



BLMA President's Welcome

Dr Hasthika Ellepola

UPCOMING EVENTS

brisbanelma.org/events/upcoming

THURSDAY 19 MAY – confirmed

Conjoint AVANT/BLMA Educational and Dinner meeting

Time: 6.00pm for 6.30pm

Location: Qld Cricketer's Club, Gabba

All details are on BLMA website

TUESDAY 19 JULY – confirmed

Educational Dinner meeting in conjunction with I-Med Radiology

Time: 6.00pm for 6.30pm

Location: Qld Cricketer's Club, Gabba

All details will be posted shortly on BLMA website

THURSDAY 1 SEPTEMBER

2022 Doctor Education Evening

Time: 6.30pm for 7.00pm start

Location: Victoria Park, Herston

All details will be posted shortly on BLMA website

I am honoured to commence my term as President of the BLMA and welcome our readers to the April edition of 'Synapse', the BLMA newsletter.

On 31 March 2022, we had the 2022 Annual General Meeting at The Emporium at Southbank. The meeting was sponsored by 3d Matrix Medical Technology Pty Ltd with engaging presentations by Dr Anojan Navaratnam (Urology) and Dr Philip Hall (Gynaecology).

At this time, Dr Bob Brown retired as President of BLMA after 13 years. I would like to personally thank Bob for his many years of service and leadership as President of BLMA and prior to that the NLMA. Our long standing member and Secretary, Dr Ian Hadwen also retired from his position after serving in the role for 20 years. I wish you both the best with your retirement from practice and look forward to your continued membership with the BLMA.

We now have a new committee that I look forward to working alongside to continue the growth and engagement of the BLMA. The new BLMA committee is introduced on page 13 of this edition of 'Synapse'.

In March 2022, we were pleased to hold a basic laparoscopic workshop for Doctors in Training at the Clinical Skills Development Centre, Herston.

This event was well attended and the first of a series of workshops we intend to hold for our Doctors in Training members.

The next workshop will be held at 6.00pm on Wednesday 11 May 2022, at Victoria Park Function Venue, Herston. This workshop will focus on improving and providing awareness on leadership for our Doctor in Training membership group.

Our website continues to evolve and we are pleased to provide to our members, a closed members' directory. Should you wish to be included in the directory, please email Renee O'Brien at r.obrien@amaq.com.au.

We now mark our 5th edition of our renewed newsletter, 'Synapse'. We welcome articles from members on a range of pertinent topics. To contribute to our June 2022 edition of 'Synapse', please contact our newsletter editor, Dr Dilip Dhupelia at dhupelia@bigpond.com or our newsletter coordinator, Renee O'Brien.

I am excited to confirm our upcoming clinical meetings for 19 May 2022 and 19 July 2022. Both will be held at the Queensland Cricketers Club at 6.30pm for a 7.00pm start. Please visit our website to RSVP. All BLMA events are free and included in your BLMA annual membership.



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



Our new website is now live!

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

brisbanelma.org



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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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Deadline will be Monday 13 June 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?

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

brisbanelma.org

Enquiries: Dr Andrew Cronin
dr.andrew.cronin@gmail.com

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

Directory form available on the website.

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Brisbane South PHN

Breaking the cycle

Primary health care providers have a critical role to play in recognising, responding to, and referring patients living with Domestic and Family Violence (DFV). They are often an initial and consistent point of contact for people experiencing DFV, and for people using violence and abuse. BLAM spoke with a General Practitioner who is contributing to this issue as part of Brisbane South PHN's Recognise Respond Refer (RRR) Community of Practice.

'We encourage all general practices to join us in participating in the RRR initiative,' said Brisbane South PHN's RRR General Practitioner Clinical Advisor. 'RRR leads the way to provide GPs with high quality and holistic DFV support and is RACGP accredited.'

Primary health care is often one of the few places people experiencing DFV are allowed to go, even if their movements are being tracked and monitored. General practices may also be seen as trustworthy and safe spaces to disclose DFV.

Whilst many primary health care providers already work to identify DFV in their patients, they were previously not well supported to do this as part of a broader, systemic response.

'The RRR training has empowered our practice by providing support and training to all staff including reception, nurses and doctors. Our team is now more attuned to pick up subtle signs that people may be experiencing DFV,' the RRR Community of Practice GP added.

'It has also enabled us to build a sense of trust and to show patients we are with them for the long term, and we can support them to access the right pathways to safety, when they are ready.'

The Recognise, Respond, Refer model provides an integrated health response to DFV, to guide primary health care providers on how to work with people experiencing DFV as part of a broader system. It's supported by an RRR Community of Practice, which brings together GPs and a trauma-informed GP-Psychotherapist who all share an interest in responding to DFV, to support one another, facilitate case discussions and learn more about help available for their patients.

'The power of the RRR Community of Practice is the combination of peer support from other GPs, expert advice from the DFV Local Link

workers, and experienced facilitation from a trauma-informed care specialist.' said the RRR Community of Practice GP. 'RRR has provided a safe space to learn and debrief on the complex cases we encounter, and gives practical support through the expertise of the DFV Local Link workers.'

With funding now confirmed for the continuation and expansion of RRR nationally, our RRR GP adds, 'There will be no postcode barriers to this support – where a patient lives should not stop them from accessing such vital services.'

'There is no doubt that this model works. We identified the need for it to continue to grow and are pleased the program is being expanded and integrated further into general practices across Australia.'

To find out more about available services and training, or to arrange a visit to your practice by a DFV Local Link worker, visit our website www.bsphn.org.au/support/for-your-practice/domestic-and-familyviolence



Tailored perinatal mental health care

Queensland's only private mental health service with a dedicated inpatient unit to treat perinatal mood disorders.

Belmont Private Hospital's Brisbane Centre for Postnatal Disorders (BCPND) is a specialised 10-bed unit offering treatment and support to women with mental health concerns in the perinatal period.

The unit assists mothers to adapt to the biological, psychological and social aspects of their disorder in a safe and supportive environment. It also helps women experiencing mood disorders including anxiety and depression, in both pregnancy and postnatally.

We provide a range of inpatient, outpatient and day therapy treatment options delivered in an environment that is supportive and responsive to mothers' needs, as well as the needs of their baby and those close to them.

Accessing our services is as easy as 1, 2, 3

To arrange a private mental health admission, simply follow the process outlined below:

- 1 Identify patient needs a specialist admission
- 2 Confirm patient has private health insurance or can self fund their admission
- 3 Call us on 1800 700 274. We will conduct a health fund eligibility check, confirm admission arrangements and allocate a psychiatrist.

In-hospital care for mothers

Our multidisciplinary team tailors treatment plans specific to the needs of each patient and their baby. During an inpatient stay, patients receive support and education on all aspects of infant care.

Inpatient model of care includes:

- Cognitive behaviour therapy (CBT)
- Mother-infant interaction
- Parenting education
- Medication, if required
- Triple P (positive parenting program)
- Circle of security parenting program
- Relationship interventions

Perinatal day therapy programs

We offer an extensive range of tailored day therapy programs designed to improve quality of life for mothers. All programs are focused on best practice service delivery and evidence based research.

Programs include:

- BCPND cognitive behavioural therapy (CBT)
- BCPND cognitive behavioural therapy (CBT) follow up
- Circle of security parenting
- Triple P - positive parenting program

Belmont
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E belmontprivate@aurorahealth.com.au
belmontprivate.com.au

Aurora

Meet the BLMA Committee

Committee Member – Dr James Collins

James has worked in a range of health care settings and originally trained as a GP in New Zealand and the UK. He has worked in Australia since 2011.

James commenced as the part time GP Liaison Officer at Gold Coast Health & Gold Coast Medicare Local before moving to Brisbane to work with Metro North HHS & Brisbane North PHN. He has been working as one of the GP Liaison Officers there since 2016. He is driven by supporting local GPs through access to education, improving collaboration between the primary and secondary health care and improving patient care in the region.

He has been Chair of the Queensland GP Liaison Officer Network between 2017 and 2021 working with a small group of GPs and health



Dr James Collins
BLMA Committee Member

professionals across the state to improve health systems.

He also works part time towards his training in Medical Administration at Metro North Hospital & Health Service.



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He is always keen to see how health services can be improved in the region, so please reach out to say hi when you see him at one of the BLMA meetings.

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Avant is pleased to invite you to

An evening with Dr Paul Scott

Entrepreneur, inventor, adventurer
and local anaesthetist.

Paul will share his journey into patient-
led innovation in medicine and offer
valuable insights into finding
alternative fulfilling career pathways.

Hosted In conjunction with Brisbane
Local Medical Association (BLMA)

Emma Saint

Head of Growth - QLD



- Date** Thursday, 19 May 2022
- Time** 6.00pm: Arrival pre-event drinks and canapes
7.00pm: Presentation with Dr Paul Scott
8.45pm: Event concludes
- Location** Queensland Cricketers' Club
411 Vulture Street
East Brisbane QLD 4169
- RSVP** Spaces are limited, please register to
QLD.Events@avant.org.au by **Thursday, 5 May
2022** to secure your spot. Please also send
through any dietary requirements.

If you have any queries
regarding this event, please
give me a call or get in touch
via email.

Emma Saint

Emma Saint

Head of Growth - QLD
emma.saint@avant.org.au
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About the Speaker



Dr Paul Scott

Founder of Scott Airway Management and PaperScalpelRock

Dr Paul Scott is an entrepreneur, inventor, adventurer and local anaesthetist. Paul's passions led him to create the ground-breaking organisations Scott Airway Management and PaperScalpelRock, and his enjoyment for the uncomfortable saw him working in some unusual parts of the world - Antarctica, the Arctic, Malawi, East Timor and Guatemala.

Scott Airway Management has developed several medical devices used in the management of patients under anaesthesia. The devices have received global recognition and experienced rapid uptake in hospitals across Australia after receiving an Ignite Ideas government grant and a Good Design Award.

PaperScalpelRock trains health care professionals in the principals of optimising patient care in critical situations and delivers world-leading education both nationally and internationally, with licensed courses in China, India, Singapore and Japan.



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Preterm Birth Prevention – a joint effort to improve childhood outcomes and adult health

By Dr Christoph Lehner, MD, PhD, FRANZCOG, Senior Lecturer (The University of Queensland), Consultant Obstetrician

In times of uncertainty like this we are very fortunate to live in a country like Australia. By “doing the right thing” and working together we managed to live a semi-normal life again after months of lockdown for the majority of us. The fact that we can host a sport event like The Australian Open in front of thousands of spectators is the envy of countries overseas – I realised this last night when I watched the German news. This pandemic has taught us that we have a shared responsibility to achieve the goal of a healthier society. Although this seems to work well during this pandemic, a different major threat to the health of our community has not been addressed in a similar collaborative effort thus far – *Preterm Birth*, birth prior to 37 completed weeks of gestation.

The rate of preterm birth in Australia has been steadily rising over the last 25 years and reached 8.7 % in 2018¹. Complications of being born too early are the leading cause of death among children under five years of age². Prematurity can result in significant disability, deafness, blindness, cerebral palsy, behavioural and learning difficulties in those children who survive; it often puts a lifelong strain on affected individuals and their

families. Preterm birth is also a major risk factor for early onset of chronic diseases in adults³ and its socioeconomic impact is significant.

It is obvious that time is pressing. Over decades, professional societies have updated guidelines in the hope to decrease numbers of babies born too early in the long term – unfortunately without any major success. Preterm birth rates continue to rise worldwide⁴ and it is important that we change our approach on how to take up this enormous challenge.

The reasons for the increase in preterm birth are multifactorial. Social disparities are obvious in our society. Advanced maternal age, multiple pregnancies, gestational diabetes and obesity have all become more prevalent and certainly contribute to the rising rate of early birth. With advances in modern healthcare, women with underlying complex medical problems are planning to conceive now who would have been advised against pregnancy 30 years ago. So often, pregnancy complications arise in these women resulting in preterm birth. Current research into immunological pathways to better understand the pathophysiology of early birth will help to establish novel interventions

in an attempt to prevent preterm birth in the future. The key however to ultimately lower the rate of early birth is the collaborative holistic approach to preterm birth prevention which has received more attention in recent years.

Midwives play a pivotal role as they can accompany the woman's entire pregnancy journey and offer continuity of carer in a public health system where fragmentation of care often results in adverse obstetric outcomes. It is now well documented that midwifery continuity of care models have been shown to reduce the risk of preterm birth by 24 % compared to other models of care⁵.

Continuity of carer is particularly important in vulnerable or disadvantaged groups of women. In the Northern Territory the preterm birth rate is 10 %, 17 % in the Aboriginal population⁶ – almost double the average national rate. Socially disadvantaged communities such as Aboriginal and Torres Strait Islander people are more likely to be faced with significant risk factors for preterm birth e.g. polysubstance abuse, smoking, alcohol consumption, a history of preterm birth, young maternal age, low maternal education and

current infection of the urogenital tract⁷. Similar applies to women of refugee or migrant background. Kildea et al.⁸ confirmed that targeted innovative interventions and a redesign of maternity care provision can significantly reduce the rate of preterm birth in our Indigenous population. In this prospective interventional cohort study, provision of a culturally sensitive model of care (*"Birthing in our community"*) resulted in a 50 % reduction of preterm birth compared to standard care. The *"Birthing in our community"* service comprised midwifery continuity of carer, an Indigenous workforce strategy, integrated family service and provision of an Indigenous-controlled community-based hub including Indigenous governance and partnership Steering Committee.

The Australian Preterm Birth Prevention Alliance was formed in 2018 with the singular aim to safely lower the rate of preterm birth across Australia. 30 members from each of the six states and two territories represent the fields of obstetrics, midwifery, neonatology, health economics, biostatistics, health policy, consumer representation, philanthropy and media and marketing. Together they sit on a Steering Committee led by the Senior Australian of the Year 2020, Professor John Newnham. Eight key interventions (Table 1) have been approved and endorsed by the Alliance and midwives play a fundamental role in identifying risk factors for preterm birth early and initiate intervention when necessary.

Midwives are in a unique position to identify risk factors early by building rapport and trust with the woman. This will enable the midwife to encourage positive changes in lifestyle factors at the beginning of the pregnancy. Offering Quitline support with the aim of smoking cessation and addressing passive smoking in the domestic environment are important to be discussed as early as possible. Dietary screening for

omega-3 fatty acid intake in early pregnancy identifies women at risk and supplementation can be initiated if indicated. Taking a detailed history and reviewing ultrasound scans at the booking-in visit will enable the midwife to refer a woman early for obstetric review. Every woman with a history of preterm birth or a short cervix should be offered natural vaginal Progesterone pessaries. This can be initiated by the General Practitioner in the community. Working together on multiple levels within our health care system will help to ensure that women at risk receive appropriate care according to their individual needs. Multidisciplinary care should be offered involving allied health services such as social workers and dieticians, Indigenous liaison, midwifery, obstetric and medical services.

"Tempora mutantur, nos et mutamur in illis" – "Times are changed, we also are changed with them"

This saying dates back to the 16th century but possibly has never been more on trend than now. We know that two thirds of women in highly developed countries who give birth early have no identifiable risk factors for preterm birth⁹. Yet we continue to draw our attention to the woman at risk in our daily clinical practice hoping future research findings will give us the answer on how to address this conundrum. Three-quarters of deaths secondary to preterm birth complications could be prevented with current, cost-effective interventions¹⁰. Yet we are still struggling to offer vulnerable women at risk access to continuity of care models to avoid the detrimental effects of care fragmentation – particularly in regional, rural and remote Australia.

Maybe our focus needs to change. There is no doubt that it will need a joint effort to lower the rate of preterm birth in the long term; involving every single one of us providing woman-centred maternity care. The Australian

Preterm Birth Prevention Alliance is now well established across Australia and will provide a platform to lead this innovative and novel approach. Midwives, General Practitioners, Obstetricians, Allied Health Services and last but not least – the woman and her family – play all an integral part. Our responsibility is to drive education and research, translate research findings into clinical practice, identify the woman at risk and offer cultural sensitive maternity care addressing every aspect of the woman's complex needs. By *"doing the right thing"* again I am optimistic we can reach our goal – a safe reduction of preterm birth across Australia. This will result in improved health of our mothers and children and ultimately in health and economic benefits for our entire country.

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- 8 Kildea S, Gao Y, Hickey S et al. Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia. *EClinicalMedicine* 12(2019) 43-51
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Dr. Carl Kua MBBS (QLD) FRANZCR**

The changing face of travel!

In the last 2 years the world has hit the reset button on many facets of our lives previously taken for granted. Certainly, I am sure we can all agree that travel heads the list. How we travel, where we travel, who we travel with... just to name a few.

As a valued member of the travel industry's leading luxury network, Virtuoso, Orbit World Travel can share some valuable insight from our combined knowledge into the way things will move forward.

Who is Virtuoso?

A specialised group of over 20,000 travel advisors, spanning 26 countries, connected to elite travel companies, hotels, cruise lines and suppliers that join together to deliver knowledge and products to their clients that exceed expectations. Their connections to properties and itineraries around the world are unparalleled.

What do we know?

- ▶ The cruise market in 2022 is already forecast to reach 85% of 2019, pre Covid bookings.
- ▶ Based on current 2022 forecasts, international outbound travel is already at 73% of the 2019 pre Covid Levels.
- ▶ Based on current projections a full recovery to pre Covid levels will occur mid 2023.
- ▶ By 2025 International outbound travel will be up 32% on pre Covid levels.

- ▶ By 2027 International outbound travel will increase to a massive 69% on pre Covid levels.
- ▶ Demand for Luxury travel is growing three (3) times faster than any other market.
- ▶ Millennials and Generation X are a growing affluent market.
- ▶ Multi-Generational travel has become very common.

Never in the history of the planet has there been four generations of people all travelling at the same time, in the numbers that they're travelling.

These facts are all contributing to reshaping the future landscape of travel.

What does that mean to the travel products?

A client once said to me "Why would I pay to stay in something less than what I live in!" They didn't just mean square metreage, they meant the experience. Suppliers are needing to lift their game and deliver touches that are unique and personalised. This is where our Virtuoso Products lead the way with value added product exclusively for our clients.

- ▶ Marriott hotels is set to double the number of properties in Asia Pacific alone in the coming years.
- ▶ The list of luxury hotels being built or due to open in coming years, is almost never ending.

- ▶ With a focus on more environmentally sustainable travel, the future of aircrafts is predicted to set a new standard in coming decades. Already In the first Quarter of 2022 Boeing has received 167 new aircraft orders and Airbus 253.

What does this mean to you, the consumer?

- ▶ The need for a knowledgeable travel advisor is paramount to assisting travellers sift through the choices and matching individuals with their ideal travel product.
- ▶ Plan in advance. We are already seeing many products in 2023 and 2024 fully booked.
- ▶ Take out Travel Insurance at the time of your initial booking. Don't just rely on credit card insurances. Select from single trip and multi trip policies that give full coverage for your future trips. Yes.....including some Covid coverage.



Contract Ros and Linda at Orbit World Travel on 1300 262 885 or email travel@amaq.com.au



Brisbane North PHN & Metro North HHS GP Liaison Officer Update

Dr James Collins

Email: mngplo@health.qld.gov.au or GPLO webpage metronorth.health.qld.gov.au/refer-your-patient-page/general-practice-liaison

It has been a very busy number of months in health services in Brisbane North region and I would like to thank our local GPs for the support they have been providing to their local communities.

Here are a few resources that you may find helpful.

- ▶ [Metro North Health Refer your Patient webpage](#)

- ▶ [Brisbane North Health Pathways](#) – contains information about COVID management & supports including Post (Long) COVID conditions information and much more.
- ▶ [Latest Hospital & Health News in Brisbane North incl COVID email updates](#) Keep up to date with all the latest health news, new supports for GPs

and GP education sessions by ensuring you & your colleagues are subscribed to the PHN newsletters “Network Link & COVID Updates”

As always if local GPs need further support, please email the email above.



Dr James Collins

COVID Update

1. In case you missed it on 30 March, the Managing Long COVID GP webinar is available for GPs to [watch here](#)
2. Just a reminder that **GP Respiratory Clinics (GPRCs)** are available to see your symptomatic or COVID positive patients (both adults and children) face-to-face and via telehealth. GPRCs provide assessment and management for COVID-19, and are not just vaccinating or testing centres. To find live available appointments go to [HotDoc website](#)
3. **Metro North Health COVID Virtual Ward** remains busy following recent surge in cases. Remember **Virtual Emergency** is how you can ask for advice, access certain COVID therapeutics eg Sotrovimab or refer COVID patients you think need extra support or closer monitoring at home.

Virtual ED specialists are available to support Local GPs to care for their patients with both **COVID and non COVID** conditions which can be useful following recent busy emergency departments in the local area.

Remember all these services are only for GPs to call.

Optimizing surgical pre-habilitation to support outcomes for patients

To assist in preparing your patients for surgery, the surgical teams would like to remind GPs to assist in pre-habilitation of these patients prior to surgery and include:

1. Optimising BMI/weight reduction (BMI ideally <40).
2. Working towards smoking cessation
3. Optimising glycaemic control

4. Improving cardiopulmonary function/ improving general fitness.

This can help reduce the chances of any postoperative complications related to these.

There are a number of FREE programs that may be able to assist your patient including:

1. [Self Management of Chronic Conditions \(SMoCC\) service](#)

This service delivers The COACH Program® is a statewide, structured, telephone-based, chronic disease program that helps people aged over 18, who are self-caring Queensland resident and have been diagnosed with one or more of the following conditions:

- ▶ coronary artery disease (CAD), type 2 diabetes, pre-diabetes, chronic obstructive pulmonary disease (COPD).

The program is run by a registered nurse for approximately 6 months, with a call every 4-6 weeks. The GP needs to refer the patient.

2. www.myhealthforlife.com.au/ – seven sessions of health coaching by a qualified health professional, flexible options incl private or group coaching with guidance, tools & support. The patient can self refer.

Pulmonary Rehabilitation services available to local patients

This is a reminder that the public Metro North Health pulmonary rehabilitation capacity is available for GPs and their patients in the Brisbane North region.

In addition to programs at North Lakes, The Prince Charles and RBWH, patients can now attend a program at the Australian Catholic University (ACU) as well as remotely via telehealth. This means patients

are able to access a service in a location that is more suited to their needs.

Send your referral to the Metro North Health Central Referral Unit in the usual way indicating the patient's preferred location or if they would like to participate via video.

More details about criteria to refer and essential information required to pulmonary rehabilitation can be found on the [Metro North Health Pulmonary Rehabilitation page](#) or via Health Pathways: brisbanenorth.communityhealthpathways.org/11652_1.htm

These service improvements will make it easier for people with COPD to access what is one of the most important interventions for this condition.

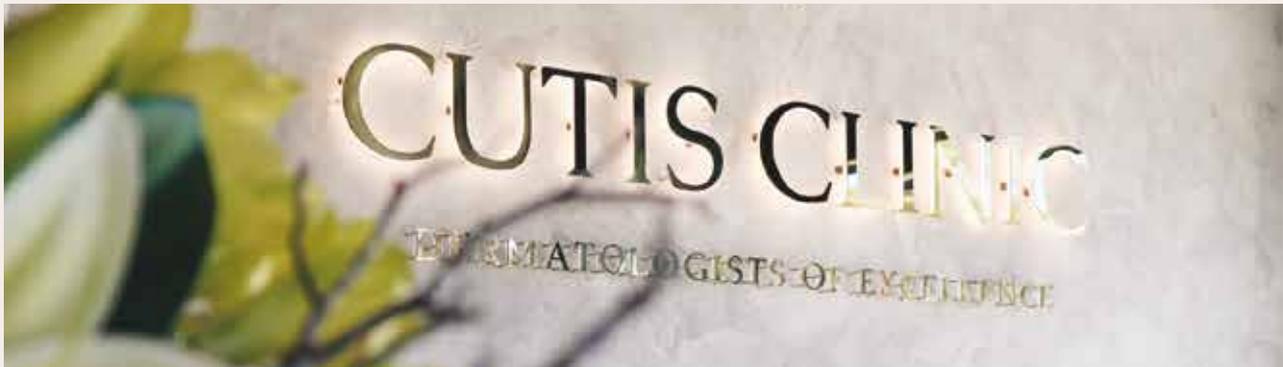
Improved CDA Discharge Summaries includes pathology results

Did you know hospital discharge summaries can now be easier to read and include pathology & radiology results embedded in the summary?

If your GP practice uses Best Practice LAVA edition or higher (includes Indigo) • Genie V8.8.6 or higher • Medical Director v 3.16b or higher • ZedMed all versions or MMEEx V22.1.3.1, your practice manager can sign up for Clinical Document Architecture (CDA) format, if they haven't already.

Please email EDSTV-Corro@health.qld.gov.au with your practice software details, and the Enterprise Discharge Summary (EDS) team will be able to sign you up for CDA testing.

WE WELCOME
YOU TO OUR EDUCATION EVENING



WEDNESDAY, 25TH MAY
CUTIS MEDICAL, 185 MOGGILL RD, TARINGA
Arrival 18:00 • Commences 18:30

Join us for an evening filled with innovation and education, to discuss revolutionary medical procedures, case studies and more.

Interactive presentations by:

*Dr Davin Lim, Dr Eshini Perera, Dr Paul Teng,
Dr Heba Jibreal, Dr Sarath Bodapati*

Dinner and beverages provided.

To RSVP or for further information, please contact lucy@drdavinlim.com

RSVP BY WEDNESDAY, MAY 18

*Places are limited and we will be adhering to all Covid safe measures (masks)
to ensure a wonderful and safe evening.*





Results of AGM

The Brisbane Local Medical Association's Annual General Meeting was held on 31 March 2022 at The Emporium at South Bank.

We are pleased to announce the 2022 BLMA Committee as follows:



Dr Hasthika Ellepola
President



Dr Gail Tsang
Vice President



Dr Felicity Jensen
Secretary



Dr Andrew Cronin
Treasurer



Dr Dilip Dhupelia
Newsletter Editor



Dr James Collins
*Website Editor and
Media Secretary*



Dr Jennifer Schafer
Committee Member



Dr Janet Draper
Committee Member



Dr Andrew Frazer
Committee Member



Renee O'Brien
Newsletter Co-ordinator



NOW OPEN

Brain Health Clinic

Your Brain in Mind offers a comprehensive service to those concerned about memory or other cognitive changes, including dementia.

Our multi-disciplinary approach ensures our patients will have timely and consistent access to health practitioners in one convenient location:

- Medical Specialists
- Occupational Therapists
- Clinical Psychologists
- Neuropsychologists
- Physiotherapists
- Dieticians
- Pharmacists



Our team of experts offers an optimistic and holistic approach to dementia care that supports not only the individual with the condition but also those caring for them.

We also recognise that dementia may be preventable and provide expert advice on optimising brain health at any age, as well as identifying and treating risk factors for dementia.

We also offer an Aged Care Navigation Service, which helps to negotiate the complexities of MyAgedCare and supports patients, their carers and loved ones throughout their whole journey.

For more information, please call the clinic on 07 3130 2800 or email reception@yourbraininmind.com.au. Our website yourbraininmind.com.au also provides in depth information about our team and the services we offer.

Your Brain in Mind, Westside Private Hospital, Level 3, 32 Morrow St, Taringa, QLD 4086

Social determinants of obstetric care

By Dr Jeevan Jangam and Hasthika Ellepola



Dr Hasthika Ellepola



Dr Jeevan Jangam

One of the starkest measures of health inequality is the difference in mortality or life expectancy between individuals in different socio-economic groups. Some of the largest health inequalities in Australia are between the Indigenous and non-Indigenous populations where life expectancy gaps of around ten years have been estimated from mortality data. Premature deaths between ages 35 and 74 occurred in the lowest socioeconomic areas at double the rate of those in the highest. Having more than twelve years of education was also associated with a significantly lower risk of death. These startling juxtaposition of outcomes in general population encourages us to consider the impact on our pregnant populations.

The ability to reproduce and be a parent is one of the fundamental needs in human life. A recent UK population-based linkage study aimed to quantify and assess the socioeconomic deprivation and minority ethnic background as risk factors for adverse pregnancy outcomes. Out of the eligible 1,155,981 singleton pregnancies, stillbirths, preterm births, and Foetal Growth Restrictions (FGR) were the outcomes compared.

Population attributable fraction risks indicated that 23.6% of stillbirths, 18.5% of preterm births, and 31.1% of births with FGR could be attributed to socioeconomic inequality. When controlled for pregnancy risk factors such as ethnic group, smoking and BMI, the risk reduced 12% for stillbirth, 10% for preterm birth and 16% for FGR. More importantly, there was a dose response demonstrated in association with socioeconomic deprivation i.e., the risk of each adverse outcome increased with increasing socioeconomic deprivation. A similar relationship was found for ethnicity and the risks compounded for women with diverse ethnic backgrounds from the most socioeconomic deprived areas.

In clinical practice it is not hard to appreciate the challenges of providing care for culturally diverse patients. Challenges range from communicating information to facilitate shared decision making to educating patients on the importance of treatment compliance. Further, those that are socially deprived may end up failing to attend numerous appointments due to work or social commitments. Additionally, a unique challenge in Australia is care provision in rural and remote settings that are beset by the tyranny

of distance. Ultimately these can directly interfere with appropriate, timely and effective care delivery to our patients.

Addressing these will require consideration of social and structural determinants of health as well as risk stratified treatment and prevention of disease. At the patient level, this may translate to timely interventions such as an early oral glucose tolerance test for women with ethnic or familial risk factors and midwifery group practice model of care to facilitate improved attendance and compliance.

Addressing these risks at a community level will require a shift in policy, with a stronger emphasis on the context and stressors prevalent among regional, rural, and low socioeconomic groups. These derive from housing, employment, and transport to name a few. Improved access to secondary prevention and treatment, particularly in non-urban areas is also crucial to mitigate risks. As health practitioners we are uniquely positioned to appreciate the direct and indirect factors driving the health of our patients and hence be the advocates for change.

The team behind your result

QML Pathology has spent more than 90 years servicing Queensland and northern New South Wales medical practitioners and patients.

Our continuous innovation and vast testing capacity across Haematology, Biochemistry, Endocrinology, Microbiology, Histopathology, Cytopathology, Immunology, Cytogenetics and Cardiology, has made us a leader in our field, a position we do not take lightly.

With over 600 collection centres supported by exceptional Pathologists, highly trained scientific and medical staff as well as a substantial courier network, we are able to deliver an extensive, reliable, quality service.

qml.com.au

 **QML Pathology**

Specialists in Private Pathology since the 1920s



Charity Event

FRIDAY 20 MAY 2022 | 6.30PM – 10.30PM
WATERS EDGE – PORTSIDE, BRISBANE

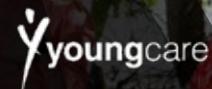
The AMA Queensland Foundation are pleased to announce we are holding a Charity Dinner to celebrate the incredible work of the Foundation, its donors and the organisations we support. Youngcare is the chosen charity we will be raising money for and supporting on the night.

We will look at how the Foundation has made an impact in previous years and what the future holds. There will be presentations from our Foundation Chair, the charity we will be supporting on the night, inspiring stories from our scholarship recipients, a silent auction, raffle and much more. Don't miss out as tickets are limited!



BUY TICKETS
qld.ama.com.au/events

Help us support Youngcare's
At Home Care and Home Support Grants



2022 WEBINAR SERIES

Are you interested in brushing up on your workplace relations knowledge from the comfort of your own desk? The AMA Queensland Workplace Relations Team is presenting its 2022 webinar training series. Enhance your knowledge of topical issues in workplace relations by logging into the live webinars on the scheduled day. If you're unable to attend the live webinar you can still register and receive a recording of the webinar to listen to in your own time.

- THE GREAT RESIGNATION:** Recording now available
- PERFORMANCE APPRAISALS:** Monday 23 May | 10am
- RECRUITMENT:** Monday 25 July | 10am
- FUNDAMENTALS OF LEADERSHIP:** Monday 5 September | 10am
- EMPLOYMENT STATUS:** Monday 28 November | 10am

qld.ama.com.au/events/WR-webinar-series

REGISTER NOW



2022 PRIVATE PRACTICE SEMINAR SERIES

AMA Queensland's Workplace Relations Team has created a Private Practice Series that will cover Risky Business topics when running a private practice. Our team is working with our Corporate Partners and Local Medical Association (LMAs) all over Queensland to find out what local issues you are facing.

Agenda: We will be talking about Payroll tax, Service Agreements and much more.

- BRISBANE:** Saturday 28 May
- TOWNSVILLE:** Saturday 11 June
- TOOWOOMBA:** Saturday 20 August
- SUNSHINE COAST:** Saturday 10 September
- GOLD COAST:** Saturday 22 October

qld.ama.com.au/events/private-practice-seminar-series

REGISTER NOW





AMA Queensland Update qld.ama.com.au

PRESIDENT AND CEO UPDATE

The start of the federal election campaign coincided with unprecedented pressures on our public hospitals, our ambulance service and 000 call operators. At one point, we had almost 600 COVID patients in hospitals, 3,600 Queensland Health and ambulance service staff quarantining as COVID cases or close contacts, and the fourth highest number of 000 calls in one day on record. We remain disappointed that neither major party has yet committed to a 50-50 federal-state split of public hospital funding or to real reform of Medicare.

We will continue to call for real solutions for our health system at both the federal and state level, and continue the fight against the dangerous North Queensland pharmacy prescribing trial.

Federal Election

More than halfway through the election campaign, we are finally starting to see some details regarding health policy initiatives.

The coalition's announcement on 3 May of \$146 million to target regional, rural and remote communities with immediate health workforce needs, and its immediate matching by Labor, is welcome.

We support the proposals to expand both the John Flynn Prevocational Doctor Program and the single employer model trial for GP registrars. These are practical policies that will help support the rural workforce, particularly extra funding for workforce incentives and prevocational training places.

We need to see more detail about Labor's proposal for GP-led urgent care clinics – how they would be funded and staffed, and where they would be located. There is a risk that fully bulk-billing clinics will simply make it even more unaffordable for existing after-hours clinics to remain open. You can read our [response to this proposal here](http://qld.ama.com.au/news/realreform). qld.ama.com.au/news/realreform



Prof Chris Perry OAM
AMA Queensland President



Dr Brett Dale
AMA Queensland CEO



qld.ama.com.au

We have joined with Queensland-based clinician, community and consumer groups to issue a [joint open statement](#) to all federal election parties and candidates. It's vital that all political parties and candidates put the 'care' back into health care.

qld.ama.com.au/latest-news/Joint-letter-QLD-health-stakeholders

Town Hall

As part of the AMA *Clear the Hospital Logjam* and *Modernise Medicare* campaigns, AMA Queensland held a virtual town hall meeting on Thursday 12 May for doctors and patients to share their experiences of the Queensland health system.

We invited all political parties to join the event and on the night, we heard from a range of political candidates who explained their party's policies.

The town hall will be open to the public and the media and we encourage as many doctors and patients as possible to attend.

Head to our website to view the recording.



#StopNQPharmacyTrial



#StopNQPharmacyTrial

Thanks to all members and non-members alike who took part in our survey in early April. We received more than 1300 responses in just over a week and the response was clear – 96 per cent of Queensland doctors think the North Queensland pharmacy trial is dangerous to patients and should not go ahead.

Almost one in five GPs reported treating at least one patient for serious complications that were either missed or misdiagnosed under the urinary tract infection (UTI) prescribing trial, which the Queensland Government says is the basis for the North Queensland pilot.

Complications included antibiotic allergies, missed diagnoses of sexually transmitted infections, pregnancies, menopause, pre-cancerous conditions, and delayed treatment leading to kidney infections.

These figures are truly shocking and show the urgent need for the government to immediately halt this trial given the risks to patient safety and absence of any true evaluation of health outcomes.

We have raised our concerns about the lack of publicly available information about the outcomes with the QUT ethics committee.

The Professional Services Review (PSR) has also warned that the North Queensland trial is [inconsistent with Commonwealth law](#).

qld.ama.com.au/news/PSR-NQPharmacyTrial

You can read more about the UTI prescribing trial [here](#). qld.ama.com.au/news/UTITrialSurvey

Visit our [campaign page](#) for latest news and updates as well as resources including draft letters to your local MP to get this dangerous trial stopped.

qld.ama.com.au/Stop-NQ-Pharmacy-Trial

AMA Queensland Q1 Scorecard

We have published the Q1 2022 AMA Queensland Scorecard outlining our key achievements and results delivered from January to April.

Our results demonstrate our extensive work to support and advance the medical profession in Queensland. We had more than 2,700 member engagements, reached an accumulated media audience in excess of 15.8 million and delivered complex policy advocacy that achieved positive change.

We are proud to leading Queensland doctors and creating better health outcomes for our community. Take a [look at our full scorecard](#).

qld.ama.com.au/scorecard-Q1-2022

State health inquiry disappointing

The Queensland parliament's inquiry into the state health system focused too heavily on federal responsibilities and was a missed opportunity to address real issues at the state level.

We were disappointed that that of the 40 recommendations from the committee, only four of them related to state government responsibilities.

AMA Queensland engaged with the inquiry. We put in a submission and gave evidence, thinking it was an opportunity for us to really consider what Queenslanders need from their healthcare system and a chance to look at real ways to fix hospital ramping, surgical wait lists and hospital bed block.

However, the final report appeared to be more about blame shifting on the eve of a federal election than finding real solutions.

You can read more on our response in this [interview with 4BC](#).

qld.ama.com.au/news/4BC-Transcript-Apr11



Charity Event

FRIDAY 20 MAY 2022 | 6.30PM – 10.30PM
WATERS EDGE – PORTSIDE, BRISBANE

Help us support Youngcare's
At Home Care and Home Support Grants



BUY TICKETS
qld.ama.com.au/events



AMA Queensland Foundation

AMA Queensland Foundation is continuing to help patients, doctors and medical practices get back on their feet after experiencing hardship due to the floods, issuing more than 20 Flood Assistance Grants.

Recipients include GPs like Dr Bee Kho whose Rocklea practice was destroyed. Dr Kho is not covered by flood insurance, and he is still waiting for his government flood grant to be approved and paid.

The Foundation was able to pay his grant almost immediately, helping him to be able to get up and running again.

We know these grants are a drop in the ocean compared to the magnitude of devastation experienced by so many Queenslanders. We thank all members who generously donated to the Flood Assistance appeal.

You can read Dr Kho's story [here](http://qld.ama.com.au/latest-news/flood-affected-practice).
qld.ama.com.au/latest-news/flood-affected-practice

Tickets are selling fast for the AMA Queensland Foundation Charity Event on 20 May 2022. This black tie event will celebrate the work of the Foundation, its donors and the organisations it supports. This year we will be raising money for Youngcare, which designs and builds specialist disability accommodation for high support needs. www.youngcare.com.au/

Tickets are limited so get in fast [here](http://qld.ama.com.au/events/AMA-Queensland-Foundation-Charity-Event).

qld.ama.com.au/events/AMA-Queensland-Foundation-Charity-Event

AMA Queensland Elections

Polls open at 12 noon Monday 9 May for the position of AMA Queensland President and a range of Board and Council positions. Dr Nick Yim has been elected unopposed as Vice President.

The Presidential candidates are current Vice President Dr Bav Manoharan, and Board Director and Committee of General Practice Chair Dr Maria Boulton.

Ordinary and honorary members will be sent an email with a voting link on Monday. Polls close at 12 noon Monday 23 May and results will be announced at the AMA Queensland AGM on Friday 27 May, 6pm.

All members are encouraged to vote and have their say on the leadership of AMA Queensland.

Make sure to register to attend the hybrid AGM either online or in-person by emailing Amanda Sanderson at a.sanderson@amaq.com.au or call (07) 3872 2222.

Please note that in-person numbers are limited so make sure to book your place.

Medical assessments for older drivers

The requirement for drivers aged 75 years and older to have an annual medical certificate certifying their competency to drive will recommence from 1 August 2022. This requirement was put on hold in 2020 due to the pandemic.

Drivers face a \$143 on the spot fine or a maximum \$2757 if the matter goes to court.

Transport and Main Roads will write to affected licence holders with the 1 August resumption date to give them time to see their doctor.

It's important that all drivers on our roads are fit and safe to drive, but we understand that this can be a difficult conversation to have with a patient.

Austrroads and the National Transport Commission have Fitness to Drive Guidelines for doctors and we recommend using them.

It is much easier to say to a long-term patient, 'under the guidelines I can't renew your licence' than it is to say 'I personally don't think you are fit to drive'.

The guidelines are [here](#).

austrroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive



Donor conception information

AMA Queensland has contributed to the Legal Affairs and Safety Committee's inquiry into donor conception information.

The legal, ethical and social implications of accessing donor-identifying information can be dramatic for donors, recipients and their families.

Any reforms to governance and regulatory frameworks relating to donor conception information must ensure that a child conceived using donated gamete/s and his or her family have access to health and genetic information about the donor/s. Access to this information must be preserved and is independent of decisions about the retention of donor anonymity.

You can read our submission [here](http://qld.ama.com.au/donor-conception-info).

The AMA's 2019 *Position Statement Ethical Issues in Reproductive Medicine* provides further detail.

www.ama.com.au/position-statement/ethical-issues-reproductive-medicine-2019

asmofq

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

ASMOFQ Update

ASMOFQ provided an update on their work including numerous days in the Queensland Industrial Relations Commission (QIRC), with multiple hearings and negotiations for MOCA6.

The QIRC matters included standby allowances for doctors working at rural hospitals in West Moreton Hospital and Health Service, SMO allowances and the safety of doctors working in the emergency department at Mt Isa hospital.

ASMOFQ has submitted its initial MOCA6 log of claims and will continue to meet with Queensland Health to negotiate on behalf of Queensland doctors.

Read their full update [here](#).

qld.ama.com.au/news/ASMOFQ/Update_Mar-Apr22

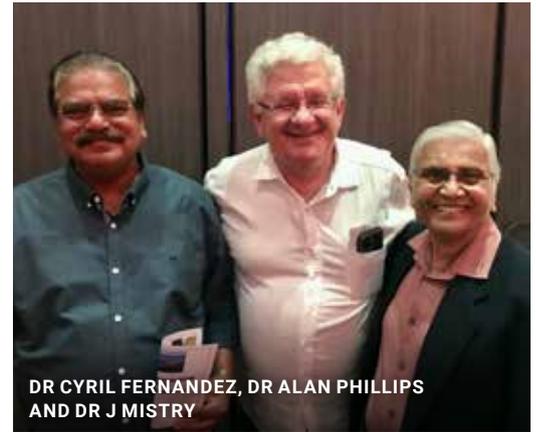
Annual General Meeting Wrap Up

31 March 2022

Thank you to all members who attended our AGM and Dinner meeting on 31 May 2022. We also share our gratitude to our sponsors, 3D Matrix Medical Technology Pty Ltd and q4 Financial.



DR PHILIP HALL WITH DR DILIP DHUPELIA



DR CYRIL FERNANDEZ, DR ALAN PHILLIPS AND DR J MISTRY



MARIA BOULTON WITH NEW BLMA PRESIDENT DR HASHTIKA ELLEPOLA



DR FIONA RACITI AND BAV MANOHARAN



DR ANO NAVARATNAM WITH DR PRATHIBA SHARMA



DR DILIP DHUPELIA, DR ANDREW CRONIN, DR BAV MANOHARAN AND DR ANDREW FRAZER



DR JITENDRA MISTRY, DR GAIL TSANG, DR ROB HODGE AND DR KIMBERLY BONDESON



DR PHILIP HALL, DR JUDITH TUCKER AND DR YOGESH MISTRY



DR DAVID FIELD, DR LIAM RATH AND DR JONATHON BEHRENS



DR HASHTIKA ELLEPOLA AND DR BOB BROWN

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