



## BLMA President's Welcome

*Dr Hasthika Ellepola*

### UPCOMING EVENTS

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

#### TUESDAY 19 JULY – confirmed

BLMA 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

#### FRIDAY 25 NOVEMBER

BLMA Christmas Party – TBC

**Time:** 6.30pm start

**Location:** TBC  
All details will be posted shortly on BLMA website

Welcome to our loyal members and a warm welcome to the many new members who have joined BLMA. Our membership continues to grow with a dissection of GP's, specialists, surgeons and doctors in training. If you have any colleagues who would like to be a member, please direct them to the website or contact the Treasurer, Dr Andrew Cronin directly. The BLMA is able to provide our members with a number of benefits for a minimalistic annual fee.

The BLMA has had a busy couple of months hosting educational sessions for our members. Each of these events have been free to the BLMA Membership.

I was honoured to speak at our second workshop and dinner for our Doctor in Training members at Victoria Park on 11 May. The workshop focus was "Leadership for Junior Doctors". Thank you to our panel discussion participants, BLMA Members, Dr Jennifer Schafer, Dr Alex Markwell, Dr Bav Manoharan and Dr Felicity Jensen.

On 19 May, BLMA conjointly hosted an event with AVANT. The event was well attended with Dr Paul Scott being the keynote speaker, speaking of Innovations in Medicine.

Our next educational event will be hosted in conjunction with i-Med Radiology and Q4 Financial on

19 July at the Queensland Cricketer's Club. We are grateful to our speakers, Dr Anubhav Sarikwal and Dr Zubair Khan. Please RSVP via our website by 8 July 2022 as the function is almost fully subscribed.

Mark your diaries for events later in the year. The next BLMA educational event is on 1 September 2022 and the BLMA Christmas party/educational dinner will be held on 25 November 2022 (TBC). Details of all events and how you can register are available on the BLMA website.

At our AGM, we announced our closed members' directory. I take this opportunity to remind you to return your signed consent form to Renee O'Brien ([r.obrien@amaq.com.au](mailto:r.obrien@amaq.com.au)) if you would like to be included. We can start to build this service on the website for our members. I take this opportunity to thank our website editor, Dr James Collins, for his continued work on our website.

This is now the 6th newsletter of the reborn 'Synapse'. Thank you to our authors and advertisers who make our newsletter the success that it is. We are now accepting contributions to our August edition. Should you wish to submit an article or advertise in this edition, please contact our newsletter coordinator, Renee O'Brien ([r.obrien@amaq.com.au](mailto:r.obrien@amaq.com.au)).



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](http://brisbanelma.org)



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## CONTACTS

<b>President:</b>	Dr Hasthika Ellepola
<b>Vice President:</b>	Dr Gail Tsang
<b>Secretary:</b>	Dr Felicity Jensen
<b>Treasurer:</b>	Dr Andrew Cronin
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<b>Committee Members:</b>	Dr Jennifer Schafer Dr Janet Draper Dr Andrew Frazer
<b>Newsletter Co-ordinator:</b>	Renee O'Brien

For general enquiries and all editorial or advertising contributions and costs, please contact:

**Renee O'Brien****Email:** r.obrien@amaq.com.au**Phone:** (07) 3872 2260**Fax:** (07) 3856 4727

The Brisbane Local Medical Association welcomes contributions from members, especially **"Letters to the Editor"**. Please address all correspondence to:

**Dr Dilip Dhupelia****Email:** r.obrien@amaq.com.au

## Issue 4 | 2022 Newsletter

**Deadline will be Monday 8 August 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**Fax:** (07) 3856 4727

## 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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# Post-COVID Syndrome

**Dr Chris Zappala**

*Respiratory & Sleep Physician*

*Wesley Hospital, Royal Brisbane & Women's Hospital, Clinical lead  
– Interstitial Lung Disease/Pulmonary Hypertension unit*



**Dr Chris Zappala**  
*BLMA Member and Past  
President of AMA Queensland*

Long haulers, post-COVID, Long-COVID... It's called many things but for the sake of sanity let's call it Post-COVID syndrome. This is deliberately vague in these woke times to not denote any time frame or other potentially defining feature that might constrain or offend. The World Health Organisation (WHO) now defines Post-COVID as symptoms with duration  $\geq 2$  months that cannot be explained by an alternate diagnosis.

This definition is not trivial because our largest hurdle from the outset is to separate out patients with exacerbation/worsening of sub-clinical or previous chronic disease. The lungs are a good example of this which we'll discuss in more detail. Additionally, what was once considered largely a respiratory disease, COVID and post-COVID are now unequivocally regarded as systemic infection causing chronic complications.

## Incidence & Symptoms

Incidence varies greatly in studies from 10-80% depending on how and when patients were questioned – but there does appear to be a reliable decline in the incidence of post-COVID with time and it is more prevalent in hospitalised patients (which clearly introduces other bias). Modest estimates put incidence at 10-15% after several months but this is largely from countries who experienced one

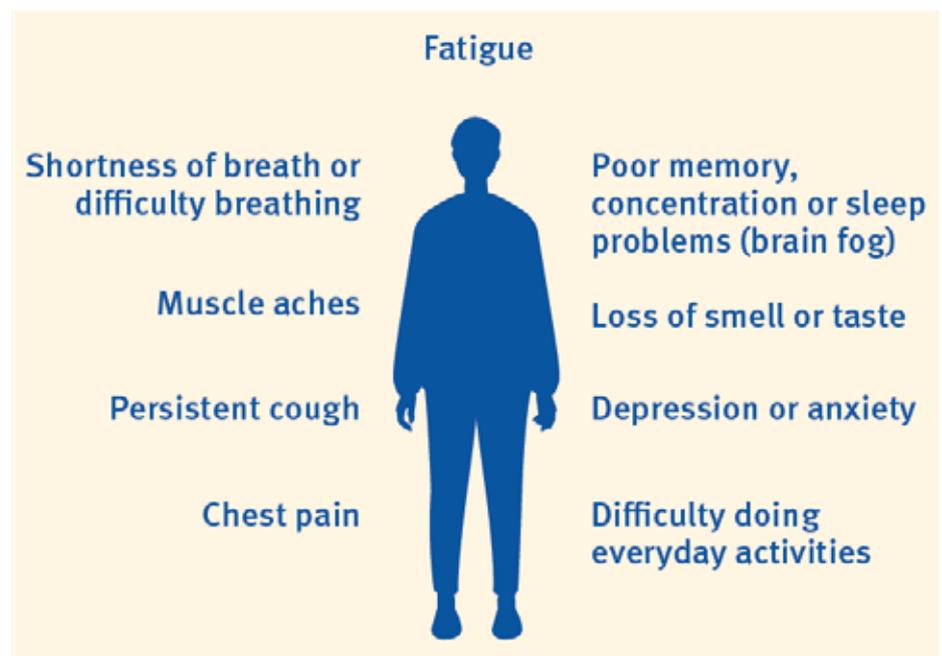
or two big waves of infection before widespread vaccination e.g. UK.

Post-COVID-19 may be associated with a weak anti-SARS-CoV-2 antibody response, female sex, presence of more than five symptoms in the first week of the disease, older age, higher CRP and presence of co-morbidities. Absolute concordance in studies is however elusive. Incidence of post-COVID in children is less, especially the younger they are i.e.  $< 6$  years.

Symptoms can literally be anything (which is always unsettling) but very often fatigue is described and this is independent of acute disease severity. There can also be weakness,

dyspnoea, sleep disturbance, anxiety, stress disorders, mood changes, memory/cognitive impairment, chest pain, GI upset and hyposmia/anosmia to name several, but not all symptoms recorded in the literature. Symptoms can be stable and permanent, relapsing remitting or very slowly improving.

If one is tempted to think this reflects post-viral syndromes like we see after influenza or RSV – yes, but there are differences. For example, there is a higher incidence of psychiatric disorders in COVID survivors compared to matched influenza or other respiratory tract infections.



## Respiratory

VTE/PE and pulmonary fibrosis present a clear association with the severity of the acute infection and is more common in admitted patients in hospital and ICU. Pulmonary fibrosis to some degree occurs in up to 40% of hospitalised patients. The onset of pulmonary fibrosis is related to the duration and severity of the disease as well as advanced age. It is also far more likely when there are pre-existing subtle, non-specific interstitial lung abnormalities (ILAs) – those subtle areas of fibrosis that usually just sit innocuously in the background, but do confer some risk of progression.

## Pathophysiology

I was tempted to leave this blank because it is not settled and complex. Suffice to say pathophysiology is an interplay of –

- ▶ Persistent inflammation or an aberrant/dysregulated immune system
- ▶ Metabolic changes (e.g. in tryptophan metabolism effecting melatonin and serotonin)
- ▶ Autonomic nervous system changes (causing changes in cardiopulmonary function)
- ▶ Direct invasion of tissues (CNS, kidney, myocardium).
- ▶ Changes in coagulation causing microthrombi

If you desire the disorientating and soporific effect of reading this in more detail there are numerous good reviews easy to hand.

## Management

Management remains supportive. There is a trend towards spontaneous improvement for most, but not all. Simple symptomatic therapies are not to be overlooked of course. It is crucial for each patient to find the correct equilibrium between mild activity to avoid

deconditioning and triggering post-exercise malaise. Strategies tackling levels of stress and/or the stress response, comprising psychosocial intervention, physical exercise, or possibly dietary interventions could be a good approach to counteract some of the negative effects of chronic inflammation.

Besides defending against muscle loss and building general good health, physical exercise may counter the neuropsychiatric and endocrine sequelae of post-COVID-19, through the release of circulating factors that mediate the anti-inflammatory response, supporting brain homeostasis, and increasing insulin sensitivity.

A graduated exercise program remains the best option. Small trials of pulmonary rehabilitation have shown benefit and improved exercise capacity as does inspiratory muscle training, aerobic and resistance programs. Patients really just need to do something and the WHO rehabilitation self-management program is a good downloadable/printable resource which includes mindfulness and brain exercises to work through (download at [www.euro.who.int/en/health-topics/Life-stages/disability-and-rehabilitation/publications/support-for-rehabilitation-self-management](http://www.euro.who.int/en/health-topics/Life-stages/disability-and-rehabilitation/publications/support-for-rehabilitation-self-management)).



### Support for rehabilitation: self-management after COVID-19-related illness

second edition



Name: \_\_\_\_\_

Onset of COVID-19 symptoms (date): \_\_\_\_\_

Date this leaflet was given: \_\_\_\_\_

Name and contact details of health care professional providing leaflet: \_\_\_\_\_

Name and contact details of local health care services: \_\_\_\_\_

after-covid-19-related-illness,-2nd-ed). Queensland Health also has excellent resources to assist if you know where to find them – mostly online under '[I have COVID](#)'.

## Respiratory Management

There is some suggestion of using prednisolone therapy in patients with increased interstitial abnormalities on HRCT chest scans consisting largely of ground glass infiltrate and not just greater fibrosis. That is, the ongoing persistent, now destructive inflammatory response in the lungs can manifest as an organising pneumonia (filling of alveoli with loose plugs of connective tissue and some inflammation in the interstitium) can be treated – but chat with your friendly respiratory physician or other organ-specific specialist for the equivalent reaction in their organ. Progressive fibrosis in the lung can now be treated with anti-fibrotic therapy, as in idiopathic pulmonary fibrosis – so if you encounter this, please get in touch with a respiratory physician colleague.

## Vaccines and Post-COVID

Vaccines prevent death and severe illness, but they also significantly reduce the incidence of post-COVID. This is intuitively what we might expect if the degree of inflammation and severity/duration of illness is reduced in vaccinated individuals.

There is also growing evidence that vaccinating unvaccinated individuals in the convalescent period may reduce the impost of post-COVID. It does appear as if the earlier it is given the better. Some patients had no benefit and a few got worse (less than those who had an improvement). On balance therefore, evidence suggests to vaccinate unvaccinated individuals as soon as possible after their acute infection and before they get long-COVID. One just has to convince this obstinately resistant minority to agree to vaccination...



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## MEET OUR TEAM



**DR RACHELLE HAIKINGS**  
Gastroenterologist & Hepatologist



**PROF DARRELL CRAWFORD**  
Gastroenterologist & Hepatologist



**DR MARK MCCULLEN**  
Gastroenterologist & Hepatologist



**ASSOC PROF LUKE HOURIGAN**  
Interventional Gastroenterologist



**DR CHE-YUNG (JEFF) CHAO**  
Gastroenterologist



**DR AIDAN WOODWARD**  
Gastroenterologist & Hepatologist



**DR LEISA BARRETT**  
Gastroenterologist & Hepatologist



**ASSOC PROF BRAD KENDALL**  
Gastroenterologist



**DR KATE FORGAN-SMITH**  
Gastroenterologist & Hepatologist



**DR LAURENCE BRITTON**  
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# LGBTI+ People and Mental Health

By Dr Vikas Moudgil

*BLMA Member and AMA Queensland Committee Member of Consultant Specialists. Clinical Director, Metro North Mental Health – Royal Brisbane and Women’s Hospital. Senior Lecturer, School of Medicine, University of Queensland. Secretary, Queensland Branch Royal Australia and New Zealand College of Psychiatrists – RANZCP. Queensland representative, Family Violence Psychiatry Network Committee, RANZCP.*



**Dr Vikas Moudgil**  
BLMA Member

As the Clinical Director of one of the biggest mental health services in Australia, I recently had the privilege of meeting health practitioners in a busy inner city GP clinic primarily involved in providing health care to the LGBTI+ (lesbian, gay, bisexual, trans, and intersex) population. I was impressed by the dedication of the health practitioners to assist LGBTI+ people having mental health issues. Hence, I decided to pen my thoughts on how to work collaboratively with the primary care providers for better health outcomes for this population group.

To conceptualize the issues, let's understand demographics of the LGBTI+ people. I agree with the National LGBTI+ Health Alliance, that rather than categorizing everyone into a single community, we should acknowledge LGBTI+ communities (plural), with their diverse range of lifestyles lived by an eclectic group of real people living real lives.<sup>1</sup> Roughly 1% of all couples identify as same-sex couples. 1.2-1.7% of our population identify as trans and intersex variations.<sup>2</sup> However, it is hard to get further statistical information on the LGBTI+ populations due to the limited number of small-scale target studies, methodological issues with representative data collection and analysis, grouping issues which risk conflation and the results ultimately being non-representative.

It is important to recognise that *poor mental health is not inherent in LGBTI+ people identities*; however, mental health outcomes are amongst the poorest of any demographic. Some studies show that rates of depression and anxiety are approximately 50% within the LGBTI+ community.<sup>2</sup> Rates of attempting suicide are also significantly high with studies show that 20% of trans people and 15.7% of lesbian, gay and bisexual people have attempted suicide.<sup>2</sup>

Historically LGBTI+ people have been criminalized, discriminated against and pathologized. Sodomy laws were repealed in various jurisdictions of Australia between 1975-1994,<sup>2</sup> which is not that long ago. The Diagnostic and Statistical Manual of Mental Disorder (DSM) up until 1973 and even the International Statistical Classification of Diseases (ICD) included homosexuality as a mental disorder.<sup>2</sup> Although progress is being made with legal and medical institutions becoming increasingly inclusive, such as the legalisation of same-sex marriage in Australia in 2018, there is still a lot that needs to be done to address the poor mental health outcomes of this vulnerable population.

The real question is what can we do as clinicians in the primary care sector?

Firstly, we need to create and provide a culturally safe space for LGBTI+ people. We need to be cognisant of the fact that they are already being marginalized in society and hence can be fearful of disclosing matters about their sexual identity and relationships. Such hesitation can be a significant barrier to accessing services, especially in rural and regional areas. An important aspect for clinicians is to deal with their own personal biases and prejudices about assumptions on sex, sexuality, and gender. Respectfully acknowledging a mental health issue in the context of gender and sexuality is pertinent in engaging with anyone who identifies as a LGBTI+ person. As health practitioners, we must also update our knowledge and use appropriate inclusive language with respect to individual preference on pronouns.<sup>3</sup>

Furthermore, we must focus on building a protective network for LGBTI+ people in order to improve their self-confidence and self-belonging. This can involve improving community connectedness through linking with LGBTI+ communities and focusing on positive family and personal relationships. It is important to sometimes endorse activism to deal with discrimination.

Within a background of a trusting therapeutic relationship, a thorough

assessment of depression, anxiety, illicit drugs, and suicidality can be done. Careful attention is needed to explore underlying mental illnesses, as people tend to mask their illnesses related behaviours. Peer pressure around social acceptance can lead to delay in seeking help. Drugs related lifestyle behaviours can also cloud the underlying picture of serious mental illness like bipolar disorder, psychotic disorders, and personality disorders. It's also not uncommon to have post-traumatic stress disorder, PTSD, based on traumatic experiences which people may be reluctant to reveal due to self-blame stigma instilled by society. Careful suggestive questioning in a respectful manner can be used for sensitive topics. Unless there are acute risk issues involved, it is important to explore mental health issues gradually and encourage the patient to seek help through motivational interviewing techniques.

In terms of suicide assessment, the current trend in psychiatry practice is moving away from categorizing suicidal risk into "low, moderate or high" as there is limited evidence for its validity and reliability in predicting suicide. The predictive

model of risk formulation is being replaced with preventive formulation and such practices are being used across Queensland.<sup>4</sup> Risk of suicide is dynamic and contextual and hence emphasis should focus on promoting communication and collaboration among professionals, patients, and families to reduce risk in the short and long term.

Referral to the specialist mental health service in the public or private sector is key but requires careful planning in conjunction with the patient. LGBTIQ+ may wish to stay with their trusted primary care practitioners, and it may take few sessions of encouragement to get to the specialist care. The public mental health services have a multidisciplinary team structure which can ensure multifaceted input however, the system can be difficult to understand and access by the primary care sector.

The key to successfully addressing mental health issues in LGBTIQ+ people is the integration and effective communication between services across the various health sectors. GPs are usually the first point of contact for LGBTIQ+ people and

remain a primary link even when other services are providing care. Parallel interventions occurring in primary and specialist systems with inadequate cross-communication can lead to fragmented care. We need to be sharing discharge summaries, safety plans and clinical letters between specialist services and GPs.

As health practitioners we are on a continuous journey of evolution driven by society that can challenge our own biases. We remain driven by evidence based medical information to shape our practices in improving the mental health of LGBTIQ+.

#### References:

1. Our Values [Internet]. Sydney: LGBTIQ+ Health Australia; 2022 [cited 2022 Jun 12]. Available from: [https://www.lgbtiqhealth.org.au/our\\_values](https://www.lgbtiqhealth.org.au/our_values)
2. Recognizing and addressing the mental health needs of the LGBTIQ+ population [Internet]. Melbourne: The Royal Australian and New Zealand College of Psychiatrists; 2021 [cited 2022 Jun 12]. Available from: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-needs-lgbtq>
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4. Pisani AR, Murrie DC, Silverman MM. Reformulating suicide risk formulation: from prediction to prevention. *Acad Psychiatry*. 2015 Dec 14;40(4):623-9. doi: 10.1007/s40596-015-0434-6.



**Dr Gail Tsang**  
BLMA Vice President

## Meet the BLMA Committee

### Vice President – Dr Gail Tsang

Dr Gail Tsang is a Radiation Oncologist, a fellow of the Royal Australia and New Zealand College of Radiologist. Dr Tsang has special clinical interests in prostate brachytherapy, stereotactic body and cranial radiotherapy, urological and haematological malignancies, breast, lung, gastrointestinal and skin cancers.

Dr Tsang had completed a clinical fellowship in prostate brachytherapy at Sunnybrook Hospital, Toronto, Canada in 2009. She is accredited for high dose rate and low dose rate prostate brachytherapy at the Brisbane practice.

Dr Tsang is interested in oncology research. She had been awarded the New Zealand Breast Cancer Foundation research grant.



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# Endometriosis & Pelvic pain

By Dr Hasthika Ellepola  
and Dr Jeevan Jangnam



Dr Hasthika Ellepola  
BLMA President



Dr Jeevan Jangnam  
BLMA Member

Persistent pelvic pain is a large subset of the pain spectrum, with the multitude of biologic, psychological and social impact factors in common with the rest of persistent (or chronic) pain conditions. Pelvic Pain is central to gynaecological practice, and Gynaecologists are central to the management of conditions causing pelvic pain. Many conditions are associated with pelvic pain, although other factors may be involved in the patients' experience of pain. These conditions include but are not limited to endometriosis, adenomyosis, pudendal neuralgia, painful bladder syndrome, irritable bowel syndrome, pelvic floor pain and dysfunction, pelvic inflammatory disease (PID), vulvodynia, inflammation, proctalgia fugax, pelvic adhesions, urethral syndrome, ovarian cyst pathology, recurrent dysmenorrhoea, post-surgical neuralgia, neuropathic pain, post-trauma pain and cancer survivor pain.

Endometriosis is a chronic, inflammatory, and disabling disease affecting many aspects of women's lives. It is considered as one of the most common gynaecological issues. In some cases, endometriosis may have subclinical course; therefore, the real prevalence seems to be underestimated. Nevertheless, it was reported in up to 50% of women suffering from infertility.

The ability to reproduce and be a parent is one of the fundamental

needs in human life. One in nine Australian women battle with this chronic, debilitating condition that impacts quality of life and can make falling pregnant difficult for some. These women more often suffer from depressive and anxiety disorders, and fertility problems seem to be an independent risk factor for mental disorders.

The suspicion of the disease's existence is usually based on its clinical manifestation. Affected women usually present with pelvic pain, dysmenorrhoea, dyspareunia, and infertility during their reproductive years

The most useful clinical tool for staging of endometriosis is the classification introduced by American Society for Reproductive Medicine (ASRM) [1]. Unfortunately, these stages do not sufficiently correlate with its clinical manifestation.

Endometriosis typically begins in adolescence; women delay consulting a doctor for years before presenting with symptoms due to reluctance of seeking assistance with their "private life" and the stigma and societal expectations of "normal" aspects of women's pelvic health. There is a diagnostic delay of 8+ years from first presentation of symptoms and women seek GP advice many times before a referral to a specialist is recommended.

The estimated direct cost per annum of medical and surgical treatments for women with endometriosis in Australia is \$6 billion. This figure does not include the costs of treatment for other causes of pelvic pain. In Australia endometriosis alone causes afflicted women to lose 11 working hours/woman/week in absenteeism (absence from work due to pain) and presenteeism (working less effectively due to pain). The average extra cost/week/woman to the employer is \$200-\$250/week in absenteeism and presenteeism.

At present there are no substantive physical prevention methods for either endometriosis or persistent pain, although early appropriate interventions can lessen its impact. This contrasts with the beliefs of former times, when the advice was often 'give it time', or 'time heals'. For many women that are suffering alone, the impact of this disease can lead to a vicious cycle with deterioration in their physical health and wellbeing. These impacts overflow into the lives of their families and the communities they are a part of.

The destructive influence of both endometriosis and infertility on the quality of life is undeniable. Further, the significant burden of endometriosis on the Australia economy further highlights the need to raise awareness and take a proactive approach in managing this issue for our women.

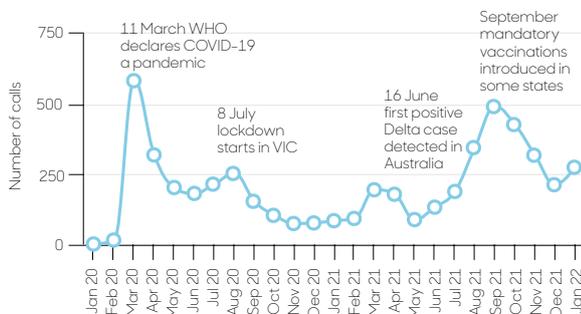


Claims insights

# Claims, complaints and medico-legal queries COVID-19

## Medico-legal calls and common queries

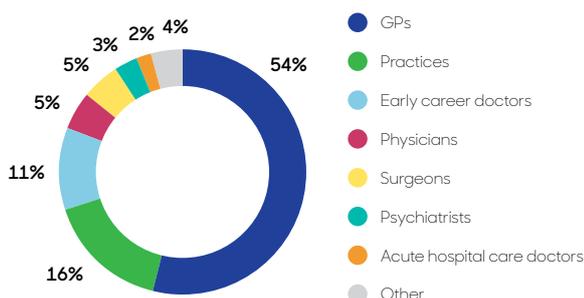
Since the pandemic began our Medico-legal Advisory Service (MLAS) has responded to over 5,000 member and practice calls about COVID-19. Calls were highest at the start of the pandemic and in September 2021 when mask/vaccination mandates were introduced during the Delta wave.



### The most common queries related to:

- 1. Vaccination** e.g. rules, age thresholds, brands, boosters, parental disputes about consent, expiry of doses, informed consent.
- 2. Medical certificates** e.g. requests for vaccine exemptions, mask exemptions, return to work clearances, letters to support working from home.
- 3. Complaints and incidents** e.g. patient complaints for declining vaccine exemptions or mask exemptions, being asked to follow COVIDSafe protocols, not being seen face-to-face, not being seen in a consult room, suspicious exemption certificates, members seeking to end doctor-patient relationships with patients who are aggressive or not following COVIDSafe protocols.
- 4. Employment issues** e.g. managing unvaccinated staff or staff with mask exemptions, contract variations, mandatory vaccination.
- 5. Practice management** e.g. advice on COVIDSafe policies, managing unvaccinated patients, patients with COVID-19 or patients not wearing a mask.

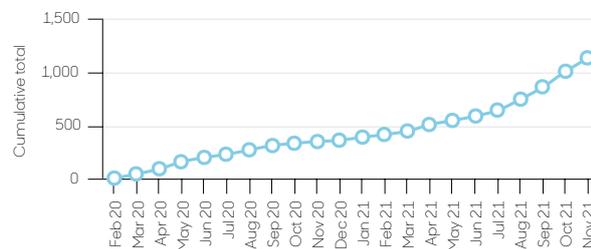
### The majority of calls were from:



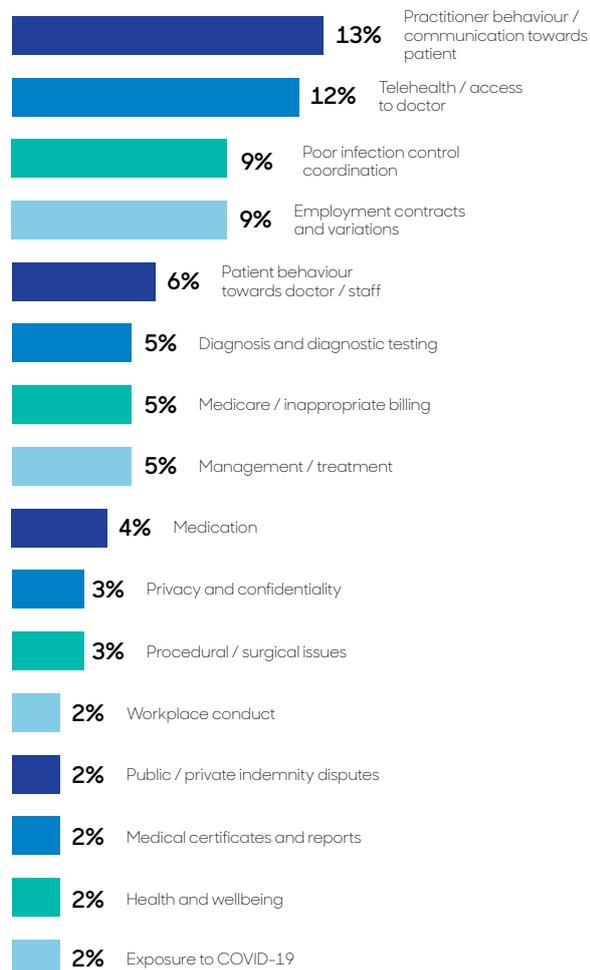
\* Data source: Avant MLAS calls 1 January 2020 to 27 January 2022

## Claims and notifications of incidents

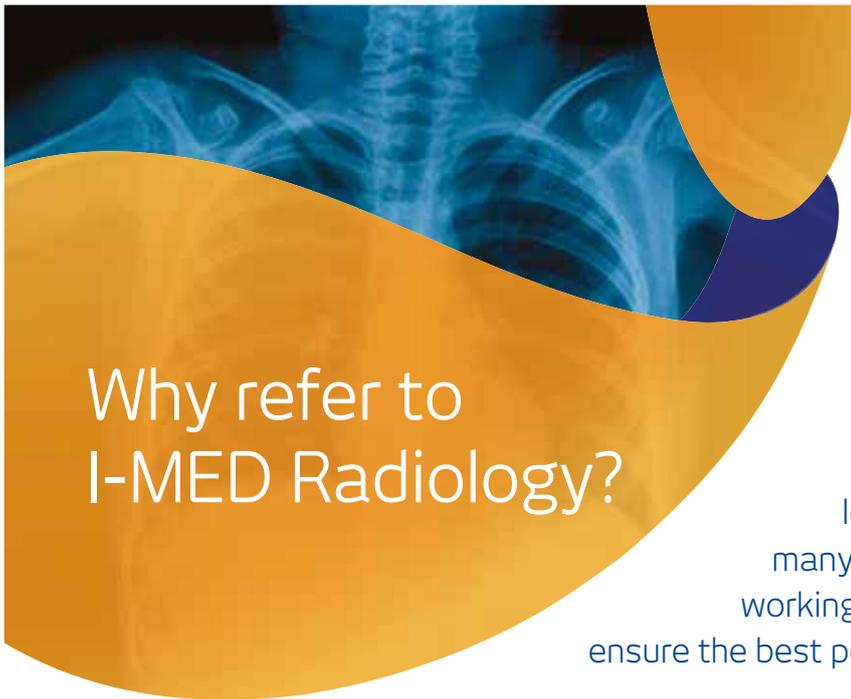
We have had approximately 1,200 notifications and claims related to COVID-19 since the start of the pandemic.



### The most common allegations / issues raised were:



\* Data source: Avant COVID-19 coded claims data to end of November 2021



## Why refer to I-MED Radiology?



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- e-Referral – GPs and specialists can now send their requests for imaging electronically, safely and securely, direct to I-MED from their practice management software
- Patients have the option to book their appointments online and access their images online.

**I-MED Radiologists Dr Anubhav Sarikwal and Dr Zubair Ali Khan are guest speakers at the upcoming Education Evening on Tuesday July 19th, 2022.**

### Topic: CT and PET in current practice

To register visit: [brisbanelma.org/events/upcoming/](http://brisbanelma.org/events/upcoming/)

**Dr Anubhav Sarikwal**



Dr Sarikwal joined I-MED Radiology in 2011 having completed his radiology training at the GSVM Medical College and Lala Lajpat Rai Hospital, India. On completion of his qualifications Dr Sarikwal was admitted as a Fellow of RANZCR and joined I-MED Radiology, in addition to working with the Royal Children's Hospital Brisbane as a Consultant Paediatric Radiologist.

**Dr Zubair Ali Khan**



Dr Zubair Khan is a dual-qualified radiologist and nuclear medicine physician with vast oncological imaging experience, including hybrid PET/CT and SPECT/CT. He also has a special interest in functional neuroimaging for neurodegenerative diseases and movement disorders. Dr Khan is well published, actively involved in research, and has been an invited speaker at various international and national conferences.

## Letter to the Editor

# Where To Travel Medicine?

By Prof Marc Shaw

Damn! Just as the speciality of travel medicine has become a fluency within primary and secondary care medical practice, its outreach buds have been severely pruned. A virus that we have long expected, but dared to hope would still be years away, has finally put paid to a global expansion of social, humanitarian and economic collaboration. We should surely have been aware of this impending invasion and prepared for it, but it was not on our 'alert now' radar. Every hundred years there tends to be some sort of microbiological pandemic; in 1720 there was the Plague, 1820 Cholera, 1920 Spanish 'flu and now in 2020 there is the COVID19 disease. The warning signs were there, it is just that we did not realize them.

For me the concept of travel is balanced. On the 'one hand' I don't want it to change, but on the other I accept the fact that it needs to. I am not so sure that changes needed necessarily to have been in response to the SARS-CoV-2 virus. I believe that they needed to change because of the impact that 1.5 billion annual international travel arrivals are having on the world; what with massive numbers of travellers impacting upon developing countries and thrusting their cultures on naïve recipients keen to survive a better life through an imported economy. Thus, COVID19 is the initiator but not the reason for required change.

My thinking is 'change and adapt', for COVID19 has certainly stymied international travel for the moment and probably for an indeterminate future. Certainly, being involved in 'travellers health issues' over the COVID period was just not survivable. I was numb with the feeling of how my business of 25 years had collapsed from 12 full-time folk to just three part-timers including me. Nevertheless, the feeling of an overwhelming 'black cloud' that I initially felt has finally started to go, as I now need look to a future in the field that I love – but now from a lateral viewpoint. For me then, very small steps and the first of these is for my business, and for my soul, to get aligned with the energies of the globe again.

### **There are five visualisations that I have for travel medicine as a result of the last two years:**

1. There will be growth aspects of travel health and medicine that will declare its future. These will relate to humanitarian and disaster health, business and corporate travel, high-end tourism, and geographic consideration travel such as 'nature' expeditions, scientific exploration, and human endeavour challenges.

2. The teaching of 'travel medicine' will need to re-focus from being a rather 'developed country indulgence' speciality to that of one becoming more enveloped in global and individual circumstances, and to consider public health aspects of countries travelled from and to. Were it to develop in this way, then it would become a major syllabus subject in medicine. I believe it needs to extend its emphasis to include other specialisations such as international public health, tropical health, immunology, vaccinology and also global consciousness which should include geographic awareness, and historical and current appropriateness for the regions to be travelled to. The travel health professional's job will be, as a care-taker, to make travellers realise that they have a responsibility to themselves, and to the regions that they travel in.
3. The travellers' geographical clinic will focus on three features of travel:
  - a) The traveller's personal risk profile, virtual consultations which can include 'fit for travel' certificates and personal safety measures for travelling
  - b) Elements of travel, to include safe global regions for travelling, and...

- c) Policies imposed by health insurance, employer, and government regulations at both origin and destination countries
- 4. Developing alliances will be important. Global and local connections to facilitate better knowledge will become essential and they will need a 'now' knowledge emphasis.
- 5. COVID-19 has had a hugely negative impact on global immunisation programmes. Travel health professionals, because of their specialist skills, can potentially support immunisation campaigns that currently need addressing.

Travelling is about to change, whether this be by train or boat or plane.

Travel is going to be more expensive and more exclusive. Air-travel has hugely gone up in price to this end.

All around the world, people have seen what happens to the environment during COVID19 and how it clears the atmosphere. Hence, they are likely to want a cultural cleanliness free of travellers. 'Focused travel' is likely with fewer numbers being admitted to more tourist-impacted areas.

Those with an interest in travel and global health must be proactive in this move and look much further than vaccination and anti-malarial advice. The prescriptive tools for the future are clear and laid out for those who wish to grow into a new and exciting re-boot of post-COVID travel medicine: a rejuvenated, prescriptive and ongoing post-

graduate education; current geographical and historical sources; an authoritative newspaper or two; and 'best possible' global political resources.

Marc Shaw DrPH, FRNZCGP, FRGS, FISTM, FACTM, FFTM (ACTM), FFTM RCPS (Glas), DipTravMed  
 Chair, Scientific Committee, Southern Cross Travel/Tropical Medicine Committee, Australasian College of Tropical Medicine, 2022  
 Chair, ACTM Faculty of Expedition and Wilderness Medicine  
 Professor, College of Public Health, Medical and Veterinary Sciences, James Cook University, Australia  
 Consultant in Geographic & Expedition Medicine  
 Medical Director - WORLDWIDE Geographic Medicine, New Zealand

**SAVE THE DATE**

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 **Travel Medicine**  
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Neglected tropical diseases, malaria, clinical case studies.

 **One Health Workshop**  
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 **Research**  
Researchers and students will be invited to submit abstracts on tropical medicine and travel medicine. Networking sessions for students and early career researchers.

[www.sctravelmedconference.com](http://www.sctravelmedconference.com)



# Australian Defence Force Veterans – Who Are They and How Should they be Managed

*Dr Andrew Cronin*

*BLMA Member, AMA Queensland Council Representative, Retrieval Physician and Senior Medical Officer*



**Dr Andrew Cronin**  
*BLMA Treasurer*

An Australian Defence Force (ADF) Veteran is an Australian citizen who has done at least one day of continuous full-time service for the Australian military. This can include the Royal Australian Navy, the Australian Regular Army, the Royal Australian Air Force, any of the associated military Cadet units, or any of the reserves associated with these forces. Once the veteran has completed their service requirement, they are eligible for assistance through the Department of Veterans Affairs (DVA). This assistance can come in many forms, including medical assistance, household and gardening cares, military compensation, reemployment, vocational training just to name a few.

At current estimates, there are over 600,000 living Veterans in Australia<sup>1</sup>. Approximately two thirds of these have a White or Gold Card. A White or Gold Card entitles a Veteran to assistance through DVA. It is similar to a Medicare Card. Any medical practitioner providing services to a DVA veteran is unable to charge a gap payment, however, they are entitled to a higher rebate than the standard Medicare rebate for the provision of similar services.

The most critical time in a Veterans' life is what is termed as "Transition". Transition is where the Veteran leaves the Defence Force and moves into civilian life. In many cases, the Veteran has been in the military since high school and they are unfamiliar with the health system, normal employment, and many other

factors. It is a place of the general practitioner to be able to recognise this period and assist the Veteran with transition into civilian life. The ADF have started providing one off medical assessments through BUPA whilst the member is still serving. This is complementary to the Separation Health Examination, which is the final medical clearance they get prior to discharge.

If the veteran discharges post 2019, they are entitled to an annual GP post-ADF discharge medical for the subsequent 5 years<sup>2</sup>, which is an extended consultation which goes through many factors that place a veteran at a higher risk in the community than the normal population. At the end of this post-ADF discharge medical, there are usually referrals to be made; the most common are to physiotherapists, exercise physiologists, psychologists, and psychiatrists. For a Veteran with a White Card, they are entitled to all mental health treatment at no cost to the veteran. They are entitled to receive 12 visits to a psychologist without the requirement for a GPMP or TCA. If the veteran has recognised musculoskeletal conditions as a result of their service, they are entitled to either an annual referral to the physiotherapist, or 12 visits following which this can be renewed as required.

There may be times when a Veteran submits a liability claim to DVA regarding an injury that occurred during the military service. DVA can accept initial liability on 20 common

conditions. If they accept this initial liability, the veteran is entitled to treatment under the Provisional Access to Medical Treatment (PAMT) program<sup>3</sup>. This program is attempting to prevent unnecessary delays and to allow Veterans access to treatment whilst their claims are being processed. The PAMT programme also allows general practitioners to refer to treating general non-GP specialists for appropriate treatment – this commonly involves orthopaedic surgeons and pain management specialists, as well as psychiatrists.

Being a highly specialised area of general practice, there are several clinics that now manage Veterans. These are usually run by ex-military Medical Officers and provide advice and assistance to Veterans with claims, permanent impairment assessments, transition medicals, and liaison with DVA. These Veterans clinics usually try and manage the Veteran through transition and finalise their claims, before referring Veterans onto other Veteran-friendly GP practices, aiming for a GP in the local area to where veteran is retiring.

It is important for GPs and non-GP Specialists to recognise if the patients are military veterans. Early recognition assists with management of common Veteran issues, including mental health and musculoskeletal conditions. This also allows the Veteran to access assistance through DVA funding as opposed to needing to use Medicare and/or the public health system.

It is recommended that Veterans are managed between specialist Veteran practices, their regular GPs and their usual non-GP Specialist networks.

I am pleased to be part of the The Australian Veteran Health Services (AVHS) which is a private practice of Occupational Medicine and General Practice operating in of Springfield that only sees Veterans. My colleagues and I are available at any time to talk to both GPs and non-GP specialists regarding any patients they have that identified as Veterans and may be having trouble with DVA or accessing entitlements. AVHS specialises in liability claims and permanent impairment assessments<sup>4</sup>.

- 1 [www.aihw.gov.au/reports/veterans/health-of-veterans/contents/how-many-australian-veterans-are-there](http://www.aihw.gov.au/reports/veterans/health-of-veterans/contents/how-many-australian-veterans-are-there)
- 2 [www1.health.gov.au/internet/main/publishing.nsf/Content/healthassessmentforadf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/healthassessmentforadf)
- 3 [www.dva.gov.au/financial-support/compensation-claims/get-treatment-while-you-wait-claim-pamt](http://www.dva.gov.au/financial-support/compensation-claims/get-treatment-while-you-wait-claim-pamt)
- 4 [avhs.com.au/](http://avhs.com.au/)

About the author – Dr Andrew Cronin is the director/owner of Australian Veteran Health Services. Prior to this, he was in the military for 15 years, both in the army and the air force. He volunteered to work for the Invictus Games in Sydney in 2018. He is passionate about Veterans health and is more than happy to speak to any other doctor regarding any issues around Veterans’ health. Dr Cronin is also able to undertake Australian and US pilot Aviation Medical Examinations.



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# GP CONFERENCE

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**“Future care of brain and spine - improvements in multidisciplinary care models”**

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## Brisbane North PHN supports more choice in palliative care at home



Brisbane North PHN is implementing targeted activities to improve access to palliative care and allow people facing end-of-life illness more freedom to die in a setting of their choice.

Brisbane North PHN is rolling out the initiatives to improve at-home palliative care under the federal Government's Greater Choice for At Home Palliative Care measure to enable the right care at the right time.

As identified in the Brisbane North region palliative care needs assessment, the most cited issue in palliative care is the siloing of services and associated poor communication between providers.

The Brisbane North Community Palliative Care Collaborative (BNCPPC), an existing multidisciplinary special interest group facilitated by the PHN, identified the potential to improve siloing by increasing engagement within the group. Members suggested this could be achieved by sharing information and undertaking

joint actions to address issues. The PHN will work with members to strengthen the BNCPPC by facilitating information sharing through regular meetings and supporting collaborative projects.

The first of these collaborative projects for 2022/23 aims to improve access to at home palliative care for people with a disability. Stemming from reports that people with disability are increasingly admitted to hospital to meet their palliative care needs, this collaborative project will develop a joint action plan with key cross-sector stakeholders to address this trend. Consultation for this work will commence in July 2022.

The second collaborative project recognises the need for greater communication skills in holding conversations relating to death and dying. Community health professionals will be offered a series of online short and practical soft skill development sessions culminating in a half-day face to face workshop

where skills can be practiced through simulation. While still in development, the series is planned to be launched in October 2022.

Another activity the BNCPPC is supporting is a palliative care update evening to coincide with National Palliative Care Week in May 2023 and five months following the implementation of Voluntary Assisted Dying (VAD) which comes into effect in Queensland on 1 January 2023. Although VAD is not recognised as part of palliative care, the need for information on options for patients with life-limiting illness is recognised by the BNCPPC.

Primary care professionals attending the update evening will have an opportunity to network and learn more about services and projects available in the region to support them as well as patients and their families.

For more information, contact Caroline Irle, Project Lead- Healthy Ageing, Brisbane North PHN at [caroline.irle@brisbanenorthphn.org.au](mailto:caroline.irle@brisbanenorthphn.org.au).

## Enabling Choice - It's what we do.

An article by Kelly Hill, Director at q4 financial



When I speak to new clients, they often have similar challenges, the most common being that they don't have 'choice'. **Choice can be many things to many people**, whether that be reduced hours, travel or dedicating more time to family, hobbies, charities, and other interests or causes.

Achieving that choice and knowing what that looks like is often the desired goal. At q4 financial we help, guide, and challenge our clients to achieve this choice the way *they* define it.

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

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

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

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

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

One of the most satisfying professional moments in my short career (I say short as I hope to continue this journey for many more years to come) was this a conversation with a long-term client: "*Do you realise that you have enough assets, which will pay you sufficient income for the rest of your life, and you do not need to turn up for work tomorrow or ever again?*"

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

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

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

[www.q4financial.com.au](http://www.q4financial.com.au)  
07 3171 4255

## BLMA member, Associate Professor Geoffrey Hawson, who has been appointed to AMA Qld Board reflects on his career

*By A/Prof Geoffrey Hawson*

I trained in medicine at the University of Queensland graduating in 1969. After my first-year residency I commenced training in pathology, no doubt prompted by the fact that my dad was a lab technician in New Guinea in WWII and left his textbooks lying around for a young me to devour.

After training as a laboratory haematologist and spending a year in private practice, I went to the PAH, completing physician training as a clinical haematologist. My 15 years at TPCH as Director of Laboratory Haematology and Pathology and, later, Medical Oncology and Palliative Care are highlights of my career. A special interest was coagulation for CABG surgery resulting in numerous publications with colleagues and at one stage, I provided the only public physician-directed chemotherapy on the northside, treating mainly lung cancer patients. In 1981, Dr Paul Zimmerman and I established one of the first oncology MDTs in Australia. I'm often amazed by the number of GPs and specialists who spent time with me as registrars, including a young doctor by the name of Keith McNeil.

In 1995, I was invited to expand and oversee the medical oncology and palliative care service at Redcliffe

and Caboolture as director. By 2001, Nambour was calling and I became their first Director of Cancer Services. Once a fortnight I provided a clinic at Gympie Hospital. After a long day at Nambour and a late drive-up, I had a long-standing arrangement with a Gympie motel for two red wines and steak and chips to greet me on arrival!

A medical event in 2005 saw me reduce to 2-3 days per week until my retirement from the public system in 2017. I left Qld Health having been awarded the title of Eminent Specialist some 9 years before. Since then, I've continued my private practice in non-malignant haematology on the northside. I've been fortunate to be involved in clinical trials and research and honoured to be awarded clinical/academic titles from UQ and Griffith Uni since 1993. I recall many memorable annual trips overseas, such as the IASLC in Interlaken where I watched the clouds rise up over the Eiger. Younger colleagues might be amazed to learn that PDP allowances in those days included two alcoholic beverages per day!

Impediments to senior doctors maintaining registration (CPD rules and definition of practice) have led to my involvement in policy and advocacy. Six years ago, I became

the Retired Doctor, now Senior Doctor, Representative on AMA Qld Council to ensure our concerns are heard and incorporated in policy. I'm currently President of the Australian Senior Active Doctors Association and in both roles, I've advocated on behalf of members for a step-down category of AHPRA registration. I'm pleased to report that this is now AMA Qld policy, and a joint AMA Qld/ASADA submission was forwarded to the Qld Health Minister.

In 2021, I was invited on to the Board of The Compass Institute on the Sunshine Coast. The institute provides training opportunities for young people with varying disabilities. A number of their trainees also do a martial art, Aikido, that I trained in for many years to black belt level. Currently my stress relief is Jodo (a stick-based martial art) which I still practice after 19 years.

Recently I was successful in becoming a member-elected Director on the AMA Qld Board. I believe strong leadership is needed to ensure members are at the forefront of the association's strategic direction. I welcome input from BLMA members on any matters that concern them.



Associate Professor  
Geoffrey Hawson



**ASADA AND AMA QUEENSLAND**  
**SENIOR ACTIVE DOCTORS CONFERENCE**  
**13-14 AUGUST 2022**    **VENUE:** The Komo, 99 Marine Parade, Redcliffe Qld

REGISTER NOW:



The Australian Senior Active Doctors Association and AMA Queensland are pleased to announce that the inaugural **ASADA and AMA Queensland Senior Active Doctors Conference** will take place in Redcliffe Queensland in August 2022. Redcliffe is located on Moreton Bay and is a 30-minute drive north of Brisbane Airport.

Registration is available on the AMA Queensland website:  
[qld.ama.com.au/events/senior-doctors-conference](http://qld.ama.com.au/events/senior-doctors-conference)  
 A detailed program will be made available closer to the conference.

Themes for discussion include: Global Trends and Models of Senior Doctor Registration, Medical Reserves, Encore Careers and Roles for Senior Doctors, Navigating the 2023 Registration Requirements, CPD, Recency of Practice, College Requirements, Maintaining Registration while Winding Down Practice, Emerging Issues for Senior Doctors, Progressing Senior Doctor Policy, Recent ASADA and AMA Queensland Initiatives.

## Brisbane North PHN & Metro North HHS GP Liaison Officer Update

*Dr James Collins*

Email: [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au) or GPLO webpage [metronorth.health.qld.gov.au/refer-your-patient-page/general-practice-liaison](http://metronorth.health.qld.gov.au/refer-your-patient-page/general-practice-liaison)



**Dr James Collins**  
 Website Editor  
 and Media Secretary

With the flu season upon us, it is important GPs make patients aware of the options to access health advice & support especially after hours including:

- ▶ 13 Health (13 43 25 84) – 24/7 nurse advice incl child health nurses
- ▶ GP Respiratory clinics who can see patients with flu like or viral illnesses
- ▶ after hours health providers

Thank you for your continued support of patients in your local communities.

Metro North Health **Virtual Emergency** can assist GPs with patients living in the Metro North Health catchment area with advice & support from an ED consultant. Its hours have been extended to support after hours GPs to Monday to Friday 8am-10pm, Saturday & Sunday to 8am to 6pm.

### Upcoming GP education

**Sat 26 July** – RBWH Cancer Preceptorship for GPs – half day webinar

Don't forget the following useful pages for GPs:

- ▶ Metro North Health Refer your Patient resource
- ▶ Brisbane North Health Pathways
- ▶ Brisbane North PHN Network Link – Latest Hospital & Health News

## My Health Record – benefits for both GPs & Hospital Specialists

Over 90% of your patients in Queensland now have a My Health Record. My Health Record is a central secure online summary of an individual's health information.

Both specialists and GPs can easily see numerous clinical documents and results in one place to help better manage their patients. This information can be accessed directly from several clinical practice softwares available to both private specialists and GPs such as Genie (CSP), Best Practice, Medical Director, Zed Med. Unlike The Viewer/Health Provider Portal, GPs & private specialists should be able to see information from both hospitals, GPs and more importantly community pathology and radiology as shown below (depending on your software).

There are numerous documents are now being uploaded including from:

### 1. Queensland Health Hospitals including:

- ▶ discharge summaries,
- ▶ pathology results
- ▶ radiology results & more

<https://www.health.qld.gov.au/system-governance/records-privacy/my-health-record>

### 2. Some Community Pathology & radiology providers –

QML, Mater Pathology & Queensland Pathology are currently automatically uploading results

S&N Pathology can arrange this when you order with their e-pathology ordering - ideally indicate the patient wants results uploaded to share with their health professionals

Pathology & diagnostic imaging providers uploading to My Health Record

3. GPs and specialists can also upload documents such as health summaries, medication records etc.

An example of how a private O&G specialist is Using My Health Record in a private obstetrics and gynaecology clinic can be seen by clicking on the link and this was before it has been made easier.

These can be helpful in managing the patient if you don't have information that has been sent to you and may prevent need for retesting or sharing clinical information and may prevent needing to chase all these results from multiple services and locations as it is all in one place

### My Health Record: Information for Specialists

Assistance can be provided to private specialists and GPs to get set up or for more information by calling Brisbane North PHN on 07 3630 7389 or emailing [myhr@brisbanenorthphn.org.au](mailto:myhr@brisbanenorthphn.org.au)

For Brisbane South GPs – Contact Digital Support for your practice at Brisbane South PHN

## GP Smart Referrals – help with your outpatient referrals

GP Smart Referrals (GPSR) is the latest and preferred way to send outpatient referrals to Queensland Public Hospital Outpatients. The benefits are that GPSR can now be integrated with your GP practice software such as Best Practice or Medical Director.

When making a referral to outpatients it can:

- ▶ Tell you where outpatient clinics are located and usefully show **approximate outpatient waiting times** for each department
- ▶ **Save time** – advises what essential information specialists

need to assess a referral with the GPSR speciality specific referral templates. If all the listed information is provided, referrals should not need to be returned for more information. (remember if you are unable to provide any information please explain why you can't provide it in the referral) This is in place so that the specialist has all community results at the patient's first appointment and prevents the patient from needing to return again with this information.

- ▶ **attach an image or document** directly into the referral reducing the need to fax it separately.
- ▶ soon you will be able to see where your referral is in the referral process.

If you don't use BP or MD, you can still send referrals via securing messaging on Medical Objects, Health Link etc.

For an in practice demonstration or for support sending your referrals electronically via GP Smart Referrals or electronically, contact Brisbane North PHN [GPSR@brisbanenorthphn.org.au](mailto:GPSR@brisbanenorthphn.org.au) or go to Digital health – Brisbane North PHN

In Brisbane South – contact Metro South Health GP Smart referrals by calling 1300 364 155 (option 2) or email [gpsmartreferrals.msh@health.qld.gov.au](mailto:gpsmartreferrals.msh@health.qld.gov.au)

To find out more go to [www.bit.ly/sreferrals](http://www.bit.ly/sreferrals)

# Wanderlust

*Noun* – a strong, innate desire to rove or travel about.



**Ros Bulat**  
Orbit World Travel

In over 35 years working in the travel industry and travelling to nearly 80 countries, Wanderlust is a desire that I have found hard to quench. Something none of us probably realised was as strong as it is until we were all of a sudden told we were not able to do what we had always taken for granted... travel.

COVID has given us all time to reflect on some of the **most** memorable experiences we have had on our journey through life.

We look forward to sharing some of our favourite journeys and experiences with you. Those 'stand out' moments that have fuelled our 'wanderlust'.

## Montreux – Switzerland

Nestled between the north east shore of Lake Geneva and the Alps, Montreux is located in a region known as the 'Swiss Riviera'. Switzerland is known for its natural beauty, but due to its extremely mild micro-climate, this region has an unusual more Mediterranean climate. Standing on the Lake shore, you have the experience of seeing a city rich in palm trees surrounded by the spectacular Swiss Alps. It is quite unique!

History shows Montreux as dating back to the Bronze age and as an integral part of Roman history, as it

located in the fork in the Roman road from Italy and over the Simpsons Pass. Its sunny slopes lent itself to an important wine growing region. Castle Chillon (rocky platform) is left as a reminder of those who controlled the area's wealth and power.

Fast forward a few centuries and it became popular with some of the world's most well know identities, from Lord Byron and Charlie Chaplin to Freddie Mercury. Many of the musicians we grew up with have based themselves in Montreux at some point. Why? The peace and quiet... and the tax breaks helped a little!

Why do I love Montreux? It is one of those places that just feels amazing, you can't put your finger on it. It is a peaceful and stunning part of the world, but there is also a lot to do within close proximity. I love that I can unpack and spend an extended stay and see so much, without having to repack and move on. Stay in a Lake hotel, open the blinds in the morning and BANG... There is the lake and the Alps and access to so many fabulous experiences, including:

- ▶ Lausanne
- ▶ Les Diablerets Glacier (3000m)
- ▶ Mountain Bike Riding
- ▶ Jungfrau Railway including Europe's highest railway station
- ▶ Greyeres Chocolate and Cheese factory

- ▶ Cruising Lake Geneva and the many shore side villages
- ▶ Castle Chillon
- ▶ The Winter Markets
- ▶ So so much more...

Famous for their Jazz festival in July each year, Montreux attracts some really well known musicians. This July, the line-up includes people like Diana Ross and Van Morrison. Get in early if you are interested in coming years, as tickets to this event sell fast!

Orbit World Travel can help you plan a visit to the heart of mainland Europe and to spend some time in fabulous, Montreux. Plan ahead now for 2024.



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





## AMA Queensland Update [qld.ama.com.au](http://qld.ama.com.au)



Dr Maria Boulton  
AMA Queensland President



Dr Brett Dale  
AMA Queensland CEO

### PRESIDENT AND CEO REPORT

Following AMA Queensland's Annual General Meeting on 27 May, Dr Maria Boulton and Dr Nick Yim have been elected President and Vice President, succeeding Professor Chris Perry and Dr Bav Manoharan.

Both are committed to working for all members, regardless of where they live, which specialty they are in or what career stage they are at.

Dr Eleanor Chew has been re-elected as Chair of Board and Dr Yim becomes Chair of Council. We congratulate our new Councillors and welcome back those returning to another year in their representative roles.

You can find the full list of AMA Queensland Board and Council representatives at [amaq.com.au](http://amaq.com.au).

You can also read a transcript of Dr Boulton outlining her vision for the next 12 months here. [qld.ama.com.au/news/ABCBrisbaneTranscript](http://qld.ama.com.au/news/ABCBrisbaneTranscript)

#### Budget submission

We have called for an urgent injection of more than \$2.34 billion into the health system in the state budget to deliver five priority actions.

- ▶ Implement the *Ramping Roundtable Action Plan*, starting with 1,500 more hospital beds across the state (>1.2 billion).

- ▶ Fill fundamental gaps in mental health (\$700 million).
- ▶ Address unmet need in palliative care (\$120.35 million).
- ▶ Make medical workplaces safe and healthy (\$1.67 million).
- ▶ Fix digital healthcare technologies (\$313 million).

This will not be cheap, but you cannot put a price on good healthcare. The long-term benefits of a healthier population will pay for themselves over time, with fewer hospitalisations, reduced pressure on our ambulances and emergency departments, and better mental health.

Our health system's capacity, design and funding have failed to keep pace with our growing and ageing population. It was already stretched to its limits before COVID-19. Workforce shortages were already deepening and staff were fatigued.

The Omicron outbreak, combined with the reopening of borders and the winding back of public health measures, led to thousands of healthcare workers being infected or furloughed as close contacts.

Our budget submission is all too familiar with many common themes showing the lack of investment and forward planning by the government to give Queenslanders the healthcare they need and deserve.

Each additional year without fundamental improvements in key areas has led to further entrenching of problems in the health system.

You can read our budget submission, our media release, and a transcript of Dr Boulton's press conference in the Latest News section of our website. [qld.ama.com.au/all/news](http://qld.ama.com.au/all/news)

#### Mental health summit

We have called on the State Government to convene a Mental Health Summit to bring together experts, government, academics, health leaders and doctors to work on practical solutions to ease pressures in the community, particularly on the medical workforce. The Queensland Parliament recently released the report of its inquiry into opportunities to improve mental health outcomes for Queenslanders.

The report found that Queensland's per capita spend on mental health services has been below the national average over the past decade. In 2019-20, Queensland had the lowest per capita expenditure on mental health services in Australia.

In our budget submission, we called for a recurrent investment of \$700 million a year to address the unmet need.

The report made 57 recommendations, including improving workplace mental health, particularly in healthcare workplaces, and



VICE PRESIDENT DR NICK YIM, COUNCILLORS A/PROFS ALKA KOTHARI AND GEOFFREY HAWSON AT THE AMA QUEENSLAND AGM ON 27 MAY 2022



(BACK ROW L-R) RDAQ PRESIDENT DR MATT MASEL, RACGP QUEENSLAND CHAIR DR BRUCE WILLET (ON SCREEN), BOARD CHAIR HEALTH WORKFORCE QUEENSLAND DR ROSS MAXWELL, ACRRM COLLEGE COUNCIL MEMBER DR BRENDAN CARRIGAN, CEO HEALTH WORKFORCE QUEENSLAND CHRIS MITCHELL. (FRONT ROW L-R) AMA QUEENSLAND PRESIDENT DR MARIA BOULTON, HEALTH CONSUMERS QUEENSLAND CEO MELISSA FOX.

expanding GP mental health and alcohol and other drugs services.

It also recommends increasing funding and expenditure for mental health and alcohol and other drugs services in the state and strengthening illicit drug diversion initiatives.

We also recently met with the Health Minister who made a commitment to hold a mental health summit for the health workforce in the third quarter of this year. We welcome this agreement and look forward to collaborating on ways to address the issues facing medical professionals.

Read our media release. The inquiry report is here. [qld.ama.com.au/news/mentalhealthsummit](https://qld.ama.com.au/news/mentalhealthsummit)

[documents.parliament.qld.gov.au/pdf/2022/5722T743-64F1.pdf](https://documents.parliament.qld.gov.au/pdf/2022/5722T743-64F1.pdf)

## North Queensland pharmacy trial

In May, we released the final report of our survey of doctors about the Queensland Government's urinary tract infection (UTI) pharmacy trial.

More than 1,300 doctors responded, reporting at least 240 cases of patients needing medical treatment for complications after taking part in the trial allowing pharmacists to diagnose and sell prescriptions for UTIs.

The Government is now planning to expand the trial this month to allow pharmacists in North Queensland

to diagnose and sell prescription medications for 23 serious conditions without any medical oversight, in breach of Commonwealth legislation.

The Queensland University of Technology (QUT) was engaged by Queensland Health to manage the UTI pilot's implementation and evaluation. QUT has provided an evaluation report to Queensland Health, but the Government is yet to release it.

A leaked copy of the report, obtained by *The Australian* newspaper, revealed 270 cases of complications but a follow-up rate of only 35.7 per cent of the trial participants, with 3,000 women unable to be contacted.

We have asked QUT to consider whether a trial that provides no clear mechanism for patients or doctors to report adverse events, and where the data for the evaluation of a service comes from the pharmacist who delivered that service, meets their usual standards for ethical approvals.

We continue to call on the Queensland Government to release the QUT evaluation and more details about the North Queensland trial to allow appropriate scrutiny from the public and healthcare professionals before proceeding any further.

Read the survey report and media release. [qld.ama.com.au/Stop-NQ-Pharmacy-Trial](https://qld.ama.com.au/Stop-NQ-Pharmacy-Trial)

[qld.ama.com.au/news/NQsurveyFinalReport](https://qld.ama.com.au/news/NQsurveyFinalReport)

## Queen's Birthday Honours

AMA Queensland congratulates all doctors and healthcare workers who were recognised in the Queen's Birthday Honours list.

Past AMA Queensland and AMA President Dr Steve Hambleton and Emerald GP Dr Ewen McPhee were both made Members of the Order of Australia (AM).

Townsville surgeon and humanitarian Professor Ajay Rane OAM was awarded a Public Service Medal.

We also congratulate Her Excellency the Hon Jeannette Young, who has been made a Companion of the Order of Australia (AC) and inducted on the COVID-19 Honour Roll for her efforts in battling the pandemic.

You can read more about the Honours here. [qld.ama.com.au/news/QueensBirthdayHonours](https://qld.ama.com.au/news/QueensBirthdayHonours)

## Free flu jabs

The Queensland Government's decision to become the first jurisdiction to make flu jabs free to everyone was welcome but came without consultation with GPs, leading to confusion and frustration for patients and practices.

AMA Queensland worked hard with Queensland Health to clarify which vaccines could be used, how patients and general practices would be reimbursed, and to get an

appropriate level of payment, with regular member updates provided as information came to hand

We supported the initiative, which led to 30,000 people getting an influenza vaccination in the first week after the announcement with latest figures now reporting more than 331,000 people have come forward for a flu jab

We reiterated our frustration that yet again another major announcement was made through the media without any consultation with GPs beforehand to work out the details.

You can read our media release here and a transcript of Dr Boulton on ABC Radio. [qld.ama.com.au/news/ABCBrisbaneTranscript](http://qld.ama.com.au/news/ABCBrisbaneTranscript)

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

## Federal election result

The nation has a new Prime Minister and Government, and a new Health Minister. With our federal colleagues, we will work to hold the new Labor Government to its promised \$750 million to support implementation of the Primary Care Plan, plus \$220 million in GP infrastructure grants.

Disappointingly, there is no commitment to lift the Federal Government's share of public hospital funding from 45 to 50 per cent. That extra 5 per cent from the Commonwealth would inject an extra \$1.5 billion a year, enough to pay for the 1,500 extra beds we need.

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 health system.

Labor Senator Nita Green, Greens Senate candidate Penny Allman-Payne, Socialist Alliance Senate candidate Dr Kamala Emanuel and Independent candidate for Herbert, Dr Angela Egan (an AMA Queensland member) took part. The federal LNP was unable to supply a candidate.

You can watch the Town Hall at [youtube.com/watch?v=bNkridwfj7o](https://youtube.com/watch?v=bNkridwfj7o)

## Ambulance ramping

In May, the AMA's *Ramping Report Card* showed Queensland is consistently failing to meet its own targets for transferring 90 per cent of patients from ambulances and into emergency departments (EDs) within 30 minutes.

Deputy Premier Steven Miles put the blame on GPs, saying patients can't get appointments and GPs are too expensive.

We joined with our colleagues in the Queensland GP Alliance to refute attempts to shift the blame.

Read our joint media release. [qld.ama.com.au/news/GPDemandRespect](http://qld.ama.com.au/news/GPDemandRespect)

## Foundation Charity event

The AMA Queensland Foundation Charity Event in May raised \$11,893 for Youngcare to support their At Home Care and Home Support Grants. It's not too late to donate – the Foundation

is committed to raising \$25,000 in their EOFY tax appeal. Visit here for more details. [www.amaqfoundation.com.au/donation](http://www.amaqfoundation.com.au/donation)

Guests at the dinner heard from inspiring speakers, including Juiced TV founder and CEO Pip Forbes, Youngcare board director Jamie Shine, Foundation Medical Student Scholarship recipient Isaac O'Dempsey, Foundation Chair Dr Dilip Dhupelia and AMA Queensland Board and Council chair Dr Eleanor Chew.

The recipients of this year's Medical Student Scholarships were announced. You can read about them here. [qld.ama.com.au/latest-news/foundation-scholarship-recipients](http://qld.ama.com.au/latest-news/foundation-scholarship-recipients)

Head to our Facebook page to see the photo gallery from the night. [www.facebook.com/media/set/?set=a.382591603908459&type=3](https://www.facebook.com/media/set/?set=a.382591603908459&type=3)

## Dinner for the Profession

Tickets are selling fast for this year's Dinner for the Profession on Friday 15 July at Waters Edge Portside.

This black tie gala event celebrates the incredible work of doctors throughout Queensland. Dr Boulton and Dr Yim will be officially inaugurated and awards of distinction will be presented.

We hope to see you all there for a three-course meal and an evening of networking with colleagues old and new.

Book your table here. [qld.ama.com.au/events/dinner-for-the-profession](http://qld.ama.com.au/events/dinner-for-the-profession)



**Help us raise \$25K in our EOFY Tax Appeal** to support Youngcare's At Home Care and Home Support Grants



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 (07) 3872 2222

You are invited to celebrate the incredible work of doctors throughout Queensland.

**DATE** Friday 15 July 2022  
**TIME** 6.30pm  
**VENUE** Waters Edge – Portside  
 39 Hercules St, Hamilton QLD 4007  
**COST** Member – Table of 10: \$1,300  
 Member – Individual Ticket: \$145  
 Member – Doctors in Training (DiT): \$99  
 Non-member – Individual Ticket: \$180  
 Non-member – Table of 10: \$1,740

- ▶ Black tie gala event
- ▶ Three-course dinner
- ▶ Awards of distinction
- ▶ Network with friends old and new



## 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.

**TOOWOOMBA:** Saturday 20 August  
**SUNSHINE COAST:** Saturday 10 September  
**GOLD COAST:** Saturday 22 October

[qld.ama.com.au/events/private-practice-seminar-series](http://qld.ama.com.au/events/private-practice-seminar-series)

**REGISTER NOW**



AMA QUEENSLAND

# WOMEN IN MEDICINE

*Breakfast*

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# The team behind your result

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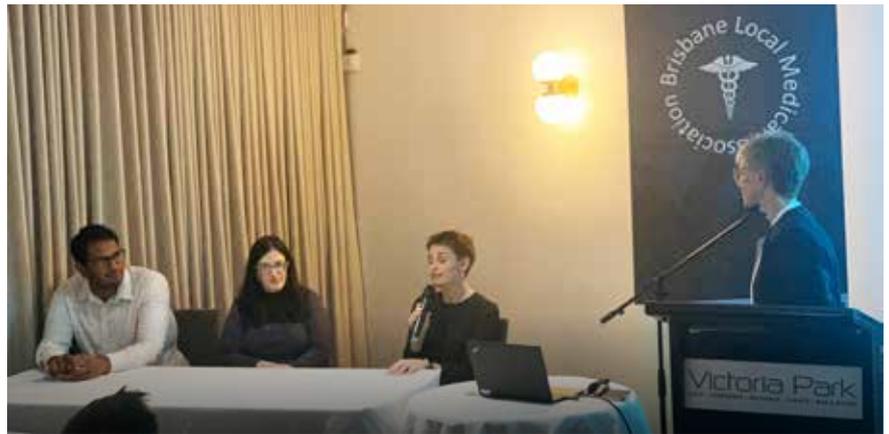
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# Events Wrap Up

11 May 2022

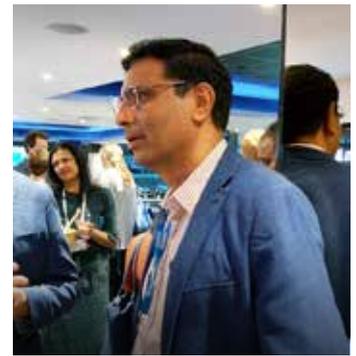
On 11 May 2022, we held the inaugural workshop in our Doctors in Training Series, at Victoria Park. Thank you to all speakers for an interesting and interactive evening!



# Events Wrap Up

19 May 2022

Thank you to all who attended our event on 19 May 2022 which was conjointly hosted with Avant, at the Queensland Cricketers Club.



20 May 2022

On 20 May 2022, members of the BLMA committee attended the AMA Queensland Foundation Charity Event. This event was raising \$25,000 for Young Care.



DR ANDREW CRONIN, DR JANET DRAPER, DR HASTHIKA ELLEPOLA, DR FELICITY JENSEN, DR JAMES COLLINS AND DR DILIP DHUPELIA

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