

## BLMA Events

### BLMA DOCTORS EDUCATION EVENING DINNER

**Date:** Tuesday 21 November  
**Time:** 6:30pm for 7pm  
**Venue:** The Calile Hotel  
 48 James Street,  
 Fortitude Valley  
**Dress:** Smart Casual  
**RSVP:** Monday 13 November

*Proudly Sponsored by:*  
 City Fertility Group

#### TOPIC 1:

Infertility

#### Presenter:

▶ TBA, City Fertility Group

#### TOPIC 2:

The Queensland eConsultant Partnership Program: reducing OPD demand by linking GPs and consultants via secure messaging.

#### Presenters:

- ▶ Prof Claire Jackson: Professor in General Practice and Primary Care Reform, Director, UQ/ Mater Research Institute, Centre for Health System Reform and Integration
- ▶ Prof David McIntyre: Mater Research and Mater Health Brisbane
- ▶ Dr Caroline Nicholson: Director Operations & Principal Research Fellow UQ/Mater Research Institute, Centre for Health System Reform and Integration

#### TOPIC 3:

Challenges and Advocacy

#### Presenter:

- ▶ Dr Maria Boulton, AMA Queensland President

Reserve your dinner seat now  
**UPCOMING – Brisbane**  
[Local Medical Association \(brisbanelma.org\)](http://brisbanelma.org)



All BLMA Events are only open to doctors that are members or their invited doctor guests.



## Message from the BLMA President

*Dr Hasthika Ellepola*

*MBBS MD FSLCOG FRANSZCOG*

Welcome to Issue 8 of Synapse. We trust that you are enjoying the newsletters and the BLMA Education Evenings that we work on as a Committee to provide Brisbane doctors with opportunities to learn and network.

This edition has a number of interesting articles on SPACE, RADAR and CAREPACT programs. There are two articles on loneliness that provide insight into the impact of loneliness and provide information on how to help patients. We have a thought-provoking piece on large scale natural disasters. There is also an update on COVID.

We would like to thank our article contributors that are informing us of programs, current topics and solutions to challenges that we can access easily and gain valuable knowledge through this newsletter. If you are interested in contributing to the newsletter or advertising your service please let a member of the BLMA Management Committee know.

At our BLMA Educational Evening in August we had Dr Andrew Henderson provide an update on COVID-19

and immunisation recommendations and our partner Mater invited Dr Martin Wood to speak who provided an interesting perspective on risk in work and life as a neurosurgeon. The evening was sponsored by Pfizer and was enjoyed by 60 members. There are some pictures and a summary of the evening on the back page of the newsletter. Becoming a BLMA member allows a doctor member to come to the bi-monthly events, this is a great opportunity to learn from the invited speakers, earn 1 CPD point, enjoy dinner (no cooking this night!) and to network with fellow doctors.

Our partners, Mater and q4 financial continue to work on providing great speakers and services to the Brisbane Local Medical Association and its members.

The next BLMA Education Evening booked in for Tuesday 21 November, this will be the last one for the year. We would love to see new and current members at The Calile Hotel please ensure that you register as tickets are limited. The booking link is to the side of this message.



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



Visit our website  
[brisbanelma.org](http://brisbanelma.org)

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### Hayley Peña

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

### Please address all correspondence to:

- Dr Dilip Dhupelia**
- Email:** dhupelia@bigpond.com

## Issue 9 | 2023 Newsletter

**Content Deadline is  
Wednesday 1 November 2023.**

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

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

- Contact:** Dr Dilip Dhupelia
- Email:** dhupelia@bigpond.com



## Are You a Member?

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

**brisbanelma.org**



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

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

**Directory form is available on the website.**  
**Password to the closed Members Only Directory available by contacting Hayley Peña, h.pena@amaq.com.au.**

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BLMA is proudly supported by our partners:



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

## Meet the BLMA Committee

### Committee Member – Dr Jennifer Schafer

Hi, my name is Jen.

Despite the challenges, I think medicine is the best career in the world. As a general practitioner, I have enjoyed many varied experiences, from cradle-to-grave to sub-specialty clinics.

My current clinical focus is allergy and gastroenterology, aligning with my role as a clinical trials physician in coeliac disease and inflammatory bowel disease research. As Chair, Brisbane North Primary Health Network, I have developed a greater understanding of the social determinants of

health affecting our community and respect for excellence in organisational governance. As the Medical Director, Doctors' Health in Queensland, and Patron, University of Queensland Medical Society, I work with others to promote wellbeing, care for our colleagues, and mentor the next generation. My involvement with various committees (BLMA, QMWS, AFMW) brings me into contact with new people and fresh ideas.

If you share any of my interests, please feel free to contact me.



**Dr Jennifer Schafer**  
BLMA Committee Member

## REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter.  
For full details re advertising go to their website: [www.rdma.org.au](http://www.rdma.org.au)  
Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)



Follow BLMA on Facebook





## Media Release

# Lifesaving COVID medication to protect our most vulnerable

The first Australian trial of a new COVID medication that is set to save the lives of vulnerable immuno-suppressed patients has been launched in Brisbane.

**Supernova** is a long-acting antibody combination designed to give instant protection to those with weakened immune systems – such as solid organ or blood cancer, transplant recipients and people who are immunosuppressed due to medications to treat autoimmune or inflammatory conditions.

Mater Research's Respiratory, Infectious Disease and Thoracic Oncology Unit launched the trial and is appealing for immuno-suppressed patients across South East Queensland to participate.

Dr Paul Griffin, Mater Director of Infectious Diseases, said it was critical to protect those who are unable to be vaccinated for COVID or for whom vaccines do not provide a strong immune response.

"Vaccines have made an extraordinary difference to how we manage COVID and protect the majority of the population," Dr Griffin said.

"Unfortunately, there is a subset of the population that simply can't



*Image is of trial participant Michael O'Neill with Mater's Lead Study Coordinator, Respiratory Clinical Trials, Stevie Anderson*

respond to vaccines due to inherent issues with their immune system, or because they're on medicines that turn their immune systems down.

"It's estimated that around half-a-million Australians, or two per cent of the population, are immuno-suppressed and exceptionally vulnerable to COVID as a result.

"No matter how many doses of the vaccine we give, these people remain at risk of severe COVID infection and, in some cases, mortality."

Supernova is an advanced version of antibody products first developed during the peak of the pandemic that have since suffered reduced efficacy as the COVID virus evolves.

"This medication relies on an entirely new antibody and I'm hopeful it will provide a very significant improvement in the protection provided," Dr Griffin said.

"It is given as an intra-muscular injection, just like a vaccine, and immediately provides protection similar to what most people have following a full vaccination course.

"This means that we can protect those who are the most vulnerable in our population, giving them the freedom the rest of us have enjoyed for some time now.

"Many are hopeful that it will give them the opportunity to re-enter society knowing that they're no longer as vulnerable as they would have been without those antibodies – that's why we're excited to be trialling this updated antibody combination."

Father-of-two Michael O'Neill, of Brisbane, was among the first patients to join the trial.

The 36-year-old was diagnosed with cystic fibrosis at birth and was only a few weeks from death when he received a bilateral lung transplant eleven years ago.

Because of my transplant, I will have to take immuno-suppression medication for the rest of my life," Mr O'Neill said.

"The pandemic was an uncertain time for my family, but I've never lived my life in a bubble. If this vaccine is successful, it will give my family and I greater peace of mind."

Mr O'Neill urged other immuno-suppressed Queenslanders to consider taking part in the trial.

"For someone who has had chronic disease for their entire life, this is a very small commitment that may lead to better health outcomes for myself and, even better, the larger population," he said.

"That would be a fantastic result after what we have experienced internationally in recent times."

Supernova is expected to provide protection for at least six months and potentially even longer.

Participants must be 18+ to take part in the trial. Please call 07 3163 1369 for more information.

### Media Contact:

Anita Hastings, 0417 398 658,  
[anita.hastings@mater.org.au](mailto:anita.hastings@mater.org.au)



**Dr Bill Lukin**  
Director of Metro North  
Health Community Palliative  
Care Service

## Metro North Specialist Palliative Care In Aged Care

By Dr Bill Lukin

**phn**  
BRISBANE NORTH

An Australian Government Initiative

Metro North Specialist Palliative Care In Aged Care is a federally funded palliative care programme designed to improve the access to specialist palliative care for people in Residential Aged Care Facilities. The programme was funded to provide support to clinicians working in Aged Care to enable them to deliver end of life care for this vulnerable cohort of people. It is funded under the Commonwealth Government's Comprehensive Palliative Care in Aged Care measure with matched state government funding.

In Metro North the service comprises a Nurse Practitioner, an advanced trainee in Palliative care and a Nurse Practitioner Candidate position with oversight from the Metro North Community Palliative Care consultants.

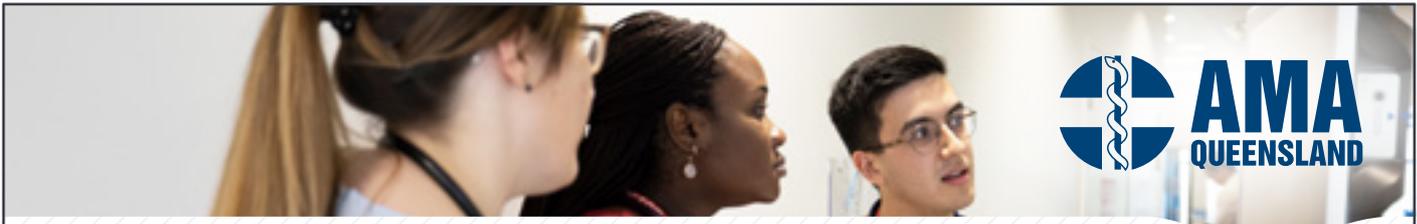
The model of care is to support the clinicians who are providing the care, both nursing and medical, working alongside and in partnership with the clinicians in the Residential Aged Care Facilities. The patients are seen in conjunction with the nursing staff in the facilities and a palliative care plan developed and recommendations made. Family meetings can be held, with the general practitioner present if desired. The plan is then communicated with the General Practitioner. When referrals that do not come from the General Practitioner are received the permission and advice of the General Practitioner is always sought prior to any review. The nursing staff can seek further support from the service directly and the General

Practitioner is able to seek advice directly from the Nurse Practitioner or the consultant. Advice about suitable prescribing and syringe driver management is available.

Follow up reviews are conducted if required and the service can take time to meet with families during this difficult time, and the facilities often find this a valuable resource.

We get great satisfaction being able to work alongside and support the excellent clinicians already working in Aged Care who have been providing this care.

For any queries please email: **MetroNorthSpace@health.qld.gov** or call the director (Dr Bill Lukin) through the Royal Brisbane Hospital Switchboard



## Why join AMA Queensland

Member exclusive benefits

- 
**Networking** It's not just who you know, it's who others know. Networking is powerful. **1**
- 
**Visibility** Stand out in the crowd with the AMA Career Advice Hub. Let us help you create an application that will have you standing out from the crowd. **2**
- 
**Have a voice** Gain a say in what happens in hospitals through the AMA Queensland Committee of Doctors in Training advocacy efforts. **3**
- 
**Protection** Be protected and secure at work with the advice and support from our workplace relations advisors and complimentary union membership with ASMOFQ. **4**
- 
**Learning** Get a competitive edge over non-members with exclusive training opportunities on a variety of hot topics. **5**
- 
**Discounts** Increase your purchasing power through member-only discounts. Visit [ama.com.au/qld/member-benefits](http://ama.com.au/qld/member-benefits) for full range of benefits. **6**



AMA Queensland membership is tax deductible.

For more information or to join, please contact the Membership Team on (07) 3872 2222 or email [membership@amaq.com.au](mailto:membership@amaq.com.au).

**Join today**  
[ama.com.au/join](http://ama.com.au/join)



AMA QUEENSLAND  
MEMBER

*Networking*  
EVENT

BRISBANE

Come toast the end of 2023 with a sample of the finest drops from Wine Direct – Australia's leading boutique distributor. Enjoy a tasting of six premium wines paired with a delicious charcuterie board and canapés in the Audi Centre Brisbane showroom. This is an exclusive, free member-only event and numbers are limited. Register early so you don't miss out – this event sold out last year!

**DATE** Wednesday 8 November  
**TIME** 5.30pm to 7.30pm  
**VENUE** Audi, 586 Wickham Street, Fortitude Valley  
**COST** FREE for AMA Queensland members  
 2 x complimentary tickets per member

**REGISTER NOW**



Audi Centre Brisbane



[ama.com.au/qld/events/members-networking-event-brisbane-2023](http://ama.com.au/qld/events/members-networking-event-brisbane-2023)

# Is your Practice ready?

## MyMedicare: Voluntary patient enrolment

[ama.com.au/articles/key-budget-announcements-gps](https://ama.com.au/articles/key-budget-announcements-gps)



START	DETAILS
1 July 2023	<ul style="list-style-type: none"> <li>• General practices will be able to enrol to be part of MyMedicare via PRODA, HPOS and the Organisation Register.</li> <li>• Practices must be accredited or working towards accreditation against the RACGP Standards for General Practice or the National Safety and Quality Primary and Community Healthcare Standards, or be eligible for a temporary exemption (details to be finalised).</li> <li>• Ahead of patient enrolments, practices wanting to participate in MyMedicare are encouraged to register on the Organisation Register. GPs who don't have a PRODA account but intend to participate will need to register for one.</li> </ul>
1 October 2023	<ul style="list-style-type: none"> <li>• Patients will be able to enrol with a participating general practice, with the option to nominate a preferred GP at the practice.</li> <li>• Patients can register either in practice or via the Medicare app.</li> <li>• Practices on the Organisation Register, via HPOS, can link to MyMedicare (by selecting the MyMedicare tile).</li> <li>• MyMedicare will be integrated with practice software over time to further streamline the registration process.</li> <li>• There is no payment for enrolling a patient to MyMedicare but it unlocks the ability to provide longer MBS funded telephone consultations, access to additional funding streams for providing care to RACF patients and patients who frequently attend hospitals, and ensures that enrolled patients access chronic disease management through the practice they are enrolled with.</li> <li>• Patient education on MyMedicare will be provided by the Department of Health and Aged Care.</li> </ul>



**AMA QUEENSLAND FOUNDATION**

**CHARITY GALA**

**SATURDAY 18 NOVEMBER 2023**

[REGISTER NOW](#)



Queenslanders experiencing long-term homelessness can expect to live 47 years. In 2023 we're partnering with Beddown to tackle the health impacts of homelessness.

Our charity gala not only celebrates the collective impact of our donors, it will raise vital funds to help open six accommodation venues across Queensland and connect guests with healthcare services. Join us for a night of delicious food, inspiring stories, a silent auction, music, raffle and more.

**DATE** Saturday 18 November  
**TIME** 6.30pm to 10.30pm  
**VENUE** Customs House, 399 Queen Street, Brisbane  
**THEME** Black Tie with a touch of green  
**COST** Single ticket: \$220 | Table of 10: \$2,000  
 VIP Gala dinner table sponsor – table of 10: \$2,500

[ama.com.au/qld/events/2023-foundation-charity-gala](https://ama.com.au/qld/events/2023-foundation-charity-gala)



## Multicultural Health Issues

International and interstate migration has ensured that Brisbane's population is expanding and becoming more and more diverse. As Doctors working in the Greater Brisbane Area, no doubt you would have noticed the changing demography of patients from many countries and cultures attending your rooms.

The 2021 Census showed that more than 7 million people living in Australia indicated that they were born overseas and 6 million reported speaking a language other than English. For the first time, the Census collected information on selected long-term health conditions experienced by the Australian population.

It is valuable to reflect on a report released by [The Australian Institute of Health and Welfare \(AIHW\)](#) called "Chronic health conditions among culturally and linguistically diverse Australian 2021".

The findings from the report were also highlighted by the Australian Multicultural Health Collaborative (AMHC) on their website: [multiculturalhealth.org.au/prevalence-of-chronic-disease-in-cald-communities/](https://multiculturalhealth.org.au/prevalence-of-chronic-disease-in-cald-communities/)

The AHMC highlights the significant findings of the report as follows:

- ▶ On average, migrants to Australia have a lower prevalence of long-term health conditions, which is sometimes referred to as the "healthy migrant effect."
- ▶ This effect appears to diminish. Time since arrival in Australia and level of English language proficiency were clearly linked to the prevalence of long-term conditions such as arthritis, asthma, mental health, and lung conditions.
- ▶ For people who arrived in Australia more than ten years before the 2021 Census, the prevalence of one or more long-term health conditions was higher for people with low English proficiency (33%) than for people with high proficiency (23%).
- ▶ This report supports the view of the AMHC that Government investment in multicultural health and social care services and programs is urgently required to preserve the relatively good health of arriving migrants, and to redress the many health inequities that were highlighted by COVID-19.

Culturally and linguistically diverse (CALD) populations seek out GPs that they feel comfortable with for information about their health, the health services available where they live and understanding how the primary and secondary service works in Australia. Many of the routine preventative health checks that Australians are used to, may not be routine in the countries migrants have come from, and so preventative health education to prevent chronic diseases is a vital part of the role a GP plays in community. GPs have many translated resources and interpreter services available, and it is good practice to ensure these are not only readily available in our practices, but also how to access new resources.

The Census findings and data are perhaps not surprising, but at least it serves as a reminder to update ourselves on what services are available to us as Doctors to assist our CALD patients.



**Dr Geoffrey Beadle**  
Icon Cancer Clinic  
Medical Oncologist

## Large Scale Natural Disasters in Queensland. Why Medicine is Missing and What Needs to Change.

*By Dr Geoffrey Beadle*

Queensland is the most disaster-prone state in Australia and the Pacific region is the most disaster-prone region in the world. Climate change impacts are increasing in frequency and severity nationwide and, in response, federal and state governments have undertaken numerous reviews to assess past shortcomings and identify new strategies; as a result, transformational change is afoot.

In the past, disaster response followed a top-down approach – “experts know best”. Now the emphasis is that Local Government

Areas, in full consultation with the local community, coordinate disaster management, firstly by proactively deploying all community resources when a response is necessary, and secondly by empowering the community to assist in disaster preparedness and mitigation strategies.

Currently, the health care system and the medical profession are poorly structured to deal with disaster response. Queensland is a health care rich state but also a health care sparse state. Queensland’s vast area means that optimal hospital-based services will be remote from many future impacts or themselves may be isolated by impacts. That is not going to change. The medical practitioner model has a related problem – “you come to us”. In response to a large-scale disaster, it needs to be “we come to you” – deployment is necessary.

The most important challenge for deployment in the setting of a medical workforce crisis is “Who?”. Perhaps the most potentially available group are Queensland doctors starting to transition from full time work towards retirement. This group is credentialled, CPD active and indemnified. These doctors also bring a wealth of

experience and a life-long discipline of continuous learning that can be adapted to the upskilling required to deploy or to bring non-deployment functions to a new professional enterprise.

At the same time, deployment to physically and functionally disrupted environments inhabited by psychosocially impacted people has particular challenges for doctors whose prior work life has been conducted in the relative comfort of a familiar office or hospital. In a setting of existential ambiguity, personal and health resilience underpin the ability to care for the sick and vulnerable as well as to support each other as colleagues. Adapting to new challenges and learnings is well within the existing skillset of many doctors, and is essential to complement existing, but numerically small, front line medical agencies.

The medical profession needs to be part of a proactive response to large-scale population disasters, and Queensland doctors need to be placed at the intersection where disaster collides with Queensland people.

## Pine Rivers Private Hospital Community of GPs education event: Insomnia – all the ins and outs....

On behalf of Pine Rivers Private Hospital, please join us for an informative 3 course dinner event with Dr Jagannathan Alagarsamy, Dr Jatheesh Pala Valappil and Julie Huntington for a RACGP education session.

This session will give GPs a deep dive into all things Insomnia!

- |                                     |   |
|-------------------------------------|---|
| 1. Assessing a patient for insomnia | 3. How should insomnia be treated?          |
| 2. When should you treat insomnia?  | 4. What length of time should treatment be? |

Pine Rivers Private is here to support your patients, and will also be presenting on community group programs available onsite and virtually. The session will provide an overview of programs on offer, along with how to refer your patients.

**Venue:** Rydges, Fortitude Valley

**When:** Wednesday 18 October  
6pm – 9pm

2.5 CPD Education Activity (EA) hours. This activity is pending by the RACGP CPD program.

Register to book your spot for the evening through the QR code. RSVP by Monday 16 October



**Dr Jagannathan Alagarsamy**  
Psychiatrist



**Dr Jatheesh Pala Valappil**  
Psychiatrist



**Ms Julie Huntington**  
Psychologist

For more information please contact our business development manager on 0459 965 959.



### EXERCISE PHYSIOLOGISTS & THE WORKERS COMPENSATION SCHEME

Exercise Physiology is a highly valued service through Workers Compensation QLD (WCQ). The primary goal is to successfully return the injured worker to their pre-injury work duties and hours with specific exercise prescription, motivational interviewing, and education.

THE SPORTS & SPINAL EXERCISE PHYSIOLOGY TEAM CAN HELP YOUR PATIENTS TODAY.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.



SCAN THE QR CODE FOR MORE INFORMATION

### SEEING AN EP THROUGH WORKERS COMPENSATION QLD

-  EPs work as part of a multidisciplinary team to ensure the mental and physical components of the patient's injury, and barriers to recovery, are addressed.
-  An injured worker is usually referred by their GP, specialist, or physiotherapist to an EP for assistance with rehabilitation after their injury.
-  EP's place a large focus on communicating with the injured worker's GP, case manager, employer, specialists, and other allied health professionals to ensure the patients return-to-work duties and hours are paced.
-  Once an injured worker's acute pain is managed the exercise prescription aims to replicate the exact work demands of the injured worker.



## Standout Medical Careers

Medical career paths are not always straightforward. You've applied for roles yet can't make it to interview. Or you manage to get interviews but never receive an offer. Limited feedback doesn't shed any light on why you haven't been successful.

Too often, doctors are highly confident in their skills and experience, yet lack the knowledge and confidence to prepare, apply for and attain roles.

*Who can you turn to if you're unsure of your career path, or want help with job applications?*

**Anita Fletcher** from **Standout Medical Careers** has extensive experience in the medical and corporate sectors, and a deep understanding of what it takes to navigate the challenges and complexities of a career in medicine.

She knows what recruiters and organisations are looking for in applicants, from the CV and cover letter through to conveying the right impressions at interview.

### Key services

Anita provides personalised services for doctors at all levels and specialises in:

- ▶ One-to-one Interview Preparation Sessions
- ▶ Coaching programs for individuals: 3, 6, or 12 months

- ▶ Career development workshops: online (13.5 hours accredited CPD RACGP & ACRRM) or in-person

### Interview Preparation

Focus on building confidence and developing structured responses that convey your value for upcoming interviews. This session includes detailed CV review and feedback.

### Coaching programs

Coaching is for people who have a desire for increased career fulfilment through:

- ▶ Getting paid more
- ▶ Helping others
- ▶ Giving back
- ▶ Participating in medical breakthroughs
- ▶ Innovating / undertaking challenging projects
- ▶ Career opportunities
- ▶ Enjoyment ("doesn't feel like work")
- ▶ Professional development
- ▶ Flexibility / balance

*As a client from Townsville Hospital and Health Service testified, "For anyone feeling in any way "lost" or wondering if a career change or opportunity is in their future, then Anita is the first person to contact and engage. With her help, I'm now in a dream job and in a new career direction that is helping me to live and realise my professional aspirations."*

### Career Development workshops

These workshops are a blend of self-paced activities and interactive sessions to sharpen career skills.

They are suitable for people who want to accelerate their journey to career success.

The workshops focus on the non-clinical aspect of career planning and development. They have been accredited by both the RACGP and ACRRM for 13.5 hrs of CPD.

In-person workshops can be arranged at hospitals or other suitable venues.

The workshop outcomes include:

- ▶ A review of career goals and objectives
- ▶ Researching options for medical and nonclinical careers
- ▶ Understanding what employers and training colleges expect in applications and at interview
- ▶ Developing a standout CV
- ▶ Honing interview skills

Tailored workshops can also be arranged on request.

Anita from Standout Medical Careers is trusted by doctors nationally and internationally to help gain clarity on what is important to them and which direction to take their career.

Email Anita at **Anita@StandoutMedicalCareers.com.au** to find out if a coaching program is for you, or visit the website at **standoutmedicalcareers.com.au/career-development-workshop-3/** to book an upcoming workshop.



## STANDOUT MEDICAL CAREERS



**Anita Fletcher**

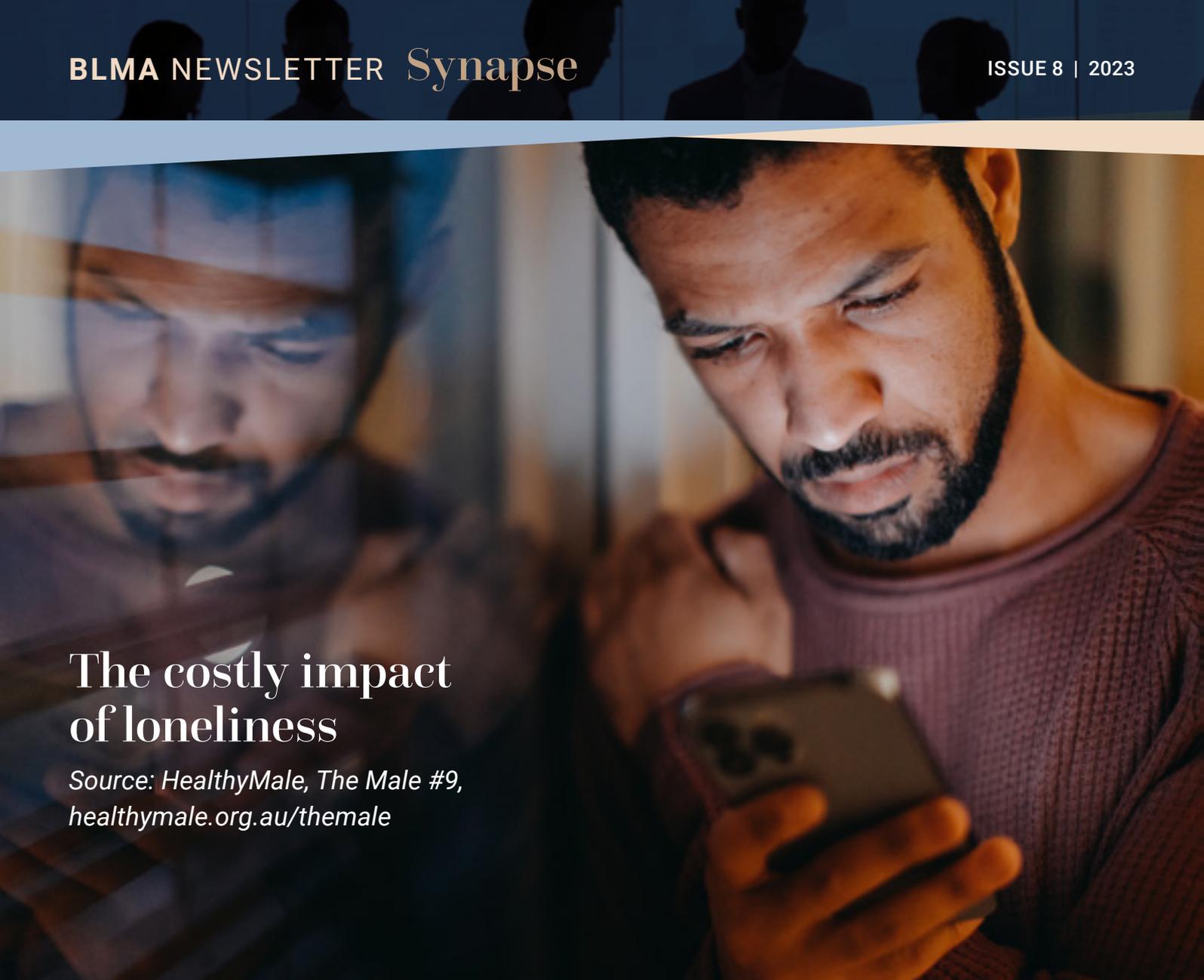
Founder | Managing Director  
BA DipEd (USyd) DipHRM

## Expertise in medical career development

- Career Planning – Align goals with opportunities
- CV Overhaul – Stand out with a revitalised CV
- Interview Training – Be brilliant in interviews
- ACRRM and RACGP Accredited CPD – Career Development Workshop

**E** | [info@standoutmedicalcareers.com.au](mailto:info@standoutmedicalcareers.com.au)

**W** | [standoutmedicalcareers.com.au](http://standoutmedicalcareers.com.au)



## The costly impact of loneliness

Source: *HealthyMale, The Male #9*, [healthymale.org.au/themale](http://healthymale.org.au/themale)

**Loneliness isn't something we can afford to ignore, from the top levels of government all the way down to a personal level.**

Loneliness is, according to Andrew Giles MP, Co-Chair of the Parliamentary Friends of Ending Loneliness, "[the next global public health emergency we must address.](#)"

The damage loneliness can cause is significant and scary. Its impact on individuals' risk of premature death is similar to the impacts of obesity, substance use, poor mental health, insufficient physical activity, or [limited access to healthcare.](#)

Bryan Petheram, a counselor for Griefline – a national organisation that provides free grief support and resources – says loneliness "has multiple impacts on mental and physical wellbeing including an increased risk of the following:

- ▶ mental health problems such as depression and social anxiety
- ▶ insomnia

- ▶ low self-esteem and confidence
- ▶ high levels of stress
- ▶ low motivation to engage in exercise or other health behaviours
- ▶ higher-than-normal risk of dementia and Alzheimer's disease
- ▶ poor cardiovascular health
- ▶ poor immune function
- ▶ obesity
- ▶ stroke
- ▶ cognitive decline
- ▶ premature death."

While we understand the worrying levels of loneliness in our society, and the impact it has on our health, there's still more work to be done to understand how it impacts different groups in our society. What is known, is that loneliness can affect anyone at any time, and in fact most people will have to deal with it at certain stages of their lives.

## The financial side of loneliness

As well as the health impact loneliness can have on individuals, it's also a growing financial concern in Australia. **A 2021 report from Curtin University stated the financial cost of loneliness in the country tallies up to \$2.7 billion each year.**

That is an equivalent annual cost of \$1,565 for each person who becomes lonely.

These costs may arise from a range of factors, including higher healthcare spending due to the health effects of loneliness, increased use of social services by lonely people, and lower productivity in the workplace.

Workplaces are highlighted by Ending Loneliness Together — a national network of organisations that have come together to address the growing problem of loneliness in people living in Australia — which estimates 37% of Australian workers feel lonely, although that number is likely to be greater now due to more people working remotely after the COVID-19 pandemic.

“The rapid changes in the design and structure of Australian workplaces, including increases in remote working, a shift to the ‘gig’ economy, and greater casualisation in employment, can increase the risk of feeling lonely,” Ending Loneliness states in its 2020 White Paper.

“While intended to maintain productivity, emerging evidence suggests that such shifts to the way we work have also created a range of interconnected problems, including loneliness and lack of social connection, lack of creativity and motivation when working at a distance, and decreased employee loyalty.”

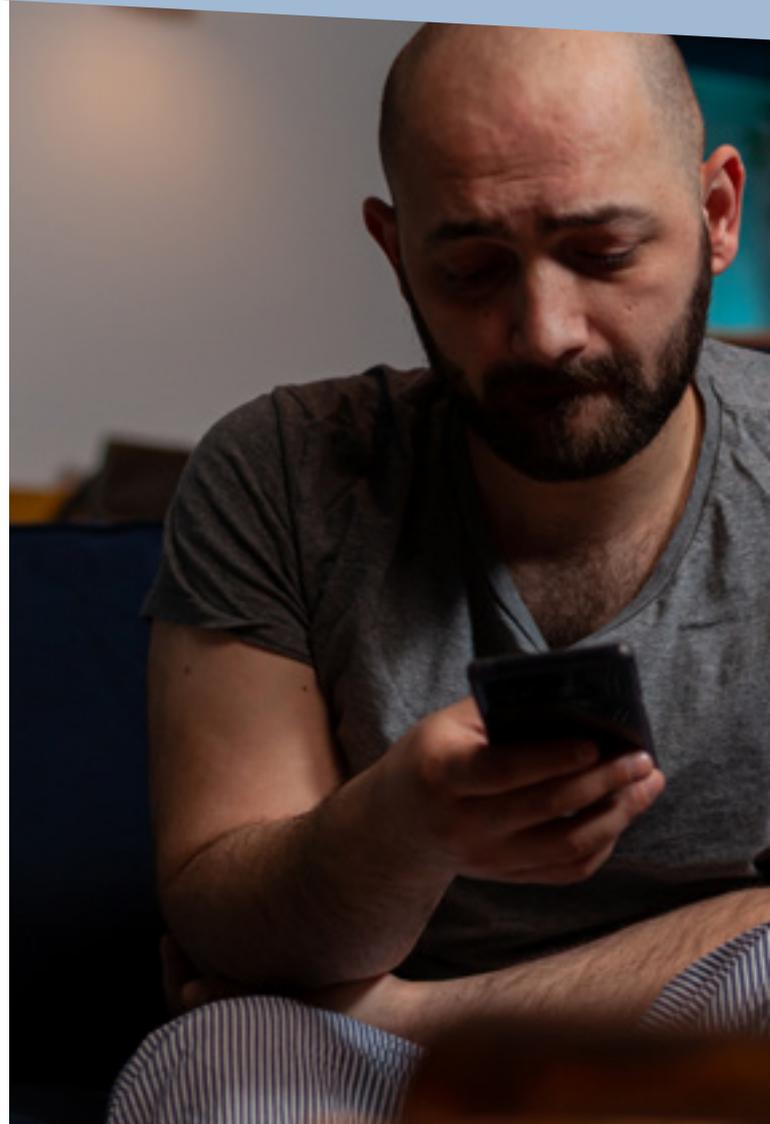
Loneliness can hurt employers' hip pockets in many ways; if someone is lonely, they are likely to experience poor health and wellbeing. These outcomes can then result in more sick days, more days lost to carers' leave, lower productivity and lower staff retention.

The economics of loneliness, therefore, must be strongly considered when it comes to a holistic approach to tackling the issue. In fact, in 2019, the National Mental Health Commission showed that for every \$1 invested in programs that address loneliness, the return on investment is between \$2.14 to \$2.87.

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**Society as a whole may also incur costs related to loneliness, such as increased demand for social services and higher rates of unemployment and poverty.**

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The path forward isn't yet clear, although we at Healthy Male support the push for a national strategy to ensure key leaders at government, community and organisational levels are all working together in the most efficient and impactful way.

As Ending Loneliness Together states in its 2022 White Paper: “Inaction will be costly. Fostering an integrated, systematic approach to addressing loneliness and social isolation will accelerate economic gains well beyond the health sector.

“As a nation, we need to work with leading organisations, community agencies, academic partners, and people with lived experience to develop, evaluate, and share cost-effective solutions for loneliness.

“By uniting all perspectives and approaches, we can mobilise the best available evidence, identify and fill gaps in the knowledge base, maximise systemic approaches, and enable the Australian Government to effectively respond to loneliness.”



## How to help patients experiencing loneliness

Source: *HealthyMale, The Male #9, healthymale.org.au/themale*

**Solving loneliness is not something that an individual can achieve alone. First and foremost, we need high-quality research to identify strategies that work to alleviate loneliness. This is the conclusion of countless academic reviews and meta-analyses, and a recent Australian Loneliness Thought Leadership Roundtable Report.**

Biological factors (e.g. genetics, health status, gender), social factors (e.g. employment, economic systems) and community (e.g. family and friends) all contribute to people's feelings of isolation from others, so solutions are likely to require individualised interventions at all these levels.

### Lonely people can help themselves

Ending Loneliness Together provides a valuable resource for individuals, to help them feel less lonely. Twelve things individuals can do if they feel lonely are:

- 1** Shift focus from thoughts of oneself to other people, topics of conversation or activities
- 2** Avoid comparing oneself to others
- 3** Accept changes in relationships as natural consequences of personal growth
- 4** Accept some discomfort in social situations as the cost of making and maintaining friendships



- 5** Engage meaningfully with others by giving them full attention
- 6** Don't avoid small talk. Initial trivial conversations can lead to deeper and more fulfilling discussions
- 7** Use people's names, and offer one's own, to help feel more connected
- 8** Spend time offline to foster real-world relationships
- 9** Initiate contact and conversations with others
- 10** Offer help and support to others to reap the personal benefits of being kind
- 11** Join in with social opportunities like volunteering, sports clubs, professional societies or community activities
- 12** Keep in touch with friends, even if it's been a long time since last contact.

The Ending Loneliness Directory ([endingloneliness.com.au/search](http://endingloneliness.com.au/search)), launched in March 2023, is a searchable national database of more than 1,000 organisations, groups and services who provide opportunities for connection and support for people experiencing loneliness.

## Social prescribing

Social determinants of health are responsible for roughly half of health inequity, and loneliness has been attributed to the dissolution of meaningful relationships in contemporary society. This suggests that social prescribing – referral of patients by health professionals to non-clinical, often local, services – may be particularly valuable in addressing loneliness.

The Royal Australian College of General Practitioners and the Australian Consumers Health Forum of Australia have already described what's needed,

in a general sense, for implementation of social prescribing in our country.

As far as social prescribing for loneliness is concerned, there is only limited research to guide practice, and none that relates specifically to males.

**Effective interventions for loneliness include meditation and mindfulness, social cognitive training, and social support, with those that address maladaptive social cognition seemingly the most effective.**

Social prescribing to address loneliness is viewed by individuals and organisations as useful and necessary for addressing the problem. Many people who have participated in social prescribing programs for loneliness report feeling less lonely, and improvements in wellbeing as a consequence; however, some people express disinterest in available opportunities to reduce loneliness. These observations demonstrate the promise of social prescribing to address loneliness, but also the need to tailor interventions to individuals.

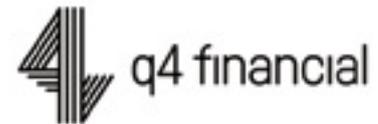
## Lessons from Men's Sheds

Social isolation might not always be the cause of loneliness, but helping lonely people to increase their social connections seems fundamental to helping them overcome the distress of feeling isolated. Helping lonely people to form meaningful connections with others can distract them from their distress as they increase their social activity, which can help with the establishment of meaningful relationships.

Men's Sheds are effective antidotes for loneliness in men after retirement from the workforce. **By creating a sense of belonging, 'shedders' both provide and receive meaningful personal support.** By building a community that is responsive to individuals' needs, Men's Sheds provide a template for solving the problem of loneliness in men.

## Creating Generational Wealth

An article by Kelly Hill, Director at q4 financial



In the dynamic world of medicine, where commitment to patients often overshadows your own financial organisation and planning, securing a dedicated support team to pave the way toward wealth accumulation and financial security is essential. Our commitment to clients includes our passion to continually learn and gather wisdom from your senior colleagues, creating a bridge between experienced medical professionals, those in training and everything in between. Through this dialogue, our team has unearthed invaluable insights from a range of medical specialists, including Endocrinologists, Ophthalmologists, Oncologists, and General Practitioners.

### Our key tips for medical professionals aiming to ensure a secure financial future:

- 1. Live Within Your Means:** Every financial journey starts with understanding income and expenses. This principle underscores the importance of making mindful choices today that yield significant rewards tomorrow. As a medical professional, you may make significant personal and financial sacrifices during your training. Embracing this mindset can help you achieve personal and financial rewards as your career advances.
- 2. Power of Compounding Growth:** Initiate small investments today to harness the power of compounding growth. Starting early, even with modest amounts, can yield substantial financial benefits over time. Superannuation is highlighted as a crucial component of this strategy, emphasising that it's the individual's money too.
- 3. Protect your Greatest Asset:** Your ability to earn is your most valuable asset. Ensure you are protected with appropriate levels and types of personal insurances.
- 4. Decoding Debt:** Differentiate between good, bad, and ugly debt. Leverage tax-deductible debt while cautiously managing non-deductible debt. Consider paying off HELP debt early while weighing other financial priorities.
- 5. Craft the Right Structure:** Transitioning from employment to self-employment requires expert guidance. Seek advice when structuring income, business operations, and tax arrangements to navigate this transition smoothly.
- 6. Estate Planning:** Planning for the future through Wills and Enduring Powers of Attorney (EPOA) is crucial. A well-crafted Will ensures your wishes are honoured, and EPOA empowers a trusted individual to make decisions on your behalf when needed. Medical professionals would know better than most, that it can happen to anyone.
- 7. Begin with the End in Mind:** Imagine your life goals and collaborate with q4 financial to create a strategic plan that paves the way towards achieving your aspirations. Planning is the cornerstone of realising your financial dreams.

### The q4 financial Difference

Our tailored approach, wisdom from your experienced colleagues, and commitment to your financial freedom ensure a journey that transcends mere money management. As you navigate the challenging world of healthcare, let q4 financial be your partner in unlocking financial success and creating a legacy of prosperity for you and your loved ones.

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

07 3171 4255

# Residential Aged Care Support Services – CAREPACT and RADAR

In recent years it feels like the challenges of the residential aged care sector have rarely been far from the news. The Royal Commission into Aged Care and the impact of the COVID pandemic demonstrated how vulnerable frail older people can be – to illness, but also to the design and funding shortfalls of the aged and healthcare systems.

To respond to some of these challenges Queensland Health has supported the expansion of Residential Aged Care Support Services. These aim to provide single points of local contact for RACF staff and GPs with residents who have acute health care needs that exceed the capability of the GP and Residential Aged Care Facility to manage independently. Not surprisingly for Brisbane, we have different services north and south of the river!

CAREPACT (on the southside) and RADAR (on the northside) may be branded slightly differently, but our services have a common aim to provide the right care, in the right place, at the right time. We recognise that accessing acute and specialist care can be challenging and stressful for people living in residential aged care, particularly for those with cognitive impairment or advanced frailty.

Our services strive to develop partnership with our local RACFs and GPs, as well as QAS and our acute hospitals. We provide specialist advice and access to alternatives



**Dr Terry Nash**  
Emergency Physician  
CAREPACT Clinical Lead

to emergency department presentation if this is in alignment with the resident's goals of care. This can happen through phone or telemedicine support, visits by our staff to the RACF site or assistance with good handover and continuity of care between the hospitals and GPs. We can access a range of services including mobile x-rays in residential aged care, access to Hospital in the Home, advanced nursing support (eg. wounds, IDC management) and clinical education and support for RACF staff.

All our teams have medical and nursing staff available 7 days a week with extended skills to care for people with physical and cognitively frailty, acute care needs and complex geriatric syndromes. But most of all we recognise the essential role that GPs play in the care of people in residential aged care. What both teams represent is potentially the beginning of a paradigm shift where hospital-based specialist teams bring care and support to GPs and their patients in their own environment.

## CAREPACT

(Comprehensive Aged Residents Emergency Partners in Assessment Care and Treatment) is based on the southside of Brisbane and focuses on streamlining and educating the care pathway for the frail elderly residents of aged care facilities. It is a multifaceted program, designed to collaborate with RACFs and GPs to provide a centralised contact for clinical support, resources and education, and a central referral



**Dr Denise Hobson**  
Geriatrician and General Physician  
RADAR Royal Co-Clinical Lead

contact for acutely unwell residents to allow specialist review or consultation.

**CAREPACT specialist consult line is available to GP and paramedic 24 hours a day on 0437 252 746**

[CAREPACT | Metro South Health](#)



The **RADAR (Residential Aged Care District Assessment and Referral)** service is based on the northside of Brisbane and has local teams based out of each of the hospitals in Metro North providing specialised acute and geriatric medicine support, plus a central Rapid Response team that provides a QAS co-responder ED substitution service.

**RADAR RBWH – 3647 4627**  
**RADAR TPCH – 3139 6896**  
**RADAR Redcliffe – 3049 6868**  
**RADAR Caboolture – 5316 5444**  
**RADAR Rapid Response – 7 days a week 0800-2000 – 1300 072 327 (1300 0 RADAR)**

[Residential Aged Care District Assessment and Referral Service \(RADAR\) - Metro North Health](#)



There is also a Queensland Health suite of clinical pathways, developed to support decision making by Registered Nurses and GPs for the management of acutely unwell people in residential aged care facilities available at [Residential Aged Care clinical pathways | Queensland Health](#).





# ST VINCENT'S BRISBANE WOMEN'S IMAGING

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- ▷ HyCoSy
- ▷ Pelvic floor ultrasound
- ▷ Nuchal translucency
- ▷ Obstetric ultrasounds
- ▷ Pre-eclampsia screening
- ▷ X-ray
- ▷ Computed Tomography (CT)
- ▷ Ultrasound
- ▷ Echocardiography

**Contact us**

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[qldxray.com.au](http://qldxray.com.au)

# Travelling at any age

By Orbit World Travel



Ros Chillingworth  
Orbit World Travel

I am just about to send my teenage son off on his first solo adventure overseas. These milestones in life often have us reflecting on how our own experiences have shaped us into the people we are today. Let's face it, travel is one of those experiences that leaves a lasting impression.

As our lives progress, our priorities change especially in relation to travel. Like my 19 year old son, many of us have experienced the extended backpacking jaunt to Europe and other exotic adventures. Many of you will be well acquainted to the time when we travelled by whatever means was cheapest, stayed in shared dorm rooms and ate far more bread than any one person should, again because of the budgetary constraints for our adventure.

As parents, the focus often moves away from us, and rather what works for the kids. Which destinations and hotels offer the safe facilities we need for our kids? What will entertain them? Which long haul flight routes, flight timing and connections will be best for them? How will they manage their luggage? So many different safety and well being aspects for our teenagers that we may not have considered when we travelled ourselves.

Travelling with teenagers adds another element to the requirements. Wanting to give them amazing experiences, the bit of freedom they are looking for but still under a safe environment.

I am pleased to say not only have I survived all of these stages, but also, I have been able to help many AMA Queensland and Local Medical Association members do the same. Rather than just booking my clients' travel, really understanding what their needs are so we can deliver a positive memorable experience for all of the family. An experience that shapes their lives and avoiding the pitfalls!

Many things have changed in the world of travel. So, what are some of the current trends?

There are many experiences to consider when planning an exciting holiday:

- ▶ Micro Adventures
- ▶ Solo travel
- ▶ Eco-Tourism
- ▶ Special Interest
- ▶ Wellbeing
- ▶ Educational

There are so many opportunities for us to combine business and pleasure these days. Regardless of your interests, there is a way that you can maximise the value for money by combining a Conference, Expo or Educational Forum with enjoying some travel of your own. The AMA Queensland has been offering a well-supported overseas conference since 2000 just to name one. Travelling with like-minded people, making new friends, quality education and plenty of fun on the side!

And this is where the "or is it?" comes back in....

## ▶ Multi-generational Travel

One of the biggest trends is having kids, parents and grandparents travel together. Never before have the older generations (i.e. grandparents) been as fit, healthy and wealthy as they are today. During the past few years that we spent in isolation due to the pandemic, the refocus on family and time together, even if not by choice, is unparalleled. Pair all this with greater affordability of travel and the trends of taking smaller mini-breaks and multi-generation travel have blossomed.

Regardless of what stage you are at on the travel circle of life, whether you wish to travel alone, consider multi generational popular holiday venues, or fit in one of the unique experiences listed above, we are here to support you in making the best choices and help you continue to make these lasting impressions.

Ros and Karen are here to assist you or any of your family on their next adventure, creating a world where travel is seamlessly simple.



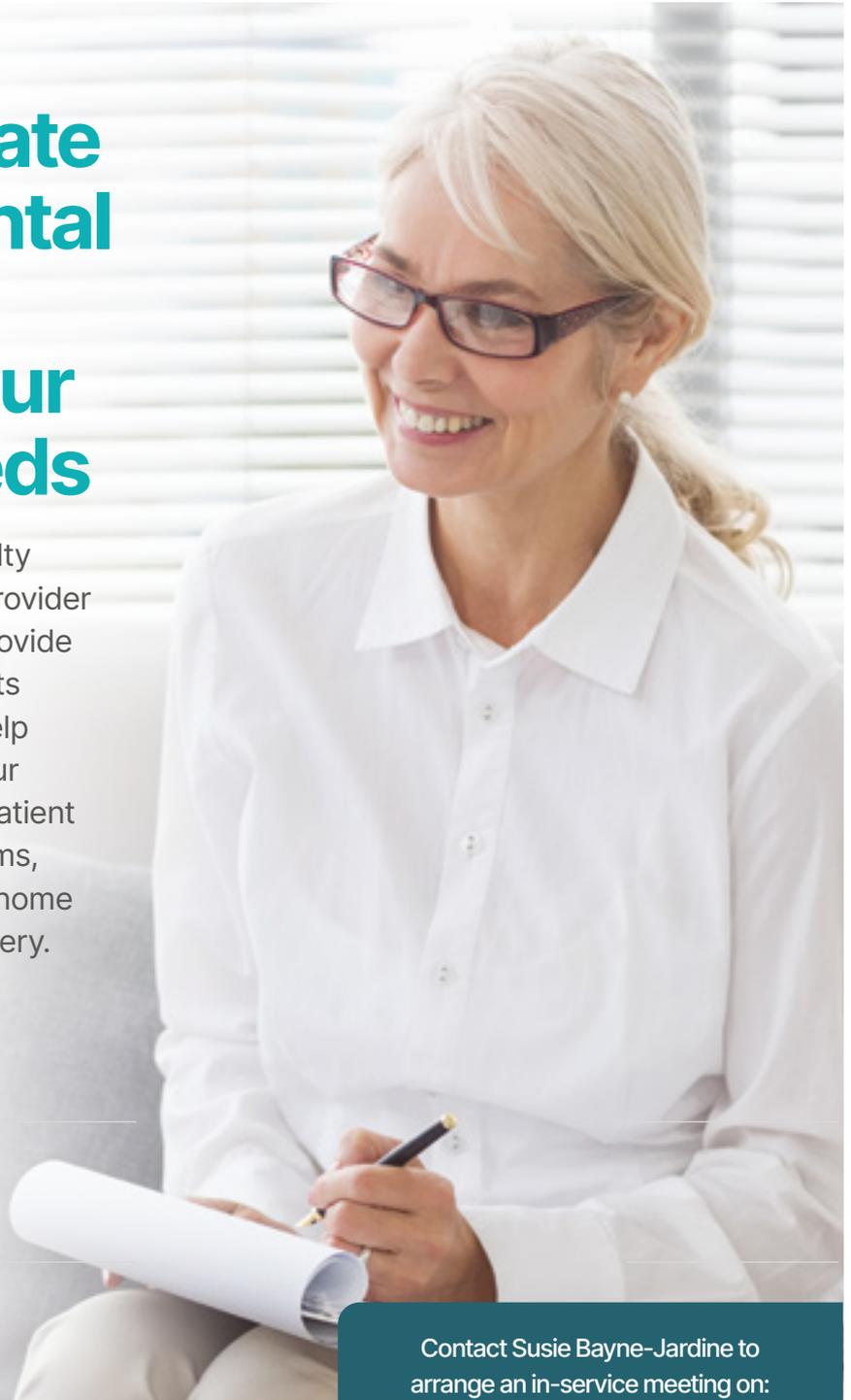
Contract Ros at Orbit World Travel  
on 1300 262 885 or email  
[ros.chillingworth@orbitworldtravel.com.au](mailto:ros.chillingworth@orbitworldtravel.com.au)

# Belmont Private provides mental health care tailored to your patients' needs

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- Acute adult psychiatry
- Perinatal mental health
- Trauma and disassociation
- Older persons mental health
- Neurostimulation, electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS)
- Young adult mental health
- Special care unit
- Women's mental health unit



Contact Susie Bayne-Jardine to arrange an in-service meeting on:  
[susie.bayne-jardine@aurorahealth.com.au](mailto:susie.bayne-jardine@aurorahealth.com.au)

## Referring is as easy as 1,2,3

1. Identify patient needs as specialist admission and provide a GP referral
2. Confirm patient has private health insurance, DVA, WorkCover or can self fund their admission
3. Call the Admissions and Assessment Teams who will conduct a health fund eligibility check, confirm their admission arrangements and allocate a psychiatrist.



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Belmont  
Private Hospital

1220 Creek Road, Carina QLD 4152

T 07 3398 0111 F 07 3398 3105

Admissions and Assessment: 1800 700 274

**OFFICIAL**

**MARK BUTLER MP**  
MINISTER FOR HEALTH AND AGED CARE

**MEDIA RELEASE**

**ADDITIONAL COVID-19 VACCINE DOSE RECOMMENDED FOR  
ADULTS AGED 75 AND OVER**

The Australian Government has accepted advice from the Australian Technical Advisory Group on Immunisation (ATAGI) that all adults aged 75 years and older should receive an [additional 2023 COVID-19 vaccine dose](#) if six months have passed since their last dose.

The Government has also accepted a recommendation from ATAGI that adults aged 65 to 74 years, or those aged 18 to 64 years who are severely immunocompromised, should consider an additional dose if six months have passed since their last dose, in consultation with their healthcare provider.

The latest advice recognises that older age remains the biggest risk factor for severe COVID-19 disease.

The primary aim of COVID-19 vaccination continues to be to reduce the risk of serious illness and death. This is particularly important for older adults and those with risk factors for severe disease.

Much of the Australian population, particularly younger people with no other medical conditions, are currently well protected due to a combination of previous vaccinations and prior infection. This age group is not recommended for an additional dose at this stage.

Those who were [recommended](#) to have a 2023 booster earlier this year, but have not yet had one, are still able to access a booster dose and are encouraged to do so.

ATAGI continues to review all available evidence on the duration of protection from COVID-19 vaccines, infection rates and risk of severe disease in making any future recommendations.



Dr Maria Boulton  
AMA Queensland President



Dr Brett Dale  
AMA Queensland CEO



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

## AMA Queensland

# President and CEO update August 2023

AMA Queensland is continuing to pay off for members and the community with sensible decisions on meningococcal B and flu vaccines, more publicly available hospital performance statistics, and more clarity around the payroll tax amnesty.

## Payroll tax

AMA Queensland is continuing to advocate for an exemption for GPs from payroll tax, and the Treasurer was asked at least 14 questions at Budget Estimates at the start of August related to our work.

He was asked how many medical practices and doctors would be affected, the total number of amnesty Expressions of Interest (EOIs) submitted so far, and what modelling has been done on the impact on state hospitals, bulk billing, ambulance call-outs and aged care facilities.

As of 1 August, just 93 of our state's estimated 1,400 general practices had applied for the amnesty, suggesting many are still awaiting legal and financial advice.

The Treasurer claimed payroll tax for practices for tenant GPs would only affect big corporate medical practices, showing a misunderstanding of the impact on small suburban and regional clinics.

We acknowledge that Queensland was the first state to offer an amnesty and a moratorium on audits. The QRO has released a new fact sheet to address AMA Queensland concerns that registering for the amnesty may amount to an admission of liability.

You can view the factsheet on our campaign website [ama.com.au/qld/campaigns/payroll-tax-campaign](http://ama.com.au/qld/campaigns/payroll-tax-campaign)



**We encourage members to register before the 29 September deadline as your best defence against retrospective bills. We are working with our state colleagues to seek a national approach to this new patient tax.**

Read more: [ama.com.au/qld/news/Payroll-tax-claims-wrong-unfair](http://ama.com.au/qld/news/Payroll-tax-claims-wrong-unfair)



## Senior Doctor Conference

Almost 100 doctors attended this year's *Senior Doctor Conference* on 19 August. The conference was a collaboration between AMA Queensland and the Australian Senior Active Doctors Association (ASADA), driven by ASADA President and AMA Queensland Councillor Associate Professor Geoffrey Hawson.

Speakers included senior lecturer in clinical geropsychology, Dr Theresa Scott, who discussed positive ageing, and psychiatrist and psychogeriatrician Dr Kailas Roberts who spoke about optimising brain health through lifestyle.

Delegates heard updates from Assoc Prof Hawson, AMA Queensland President Dr Maria Boulton, Chief Medical Officer Associate Professor Catherine McDougall and Dr Geoffrey Beadle.

Thank you to our kind sponsors Cutcher & Neale Wealth Management, Hillhouse Legal Partners, AMA Queensland Foundation, Doctors' Health in Queensland and Orbit World Travel.

**Not a member?**

Join AMA Queensland:  
[ama.com.au/qld/join](http://ama.com.au/qld/join)



## Hospital performance website

The state government has heeded our calls for more transparency around hospital performance and has introduced a new website that provides updates on bed numbers, waiting times and elective surgery lists.

This is a step forward in transparency of government and we urge other states to follow Queensland's lead.

We can't improve our healthcare system unless we know how it is performing.

This will be an invaluable resource when the AMA compiles its annual national Public Hospital Report Card.

Read more:

[ama.com.au/qld/news/Hospital-performance-website-commendable](https://ama.com.au/qld/news/Hospital-performance-website-commendable)



## 60-day dispensing

We were pleased to see 60-day dispensing survive a Senate disallowance motion despite a concerted lobbying campaign by some pharmacy groups.

This move will help patients with cost of living, saving them time and money, by allowing them to access a 12-month script from their GP and two months supply, not one, from their pharmacy.

The AMA has been calling for this to be introduced since it was first recommended in 2018 by the Pharmaceutical Benefits Advisory Committee (PBAC), and held meetings with all federal crossbench senators in the lead-up to the 17 August vote.

Read more:

[ama.com.au/qld/news/60-day-dispensing-good-for-patients](https://ama.com.au/qld/news/60-day-dispensing-good-for-patients)



## Meningococcal vaccine

We have been calling for the meningococcal B strain vaccine to be added to the free National Immunisation Program (NIP) for more than six years.

While federal authorities have yet to act, the Queensland government will make it free for infants and older teenagers from next year.

We commend the Queensland government for taking action. It is an anomaly that vaccines for the A,C,W and Y strains are available free but the B strain vaccine is not.

We will be working with the government to ensure a smooth rollout of this vaccine from next year.

[ama.com.au/qld/news/MenB-vaccine-protect-young-Queenslanders](https://ama.com.au/qld/news/MenB-vaccine-protect-young-Queenslanders)



## Council communique

AMA Queensland Council met on 28 July for the first time since our May AGM.

We covered a wide range of topics and approved the formation of two new Working Groups.

Read the Communique in full:

[ama.com.au/qld/CouncilcommuniqueJuly23](https://ama.com.au/qld/CouncilcommuniqueJuly23)



## Three new Council members

We're pleased to report that our remaining casual Council vacancies for 2023-24 have been filled by three outstanding doctors.

Infectious diseases specialist Associate Professor Paul Griffin joins us as the Full-Time Salaried Medical Practitioner Representative. Paul is well-known around the nation for his calm and sensible media performances throughout the pandemic and his experience includes public and private hospital practice, research and teaching.

Dr Sandra Hirowatari is a semi-retired GP doing rural locums in Australia and Canada. She joins us as General Practitioner Representative and has a long history of AMA involvement. She is a past AMA WA Councillor and past Chair of the AMA Council of Rural Doctors, and brings a unique perspective to our Council.

Public Health Advanced Trainee Dr Mikaela Seymour is North Area Representative and is a past Deputy Chair of the AMA Queensland CDT and was the AMA Doctor in Training of the Year in 2018. She has worked in the Pacific and Asia in remote and rural primary care and project management, and has been a technical advisor for the Australian Regional Immunisation Alliance.

Read more:

[ama.com.au/qld/news/newCouncil23](https://ama.com.au/qld/news/newCouncil23)



## GP Leadership

The University of Queensland Business School and GPpartners, which represents north Brisbane GPs, recently collaborated to hold the GP Leadership Excellence Program, with the vision of empowering medical experts to lead with confidence and influence in shaping the future of primary healthcare for Queensland.

Dr Boulton and several other AMA Queensland members attended.

It was a fascinating couple of days with speakers covering topics from the personal transformative journey for GP leaders to some of the looming healthcare megatrends and workforce burnout.

Read more:

[ama.com.au/qld/news/UQ-GP-Leadership-Excellence-Program](https://ama.com.au/qld/news/UQ-GP-Leadership-Excellence-Program)



## August BLMA Educational Event

By Dr Manoj Bhatt, BLMA Management Committee Member

BLMA had a very successful event on 29 August 2023. We had approximately 60 attendees and, as usual, was well attended by wide variety of clinicians made up of GPs, Non-GP Specialists and Doctors in Training. It was pleasing to welcome a number of new members who were attending their very first BLMA meeting. As is customary, the Management Committee worked very hard with the sponsors and the venue to ensure a successful function.

It's been a while since we discussed COVID 19. This hot topic was overdue due to current endemic nature of COVID with the emergence of a new strain BA.2.86. Michael van Egdom from Pfizer, the major sponsor for the evening, connected us to Dr Andrew Henderson who graciously accepted our invitation to provide us with an update on the current situation with COVID 19 and immunisation recommendations.

Our Platinum Sponsors, Mater Health, provided us with the second speaker for the evening. Dr Martin Wood had an excellent style of presentation combining a fascinating neurosurgery update and some life lessons. Mater Health has taken a very keen interest in our educational activities, for which we are grateful.

BLMA Management Committee member and Chair of the AMA Queensland Foundation, Dr Dilip Dhupelia, then provided a brief update on the forthcoming **AMA Queensland Foundation Gala Charity Dinner** to assist people experiencing homelessness. This will be held at **Customs House on Saturday 18 November** and BLMA members are urged to purchase their tickets to support this worthy cause. Details of the function can be found in this edition of SYNAPSE.

Thanks also to Kelly Hill and Rod Rossi from q4 Financial Partners or their ongoing presence and support at our functions throughout the year.

President Hasthika Ellepola announced our end of year educational meeting on Tuesday 21 November which will be held at the Calile Hotel. This will be the last BLMA meeting of this successful year of providing educational evenings for our colleagues and also professional development workshops for our doctors in training. The event is sure to sell out and bookings will be open on the BLMA website by the time this newsletter goes to press.



Dr Manoj Bhatt  
BLMA Committee Member

