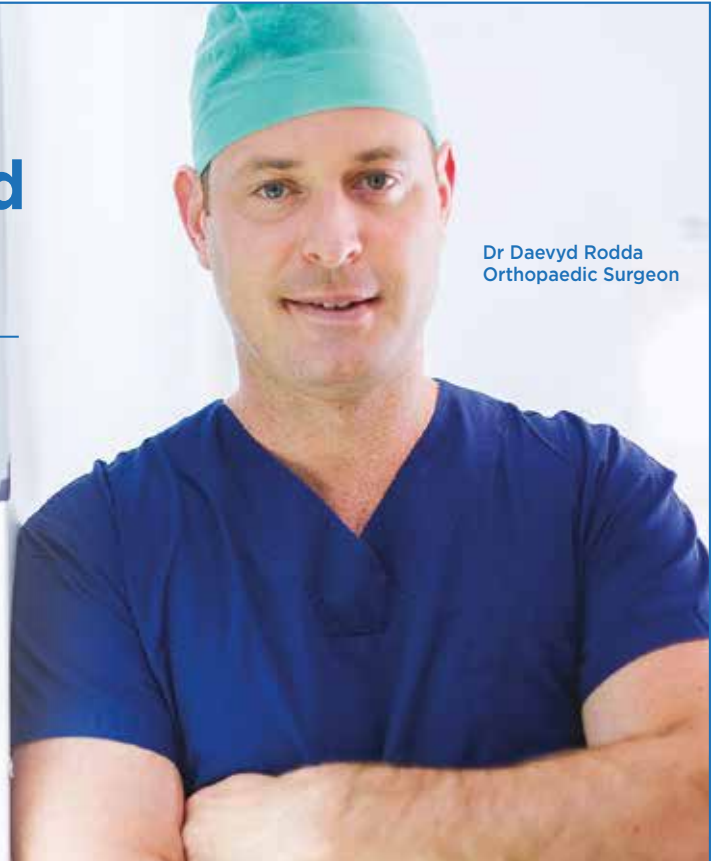
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An innovative approach to hip and knee replacement

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

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Dr Daevyd Rodda
Orthopaedic Surgeon

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SUNSHINECOAST
ORTHOPAEDIC GROUP



Dr David Cunnington
SPECIALIST SLEEP PHYSICIAN



Losing sleep over your patient's sleep problems?

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I have over 20 years of experience and hold national leadership positions in sleep medicine. I am a passionate advocate for healthy sleep. My research and commentaries in insomnia, sleep measurement, sleep apnoea and narcolepsy have been published in leading international journals and media outlets.

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- High quality, evidence-based, up-to-date care
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Website:
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Podcast:
Sleep Talk



SleepHub



Send referrals to
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Sunshine Coast Respiratory and Sleep | Vitality Village, Suite 501 5 Discovery Court Birtinya QLD 4575
Ph 07 5329 4130 | Fx: 07 5335 1684 | E: admin@screspiratorysleep.com.au | Medical Objects: 5502796F



*Leading Queensland Doctors
Creating Better Health*

PRESIDENT AND CEO REPORT



It's been a case of one step forward, five steps back in the past month. We saw a new nation-leading Public Ruling on payroll tax for all Queensland medical practices and an extension of time to register for the amnesty. We also saw the start of 60-day dispensing nationally, which will save patients time and money. But we also saw the unexpected and completely unwarranted expansion of the North Queensland pharmacy prescribing pilot to the entire state.

PAYROLL TAX



The Queensland Revenue Office (QRO) has given clarity to all medical centres, not just general practices, confirming direct payments from patients to practitioners are not subject to payroll tax liability.

This is a welcome relief for many different medical businesses that had been left in limbo since the release of the QRO's previous ruling in December 2022.

Non-GP practices should also now be included in the amnesty given this ruling applies to all specialists and other health businesses.

Our priority has always been to ensure practices do not have to pass this new tax onto their patients, and this decision means patients likely won't face extra fees when seeing their doctor.

We are working with our corporate partners to ensure this solution is practical and we urge all practices to contact their professional advisers for updated advice in time for the new deadline of 10 November 2023.

Read more on our campaign website ama.com.au/qld/campaigns/payroll-tax-campaign

PHARMACY PRESCRIBING

Like all medical groups, we were completely blindsided by Health Minister Shannon Fentiman's decision to expand the North Queensland scope of practice pilot to the entire state. This was announced by media release on World Pharmacist Day, with no consultation or advance warning for anyone but pharmacy lobby groups.

Minister Fentiman has not yet released full details of how many conditions will be covered under this pilot, or how it will be monitored and evaluated.

This is a reckless decision and an experiment with patient safety that will do nothing to address regional workforce shortages or reduce emergency department presentations.

We respect and value our pharmacy colleagues. They are experts in medication and provide an essential safety check, which is why there has traditionally been a separation between prescribing and dispensing.

We will continue to seek clarity on how this pilot will work, what training pharmacists will need, which conditions will be covered and how it will be monitored – all of which were missing under the UTI pilot.

Read more at ama.com.au/qld/news/NQ-pharmacy-decision-reckless
ama.com.au/qld/news/UTI-pilot-fails-stop-ED-presentations





*Leading Queensland Doctors
Creating Better Health*

60-DAY DISPENSING



Federal Agriculture Minister Murray Watt, a Queensland Senator, visited Family Doctors Plus in Windsor on 1 September to mark the start of 60-day dispensing.

Senator Watt described it as an important day for Queensland and estimated Queenslanders have already saved more than \$27 million this year from changes to the cost of Pharmaceutical Benefits Schedule (PBS) medications.

Dr Boulton took the opportunity to raise the impacts of payroll tax on medical practices around the nation.

Read the transcript ama.com.au/qld/news/Transcript-Doorstop-60-day-dispensing-vaccine-mandates-payroll-tax

MEMBER NETWORKING EVENT AND AMA AWARDS

We are inviting members to raise a glass with us to the end of 2023 with an AMA Queensland networking event on Wednesday 8 November.

AMA President Professor Steve Robson will be there to update us on how the federal body is working for us on issues from Medicare reform to hospital logjam. He will also present AMA Awards to three deserving Queenslanders who have done so much for our profession, our association and our community.

We can't tell you who they are until the night but believe us, you will want to applaud their achievements.

This event is free for AMA Queensland members but tickets are limited. Register here ama.com.au/qld/events/members-networking-event-brisbane-2023

ANNUAL CONFERENCE

It was an incredible privilege to be able to attend the AMA Queensland Annual Conference in the beautiful country of Portugal in September.

We were able to hear directly from our Portuguese colleagues about their experiences with drug law reform, which was particularly timely given the Queensland government's welcome moves in this direction this year.

Registrations are open for next year's conference, which will be in Athens, Greece.

RACGP AWARDS

In another honour, AMA Queensland President Dr Maria Boulton and her colleagues at Family Doctors Plus Windsor were named the RACGP Queensland General Practice of the Year and are in the running for the national award, to be announced at WONCA 2023 in October.

This is testimony to the altruism and dedication of the entire team at the practice to deliver high-quality care to generations of families.

Read more at ama.com.au/qld/news/Family-Doctors-Plus-named-RACGP-Queensland-General-Practice-of-Year-2023

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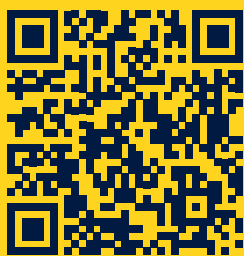
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MEDIA RELEASE

Tuesday, 26 September 2023

Decision to expand North Queensland pharmacy pilot reckless

The three main medical bodies representing Queensland doctors and patients are concerned at the state government's decision to radically expand its North Queensland pharmacy prescribing pilot.

The government will now allow pharmacists across the state to diagnose a range of serious conditions and prescribe and sell medications with no medical oversight.

This decision leaves patients at risk and will not resolve longstanding workforce issues in regional Queensland.

The Royal Australian College of General Practice, the Australian Medical Association, and AMA Queensland were not consulted about the expansion, despite taking part in good faith discussions about the NQ pilot.

AMA Queensland withdrew from a proposed one-hour working group meeting about the NQ pilot in August due to concerns about extreme confidentiality restrictions imposed by Queensland Health.

However, none of the medical groups were given notice of Monday's announcement, while supportive comments from pharmacy lobby groups were included in the minister's media release. The pharmacy lobby donated more than \$130,000 to both sides of politics in Queensland in just four months last year.

QUOTES ATTRIBUTABLE TO AMA PRESIDENT PROFESSOR STEVE ROBSON:

"It seems several state/territory governments are intent on pursuing policies that will fragment care and lead to poorer health outcomes and greater costs to the health system in the long term.

"Real innovation in healthcare delivery should put patients at the centre with GPs and pharmacists working in collaboration to deliver the best possible care for patients."

QUOTES ATTRIBUTABLE TO RACGP PRESIDENT DR NICOLE HIGGINS:

"As a GP in far north Queensland, I am concerned for the safety of my patients and our vulnerable regional communities.

"There is also a central conflict of interest in this pilot, as it removes the important separation between prescribing and dispensing, which is a basic safety mechanism in our health system. Instead, it sees pharmacists put in a deeply conflicted position where they will assess a patient's condition and gain financial benefit from selling them a medication.

"The state government has decided to ignore nationally agreed processes established to ensure safe and appropriate prescribing, as well as decisions made by the Therapeutic Goods Administration (TGA)."

QUOTES ATTRIBUTABLE TO AMA QUEENSLAND PRESIDENT DR MARIA BOULTON:

MORE CLASSIFIEDS

Dr Ajay Verma
M.B.B.S, MD., FRACP
SPECIALIST PHYSICIAN

Private Consulting Rooms
Phone: 07 5437 7390
Fax: 5302 6660

Pulse Oceanside Medical
Suite 604, Level 5
11 Eccles Boulevard
Birtinya Qld 4575

Nucleus Medical Suites
Building A, Suite 4, Level 2
23 Elsa Wilson Drive
Buderim Qld 4556

Dr Verma, as well as consulting at both locations,
has admitting rights to Buderim Private Hospital
and Sunshine Coast University Private Hospital

Email: reception@drajayverma.com.au

BUDERIM PRACTICE FOR SALE / TAKE OVER

I, Dr Raouf George, have been working as a GP at Buderim Health Centre for the past 10 years and have a wide patient base. Our GP clinic is central in Buderim at 12-14 King Street, adjacent to Sunshine coast Radiology, opposite Terry White Chemist, and close to Genesis Oncology and Haematology.

The clinic is fully equipped and is 150 metres square in size. There are five consulting rooms, a large treatment / procedure room, a kitchen and two toilets. There is a lab, allied health, and Ambulance access. The practice has great potential.

Due to recent circumstances, I have had to take time off work.

I would like to offer it for sale/take over to the right candidate,

Please feel free to call me to discuss further, ASAP.

Kind regards,

Dr Raouf George

drgeorgeraouf@gmail.com

M :0434 895 015 Home :07 5453 7219.

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"

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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

GP SEDATIONIST REQUIRED

The Nambour Day Surgery/ East Coast Women's Centre is a modern, licensed and accredited day surgery and women's health practice facility. We are situated in the Hinterland of the Sunshine Coast. The facility provides a full range of sexual and reproductive health services for clients from Brisbane to Gladstone.

We seek a dedicated professional, GP Seditionist, to join our close knit team in providing quality anaesthetic services for our clients.

The position is currently two to three days per week and remuneration is on a case payment basis. There is no requirement for work on weekends, public holidays or any on call shifts.

The Sunshine Coast offers an idyllic life style with some of the world's most famous beaches at its door step. The area is well serviced with all educational, recreational, health and other services. This position will allow you to enjoy all the opportunities the area has to offer.

Enquiries, please contact Dawn at Nambour Day Surgery 54763700 or email dawn@eastcoastwomens.com.au

April 2023

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April 2023

NOTE: CLASSIFIEDS FOR 2023

Always let us know if you no longer wish to advertise.

Limit words to 150 - include website if possible.

CONTACT: admin@sclma.com.au
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Email: reception @ drajayverma.com.au
March 2023

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- Uncompromising attention to detail

If you fit these criteria, please contact Katie at Vie Institute on info@plasticsurgeon.net.au or 0754792922 for further details

March 2023

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 - 28 SEPTEMBER 2023

Presenter: Dr Anthony Murray, Orthopaedic Surgeon, Knee and Hip Surgery

Topic: The past, present and future of joint replacement

Presenter: Professor Kim Greaves, Cardiologist and clinician scientist at Sunshine Coast

Presenter: Dr Lisa Beecham, Board Chair of Gold Coast Primary Health Network (GCPHN)

Topic: Country to Coast, Qld, Primary Sense – ‘real time’ decision support for General Practice



Left: SCLMA member Dr Krys Krzysztof, Dr Anthony Murray (Presenter) and Life Member Dr Wyn Lewis.

Above: Country to Coast, QLD's Jasmine Kellaway with Professor Kim Greaves and Manpreet Kooner.



OCTOBER CLINICAL MEETING

Thursday 26th October. Maroochydore Surf Club Function Room

Dr Ian Baxter, Bariatric & General Surgeon

“Bariatric surgery for diabetic patients – what operations should they have?”

Dr Pretissha Harrichund, Endocrinologist & General Medicine

“Medical Management of Obesity”

