



BLMA President's Message

Dr Bob Brown

I would like to welcome you to the "rebirth" of Synapse after many years of gestation. Synapse was the former newsletter of the Northside Local Medical Association (NLMA) from its inception in 1991.

As you may be aware, the NLMA became the Brisbane Local Medical Association (BLMA) some 18 months ago. The change in name was part of the strategy of expansion of our LMA to encompass all of the Greater Brisbane area.

We felt that, as the Southside has not had an LMA for over 8 years, it was time to re-introduce the medical family of Brisbane to one another. This of course, means all disciplines, both Private and Public. Also Senior and retired practitioners and doctors in training.

We have already a good number of new members, who are very welcome.

I have been involved in LMAs from 1982, formerly at Redcliffe (REDAMA) and then the NLMA. I initially joined Redcliffe from my practice in Boondall, as there was no LMA north of the river. I had been a solo GP from 1980 and I was feeling professionally isolated, and I wanted to meet fellow GPs as well as the Specialists from our area, which included North Brisbane as well as "Redcliffe and Districts".

The benefits of a Local Medical Association also extend to consideration of medical issues, both local and national. We have a long association with AMA Queensland and we have had several members who have been and are AMA Queensland office holders and councillors. We are an independent body, however, so our members do not need to be AMA members, although many are.

The Covid 19 pandemic put paid to our plans in 2020, but fortunately we have been able to get out and about, and I am both thrilled and excited by our growth in members as well as two very successful meetings, the June meeting our first in the South, at the Queensland Cricketers' Club. We have been able to do this with a wonderful team on the BLMA Committee, help especially from Drs Dilip Dhupelia and Ian Hadwen (old hands) but also new members being Drs Gail Tsang, Allan Phillips, Hasthika Ellepola, Felicity Jensen, James Collins and Doug Roche. All our team are active in the LMA and have been involved in individual endeavours within the BLMA. I thank them all.

I would like to thank Prof Chris Perry (AMA Queensland President), Dr Brett Dale (AMA Queensland CEO) and the hard working staff at AMA Queensland who are also very involved and enthusiastic supporters of our Association.

We would also like to thank the Metro North and Southside PHNs for having actively embraced a relationship with the BLMA. We intend to welcome relationships with other medical bodies as we progress.

Apart from our newsletter, we have almost completed a significant revamp of our website and we hope that you make good use of that. We will have interesting and informative articles and news of BLMA events, dinners, etc.

The BLMA will continue to have bimonthly meetings and alternate meetings between South and North venues. We have kept the venues in the wider central area of Brisbane, the August meeting at Victoria Park and October meeting back at the QCC at the Gabba.

Until next time,
 Bob Brown

UPCOMING EVENTS

THURSDAY 14 OCTOBER
BLMA Meeting

FRIDAY 26 NOVEMBER
Brisbane LMA Christmas Party

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The Brisbane Local Medical Association welcomes contributions from members, especially **"Letters to the Editor"**.

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October 2021 (Issue 2) Newsletter

Deadline will be Friday 1 October 2021

- ▶ Would you like to comment or suggest articles to be published?
- ▶ What would you like to see in the newsletter?

Our circulation via email, post and online reaches medical practitioners all over Brisbane!

Contact: Renee O'Brien
Email: r.obrien@amaq.com.au
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Are You a Member?

If you are not a member and wish to join, please contact the Secretary.

Enquiries: Dr Ian Hadwen
Email: hadmed@powerup.com.au

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Brisbane North PHN Chief Executive Officer Libby Dunstan and Board Chair Dr Anita Green



Brisbane South PHN Chief Executive Officer, Mike Bosel and Board Chair Professor Cindy Shannon, AM

Introducing your local Primary Health Networks (PHNs)

It may have become somewhat of a cliché now, but the pandemic catchphrase, 'We're all in this together' is still very relevant to the bond Primary Health Networks (PHNs) share with primary healthcare professionals. It is an important relationship that dates back decades, back to our genesis as Divisions of General Practice, and we are pleased to extend our support to the Brisbane Local Medical Association.

Officially, the objectives of PHNs are to: increase the efficiency and effectiveness of medical services for patients—particularly those at risk of poor health outcomes; and to improve coordination of care to ensure patients receive the right care, in the right place, at the right time. Unofficially, there is almost no challenge we will not take on, if it results in a better, more integrated, local healthcare system and we can secure funding for it.

This first newsletter column, prepared jointly by Brisbane North and Brisbane South PHNs, is a 'broad brush' attempt to summarise some of the wide variety of programs we deliver to support local doctors and their patients – with a smattering of recent news.

While primary care support will always remain core business for PHNs, across Brisbane we have also turned our attention to aged care, mental health, suicide prevention and Indigenous health, acknowledging the co-dependent nature of services in promoting good health.

For example, both Brisbane PHNs have recently collaborated on an easy-to-follow **referral guide (bnphn.org/AC-refer)** to help GPs, specialists and other health professionals in supporting their patients to access aged care services. Developed in consultation with healthcare professionals, the resource reflects referral options for aged care Australia-wide and consumer guides for relevant aged care programs.

Such initiatives add to the array of aged care offerings designed to support healthy ageing through primary care integration. These include the PHN-led healthy@home consortium, which provides Commonwealth Home Support Program services across Brisbane North and which pioneered a support worker led in-home exercise and wellness program called Active at Home. Brisbane South PHN's Healthy Ageing Hubs

is a pilot of 5 community hubs, which create local links to primary healthcare and empower older people, their families and carers. Workshops on everything from healthy eating and exercise to palliative care, help older people to confidently manage their own health and wellbeing in the community.

Focusing on First Nations peoples, and working with the Institute for Urban Indigenous Health (IUIH), the PHNs are aiming to improve uptake of mainstream healthcare services by First Nations peoples.

IUIH program manager Peter Boney will co-locate himself one day per week at the Brisbane North PHN offices, from where he will work with PHN staff on strategies designed to Close the Gap in health and life expectancy among First Nations Australians.

One of his priorities is to provide an RACGP-approved training program that will help general practices and other healthcare providers turn best intentions for First Nations patients into culturally safe practices. Practice staff will come away from the training with deeper knowledge of services they can use free of charge to help First Nations patients achieve better health. The next session is scheduled for 6 November 2021 at the Everton Park Hotel, 101 Flockton Street, Everton Park. To register, email itc@iuih.org.au.



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Brisbane South PHN's strong focus on people experiencing domestic and family violence (DFV), led to the development of the Recognise, Respond, Refer (RRR) program. The program aims to support a broader system response to DFV, bringing together primary healthcare professionals and specialist services to improve outcomes for individuals and families.

RACGP-accredited training explores practical measures to help GPs support patients. It encourages a 'whole of practice approach' to build capability and confidence in healthcare professionals at a practice level to support those affected by DFV. The RRR program has also established the Domestic and Family Violence (DFV) Local Link, a one-point of referral service for patients affected by DFV, to open pathways to safety, and to connect practice staff to support. The program has been well-received by GPs and DFV specialists alike, who attest to its success at breaking down barriers and bringing together key services for at-risk patients.

Supporting practices with quality improvement continues to be a strong PHN focus. Thirty-two Quality Improvement (QI) toolkits for general practices have been published by Brisbane North and Brisbane South PHN's, covering everything from specific conditions to mental health, prevention and creating quality records. Activities are documented in online practice plans, ensuring QI progress can be saved for accreditation and PIP QI reporting.

Both PHNs have activated digital channels to help reduce pressure on emergency departments. Brisbane South PHN's Emergency Choices campaign and Brisbane North PHN's Anytime Health Advice campaign websites were relaunched and supported by targeted digital and social media campaigns, aimed at enabling communities to access the right healthcare at any time.

Of course, COVID-19 currently shapes everything we do as PHNs, especially the support we provide to primary health professionals. Whether it was distribution from the national

PPE stockpile in the early days of the pandemic, or setting up GP respiratory clinics and vaccination hubs more recently. The response of primary healthcare professionals to these challenges has provided a true reflection of their incredible commitment to supporting our local communities, and we have been proud to support you in this.

As PHNs we maintain an unwavering focus on the people we serve, driven by addressing health inequities and inequalities and drawing on our partnerships to support the best possible health and wellbeing outcomes for people and communities in our regions. Our analysis, planning and implementation is built on meaningful and measurable engagement, partnership and collaboration, and we continue to work with primary healthcare professionals to support positive, sustainable shifts in the health and wellbeing of our communities across Brisbane.



Women in Medicine

BREAKFAST 2021

Reality Bites – everyday leadership, advocacy and impact

**THURSDAY 7 OCTOBER | 7AM – 9AM
MARQUEE, VICTORIA PARK, HERSTON**

qld.ama.com.au/wim2021

Take the time to join us for a motivating and uplifting morning of support, networking and advice.

The morning will be chaired by Dr Mellissa Naidoo who will be joined by panelists Dr Rhea Liang and Dr Alex Markwell.



Keeping calm: ten tips for managing confronting patient situations

Dr Patrick Clancy and Rocky Ruperto

Patients demanding a brand of COVID vaccine or refusing to wear a mask, insisting on a telehealth appointment, or exploding with pent-up fear, stress or frustration. We know doctors have been seeing the lot over the past 18 months. We hope these tips will help.

Tip No. 1: Set boundaries

When confronted by someone making demands or threats, it can be especially difficult to respond if you are not sure of your ground.

You have probably already been faced with challenging behaviours from patients and families.

Put up signs on the front door of your practice, in the waiting room and on your website and social media platforms reminding patients that you have zero tolerance towards aggressive and bullying behaviours. Also, consider having patients agree to these policies when they join your practice.

It can be useful to think through some scenarios and make sure your team know how to respond.

Tip No. 2: Develop a practice complaints policy

Having a practice complaints policy is helpful to ensure a consistent and fair approach to complaints.

Other practice policies can deal with health and safety issues, including prescribing drugs of dependence. It is important policies are not discriminatory. Ensure that all staff know that they should report all poor behaviour and they should be supported when they do this.

Don't forget you also need a plan to review and update policies as circumstances change.

Tip No. 3: Keep calm

If an encounter is violent, everyone should try to remain calm, avoid inflaming the situation, summons assistance or get to safety if necessary.

Make sure you are familiar with your practice or hospital policy and how to get help, including from the police and from security services if available.

Tip No. 4: Keep safe

Your practice may experience incidents ranging from complaints to aggression, threats or physical violence. Make sure you and your colleagues are safe.

Ensure that all your team members, especially reception staff, have a safe exit if they are faced with an aggressive patient.

**Tip No. 5:
Avoid being defensive**

Our normal human response is to defend ourselves against aggression or unreasonableness. However, it is often better to try to just listen and avoid responding defensively. Allowing the patient to have their say may be enough to defuse the situation. It may also help you understand the source of their distress, which might not be the issue that has triggered their reaction.

**Tip No. 6:
Acknowledge concerns**

Acknowledging someone's experience and expressing empathy can be very powerful. Even if you think someone is being unreasonable, you can still recognise their concern and show you are trying to understand.

You can also say you are sorry they had that experience and acknowledge their feelings. This is not an acknowledgment of legal responsibility and it might be another step in reducing the temperature of the encounter.

**Tip No. 7:
Avoid being manipulated**

Be careful not to compromise patient care by giving in to inappropriate demands. A patient may for example threaten a complaint or legal action if you do not prescribe a particular drug, or give them particular treatment. Such patients may firmly believe they are entitled to this and you are unlikely to be able to persuade them otherwise.

Having clear guidelines or policies can help ensure patients get a consistent message about what is reasonable. Do try to assist the patient within acceptable boundaries, but be prepared to say no and seek help from a colleague if necessary.

**Tip No. 8:
Know your own limits**

Being under stress ourselves may make us more likely to react in a way that escalates a situation.

It may sound trite but taking a few breaths and observing your own reactions can give you space to choose how you want to respond. It is also helpful to be aware of your body language and tone of voice – try to keep calm, use a neutral tone and adopt an open body posture.

Consider also whether you are the best person to deal with the situation. A colleague may be more experienced or have a better relationship with the patient. Good practice plans also include ways to get someone else to step in if needed.

**Tip No. 9:
End patient care**

Doctors are not compelled to continue care of a patient where they:

- ▶ hold genuine concerns about their own safety or the safety of staff
- ▶ consider that mutual trust within the doctor-patient relationship has been lost.

However, if you do decide to terminate your care of a patient, you need to ensure the patient has an opportunity to access their care requirements elsewhere. You have an obligation to provide care in an immediately life-threatening emergency.

To give you confidence that steps you take are reasonable in the circumstances, it is useful to contact your MDO for advice before you seek to end a treating relationship.

**Tip 10:
Document what occurred**

Take care to document any confronting situations in detail. Make sure notes in the patient record

are factual and objective as the patient or others may read these. Sometimes it will also be appropriate to make a detailed incident report in the practice records, separate from the patient's clinical notes.

Further reading

For more information, please visit the Avant Learning Centre.

avant.org.au/avant-learning-centre

Avant resource: COVID-19 Frequently Asked Questions

avant.org.au/covid-19

Avant factsheet: Safety awareness in your practice

avant.org.au/Resources/Public/safety-awareness-in-your-practice

Avant factsheet: Managing difficult patients

avant.org.au/Resources/Public/managing-difficult-patients

Avant factsheet: Managing differences: care and compliance

avant.org.au/Resources/Public/Managing-differences-care-and-compliance

Avant factsheet: Managing patient expectations

avant.org.au/Resources/Public/Managing-patient-expectations

Avant factsheet: Ending the doctor-patient relationship

avant.org.au/Resources/Public/20140903-How-to-end-the-dr-pt-relationship

Dr Patrick Clancy is a senior medical advisor with Avant's Advocacy, Education and Research team and is based in Brisbane. Previously, he was a member of a state medical board. He has also been an owner and director of general practices.

Rocky Ruperto is Avant's Legal and Policy Officer. In this role, he advocates for changes to health-related legislation and policy. He also helps members directly as one of the solicitors working with Avant's Medico-legal Advisory Service.

Invitation

Updates and management of complex skin cancers

GP dinner meeting

InfinityPATH and GenesisCare invite you to join us for dinner and an interactive evening of specialist updates and patient case discussion focusing on the diagnosis and management of complex skin cancers.

Speakers:



Dr Karl Rodins
Dermatologist, Northern
Dermatology Dermatopathologist,
InfinityPATH
Intraepidermal Carcinoma



Dr Muhammad Hussain
GP & Principal,
Medical Zone Family Practice
and Skin Cancer Clinic
Pigmented lesions



Dr David Schlect
Radiation Oncologist
GenesisCare
Complex NMSC and wide field cancerisation

Date: Wednesday 8 September 2021
Time: 6:00pm – 9pm (6:30pm start)
Venue: North Lakes Hotel
22 Lakefield Drive, North Lakes QLD 4509
RSVP: RSVP by 31 August via QR Code
or contact



Scan to register for this event.



254791

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Places are limited,
register now.



Meet the BLMA Committee

President

– Dr Robert (Bob) Brown

Dr Robert Brown has a distinguished career in General Practice. For over 30 years, he has owned medical practices on Brisbane's Northside, initially as a sole owner before amalgamating with Dr Graham McNally to form a large and successful group general practice.

Throughout his career, Dr Brown has positively contributed to the medical profession through his

leadership on peak bodies and other advocacy groups.

Dr Brown is a former President of AMA Queensland and current President of the Brisbane Local Medical Association and also the President of the Medical Benevolent Association of Queensland.

He is the current Chairman of the Repatriation Pharmaceutical Review Committee, former Chairman of the GP Forum and former Convenor and Deputy Chairman of the Australian Medical Association Council of General Practice



Dr Bob Brown

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Work, Health and Safety requirements

Monday 27 September 2021 | 10am to 11am

It's crucial employers are aware of their Work, Health and Safety obligations. This webinar will provide an overview of relevant legislation and how it applies to your practice. It will explore the extensive changes that workplaces, in particular the health industry, have undertaken as a response to the new Work, Health and Safety challenges as a result of the pandemic. This webinar will also provide a general understanding and overview of an employer's obligations around consultation and how to talk to your staff about safety, including getting them to understand their own obligations under legislation.

Complaints and grievance management

Monday 22 November 2021 | 10am to 11am

No matter the length of time you have been managing employees, receiving a grievance complaint can be daunting, and there is often confusion around what to do next. Employers bear the responsibility of promptly responding in an appropriate way, whilst considering procedural fairness for all involved and any legislative considerations. A mishandled complaint can result in angst in the workplace and loss of quality staff, and in some instances, even a diminished organisational reputation. This webinar will cover the types of complaints you may receive, ways to respond and tips for preventative measures.



Enabling Choice

When I speak to new clients they often have similar challenges, the most common being that they don't have 'choice'.

Choice can be many things to many people, whether that be reduced hours, travel or dedicating more time to family, hobbies, charities and other interests or causes. Having choice often comes from knowing they have done enough, saved enough, and invested enough, to allow them the choice of doing something different.

Achieving that choice and knowing what that looks like is often the desired goal, and at q4 financial we help, guide and challenge our clients to achieve this.

Previously a safe and comfortable retirement was viewed as the ultimate goal, however we are seeing people now continuing to work in their chosen field for longer given their passion for what they do. It is from this perspective we are seeing people not looking to retire in the traditional sense, but rather looking for choice to be able to work, play and enjoy their lifestyle as they see fit.

One of the aspects that makes what we do different is the way we approach financial advice and planning. It's why we have the q4 framework, and the overarching philosophy of 'make your money work for you', by ensuring each element is employed so that our clients achieve their financial goals sooner.

Having the choice, by knowing they have done enough, saved enough and invested enough, is a powerful motivator and one thing is for sure, it is never too late to start.

Of course, the sooner someone can start their financial journey by making changes today for tomorrow, the smoother and less painful the path. We always start with an understanding of where our clients are today, and then where our clients wish to be by when. Then it is a matter of planning and regular check-ins to ensure they're heading in the right direction.

It is not a set-and-forget strategy but a journey that requires monitoring, adjusting, sacrifice, and celebrating the progress to ensure our clients get to their ultimate destination with the least amount of risk and time. If we are clear on where we wish to be, everything else becomes much more achievable.

One of my most satisfying professional moments in my short career (I say short as I hope to continue this journey for many more years to come) was a conversation with a long-term client.

"Do you realise that you have enough assets, which will pay you sufficient income for the rest of your life, and you do not need to turn up for work tomorrow or ever again?"

His face, his appreciation for such confirmation, and confidence in that statement changed his world. Imagine the spring in his step, the next time he walked into his practice – because he chooses to be there.

Everyone's journey is different and we see our role as helping clients understand where they are today, where they would like to be by when, and what exactly we can do to ensure they get there and live the life they deserve.

Supporting clients to have 'choice' is why we do what we do.

Article by Kelly Hill, Director at q4 financial
For further information contact 07 3171 4255

Dr Matt Cadman



Brisbane North PHN & Metro North HHS GP Liaison Officers (GPLOs)

Dr Meg Cairns



The General Practice Liaison Officer program is a partnership between **Metro North Hospital and Health Service (MNHHS)** and **Brisbane North PHN**.

- ▶ Provide support to mental health, women’s health, gastroenterology, rheumatology, aged care & more hospital specialist teams and assist in development of Health Pathways

Dr James Collins



The Brisbane North **GPLOs** are a team of experienced medical officers with a general practice background who work part-time for Brisbane North PHN and Metro North Hospital and Health Service.

- ▶ designing and implementing shared care models and improving GP advice options

- ▶ outpatient redesign to improve patient care and **outpatient referral guidelines**

- ▶ Responding to GP enquiries

- ▶ providing GPs with regular communications through the PHN’s fortnightly newsletter “**Network Link**” – we encourage all GPs in the area to subscribe to.

GPLOs have also been involved in discussions in regards to COVID-19 and the vaccination role out – **COVID-19 vaccination referral guidelines** can be found here.

Recently the GPLOs have been providing support with programs such as the **Virtual Emergency doctor** which is available to take calls from Brisbane North GPs to support alternative services such as rapid access to services normally only available to the emergency department.

Contact Us

If you want to contact the GP Liaison Program, please email mngplo@health.qld.gov.au

The GPLOs bring unique insights to improving system integration between hospital and primary care services and are involved in key meetings on how to improve the patient care journey from primary care to the hospital and back to primary care.

The GPLOs are involved in many areas to improve support for primary care including:

- ▶ an ongoing program of GP education events from hospital specialists– see **Past GP events resources** online

- ▶ practice visits (currently available online via Zoom or Teams) as requested, to support the use of integrated systems including **Health Provider Portal (The Viewer)**, **GP Smart Referrals** and Health Pathways

- ▶ working to improve discharge and clinical handover from hospital and enhancing continuity of care

- ▶ providing advice to key working groups and contributing to the development of pathways of care, state-wide referral guidelines and action plans

Dr Fabian Jaramillo



Dr Noela Kwan



Dr James Martin



Dr Kylie Norris





In a time when your careers have never been more eventful, we want to help create at least one event you'll love.

With restrictions easing, it's time to step away from your practice and book your next presentation, meeting or celebration event with us. Available for intimate groups of 40 people up to parties of 400, our unique event spaces with unsurpassed panoramic views of The Gabba, tantalising menus and undeniably renowned service every time, will ensure you create an inspired event like no other. So go on, you've helped all of us, let us help you!

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*QCC is a COVID-Safe workplace and is following the Government approved COVID-Safe plan.



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L-R Lisa Lee, Casey Riches, Michelle Reynolds, Alison Skiba

Metro South HHS GP Liaison Officers (GPLOs)

The **GPLO Teams** are in a unique position at the interface of primary care and **Metro South Health** to provide guidance and support to both primary and hospital sectors to promote healthcare integration and innovation. Providing face-to-face in practice support to primary care in collaboration with the **Brisbane South PHN**.

Typically, the GPLO team will visit approx. 40 practices per month, unfortunately this has been suspended due to COVID-19. To provide ongoing practice support virtual education has been commenced, particularly in driving the GP Smart Referral Project.

Another unique feature of our nurse lead GPLO model, is providing support to primary care via a telephone support service. As evidenced by our monthly statistics, there has been an increased uptake in GPLO assistance. Assistance

provided by the GPLO team ultimately improved the patient journey through Metro South Health Services.

The GP Liaison Officers (GPLOs) are available to support and assist GPs, practice managers and staff with:

- ▶ face to face, phone or email support
- ▶ assistance with registration to the Health Provider Portal to gain read-only online access to your patients' Queensland Health (QH) records
- ▶ providing information and guidance on referral pathways and navigating Metro South Health services
- ▶ supporting clinical handover between primary and secondary care, including assistance with electronic transmission, STS addressbook and secure messaging

- ▶ being an escalation point and communication pathway for feedback
- ▶ being a conduit between **central referral hub**, outpatient departments, specialists and primary health clinicians to support understanding and improve the patient journey

Contact Us

Email:
GPLO_Programs2@health.qld.gov.au

Telephone:
1300 364 155 – option 2
or 07 3156 4349
or 07 3156 4378



AMA Queensland Update

qld.ama.com.au



*Prof Chris Perry OAM
AMA Queensland President*



*Dr Brett Dale
AMA Queensland CEO*

WORKING FOR QUEENSLAND DOCTORS

We are delighted to support the reinvigoration of the Brisbane Local Medical Association and to provide an update on our advocacy for doctors throughout the state. As we start August, we are now into the fourth lockdown for Queensland this year. Brisbane has endured the worst of each lockdown with significant social and economic impacts. While the lockdowns are necessary, we must continue to chart a course out of COVID-19 and continue to encourage community vaccinations and to follow all public health directives to curb the spread of this deadly virus. In this update, we have information on state and federal government support available to businesses, such as our GP and non-GP specialists, impacted by this latest lockdown, as well as updates on other advice and advocacy including Voluntary Assisted Dying (VAD) legislation, emergency department ramping and more.

COVID-19 UPDATE

Business support available

The lockdown in South East Queensland places many businesses, including private practices, under immense financial pressure. There is state and federal government support available to help your practice and staff.

The Queensland Government will provide \$5,000 payments to businesses across Queensland affected by the current COVID-19 lockdown and lockdowns in other states. These grants will open mid-August and more information is available on business.qld.gov.au. The Federal Government has two support packages available. Firstly, the COVID-19 Disaster Payment provides \$750/week if employees lose 20 hours or more of work or \$450/week if they lose between 8-20 hours. Secondly, the Pandemic Leave Disaster Payment is a lump sum of \$1,500 per 14-day period an employee is unable to work due to self-isolating, quarantining or caring requirements. More information for both federal programs is available at servicesaustralia.gov.au.

2021-22 PAY RATES SUMMARY OUT NOW



Please contact the Workplace Relations Team at workplacerelements@amaq.com.au for further advice and assistance.

Employers must also be aware of the pandemic leave rules under the Modern Award. Members can contact our Workplace Relations team on workplacerelements@amaq.com.au if they need advice.

Long Telehealth consultations for hot-spots

General practices are now able to use specific MBS item numbers to provide telehealth services to people living in locations declared to be a COVID-19 hot-spot. This includes the Shire of Noosa and the Sunshine Coast Region Local Government Areas. These areas will remain a hotspot until 8 August.

The two new MBS items, 92746 for GPs and 92747 for other medical practitioners enable the provision of longer telephone consultations, lasting 20 minutes or more, to people who are in a Commonwealth declared COVID-19 hotspot or required to isolate or quarantine because of a public health order. The new MBS items are exempt from the 'usual medical practitioner' rule that requires a patient to have received a face-to-face consultation

from the medical practitioner or the practice in the last year. Head to the Support for *People in COVID-19 Hotspots* web page on the Department of Health website to find out more.

Advocacy win for GPs PPE

We have been consistently lobbying for GPs to have greater supplies of PPE and welcome the Federal Government's announcement that Queensland GPs in declared hotspots can access PPE from the National Medical Stockpile through their local PHN. This includes surgical masks, N95 masks, gloves, gowns and goggles. We are here to support our members and advocate for the medical profession in Queensland and are pleased to see this supply of PPE for our GPs. Contact the Central Queensland, Wide Bay, Sunshine Coast PHN to place your order.

Pfizer for 12-15 year olds

ATAGI has updated their vaccination advice for children in high risk groups aged between 12 to 15 years old. From Monday 9 August,

children with either specific medical conditions, who identify as Aboriginal and Torres Strait Islander or live in a remote community will be able to receive a Pfizer-BioNTech COVID-19 vaccine. While we welcome this advice, the demand for Pfizer outstrips demand and we are urgently lobbying for more vaccines.

NEW PAY RATES SUMMARY RELEASED

The Panel of the Fair Work Commission decided to increase the minimum modern award rates of pay by 2.5 per cent. For the health care sector, this increase took effect from 1 July 2021 and impacts employees covered by industry modern awards, such as the Nurses Award 2010 and the Health Professional and Support Services Award 2020. Our Workplace Relations Team has updated our Pay Rates Summary for 2021-22, which is available to all members. Members can access this information on our website or speak with our Workplace Relations team.



VOLUNTARY ASSISTED DYING

We have continued to represent members' views in our response to Health and Environment Committee who are overseeing the review of the draft VAD legislation. Our key feedback included the:

- ▶ addition of the word 'incurable' to the eligibility criteria;
- ▶ ability for doctors to conscientiously object;
- ▶ changes to federal law governing telehealth to allow its use for VAD;
- ▶ self-administration of VAD substances should not be the default option but that patient choice should be the key determinant;
- ▶ requests to access VAD by patients remain enduring and that Advanced Health Directives are respected; and
- ▶ referral to a psychiatrist to only occur if deemed necessary by the coordinating medical practitioner.

The Queensland Parliament will have a conscience vote on VAD in September.

STATE BUDGET RESPONSE

The Queensland Government produced a health budget focussed on bricks and mortar rather than patient care and the wellbeing of doctors. While we welcome the \$2 billion Hospital Building Fund, we need leadership, innovation and investment to find solutions that will address access block now. We need to move patients through the hospital system and stop the ramping crisis that is crippling Queensland. Not only do we need hundreds more staff in intensive care, mental health and general wards, we must also recognise the difficult conditions doctors and all health workers are experiencing and invest in their care and support. Rural Queensland did not receive adequate support in this budget with no allocation for specialist maternity care, mental health and pain management services. There was no additional funding for palliative care, underwhelming investment in Indigenous health and no training for much needed addiction medicine specialists. Read our full response to the State Budget, *Doctors disappointed by Budget* on our website.

RAMPING ROUNDTABLE

We held our first AMA Queensland Ramping Round Table in June, convening a group of 10 diverse health experts from across Queensland to develop new ideas and solutions to address access block in our hospitals. Not only do we need more beds but also we must use the beds we have more efficiently.

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

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

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

VMOS – WE ARE PAGING YOU!

Our industrial relations partner, the Australian Salaried Medical Officers’ Federation Queensland (ASMOFQ), recently achieved significant progress in its work to provide Visiting Medical Officers (VMOs) coverage under the upcoming Medical Officers’ Certified Agreement (MOCA 6). At the end of 2020, ASMOFQ obtained a guarantee from the previous Health Minister that VMOs will be included under MOCA 6, together with Senior Medical Officers (SMO), Registrars and Resident Medical Officers. ASMOFQ are also continuing to negotiate with Queensland Health, on behalf of VMOs, for better entitlements and protections, without compromising on remuneration or flexibility.

For example, they want to ensure VMOs receive the same two pay increases of 2.5 per cent respectively over the next six months, in line with all other Queensland Health employed doctors. The AMA Queensland VMO Committee has also been reactivated and wants to hear from VMOs in a variety of hospitals and specialties. A deep understanding of the issues facing VMOs is needed to establish the best-negotiating platform for MOCA 6 so please contact us on amaq@amaq.com.au or phone (07) 3872 2222 if you would like to join the committee.

EVERY DR NEEDS A GP

AMA Queensland identified the need to encourage doctors to take care of their own health and devised the *Every Dr Needs a GP* campaign.

It can be tricky for a doctor to be a patient and for a doctor to be comfortable treating another doctor, but the reality is, every doctor needs a GP to provide objective health advice and support.

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



Doctors, are you taking care of your own health?

Every doctor needs a GP, someone who knows your medical history, understands your needs and can give you objective advice and support.

Head to the AMA Queensland website for more information.

qld.ama.com.au



**DOCTOR Q INTERVIEWS
HEALTH MINISTER**

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

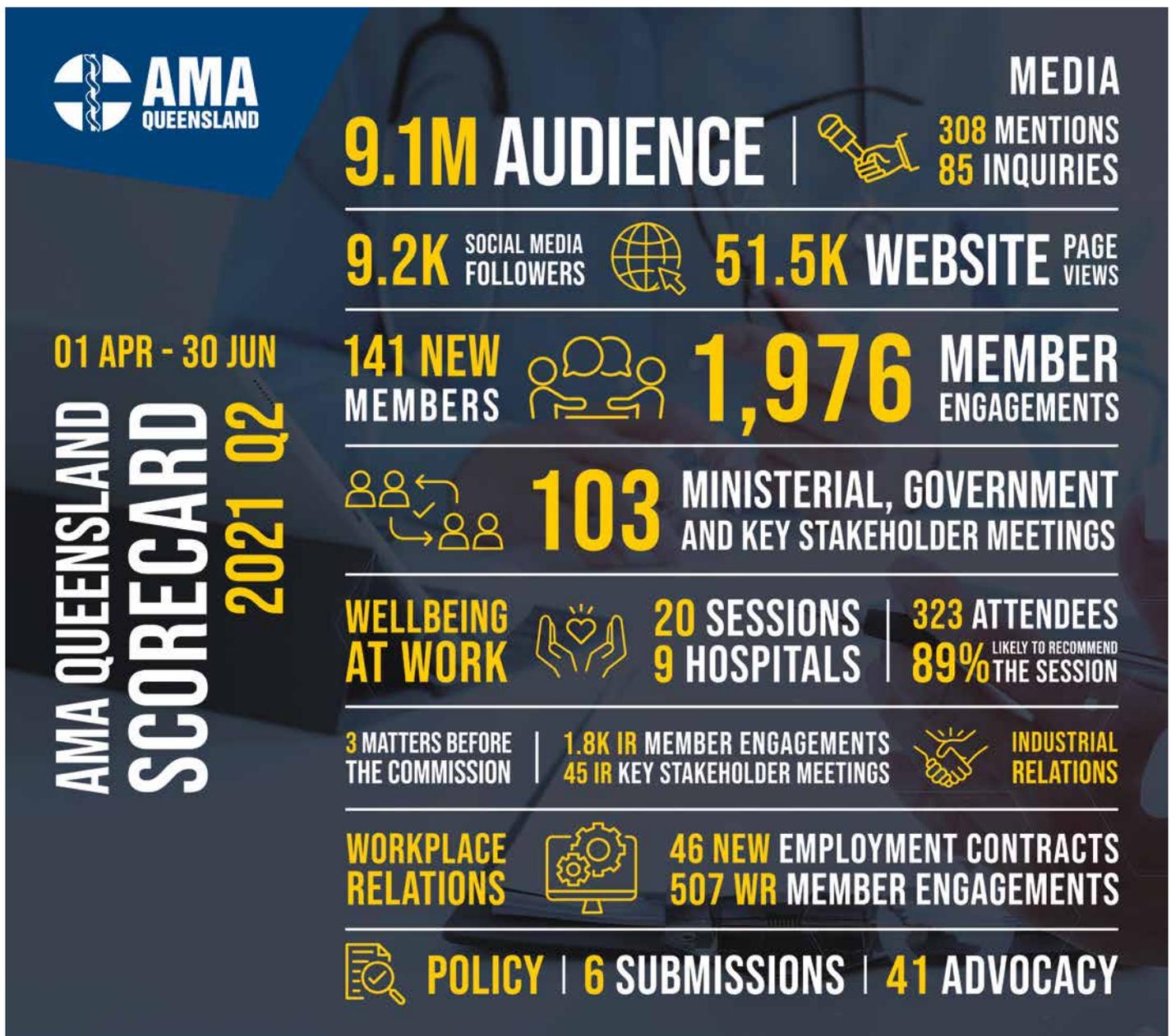
We are always keen to hear your feedback so please let us know if you have any suggestions for content and articles you would like to see in our flagship magazine.

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

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

**AMA QUEENSLAND
SCORECARD**

The AMA Queensland Scorecard outlines our key achievements and results delivered in the second quarter of 2021. It highlights our extensive work to advance the medical profession in Queensland and our support for doctors in the delivery of exemplary health care for the community.





AMA Queensland's Member Get a Member Program

YES JOIN ME UP!

AMA Queensland's Member Get a Member program offers existing members the opportunity to introduce new doctors to join AMA Queensland with financial incentives attached.

We are pleased to announce a special member offer for the Brisbane Local Medical Association (BLMA), if you refer a new member to AMA Queensland, your 25% discount incentive will directly go to the BLMA.

To receive this special offer, please complete this form and note BLMA as the referrer and return to membership@amaq.com.au or alternatively join online here: join.ama.com.au, please note BLMA as the referrer when prompted.

AMA QUEENSLAND MEMBERSHIP APPLICATION FORM

CONTACT DETAILS: (Please print BLOCK LETTERS in blue/black ink)

Registered First Name: _____		Registered Last Name: _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth: / /		
Postal/home address: _____			
Suburb: _____	State: _____	Postcode: _____	
Home phone: _____	Mobile: _____		
Email: _____			
PRINCIPAL PRACTICE ADDRESS:			
Practice Name: _____			
Principal practice address: _____			
Suburb: _____	State: _____	Postcode: _____	
Preferred mailing address: Home <input type="checkbox"/> Business <input type="checkbox"/>			

SENIOR MEDICAL PRACTITIONERS (Please tick)

Full-time medical practitioner	_____
Part-time 21 - 30 hours per week	_____
Part-time 11-20 hours per week	_____
Part-time up to 10 hours	_____
Maternity Leave	_____
Craft Group:	_____
Employed as:	_____

JUNIOR MEDICAL PRACTITIONERS (Please tick)

Postgraduate Year	_____
PGY1	_____
PGY2	_____
PGY3	_____
PGY4*	_____
PGY5*	_____
<i>*A 50% discount off the fee is available if you are sitting an exam</i>	

Visit qld.ama.com.au/rates for current rates

VISITING MEDICAL OFFICERS:

Private hospital VMO: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
If yes, location:	_____
Public hospital VMO: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
If yes, location:	_____

EMPLOYED AS: (Please tick)

GP Registrar <input type="checkbox"/>	Intern <input type="checkbox"/>	Registrar <input type="checkbox"/>
Resident Medical Officer <input type="checkbox"/>	Senior Registrar <input type="checkbox"/>	
Current Hospital: _____		
Training Pathway: _____		
Expected Completion Date: _____		



AMA QUEENSLAND MEMBERSHIP APPLICATION FORM

**NO PENALTY FEES APPLIED
TO MONTHLY PAYMENTS**

I hereby apply to be elected to a member of the Australian Medical Association and the Australian Medical Association (QLD), and agree if elected, to observe the principles stated in the declaration of Geneva and the Code of Ethics.



AUSTRALIAN SALARIED MEDICAL OFFICERS' FEDERATION QUEENSLAND, INDUSTRIAL ORGANISATION OF EMPLOYEES

ASMOFQ/ASMOFQB: (please tick)

This AMA Queensland membership application includes application for membership with the Australian Salaried Medical Officers' Federation Queensland, Industrial Organisation of Employees (ASMOFQ) and the Australian Salaried Medical Officers Federation Queensland Branch (ASMOFQB).

By signing this application you agree to abide by the rules and policies of ASMOFQ and ASMOFQB as amended from time to time.

Yes, I am a salaried medical practitioner and would like Queensland Branch of ASMOF membership

WERE YOU REFERRED BY AN AMA MEMBER:

Yes No Name: _____

DID YOU GRADUATE FROM YOUR MEDICAL DEGREE OUTSIDE OF AUSTRALIA OR NEW ZEALAND?

Yes No

WHAT WOULD YOU LIKE FROM YOUR MEMBERSHIP:

Why are you joining AMA Queensland: (Please tick)

Workplace and industrial relations support and advice

Belonging to the peak medical professional body

Lobbying health policy areas

Professional resources and training

MOCA Negotiation

PAYMENT DETAILS:

Annual Monthly \$ _____

Amex Visa Mastercard

Card number:

Expiry date: _____ / _____

I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter as nominated above monthly I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing. In the event that my application for membership is not approved AMA Queensland will refund any subscription amount paid.

Cardholder's name: _____

Signature: _____

ADDITIONAL DECLARATION:

Do you have or have you ever had a suspension, condition/s or other restriction/s placed on your registration or been subject to criminal proceedings?

Yes No

If yes, forward an extract of the orders made and any convictions recorded to the General Manager of Membership via email membership@amaq.com.au for further review with your application for membership.

WHAT HAPPENS NEXT?

Upon receipt of your application, your payment will be processed. Your subscription is subject to approval by the Board of AMA (QLD). This occurs on the last working day at the end of every month. The approval can take up to three (3) working days. Upon approval you will receive a membership pack.

Please note if you are requiring immediate workplace relations workplace relations assistance, or access to any member benefits (including vehicle benefits), then your membership must be paid in full to be able to access these benefits.

Do you have an ongoing or pre-existing workplace issue?

No Yes

Please be aware if you have an ongoing or pre-existing issue AMA Queensland reserves the right to determine the level of support they can provide for you.

I undertake to observe the rules and by-laws of the Federation and understand I will be provided with a copy of the constitution upon request.

Signature: _____ Date: / /

YOUR MEMBERSHIP IS TAX DEDUCTIBLE



History of the Northside Local Medical Association, lately the Brisbane Local Medical Association.

Local Medical Associations have been dotted on the medical landscape since the end of World War II. The first in Queensland was the Toowoomba and Darling Downs Medical Association, formed in the late 1940s. Redcliffe Local Medical Association was in full swing by the early 1970s and the Sunshine Coast Local Medical Association was formed in 1979.

Northside Brisbane had its own medical group, run by John Comerford and active in the second half of the 1970s. Meetings were held in a hall behind the Gympie Road Pizza Hut at Kedron. John handed the organising over to Dr Sparkes. After his untimely death, the group fell into abeyance and despite a brief attempt in the 1980s was never resurrected. The meetings were strictly clinical in nature; no medical politics.

In 1992, driven by the Queensland Branch of the Australian Medical Association, the Northside Local Medical Association was formed, with a nine-person committee. Dr Michael Kennedy, GP at Everton Park was the first President.

The inaugural meeting was held at the Powerhouse Hotel at Hamilton on 19 May 1992. More than 150 doctors were in attendance. Bimonthly dinner meetings were held thereafter. The second was held at Brothers Football Club (Crosby Park) and sponsored by Rosemount Wines. The invited speaker was the then Labor State Government Environment Minister, Pat Comben.

Despite this politically themed start to the NLMA, the great majority of presentations at NLMA dinner meetings were clinical or ethical in nature.

The Association applied to be incorporated under the Associations Incorporation Act 1981 and this was granted on 13 August 1993.

The Association's first newsletter, entitled *Synapse*, appeared in autumn 1993. The editor was Dr Geoffrey Harding and in his first editorial thanked the Australian Medical Association for its organisational help, and gave special mention of AMA's Anthony Havers who had worked on the newsletter and assisted with public relations in general.

In his first President's Page, Michael Kennedy outlined the Aims of the Northside Local Medical Association as being to foster the medical community, encouraging interaction between members, to provide a forum for discussion of medico-political, educational, clinical and social issues, and to act as an interface between public, private and academic sectors.

Reflecting this diversity, one article in *Synapse 1* debated the regionalisation changes occurring in the Queensland Health System at that time. The then Brisbane North Regional Director Dr Bryan Campbell had presented the case for 'regionalisation' at the previous NLMA dinner meeting (April 1993). Another article, written by Community Child Health Paediatrician Dr Simon Latham, outlined strategies to raise infant and child immunisation rates in Brisbane North.

During 1995 and 1996, 'Euthanasia' was a topic of intense media interest. At two dinner meetings in this period, Dr Ross Baillie (Palliative Care Specialist), Professor Tess Crammond, Anglican Archbishop Dr Peter Hollingsworth, the Director of Queensland Bioethics Centre Dr Elizabeth Hepburn and the then AMA Queensland President Dr Stephen Phillips presented on this issue – one that is contemporary in 2021.

The rise of medical litigation in the late 1990s and early 2000s, crisis in after-hours care (1995), the threat of 'managed care' (1994), changes to the University of Queensland Medical Course (undergraduate to post-graduate), the changing face of General Practice, the rise (and fall) of Divisions of General Practice are just some of the other thorny issues addressed at NLMA dinners.

NLMA dinner meeting attendees have been addressed by State Government Ministers for Health; Ken Hayward in August 1994, Mike Horan June 1996, and the last to do so, Ms Wendy Edmond in February 2000.

But the emphasis has been on the clinical, with updates on many areas of clinical medicine. Questions and comments from the floor have always been encouraged and it is this aspect of the association's meetings that enlivened them, and demonstrated the enormous talent and experience that existed within its ranks.

In 1996, an attempt was made to hold a Post-graduate Weekend – planned for 8 to 10 June at Kooralbyn Valley Resort. Registration numbers were poor, not mirroring the numbers attending the dinner meetings, and a week out from the planned event, it was cancelled. It was never again attempted.

The load of running the Association became more and more concentrated on a few. Special mention is made of Dr Geoff Harding – one time Treasurer and President, and a long time editor of *Synapse*.

In the 21st Century, interest in local medical association activities declined, as did the membership. This was particularly so after the legality of a body like the AMA being involved in helping to run and organise local medical associations was thrown into doubt. Many LMAs folded between 2005 and

2015, including a previously strong Brisbane South LMA.

The NLMA struggled on. Attendances at dinner meetings in the 1990s had been 80 to 100 each meeting; these dropped to sometimes less than 20.

Synapse ceased publication in 2006. An attempted re-launch in 2010 lasted for one issue.

In 2017, approaches were received from a group of General Practitioners from the Southside of Brisbane, to attend NLMA dinner meetings. A group of six to ten Southside doctors began to regularly attend NLMA dinner meetings.

At the Annual General Meeting of the Northside Local Medical Association held on 12 February 2019, at the View Hotel (previously known as the Powerhouse Hotel where the inaugural dinner meeting of the NLMA was held in 1992), a motion was passed to extend the membership area to include the southern regions of Brisbane (as far as Logan district) and to change the association's name to the Brisbane Local Medical Association.

The "Certificate of Incorporation on Change of Name" was issued on 8th July 2019.

Covid-19 restricted the Association's activities in 2020, with the April and June meetings cancelled. In the latter half of 2020, AMA Queensland interest and involvement in the LMA was rekindled. Under President Dr Bob Brown and Past-President AMA Queensland Dr Dilip Dhupelia, membership is increasing, as are attendances at dinner meetings.

As we approach the 30th Anniversary of the NLMA/BLMA, the future for the Association is looking bright.

Appendix 1.

Presidents of the Northside Local Medical Association

- Dr Michael Kennedy 1992 – 1993
- Dr David Saltisi 1993 – 1994
- Dr John Comerford 1995 – 1996
- Dr Lillian Cameron
- Dr Geoffrey Harding 1997
- Dr Joan Faoagali 1998
- Dr Grant Cameron 1999
- Dr Ken Fry 2000
- Dr Ian Hadwen 2001 – 2002
- Dr Robert McCrossin
- Dr Ron Palmer
- Dr David Campbell
- Dr Robert Brown 2009 –

Members of the first Management Committee

- Dr Michael Kennedy, President
- Dr John Tuffley, Vice-President
- Dr Alex Splatt Jnr., Secretary
- Dr Margaret McAdam, Treasurer
- Dr Geoff Harding, Media Liaison Officer
- Dr Terry Beer
- Dr Marion Nolan
- Dr Fiona McFadzean
- Dr David Saltisi

Members of the second Management Committee

- Dr David Saltisi, President
- Dr Geoff Harding, Vice-President and Media Liaison Officer
- Dr Graham Bryant, Secretary
- Dr Marion Nolan, Treasurer
- Dr Michael Kennedy, Past President
- Dr Ian Bunce
- Dr Ken Fry
- Dr Lillian Cameron
- Dr Fiona McFadzean
- Dr Beres Wenck

BLMA Events



BLMA Meeting

Thursday 14 October 2021

Our October meeting will be held at Queensland Cricketers Club

- ▶ Dress is smart casual
- ▶ Partners welcome

We look forward to seeing you there!



Brisbane LMA Christmas Party

Friday 26 November 2021

Combined BLMA Education Session and Xmas Dinner

- ▶ Members free; Spouses \$75
- ▶ Venue: To be confirmed
- ▶ Time: 6.30pm for 7pm

Event Wrap Up

The BLMA would like to thank Q4 Financial and the Queensland Cricketers Club for sponsorship of our last Clinical Meeting.

