

## Upcoming Events

### Doctor-in-Training Leadership Session

**Topic:** Medical Interview Techniques  
**Date:** Wednesday 19 June 2024  
**Time:** 6.30pm  
**Venue:** The Regatta Hotel

### Member Educational Dinner

**Date:** Wednesday 31 July 2024  
**Time:** 6.30pm  
**Venue:** Victoria Park

### Member Educational Dinner

**Date:** Wednesday 4 September 2024  
**Time:** 6.30pm  
**Venue:** Victoria Park

### End of year Member Educational Dinner

**Date:** Friday 29 November 2024  
**Time:** 6.30pm  
**Venue:** Factory 51, Coorparoo

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



## Message from the BLMA President

*Dr Hasthika Ellepola*

Welcome to Issue 11 of SYNAPSE. As we approach the end of the first half of 2024, it would be remiss of me not to reflect on the success of the Brisbane Local Medical Association to date.

We have held 3 sponsored events and all of which have booked out well before the RSVP date! Our educational dinners and Doctor-in-Training Leadership sessions, which are fully catered, are included in your annual membership subscription. Most events also attract CPD points whilst we network with our colleagues.

On 25 March 2024, we hosted the first Doctor-in-Training focused event at City Winery where our D-i-T members were treated to a presentation by Dr Eleanor Egan and Dr Andy Stamatiou in relation to 'Fertility – a Patient's Journey'. This was followed by our popular Leadership session chaired by our Committee Member Dr Jennifer Schafer.

Our most recent event at the Sofitel was kindly sponsored by Pfizer and our Platinum Sponsor, Mater. You will read about the wrap up of this event on page 23 of this edition. Dr Caroline Airey delivered an interesting talk on Migraine and Dr Jared Eisemann passionately updated our membership on 'Hospital at Home' program. We were also delighted to hear from the outgoing AMA Queensland

President, Dr Maria Boulton, in relation to the ongoing and advocacy wins by AMA Queensland.

The BLMA events are well attended and very popular so please be sure to book your ticket early when the event is announced to avoid being disappointed!

We continue to strive to deliver a better SYNAPSE every edition. The publication is well regarded and wide circulated in both e-format and printed formats. We value the feedback from our members! If there is a topic you would like featured or if you are interested in contributing to the newsletter or advertising your organisation or services you provide, please contact the Secretariat directly ([r.obrien@amaq.com.au](mailto:r.obrien@amaq.com.au)). We would love to hear from you. Take advantage of our free classified ads offering to financial members.

Our membership is growing exponentially and attracting many new Doctor-in-Training members working in different crafts. Having such diverse membership is exciting. I continue to 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.

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**Email:** info@brisbanelma.org  
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The Brisbane Local Medical Association welcomes contributions from members, especially **“Letters to the Editor”**.

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

## Issue 12 | 2024 Newsletter

**Content Deadline:**  
**Monday 15 July 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  
**Email:** info@brisbanelma.org



## Are You a Member?

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



**brisbanelma.org**

**Enquiries:** Dr Manoj Bhatt  
drmkbhatt@yahoo.co.uk

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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# Meet the BLMA Committee

## Committee Member – Dr Herjot Gill BPharm(Hons) MD

Herjot was born and raised in Coffs Harbour, NSW on her family blueberry farm before moving to Brisbane to complete her Bachelor of Pharmacy (Honours) in 2016 then her MD in 2022.

Herjot has spent her medical years at Logan Hospital including 2 medical student years, intern year and this year as a O&G JHO.

She has been an active member of PVOGS Qld (Pre -Vocational Obstetrics & Gynaecology Society) since 2023 organising multiple O&G skills workshops for Medical Students and Junior Doctors.

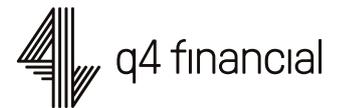


**Dr Herjot Gill**  
BLMA Committee Member

Herjot has a love for baking and dancing outside of work, often making cartoon character cakes for her nieces and nephews.

Herjot joined the BLMA Committee in 2024 as a Doctors in Training Member and Newsletter Co-editor.

BLMA is proudly supported by our partners:



## Synapse: Newsletter dates 2024

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



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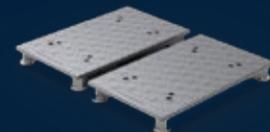
## SPORTS & SPINAL AND VALD TECHNOLOGY

Sports & Spinal have partnered with **VALD Technology** to bring cutting edge technology that presents objective human measurement to patients in our Allied Health clinics.

By combining *precision sensors, intuitive data collection and actionable insights*, VALD's systems help practitioners to objectively view patient progress, leading to more accurate, data informed treatment decisions.

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BRISBANE MUM TEGAN LUKER WITH TWINS REUBEN AND HAZEL. PHOTO JOSH WONING

## One year of Catherine's House – Queensland first integrated perinatal mental health facility



A Brisbane mum has revealed how Queensland's first dedicated centre for new parents experiencing mental health challenges 'saved her life' just weeks after her twins were born.

Ferny Grove mum Tegan Luker, 37, said the support she received at Catherine's House for Mothers, Babies and Families, located at Mater's South Brisbane campus, helped her through some of the darkest moments in her life.

Mrs Luker began experiencing suicidal thoughts after giving birth to her twins Reuben and Hazel, now 11 months old.

The multidisciplinary team at Catherine's House has cared for more than 80 new mums – including Mrs Luker – in the first year of operation, since March 2023.

One in five Queensland mothers and up to one in ten fathers experience perinatal mental health challenges in the first year after their baby's arrival.

A partnership between Mater and Queensland Health has enabled Catherine's House to deliver a dedicated in-patient unit with 10 rooms, where both public and private patients with acute perinatal mental health diagnoses can stay

with their babies while receiving treatment and care.

"I was not in a good way, I was referred to Catherine's House after presenting to the Royal Brisbane Hospital," Mrs Luker said.

"My twins were only six weeks old when I was admitted, and I don't know how I would have coped without the support of Catherine's House."

Mrs Luker was diagnosed with anxiety and depression at Catherine's House and was admitted for seven weeks at the centre with Reuben and Hazel by her side.

Catherine's House Peer Support Workers Taryn Collins and Genevieve Heraghty connected with Tegan through sharing their own lived experience of perinatal mental illness and their personal journey to recovery.

Ms Collins shared her personal story with Mrs Luker and encouraged her to identify her strengths, even in the toughest of moments.

"We empowered and assisted Tegan to advocate for herself and her babies during her admission," Ms Collins said.

She said Mrs Luker was provided with practical support for Reuben and Hazel as needed, including feeding, settling and playing.

"Catherine's House enabled Tegan to build a confidence with her twins that she had struggled with previously, and to strengthen her bond with them," Ms Collins said.

"Her recovery involved attending a range of allied health interventions as well as for the twins which included physiotherapy, psychology, occupational therapy, and speech therapy."

Mater Young Adult Health Senior Manager Greg McGahan said Catherine's House was made possible by \$17.6 million in generous community donations to Mater Foundation.

Mr McGahan said from February 2023, Catherine's House started delivering private day programs to support parents in developing skills to manage anxiety, depression and other challenges during early parenting years.

"We provide a range of clinical programs from outpatient community programs to inpatient beds, and also day programs," Mr McGahan said.

He said a 'New Dads' program also supported dads to understand the signs and symptoms of perinatal anxiety, depression and acute stress, teaching improved

self-awareness as well as sleep hygiene strategies.

"In the 12 months since opening, it has been amazing to hear from so many families whose lives have been changed since walking through the doors of Catherine's House," he said.

Mater is ready to expand our capability further to meet the growing demand in perinatal mental health across Queensland, which aligns with Queensland Health's Better Care Together plan for mental health, alcohol and other drug services.

Mater also continues to seek partnerships with public and private practitioners, including availability of on-site specialist suites at Catherine's House.

### Further information can be found here:

[mater.org.au/health/services/catherine-s-house-for-mothers-babies-and-families/catherine-s-house-for-health-professionals](https://mater.org.au/health/services/catherine-s-house-for-mothers-babies-and-families/catherine-s-house-for-health-professionals)



MATER YOUNG ADULT HEALTH SENIOR MANAGER GREG MCGAHAN

## Letter to the Editor

Recently, the BLMA has held a series of event catered to Doctors in Training (DiT). I would like to extend my warmest thanks to the BLMA team and sponsors for arranging these highly engaging, instructive and essential events.

As a DiT member myself, I have found these to be most helpful in developing my knowledge and in advancing my career by providing opportunities to learn from professionals whose expertise range from medical to financial. These events offer the opportunity to network with other DiT members who, too, are progressing through their various

career stages from intern to registrar. These DiT events have allowed for the forging of future professional relationships within the next generation of doctors.

The topics for these events have included interview preparation, applying to colleges, leadership skills, financial advice and how to properly manage the balance between life and career. These are essential life skills not necessarily taught in Medical School, and I know many of my fellow colleagues feel the same way. May I suggest a further designated DiT event focussing on career guidance, opening further avenues

for us to learn from our senior colleagues and Colleges, to assist the many DiTs who are still considering their career options?

The focus of the upcoming DiT event on June 19th at the The Regatta Hotel will be on medical interview techniques. I strongly recommend my fellow Doctors in Training to join the BLMA ([brisbanelma.org](http://brisbanelma.org)) and come along for what is sure to be an instructive evening to assist us in forthcoming interviews, together with great food and company.

Yours faithfully,  
Dr Leanne Comino  
MD, MBiot, BSc (Hons)



## Supporting GPs to provide end-of-life care

### With CareSearchgp app

CareSearch is an Australian Government funded National Palliative Care project providing evidence-based resources for GPs on palliative care.

Its newly launched CareSearchgp app is a free digital tool to support GPs to deliver palliative care by bringing together guidance on terminal prescribing for specific symptoms and information on key care issues, including:

- ▶ advance care planning
- ▶ recognising deterioration
- ▶ engaging in palliative care case conferences
- ▶ caring for the dying patient
- ▶ assisting families through stages of bereavement.

GPs can access a checklist to support dying at home, and other interactive resources including the ability to curate your own learning resources and send to individual patients.

The tool is [free to download on your device now](#).

[CareSearch palliative care knowledge network](#)

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## Advancements in Breast Cancer Care: Empowering Patients with Choice

*Dr Emilia Dauway, MD, FACS, FRACS, Breast Surgeon,  
Director of General Surgery, QEII Jubilee Hospital, Brisbane*



**Dr Emilia Dauway**  
AMA Queensland  
Vice President

Breast cancer remains the most common cancer diagnosed in Australian women. Despite the emotional gravity of such a diagnosis there have been tremendous advancements in treatments achieving high survival rates. The excellent clinical outcomes that we are observing today are the result of increased awareness, breast screening programs for earlier detection, and improved surgical, radiation and systemic treatments.

Through breast screening, we detect cancer early when it is more easily treatable. These early cancers often times are detected through breast imaging and are not palpable on clinical examination. Studies have demonstrated that breast preservation followed by local radiotherapy to the remaining breast tissue has the same survival as mastectomy. Furthermore, there are some studies suggesting a slight survival advantage of breast preservation for early-stage breast cancer. Although there are some clinical scenarios in which mastectomy is required often breast

preservation can be achieved.

Many women who participate in breast screening and cancer is detected can be offered a choice in the surgical approach to treat the breast cancer. There are several new surgical techniques to assist the surgeon to precisely target and identify a small nonpalpable tumour using a handheld probe allowing for complete resection of the tumour, while minimising the remaining tissue defect. Although the diagnosis of a small tumour is optimal, there are clinical situations that larger tumours are encountered and require a different approach if breast preservation is desired. These techniques involve tissue rearrangement called oncoplastic surgery to achieve resection of larger amounts of breast tissue while maintaining function and cosmesis.

Recognising that all treatments have potential risks and potential side effects has led to de-escalation of some breast cancer treatments including the surgical management of the axillary lymph nodes. In the past, axillary nodal clearance was used for staging with increased

risk of arm lymphedema without significant impact on overall survival. Axillary dissection has been replaced with lymphatic mapping and sentinel node biopsy for lymph node staging. Despite some having locoregional nodal metastases, improvement in systemic treatments and radiation have reduced need for more extensive surgeries with a reduction in morbidity without compromising survival.

At last, through molecular genomic subtyping we have gained a better understanding of the various subtypes of breast cancer allowing for a more personalised approach to care and the ability to provide patients with the opportunity to have greater treatment options. With the significant increase in survival, it is critical to focus on quality of life after treatment for our patients. The multidisciplinary collaboration between oncology specialties provides a more holistic approach to care considering the whole patient and empowering them to make informed decisions with outcomes they can live with.



## EOFY Tax Appeal

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## Support our Medical Student Scholarships EOFY Tax Appeal

AMA Queensland Foundation offers up to three Medical Student Scholarships each year and we need your support to continue this legacy.

The scholarships are designed to assist current medical students who are experiencing financial hardship, allowing them to continue studying.

Visit [amaqfoundation.com.au](http://amaqfoundation.com.au) for our Medical Student Scholarship stories.

Thanks to your ongoing commitment to our scholarships program, this year the Foundation was able to increase the scholarships to **three** and **your generosity** helped us achieve this goal.

There is also the option to name a scholarship in your or your organisation's honour. Please feel free to contact us at [amaqfoundation@amaq.com.au](mailto:amaqfoundation@amaq.com.au) should you wish to discuss this worthy option.

The donations received via this **2024 EOFY Tax Appeal** will be exclusively directed to the **Foundation Medical Student Scholarships program**. Every dollar that you donate will assist a medical student in a time of need.

AMA Queensland Foundation is about **Doctors Doing Good**. Please consider investing in our future doctors in financial need and help them finish their medical degrees.

Thank you for your consideration and your financial support.

Yours sincerely

Dr Dilip Dhupelia  
Chair, AMA Queensland  
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*Queensland Government*

## Overview of Changes to QScript look-up and Monitored Medicines Standard requirements commencing on 1 July 2024

Changes to the Medicines and Poisons (Medicines) Regulation 2021 will impact mandatory QScript Look-up requirements and the Monitored Medicines Standard.

These amendments exempt relevant practitioners from the requirement to check QScript in specified low risk circumstances. Currently under section 41 of the Medicines and Poisons Act 2019 (MPA), 'relevant practitioners' are required to check QScript before prescribing,

dispensing or giving a treatment dose of a monitored medicine for a patient.

Separately, under Section 93 and Section 126 of the Medicines and Poisons (Medicines) Regulation 2021, all prescribers and dispensers must comply with the departmental standard 'Monitored medicines' (the 'Monitored Medicines Standard') when prescribing a monitored medicine for dispensing or for giving a treatment dose,

or when dispensing a monitored medicine for a patient, unless they have a reasonable excuse.

### **The Key Points about the upcoming changes to QScript Look up requirements and the Monitored Medicines Standard.**

- 1. Changes to mandatory QScript look-up requirements and the Monitored Medicines Standard**

From 1 July 2024, relevant practitioners will be exempted from the mandatory requirement to check QScript in the following circumstances:

- ▶ If they are **prescribing or dispensing** a monitored medicine for a patient being treated at a hospital—AND—the monitored medicine is to be administered to the patient whilst the patient is at the hospital.
- ▶ If they are **prescribing, dispensing or giving** a treatment dose of a monitored medicine for a patient:
  - ▶ being treated at an aged care facility;
  - ▶ being treated at a custodial facility (corrective services facility, detention centre or watchhouse)—AND—the monitored medicine is to be administered to or taken by the patient whilst the patient is detained (whether or not at the custodial facility);
  - ▶ being treated urgently in an emergency;
  - ▶ assessed, under the Voluntary Assisted Dying Act 2021, by a consulting practitioner as eligible for access to voluntary assisted dying;
  - ▶ who has a life expectancy of less than 12 months; or
  - ▶ being given palliative care.
- ▶ If they are **prescribing a monitored medicine for administration to a patient by an authorised person** in a circumstance not otherwise mentioned above.

This exemption will only apply if the prescriber is directing an authorised person to administer a monitored medicine directly to a patient—i.e. the medicine will not be dispensed and the patient

will not be in possession of the medicine. Rather, the medicine will be administered directly to the patient, dose by dose, by an authorised person eg. a registered nurse.

Please note that relevant practitioners will continue to be required to check QScript:

- ▶ before prescribing a monitored medicine to be dispensed—eg. a general practitioner writing a prescription for a monitored medicine to be dispensed at a pharmacy

AND

- ▶ before prescribing a monitored medicine to be given as a treatment dose—eg. a specialist plastic surgeon at a hospital instructing a Junior House Officer to give a patient being discharged two days' supply of a monitored medicine for the patient to consume over the two days post-discharge unless another exemption applies, or the prescriber has a reasonable excuse.

A new version of the Monitored Medicines Standard will also come into effect on 1 July 2024 which has a reduced scope and will only apply to monitored medicine treatment provided to patients registered on the Queensland Opioid Treatment Program.

## 2. Relevant practitioners will continue to be able to voluntarily check QScript.

Relevant practitioners will continue to be able to check QScript voluntarily at any time to inform their therapeutic treatment of patients or to comply with requirements under the MPA applying to them (other than section 41 of the MPA).

## 3. There will be no changes to QScript notifications, alerts or prescription data upload requirements

- ▶ Practitioners using clinical software integrated with QScript will continue to receive notifications and alerts for high-risk clinical scenarios when prescribing or dispensing a monitored medicine. Note that red and amber pop-up notifications will continue to display the words 'Check QScript', irrespective of whether a look-up exemption applies. Remember 'low risk' does not mean 'no risk'!
- ▶ All health practitioners dispensing monitored medicines (other than those practising in public sector hospitals) will continue to be required to upload monitored medicine dispensing records to QScript. There is no requirement for prescribers to upload monitored medicine prescribing records to QScript.

## More information

For further information, please contact the Monitored Medicines and Compliance Unit, Health Protection and Regulation Branch, Queensland Public Health and Scientific Services at [MMU@health.qld.gov.au](mailto:MMU@health.qld.gov.au)

# Post Partum Headaches – RCVS (Reversible Cerebral Vasoconstriction Syndrome)

By Dr Erica Gannon, MBBS (USyd) BPharm (UQ) FACEM GAICD AMA(M)



**Dr Erica Gannon**  
Emergency Physician

Headache is one of the most frequent reasons for presentation to an emergency department and disproportionately affects women of childbearing age. In the puerperium period, incidence of headache increases and has been attributed to sharp chemical and social changes during this time. Data is more often skewed towards severe headache presentations as minor/moderate headaches are often treated at home by patients with simple analgesics. Differentiation of headache syndromes and postpartum headaches can be challenging as they can overlap and occur concurrently.

Differential diagnoses can include but not limited to; Post-dural Puncture Headache, Pre-eclampsia, Cerebral Infarction, Cortical Vein Thrombosis, Meningitis, Migraine, Non-specific/Tension headache, x, Sinusitis, Space-occupying Lesion, Subarachnoid Haemorrhage and Reversible Cerebral Vasoconstriction Syndrome (RCVS).

RCVS is a syndrome described by severe, sudden onset headache with or without other symptoms, and segmented contraction of cerebral arteries which resolves within 3 months. The exact incidence of RCVS is unknown, but it is the most common cause of thunderclap headache that is not a Subarachnoid Haemorrhage.

RCVS headaches are essentially a vascular headache and occur secondary to disturbances in cerebral blood flow. The exact pathophysiology of vasoconstriction

is poorly understood but has been linked to exogenous/endogenous factors such as drugs, tumours, trauma, endocrine factors, as well as pregnancy or postpartum states and uncontrolled hypertension. Patients with RCVS are at increased risk of ischemic/haemorrhagic strokes and preceding headache may herald a “warning” sign to modify risk factors.

RCVS is a diagnosis of exclusion and other life-threatening causes of headache need to be ruled out in the first instance. Migraine headache and Posterior Reversible Encephalopathy Syndrome (PRES) may also have overlapping features with RCVS.

History-taking and physical examination are extremely important for highlighting red-flag symptoms and neurological findings, which are often subtle and easily missed.

Key elements of headache likely attributable to RCVS include:

- ▶ At least 2 headaches in 1 month with ALL THREE of the following characteristics: Thunderclap in onset, peaking in <1min; severe intensity; lasting >5mins
- ▶ At least one thunderclap headache has been triggered by one of the following: Sexual activity (or just before orgasm); exertion; valsalva-like manoeuvre; emotion; bathing and/or showering; bending

Differentiating features suggestive of alternate diagnoses include: Fever or stiff neck (meningitis); Trauma – (Traumatic brain injury); Hypertension; Migraine; Substance

abuse causing vasoactive headaches (eg. sympathomimetic/serotonergic agents).

Symptoms described by patients experiencing RCVS include diffuse or localised stabbing/throbbing associated with nausea, vomiting, photophobia, and seizures. Patients may present with or without neurological signs including visual changes, aphasia, dysarthria hemiplegia or ataxia. Most patients give a history of 4-8 attacks over a 4-week period with 80% attributable to a preceding trigger with resolution of symptoms over a 3hr period. Migraine headaches in comparison to RCVS usually follow a typical course without a sudden onset. Of note, neck pain may indicate cervical artery dissection which can be seen in association with RCVS.

RCVS is a clinical diagnosis substantiated by neuroimaging. CT angiography and MRA (magnetic resonance angiography) are more sensitive than non-contrast CT head in diagnosing suspected RCVS. It is important to note however, that CT or MR imaging of the brain may be normal with early imaging but up to 80% of patients will demonstrate lesions on repeat imaging. Angiographic findings specific to RCVS are alternating areas of arterial constriction and dilation, referred to as “strings and beads”. Diagnosis is confirmed with evidence of reversibility of this

vasoconstriction, “string and beads”, which may be up to 3 months after initial onset of symptoms. RCVS is a dynamic pathophysiology and may manifest as a TIA or cerebrovascular accident up to 2 weeks after clinical onset. Whilst bloodwork may be indicated in the initial workup for headaches, routine labs and CSF are typically normal in RCVS.

If RCVS is suspected as a clinical diagnosis, early discussion with a neurologist is indicated. There are currently no randomised control trials for the treatment of RCVS. Treatment mainstays are:

- ▶ cessation of vasoactive substances together with other potential aggravating or precipitating factors.

- ▶ Weak evidence exists to support the use of calcium channel blockers, which are thought to act by reducing frequency and intensity of headaches in the first 48 hours.
- ▶ Nimodipine is the drug of choice given as a continuous infusion and patients can be moved to oral preparations with dosing regimens depending on initial response.
- ▶ Corticosteroids are not recommended as concerns have been raised re: worsened clinical courses.
- ▶ Most RCVS patients have a self-limited course without clinical progression.

- ▶ Vasoconstriction agents such as triptans and serotonergic agents should be avoided.
- Treatment of RCVS is underpinned by addressing acute symptoms and underlying vascular issues to prevent future episodes. Strategies include using analgesics, NSAIDs, lifestyle modifications (smoking cessation, exercise, dietary changes), regular monitoring (blood pressure, cardiovascular risk modification) and follow up. RCVS headaches represent a unique subset of headaches associated with cerebrovascular events. They are a clinical diagnosis but an important one not to miss, as they carry significant morbidity and mortality if undiagnosed.

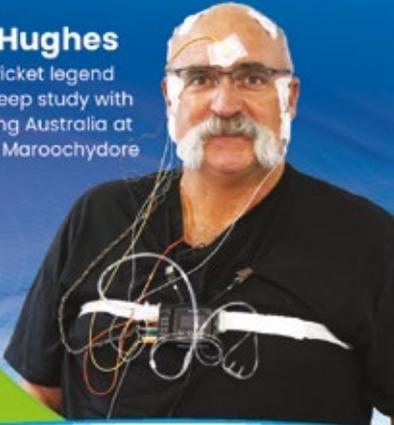
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**Merv Hughes**  
Aussie Cricket legend having a sleep study with Sleep Testing Australia at CPAP Direct Maroochydore

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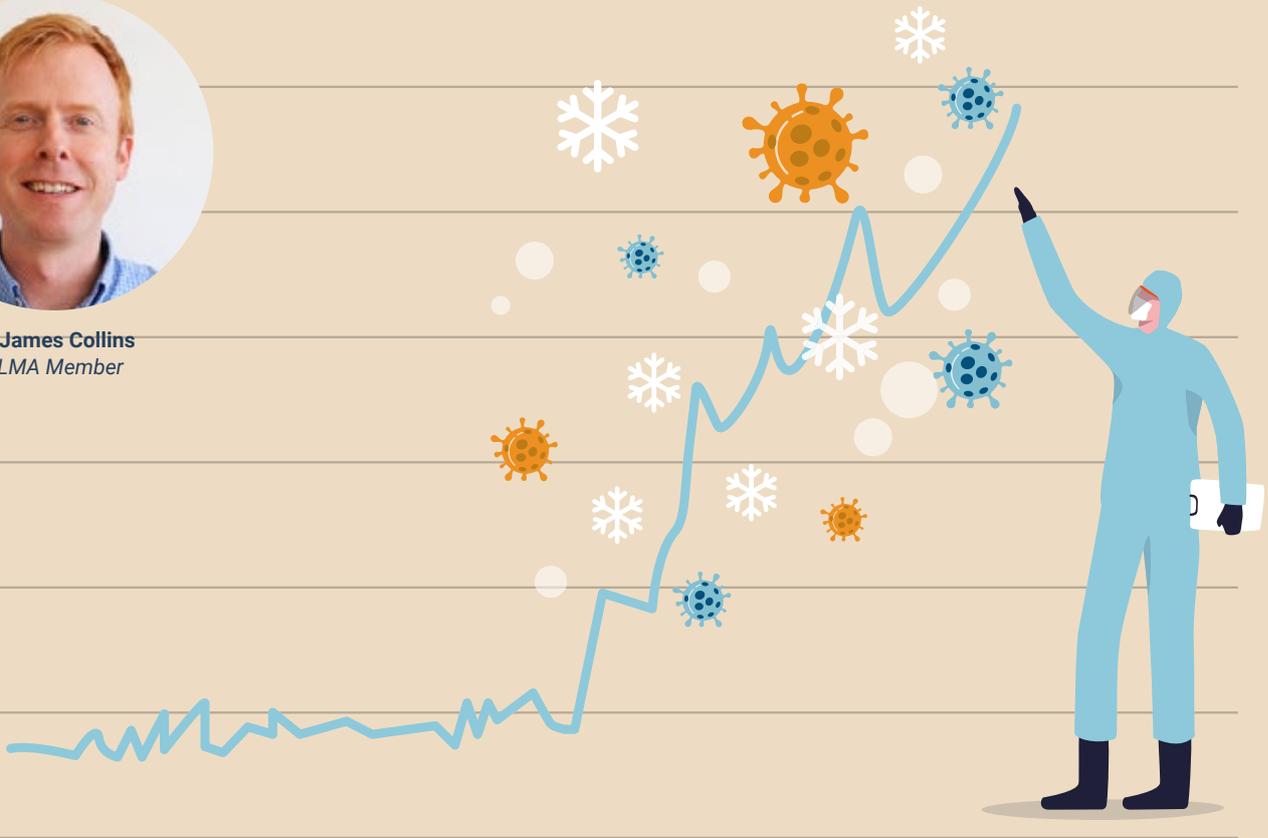








Dr James Collins  
BLMA Member



## Brisbane North GP Liaison Officer Update

By Dr James Collins



The Brisbane North PHN and Metro North Health's GP Liaison Officer (GPLO) Team would like to remind our local GPs of a range of programs the GPLO program has helped support establish based on feedback from GPs.

- ▶ Our Metro North Refer Your Patient – the one page to find the services and latest updates from the Metro North Health service. It supports the Brisbane North Health Pathways site.
- ▶ Metro North Clinical Advice Line – Local Specialist advice line for Brisbane North GPs
- ▶ Rapid Access Clinics – Access to urgent clinics to prevent avoidable ED presentations, patients are generally seen the next day.
- ▶ Metro North Virtual Ward – Virtual Ward provides GPs with access to a Virtual Hospital ward for patients if they need surveillance at home to prevent hospital admission
- ▶ GP Smart Referrals – the preferred way to send outpatient referrals to public hospitals in Queensland. For further training & onboarding support please contact [gpsr@brisbanenorth.org.au](mailto:gpsr@brisbanenorth.org.au)

- ▶ Free Mental Health Services – PHN commissioned mental health services that patients can self-refer themselves to for free.

We continue to run GP education events based on the feedback of GPs who have attended our previous events. Previous GP education event slides and videos plus Upcoming Metro North Health GP education events can be found via the link.

If you need to reach the Metro North GPLO team, please emails us at [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)

## Influenza & COVID cases rising – CHO encourages GPs to support Free Flu & COVID Immunisations especially for at risk groups

Queensland Health's Communicable Diseases Branch has reported an increase in influenza related hospitalisations, with case numbers expected to rise dramatically in the coming weeks – [Flu, RSV & COVID reported cases and hospitalised patients in region](#).

Vaccination remains the most effective way to protect those at risk, particularly those aged 65 years and older, of severe disease from influenza and COVID-19 which continues to circulate in the community.

[Read the CHO letter re Flu & COVID cases & recommended vaccination boosters](#).

The Immunisation Unit have prepared the latest [Free Influenza Vaccination Program stakeholder kit](#) for vaccination providers who will deliver flu vaccine this year, including fact sheets, posters, web content and translated resources that can be used in practice or for patients.

Some useful resources to support you include:

[Queensland Health 2024 Influenza vaccination advice](#) and [Queensland Free Flu Vaccination Program](#) has more information about this year's influenza information.

## GPs can support the Free Queensland Paediatric Respiratory Syncytial Virus (RSV) Immunisation Program roll out

Respiratory Syncytial Virus (RSV) is the most common cause of hospitalisation in infants and young children, with most children experiencing at least one RSV infection within the first two years of life.

Eligible Queensland infants and children (including those Medicare ineligible) will be able to receive the new RSV immunisation Nirsevimab (brand name Beyfortus®) from their GP.

**From 15 April 2024** the RSV immunisation is offered at birth or prior to discharge from all Queensland birthing hospitals (Public and Private).

**From 29 April 2024, GPs can offer RSV immunisation to eligible infants and young children who have not already received the RSV immunisation in hospital:**

1. Infants born on or from 1 February 2024 and are less than 8 months of age
2. Aboriginal and Torres Strait Islander infants who are less than 8 months of age
3. Infants with [certain complex medical conditions](#) who are less than 8 months of age
4. Young children [certain complex medical conditions](#) from 8 months to less than 20 months of age, are eligible until 31 October 2024, providing they receive the vaccination before they reach 20 months of age.

**NOTE: there is limited supplies of 100mg RSV immunisation, so please ensure your patient meets the strict certain complex medical conditions when ordering.**

- ▶ Pre-term infants should receive Nirsevimab based on their **chronological age**.
- ▶ The recommended dose for infants and young children is according to age and weight at time of administration, not birth weight
- ▶ Nirsevimab can be administered at the same time as other childhood immunisations.

For more information on the **RSV immunisation program, dosing recommendations, and how to order Nirsevimab** from Queensland Health Immunisation Program via a special order process:

[health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/paediatric-rsv-prevention-program](https://health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/paediatric-rsv-prevention-program)

[QLD RSV Prevention Program – Clinical guidance for immunisation providers](#)

A video of a [Queensland RSV immunisation update for primary care providers – 18 April 2024](#) is also available.

## Update from Brisbane South PHN

### TOPIC: Initial Assessment and Referral Decision Support Tool (IAR-DST)

#### TITLE: The Initial Assessment and Referral Decision Support Tool (IAR- DST) for mental healthcare: Training available now

#### *What is the Initial Assessment and Referral Decision Support Tool (IAR-DST)?*

People seeking mental health support may present with a range of interrelated factors that can make it challenging to determine the most appropriate level of stepped care.

The Initial Assessment and Referral Decision Support Tool (IAR-DST) is an initiative of the Australian Department of Health and Aged Care. Used by Head to Health, the tool provides a standardised, evidence-based, and objective approach to assist GPs and other clinicians in determining the most appropriate level of care for a person seeking mental health support.

Brisbane South PHN is delivering training on the effective use of the IAR-DST and how it can be implemented into practice. Training is designed for the health professionals involved in the assessment and referral process including GPs and other clinicians, intake teams, mental health commissioned and service providers.



#### Why use the IAR-DST?

- ▶ Enhanced referral consistency and transparency: The ongoing implementation of the IAR-DST ensures a standardised approach to referrals and service provision.
- ▶ Improved patient experience: Use of the tool helps to clearly articulate patients' circumstances, so patients can receive the most suitable service. This reduces the time patients might otherwise spend searching for appropriate care within the primary care or hospital systems.
- ▶ Supported clinical decision making: The IAR-DST, in combination with other standardised assessment tools and clinical judgment, assists in creating the most suitable plan for each patient.
- ▶ Streamlined workflow: Aligning the IAR-DST with available mental health services for each level of care simplifies the decision-making processes.

#### Training details

Duration: 2 hours

Workshop delivery: Online or in-person at your practice

- ▶ For online training, please visit our events calendar at [bsphn.org.au/events/](https://bsphn.org.au/events/) to check dates for upcoming training workshops and to register.

- ▶ For in-person training, please contact the IAR team to arrange training at your practice via [iar@bsphn.org.au](mailto:iar@bsphn.org.au).

#### Training incentives for GPs and GP Registrars

Upon completing the training, GPs and GP Registrars will receive:

- ▶ RACGP-approved activity or ACRRM-accredited activity hours
- ▶ A one-off payment of \$300 (excluding GST) \*

\*Please note: Payment is available to GPs and GP Registrars. Payment is not available for GPs who have already received payment for their time from a Commonwealth-funded service (e.g., Adult Mental Health Centre, Aboriginal Medical Centre). Payment is available if GPs attend training outside of their paid employment. Please email [iar@bsphn.org.au](mailto:iar@bsphn.org.au) for more information about remuneration.

#### **Register for your IAR-DST training now**

For further information or to organise in-person training at your practice email [iar@bsphn.org.au](mailto:iar@bsphn.org.au).



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# Event Wrap Up

8 May 2024

We held our second dinner meeting for the year on the 8th of May at Sofitel Brisbane, sponsored by both Pfizer and our gold sponsor, Mater. We had two wonderfully engaging educational talks on the night, first by Neurologist Dr Caroline Airey on "Migraines and Management" then we heard from Dr Jared Eisemann on Mater's new "Hospital in the Home" program. We also had update on AMAQ's advocacy wins from outgoing President Dr Maria Boulton. This was a fantastic night for all with engaging discussions after each presentation and our members were treated to a lovely two-course meal. It was especially wonderful to see so many new members who attended their first BLMA function. Our thanks also go to q4 financial for their continued support.

Our next sold-out event is the second D-i-T event of the year, on Medical Interview Techniques, at the Regatta Hotel on Wednesday 19 June 2024. The next Member Educational Dinner is on the 31st of July at Victoria Park, with tickets to be released soon, so keep an eye out for the ticket link in your emails and get in quick to avoid missing out, as we have had sold out events this year! We look forward to seeing you at our next event!





# Discovering Bordeaux: A Timeless Escape for Discerning Travellers

*By Orbit World Travel*

Nestled in the heart of southwestern France, Bordeaux beckons with its unparalleled blend of history, culture, and gastronomy. For travellers seeking an enriching and luxurious escape, Bordeaux stands as a timeless destination offering a myriad of experiences to indulge in. Here are compelling reasons why you should consider adding Bordeaux to your travel itinerary.

## 1. A Gastronomic Paradise

Bordeaux's culinary scene is nothing short of extraordinary, catering to the most refined palates. Renowned for its world-class wines, Bordeaux boasts over 6,000 vineyards and is hailed as one of the world's greatest wine regions. From prestigious

châteaux to boutique wineries, indulge in wine tastings and cellar tours that offer insight into the region's winemaking heritage.

But Bordeaux's culinary delights extend beyond wine. Savour delectable French cuisine at Michelin-starred restaurants or sample fresh oysters at the bustling Marché des Capucins. Whether you're a connoisseur or simply a lover of good food, Bordeaux promises an epicurean journey like no other.

## 2. Architectural Marvels

Steeped in history, Bordeaux boasts a wealth of architectural gems that showcase its rich heritage. Marvel at the grandeur of Place de la Bourse, with its stunning reflection in the Miroir d'Eau, the world's largest reflecting pool. Explore the UNESCO-listed streets of the historic city centre, where elegant 18th-century buildings line charming cobblestone streets.

Don't miss the iconic Cité du Vin, a contemporary architectural masterpiece dedicated to the history and culture of wine. With its interactive exhibits and panoramic views from the Belvedere, it offers a captivating journey through the world of wine.

## 3. Cultural Experiences

Immerse yourself in Bordeaux's vibrant cultural scene, where art, music, and theatre flourish. Wander through the picturesque Quartier Saint-Pierre, home to eclectic art galleries and trendy boutiques. Attend a performance at the majestic Grand Théâtre, a neoclassical opera house renowned for its breathtaking architecture and world-class productions.

For art enthusiasts, the Musée des Beaux-Arts presents a remarkable collection spanning from the Renaissance to the present day. From masterpieces by Rubens and Delacroix to contemporary works by local artists, the museum offers a comprehensive overview of art through the ages.

## 4. Exquisite Accommodations

Bordeaux offers a plethora of luxurious accommodations to ensure a memorable stay. From opulent châteaux nestled amidst vineyards to boutique hotels in the heart of the city, there's something to suit every taste and preference.

Indulge in the ultimate luxury at one of Bordeaux's prestigious five-star hotels, where impeccable service



and refined amenities await. Unwind in sumptuously appointed suites, dine at award-winning restaurants, and rejuvenate mind and body at world-class spas. Whether you prefer modern elegance or historic charm, Bordeaux promises an unforgettable stay in style.

### 5. Scenic Landscapes

Beyond its vibrant urban centre, Bordeaux boasts breathtaking natural landscapes waiting to be explored. Cruise along the tranquil waters of the Garonne River and admire the city’s iconic skyline from a different perspective. Venture into the picturesque countryside, where rolling vineyards and quaint villages dot the landscape.

For outdoor enthusiasts, the nearby Dune du Pilat offers the perfect escape into nature. Towering over the Atlantic coast, it’s the highest sand dune in Europe and provides stunning panoramic views of the surrounding coastline and forest.

### 6. Enchanting River Cruises

Embark on a luxurious river cruise along the Garonne and Dordogne rivers, and discover Bordeaux’s beauty from the water. Cruise in style aboard a lavish ship equipped

with state-of-the-art amenities and elegant staterooms. Enjoy gourmet dining experiences featuring local delicacies paired with fine wines from the region.

From leisurely excursions through vineyards to guided tours of historic landmarks, river cruises offer a seamless blend of relaxation and exploration. Sit back, relax, and let the enchanting landscapes of Bordeaux unfold before you as you cruise in comfort and style.

#### Bordeaux Awaits Your Arrival

Bordeaux beckons with its timeless charm, offering a captivating blend of culture, gastronomy, and natural beauty. Whether you’re a wine enthusiast, a history buff, or simply in search of a luxurious escape, Bordeaux promises an unforgettable experience. From savouring world-class wines to exploring historic landmarks, indulge in the best that Bordeaux has to offer and create memories to last a lifetime.

Ready to Embark on Your Bordeaux Adventure? Contact Our Travel Experts Today!

Don’t miss out on the opportunity to experience the beauty and luxury of Bordeaux on a captivating river cruise. Our expert consultants are ready to help you plan the ultimate getaway. Contact us now to book



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Dr Nick Yim  
AMA Queensland President



Dr Brett Dale  
AMA Queensland CEO



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

## AMA Queensland

# President and CEO update

**JUNE 2024**

Many of you will already be aware that AMA Queensland has a new President and Vice President in Dr Nick Yim and Dr Emilia Dauway. Dr Yim has been Vice President and Chair of Council for the past two years, while Dr Dauway has been the International Medical Graduate representative on Council for the past three years. Immediate Past President Dr Maria Boulton officially handed the Presidential gown and medal to Dr Yim at the Dinner for the Profession on Friday, 24 May.

Dr Yim is a GP and practice owner in Hervey Bay and Dr Dauway is a surgical oncologist specialising in breast cancer surgery.

While the leadership changes, AMA Queensland's focus does not. We will continue to advocate for necessary boosts to the regional workforce, better support for general practice, and sustainable initiatives in hospitals and general practice.

## Federal and State Budgets

This year's federal budget was a missed opportunity to make real changes to Medicare, tackle critical GP shortages and address cost of living pressures in the health system.

The \$227 million for more Urgent Care Clinics could have been better spent on supporting all general practices to treat their patients.

There is no evidence that Urgent Care Clinics are working. The existing Clinics are not open for the promised extended hours because they cannot find the staff.

Ahead of the 11 June state budget, AMA Queensland has proposed a series of sensible, affordable and achievable recommendations to address our healthcare crisis.

The budget submission identifies 14 priority areas for attention including workforce, wellbeing, preventative health, climate and sustainability, and women's and First Nations health.

Among our recommendations in the submission and in our direct advocacy to the Government and Opposition are the following:

- ▶ An exemption from **payroll tax** for payments to contracted medical practitioners to strengthen affordability for patients and ongoing viability for all medical practices
- ▶ **GP recruitment incentives** for GPs and practice nurses, including expansion of the \$20K-70K relocation incentives to all interstate and international GPs
- ▶ Improved **International Medical Graduate (IMG) recruitment, orientation and training pathways** to increase Queensland's attractiveness to IMGs
- ▶ **GP training incentives**, including \$40K trainee grants for medical graduates to train as GPs and for GPs to upskill and maintain skills crucial for regional Queensland (eg. anaesthetics, obstetrics, mental health and paediatrics)
- ▶ Reinstatement of the **Prevocational General Practice Placements Program (PGPPP)**, a six-week practical program to expose and attract interns to general practice
- ▶ **State-funded medical student places in Queensland universities** to help fill the shortfall in Commonwealth Supported Places
- ▶ Investment in line with the [Tasmanian Liberals' GP Guarantee](#), including **\$100K GP HECS contributions** for new GPs that

work in regional and rural areas for 5 years and up to **\$250K p/annum for practices** to strengthen and sustain their viability and service offering (eg. through expanded **telehealth and after hours services and capital upgrades**)

- ▶ Expansion of the **Patient Care Facilitator pilot** (currently being trialled in Logan and Ipswich) to ensure patients see their GP within seven days of discharge to reduce hospital readmissions
- ▶ Formal **collaboration mechanisms between Queensland Health and general practice** to advise on policy reform and integrate systems to improve continuity of care for all patients, including establishment of a 0.5FTE senior executive GP liaison role within Queensland Health
- ▶ Investment in **voluntary assisted dying programs in regional and rural Queensland**, particularly funding for longer GP consultations and practitioner travel to patients living outside of larger centres
- ▶ Funding for **pilot programs in environmental and climate sustainability** in 10 GP clinics (five metro, five rural/remote)
- ▶ A **voluntary suicide register** to identify the true rate of suicidal ideation in the LGBTQIASB+ community.

## Other Advocacy

Over the past months, AMA Queensland has achieved some notable advocacy wins for patients and the profession.

We called on the Queensland Government to follow Western Australia's lead and make the new RSV immunisation available free for newborns and vulnerable infants. They took our advice.

Influenza vaccinations are now free for all Queenslanders from the start of the flu season and the free Meningococcal B strain vaccine rollout for infants, young children and older teenagers has begun.

The government has implemented another of our Ramping Roundtable recommendations with a trial of Patient Care Facilitators in Logan and Ipswich. These are mostly practice nurses who will coordinate care for patients who are discharged from hospital to prevent them being readmitted. The evidence is clear that patients who can see a GP within a week of discharge from hospital are much less likely to re-present at an emergency department.

## AMA Queensland Awards

Four AMA Queensland Awards were presented at the *Dinner for the Profession* in May.

The inaugural Doctor in Training Medal was awarded to Dr Nikhil Dwivedi, a junior doctor at Princess Alexandra Hospital with degrees in law, commerce, arts and medicine from Cambridge, Curtin, Sydney and Bond universities.

Married Mount Isa medical stalwarts Dr Ulrich Orda and Sabine Orda received the Rural Health Medal and the Excellence in Health Care Medal respectively.

The Distinguished Supporter Member was awarded to Dr Peter Isdale, following six years of service on the AMA Queensland Board and Governance Committee.

Past AMA Queensland President Professor Chris Perry was also formally inducted into the federal AMA Roll of Fellows at the Dinner.

## 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/qld/join](https://ama.com.au/qld/join)



AMA QUEENSLAND

# WOMEN IN MEDICINE

*Breakfast*

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BRISBANE

THURSDAY 17 OCTOBER 2024  
7AM – 10AM  
WATERS EDGE

THEME: WOMEN IN MEDICINE  
INSPIRING CHANGE



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## NEWSLETTER EDITOR

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## NEWSLETTER FREQUENCY 2024

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

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