



## BLMA President's Message

*Dr Bob Brown*

As we approach the closing of another year, I would like to thank our members, new and old, for your support and best wishes.

This is now the third copy of the BLMA newsletter, Synapse which is circulated to our members by email and available to all on our website. We show our gratitude to the QML Pathology couriers who distribute paper copies to practices and hospitals throughout Brisbane.

The BLMA website continues to evolve and is updated regularly by our Website Editor, Dr James Collins. We recommend that you access the site at [brisbanelma.org](http://brisbanelma.org) and please feel free to add your thoughts and suggestions to us in the committee. We will endeavour to keep our readers informed with as many important health issues as we can, including with use of links.

We now also have a Facebook page which is run by our Social Media Convenor, Dr Doug Roche. You can

like our Facebook page by following this link [facebook.com/brisLMA](https://facebook.com/brisLMA)

Our bi-monthly meetings are continuing and we welcome our sponsors and we thank them for their interest in our association.

We encourage our members to attend our meetings, and to contact our Secretary, Dr Ian Hadwen, with acceptances and apologies, if finding that they are unable to attend. Such apologies would enable Ian to invite members who may be on a waitlist.

We recently had our November meeting at the Queensland Cricketers Club which was attended by close to 100 people. I am sure that all who attended found the presentations interesting and celebrated the end of another year with our friends and colleagues.

We aim to bring our members together to hear clinical presentations from our invited speakers as well as to hear news from within the profession as well as from various bodies, including the AMA and Queensland Health. We continue encourage members to air their concerns so we can ensure the presentations are important to you.

Our next clinical meeting will be held at 6.30pm (for a 7pm start) on Tuesday 8 February 2022. If you wish to attend, please forward your RSVP to Dr Ian Hadwen.

For many years, I have been involved in local medical associations and reiterated the great expertise that we have in our committee. We look forward to another successful year of growth for the BLMA in 2022.

I have been the President of the NLMA for many years, and the BLMA for over two years. I have enjoyed

every moment of the time. I would like to thank all the committee members over the years, but in particular Dr Ian Hadwen who has been a committee member for many more years than me, as a President of the Northside Local Medical Association for some time, but in my time as President, as a very much valued Secretary of both Associations.

I will not be seeking a position on the BLMA committee after the upcoming AGM in February. I have asked Dr Hasthika Ellepola to nominate for President of the BLMA and I am very happy that he has agreed to accept my nomination.

There are likely to be other changes as well, and I look forward to any changes as we have a wonderful and dedicated management committee who have been working very hard for our Members. The BLMA as it is today, with excellent growth in numbers of members as well as financial and administrative changes is the result of a supportive and energetic Executive. In particular, Dr Dilip Dhupelia, the Immediate past President of the AMAQ, has been a driving force and a very great help to me.

I would like to thank both Dilip Dhupelia and Ian Hadwen for their friendship, dedication and patience.

I wish you all and your families all the best for the festive season and a happy and healthy 2022.

Thanks for the Memories,



Many thanks to QML Pathology couriers for distributing our newsletter throughout Brisbane.

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

Please address all correspondence to:

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**Email:** felicity.jensen@health.qld.gov.au

## February 2022 (Issue 4) Newsletter

**Deadline will be Monday 24 January 2022**

- ▶ 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

**Phone:** (07) 3872 2260

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## Are You a Member?

Join by visiting our website

**brisbanelma.org**

or contact Dr Ian Hadwen  
via email at

**hadmed@powerup.com.au**

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# Update on Deep Brain Stimulation (DBS)

By Prof Terry Coyne, Neurosurgeon, Briz Brain & Spine and BLMA Member

DBS is a therapy which has the goal of modulating dysfunctional brain networks to restore them towards normality. Many neurological and psychiatric conditions can be conceptualised as network disorders, and with knowledge of nodes (such as basal ganglia) and projections (white matter tracts) there is the opportunity to use electrical stimulation to modulate dysfunctional networks.

DBS (Figure 1) has been performed in Brisbane now for >20 years, with Class 1 evidence as advanced therapy for suitable patients with Parkinson's disease (PD) in whom medical therapy no longer satisfactorily controls motor symptoms. As in all disciplines there have been advancements and refinements over time, enabling DBS to be more efficacious, safer, and with wider applications.

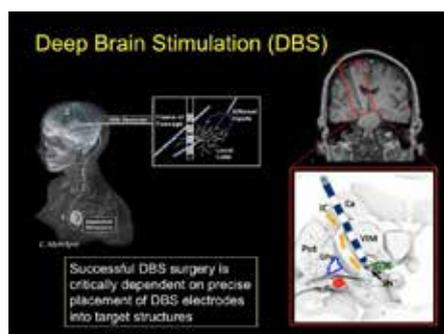


Figure 1.

### Some of these advancements are:

DBS is more beneficial performed sooner than later. The optimal time is when motor symptoms have begun to fluctuate despite optimal medical therapy, or when drug-induced dyskinesias have started to become prominent (Figure 2). With earlier therapy patients can remain

active in work, family, and community activities for a greater period before non-motor symptoms progress.

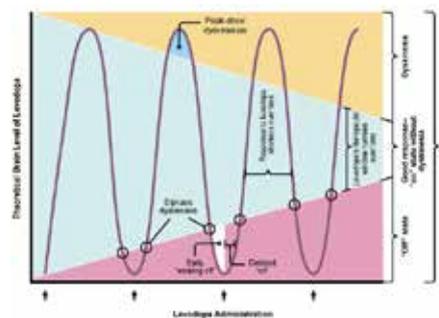


Figure 2. Graph demonstrating diminishing ability of medication to provide good quality of life for Parkinson's disease patients over time. Patients can be considered for DBS once "good time" is veering out of the blue into the pink or mustard colours.

Current-steering (directional) leads have been developed to reduce undesirable stimulation effects. Previously each contact provided concentric stimulation. Newer leads allow the stimulation to be shaped as necessary, such as to keep stimulation within the subthalamic nucleus (therapeutic) rather than the adjacent internal capsule (undesirable limb dystonia) (Figure 3).

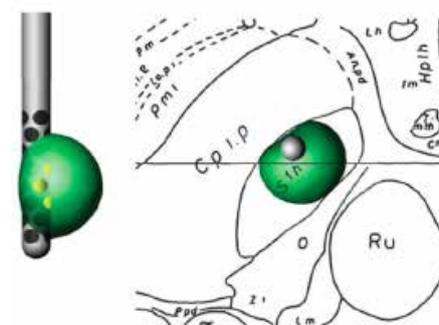


Figure 3. Current steering electrode allowing stimulation to be eccentrically directed into the subthalamic nucleus (therapeutic) and not concentrically into the internal capsule as well (to the left, deleterious)

Programming can now be performed remotely using an I-pad or I-phone over a secure internet connection. This is beneficial for patients remote from Brisbane, saving considerable travel for patients and support persons for programming sessions.

Rechargeable pulse generators (the "battery packs") are now available. These are particularly suited to younger patients, lasting 15 years compared to 3-5 years for non-rechargeable devices, saving repeated surgeries. Older people often still prefer to avoid regular recharging, which they can find burdensome, but will not require as many replacement procedures in their lifetime.

Movement disorder neurologist Dr Peter Silburn and I have performed over 1150 DBS procedures. PD remains the most common indication, but DBS is an evidence based effective procedure for other movement disorders, such as essential tremor, dystonia (generalised as often seen in children, and cervical dystonia, or torticollis, as often seen in adults), and post-stroke tremor. Less common indications are treatment resistant Tourette's syndrome, epilepsy, and neuropathic pain such as after spinal cord injury. Certain psychiatric conditions are developing an evidence base, such as obsessive-compulsive disorder (OCD), anorexia nervosa, and addiction. In conjunction with UQ's Queensland Brain Institute we recently completed a positive randomised, blinded trial of DBS for treatment resistant OCD, and are part way through a similar trial for anorexia (too early to know the outcome).



**phn**  
BRISBANE NORTH  
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## Turning good intentions into culturally safe practice

As part of continuing efforts to Close the Gap in health and life expectancy among Indigenous Australians, Brisbane North PHN is supporting a new initiative that will bring additional Indigenous health expertise into the organisation.

To improve uptake of mainstream healthcare services across Brisbane by Aboriginal and Torres Strait Islander peoples, Peter Boney (pictured) from the Institute for Urban Indigenous Health (IUIH) is working from the PHN's offices one day per week for the next few months.

Mr Boney is a Kwiambal and Ngoorabul man from North West NSW, who moved to Queensland more than thirty years ago and now works as an IUIH program manager with responsibility for aspects of the Integrated Team Care Program.

He says one of his priorities is to provide a training program that will help general practices and other healthcare providers turn their good intentions for their Indigenous patients into culturally safe practices.

"The training has been developed with the RACGP," Mr Boney said, "and aims to help practices and the healthcare system become more culturally safe for Indigenous patients.

"Our training is divided up into two major sections. The first part covers colonisation and the effects of this on Aboriginal and Torres Strait Islander peoples.

"The second part involves working through certain Medicare items that staff can use to care for their Indigenous patients as well as programs that patients might be eligible for.

We have specialised IUIH staff deliver training to support mainstream clinics. This includes education and an introduction to Indigenous specific programs.

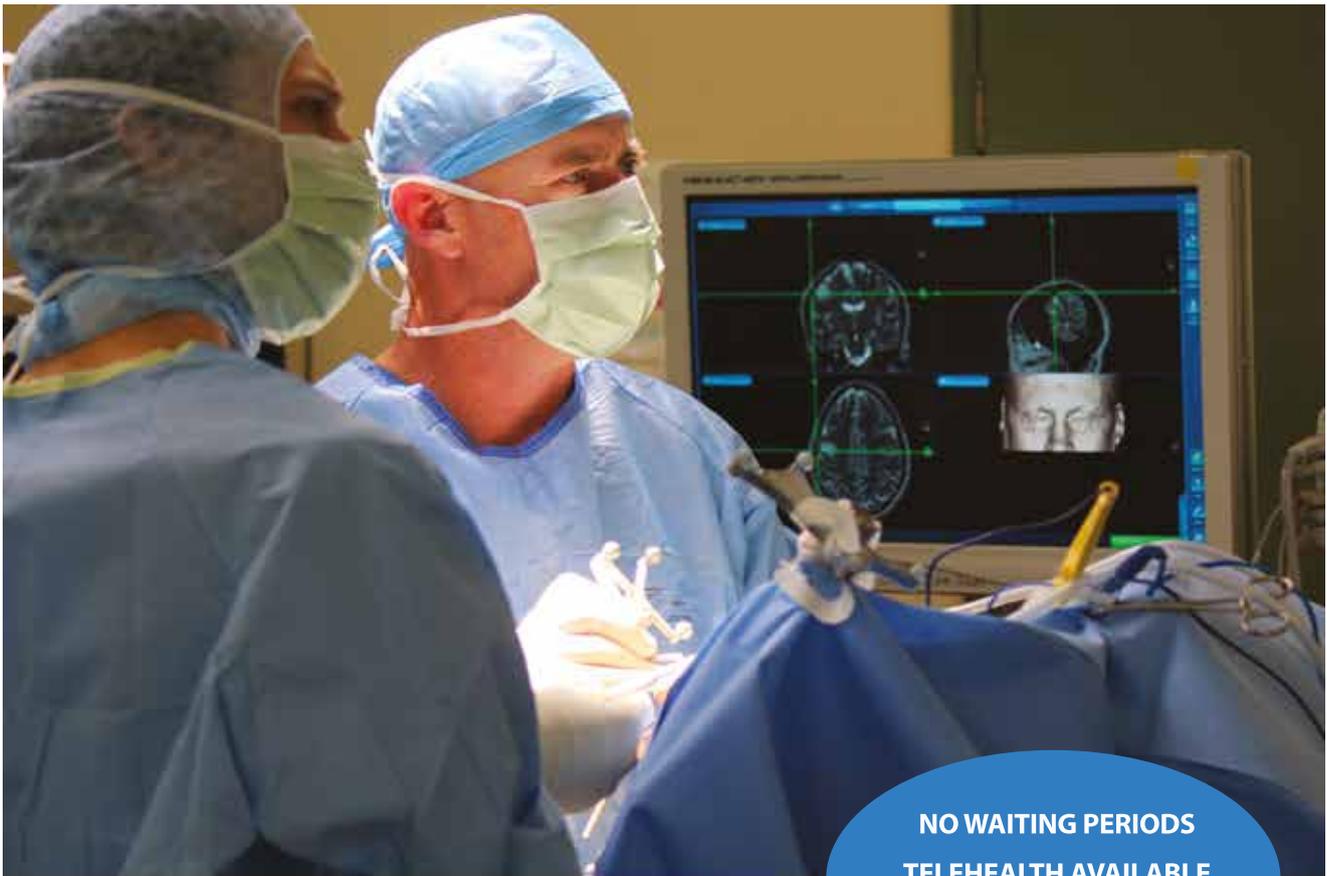
"Practice staff walk away from the second part of the training with a deeper knowledge of services they can use free of charge to help their Indigenous patients to achieve better health," he said.

Mr Boney and his team are supporting mainstream general practice across the Brisbane North region. Being co-located between IUIH and the Brisbane North PHN offices has proven advantageous to building relationships with PHN staff, specifically staff who work closely with general practice. For example, the PHN's Primary Care Liaison Team has helped promote Mr Boney's role and programs to general practice.

Dr Matt Cadman, a General Practice Liaison Officer working for the PHN, has also reflected on ways his own practice can better support Aboriginal and Torres Strait Islander peoples to access care.

"Just meeting Peter and getting to know him has got me asking questions that I hadn't thought about before. I have taken a number of his suggestions back to my general practice team for consideration," Dr Cadman said.

To get in touch with Mr Boney, please email [itc@iuih.org.au](mailto:itc@iuih.org.au).



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# Meet the BLMA Committee

## Treasurer – Dr Dilip Dhupelia

LRCPS (Ire) Dip Obst ACOG FRACGP FARGP FAICD AFRACMA

Trained in Dublin, Ireland, Dr Dhupelia immigrated to Queensland as a Resident at Toowoomba Base Hospital and subsequently Medical Superintendent at Millmerran (1978-1982) and then practised in Toowoomba (1982-2005) as a Rural Generalist Obstetrician. He served as Toowoomba LMA President, GP Connections Chair (Toowoomba Division of General Practice) and Chair of CheckUP Australia. From 2006-2010, Dr Dhupelia was Senior Medical Advisor for Medicare Australia, Health Advisory Branch.

Since 2010, Dr Dhupelia works at Queensland Health as well as working as a part time general practitioner. Dr Dhupelia is the Director of Medical and Clinical services of Queensland Country Practice, Queensland Rural Medical

Service within the Darling Downs Hospital and Health Service; part-time general practitioner in Toowong, Brisbane; Board Director of General Practice Training Queensland; Member of the Clinical Advisory Group of Brisbane North Primary Health Network. His AMA Queensland roles include Councillor and Member of the AMA Queensland Council of General Practice. His Federal AMA roles include Member of the Federal Council, and Member of the AMA Council of Rural Doctors. He is Chair of the AMA Queensland Foundation Board.

*“Having had extensive medical experience in both the public and private sectors, as well as within the federal and state government sectors, I feel I have a good grasp of health policy drivers, ensuring*



Dr Dilip Dhupelia  
Treasurer, Brisbane Local Medical Association

*holistic care within a seamless patient journey and improvement strategies in areas such as integration of primary and secondary services in rural areas.”*

Following his role as State President of AMAQ, Dr Dhupelia has eagerly taken up the position of Treasurer at Brisbane Local Medical Association and is excited to be working with the current Management Committee and Secretariat in revitalising and growing the LMA.



[brisbanelma.org](http://brisbanelma.org)

## Our new website is now live!

Keep up to date with latest news and BLMA events at your fingertips!



# Brisbane North PHN & Metro North HHS GP Liaison Update

*Dr James Collins, GP Liaison Officer*



*Dr James Collins  
GP Liaison Officer*

## Are you still using fax?

### **GP Smart Referrals – preferred way to send referrals to QH hospitals**

GP Smart Referrals (GPSR) is the latest way to send referrals to specialist outpatient clinics at Queensland Health Public Hospitals. GPSR can be integrated with your Best Practice (BP) or Medical Director (MD) GP software with support from the GPSR team.

There are many benefits to using GP Smart Referrals when making an outpatient referral including:

- ▶ Displays outpatient waiting times for each hospital
- ▶ attach images & PDFs such as an ECG or reports into the referral (don't need to fax separately).
- ▶ A range of condition specific templates - auto populates required test results and indicates information required for that condition - reduces returned referrals for more information.
- ▶ Integrates with Health Pathways
- ▶ Soon will show where your referral is in the outpatient process.

To find out more go to **Smart Referrals overview**.

## How to Access GPSR:

### **Brisbane North GPs**

Ask your Primary Care Liaison Officer (PCLO) at Brisbane North PHN **Primary Care Liaison Officers – Brisbane North PHN**, or alternatively email at [gpsr@brisbanenorthphn.org.au](mailto:gpsr@brisbanenorthphn.org.au)

### **Brisbane South GPs**

Go to **Metro South HHS Smart Referrals** webpage for more information to contact the team.

### **Not using Best Practice or Medical Director:**

Send referrals electronically using e-referral templates on Medical Objects, Health Link etc.

For more information go to:

**Brisbane North:** eReferral templates and patient management – Brisbane North PHN

**Brisbane South:** Forms and referrals – Brisbane South PHN

### **Virtual Emergency (ED) – ED Specialist advice and support for Brisbane North GPs**

Virtual ED supports GPs with access to a specialist emergency doctor available just for GPs Monday to Friday 8am to 5pm This is for patients that would normally present to a Metro North HHS hospital.

The ED specialist can provide advice and support on management, investigation interpretation, access to a range of services such as HITH and rapid access outpatient clinics normally only available at emergency departments.

Local GPs have given excellent feedback on the service and it has been used by over

For more information about this service with excellent feedback from the local GP community go to [metronorth.health.qld.gov.au/refer-your-patient/virtual-emergency-department](http://metronorth.health.qld.gov.au/refer-your-patient/virtual-emergency-department)

### **Available on 1300 847 833 (M-F 0800 – 1730)**

There are a range of other advice services available to Brisbane North GPs which can be found here [metronorth.health.qld.gov.au/refer-your-patient/gpadvice](http://metronorth.health.qld.gov.au/refer-your-patient/gpadvice)

### **Residential Aged Care District Assessment & Referral Service (RADAR)**

**1300 072 327  
(7 days a week 0900 – 1730)**

Helps with providing the best co-ordinated care for acutely unwell or deteriorating people living in Residential Aged Care Facilities (RACFs) in Metro North HHS catchment area.

RACFs should continue to discuss the care with the patient's usual GP in the first instance. RADAR can provide specialist emergency, geriatric medicine or palliative care advice or outreach visits to the RACF if required.

### **The Brisbane North GPLO Program want to hear from you**

Send us an email at [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)



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*Letter to the Editor*

## Queenslanders prepares to live with COVID

As our borders open in time for families to celebrate the Festive Season and the start of the New Year together, preparations are under way for the inevitable rise of COVID cases in our state.

Queenslanders have avoided the long lockdowns and COVID deaths that our southern neighbours have experienced, however many Queensland families have suffered illness, loss of jobs, closure of businesses and/or the stress that the COVID pandemic created. My family was touched by COVID as my uncle, a paediatric respiratory physician working in Spain, died from COVID in early 2021.

Queensland continues to strive to reach the vaccination targets required to reduce stress on our already stretched hospital system. General Practices and Qld Health hubs are currently providing third doses of COVID vaccines for those with severe immunosuppression and are now offering a booster dose for those who had their second COVID vaccine dose more than 6 months ago. Many health care workers will be due for their booster dose soon. It is now easier to access COVID vaccines as supplies have increased markedly. Thank you to all of you who have worked to ensure the COVID vaccine rate is where it is today. I know that many GPs and GP staff have worked long hours to ensure the care of the rest of their patients is not disrupted while delivering as many COVID vaccines as possible as fast as possible.

AMA Queensland has formed a 10-member Ramping Round Table of emergency specialists, surgeons and doctors from across the state to develop a roadmap out of the emergency department ramping crisis.

Increasing our vaccination rates is the key to avoid overwhelming our already stretched public hospitals, especially as work continues to fix this.

I attend the weekly SHECC/Primary Care meeting and a weekly Federal Primary Care COVID taskforce meeting. There is a lot of work ongoing to prepare the Qld health care system to provide care for COVID patients in the community. Emergency departments, medical wards, intensive care units and General Practices will continue to be at the frontline. General Practices will require resources to continue to provide health services when community transmission increases including access to fit testing, PPE, clinical guidelines, pathway referrals and funding. We have been advised that practices providing face to face care for COVID positive patients will be allocated PPE through their Primary Health Networks, but this is not enough. In areas of community transmission it is essential that all GP clinic staff have access to quality PPE and quantitative fit testing.

Qld Health are developing pathways for the care of the COVID well (mild symptoms) and COVID of concern (moderate symptoms and/or risk factors of severe disease) patients in the community. Although the details are yet to be finalised, it appears that GPs will have an important role to play in these care models. It is crucial that GPs, especially in regional and rural areas are consulted as to what resources are required and what local needs exist for care models to be effective.

The AMA Qld Council of General Practice invited past Federal AMA President Dr Mukesh Haikerwal to share his experiences as a GP and GP Practice Owner working in Victoria during the COVID pandemic. He spoke about the need for resources for General Practice including the hours it takes his staff to chase COVID results, the increase in phone calls from concerned patients, and the additional workload when running a GP respiratory clinic, a COVID vaccine clinic and caring for regular patients.



*Dr Maria Boulton  
AMA Queensland Director and  
Council of General Practice Chair,  
QMWS VP, Family Doctors Plus  
Director and Founder*

We are waiting for news from ATAGI with regards to vaccinating children in the 5-11 year old age group. Not a day goes by when I am not asked by a parent when their child will be eligible for a vaccine. GPs provide the bulk of vaccinations and are experienced in providing vaccines to all age groups, however the current mass vaccination model will not work in this age group. Children require more time and reassurance (and bubbles or lollipops).

As the year ends, I pause to reflect on the importance of collaboration and collegiality. The COVID pandemic has created many challenges that have highlighted the importance of a collaborative approach. I am thankful for the support of GP colleagues in the AMA Qld Council of General Practice and AMA Qld in advocating for our community during the pandemic. Primary care is affected detrimentally if hospitals are overwhelmed and vice versa. This is why organisations like AMA Qld and the BLMA are more important than ever, facilitating a deeper understanding of what the issues are across the entire health sector. The connections we make with doctors working in fields different to our own enhance future opportunities to collaborate. Next year will be a challenge and will require energy, innovation and collaboration to keep health care workers and communities safe while caring for our patients.

I wish you and your families all the best for the upcoming Festive Season and New Year.

*Letter to the Editor*

## Doctors' Health in Queensland



*Dr Jennifer Schafer  
Medical Director,  
Doctors' Health in Queensland*



**DOCTORS' HEALTH** in  
QUEENSLAND

**Address:** AMA Queensland Building,  
88 L'Estrange Tce  
Kelvin Grove QLD 4059

**Office:** (07) 3067 2351

**Fax No:** (07) 3067 2355

**Help Line:** (07) 3833 4352 (24 hours)

Dear Santa,

Merry Christmas! How are you? Long time, no see. We must catch up sometime soon. 😊 I hope you and Mrs Claus are enjoying the celebratory season.

I am just wondering if you have a spare minute? I appreciate that there is probably a conga line of kids waiting to see you in a Covid-safe way, but I really do need some special help this year. As you know, I don't normally ask for much. Well, not much apart from environmental sustainability, world peace and elimination of all suffering – and I really want to thank you for all of the work you are doing for those causes. I also acknowledge that I wished for a Covid vaccine last year. You really overachieved on that one – well done and thank you so much!

This year is different. I now work as the Medical Director for Doctors' Health in Queensland (DHQ).

At DHQ, we care for the medical carers – every medical student and doctor in Queensland. We do this through the provision of Doctors' Health expertise, advice, education, advocacy, research, and also a 24-hour helpline with a panel of volunteer general practitioners available for those moments when you want to have a confidential chat with a trusted colleague.

As you know, doctors are good people – incredibly smart, ultra-hard-working and they really put themselves out there to look after others. They have a tough job at the best of times, and with that pesky virus travelling around the world, 2020 – 2021 has NOT been the best of times. 2022 is likely to be even worse.

One of our challenges is that doctors often see themselves as invincible, forgetting that their bodies are subject to the same



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physiological rules as every other human. When they work long hours, skimp on sleep and don't have time to recharge, they too can become sick and stressed and exhausted. We need our doctors (and other healthcare workers) to be healthy so that we have a workforce to care for our patients. Doctors' Health in Queensland cares for them in the same way that they care for others.

Which brings me to my wish-list. Most magical characters allow for three wishes - is that OK? I know it is a lot, so can I please ask for a triennium of wishes?

- ▶ My first wish is that every doctor and medical student prioritises their own health and well-being, understanding that by doing this, they are not only helping themselves and their families, but also their colleagues and patients.

- ▶ My second wish is that every doctor and medical student has their own general practitioner to help them stay healthy, and proactively manage health issues before they become problems.
- ▶ My third wish is that when times are tough, every doctor and medical student knows that they are not alone. Doctors' Health in Queensland is here to help. I want them all to have our phone number (07 3833 4352) recorded in their contacts list on their mobile device, just in case...

Santa, my third wish is why we need some of your extra magical help. We need every doctor and medical student to look out for each other and ensure that their colleagues are also OK. We need champions and ambassadors to help spread the health and well-being message. We need volunteer general

practitioners to assist with our helpline or become 'Doctors 4 Doctors'. And we need extra resources to help us reach the furthest outposts in our State to ensure that all of our doctors and medical students, including those in regional, rural and remote communities do not feel forgotten.

Santa, I am hoping that you can help us to care for our medical students and doctors, so that they can continue to care for our community.

Looking forward to seeing you soon!

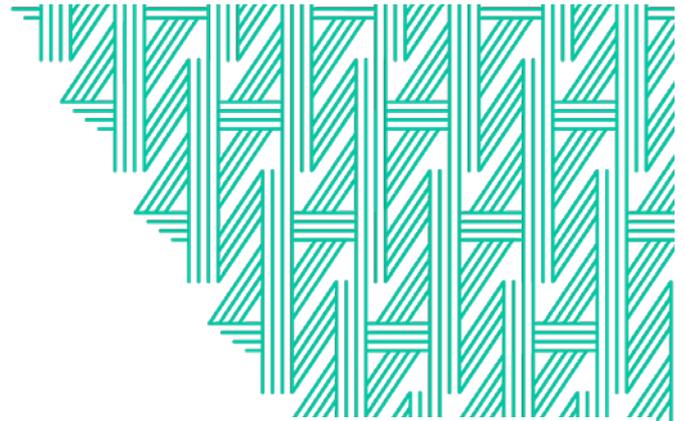
Dr Jennifer Schafer, BLMA Member



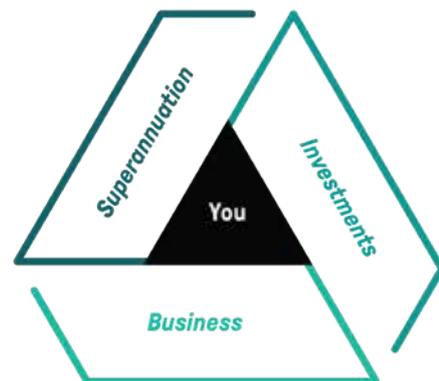
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## Key features

- Peripheral blood pressure
- Central hemodynamic
- Arterial stiffness
- Central aortic pulse wave
- Interval measures over 24hrs

## PATIENT PREPARATION

Patients are required to arrange an appointment for ABP monitoring with a QML Pathology collection centre. If patient preparation is required, a QML Pathology staff member will inform the patient at the time of the booking.

## HOW TO ORDER

Request '*ambulatory blood pressure monitoring*' on a QML Pathology request form.

## COST

Ambulatory Blood Pressure monitoring performed by QML Pathology will be Bulk Billed.

## FURTHER INFORMATION

For further information please contact your Medical Liaison Officer.

Cardioscan adheres to the 'Guidelines for Ambulatory Electrocardiographic Monitoring', as presented to the Cardiac Society of Australia New Zealand and posted on 30.1.1.2001  
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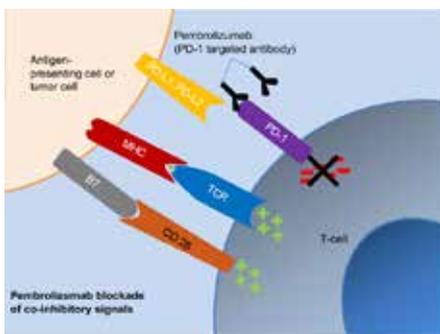
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# New Trials Planned for Glioblastoma

By Prof David Walker, Neurosurgeon, Briz Brain & Spine

Newro Foundation, Briz Brain and Spine's research arm, has been involved in cutting edge projects for over a decade and are planning new and exciting clinical trials aimed at improving the outcome for patients with the commonest malignant brain tumour, glioblastoma (GBM).



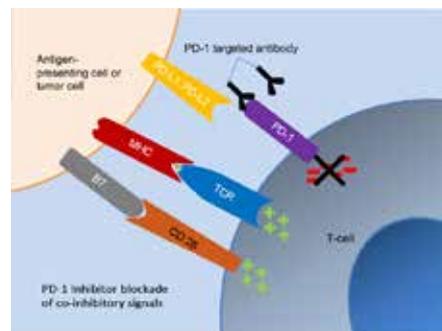
Despite decades of extensive clinical research, the prognosis of patients with GBM remains poor, with a median survival time of less than 15 months and a 5-year survival rate of less than 10%. Accumulating evidence has indicated that CMV antigens are expressed in malignant brain cancer cells, which suggested CMV as a therapeutic target for GBM.

This technology has been successfully used in phase I clinical trials of autologous T cell immunotherapy for recurrent and newly diagnosed GBM. This research led us to hypothesise that the efficacy of adoptive T cell therapy may be enhanced by combining the T cells with blocking antibodies targeting inhibitory receptors.

## Combination Immunotherapy

PD-1 inhibitors are potent humanised immunoglobulin G4 (IgG4) monoclonal antibody (mAb) with high specificity of binding to the programmed cell death 1 (PD 1)

receptor, thus inhibiting its interaction with programmed cell death ligand 1 (PD-L1) and programmed cell death ligand 2 (PD-L2). Based on preclinical data, PD-1 inhibitors have high affinity and potent receptor blocking activity for PD 1. PD-1 inhibitors has an acceptable pre-clinical safety profile and is in clinical development as an intravenous (IV) immunotherapy for advanced malignancies. It may also be used for treatment of patients across a number of indications because of its mechanism of action to bind the PD-1 receptor on the T cell.



CMV-specific T cells, generated from the peripheral blood mononuclear cells (PBMC) of healthy CMV-positive blood donors are in vitro-expanded. A portion of the PBMC is incubated with a pool of synthetic CMV peptide epitopes, prior to co-culture with the remaining PBMC in the presence of IL-2. This product is as described as allogeneic CMV-specific T cells or "off the shelf T Cells". The resultant T cell product is enriched for CMV-specific T cells, which can target and kill CMV-infected cells in vivo.

## Pharmaceutical and Therapeutic Background

The importance of intact immune surveillance function in controlling outgrowth of neoplastic

transformations is well known. Accumulating evidence shows a correlation between tumour-infiltrating lymphocytes in cancer tissue and favourable prognosis in various malignancies. The PD-1 receptor-ligand interaction is a major pathway hijacked by tumours to suppress immune control. The normal function of PD-1, expressed on the cell surface of activated T cells under healthy conditions, is to down-modulate unwanted or excessive immune responses, including autoimmune reactions.

## Adoptive Immunotherapy

Adoptive immunotherapy with CMV-specific T cells has been used to target GBM in recent years. CMV antigens have been found to be expressed in malignant brain cancer cells, indicating that CMV could be targeted to treat GBM. In a previous QIMR Berghofer/Newro Foundation collaboration, adoptive immunotherapy studies where GBM patients received infusions of autologous CMV-specific T cells, the analyses indicated careful targeting of immune cells within the tumour microenvironment may lead to improved clinical response to this type of therapy.

Based on these results and other trials, the strategy of combining anti-PD-1 with allogeneic CMV-specific T cells has potential as a therapy for treating GBM. The present trial will determine whether allogeneic CMV-specific T cells in combination with PD-1 inhibitors is a safe effective treatment strategy for patients with recurrent GBM.

## Letter to the Editor

Dear Editor,

Please accept my congratulations on the quality of your newsletter. I have found your last 2 editions very interesting and informative. At present many of my colleagues and I are concerned about the health of the Medical workforce. We are concerned about the added pressure COVID 19 has placed on the community and health of our colleagues. It is wonderful to see Dr Tahnee Bridson recently named as young Queenslander of the year for her work in improving the mental health of Health care workers. At this time it is important to care for each other, and I would like to remind everyone about the Doctors Health in Queensland program which has been operating for over 30 years.

It provides a 24/7 helpline to provide advice to medical practitioners and students facing difficulties. The advice is often in relation to stress and mental health difficulties, alcohol and substance problems, personal or financial crises. Most of the calls I have taken over the years are from our junior colleagues. If any of your members would like to join our voluntary team, they could view the website or email [admin@dhq.org.au](mailto:admin@dhq.org.au) or telephone (07) 3067 2351 for further information.

Dr Ian Williams



Dr Ian Williams  
General Practitioner,  
Camp Hill Brisbane



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## Hello from the other side!

Hello, It's me

I was wondering if after all these years you'd like to meet

To go over everything....

Yes, as Adele so eloquently puts it, "Hello from the other side", well, almost! We are still here and keen to meet you and talk about what it means to travel in 2022 and beyond!

It's no secret that the ongoing COVID-19 pandemic continues to wreak havoc on our travel plans. Even in Australia, where we have enjoyed the benefits of low transmission rates and safe domestic travel options, booking a business trip, a holiday or a visit to loved ones doesn't guarantee you will get to travel as planned. We've all bared witness to how quickly things can change. It can be full of disappointment.

The vaccine is the light at the end of the tunnel. As we see more travel options opening to us, the question remains, "How do we confidently make travel plans for the future"?

The simple answer – Find a Travel Professional that gets it!

According to Quentin Long, Managing Director for Australian Traveller Media, one of the best ways to gain some sense of assurance when you book travel is to book through a travel professional.

Many of you will know Ros from Orbit World Travel. For over the 21 years she has worked alongside the AMA Queensland members to deliver a dedicated travel service. Travel now involves protocols and regulations that not only vary from one country to another but by state and region, with conditions constantly changing. Having a knowledgeable travel expert by your side who handles these complex booking processes provides peace of mind.

Now working closely with the BLMA, Ros and the team at Orbit World Travel, will advise you on:

- ▶ The various terms and conditions, so you are fully aware of any risks
- ▶ Determine what protocols, regulations and procedures apply to your travel plans
- ▶ Work on an alternate arrangement should something change
- ▶ Manage the change and refund process in the event that travel can't go ahead

During the last 18 months, Orbit have assisted thousands of clients with their travel plans – returning them home, obtaining refunds, organising credits and re-arranging travel due to lockdowns and border closures. Most importantly, you can call us, and yes, we will answer straight away. You don't have to wait on hold for 4 hours with a recorded message telling you how important you are.

Now that the Federal Government has relaxed the travel requirements for Australians, we have seen a massive increase in future travel bookings. The most sort after options include:

- ▶ Fiji
- ▶ Europe
- ▶ Ski North America
- ▶ Cruising Med
- ▶ Antarctica
- ▶ Maldives
- ▶ Africa

Orbit World Travel's dedicated BLMA team have superior product knowledge that comes with years of experience. As a member of the luxury travel brand, Virtuoso, we can unlock a world of in-the-know expertise, unbelievable travel perks and access to a well-edited portfolio of the best brands in the business. From five-star hotel groups and renowned cruise lines to boutique properties and high-end adventure travel outfitters around the world. When it comes to experiencing the best of the best in travel, it's about who you know.

Don't wait to plan a future you can look forward to. Step one is as simple as making contact!



**Contract Ros and Linda at Orbit World Travel on 1300 262 885 or email [travel@amaq.com.au](mailto:travel@amaq.com.au)**



Drs Natasha Abeysekera, Rob Nayer, Alex Markwell and Siva Senthuran



## AMA Queensland Update

[qld.ama.com.au](http://qld.ama.com.au)



*Prof Chris Perry OAM  
AMA Queensland President*



*Dr Brett Dale  
AMA Queensland CEO*

## PRESIDENT AND CEO REPORT

We are coming to the end of another year of unprecedented health challenges for the profession and the entire community. Lockdowns, border closures, COVID testing, vaccine supplies, and new variants have dominated. We've gone from Alpha to Delta to Omicron, and seen the public mood change from concern and compliance to complacency and acceptance.

As we move into 2022 and the third year of this pandemic, it's important to look back on how far we have come since COVID-19 first emerged. Our borders are reopening. Australia still has one of the lowest COVID death rates in the world, and one of this highest vaccination rates. There is much to be proud of, and AMA Queensland has worked hard with the State Government and other stakeholders to get us to this point.

We fought hard to get adequate personal protective equipment (PPE) and fit testing for our frontline health care workers. We advocated vigorously for vaccine supply, for training in vaccine administration and appropriate controls for vaccine storage. We fought hard for indemnity for GPs who were administering the vaccines, and for better financial compensation for GPs taking part in the vaccine rollout.

We successfully lobbied for mandatory vaccinations for all health care workers, not just Queensland Health employees. With our

Workplace Relations team, we have helped small employers, including GPs and other specialists in private practice, negotiate the difficulties of requiring staff to be vaccinated in order to protect our most vulnerable.

We have been a leading voice for the vaccine rollout, even when that has made us unpopular with some elements of the community. We advocated for a clear roadmap out of COVID from the Queensland Government, and secured a border bubble for health care workers as essential workers. We ensured GPs were the backbone of the COVID-19 vaccine program, and lobbied for fair payments for them, including longer consultations and aged care visits.

We have continued to be an apolitical, bipartisan player, working with the Government and Opposition to deliver the best outcomes for Queenslanders and their health system.

While the pandemic has dominated 2021, we have also been busy working on other concerns for the profession and the community.

Most recently, our Ramping Roundtable delivered its Action Plan for resolving emergency department logjams and hospital bed block. This is an issue of concern for every state and territory, and you can expect to see coordinated action next year as we head into a federal election campaign.

We continue to work with the Queensland Government on how the Voluntary Assisted Dying (VAD) scheme will work when it comes into force in 2023. Our members have



Drs Sarah Coll, Maria Boulton and Michael Clements, A/Prof Geoff Hawson

told us clearly that they believe early career doctors should be exempt from participating in VAD, and we continue to advocate for a minimum of five years post Fellowship experience for doctors taking part. Again, we thank all our members who contributed to our survey that shaped our submissions to the Government and our continued advocacy on this issue. You come from all specialties and all levels of experience, and your views have informed every submission, every conversation, and every public comment we have made about VAD over the past two years.

We have also developed a proposal for a new step down registration category for senior doctors as they move towards retirement, which may provide a 'ready reserve' workforce to support our health system in times of crisis, as has been the case overseas.

Our industrial relations partner, ASMOFQ (the Australian Salaried Medical Officers' Federation Queensland), secured a five per cent pay rise for Queensland Health-employed doctors and achieved pay equity for Rural Generalists working in rural hospitals.

ASMOFQ also achieved several outcomes for Visiting Medical Officers (VMOs), including reactivating the VMO committee, securing equitable pay rises in line with other public hospital doctors, obtaining access to the Queensland Industrial Relations Commission (QIRC) and successfully lobbying for VMOs to be included in Medical Officers' Certified Agreement 6 (MOCA 6).

The sixth *Resident Hospital Health Check*, which evaluates employment conditions for Queensland doctors in training and compares hospitals across the state, showed the stress that the pandemic is adding to our junior doctors. More than half of those surveyed feared making a medical mistake due to fatigue.

We know that doctors have faced unprecedented levels of mental and physical strain this year and we have run two campaigns, including *Self-Care September* and *Every Dr needs a GP*. For interns in Queensland hospitals, we have run the *Wellbeing at Work* program, including 24 sessions at 21 hospitals for more than 830 new doctors. We are lobbying the State Government for \$2 million to expand this program to all doctors in the public and private sectors.

We are incredibly proud of our members. Not only do we have the 2021 Queensland Australian of the Year, Dr Dinesh Palipana OAM, as a member, we also have the 2022 Queensland Young Australian of the Year, Dr Tahnee Bridson. Dr Palipana, the first quadriplegic medical graduate and medical intern in Queensland, was recognised not just for his advocacy for people with disability, but for his contribution to scientific advances in treating spinal cord injury. Dr Bridson was recognised for her dedication to helping doctors, nurses, and all health care workers across Australia and New Zealand cope with the impacts of the COVID pandemic on their own mental wellbeing. We wish her all the best at the national Australian of the Year Awards in January.

In 2022, we will continue to support and represent the Queensland medical profession in key issues including the ramping crisis, overdue Medicare changes, continuing to protect health care workers during the COVID pandemic, and advocating for strong health outcomes in the upcoming Federal election.

AMA Queensland is your peak body representing the entire medical profession throughout the State. With your support in 2021, we have responded to unprecedented health challenges and achieved strong outcomes to help doctors deliver exemplary health care to Queenslanders.

We're proud to be the only group able to represent all doctors providing unparalleled support throughout every career stage—from starting as a student, becoming a consultant, all the way through to retirement.

No other association supports every craft group, in every state, across the public and private sectors, like the AMA.

Our unique, holistic perspective and direct member engagement allows us to identify and address gaps or duplication across the entire health system and advocate for solutions that support doctors and patients.

We urge all members to continue to be a part of the AMA Queensland community of doctors who collaborate, support and connect with each other to advocate for change on the health care issues that matter.



DRS HASTHIKA ELLEPOLA, CHANDRASENA TENNAKOON, SARAH ROBINSON – WOLRATH, A/PROF MANO HARAN, DRS JANET DRAPER, JENS ODENDAHL, GIHAN GUNARWARDENA, ISHANI JAYAWARDENA, RAUF RAHAMAN



DRS JANET DRAPER AND JENS ODENDAHL



DRS BAV MANOHARAN AND GEOFFREY HAWSON



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DRS ALLAN PHILLIPS, IAN WILLIAMS AND BERES WENCK



DRS MAHESH MENON, BRAJ RAJ PANDE AND CYRIL FERNANDES

## Event Wrap Up

### October 2021 Meeting

BLMA members enjoyed the presentation from our guest speakers:

- ▶ Calculators & Calcium Scores – CVD Risk Assessment in General Practice – Genesis Heart Care – Dr Peter Cain
- ▶ CPD and the AMA – How We Can Help – Dr Bavahuna Manoharan, AMA
- ▶ New BLMA website demonstration – Dr James Collins, BLMA Committee Member

Members enjoyed a delicious seated dinner at The Queensland Cricketers Club while listening to the informative talks.

We thank our sponsors – Genesis Heart Care and q4 Financial for their support.



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