

Upcoming Events

Member Educational Dinner

Date: Wednesday 4
September 2024

Time: 6.30pm

Venue: Victoria Park

TOPIC 1:

'Gallstone Disease: It's not all
Rock and Roll'

Presenter:

Dr Joel Lewin,
General/HPB Surgeon, Mater
Hospital, Brisbane

TOPIC 2:

Indigenous Health

End of year Member Educational Dinner

Date: Friday 29 November
2024

Time: 6.30pm

Venue: Factory 51, Coorparoo

brisbanelma.org



Message from the BLMA President

Dr Hasthika Ellepola

Welcome to Issue 12 of SYNAPSE.

Since our last edition of SYNAPSE, the BLMA has hosted 2 very successful educational events.

On 19th of June 2024, our Doctors in Training member cohort congregated at the Regatta Hotel for a session on "Interview Techniques" as was requested from BLMA Management, seeing most were preparing to be interviewed by their preferred training Colleges. We are grateful for the advice of our wonderful members who spoke on the evening, hopefully empowering the next generation of doctors. Thank you to Dr Philip Hall, Dr Janet Draper, Dr Ira Van Steenstraten and Dr Hashim Abdeen. We also welcomed tips and tricks from Anita Fletcher of Standout Medical Careers.

Our membership joined together again on 31st July 2024 at the Victoria Park Function Centre. Sponsored by AstraZeneca, this event focused on respiratory issues. We heard from Respiratory Physicians, Dr Alistair Cook of the Royal Brisbane and Women's Hospital in relation to "Severe Asthma and Biologics: Identification and Management" and Dr Adrian Barnett of Mater Hospital on "Navigating COPD treatment with Triple Therapy."

Please be reminded that we highly regard the feedback of our membership. If there are

topics that you would like to see in Synapse or at our educational events, please share this with our Committee Members or our Secretariat. Similarly, we value article contributions and classified advertisements for our newsletter, Synapse, from our members. Please submit your contributions to r.obrien@amaq.com.au. You will find the submission deadlines in this newsletter.

As we approach the last few educational events of 2024, I would like to take this opportunity to remind you to RSVP to our events quickly. Demand to attend our events is strong and the limited tickets are usually taken up early. Our upcoming event dates are listed here, so please make sure you save the date and RSVP when you receive our invitation.

Lastly, if you like what we provide for our membership, please share this with your colleagues! We welcome Doctors from all craft groups and stages of their careers and for a very reasonable annual membership subscription. Not only do our doctors who attend events receive an outstanding educational update, but also a delicious meal, valuable networking opportunities with your peers in an informal setting and, our events qualify for CPD Points!

I look forward to seeing you all at our next educational event on 4th September 2024 to be held at Victoria Park. Please register early.

IN THIS ISSUE

- 1 Upcoming Events
- 1 Message from the BLMA President
- 4 The ins and outs of vaccinating Rheumatology (and other immunocompromised) patients
- 6 Innovative ovarian cancer chemotherapy treatments
- 7 The General Practice in Aged Care Incentive: Strengthened continuity of care for older people in Residential Aged Care Homes
- 9 Mater’s ‘at home’ alternative relieves pressure on emergency departments
- 11 GenesisCare, The Wesley: Offering prostate cancer precision medicine tests in Brisbane
- 14 When it’s hard to say no: tips on declining inappropriate treatment requests
- 16 Brisbane North PHN GP Liaison Update
- 17 Medicare Urgent Care Clinic (UCC) Dinner for North Brisbane GPs
- 19 AMA Queensland President and CEO update
- 22 Discover the Magic of Tahiti
- 23 Event Wrap Up
- 24 BMLA Advertising Kit 2024

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 13 | 2024 Newsletter

Content Deadline:
Monday 16 September 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.

Disclaimer: The views expressed by the authors or articles in ‘Synapse: Newsletter of the Brisbane Local Medical Association’ are not necessarily those of the Brisbane Local Medical Association Inc. The Brisbane Local Medical Association Inc. accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any action taken by any person as a result of anything contained in this publication.

BLMA is proudly supported by our partners:



Synapse: Newsletter dates 2024

Newsletter Month	Content Due	Distribution
October	Monday 16 September	Early October
November	Friday 1 November	Mid-late November

Synapse: Newsletter dates 2025

Newsletter Month	Content Due	Distribution
February	Monday 17 February	Late March
May	Monday 5 May	Late May
July	Friday 4 July	Late July
September	Monday 1 September	Late September
November	Monday 3 November	Late November



Visit our website

brisbanelma.org

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

Follow BLMA on:

Facebook



Instagram



The ins and outs of vaccinating Rheumatology (and other immunocompromised) patients

By Dr Hashim (Hash) Abdeen, Consultant Rheumatologist – Gold Coast University Hospital and Medical Administration Trainee – Metro North Health



Dr Hashim (Hash) Abdeen
Consultant Rheumatologist

Given that we are well and truly into the Winter season, with a rising number of upper respiratory tract infections, as a Rheumatologist with many immunocompromised patients, vaccinations are one of the key defences for this patient cohort. We do however rely heavily on our General Practice colleagues to help support patients in keeping up to date with their vaccinations. In this context, this article is aimed at discussing the key areas of focus with vaccinations in Rheumatology patients.

Post COVID there has been an increasing amount of evidence around the effect that disease modifying anti-rheumatic drugs (DMARDs) have on the efficacy of vaccinations. This is particularly true for the most immunosuppressive agents such as rituximab, with evidence that antibody titres post vaccination were blunted if COVID vaccination was given too close after the administration of a dose of rituximab¹. Whilst there is some debate regarding antibody titres and the translation to true clinical efficacy, to maximise vaccine response there are two options – 1) delay DMARDs to accommodate vaccination (more suitable for those who are stable on current treatment i.e. lower risk of flares); and 2) plan vaccinations 1-2 weeks prior to the next dose of DMARD administration. There is good evidence that this works in particular for methotrexate, one of the most commonly utilised DMARDs in Rheumatology. The evidence

demonstrates that delaying the subsequent methotrexate dose by 1-2 weeks post the influenza vaccine can result in higher antibody titres. This also applies to steroids with the preference to delay vaccinations till the prednisolone dose is less than 20mg daily (or equivalent steroid dosing) to maximise vaccine response.² Whilst there are not many other specific vaccination studies, it is reasonable to hypothesise that this data could be extrapolated to other vaccinations too. Again, the key message here is, if possible (for patients at low risk of flare), plan annual vaccinations/boosters around current DMARD administration cycles to allow maximisation of immune responses to the vaccine.

The other common question around vaccinations, is how to best support a Rheumatology patient when preparing for an escalation of immunosuppression – e.g. prior to commencing a biologic, particularly as biologic patients should avoid live vaccinations due to the risks of fulminant disease. Common live vaccines include Zostavax (Varicella), MMR vaccine, Yellow fever, Oral Typhoid, BCG-Tuberculosis and Japanese encephalitis vaccination – guidelines exist with suggestions on how to withhold various DMARDs if considering live vaccinations. Further, Australian specific best practice guidelines and patient information sheets have been developed by the Australian Rheumatology Association (ARA).

Given the above discussion on maximising vaccination efficacy, it is therefore recommended that patients who are planning on escalation of therapy to explore with their GP the timings of updating their vaccinations to include Shingrix, the Pneumococcal vaccines, Influenza (consider quadrivalent/adjuvant) and Hepatitis B (check immunity first and consider boosters) and to further consider the human papillomavirus (HPV) and Respiratory syncytial virus (RSV) vaccines. The most up to date 2024 ATAGI guidelines further recommend COVID boosters every 6 months for patients who are immunocompromised and aged 75 and above, and generally patients who are immunocompromised to have a COVID booster every 6-12 months depending on individual risk including age.

Finally, whilst we encourage all our Rheumatology patients to keep up to date with vaccinations, there are some patients who for certain reasons are unable to have a vaccination due to a history of adverse reaction or by personal preference. These patients, and particularly those who are at higher risk, should be counselled on the potential to receive antiviral therapies for influenza and COVID, and to practice hand hygiene and other methods of reducing potential infection including masks and vaccinating household contacts if willing.

The ASTuTE clinical trial for prostate cancer patients is recruiting now



The ASTuTE clinical trial is seeking to investigate how a new prostate cancer artificial intelligence test affects doctor's treatment recommendations for hormone therapy in conjunction with radiation therapy.

The trial will involve more than 30 sites across Australia, with the aim to recruit 800 patients with intermediate risk prostate cancer.

For more information please contact your local doctors (Dr James MacKean, Dr Tuan Ha and Dr Gail Tsang) and local GenesisCare centres (Wesley Medical Centre and Chermside).

Our doctors



Dr James MacKean

Radiation Oncologist
MBBS, FRANZCR



Dr Tuan Ha

Radiation Oncologist
BSc, MBBS, FRANZCR



Dr Gail Tsang

Radiation Oncologist
BHB, MBChB, FRANZCR

GenesisCare, Chermside

Chermside Medical Complex,
Lower Ground Floor, 956 Gympie Road,
Chermside, QLD, 4032

Tel: (07) 3917 4400

Fax: (07) 3917 4406

receptiononcologychermside@genesiscare.com

GenesisCare, Wesley

The Wesley Medical Centre,
1/40 Chasely St, Auchenflower,
QLD, 4066

Tel: (07) 3377 4200

Fax: (07) 3377 4210

receptiononcologywesley@genesiscare.com

genesiscare.com





Dr Nisha Hagasia
Mater Gynaecological Oncologist

Innovative ovarian cancer chemotherapy treatments

By Dr Nisha Hagasia MBBS, FRANZCOG, GradDipPallC, CGO

More than 35 women have now undergone hyperthermic intraperitoneal chemotherapy (HIPEC), which sees heated (42°C), high-dose chemotherapy flushed through the patient’s abdomen during surgery for their ovarian cancer. Mater Hospital Brisbane is the first and only hospital in Queensland to perform the procedure for patients with epithelial ovarian cancer. It’s currently offered to suitable patients (private and public) who have been identified through a rigorous multidisciplinary team process and who have already received cycles of intravenous chemotherapy.

Mater Gynaecological Oncologist Dr Nisha Jagasia said HIPEC not only improved survival rates, but had proven to be a safe procedure.

“We’ve recently published our data on the first 25 patients in the Australian

Journal of Obstetrics and Gynaecology, showing that it’s a very safe and feasible treatment to offer without

any increase in significant morbidity/ mortality or delays to subsequent chemotherapy,” Dr Jagasia said.

A Dutch study found HIPEC can provide an extra 12 months of life for ovarian cancer patients, which is a major improvement in outcomes for a disease with a five-year survival rate of 49 per cent.

“I don’t think we’ve seen anything like that— in terms of improvement in overall survival —for any surgical treatment of epithelial ovarian cancer,” Dr Jagasia said.

“So, it’s the one thing we’re doing differently at the time of surgery that’s showing a meaningful impact in terms of patient survival of this disease.”

Mater is also participating in the HyNOVA trial, which is investigating whether HIPEC patients respond better to the heated chemotherapy or chemotherapy delivered at body temperature (37°C) known as normothermic intraperitoneal chemotherapy (NIPEC).

Eight patients have now participated in the study.

“While it’s too early to tell whether heating the intraperitoneal chemotherapy makes it a more effective treatment, it should prove to be very interesting data,” Dr Jagasia said.



Find the latest news on **specialists, treatments and technologies** improving patient outcomes at Mater in this quarter’s edition of **Primary Focus**.





Scan to subscribe!

The General Practice in Aged Care Incentive: Strengthened continuity of care for older people in Residential Aged Care Homes

The General Practice in Aged Care Incentive launched Monday 1 July 2024 and replaces the former Aged Care Access Incentive.

The new incentive supports older people living in Residential Aged Care Homes (RACHs) to receive regular visits and care planning services from their responsible general practitioner (GP) and practice to improve continuity of care.

About the General Practice in Aged Care Incentive payments

Eligible GPs and practices registered with MyMedicare and the General Practice in Aged Care Incentive can receive incentive payments for providing regular visits and care planning to older people living in aged care homes.

Payments are:

- \$300 per patient, per year, paid to the responsible provider, and
- \$130 per patient, per year, paid to the practice.

The payments are quarterly, in addition to existing Medicare Benefits Scheme (MBS) and Department of Veterans' Affairs (DVA) rebates for services delivered.

Rural loadings apply to provider and practice incentive payments for Modified Monash Model (MMM) regions MMM 3 to MMM 7.

Read more about the Incentive and the eligibility on the Department of Health and Aged Care website: www.health.gov.au/our-work/gpaci

Eligibility details

To be eligible for the new General Practice in Aged Care Incentive, the following criteria must be met.

Practice eligibility

General practices must be an eligible practice and registered in the:

- Organisation Register
- MyMedicare program (with banking details added)
- General Practice in Aged Care Incentive program.



GP eligibility

GPs must be:

- an eligible primary care provider as outlined in the Program Guidelines
- linked to their eligible practice
- declared as the responsible GP of eligible services to the registered patient, including coordinating services provided by the care team or practice.

Patient eligibility

Patients must:

- permanently live in a Residential Aged Care Home, not including respite care
- register with the MyMedicare program and link to an eligible practice and responsible provider
- have the General Practice in Aged Care Incentive indicator selected on their MyMedicare profile by their practice.



Servicing requirements

GPs and practices are required to meet the servicing requirements to be eligible for incentive payments, including delivering:

- 2 eligible care planning services over a 12-month period
- 2 eligible regular visits per quarter, each in a separate calendar month, delivering at least 8 regular services in a 12-month period.



How to register for the General Practice in Aged Care Incentive

Follow these steps to register for the General Practice in Aged Care Incentive:

1. Log in to PRODA (www.servicesaustralia.gov.au/proda-provider-digital-access) to access your organisation’s HPOS account.
2. Navigate to the Organisation Site Record.
3. Under the MyMedicare Program Registration tab, select Details then select Add Banking Details.
4. Add new or choose existing bank account details, noting you may need to wait 24 hours before you can register for the General Practice in Aged Care Incentive.
5. Under the Program Registration tab, go to New Program, then MyMedicare GPACI.

6. Add program.
7. Review details on the view only screen.
8. Check declaration and select Save.

Additional support for your practice

Are you providing care in Residential Aged Care Homes but are not registered for MyMedicare?

Brisbane South PHN is committed to supporting practices in our region to transition to the General Practice in Aged Care Incentive.

For more information, visit the General Practice in Aged Care Incentive page on our website: bsphn.org.au/practice-support/mymedicare/general-practice-in-aged-care-incentive or reach out to our team at support@bsphn.org.au.



Briz Brain & Spine

9.5

EARN 9.5 CPD HOURS (RACGP)

GP CONFERENCE

7 & 8 SEPTEMBER 2024, THE LANGHAM GOLD COAST

“Innovation & Collaboration in Neurosurgical Care”

Developed for general practitioners, this conference will focus on the latest innovations in treating various neurosurgical conditions.

The program will feature speakers from a variety of disciplines including neurosurgery, neurology, radiology, oncology, research, psychology and medical law.

REGISTER WITH THE QR CODE

\$595 - EARLYBIRD CONFERENCE, RECEPTION & ACCOMMODATION (1 NIGHT)

\$300 - EARLYBIRD CONFERENCE ONLY (2 DAYS)



SCAN ME



07 3833 2500



info@brizbrain.com.au



Mater's 'at home' alternative relieves pressure on emergency departments

An innovative Mater program has successfully prevented ambulance callouts and emergency department presentations in nearly 82 per cent of cases since its launch.

Mater at Home Direct is a new patient care service for non-critical, unplanned healthcare cases traditionally managed by Queensland Ambulance Service (QAS) and hospital emergency departments.

Instead of patients heading to hospital, lower acuity patients are triaged by QAS and referred to Mater at Home Direct to deliver timely, quality care to in the comfort of patients' own homes.

Mater at Home Direct Medical Lead Dr Jared Eisemann said the service's real value has come to the fore as demand on Queensland Ambulance Service (QAS) and hospital emergency departments have increased.

"Unfortunately, demand has outstripped the health system infrastructure, which has resulted in longer wait times and an increase in emergency department ramping," Dr Eisemann said.

"The QAS and hospital system is the default response for people who can't get in to see their GP or have limited social supports in place to help them.

"Mater at Home Direct was developed to overcome some of these issues by providing clinical intervention before patients get to the hospital – essentially a new model of care that allows for the care to be brought to the consumer, rather than the consumer to the care."

"A home visit will typically be arranged for the same day, with cases to date ranging from basic wound care to arranging full diagnostics for more complex cases like cellulitis and heart failure," he said.

In the two years since the service was launched in July 2022, Mater at Home Direct has received 963 referrals and attended 685 patients, with nearly 85 per cent of those patients being cared for in their home, avoiding ambulance dispatch and presentation to hospital.

“With these results, Mater at Home Direct has the potential to transform the emergency health response and is already helping to alleviate pressure on the Queensland Ambulance Service and hospitals,” Dr Eisemann said.

“What we’ve found is that the program has really altered the paradigm of what is possible outside of the hospital and has demonstrated to be a safe and effective model.

“And it’s a win all-round; the patients receive timely and safe care in the comfort of their own home, it reduces pressure on QAS and allows for the ambulance to be redirect to more urgent cases, and it reduces pressure on emergency departments and the requirement for inpatient beds.”

Mater’s Health Integration and Community Care Executive Director Fiona Hinchliffe said the success of the program has inspired several new emergency-alternative programs.

“The growth of similar services in the sector reiterates the success of the at-home model of care, however there are differences in the scope of practice offered by each one,” Dr Hinchliffe said.

“While similar services may be limited in their referral criteria, such as falls-response or elderly care, or restricted to a smaller catchment area, Mater at Home Direct is uniquely positioned to accept referrals for a much larger cohort of patients.”

The service is available to adults aged 16 and over residing within the Mater at Home catchment of 40km (in all directions) from Mater’s South Brisbane campus.

Clinical investigations and interventions brought to the patient include ECG, mobile imaging, pathology, pharmaceuticals (including intravenous), complex wound care, bladder scanning, catheter replacement equipment, mobility assessment and assistive equipment and in person or telehealth medical reviews based on patient acuity.

Dr Hinchliffe added that the ability to see patients in their own homes offered a unique perspective.

“It gives us greater perspective that is often not apparent when the patient is in hospital, such as food security issues, falls risks, or a need for greater physical, environmental or psychosocial support,” Dr Hinchliffe said.

“In addition to the patient’s immediate clinical needs, we can coordinate and deliver allied health interventions in the community or facilitate ongoing care through our Hospital in the Home program.”

Dr Eisemann said Mater at Home Direct has the potential to transform the emergency health response in Queensland.

“At home clinical care, whether through Mater at Home Direct or Hospital in the Home, is definitely going to be a large part of the future of healthcare,” Dr Eisemann said.

“We recognise that patients want to safely access the care they need in their own homes and have subsequently extended our Mater at Home Direct service to accept GP referrals.”

To learn more, visit mater.org.au/mater-at-home

Now hiring

General Practitioner Antenatal Care



Mater Mothers' Hospital is searching for a General Practitioner (GP) with a special interest in maternity care to join its team.

This role will present the successful candidate with the opportunity to enhance their skills in the provision of low and high-risk maternity care, as well as contribute to the design and delivery of Mater Mothers' GP Maternity Shared Care Program.

Apply today

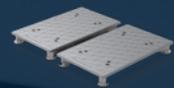
For more information, please contact Dr Huda Safa, Clinical Lead Ambulatory Services on 07 3163 1594.



SPORTS & SPINAL AND VALD TECHNOLOGY

Sports & Spinal have partnered with **VALD Technology** to bring cutting edge technology that presents objective human measurement to patients. By combining *precision sensors, intuitive data collection and actionable insights*, VALD's systems help practitioners to objectively view patient's progress, leading to more accurate, data informed treatment decisions.

- **ForceDecks** automatically detects and assesses over 20 different movements, from squats to jumps and from isometric strength to functional tests such as sit-to-stand and balance assessments. Helps to detect left to right differences as well as centre of mass during balance.
- **DynaMo** allows you to assess your patients' strength and range of motion (ROM) in hundreds of tests across every major joint in the body. Combining tension and compression force measurement, dedicated grip measurement and inertial measurement into one system.



All of our Physiotherapists and Exercise Physiologists across our 22 locations are trained to use this technology and interpret the results.

Scan the QR code for more information.



GenesisCare, The Wesley: Offering prostate cancer precision medicine tests in Brisbane

By Dr James MacKean, MBBS, FRANZCR, Radiation Oncologist

At GenesisCare in Brisbane, situated at The Wesley Medical Centre and Chermside, we are dedicated to advancing innovative treatments for illnesses and diseases. We take pride in providing our patients with access to clinical trials, such as the ASTuTE clinical trial for prostate cancer, which incorporates a precision medicine test.

The AstuTE trial uses an artificial intelligence (AI) biomarker test designed to assess a patients'

biopsy images and clinical data to estimate long-term outcomes and predict benefit from hormone therapy in patients undergoing radiation therapy.

The test can help doctors and patients make more informed, personalised treatment decisions. It has been developed and validated using data from several large randomised controlled clinical trials, which included over 5,000 patients and over 16,000 pathology samples.

Doctors Tuan Ha, Gail Tsang, and James MacKean, welcome enquiries and referrals for the ASTuTE trial and radiation therapy treatment at The Wesley Hospital.





WELCOME TO BRISBANE SOUTH PRIVATE HOSPITAL

Nestled within the prestigious Springwood Health Hub, Brisbane South Private Hospital provides Private Health Care at affordable cost.

Our newly established facility is conveniently located just off the freeway, and offers surgical services to paediatrics, adolescents, and adults.

About the Hospital

Three large operating theatres and cutting-edge medical imaging technology, six first-stage recovery bays, eight second-stage recovery chairs, and six additional pre/post-op bays with amazing light and views

Springwood Health Hub

- Qualitas Medical Practice
- I-Med Radiology
- Southside Endoscopy
- The Fracture Clinic
- META - Psychiatry
- Shine Orthodontics
- Sullivan Nicolaides Pathology
- Cafe on Paxton



Our Vision is Elevating healthcare, embracing excellence!

We prioritise clinical excellence and patient well-being, ensuring that your patients receives the highest standard of care.

Our specialties include:

- Gynaecology / IVF
- Ophthalmology
- General Surgery
- Plastic & Reconstructive Surgery
- Oral & Maxillofacial Surgery
- Paediatric, adolescent and adult dentistry



www.brisbanesouthprivatehospital.com.au
Ph: 3154 3100 E: enquiries@bsph.com.au



Corporate Room Hire

Our Conference Room is a versatile space that can be used as either one large room or two smaller individual spaces. Suitable for conferences, seminars, CPD point training or education sessions, seated or standing lunches/ Dinners.

Capacity
40-50

Features

- Kitchenette
- complimentary Wi-Fi
- 86-inch LED Touch Screen
- Built-in 4K Camera
- Smart Inking
- WIFI6 wireless presentation
- Teams Whiteboard



Specialist Suites

Whether you're seeking flexible sessional space or comprehensive practice management support, Brisbane South Private Hospital have the perfect solution for your professional needs.

For more information or to book a viewing please contact our sessional suites on 3154 3199 or sessionalsuites@bsph.com.au

- 7 modern consulting rooms & reception area
- Sessional rent or permanent rent options available
- Standard, management & Practice management option available

Vacant space

Explore two remaining tenancies at Springwood Health Hub:

- Ground Floor: Ideal for a small pharmacy, offering 71m² of versatile space.
- Level 4: Spacious 326m² area suitable for various commercial uses.

For more details or to arrange a viewing, please contact the agent: Franz Stapelberg Phone: 0430 655 676

Why Choose Brisbane South Private Hospital?

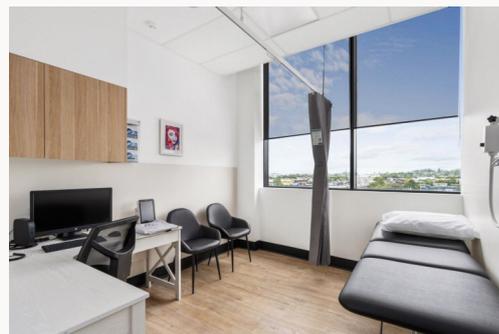
State-of-the-Art Facilities:
Three large advanced operating theatres equipped with cutting-edge imaging technology to ensure the highest standards of care. We also offer sessional suites and a fully-equipped conference room, providing options for multidisciplinary collaboration, training, and professional meetings.

Patient-Centered Care:
We prioritise personalised treatment plans and provide comprehensive pre- and post-operative support to ensure the best outcomes for our patients.

Convenient Location:
Centrally located in Springwood Health Hub not too far from IKEA, with easy freeway access, free parking, and collaborative healthcare partnerships within the Springwood Health Hub.



Ph: 3154 3100
E: enquiries@bsph.com.au





When it's hard to say no: tips on declining inappropriate treatment requests

*By Dr Mark Woodrow, MBBS, MBA, Grad Dip Applied Law, Grad Cert Arts, GCEM (ACEM),
General Manager, Medical Advisory Services, Avant*

If you find it hard to say “no” to patients, you are not alone. A recent survey of Avant members identified this as a challenge for 56% of doctors, covering all specialties.

Doctors are expected to only provide

care that is clinically indicated and based on their clinical judgement, likely to benefit the patient. However, patients may sometimes have their own ideas about what treatment they expect. It can be hard to decline a patient's request in a way

that maintains a good therapeutic relationship and avoids triggering complaints.

The following techniques can help your patient accept your recommendations.

Listen to the patient

Understand the reason for the request by asking the patient why they are making it. This can help you to find out what else might be going on. Discuss other approaches or treatments, for example physiotherapy or different analgesia options.

Where patients feel heard and respected, even when they do not receive the treatment they requested, they generally report greater satisfaction with the consultation and may be less likely to complain.

In our experience, complaints where the primary issue is a patient not having their request or preferences met, often involve a secondary allegation of disrespect.

Consider carefully and explain your reasons

Once you have asked the necessary questions and have received the patient's answers, consider your response. Make sure you have not jumped to conclusions about what's motivating the patient's request.

If you still believe the treatment is inappropriate, give a firm "no" so there is no misunderstanding. Do so respectfully and offer an explanation using everyday language. Say why you are concerned, or why you consider that the treatment is not in the patient's best interests.

Keep it professional and stand your ground

Be aware of your own mental and physical state, including being tired, hungry or stressed, and how that might be affecting your reaction.

Also, be mindful that your professional objectivity can be compromised when providing care to someone with whom you have a personal relationship.

Understand any legislative restrictions, for example those associated with prescribing drugs of dependence. This can distance you personally and give you confidence to stick by your decision.

Support your team and manage psychosocial risks

Doctors have sometimes put their foot down with a patient, only to find themselves unsupported by colleagues or practice policies.

From a practice perspective, it's important to think about the psychosocial risks these scenarios can present and consider changes to the design or management of work to help protect staff.

Having policies, and communicating these clearly, makes it easier for everyone to manage patient expectations and reduce the risk of confrontation. Consider how to manage any potential issues if a patient becomes upset, such as training, managing appointment bookings or considering the layout of the practice waiting room.

Document carefully

Carefully document the conversation in the patient's medical record, including the reason for declining treatment and any alternatives you discussed.

Patients who do not receive the treatment they were hoping for may ask for a second opinion, or they may complain. Detailed records will help if your decision is reviewed by someone else after a patient complains.

Further Reading by Avante

Avante claims insights

Disrespect toward patients: Insights to reduce risk



Avante factsheet

Managing difficult interactions with patients





Brisbane North PHN GP Liaison Update

Self-Management of Chronic Conditions Service (SMoCC)

Free telephone support for Queenslanders living with chronic disease

Queensland Health has launched a new initiative to support patients living with chronic disease.

SMoCC aims to improve the quality of life of participants by helping them develop the self management skills to reduce progression of their condition. It delivers structured, telephone based, chronic disease programs for eligible patients using the evidence based COACH program.

Eligible patients are over 18 years old, living in Queensland, are managed by a GP, have access to a telephone and have a diagnosis of Coronary Artery Disease, Type 2 Diabetes, Pre Diabetes or COPD.

They will receive a phone call from a registered nurse to discuss their condition monthly for 6 months. The patient and their GP will be sent a summary of the session.

Click here for more information, patient brochures & how to refer or to contact the team:

- email SMoCC@health.qld.gov.au or order printed brochures to give your patients.

- Phone: Nurse Unit Manager can be contacted directly on 0482 421690 (NOTE: health professional (HP) enquires only)

No/low cost courses & programs for patients experiencing mental health challenges

Metro North Health mental health teams provide a booklet of no/low cost activities suitable for those experiencing mental health challenges. This includes support for family and carers, ranges from psychoeducation (DBT groups, counselling), to helping reduce isolation eg groups for fishing, playing soccer. Supports specific to communities including Aboriginal and Torres Strait Islander, CALD, LGBTIQ+, older persons, and youth are listed in this booklet, as well as suicide support services, safe spaces, men's groups, women's groups, parenting supports, eating disorder support, as well as local community programs.

This booklet contains a wide range of recovery focused courses and programs aimed at supporting people to manage mental health challenges and to achieve the things they want out of life.

A personally meaningful and satisfying life is possible despite mental health challenges.

This resource is updated every 6 months, and is current from July – December 2024.

Bookmark it on your desktop.

Influenza & Pertussis cases on the rise – Reminder Influenza Vaccine is Free for all Queenslanders over 6 months olds

SNP Pathology “weekly respiratory viruses report” shows the rising number of cases of influenza in the community. As the Chief Health Officer advised this week, cases are expected to increase significantly as children returning to school after school holidays so it's important all age groups but particularly children are vaccinated as cases being hospitalised increases.

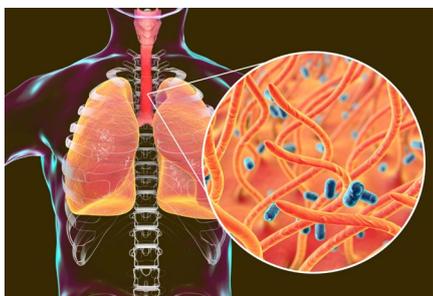


Dr James Collins
BLMA Member

Access to influenza vaccine is free for to those aged over 6 months of age.

Pertussis is also increasing in the community and it is interesting to see highest age group seems to be those aged 10-14 yrs so important to remind those who may have missed out on their pertussis boosters at school or those at risk, to get vaccinated.

There are also posters you can print to display in your waiting rooms.



New National Core Community Palliative Care Medicines List

National Palliative Care Project, has released the new National Core Community Palliative Care Medicines List for use with home-based palliative patients.

New Urgent Care Options available for your patients in the Metro North Region

Metro North Health has developed a web page Choose the healthcare option that's right for you with information to help guide patients where to go for urgent (same day) health care when they are unable to see their own GP.

Minor Injury & Illness Clinic urgent care visit details in the Health Provider Portal

When your patients present to Minor Injury & Illness Clinics at one of the Satellite Hospitals, you will be able to see details of what occurred during the visit on the Health Provider Portal (HPP) under the "Encounters" tab.

If you are not already registered for the HPP which can give QLD GP access to ED encounters, discharge summaries outpatient letters, pathology & radiology results and much more, you can register via the HPP link above. If you cannot remember your login details, you can contact the HPP support team on connectingqld@health.qld.gov.au or for support signing up email the Practice Support Team at Brisbane North PHN.

Funding vital training and research for GPs

Dr Nicholas Snels, GPTQ Bursary recipient



Helping Queenslanders in need



Supporting doctors of the future

Julie George, Medical Student Scholarship recipient





COMPLEX MUSCULOSKELETAL CONDITION? OUR PHYSIOTHERAPY TEAM CAN HELP

THE PHYSIOTHERAPY TEAM @ SPORTS & SPINAL CAN ASSIST YOUR PATIENTS WITH THEIR MUSCULOSKELETAL PAIN, INJURIES OR RECOVERY JOURNEY.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.



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

Physiotherapists can play a crucial role in managing complex musculoskeletal issues through specialized approaches and comprehensive care strategies.

HOW OUR PHYSIO TEAM CAN HELP:

- ✓ Detailed Assessment and Advanced Diagnostics
 - Perform thorough and specialised assessments to understand the complexity of the issue.
- ✓ Interdisciplinary Collaboration
 - Work closely within our own allied health teams as well as specialists, GPs and surgeons.
- ✓ Advanced Manual Therapy Techniques
 - Incorporate techniques such as dry needling or acupuncture when appropriate.
- ✓ Individualised Treatment Plans & Exercise Programs
 - Design specific, graded plans and programs that cater to the patient's unique needs and limitations.
- ✓ Pain Management Strategies
 - Use cognitive-behavioural approaches to help patients manage chronic pain.
- ✓ Patient Education and Self-Management
 - Empower patients with self-management strategies to handle flare-ups and maintain function.

Pine Rivers Private Hospital Community of GPs education events:



Alcohol and Gut Health within a Mental Health Setting

Proudly presented by Dr Jagannathan Alagarsamy and Dr Jateesth Pala Valappil. At this dinner event, GPs will be provided with information on Alcohol Abuse and Gut Health.

Venue: View Hotel Hamilton

When: Wednesday 11 September 6:30pm – 9:00pm

2.5 CPD educational Activity (EA) and 4hrs Reviewing Performance Hours (RP)
This activity is pending by the RACGP CPD program.

Register to book your spot for the evening through the QR code. RSVP by Tuesday 10 September
<https://PRPHGPEducation11Sept2024.eventbrite.com.au>



Mental Health: A Focus on Womens Mental Health Concerns

Proudly presented by Dr Sandhya Kachhap and Dr Usha Shri Kissoon. At this dinner event, GPs will be provided with information on Womens Mental Health Concerns.

Venue: Rydges Fortitude Valley

When: Wednesday 30 October 6:30pm – 9:00pm

2.5 CPD educational Activity (EA) and 4hrs Reviewing Performance Hours (RP)
This activity is pending by the RACGP CPD program.

Register to book your spot for the evening through the QR code. RSVP by Tuesday 29 October
<https://PRPHGPEducation30Oct2024.eventbrite.com.au>



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





Dr Nick Yim
AMA Queensland President



Dr Brett Dale
AMA Queensland CEO



ama.com.au/qld

AMA Queensland

President and CEO update

JULY 2024

As we enter the second half of the year, we're beginning to see action from the state budget measures announced last month. We've already seen a great win for regional Queenslanders with the recent rollout of Brisbane's virtual emergency department. However, we've also seen another missed opportunity with the government's decision to fund a new metropolitan-based nurse-led walk-in clinic rather than funding existing general practice infrastructure that desperately needs support. We continue to have constructive meetings with the Health Minister in hope the government will better consider the value of general practice and the needs of rural and regional communities.

Virtual ED rollout

The Queensland Government's latest rollout of Brisbane's virtual emergency department model is a win for AMA Queensland, and most importantly, regional Queenslanders.

The original model was developed by many AMA Queensland members in collaboration with Queensland Health and has been working well in the Metro North region. This expansion means that all Queenslanders, particularly those in rural and regional areas, will now be able to access the service.

The Virtual Emergency Care service was one of the recommendations of our Ramping Roundtable and we commend the government for acting and using taxpayer funds wisely to support and expand existing resources.

Read our media release:

<https://www.ama.com.au/qld/news/Virtual-ED-rollout-good-news-for-regions>

Nurse-led walk-in clinics

The Queensland Government as part of its Women and Girls' Health Strategy, the Queensland Government has allocated \$46 million for four nurse-led walk-in health clinics, with the first to open in Brisbane's CBD.

While we welcome any investment in primary care, a nurse-only clinic in the state's capital does not make sense when so much of regional Queensland is struggling with access to health services.

AMA Queensland supports the role of nurse practitioners and recognises their tireless efforts to support patients and communities – our concerns lie in the investment strategy.

The Brisbane CBD is already well serviced by GP clinics and hospitals, but we know this is not the case in so many rural and regional communities. This funding would go so much further if it was used to employ nurses and allied health workers in GP clinics across the state, and in recruiting, training and retaining our local workforce.

In addition to weakening the support for existing infrastructures, these clinics will also likely create further problems. Not only have clinics without doctors proven to be inefficient in other jurisdictions, but staff will inevitably be poached from existing services during a workforce crisis.

Instead of throwing money at clinics without doctors, we continue to call on all levels of government to invest in primary care models that we know work.

Read our media release:

<https://www.ama.com.au/qld/news/Nurse-led-clinics-just-bandaid>

ABC Radio interview transcript:
<https://www.ama.com.au/qld/news/CBD-walk-in-health-clinics-a-missed-opportunity>

Vape legislation

On Wednesday 10 July 2024 we appeared before a parliamentary inquiry with our concerns regarding current approaches to vaping reforms.

We have long been calling for tighter regulations on vapes to prevent young people from becoming addicted to nicotine. While our preference would be that vapes are treated for what they are – unproven and potentially dangerous, we welcomed moves by both the state and federal governments to limit the sale of vaping products.

However, we remain concerned over a lack of separation between prescribing and authorising a vaping product and its sale and the inadvertent legitimisation of vapes as a therapeutic product.

We are also concerned about the federal law that would allow vapes to be prescribed to children under 18.

Our preference is that children and adults do not vape and are directed to proven quit therapies instead.

That is the best way to protect the health of our community.

Read our media release:
<https://www.ama.com.au/qld/news/Vaping-changes-risk-legitimising-a-dangerous-product>

Payroll tax

As general practice clinics around the state continue to come under pressure, members continue to come to us with concerns regarding payroll tax liability once the amnesty ends.

Receiving a payroll tax amnesty until mid-2025 was a huge win for AMA Queensland and general practice. However, our members remain confused and frustrated about a lack of clarity on whether their applications for the amnesty have been successful.

On 25 June 2024 we wrote to the Queensland Revenue Office (QRO) and the Queensland Treasurer with these concerns, and on Monday 8 July, met with them to discuss further.

We focused on members who had received a payroll tax liability before the amnesty was called. The QRO confirmed the amnesty still applies to this group, once they have completed the expression of interest

(EOI) and submitted the required documents.

On Thursday 11 July we received formal correspondence from the Commissioner of State Revenue in response to this meeting.

We understand that only once practices have met the amnesty compliance requirements that QRO will be able to determine or assess their eligibility for the amnesty.

Advice from the QRO is for all practices who have registered for the amnesty and are seeking certainty about their eligibility to make a voluntary disclosure to QRO as soon as possible. Practices that do not make a voluntary disclosure by the 30 June 2025 will not be eligible for the amnesty.

We thank the Treasurer and QRO for their continued collaboration.

You can read the full letter on our website.

Find updates here:
<https://www.ama.com.au/qld/campaigns/payroll-tax-campaign>

Q Script

The latest QScript look-up exemptions and Monitored Medicines Standard came into



AMA QUEENSLAND

WOMEN IN MEDICINE

Breakfast

BRISBANE

THURSDAY 17 OCTOBER 2024
7AM – 10AM
WATERS EDGE

THEME: WOMEN IN MEDICINE
INSPIRING CHANGE



effect on 2 July, exempting relevant practitioners from the mandatory requirement to check QScript in specified low-risk circumstances.

Version 2 of the Monitored Medicines Standard applies to all prescribers and dispensers of monitored medicines in Queensland.

Queensland Health has published a new webpage that collates a wide range of resources to support health practitioners to access and navigate QScript and understand their legislative obligations.

Read more:

<https://www.ama.com.au/qld/news/QScript-look-up-exemptions-and-new-standard-now-in-effect>

Council update

Vice President Emilia Dauway stepped into the role of Chair of Council at its 16 May meeting.

Council was also joined by Federal AMA President Professor Steve Robson and Vice President Dr Danielle McMullen to discuss the AMA Strategic Plan which focusses on doctor, practice, community, and the health system that all influence health policy.

The final findings of the AMA Queensland International Medical Graduate (IMG) Working Group (WG) were also presented. This group has now transitioned to a Technical Advisory Group and Federal AMA has commenced an IMG WG with Dr Dauway as the Queensland representative.

Other topics of discussion for the meeting included our Climate and Sustainability Working Group's Active Travel Position Statement and the Committee of Doctors in Training Ward Call Survey.

Read the full update:

<https://www.ama.com.au/qld/news/council-communicue-may-2024>

Committee of Doctors in Training Chair update

June was a big month for junior doctors, especially those who attended our annual Junior Doctors Conference in Cairns.

The CDT also celebrated Crazy Socks 4 Docs with everyone putting their best foot forward and donning their craziest socks to raise awareness and destigmatise doctors' mental health.

CDT's Wellbeing Special Interest Group is also working tirelessly to curate a list of wellbeing resources to assist doctors in training in accessing support.

Read the full update:

<https://www.ama.com.au/qld/news/CDTupdateJune24>

Ahpra petition

AMA Queensland recently joined AMA Victoria to promote their petition calling for fair and equitable registration fees for healthcare workers.

Ahpra and the 15 National Boards do not currently lower fees or provide any proper mechanism or registration fee category to assist healthcare workers while on parental leave.

This affects more than 877,000 Australian healthcare workers, who are a diverse and predominantly female workforce.

The petition calls for Ahpra to reconsider its rigid, inequitable and inflexible approach and has already reached 2,000 signatures.

Read more:

<https://www.ama.com.au/qld/news/The-call-for-fair-and-equitable-registration-fees-gains-momentum>

Recommended free RSV vaccine for pregnant women

AMA Queensland has long been advocating for free RSV vaccines to protect vulnerable patients from serious respiratory illness and supports the Pharmaceutical Benefits Advisory Committee's (PBACs) recommendation to add the vaccine to the National Immunisation Program (NIP) for pregnant women.

Research found infants from vaccinated mothers had an 82 per cent lower risk of severe infection from RSV in the first three months of life compared to placebo, and a 69 per cent reduction in the following three months.

With the number of RSV cases only continuing to rise, we largely endorse the PBACs recommendation.

Read more:

<https://www.ama.com.au/qld/news/PBAC-recommends-free-RSV-vaccine-pregnant-women>

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





Discover the Magic of Tahiti

By Orbit World Travel

When you think of Tahiti, you envision turquoise blue waters, seclusion, and luxury. Picture tropical landscapes with crystal-clear azure lagoons, surrounded by soaring volcanic peaks; of love and romance; of gentle goddesses and fierce warriors, it is the stuff of dreams and legends.

Early explorers returned home boasting they had discovered heaven on earth. Tahiti reminds us that life is short and there is a world of beauty and tranquility waiting to be discovered. It's a truly magical place, guaranteed to steal a piece of your heart. Marlon Brando loved it so much that he bought his own private atoll, Tetiaroa. By 2008, you could enjoy this piece of luxury with a 35-villa eco-resort aptly named "The Brando."

With an average yearly temperature of 26 degrees Celsius, Tahiti is a year-round destination. Accommodation ranges from five-star luxury resorts to family-run

'Bed and Breakfast' style pensions, catering to all budgets.

For those who enjoy island hopping, cruising is the ideal way to explore. From large ocean liners to super-yachts and private sailing charters, you only need to unpack once and let someone else move the scenery for you.

Tahiti has been captivating honeymooners, romantics, adventurers, and holidaymakers for years. Both land and sea activities are abundant and include diving, sailing, windsurfing, swimming with dolphins and stingrays, shark feeding, 4-wheel drive adventures, horseback riding, jeep safaris, and a round of golf on the majestic Atimaono golf course near Tahiti's remote and unspoiled peninsula. Tahiti & Her Islands are also home to some of the best surf breaks in the world, hosting events like the Billabong Pro Surf tour.

Papeete, the capital of Tahiti and the largest of the 118 islands and atolls that make up French Polynesia, is your starting point. The city boasts fabulous restaurants, markets, and a lively nightlife. A must-do in Papeete is dining at a colourful roulotte (food wagon) lining the harbour every evening, serving an amazing array of affordable French and international cuisine. Don't miss the public market

"Le Marché," filled with hundreds of stalls offering traditional Tahitian crafts.

Moorea is located 17 kilometres northwest of Papeete—a short 10-minute flight or a 30-minute ferry ride away. Its breathtaking scenery and magnificent volcanic mountains covered in lush greenery are unforgettable.

Prepare to fall in love with Bora Bora at first sight, lying 259 kilometres northwest of Tahiti in the Leeward Society Islands. This paradise must be seen to be believed.

Tahiti is a truly special place, where you can mix a bit of French chic with South Pacific charm.

For more information on your next (or first) trip to Tahiti, reach out to one of our experienced Travel Advisors and they'll have you on your way in no time.



Ros Chillingworth
Orbit World Travel

Event Wrap Up

19 June 2024

On the 19th of June we had our second Doctors in Training Dinner event at the Regatta Brisbane, Sponsored by 3-D Matrix.

The topic was "Medical Interview Techniques" and we heard from a panel of speakers including Dr Philip Hall (O&G Specialist), Dr Hashim Abdeen (Rheumatology Specialist), Dr Ira Van Steenstraten (Psychiatrist, Vitae Wellbeing and Leadership), Dr Janet Draper (O&G Specialist) and joined virtually by Anita Fletcher (Standout Medical Careers).

It was great to see many of our DiT members join us for an engaging session during college interview season.

We hope to see you at our next Dinner Education night is on the 4th of September at Victoria Park Function Centre and the topics for the night include 'Gallstone Disease: It's not all Rock and Roll' Presenter: Dr Joel Lewin, General/HPB Surgeon, Mater Hospital, Brisbane, and Indigenous Health (Speaker TBA).

**RSVP closes:
Wednesday 28th August 2024**



Advertising Kit 2024

The Brisbane Local Medical Association's Newsletter Synapse is a bi-monthly publication.

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
Email info@brisbanelma.org

NEWSLETTER EDITOR

Dr Dilip Dhupelia
Email info@brisbanelma.org

NEWSLETTER FREQUENCY 2024

Month	Content Due	Distribution
September	Monday 16 September	Mid-late September
November	Friday 1 November	Mid-late November

DISCLAIMER

While Brisbane Local Medical Association will do all possible to ensure advertising material is reproduced as intended, the responsibility is firmly with the client/advertiser to supply advertising material according to our specifications.

ADVERTISING RATES

Full Page Ad

- \$500
- ▶ 186mm (w) x 246mm (h)
- ▶ No bleeds or crop marks
- ▶ PDF format

Half Page Ad

- \$400
- ▶ 186mm (w) x 120mm (h)
- ▶ No bleeds or crop marks
- ▶ PDF format

Quarter Page Ad

- \$200
- ▶ 186mm (w) x 57mm (h)
- ▶ No bleeds or crop marks
- ▶ PDF format

Business Card Size Ad

- \$100
- ▶ 90mm (w) x 57mm (h)
- ▶ No bleeds or crop marks
- ▶ PDF format

Advertorials

- \$400
- Please note the following discounts:*
- ▶ 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.

ARTWORK SPECIFICATIONS

- ▶ All artwork must be supplied as a CMYK high-res/print ready PDF.
- ▶ All artwork is to exclude bleed, crop marks, registration bars, spot or PMS colours and registration colours.
- ▶ All fonts must be embedded in the PDF or converted to outlines.
- ▶ No type should be smaller than 6 points.
- ▶ If specifications are not met artwork needs to be resubmitted by the due date.

ADVERTORIALS SPECIFICATIONS

- ▶ Copy to be supplied in a Word Doc.
- ▶ Image should be high-res and the file size should be at least 1MB.

