



BLMA Events

brisbanelma.org/events/upcoming

FRIDAY 18 NOVEMBER

BLMA End of Year Education Event

Time: 6pm for 6.30pm start

Location: The Greek Club,
29 Edmondstone St, South Brisbane
QLD 4101, Australia

RSVP: 9 November 2022

Speakers: Dr Tiarna Ernst "What the GP needs to know about Fertility"
Jessica Morris, Senior Embryologist
"Male Fertility"

Dress is smart casual

All details will be posted shortly on
BLMA website



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



BLMA President's Welcome

Dr Hasthika Ellepola

Welcome to the fourth edition of Synapse for 2022. Our membership continues to grow rapidly with a dissection of GP's, specialists, surgeons and doctors in training. We encourage you to invite 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.

Our bi-monthly educational events continue to be a success. We are proud to host interesting presentations to our members whilst enjoying a complimentary dinner from our sponsors. All educational events will also attract CPD points.

On 19 July 2022, we hosted an event at the Queensland Cricketer's Club. The event was sponsored by i-Med Radiology and q4 Financial. We thank our speakers, Dr Anubhav Sarikwal and Dr Zubair Khan for their engaging presentations in relation to CT scans and Referrals for PET/CT scans, respectively.

Our End of Year Educational event will be held on Friday 18 November 2022. Be sure to mark the date in your diary. Further details will be posted on the website in the near future.

You may have noticed some updates on our website and Facebook page recently. I take this opportunity to thank our website editor, Dr James Collins, for his continued work on our website Dr Janet Draper for our increasing social media presence.

Thank you once again to our authors and advertisers who make our newsletter the success that it is. We welcome articles and advertisements from our BLMA members. We are now accepting contributions to our next edition of Synapse which will be circulated in late October. 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).



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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Issue 5 | 2022 Newsletter

Deadline will be Monday 17 October 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!

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brisbanelma.org

Enquiries: Dr Andrew Cronin
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Are you listed on the Member Directory on our website? Are your details correct?

Directory form available on the website.

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Untapped potential: supporting leadership development in junior doctors

By Dr Amelia Sah



Dr Amelia Sah

Leadership is integral to medicine. There is an increasing drive at present to develop effective leadership within healthcare, especially in the wake of a global pandemic. Many doctors will take on leadership positions and responsibilities over the course of their career. However, unlike other professions where management and leadership skills are central, it is rarely taught, reinforced or rewarded throughout medical training.

Despite the lack of focus on developing these capabilities in trainees, there is evidence to suggest that effective leadership impacts not only the quality of clinical care, organisational outcomes and finances, but also supports overall physician wellbeing and satisfaction. There are few formal pathways for learning leadership in medicine. The BLMA has recognised this and recently hosted an evening focused on leadership for junior doctors, which provided a fantastic opportunity for doctors in training to meet with and hear from current leaders in the field. The evening sparked open discussion about the deficits and difficulties encountered when pursuing leadership roles and ultimately identified three focus areas.

The first was systems literacy. Several trainees felt their understanding of organisational structure and systems in Australian healthcare as well as in their individual workplaces was lacking. They reasoned that in order to effectively advocate for patients they would need to enhance their understanding of the link between policy, evidence, and outcomes for direct patient care. By extension, understanding the components of college accreditation would assist in identifying areas for change to support workplace teams.

Secondly, communication skills were raised as a frequent cause of anxiety when pursuing leadership goals. Trainees shared how they often grapple with balancing desire for advocacy whilst feeling secure in their workplace. This is a sensitive area and goes hand in hand with maintaining self-care. It was noted that physicians are often left to develop skills in communication and negotiation by trial and error. Interpersonal literacy and the ability to coordinate teams, provide feedback, and negotiate on decisions is central to effective leadership. Ideally, there would be formal curricula at both the medical school and college level to teach fundamentals such as team leading, conflict resolution and project management.

The final area of discussion was that of mentorship and networking. Junior doctors are frequently encouraged to find mentors in their early career. Peer to peer mentorship programs are not infrequently set up in medical schools and training hospitals, whereas finding a more senior mentor can be daunting. A common theme raised was anxiety surrounding how to best approach a mentor, and conversely, how to provide mutually beneficial and holistic mentoring. Juniors expressed that the opportunity to hear about the struggles and experiences of their seniors is hugely validating, and provides a common ground on which to seek out mentorship.

Undoubtedly, developing a culture of leadership education in healthcare from medical school through to college training and beyond is essential. Organisations such as the BLMA play a key role in engaging clinicians from all stages and fostering mentorship. The recent dinner is testament to the drive for junior doctors to invest in formally developing leadership, managerial and communication skills. If we are to strive for better healthcare outcomes in the future, we must continue to advocate for advances in medical leadership education.



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A/Prof Alka Kothari

Forgotten fathers – the missing link

By A/Prof Alka Kothari

Fathers have come a long way from smoke filled waiting rooms to modern day Obstetric care. However, fathers are still largely 'forgotten' in maternity services, not only in Australia but also around the world. My PhD work on *'Forgotten fathers in pregnancy and childbirth'* provides a unique insight into the impact of traumatic circumstances on fathers. There is a significant influence of paternal genetics, health and lifestyle on fetal development, pregnancy complications such as preeclampsia and maternal and neonatal wellbeing (Kothari et al 2019). In Australia, 1 in 5 men report a mental health condition in the preceding 12 months and suicide is the leading cause of death in people in the reproductive age group (15-44 years). Paternal perinatal depression occurs in up to 10% of fathers. Even though 99% of fathers intend to attend the birth of their baby, there are no screening measures in place for mental health conditions or pre-existing vulnerabilities for prospective or current fathers (Unpublished data, Kothari et al 2022).

Even an uneventful childbirth may be considered traumatic by fathers and when there are complications, this stress could be extreme. Maternal or fetal complications occur in up to one-third of pregnancies including unpredictable events such as a life-threatening postpartum haemorrhage (5-16% births) or unexpected resuscitation of the newborn (15% births). These circumstances contribute to a significant risk of unrecognised mental health consequences for the father, the mother and the entire family unit, with inter-generational consequences.

Most fathers struggle with communication, provision of medical information, difficult decision-making, and relationship strains. Additionally, fetal loss is associated with guilt, self-blame, fear, shame, social and religious stigma and suicidal ideation (Kothari et al, 2022). There is a significant risk of unrecognised mental health consequences, especially after traumatic events (symptoms of depression (40%) and traumatic stress (27%) even four months after a traumatic event (Under review- Kothari et al 2002).

While there is targeted support afforded to women during pregnancy and postpartum, this is not the case for fathers. Even though they are at an increased risk of depression and post-traumatic stress syndrome, there are no routine follow up services offered to these fathers. Fathers are also typically reluctant to access and accept care and support due to stigma and societal constraints and often engage in mal-adaptive coping, indulging in alcohol and drugs (Kothari et al 2022).

Therefore, the scope of Obstetric services needs to be broadened to ensure they are father-inclusive, holistic and equitable and adequate screening and compassionate care must be offered to fathers.

1. Kothari A, Thayalan K, Dulhunty J, Callaway L. The forgotten father in obstetric medicine. *Obstet Med.* 2019 Jun;12(2):57-65. doi: 10.1177/1753495X18823479. Epub 2019 Feb 18. PMID: 31217809; PMCID: PMC6560841.
2. Kothari A, Bruxner G, Callaway L, Dulhunty JM. "It's a lot of pain you've got to hide": a qualitative study of the journey of fathers facing traumatic pregnancy and childbirth. *BMC Pregnancy Childbirth.* 2022 May 24;22(1):434. doi: 10.1186/s12884-022-04738-4. PMID: 35610624; PMCID: PMC9128289.

Letter to the Editor

Welcome Dr Patrick Pearce

We are very excited to announce that Dr Patrick Pearce will soon be joining the Briz Brain & Spine team. Dr Pearce is a highly qualified Australian-trained Neurosurgeon with a sub-specialist Interest in spine surgery.

After undertaking initial training in his home city of Brisbane, Dr Pearce relocated to Melbourne to undertake further neurosurgical training at the Royal Melbourne, Royal Children's and St Vincent's Hospital. Dr Pearce moved back to Brisbane and completed his final years of training at the Royal Brisbane & Women's Hospital. He then undertook further sub-speciality training in spine surgery at the Royal Brisbane and Women's Hospital.

Dr Pearce has a keen interest in teaching and learning with affiliations to the University of Queensland. He is also heavily involved in research and teaching, having presented at a number of national and international forums and publishing a number of research papers. Dr Pearce is a member of a number of professional associations and is also currently undertaking a postgraduate diploma in spine surgery.

Referrals are now being accepted for Dr Pearce who will commence consulting in mid-August from Briz Brain & Spine's practice at the Bowen Hills Medical Specialist Clinic. For further information about Dr Pearce, please visit our website at www.brizbrain.com.au.



Dr Patrick Pearce
Neurosurgeon



Dr Janet Draper
BLMA Committee Member

Meet the BLMA Committee

Committee Member – Dr Janet Draper BMedSc MBBS FRANZCOG

Janet is a born and bred Brisbane who graduated from UQ with her MBBS in 1993, after taking an extra year to complete her Bachelor of Medical Science research degree in 1991.

She worked all over Queensland on her way to completing her FRANZCOG in 2006 and has worked as a Staff Specialist in Obstetrics and Gynaecology at Logan Hospital since 2007.

She was Deputy Director of O&G in 2013-2014 and was Acting Director of O&G in 2019-2020.

She has been a RANZCOG and DRANZCOG Advanced Training Supervisor for the majority of her time as a specialist and was appointed the Logan Hospital Training Co-ordinator/Training and Accreditation Committee Representative in March 2022.

She is passionate about teaching, training and support of students and doctors.

Janet joined the BLMA Committee at the 2022 AGM as the South Brisbane Representative.



Brisbane South PHN supporting General Practice Quality Improvement



Medical practices are complex small business enterprises. To be successful as a business, good people management skills are required. High performing practice teams require clear roles and responsibilities, good culture and engaged leadership in order to coordinate effectively to deliver quality services. Brisbane South PHN's Quality Improvement (QI) toolkit is aimed at managing the general practice team.

Key topics include:

- ▶ practice teams
- ▶ recruitment
- ▶ position descriptions
- ▶ staff induction
- ▶ staff documentation
- ▶ staff qualifications
- ▶ privacy and confidentiality
- ▶ staff training and development
- ▶ staff performance appraisals
- ▶ occupational health and safety
- ▶ practice communication
- ▶ clinical handover.

It is important for practices to ensure that all team members participate in ongoing education and training relevant to their role. To request practice support, contact Brisbane South PHN via support@bsphn.org.au or visit bsphn.org.au



Vitiligo: What is new?

Dr Heba Jibreel



Vitiligo, a common depigmenting skin disorder, has an estimated prevalence of 0.5–2% of the population worldwide. The disease is characterized by the selective loss of melanocytes which results in typical chalky-white macules. In recent years, considerable progress has been made in our understanding of the pathogenesis of vitiligo which is now clearly classified as an autoimmune disease.

CLINICAL CLASSIFICATION

A 2012 international consensus report recommended that the umbrella term “vitiligo” be used for all forms of vitiligo (Table 1)¹ except the segmental variant, which should have a special classification because of its distinct prognosis and response to treatment, this variant is rapidly progressive but stabilizes quickly & is less responsive to treatment.

Type	Subtype
Vitiligo	Arofacial, focal, mucosal (>1 Mucosal site), generalised, universal, mixed (associated with segmental vitiligo), and rare variants.
Segmental Vitiligo/ undetermined/ unclassified	Unisegmental and multisegmental

ASSESSMENT

The evaluation of the patient with vitiligo entails a detailed history and a complete skin examination to assess disease severity and individual prognostic factors.

Because of the increased risk of autoimmune thyroid disease in nonsegmental vitiligo, thyroid-stimulating hormone and autoantibody should be screened initially. A recent study estimated that the risk of developing autoimmune thyroid disease in patients with vitiligo doubles every 5 years, and screening every 3 years was recommended.²

MANAGEMENT

Choice of treatment depends on the subtype of the disease, the extent, distribution, activity of disease as well as the patient's age, phototype, effect on quality of life and motivation for treatment. (Fig-7 3)

Treatment includes topical corticosteroids, topical calcineurin inhibitor, Phototherapy.

Surgical techniques, in those with nonresponsive, stable vitiligo. Includes mini-punch grafts, Suction blister, split thickness skin graft & cellular graft.

Emerging treatments:

- Ruxolitinib (Opzelura) cream is the first and only FDA-approved treatment for repigmentation in patients with vitiligo.
 - FDA has approved ruxolitinib (Opzelura) cream 1.5% for the treatment of nonsegmental vitiligo in adult and paediatric patients 12 years of age and older, applied to up to 10% of the body's surface area.
 - Opzelura is a topical Janus kinase (JAK) inhibitor.
 - The approval was based on results from the TRuE-V clinical trials, in which more than 600 patients were randomly assigned to Opzelura or placebo. At week 24, 30 percent of patients treated with Opzelura achieved ≥75 percent improvement from baseline in the facial Vitiligo Area Scoring Index (F-VASI75) versus 8 to 13 percent of patients treated with placebo. Approximately half of Opzelura-treated patients achieved F-VASI75 at week 52.
- Prostaglandin E2 gel & Bimatoprost (a synthetic analogue of prostaglandin F2α).
- Afamelanotide enhances the efficacy of NB-UVB in patients with vitiligo.
- Targeted immunotherapy like topical Ruxolitinib 1.5% cream (a JAK1 and JAK2 inhibitor).
- Topical & oral antioxidants- Vitamin E, Polypodium leucotomos and Ginkgo biloba .
- Platelet-rich plasma (PRP) treatment in combination with Excimer or fractionated Co2 laser.
- Fluorouracil (5-FU) treatment following epidermal abrasion.

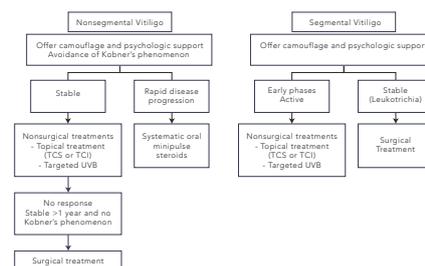


Fig. 7. Therapeutic algorithm of vitiligo. TCS, topical corticosteroid; TCI, topical calcineurin inhibitor; UVB, ultraviolet B.

¹ Ezzedine K, Lim HW, Suzuki T, et al. Revised classification/ nomenclature of vitiligo and related issues: the Vitiligo Global Issues Consensus Conference. Pigment Cell Melanoma Res. 2012;25:E1-E13.
² Gey A, Diallo A, Seneschal J, et al. Autoimmune thyroid disease in vitiligo: multivariate analysis indicates intricate pathomechanisms. Br J Dermatol. 2013;168:756-761.
³ Bergqvist, Christina, & Ezzedine, Khaled. (2020). Vitiligo: A Review. Dermatology (Basel), 236(6), 571-592. https://doi.org/10.1159/000506103



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The MBAQ is a not-for-profit organisation comprised of voluntary medical and other professionals who provide their time, expertise and service at no cost.

The Medical Benevolent Association of Queensland was founded by members of the profession in 1967 with the sole objective of financially assisting Queensland medical practitioners and their families in need.

Financial crisis may strike at any age in the life of a medical professional. The Medical Benevolent Association is able to offer financial assistance to members of the profession if they request assistance and if they meet the criteria for a grant from the Association.

Risks exist for medical practitioners at all stages of their lives and periods of absence from work through illness or injury, disability or domestic and family violence may precipitate emotional as well as financial stress.

Since our founding, MBAQ has regularly provided emergency financial support to doctors. Between 2017 and 2021, with the help of donors, the MBAQ has supported 34 medical practitioners in need with financial grants totalling close to \$400,000.

Veronica was a doctor working in Far North Queensland who was a victim of domestic and family violence. The stress from separating from her partner and relocating had a significant impact on her mental health and increased financial stress as she was unable to work her usual work hours. This in turn impacted her ability to complete her fellowship exams.

MBAQ was able to provide a financial grant to Veronica which assisted her to complete her fellowship examinations so she could create a secure financial future for herself and her children.

In order to provide an effective and valuable service for Queensland medical practitioners and their families, we require donations. This will enable us to continue to support our colleagues in need. All donations to the MBAQ are tax deductible.

Now, more than ever, our service is essential in relieving temporary financial stress to our doctors in crisis.

Donations to the Association are tax-deductible and receipts will be issued.

"MBAQ's support last year was instrumental in giving me the stepping stone I needed to get my family to a financially secure state"

ANON - DECEMBER 2021

"We are going through an extremely difficult time due to unforeseen circumstances but the help from MBAQ will mean so much in that we will have a little breathing room and ability to feel less stressed as a family."

ANON - JANUARY 2021

"I was fortunate to receive support from MBAQ in 2009 and am now able to repay your generosity to me in coming months. I wanted to thank you again for the tact and kindness my application was met with. I was subsequently able to support my two children and pass two fellowships. Thank you for the work you do."

ANON - DECEMBER 2018

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Artificial Intelligence (AI) and Orthopaedics

By Dr Thittukattoor Sudhahar

AI, Robotics and Machine learning have become inevitable in the current era. Orthopaedics, like any other specialty is rapidly evolving to include AI. Although the impact of AI on clinical outcomes is debatable, every aspect of measurement and data collection can be made more quantitative and qualitative with AI. Certainly, patient safety will improve due to reductions in complications and revision surgeries.

Applications of artificial intelligence include usage in Robotics for joint replacement surgery. Although computer navigation has existed for a long time, Robotics is providing a new face to it. Many Robotic assisted surgeries are available in the market for knee replacement surgery.

Robotics in knee replacement is helping practitioners to gain a better understanding of alignment, balance and range of motion. Quantification of the surgery reduces the margin of error to less than 3 degrees. Huge amounts of data are collected, which will ultimately lead to patient specific correction. Even though most patients fit into a bell-shaped curve of 2 SD (standard deviation) each patient is unique. Ultimately, the aim is to give the patient a joint as close to normal. In future, AI and Robotic assistance will be the norm in helping

to understand the notion of normality for each patient regarding the joint replacement they need.

3 D Models have been used in Orthopaedics for more than a decade. AI and machine learning will replace this with more reliable real-time 3D imagery during the surgery. Patient specific instrumentation (PSI – Zig) has long been used for shoulder replacement. With real-time data from a computerised 3D model and robotics, PSI – zig will become obsolete. Already with use of advanced navigation, GPS and computer model, the exact position of the Glenoid implant and screw positioning has reached extreme precision. Several companies are in the process of producing Robotics for shoulder replacements.

Similar situations are happening in the hip replacement as well. Even though only a handful surgeons are using it currently, several innovations are occurring in this area right now.

Currently, simple phone apps with reminders and recordings of pre-op and post-op exercises are already in use. Ultimately, AI will tailor the mobilisation and exercise regime for each patient according to their specific version of normality.



Dr Sudhahar
BLMA Member

Also, post-operative analgesia requirements and what type of pain medication the patient needs will be provided via a predictive model from an AI. Reminders utilising some form of technology can be given as many times a day as needed. This will reduce the anxiety for the patient and reduce the number of visits to their GP, Specialist and physiotherapist.

From the data, AI (machine learning) will ultimately predict the prognosis, longevity and future outcome.

Patients will have to adapt to the increased collection of data and using apps for pre-op and post-op management for procedures. Patient have to register to apps as part of their pre-op work up and record their data in the apps.



Hip and Knee Robots



Shoulder Navigation



Dr Manoj K Bhatt

Medical imaging

*By Dr Manoj K Bhatt
Nuclear medicine and PET
physician, Royal Brisbane
and Women's Hospital,
and Lumus Imaging, St
Vincent's Private Hospital
Northside, Chermside*

Medical imaging is divided broadly into morphological imaging (CT, MRI, ultrasound mammogram etc) and functional imaging (Nuclear Medicine and PET (Positron emission tomography)).

Functional imaging – uses radiopharmaceuticals (radioactive agents attached to pharmaceuticals), injected into patients and imaging the radiation emitted from the patient to diagnose the physiological or pathological process. This includes:

1. Nuclear medicine – Using traces like Tc-99m, Iodine (I-123 or I-131), Gallium-67 and Thallium.
2. PET – Using higher energy positron emitters like 18-Fluorine or Gallium-68.

PET scans can be referred by specialists only.

The focus of this article is to discuss the two most common scans being referred by general practitioners. These are **myocardial perfusion scan** and **bone scan**.

1. Myocardial Perfusion scan (MPS)

Indication of MPS is to assess chest pain in patients with low or intermediate risk factors for ischaemic heart disease. There are recent changes in Medicare item number for billable MPS. Most practices now bulk bill MPS. The following things are to be kept in mind when requesting MPS:

- a. Caffeine free for 24 hours before the scan (no tea, coffee, chocolate, milo etc). This is because caffeine is a reversal agent for Adenosine/Dipyridamole, the most common stress agents used. In presence of caffeine, these agents produce suboptimal stress.
- b. If history of Asthma or COPD is suspected, please discuss with the nuclear medicine specialist as the stress method may vary.
- c. Continue all medications (different practices have different protocols to stop cardiac medications).
- d. Medical Benefits Schedule: MPS is indicated *only for patients who can't exercise or are not suitable for stress echo*.

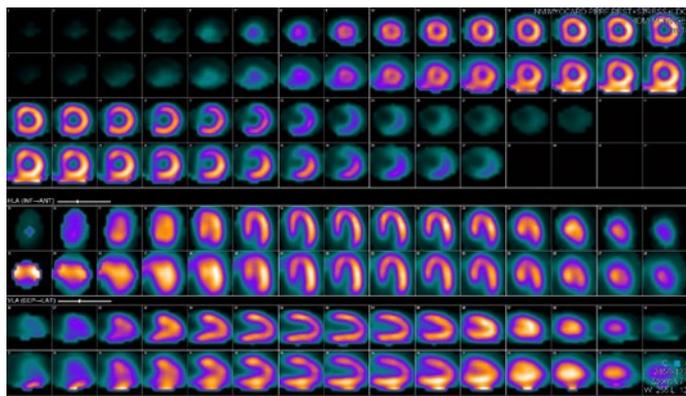


Figure 1 – Normal myocardial perfusion scan.

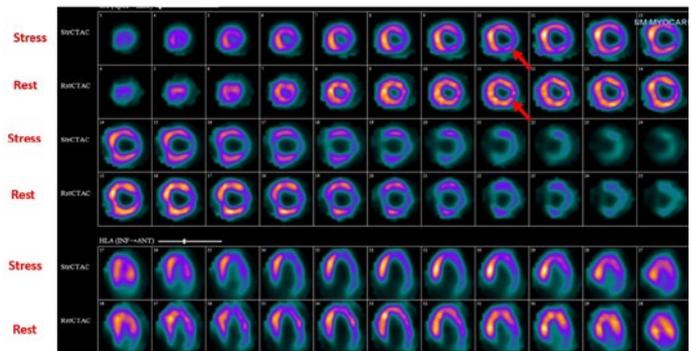


Figure 2 – Abnormal MPS

2. Bone scan

No preparation required. Usual indications are:

- a. **Bone metastases, preferably osteoblastic.**



Figure 3 – Bone scan for osteoblastic bone metastases for prostate cancer.

b. Stress fracture and shin splints¹ – Common indication can be increased pain after recent increase in physical activity, in absence of trauma.

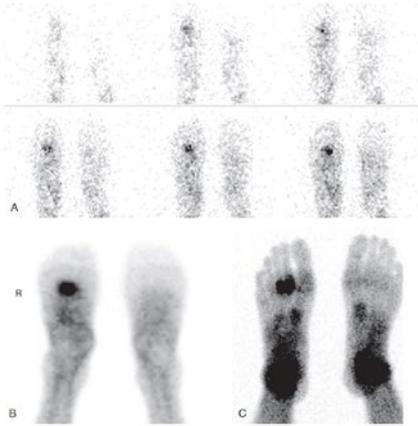


Figure 4 – Stress fracture - runner patient present with right foot pain; normal x-ray. (Image courtesy – Nuclear Medicine, The requisites)

c. Complex regional pain syndrome – Non-specific chronic pain, usually affecting hands or feet, after injury or surgery. The pain is out of proportion of the injury and morphological imaging (xray or CT.)

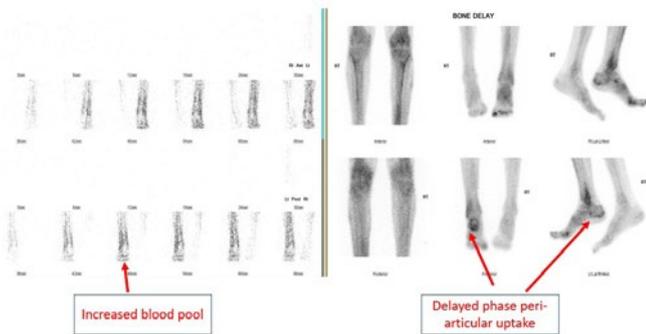


Figure 5 – 52-yr old man presents with swelling, pain and erythema following cellulitis. Diagnosis – complex regional pain syndrome.

d. Metabolic disorder like Paget’s disease

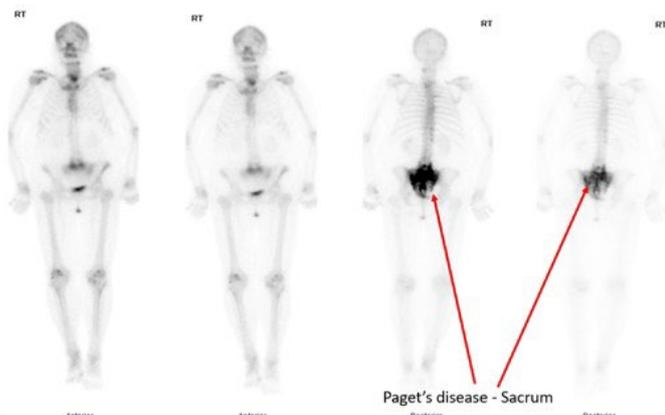


Figure 6- Paget’s disease of sacrum

e. Facet joint arthropathy for cervical and lumbar vertebrae – CT may show multiple degenerative changes. Bone scan helps to localise the joint to inject for maximal benefit.



Figure 7– Left C3/4 facet joint arthropathy

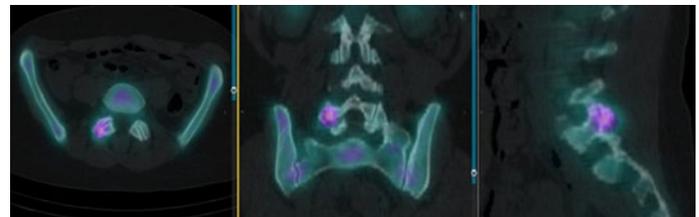


Figure 8 – Right L5/S1 facet joint arthropathy

f. New kid on the block- Bone scan for Cardiac Transthyretin Amyloidosis (ATTR)

Myocardial uptake on bone scan is suggestive of ATTR cardiac amyloidosis; (and with absence of uptake, there may still be the possibility of AL amyloidosis)

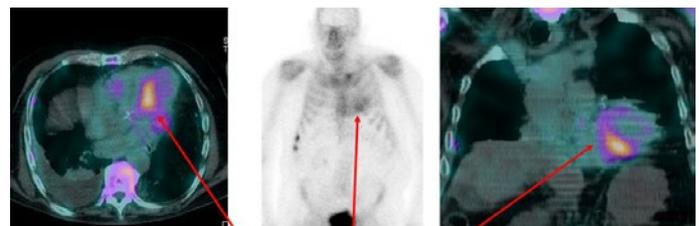


Figure 9 – Myocardial uptake on a bone scan.

Reference:
1. Hacking, C., & Gaillard, F. (2009). Stress fracture. *Radiopaedia.Org*. <https://doi.org/10.53347/RID-7542>

Acknowledgement – Dr Joseph WONG, Nuclear Medicine and PET physician, Lumus Imaging, St Vincent’s Pvt Hospital Northside, Chermside, QLD 4032



JDC

JUNIOR DOCTOR CONFERENCE GOLD COAST

2022

DAY 1 SATURDAY 29 OCTOBER

**CONFERENCE GRIFFITH UNIVERSITY,
BUILDING G42, GOLD COAST CAMPUS**

**SOCIAL FUNCTION SOUTHPORT SHARK
- AVIARY BAR**

DAY 2 SUNDAY 30 OCTOBER

TOPGOLF GOLD COAST



BUY TICKETS

BY MONDAY 24 OCTOBER

Registrations are now open for the AMA Queensland Junior Doctor Conference in the GOLD COAST.

This conference encourages junior doctors to engage and be inspired. It is an opportunity to learn from exhibitors, keynote speakers, panels of experts and breakout sessions on high value clinical skills, life and survival skills. You will not want to miss this event as the end goal of the conference is to make you recognise your potential as the future of medicine. We can't wait to see you there!

WHO SHOULD ATTEND?

- ▶ Doctors in Training
- ▶ Medical students

RESEARCH PROGRAM OPPORTUNITY

You've worked hard on your research project – let your peers know all about it! The 2022 JDC Gold Coast has expanded to provide attendees with the valuable opportunity to present their research, in a challenging and exciting forum.

Submissions are now open for two categories of abstracts:

- ▶ Verbal presentation
- ▶ Poster abstract

AMA Queensland Member	\$150
AMA Queensland Student Member	\$75
Non-Member	\$300
Join AMA Queensland: Registration is free ..	\$0

SPECIAL OFFER!

Non Members, be one of the first 20 people to join AMA Queensland before the event and you will receive your JDC Gold Coast registration for FREE! Download the membership form on the event website.

COST FOR AMA QUEENSLAND MEMBERSHIP:

- ▶ Students – FREE!
- ▶ Junior Doctors – see membership form for details

Go to the **AMA Queensland website** to see event details or email your questions to **events@amaq.com.au** or **(07) 3872 2222**

qld.ama.com.au/events/Junior-Doctor-Conference-GoldCoast-2022





WORKPLACE RELATIONS
BY AMA QUEENSLAND



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. We're 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.

GOLD COAST:

Saturday 22 October
Gold Coast Private Hospital,
14 Hill Street, Southport QLD 4215 (Seminar room 1,2,3)

SUNSHINE COAST:

Saturday 5 November
Venue TBC

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

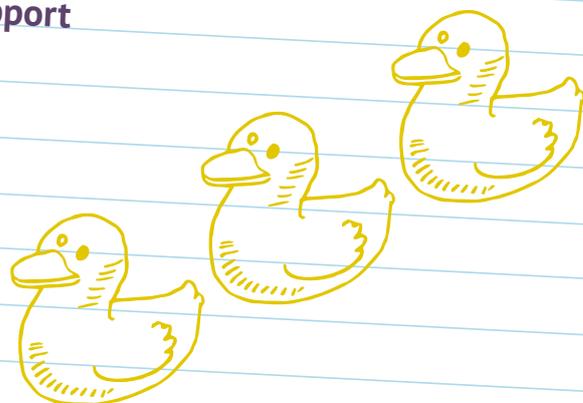
REGISTER NOW



Trying to get your committee's ducks in a row?

AMA Queensland's Business Support Services can take care of your:

- Meetings and events
- Member engagement
- Bookkeeping
- Research, report writing, policies and procedures
- Governance



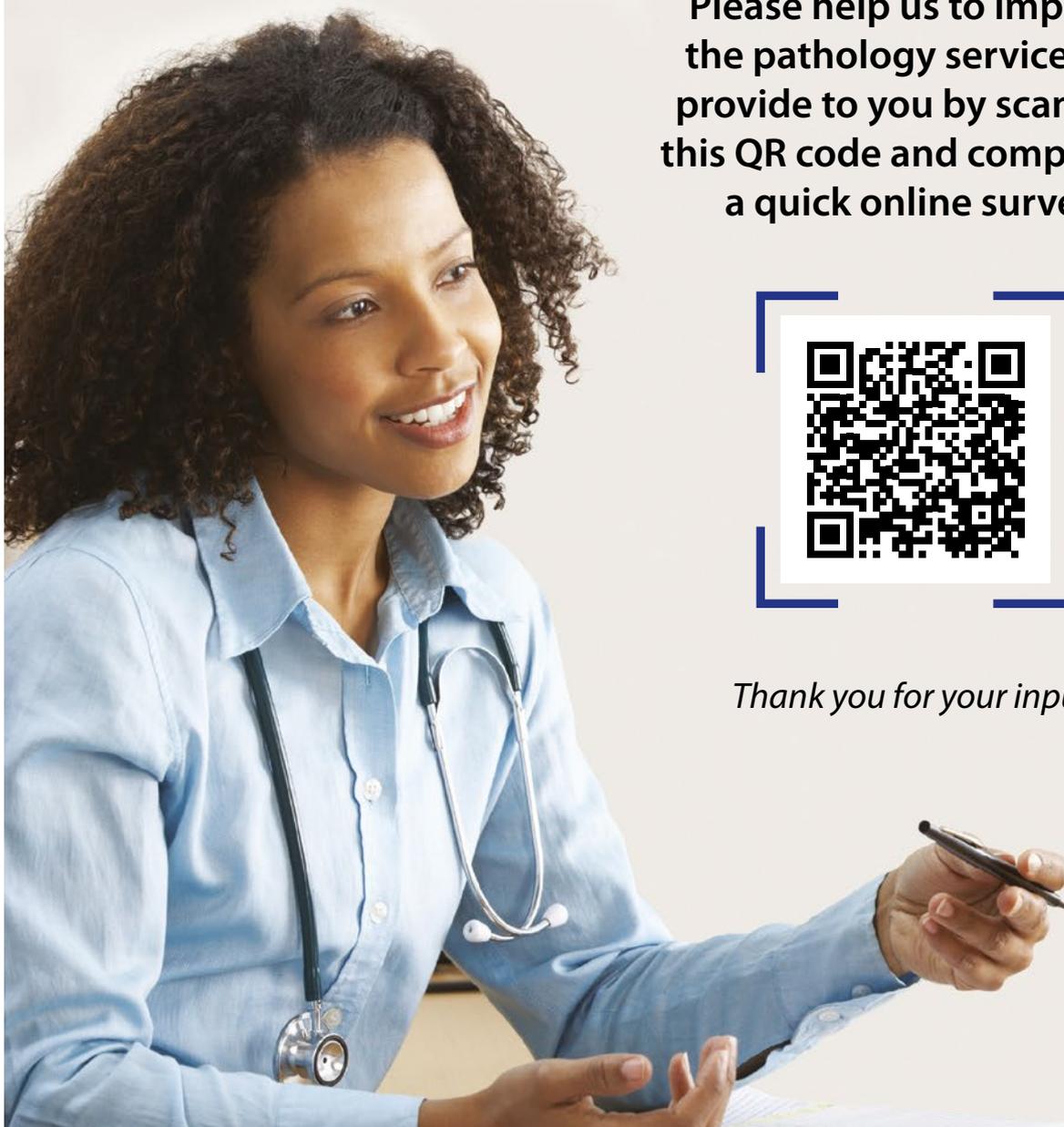
P: (07) 3872 2222
E: bss@amaq.com.au

We value your feedback

Please help us to improve the pathology services we provide to you by scanning this QR code and completing a quick online survey.



Thank you for your input.



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AMA Queensland Foundation

By Dr Dilip Dhupelia

The Foundation is the charitable arm of AMA Queensland, focusing on improving the health and wellbeing of Queenslanders who slip through the gaps in the healthcare system. This quarter, we are delighted to announce the total monies raised in our latest campaign for Youngcare and you will learn about one of our recent funding recipients, the VacSeen Project. Thank you once again to all our incredible donors. Your donations are making a difference to the lives of Queenslanders facing sickness, disability or hardship.

More than \$70,000 raised for Youngcare

We raised a total of \$70,583 in our EOFY tax appeal for Youngcare to support their At Home Care Grants (AHCG) and Home Support Grants.

Youngcare tell us that the average AHCG amount is \$5,868, so through this donation, AMA Queensland will directly impact the lives of 12 people and their families and extended network.

Youngcare CEO Greg Johnson extends his thanks to our wonderful donors.

“On behalf of Youngcare and young people living with physical disabilities, please accept my sincere and heartfelt thanks to you for your incredible support.

“Your support will be directed to ensuring all young people, regardless of their care needs, can choose where they live, who they live with and how they live their lives,” he said.

This donation will make a direct difference in the lives of young people with high care needs and their families.

The VacSeen Project

AMA Queensland Foundation has donated \$10,000 to The VacSeen Project, a volunteer organisation, founded and lead by a team of 7 university peers, with backgrounds in medicine, law and commerce. It provides free flu and COVID vaccinations to people experiencing homelessness and other disadvantage.

VacSeen runs GP-led pop-up outreach health clinics in places vulnerable people feel most comfortable, such as homeless shelters, hostels and social housing.

AMA Queensland Foundation Chair, Dr Dilip Dhupelia, said “accessibility and cost should not be a barrier to preventative healthcare such as flu and COVID-19 vaccines for anyone in Queensland.

The dedicated team at The VacSeen Project aim to ensure vulnerable groups do not fall through the cracks in our health services.

“We are delighted to donate \$10,000 to support VacSeen and be a part of their mission to prevent disease by taking medicine into non-medical spaces and directly engaging with vulnerable people in our community.”



Dr Dilip Dhupelia
AMA Queensland
Foundation Chair



DONATE TODAY
amaqfoundation.com.au
(07) 3872 2222



The Maldives: Holiday Paradises



Ros Bulat
Orbit World Travel

A unique and mesmerising escape from reality! This nation of islands while small in total land mass is massive in its offerings.

Because of the small and intimate nature of this destination, many think that perhaps the Maldives is only for those exclusive few. That is so far from the truth, in-fact there is definitely something for everyone. There are islands that are well suited to those after exclusive and private luxury, similarly there are also islands that cater for families, surfers and generational family holidays.

Did you know:

- ▶ The Maldives is home to about 5% of the planets reefs!
- ▶ Maldives is made up of 1192 islands and covers approx 90,000 sq km
- ▶ Only 200 of the islands are inhabited plus an additional 80 private resorts
- ▶ It is the flattest country in the world, its highest point is only a little over 2 m above sea level.
- ▶ In ancient times the Maldives used shells as currency

Adaaran is a selection of properties that offer fully inclusive packages, allowing people to select the style and range of holiday that works for them.

***Adaaran Select Hudhuranfushi** is set in 83 acres of lush tropical Island. The **165 air-conditioned beach villas** are equipped with contemporary amenities, elegant furnishings and décor complimented by tropical themes. Alternatively try one of our **37 Ocean Villas**. A slice of paradise and a world of refinement await. The air-conditioned villas are complete with modern amenities and a private sun deck with 24-hour access to the surrounding ocean. It is one of the best surf holiday resorts in the Maldives. A world class left hander that breaks over a shallow reef makes it a surfer's paradise. The Island is perfect for families with a dedicated kids pool, football field and even a maze to keep the kids entertained. The ride from the International Airport will take approximately 30 minutes by speedboat.

***Adaaran Select Meedhupparu** offers blissful accommodation for the discerning traveller to the Maldives. Among the finest four-star Maldives hotels, Adaaran Select Meedhupparu offers tranquil settings brimming with luxury. Elegantly furnished to offer guests ample space to unwind, the wooden interiors of the coastal villas create a warm setting. These **215 air-conditioned villas** are complete with modern amenities like private mini bars and even satellite television for those that like to keep up with the outside world. Great for families and multi-generational or groups holidays as you can have Villa's well located together.

Adaaran Select Meedhupparu can be easily reached via a stunning 45-minute sea plane ride from Male International Airport. The trip to the resort is quite rewarding as guests will be able to gaze below at the turquoise waters and verdant atolls and islands that flit past them on their journey.



***Adaaran Prestige Water Villas**

Luxury wooden interiors with spacious accommodation open to a beautiful sun deck with blue crystal ocean water right in front of you. Adaaran Prestige Water Villas are known for their exquisite interior with very own sun deck and private Jacuzzis to truly enjoy breath taking views of the horizon. With world class facilities Adaaran Prestige Water Villas is truly a must experience in your lifetime! Offering **20 luxurious Water Villas** in the heart of paradise. Featuring a spacious sun deck which presents an ideal setting to bask in the sun for hours, enjoy glimpses into the life beneath the waves through the glass portal. The Resort is reached by a 45-minute sea plane ride from Male International Airport.

***Adaaran Club Rannalhi** sits exclusively at the tip of the South Male atoll within the exotic collection of islands known as the Maldives. Its unique location offers access to pristine beaches, excellent scuba diving opportunities and a relaxed environment with easy access to the capital city of Male.

The resort offers **96 standard beach front rooms** tastefully adorned with tropically themed furnishings and bedding. Alternatively, why not try one of the 34 overwater bungalows, these are a luxurious experience overlooking the stunning aquamarine ocean. Amazing value for money as a lead in offering to the Maldives. You would be hard pushed to find anywhere in the world that you can eat, drink, sleep and be entertained for less. The ride from the international airport will take approximately 45 minutes by speedboat.

***Adaaran Prestige Vadoo.** As the gateway to the South Atolls, Vadoo possesses its own exotic reef teeming with vibrant aquatic flora and fauna. Previously honoured as the World's Leading Water Villa retreat, the resort stands out amongst the best. The resort offers **50 over water villas** complete with a butler service. A barefoot existence and simple lifestyle of basking in the sun's rays prevail. All villas feature teak wooden floors, generously comfy beds, ample sun decks and plunge pools with encompassing

views of the Indian Ocean. Easily accessed from the international airport via speedboat, with the swift water trip taking a mere 15 minutes in a southerly scenic direction.

When is the best time to go to the Maldives? Anytime... November to April it is warm and dry typically falling outside the Monsoon time. It is classed as peak season and is a more expensive season. April to October is known to be Monsoon season but typically the rain comes and goes quickly, allowing you time for a well-deserved nap!



Contract Ros and Linda at Orbit World Travel on 1300 262 885 or email ros.bulat@orbitworldtravel.com.au



AMA Queensland update qld.ama.com.au



Dr Maria Boulton
AMA Queensland President



Dr Brett Dale
AMA Queensland CEO

PRESIDENT AND CEO UPDATE

It's been a busy first few months in the job as AMA Queensland President, with the third Omicron wave putting incredible pressures on our healthcare system. We saw unprecedented ambulance ramping, hundreds of COVID hospitalisations and thousands of healthcare workers furloughed due to infection or as close contacts.

Our GPs were also flat out, managing COVID patients in the community, delivering millions of COVID boosters and free flu vaccinations, while also dealing with non-COVID patients and other conditions, including patients suffering due to suspended or cancelled elective surgeries.

We are seeing increased strain in regional and rural areas, with the closure of the Gladstone maternity unit forcing women to travel to Rockhampton to give birth. We are seeing more and more GPs unable to afford to continue to bulk-bill. We have been very active in the media on all these fronts.

The pressures were unprecedented, but unfortunately all too predictable. COVID simply highlighted what we have been warning about for years. AMA Queensland has been advocating for solutions to these pressures with government and other stakeholders.

At the same time we have continued to campaign against the dangerous North Queensland pharmacy prescribing trial, reluctantly accepted the national Dirty Ashtray Award for the state doing the least to protect its citizens from tobacco harm, and held our very successful Dinner for the Profession and Annual Conference.

Hospital pressures

The COVID wave peaked slightly earlier than the late August date forecast by Commonwealth modelling, but our medical workforce is overwhelmed and fatigued.

Emergency physicians are working on their days off, GPs are doing telehealth consultations from home because they have COVID, and healthcare workers are becoming increasingly stressed and distressed by the extent of suffering by patients and their families.

AMA Queensland's Ramping Roundtable chair Dr Kim Hansen shocked many when she told *Sunrise* in July that doctors are suffering moral injury from the impact of COVID – "We are seeing a lot more death and dying than we're used to and that does take a toll on us," she said.

Elective surgeries are being cancelled and outpatient appointments are being delayed. We need to know

what the government plans to do to support our workforce and to resource GPs to continue to support the hospital system.

We continue to urge the Queensland Government to listen to medical advice. In the absence of mask mandates, we urge everyone to be sensible, take precautions and wear masks, because the strain in the hospital system affects us all.

Go here to read a transcript of Dr Hansen's *Sunrise* interview and here to read a transcript of Dr Boulton on ABC Radio.

qld.ama.com.au/news/EDsCOVID
qld.ama.com.au/news/COVIDforecast

State budget

The record investment in the June state budget, while welcome, is only just keeping up with inflation. We were pleased to see the government's response to the recommendations of our Ramping Roundtable, with funding for 2,500 new hospital beds, but we needed these beds yesterday, not in the next six years.

We remain disappointed with the proposed spend over the next 12 months, with the 5.6 per cent budget increase barely keeping up with inflation. We need more just to address the urgent needs that we have now.

We called for an urgent injection of more than \$2.34 billion into the health system in the state budget to deliver five priority actions, and will continue to advocate for all of these 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).

You can read more here.

qld.ama.com.au/news/TodayBudget

North Queensland pharmacy experiment

Dr Omar Khorshid used the last weeks of his federal AMA Presidency in July to travel to Queensland to step up our fight against the dangerous

North Queensland pharmacy prescribing experiment.

The North Queensland pilot would allow pharmacists to diagnose, treat and prescribe and sell Schedule 4 medications for a range of conditions, including asthma, diabetes, otitis media and chronic obstructive pulmonary disease, without any medical oversight and in breach of federal regulations.

The pilot was scheduled to begin in June 2022, but the state government has yet to release any further details since a secret document outlining the scope of the proposal was leaked in January.

Dr Khorshid met with local doctors in Cairns and visited the Aboriginal community of Yarrabah – one of the communities targeted to take part in this pilot, despite having a highly successful collaborative healthcare clinic with its own pharmacist.

He was horrified to learn that neither the Premier nor the Health Minister have visited Yarrabah to ask the community there if they want this

trial, and in Brisbane the following day challenged state politicians to consult with North Queensland communities about the healthcare systems that work people, not political donors.

The North Queensland experiment is based on the alleged success of the urinary tract infection (UTI) prescribing trial – yet the government’s own evaluation of this trial 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.

This dangerous experiment must not proceed.

Click here to hear directly from Dr Khorshid, and here to read a transcript of Dr Boulton on ABC Radio.

There’s plenty more here.

youtube.com/watch?v=CNKcSrBpFuc
qld.ama.com.au/news/ABCNewsRadio-Transcript
qld.ama.com.au/Stop-NQ-Pharmacy-Pilot



AMA QUEENSLAND

WOMEN IN MEDICINE

LEADERSHIP *Breakfast*



THURSDAY
6 OCTOBER
•
7AM
•
EMPORIUM,
SOUTH BRISBANE

++
SPEAKERS
ANNOUNCED
++



DR MARIA BOULTON



DR ELEANOR CHEW OAM



DR FIONA RACITI



A/PROF BEVERLEY ROWETH AM AO



DR NATASHA ABEYSEKERA

Telehealth changes

The AMA is continuing to lobby for the reintroduction of telehealth rebates that ended on 30 June 2022.

While we welcome the new federal government's decision to create a telehealth items for COVID anti-viral management, we still need to see the rebates for longer phone consults reinstated.

You can read more about the AMA's actions here on the federal AMA website.

www.ama.com.au/media/ama-welcomes-new-telehealth-item-more-be-done

Resident Hospital Health Check

The seventh annual survey of doctors in training has closed and the results are being collated to rate hospitals on how well they address issues affecting junior doctors, including working conditions, overtime, training and culture.

It is critical to understand where hospitals are doing well and where there is room for improvement, to ensure that we support the growth of our medical workforce.

The survey is run by AMA Queensland and our Committee of Doctors in Training in collaboration with ASMOFQ the Doctors' Union.

Results will be released in September.

Dinner for the Profession

It was a pleasure to see so many members and their partners at our Dinner for the Profession in July. Dr Boulton was officially inaugurated as President, following a speech by outgoing President Professor Chris Perry.

It was also an occasion to recognise the extraordinary work of doctors and others devoted to improving community health.

Former Army doctor and Brisbane GP Dr Bob Brown was awarded the *AMA Queensland Gold Medal*, our highest award for outstanding service to the community and the practice of medicine.

Mackay paediatrician and telehealth pioneer Dr Michael Williams was awarded the *AMA Queensland Rural Health Medal* for outstanding health and advocacy services to rural communities.

Professor Cindy Shannon AM was awarded the *AMA Queensland Excellence in Health Care Medal* for leading major reforms in Indigenous health.

You can read more about the awards here and see all the photos from the night here.

qld.ama.com.au/news/AMAQAwards

facebook.com/amaqueensland

Annual Conference

It was a case of third time lucky for our AMA Queensland Annual Conference with several reschedules due to COVID. It was well worth the wait as the week-long conference in the Northern Territory was an outstanding success.

More than 150 delegates enjoyed an informative and insightful conference program with speakers and panel sessions covering a myriad of issues including leadership, mental health, Indigenous healthcare, voluntary assisted dying, addiction medicine and more.



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: Recording now available

RECRUITMENT: Recording now available

FUNDAMENTALS OF LEADERSHIP: Recording now available

EMPLOYMENT STATUS: Monday 28 November | 10am

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

REGISTER NOW



Once again the conference was the perfect combination of professional development and tourism with delegates enjoying unforgettable natural and cultural experiences at Uluru and Alice Springs.

We invite members and their families to join us in Lisbon in 2023 and look forward to sharing the conference information with you soon. In the meantime, take a look at what you missed out on in the Northern Territory.

[facebook.com/media/set/?set=a.408049088029377&type=3](https://www.facebook.com/media/set/?set=a.408049088029377&type=3)

AMA Queensland Scorecard Q2 2022

The AMA Queensland Scorecard outlines our key achievements and results delivered in the second quarter of 2022. The results demonstrate our extensive work to support and advance the medical profession in Queensland and protect patient health.

We had almost 4,000 member engagements and reached an accumulated media audience close to 34 million in the delivery of complex policy advocacy to achieve positive change. We are proud to leading Queensland doctors and creating better health outcomes for our community.

Take a look at our full results here.

qld.ama.com.au/news/Q2-scorecard-2022

Committee of General Practice

We have a new Chair of the Committee of General Practice (CGP) – Cairns GP Dr Lee Jones.

Lee is a practice owner and co-founded of the North Queensland Doctors' Guild earlier this year to oppose the North Queensland pharmacy trial.

He has also been actively advocating on COVID issues, funding for general practice and more. You can read more about him, and about the AMA National Conference's session on the future of general practice, which featured Dr Boulton as a panellist, in the upcoming edition of Doctor Q.



Events Wrap Up

19 July 2022

Thank you to our sponsors i-Med Radiology and q4 Financial for our event at the Queensland Cricket Club.



1 September 2022

On 1 September, we hosted an event at Victoria Park with sponsorship from Perrigo. Thank you to Dr Christoph Lehner for your informative presentation on "The Whole Nine Months".

