



Message from the BLMA President

Dr Hasthika Ellepola
MBBS MD FSLCOG
FRANSZCOG

Welcome to Issue 10 of *SYNAPSE*.

The AGM for BLMA was held on Thursday 29 August. I am humbled to be re-elected as your President for 2024. Thank you for entrusting me with leading the excellent Management Committee of BLMA to whom I owe thanks for their continued commitment. I also thank outgoing Management team members Dr James Collins and Dr Amelia Sah for their contributions

to BLMA. Dr Collins has been a part of our Committee from the launch of BLMA and has been instrumental in assisting with events and the set up of the new BLMA website. Dr Sah is relocating to Townsville to continue her training. A special welcome to Drs Herjot Gill, Dr Bruce Wang and Dr Leanne Comino as new elected members of the Management Committee. It augurs well for the organisation when our younger members wish to be involved at BLMA.

As our membership continues to grow, so does our credence with sponsors. 2024 will prove to be BLMA's biggest year yet, with all planned educational evenings having confirmed sponsors. The dates of our functions for the rest of the year will soon be available on the web site, so please watch for the announcements. In addition to the planned educational events for the whole membership, the Management Committee is also excited to announce two confirmed small group meetings for our expanding Doctors in Training members, where will discuss issues such as Leadership and Interview Skills.

Our most recent dinner meeting was held in conjunction with our Annual General Meeting on 29 February

2024 at the Queensland Cricketers Club. We thank our sponsors and speaker from Lumus Imaging for an enlightening evening. This event was very popular and sold out before the RSVP date which serves as a reminder to get your tickets early for future events to avoid missing out!

SYNAPSE is a very well regarded publication and we hope you are receiving it in e-format and enjoying the content. Hard copies are also circulated to sponsors, contributors, advertising individuals and companies. If you are interested in contributing to the newsletter or advertising your organisation or services you provide, please contact the Secretariat directly. We would love to hear from you. Take advantage of our free classified ads offering to paid up members.

BLMA is continuing to grow. Increasing the Membership is my goal as President. Having such diverse membership is exciting. I seek your assistance in our membership drive by introducing more of your practice and hospital colleagues to join with us. At BLMA, we also value membership from soon to retire and already retired colleagues.

As the saying goes, "There is strength in numbers!"



Visit our
website

brisbanelma.org

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

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CONTACTS

President:
Dr Hasthika Ellepola

Vice President:
Dr Gail Tsang

Treasurer:
Dr Manoj Bhatt

Secretary:
Dr Felicity Jensen

Committee Member and Newsletter Editor:
Dr Dilip Dhupelia

Committee Member and Website/Social Media Editor:
Dr Janet Draper

Committee Member:
Dr Jennifer Schafer

Committee Member:
Dr Andrew Cronin

Doctor in Training Committee Member and Co-Newsletter Editor:
Dr Herjot Gill

Doctor in Training Committee Member:
Dr Leanne Comino

Doctor in Training Committee Member:
Dr Bruce Wang

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

Renee O’Brien
Email: info@brisbanelma.org
Phone: 07 3872 2248

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

Please address all correspondence to:
Dr Dilip Dhupelia
Email: info@brisbanelma.org

Issue 11 | 2024 Newsletter

Content Deadline:
Wednesday 15 May 2024

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

Directory form is available on the website.

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To the Editor

I wish to draw to your attention and members of the BLMA that Doctors' Day is coming up on 30 March 2024. This is an occasion to celebrate the contribution of all doctors who serve our community with compassion and expertise. Doctors' Day is celebrated internationally (in the United States the day is held on 30 March). The observance of Doctors' Day dates back to 1933 in the USA when the wife of Dr Charles Almond, Eudora Almond, conceived the idea to set aside a day to honour the profession. The recognition occurred on the anniversary of the first administration of anaesthesia by Dr Crawford Long in Georgia in 1842. Dr Long used ether to anaesthetise a patient to surgically

remove a tumour from a patient's neck.

The day was officially established in the US Congress in 1990 as a national holiday. Historically, a card or red carnation may be sent to doctors along with a flower being placed on the graves of deceased doctors. Through the years the red carnation has been used as symbol of Doctors' Day signifying the qualities of sacrifice, charity, courage, bravery and love.

Celebrating the medical profession encourages hard-working doctors and gives a sense of satisfaction that our efforts are worthwhile and appreciated by the community. Please take a moment to reflect on

the day and the patients you have helped over the years. Please also encourage your fellow medical friends and colleagues perhaps by sending them a message on the day. Thank you for BLMA's ongoing work to support the medical profession.

Yours faithfully,
Dr Felicity Jensen



BLMA is proudly supported by our partners:



Synapse: Newsletter Dates 2024

Newsletter Month	Content Due	Distribution
May	Wednesday 15 May	Mid-late May
July	Monday 1 July	Mid-late July
September	Monday 2 September	Mid-late September
November	Friday 1 November	Mid-late November

Follow BLMA on:



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



Dr Janet Draper
BLMA Committee Member

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."

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ANONYMOUS



Donate today: mbaq.org.au/support/#donate

Donations to the Association are tax-deductable and receipt will be issued.

If you need emergency financial assistance, you can apply by calling MBAQ on **07 3872 2222**, emailing mbaq@amaq.com.au, or via our website mbaq.org.au

Mater taps into the power of podcasting with sMater



sMater – Mater’s podcast by clinicians for clinicians – has expanded following the success of its debut season on preterm births.

The innovative information-sharing channel has given the health community an insight into Mater Mothers’ Hospitals, and their approach to caring for premature babies and their families.

In her episode, Mater Senior Specialist O&G Dr Huda Safa explored the ways clinicians can recognise the risk of preterm birth, with a particular focus on the latest approach to identifying a shortened cervix during the routine transabdominal morphology scan.

“If the length that is measured is less than 35mm, or indeed the cervix cannot be clearly visualised, that’s when the next step is indicated, which is offering the woman a transvaginal scan, to provide a more accurate look at cervical length,” Dr Safa said.

“A transvaginally-measured cervical length of less than 25mm is defined as short and requires an intervention, ideally that same day.”

Mater’s Assistant Director of Clinical Services, Kathleen Goldsmith discussed Mater’s involvement in the National Preterm Birth Prevention Collaborative, and how it is working to safely reduce preterm and early term births.

“We know that if there aren’t any medical or obstetric reasons, prolonging pregnancy and planning a birth after 39 weeks has huge benefits for the mother, for the baby, for the dad, in terms of increasing breastfeeding rates, improved outcomes for babies, and reducing the incidence of babies being admitted to intensive care,” Ms Goldsmith said.

“Historically, in obstetrics and midwifery practice, ‘term’ would be 37 weeks, so it is a big change, but we’re really starting to see the benefits.”

Mater Chief Medical Officer Dr Mike Beckmann said the constructive and collaborative format is proving to be a benefit to clinicians.

“As clinicians, we are constantly seeking to enhance and broaden our knowledge and skills,” Dr Beckmann said.

“We hope that by sharing information and experiences – in an accessible and flexible format like the podcast - we can create a community where we can connect and work together to improve healthcare across Australia, regardless of whether listeners are based at a tertiary facility or rural facility.”

sMater has now started to expand beyond preterm births, with a focus on women’s health issues such as ovarian cancer, endometriosis, menopause, and breast cancer.

Mater Gynaecological Oncologist Dr Nim Cabraal also discusses the increasing incidence of endometrial cancer, and what to look for.

“Any unusual or post-menopausal bleeding needs to be investigated, including if someone comes in complaining of urinary bleeding or PR bleeding, as that could be vaginal too,” said Dr Cabraal.

“In pre-menopause, it’s a bit harder because abnormal bleeding is more common.

“However, in young women with risk factors for endometrial cancer – such as obesity, abnormal bleeding, irregular or heavy periods – investigations should be carried out with ultrasound, cervical co-test

and potentially endometrial sampling as well.”

Future episodes of sMater will include novel treatments for Parkinson’s Disease, the role of anaesthetics in enhanced recovery after surgery, and the challenges and considerations in paediatric urology.

Subscribe to sMater on your favourite platform here:

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Dr James Collins
BLMA Member

News from Brisbane North PHN GPLO

Dr James Collins

Expand your GP mental healthcare toolbox

New training format: single workshop only

To enable more GPs and Registrars across our region to implement the Initial Assessment and Referral decision support tool (IAR-DTS) into their practices, Brisbane North PHN's IAR-DST training now comprises a single CPD-qualifying workshop.

Clinicians will learn how to conduct holistic, patient-centred mental health assessments and determine the most appropriate care pathway for their presenting patient via a training workshop comprised of practical case studies, the provision of resources about local mental health referral pathways, and connection to the GP Psychiatry Support Line.

Participating GPs will receive a \$300 incentive payment and can claim 1.0 hour *Reviewing Performance* and 1.0 hour *Education Activities* through RACGP.

GPs who have been trained in IAR have reported that the tool has added structure to their mental health consultations, and that they are more confident in responding to and managing the care of their patients who present with mental health distress.

2024 training dates are now available online – [find out more and register](#).



Metro North Health outpatient SMS service now live

All Metro North hospital facilities will now send patient's outpatient clinic appointment offers, confirmations, notifications and reminders via SMS. Notifications will include patient's full name, time, date and location of appointment, facility contact details, and a prompt to confirm or reschedule the appointment if unable to attend.

All patients with a mobile phone number listed in their patient record will receive these appointment notifications via SMS unless the

patient has previously declined SMS communication. Patients can opt out of SMS communication at any time. It is important your patient keeps their contact details up to date with the hospital including any changes to their GP.

Community health service appointments now on The Viewer

Community and oral health appointments are now visible on the Health Provider Portal (The Viewer). Appointments for services including Community Based Rehabilitation Team, Community Palliative Care, Community Transition Care Service, Complex Chronic Disease Team, District Diabetes Service and Post Acute Care Service are now available in the *Outpatient* tab.

Please note that this appointment information is provided as a guide only – facility and location displayed may not be the location where the appointment is being held, and services will notify patients of their scheduled appointments and any subsequent changes to them.

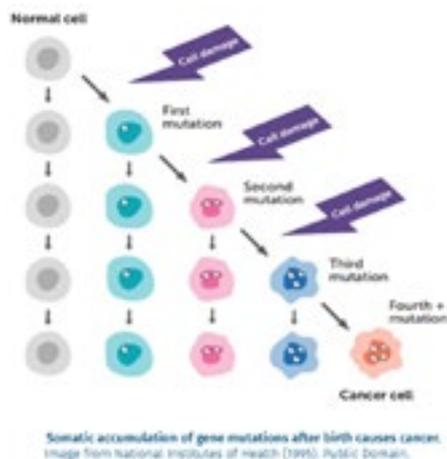
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Hereditary Cancer

A/Prof Michael Gabbett, Mendel Genetics, MBBS MMedSc
MHM FRACP

All cancer is genetic in origin. It is the result of genetic errors accumulated over the course of a person's life. Oncologists are now routinely undertaking genetic testing on cancer tissue to find these somatic variants. This information is then used for 'personalised medicine', which uses drugs designed specifically to target cancer based on the tumour's genetic profile.



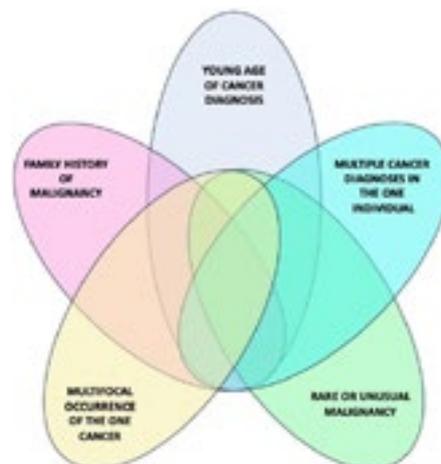
Conversely, approximately 5% of people diagnosed with cancer were born with a genetic error that predisposes to developing cancer. That is to say, they have a pathogenic genetic variant (a mutation) in their germline DNA, inherited from a parent and that has the potential to be passed down to their offspring. These people (and their families) are at risk of a cancer diagnosis at a young age as well as developing multiple malignancies.

It is important to identify such individuals as they (and their blood relatives) are at risk of developing further malignancies. Once a hereditary predisposition has been identified, effective screening regimens and/or prophylactic measures can be put in place to

help avoid cancer-related death.

Clues that indicate a potential hereditary cancer predisposition include:

- ▶ Family history of malignancy
- ▶ Young age at diagnosis
- ▶ Multifocal/bilateral cancer
- ▶ Multiple cancer diagnoses in the one individual
- ▶ Unusual cancers (eg. male breast cancer)



The pattern of cancer diagnoses and/or histopathological features can provide clues as to the underlying genetic defect.

For example:

- ▶ Breast and ovarian carcinoma in the one family strongly suggests a *BRCA1* or *BRCA2* pathogenic variant
- ▶ Colorectal carcinoma with absent mismatch repair protein staining on immunohistochemistry suggests Lynch syndrome
- ▶ Adrenocortical carcinoma is very rare and raises the possibility of Li Fraumeni syndrome

Genetic testing can identify individuals with a hereditary cancer predisposition. If a pathogenic variant is found, a



A/Prof Michael Gabbett
MBBS MMedSc MHM FRACP



Michael is a clinical geneticist and the medical director of Mendel Genetics. Michael is pleased to see patients with suspected or conformed genetic conditions across the lifespan, including:

- ▶ Prenatal, pregnancy planning
- ▶ Paediatrics, dysmorphology, developmental disability
- ▶ Adult genetics including neurology, cardiac, endocrinology, and renal
- ▶ Connective tissue dysplasia including Marfan and Ehlers Danlos syndrome
- ▶ Cancer genetics

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cancer surveillance regimen can be instituted that may be lifesaving. Additionally, cascade testing of other family members can be offered to help prevent cancer related death in these individuals.

Genetic testing

Clinical testing for genetic cancer predisposition is readily available. Initial Medicare rebatable testing is only available to patients if they are affected by cancer, the test is ordered by a specialist, and it is determined that there is a high (eg. >10%) chance of a germline mutation being present. Medicare may also pay for testing in blood relatives of an individual with a germline pathogenic variant.

High-quality genetic testing can also be ordered in adult patients without cancer for as little as \$700. Contemporary genetic testing can

simultaneously screen for dozens of hereditary cancer predisposition syndromes. Genetic testing in minors should only ever be ordered by a specialist clinical geneticist or paediatric oncologist.

While the advantages of having such a test may seem obvious, it is important that patients are made aware of the disadvantages before they consent to having a genetic test. Disadvantages can include the potential for insurance discrimination, finding a genetic 'variant of uncertain significance', adverse effects on mental health, and potential disruption to familial relationships and harmony.

Clinical genetics is a speciality that can help identify individuals with a hereditary cancer predisposition and organise appropriate testing for the individual and their family. A clinical geneticist can help interpret ambiguous or complex

hereditary cancer genetic test results. If a cancer predisposition syndrome is discovered, a clinical geneticist can provide advice on an appropriate cancer surveillance programme.

For more information on genetic testing in cancer, please see:

▶ [The Genetics of Cancer \(NIH\)](#)



▶ [Predictive and Pre-symptomatic Genetic Testing in Adults and Children \(HGSA\)](#)



▶ [Genetic Testing and Personal Insurance Products in Australia \(HGSA\)](#)



Applications close

**Monday 29 April 2024
at 5pm (AEST).**

GPTQ Training and Research Bursary



Dr Kellie West
2024 GPTQ Bursary recipient



Dr Nicholas Snels
2024 GPTQ Bursary recipient

Applications for the 2025 GPTQ Training and Research Bursaries are now open.

AMA Queensland Foundation is committed to supporting and promoting general practice. This bursary will target both GP Fellows (GPs) and GP Registrars (GPRs) who live and work in Queensland and will support both training and research opportunities that promote better health outcomes for Queenslanders.

Bursary offer

Up to four bursaries of \$20,000 each may be awarded annually.

For more information

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After the paparazzo have caught your best angle, enjoy mingling with pre-dinner drinks followed by a delicious three-course meal in the Chelsea Ballroom,

as string quartet Angel Strings play your favourite movie soundtracks. Celebrity doctor, mentalist and sought-after media commentator, the hilarious Dr Vyom Sharma will be your MC for the evening.

Celebrate with close friends and colleagues at your own table of 10 or expand your network as you mingle and connect with new colleagues.

Tickets are limited so we encourage you to register now to avoid disappointment.

RSVP by Wednesday 15 May 10am
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We are thrilled to hold our international 2024 event in Athens, Greece, with support from our corporate partner Orbit World Travel.

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* For more details please visit our website
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Addressing the Rising Mental Health Struggles: Challenges and Innovations

Dr Ben Wakefield,
FRANZCP FRACGP-RG FARGP MPH MBBS BSc/BEd



Dr Ben Wakefield
FRANZCP FRACGP-RG FARGP
MPH MBBS BSc/BEd

The surge in mental health disorders, particularly among young people, has become a growing concern globally. With the chronic underfunding of the public system and the costs of private health insurance for treatment having substantial increase, there has arisen a pressing need for innovative solutions to address the escalating demand.

As the strained public health system has become increasingly focused on the most severe end of the mental health spectrum there is an increasing demand for private options. In 2019/2020 53% of all inpatient mental health admissions nationally were in private facilities. The escalating mental health crisis, especially among the youth, has created an overwhelming demand for psychiatric and psychological services with inpatient mental health treatment being the number one most used hospital Private Health Insurance item for younger Australians.

The scarcity of mental health professionals and the lack of available beds has resulted in significant challenges, making it difficult for patients. Private psychiatrists and psychologists often have substantial waiting lists, reaching up to 6 to 12 months, with recent studies revealing an alarming national mean wait time of 94 days for adolescents to see a psychologist.

The complexities in navigating the mental health system have led

patients to seek assistance from private health cover brokers to secure beds. This growing trend indicates the need for streamlining the system and improving accessibility.

Recognizing the critical role GPs can play in bridging the gap, medical colleges and the federal government are implementing measures to enhance GP skills in mental health treatment. The RACGP Rural faculty's Cognitive Behavioural Therapy (CBT) skills for general practice, offered through a fully online course, equips GPs with foundational skills to treat common mental health illnesses.

Additionally, the introduction of new Medicare Benefits Schedule (MBS) items (2721, 2723, 2725, 2727) allows GPs with specialized training to practice CBT, aiming to reduce the burden on patient wait times.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has secured funding from the Australian Government's Psychiatry Workforce Program (PWP) to develop a Diploma of Psychiatry. This program aims to provide training in core mental health assessment and therapeutic skills applicable to diverse age groups, populations, and mental health conditions. The curriculum, currently under development, is set to serve as a valuable continuing professional development (CPD) opportunity for

medical practitioners, including GPs, rural generalists, and emergency medicine physicians.

Further to this, various online therapy programs have emerged to fill the gaps. Notably, BUPA are now offering internet-delivered cognitive behavioral therapy through "This Way Up," providing accessible and convenient mental health support which is free to its members until July 2024.

Looking to the future, the use of artificial intelligence (AI) in online mental health programs is also gaining attention. While a recent large meta-analysis on AI-driven mental health programs yielded inconclusive results, early evidence suggests the potential for AI to be helpful, especially when combined with human-based therapy. The evolving field of AI in mental health remains an exciting area to monitor for future developments.

As both the private and public health sectors grapple with the escalating mental health crisis, initiatives aimed at enhancing GP skills, developing specialized programs, and exploring innovative therapies are crucial steps toward addressing the challenges. By leveraging a combination of traditional and contemporary approaches, there is hope for improving mental health outcomes of our patients and providing timely and effective support for those who need it.



Associate Professor Vanessa Beesley
Team Head, Supportive Care in Cancer,
QIMR Berghofer

PARTING Trial

What is this study about?

Grief is a normal reaction to loss. However, for some people, grief does not improve over time. Instead, the distress remains intense and overwhelming, and makes it hard to function at home, work, in relationships, and in other important areas of life. When this has been the case for more than 12 months, it is sometimes called prolonged grief, and people are recommended to seek help for grief-related distress and suffering.

In the general population 10% of people experience prolonged grief following bereavement of a loved one. However in cancer carers the prevalence is reported to be around 30%.

Psilocybin-assisted psychotherapy is an experimental intervention that could help those living with intense grief reduce their distress and find new ways of learning to live with their loss. The PARTING trial aims to determine whether this approach is safe and acceptable to participants and to establish an initial impression of whether it might help people with prolonged grief.

Who is running this study?

The PARTING trial has been funded by QIMR Berghofer Medical Research Institute and Woke Pharmaceuticals. The Coordinating

Principal Investigator is Associate Professor Vanessa Beesley, a behavioural scientist who has spent two decades researching ways to improve supportive care for people affected by cancer. The Site Principal Investigator is Associate Professor Stephen Parker, a psychiatrist committed to improving the experiences and outcomes of people affected by mental illness.

Who can participate?

Eligibility for this trial is very strict and involves a lot of screening measures for safety.

You may be eligible to participate if you:

- ▶ Are a relative or friend of a person who died from cancer more than 12 months ago
- ▶ Are experiencing intense overwhelming grief that makes it hard to function in important areas of life.
- ▶ Are over 18 years of age
- ▶ Weigh over 40kg
- ▶ Are not currently pregnant or trying to get pregnant
- ▶ Have a good command of English
- ▶ Are able to swallow pills
- ▶ Live in Brisbane, Queensland or are able to travel and stay in Brisbane for one week at your own expense
- ▶ Are willing to complete 8 therapy sessions over 5 weeks

What will I have to do to take part?

We will give you detailed information and answer any questions you have before you decide to take part in the study. Some brief information is right.

Before starting therapy

Before starting the therapy, we will ask you to sign some consent forms and complete some screening measures to assess your eligibility. If you are eligible, you will be enrolled in the therapy by the study staff. If you are not enrolled, an explanation will be provided to you as to why.

During the study

This trial will take place at QIMR Berghofer Medical Research Institute (QIMR Berghofer) in Herston, Brisbane. Some appointments will be in person and some can be by video-link. In total, the duration of your participation is estimated to be about 15 weeks. It will consist of:

- 1) Screening to assess your eligibility
- 2) Three sessions of psychotherapy (talk therapy) before you receive psilocybin
- 3) A psilocybin dosing day
- 4) Four sessions of psychotherapy after the dosing day
- 5) Follow-up interviews and surveys

Data collection

If you are enrolled in the therapy we will ask you to complete four online surveys over three months. These will include a number of questions about your grief, psychological symptoms, and quality of life. We will also conduct four clinical interviews with you over approximately three months to assess your grief symptoms.

After you have completed all of your therapy sessions we will ask you to take part in an evaluation interview to ask about your experience of the trial treatment and any effects it has

had on your grief and other aspects of your life.

Our trial nurse will also take a blood samples and perform a physical exam and electrocardiogram before and after your psilocybin dose.

All of your screening, therapy and interview sessions will be recorded on video and audio as part of our data collection. These recordings will not be used outside the context of this clinical trial without your written approval.

What happens next?

If you are interested, please provide your contact details and declaration through the QR Code below. We will contact you with some more information and answer any question you have before you decide to take part.

Register your interest



QIMR-HREC Approval Reference: P3801
Open Date: June 2023
Recruitment Status: OPEN NOW

BLMA Out and About

Three of our BLMA Committee members, including our President Dr Hasthika Ellepola, were able to join the Gold Coast Medical Association. Social Event Sunset Dinner Cruise around Surfers Paradise this evening. Manoj and Janet were put to work during the evening, respectively distributing pencils for trivia and lucky door prize raffle tickets. We look forward to an ongoing relationship between our two associations.



REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter.
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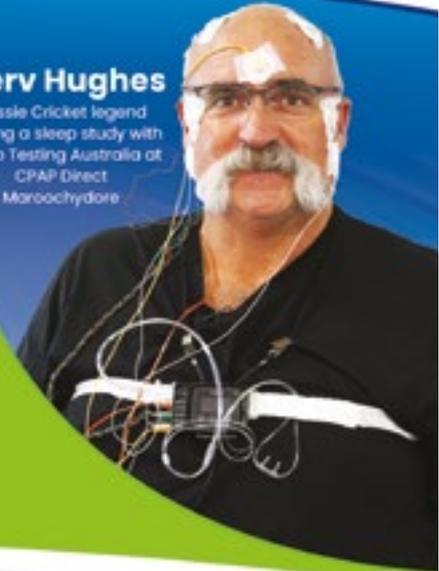
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- ✓ In home sleep testing
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- ✓ Independently scored & reported on by Respiratory & Sleep physicians.
- ✓ On time results delivered in two weeks (Average)
- ✓ Complimentary consultation and support with a Sleep Coach
- ✓ Continuity of care, such as provision of MAS & CPAP trials and therapy plus ongoing support.
- ✓ CPAP machine purchase (payment plans and price matching)
- ✓ Dedicated Home Care Services



Merv Hughes

Aussie Cricket legend having a sleep study with Sleep Testing Australia at CPAP Direct Maroochydore



Prevalence of OSA in Australia

- It is estimated that more than one in five Australians (22.4% of the population) have a sleep disorder, with Obstructive Sleep Apnoea (OSA) and insomnia accounting for the majority of these cases.
- OSA affects =/> 4 million Australian adults and has increased by 30 – 80% in the last two decades.
- 8.3% of the adult Australian population has been diagnosed with OSA, with more than 80 percent of people with OSA remain undiagnosed.
- There is a need for further research into the prevalence and experience of sleep disorders among women and Aboriginal and Torres Strait Islander peoples.
- The prevalence of OSA is rising alongside increasing rates of obesity and an ageing population in Australia.

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Ipswich

● 07 3281 2249

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HEALTHCARE

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North Mackay QLD 4740

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(Burnings Centre)

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Maroochydore QLD 4558

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● 07 4335 8346

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Maryborough QLD 4650

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(Behind Red Rooster)

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Shop 3, 111 William Berry Drive
Morayfield QLD 4506

Upper Mt Gravatt

● 07 3219 2221

Shop 1, 1945 Logan Road
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● 07 4529 0613

Shop 2, 161 James Street
Toowoomba QLD 4350

Townsville

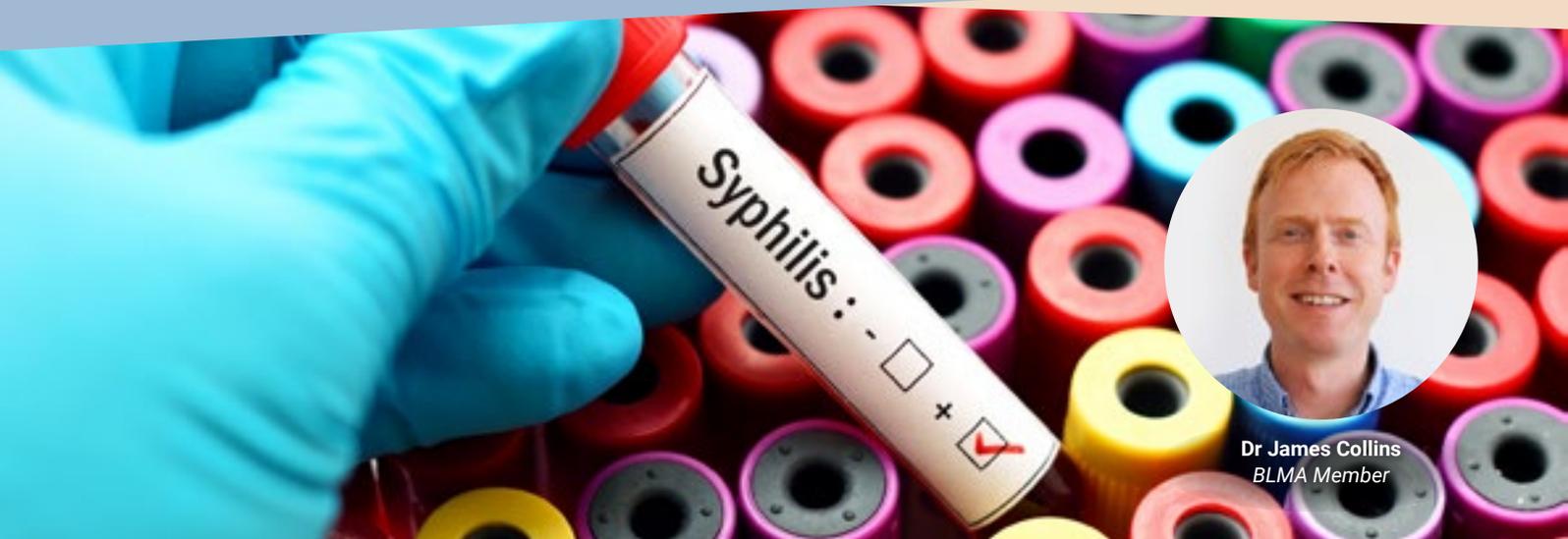
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Hyde Park QLD 4812

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Dr James Collins
BLMA Member

Brisbane North GP Liaison Update

By Dr James Collins

Welcome to 2024! We hope you and your families had a good Christmas and New Year break. Here are selection of key updates from your local General Practice Liaison Team.

Concerning rise in syphilis notifications in Queensland

There is a current syphilis outbreak in Queensland and a sustained increase in syphilis cases in south east Queensland. The most recent notifiable conditions report shows a 30% increase in infectious syphilis cases compared with the previous 5-year average, and most concerning is a 35% increase in women of reproductive age. Of the 220 cases in women of reproductive age in 2023, 32 were pregnant, and 4 cases of congenital syphilis were reported [BBVSTI quarterly surveillance report](#).

The Queensland Clinical Guideline [Syphilis in Pregnancy](#) health.qld.gov.au/qcg recommends all pregnant women have antenatal screening for syphilis including:

- ▶ Serology at first antenatal visit (preferably <10 weeks gestation)
- ▶ Repeat serology at:
 - ▶ 26-28 weeks gestation
 - ▶ 36 weeks gestation

- ▶ Dry swab (PCR) if lesions/chancres present
- ▶ Repeat of change in risk status

Serological screening for syphilis as part of a sexually transmitted disease check-up should be offered to all sexually active people. Further information regarding syphilis testing and treatment can be found at health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/syphilis.

For advice regarding positive syphilis results, GPs can call the Queensland Syphilis Surveillance Service (QSSS) on 1800 032 238. Please consult the [Syphilis - Community HealthPathways Brisbane North](#) and [MN Antenatal Shared Care \(health.qld.gov.au\)](#) for more information.

Free online antenatal sexual health training can be accessed at [Antenatal Sexual Health Kit \(ASK\) training for antenatal clinicians](#)

Benzathine benzylpenicillin is not 'BenPen' for Syphilis.

The correct first line treatment of uncomplicated syphilis is long-acting **Benzathine benzylpenicillin (trade name Bicillin L-A)**. Benzathine benzylpenicillin is also used for

Rheumatic Heart Disease (RHD) prevention. Long-acting Benzathine benzylpenicillin (trade name Bicillin L-A) and short-acting Aqueous benzylpenicillin (trade name BenPen) are not therapeutically interchangeable. For more information about the important differences, please see factsheet: [Benzathine benzylpenicillin is not 'BenPen'](#).

Australia is currently experiencing a shortage of prefilled Bicillin L-A syringes. More information can be found in this [Antimicrobial Stewardship Clinical Care Alert](#).

For further information about syphilis can be found at: health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/syphilis and [Brisbane North Health Pathways](#)

For advice regarding positive syphilis results, GPs can call the Queensland Syphilis Surveillance Service (QSSS) on 1800 032 238. Further information about Rheumatic Heart Disease can be found at: health.qld.gov.au/disease-control/conditions/rheumatic-heart-disease

rhdaustralia.org.au/arf-rhd-guidelines & [Brisbane North Health Pathways](#)

Hear about new services and supports for local GPs at our "Virtual Tea Room"

Tuesdays 12 noon – 1pm and
Wednesdays 1pm – 2pm

We invite GPs, Practice Managers and Practice Nurses to join via Zoom on your computer or mobile to our informal "virtual tea room catch up" each Tuesday and Wednesday from 13 February. It aims to provide brief snippets about new services and patient pathways as well as other tips and tricks but also your chance to ask questions to the GPLOs. Simply listen in or join in the discussion whilst you eat your lunch. No registration is required just click on the link. You are welcome to pop in and out as you please and aim to tailor the sessions to those joining us. We look forward to seeing you online. At above times click on

the links in our flyer – metronorth.health.qld.gov.au/wp-content/uploads/2024/01/gplo-virtual-tea-room.pdf

New Metro North Rapid Access Clinics & Clinical Advice Services

Metro North Health have established a range of new services to provide more timely care for patients living in Metro North Health region.

Clinical Advice Service provides a range of specialists available to provide advice over the phone or via a written request. For example you could ask for advice about a patient with persistent pain that needs alteration to this medication.

Phone advice include General Medicine, Haematology, Heart Failure, Inflammatory Bowel Disease,

Persistent Pain, Virtual Ward, Older Persons, Community Care, Sexual health, Sleep Disorders, Termination of Pregnancy & Vestibular Rapid Access.

Written requests are also available for paediatrics, rheumatology & urology depending on if your patient lives in the appropriate catchment area.

Rapid Access Clinics & Services are a range of Rapid Access Clinics where patients can be seen within days to prevent the need for a presentation to an emergency department where appropriate. These clinics are expanding but currently include our Virtual Ward, General Medicine, Older Persons Assessment & Rehabilitation Service, Fracture Clinics in RACFs, Rapid Access to Community Care, Heart Failure, Vestibular Service



SIJ & PHYSIOTHERAPY - OUR TEAM CAN HELP!

THE PHYSIOTHERAPY TEAM @ SPORTS & SPINAL CAN ASSIST YOUR PATIENTS WITH THEIR SIJ (SACROILIAC JOINT DYSFUNCTION) CONCERNS.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.



SCAN THE QR CODE FOR MORE INFORMATION OR TO REFER TO OUR TEAM TODAY

RESEARCH SHOWS:

- ✓ SIJ is a significant source of pain in 15% to 30% of people with mechanical lower back pain (O'Sullivan P, et al. 2018).
- ✓ SIJ is usually caused by abnormal motion (i.e. hyper- or hypo-mobile) or malalignment of the sacroiliac joint.
- ✓ 88% of cases of SIJ injury are due to either repetitive microtrauma or acute trauma. There is a high prevalence of SIJ injury in athletes, and 20% of cases are pregnancy-related (Foster NE, et al. 2018).

HOW PHYSIO CAN HELP:

- ✓ Early intervention can prevent the escalation of minor problems into chronic conditions, ultimately reducing the burden on healthcare resources and improving patient outcomes (Briggs AM, et al. 2019).
- ✓ Chronic SIJ pain is a pervasive issue that requires a multifaceted approach. Physiotherapists employ techniques such as manual therapy, exercise prescription, and patient education to address pain at its roots (O'Sullivan P, et al. 2018).
- ✓ By collaborating with Sports & Spinal, you can ensure that your patients receive clear guidance on self-care, injury prevention, and the importance of adhering to prescribed exercise regimens.



Dr Maria Boulton
AMA Queensland President



Dr Brett Dale
AMA Queensland CEO



ama.com.au/qld

AMA Queensland

President and CEO update

FEBRUARY 2024

Less than two months into the year, AMA Queensland is already seeing the effects of its advocacy efforts with recent State and Federal Government interventions to fund more of our ambulance ramping roundtable initiatives, crack down on vaping, improve COVID infection controls and fight silica dust. We have also seen the rollout of the Meningococcal B vaccine in our high schools.

This year marks our 130th anniversary working for communities, patients and doctors and we will continue this work focussing on the changing healthcare needs of Queenslanders.

We thank all of our members who have already renewed their memberships and look forward to working with you in 2024.



Health Minister Shannon Fentiman and Dr Maria Boulton

ADVOCACY PRIORITIES

AMA Queensland has released its advocacy priorities for the next three years, prioritising regional workforce, support for general practice and making hospitals more environmentally sustainable.

The past few years have been dominated by COVID-19 but the stresses on our system were there long before the pandemic, particularly the many challenges impacting workforce, infrastructure and primary care.

Workforce is our number one priority, as we cannot open new hospital beds without staff to operate them, solve our regional workforce crisis without recruiting and supporting healthcare workers, or watch our healthcare system continue to crumble.

We are also aware that some hospitals are experiencing vacancies in their intern positions for the first time. AMA Queensland will advocate for interns to be included in appropriate workforce attraction incentive programs in coming Budgets.

Our Advocacy Priorities 2024-26 will inform our submissions to government and other consultations over the next three years.

Read more at ama.com.au/qld/news/Workforce-prevention-and-sustainability-key-to-next-three-years



COVID INFECTION CONTROLS

In November 2023 and again in January 2024, AMA Queensland wrote to the Chief Health Officer (CHO) with members' concerns about inadequate infection control measures amid a rise in hospital acquired COVID cases.

Our members were concerned for their patients and colleagues as the eighth wave of COVID hit.

The CHO’s response was that COVID was no longer a communicable disease incident of national significance and responses to continuing outbreaks must be ‘balanced and proportionate’.

After The Courier-Mail published Right to Information (RTI) figures showing hundreds of Queenslanders had died of hospital-acquired COVID since 2022, the CHO sent a second letter acknowledging the seriousness of the issue and promising to visit hospitals to work on suitable solutions.

We thank him for taking our members’ concerns seriously and consider his intentions to revisit hospital infection controls a good opportunity to assure healthcare workers they can raise concerns without risk to their jobs.

Most importantly, we must protect patients attending hospitals for emergency care, planned surgeries or outpatient treatment, as well as and our hard-working doctors and nurses, from catching other infections while in hospital.

Read more at ama.com.au/qld/correspondence/CHOcovid



AMA QUEENSLAND FOUNDATION

The AMA Queensland Foundation has again delivered on its fundraising goals – this time to support people experiencing homelessness and disadvantaged medical students.

Each year the Foundation selects a major charity partner. Beddown, a charity supporting the increasing number of people experiencing homelessness, was the selected beneficiary for 2023.

In December, AMA Queensland Foundation Chair Dr Dilip Dhupelia presented Beddown with a cheque for \$173,780 to help it continue its work connecting clients with



Foundation Chair Dr Dilip Dhupelia and Deputy CEO, inCommunity Inc. Nerissa Wade

vital outreach medical, healthcare, counselling and hygiene services.

The Foundation’s annual Christmas Appeal also raised \$14,010 for its Medical Students Scholarship, which will help support up to three medical students experiencing financial hardship pursue their dreams of becoming a doctor.

The AMA Queensland Foundation has worked tirelessly to achieve these donations and looks forward to seeing the funds improve people’s lives.

Read more at ama.com.au/qld/news/Beddowncheque and ama.com.au/qld/news/AMA-Queensland-Foundation-Christmas-Appeal



VAPING

AMA Queensland has persistently called for tighter regulations and interventions to address the public health battle against vapes and were pleased to see the Federal Government take action by banning the import of disposable vapes from 1 January.

Vaping is now extremely prevalent in our society with more than 1.72 million people over 18 using vapes, but we are even more concerned by the rising use among our children.

The new laws mean nicotine vapes are prescription-only. Even then, they should be used as a last resort

considering the little to no evidence available regarding their safety and effectiveness as a smoking cessation aid.

While we’re already seeing the ban’s effects prompt public health education campaigns and police raids on retailers, broader intervention is needed to prevent the next generation from becoming addicted to nicotine.

We will continue to call for enforcements to protect consumers while retailers are still selling non-therapeutic and flavoured vapes.

Read more at ama.com.au/qld/news/New-vaping-laws-will-protect-children



BULK BILLING AND MEDICARE

AMA Queensland continues to call for urgent reform of Medicare to meet the evolving health needs of patients and prevent GPs from having to make the difficult decision between charging a gap or closing their doors.

The Federal Government claimed its tripling of the incentive paid to GPs to bulk bill children and concession card holders from 1 November meant 11 million Australians could now be bulk billed.

While their data showing a 2.2 per cent increase in the bulk billing

rate in Queensland late last year is encouraging, it highlights the need for more investment into primary care and general practice.

Tripling the incentive has helped some practices, particularly in regional and remote communities, continue to bulk bill vulnerable patients, but it has made little difference for many practices as Medicare rebates are too low to combat cost-of-living pressures and the increased complexity of Australia's healthcare needs.

The bulk billing incentive cannot solely address the decades of neglect of the Medicare system, and we will continue to call for reform in the interests of patients, GPs and primary care.

Read more at ama.com.au/qld/news/Bulk-billing-figures-show-need-for-investment



FLOOD, CYCLONES, NATURAL DISASTERS

As ex-Tropical Cyclone Jasper and associated floods swept through Far North Queensland (FNQ), we saw a powerful display of community strength and generosity amid the tragedy.

Many local practices were left with no choice but to temporarily close, and those who were able to remain open worked under very challenging and unique circumstances.

In support of FNQ doctors, we requested urgent State Government support to help practices get back on their feet, offered advice around telehealth requirements and contacted members and raised their concerns in meetings with local stakeholders. We also spoke with the CHO to ensure the government enacted effective measures to prevent and mitigate the risk of disease and infection.

Unfortunately, extreme weather events are becoming more frequent, and our concerns for community

health remain. AMA Queensland's Committee of General Practice is working on advocacy to ensure medical practitioners, patients and the community can access health care, especially during and after natural disasters.

We have raised the need for more funding for private practices to help respond to these events with the Queensland Health Minister, and will be co-writing a letter to the Federal Government requesting assistance.

Read more at ama.com.au/qld/news/updates-on-the-far-north-queensland-natural-disasters



AUSTRALIA DAY HONOURS

Four AMA Queensland members have been recognised in this year's Australia Day Honours for their outstanding service to medicine and the community.

Drs Matthew Young, Christine McConnell and David Stabler were awarded Medals of the Order of Australia (OAM), and Dr Robin Cooke was made a Member of the Order of Australia (AM).

We are incredibly proud of all our members and their efforts to improve the standard of health in Queensland. Queensland doctors work tirelessly to protect and ensure the health of all communities, and these four have certainly been a standout.

Read more at ama.com.au/qld/news/Australia-Day-Honours-for-AMA-Queensland-members



RESPIRATORY ILLNESSES

With an unusual surge in respiratory illnesses including mycoplasma pneumonia, RSV, COVID, and the expected February rise in asthma cases, we have urged people to stay up to date with vaccines and for parents to review their children's asthma plan.

The Therapeutic Goods Administration (TGA) recently approved Australia's first vaccine for respiratory syncytial virus (RSV), and it is important all eligible patients see their GP for a prescription once it becomes available.

Last year our advocacy efforts saw the Queensland Government announce the meningococcal B strain vaccine would be free for eligible infants and older teenagers.

We're pleased to see the rollout of this vaccine has now commenced for year 10 students as part of the Queensland School Immunisation Program. From mid-March, all other eligible cohorts can access the free vaccine via registered Vaccination Service Providers under the Queensland Health Immunisation Program.

Read more at ama.com.au/qld/news/Transcript-ABC-RSV-Vaccine and ama.com.au/qld/correspondence/Queensland/Health/update/on/Meningococcal/B/Vaccination/Program



PATIENT CARE FACILITATORS

In November 2023, Health Minister Shannon Fentiman announced five initiatives to improve patient flow, accompanied by an initial investment of \$20 million, to be progressed immediately.

We welcome any investment in healthcare and are particularly pleased many of these initiatives are recommendations from the AMA Queensland Ramping Roundtable, specifically, measures to ensure acute hospitals are fully operational and function seven days a week with extended hours.

Our Patient Care Facilitators initiative in general practice has been allocated approximately \$2.4 million over two financial years for a pilot on care coordination for patients post discharge from hospital.

The program will fund nurses and other health care workers working in General Practices with the aim of reducing patients returning to hospital after discharge.

This is a simple measure that will reduce emergency department presentations and re-admissions, improve bed block in hospitals by freeing up beds for ED patients and the overall functionality of our health system.

It can be difficult to source state funding for general practice, which is traditionally funded by the Federal Government through Medicare, and we commend the State Government for listening and responding to our members.

Read more at ama.com.au/qld/campaigns/ramping-roundtable-action-plan



CDT SURVEY ON WARD CALL

The Committee of Doctors in Training (CDT) recently released a survey aiming to identify the current state of ward call in Queensland in response to concerns raised by junior doctors.

The survey has now closed, and we look forward to incorporating the CDT's results and suggestions into our next meetings with the Health Minister, Queensland Health and Hospital and Health Services (HHS).

QSCRIPT

AMA Queensland has long advocated for changes to QScript to address members' concerns about unnecessary red tape that wastes clinicians' valuable time.

Queensland Health has now acted, proposing welcome amendments including exempting look-up requirements for inpatients and Residential Aged Care Facility residents.

They have also proposed to reduce the scope of the Monitored Medical Standard (MMS) to the existing, minimum requirements applicable to patients currently registered on the Queensland Opioid Treatment Program.

We anticipate this will significantly alleviate the regulatory burden on our healthcare workers.

Read more at ama.com.au/qld/news/QScriptadvocacy



ENGINEERED STONE BAN

The Federal Government has implemented a national ban on engineered stone to protect workers exposed to silica dust.

The ban follows a Safe Work Australia report on the associated dangers, including silicosis. We commend the Government for acting to ensure the health and safety of workers.

No day at work should include potential exposure to toxic, dangerous products and it is a tragedy that people have suffered avoidable and irreversible respiratory conditions simply from doing their jobs.

We continue to encourage all measures to prevent future patients suffering from silicosis and related diseases and support for those who have been diagnosed.

Read more at ama.com.au/qld/news/National-ban-on-engineered-stone-will-protect-lives



JOIN AMA QUEENSLAND

As the peak medical professional body, AMA Queensland represents all doctors no matter your craft group or career stage. We support you and your colleagues in advocating for the strongest health system in Queensland while also offering exclusive member benefits, expert workplace relations support and representation on issues that affect you in the workplace.

Sign up or renew now at ama.com.au/join-the-ama



AMA QUEENSLAND

WOMEN IN MEDICINE

Breakfast

BRISBANE

THURSDAY 17 OCTOBER 2024

7AM – 10AM

WATERS EDGE

THEME: WOMEN IN MEDICINE
INSPIRING CHANGE



Turkiye

By Orbit World Travel

Turkiye is one of the few countries in the world in the unique position of straddling two continents.

Its location has drawn cultural elements from many diverse influences.

We all grew up knowing the little tune, "Istanbul was Constantinople.... Now its's Istanbul not Constantinople....Been a long time, Constantinople!" Historically Constantinople was chosen as the capitol of the Roman Empire. Located on the crossroads of ancient commercial and military roads it enabled them a strong hold on the region. That was until 1453, when in just 53 days the Ottomans

conquered the city changing its name to Istanbul. This event is generally regarded as the end of the Roman Empire.

Since then, Istanbul has become a very cosmopolitan city that bridges the European and Asian cultures. In majority Muslim Turkey, the nation's Armenians, Greeks, Jews, Catholics, Protestants and many others continue to live in harmony with complete cultural and religious freedom.

As a tourist there are many reason for visiting Turkiye:

► Rich History

Turkiye offers extensive historical sites showing evidence of not only the Roman and Ottoman empires, but also the Hittite, Greek and Byzantine.

► Delicious Cuisine

Turkish cuisine is much more than the famous Kebab! They offer an array of meat, vegetable and fruit dishes. Many created traditionally over charcoal. Of course, one can't leave Turkiye without trying the authentic Turkish Delight!

► Natural Wonders

There are so many awe-inspiring natural wonders that need to be seen to be believed. Just one being Pamukkale, meaning "Cotton Castle" in Turkish, terraces made by carbonate minerals deposited from 17 hot springs. Cappadocia is equally a visual wonder, where Volcanic eruptions created this moonscape then water and wind erosion over millions of years has formed what we has been called "Pointy fairy



chimneys". Locals have chiseled homes into the soft rock creating a "cave-dwelling" population. Today we can stay in hotels within these caves, which is such a unique experience.

▶ **Beautiful beaches**

In Australia we are spoiled for choice, but Turkey really does have some of the most beautiful beaches in the world. White sand and crystal clear waters topped off with magical sunsets!

▶ **Hospitality**

For the Turkish people, hospitality is a part of their culture. It's considered a sign of respect to welcome others into their home for a meal. Family and strangers alike! They are a generous people.

▶ **Vibrant Culture**

Seldom will you experience a meal without it being accompanied by music, dance, lovely conversations and the odd water pipe (Hookah in Turkiye or what we know as a Shisha).

▶ **Easy of getting there!**

You will find Turkiye easy to get to from Australia. Emirates, Qantas (codeshare), Singapore Airlines, Qatar and others all go directly into Istanbul. Just recently Turkish Airlines announced their expansion into the Australian Market starting later in the year.

If you have always been intrigued with Turkiye, a lovely opportunity is available to you by combining the September 2024 AMA Queensland Annual Conference in Athens



Ros Chillingworth
Orbit World Travel



(advertised elsewhere in this edition of Synapse) followed by a post conference tour of Turkiye!

For more information, please contact Ros or Karen at Orbit World Travel on amaq@orbittravel.au

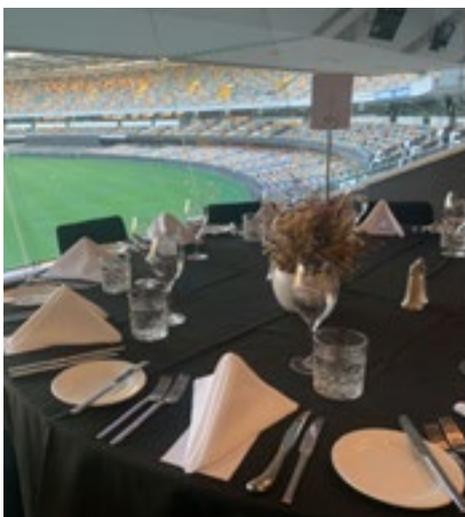
Event Wrap Up

29 February 2024

Our AGM and first Educational Evening for 2024 was held on 29 February 2024 at the Queensland Cricketers' Club after not being able to fit in any functions there last year. Committee member Dr Jennifer Schafer conducted the AGM and was MC for the evening. Dr Hasthika Ellepola gave his President's report and Dr Andrew Cronin provided the Treasurer's report for 2023. We farewelled Dr James Collins and Dr Amelia Sah from our Management Committee and thanked them for their service. We welcomed three new DiT Management Committee members.

After the AGM, we were educated about Managing Breast Cancer Risk by Dr Vince Andrijich from the Breast Health Centre at St Vincent's Northside Private Hospital, who is also the Chair of Lumus Imaging Breast Imaging Group. We are very grateful to Lumus Imaging for sponsoring our event. We also had a quick word from Kelly Hill from our long-term partners q4 financial, who again provided attendees with complimentary initial consultations.

We look forward to seeing you and many of our other members at our events planned during 2024.



Your 2024 Management Committee



President:
Dr Hasthika Ellepola



Vice President:
Dr Gail Tsang



Treasurer:
Dr Manoj Bhatt



Secretary:
Dr Felicity Jensen



**Committee Member
and Newsletter Editor:**
Dr Dilip Dhupelia



**Committee Member
and Website/Social
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Dr Janet Draper



Committee Member:
Dr Jennifer Schafer



Committee Member:
Dr Andrew Cronin



**Doctor in Training
Committee Member and
Co-Newsletter Editor:**
Dr Herjot Gill



**Doctor in Training
Committee Member:**
Dr Leanne Comino



**Doctor in Training
Committee Member:**
Dr Bruce Wang



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DISTRIBUTION

- ▶ Circulated to specialists, GPs, Private and Public Hospitals, allied health workers, practice managers, retired doctors, Public or Private Sector Doctor, Doctors in Training and GP Registrars throughout the Greater Brisbane Region.
- ▶ All newsletters are uploaded to the BLMA website which attracts strong traffic – brisbanelma.org

NEWSLETTER

- ▶ Electronic and printed copies are distributed.
- ▶ Each edition is between 20 and 28 pages.
- ▶ All content is to be approved by the editor.
- ▶ Advertising guidelines apply.
- ▶ Please see Newsletter for frequency for content due deadlines and distribution dates.

If you are interested in advertising in SYNAPSE please contact:

Renee O’Brien
Phone 07 3872 2248
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NEWSLETTER EDITOR

Dr Dilip Dhupelia
Email info@brisbanelma.org

NEWSLETTER FREQUENCY 2024

Month	Content Due	Distribution
May	Wednesday 15 May	Mid-late May
July	Monday 1 July	Mid-late July
September	Monday 2 September	Mid-late September
November	Friday 1 November	Mid-late November

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- ▶ 10% discount for 3 or more placements.
- ▶ 20% discount for 6 placements (1 year).

CLASSIFIEDS

All classifieds are subject to the Editor’s discretion.

- ▶ No charge to current BLMA members.
- ▶ Non-members: \$100.
- ▶ Word count no more than 120 words.

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- ▶ All artwork must be supplied as a CMYK high-res/print ready PDF.
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