

NEWSLETTER

March 2026



SUNSHINE COAST
**LOCAL MEDICAL
ASSOCIATION**

SCLMA.COM.AU

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President's Message

Dr Jon Harper

As a new theatre of warfare opens in the Middle East, it's tough to maintain hope for the region. One aspect of the recent conflicts is particularly troubling. According to a Medecins Sans Frontieres (MSF) report, the number of attacks on healthcare facilities and its workers has increased dramatically in the last 4 years.

The wars in Ukraine and Gaza have seen a troubling shift in conflict ethics. Over the centuries, amongst the brutality, deceit, destruction and deprivation of war, there have emerged certain ethics that we try to hold on to as an international warring community. These are now codified as International Humanitarian Law. One of the key principles is the protection of people who are not actively involved in the conflict. Civilians and medical workers have this protection, and so do injured combatants and prisoners of war.

In the last few years, attacks on medical facilities have been conspicuously part of some countries' military strategies. Some of these attacks were initially denied or passed off as accidents but later simply explained as a means to an end, as though this part of international humanitarian law was a grey area. It's not - see UN Resolution 2286.

The weary world shrugs its shoulders at the never-ending conflicts, but as health workers we see a looming catastrophe. If conflict zones offer no protection for medical workers, there will be no medical workers where help is most needed. But worse still, there will be no humanity.

I used to love watching M*A*S*H, an American sit-com about doctors working in the Korean War. It had great characters and mixed broad with dark humour. But it was the humanity of the show that made it great. That through the chaos and pointlessness of war, there was still a place where humans cared for each other.

I hope the leaders of this world remember that if they must go to war, they need to protect those who protect humanity.

Dr Jon Harper

President

Welcome to our new members!

One of the greatest strengths of the Sunshine Coast Local Medical Association (SCLMA) is the diversity, talent and collegiality of its members. With each new member who joins, our network grows stronger – creating more opportunities to learn from one another, support each other, and collectively advance health care in our region.

In this issue, we are pleased to welcome the following new members below, to the SCLMA. We look forward to seeing you at upcoming meetings, events and social gatherings, and to the contributions you'll bring to our professional community.

- **Navi Bali**
- **Tom Kan**
- **Milesh Gohil**
- **Michael Cross**
- **Heather Elliott**
- **Aisling Duff**
- **Elizabeth English**
- **Jasper Mesh**
- **Jessie Landreth**
- **Jenna Gordon**
- **David Wong**
- **Emily Mitchell**

Membership in the SCLMA offers a range of benefits, including:

- Regular educational meetings with high-quality clinical updates and guest speakers
- Members only access to podcasts of monthly meeting presentations
- Gala dinner and/or other events
- Opportunities for collegial networking and collaboration across specialties
- Advocacy on local medical issues and representation of members' interests
- Access to our newsletter and communication channels for keeping up-to-date with medical news and events
- A strong professional and social support network within the Sunshine Coast medical community

If you know of colleagues who are new to the area, recently commenced practice, or who might benefit from joining, please encourage them to connect with us. The more voices and perspectives we bring together, the more vibrant and effective our Association becomes.

We warmly welcome our new members and look forward to building an even stronger medical community together.



NEW MEMBER FEATURE

"Moving back to Queensland after spending time in the NT and NSW, I am now working at Ninox Health Chancellor Park and look forward to working with the larger medical community to support patients."

Aisling Duff



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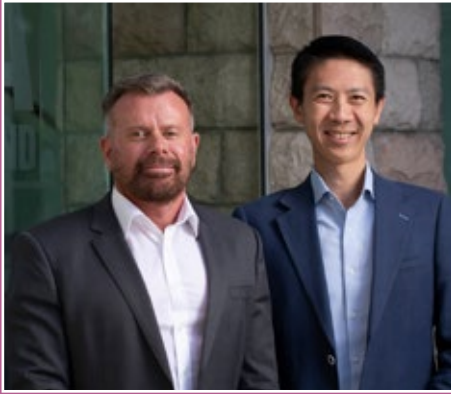
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creating better health.

Queensland Update



The days may still be warm, but summer is officially over, and our work to advocate for and deliver incredible services and events to our members is in full swing.

AMA Queensland has had an exciting development to start the year – the acquisition of our own Education and Training Institute. This initiative will combine

high quality, industry-aligned education with the strength, credibility and extensive network of AMA Queensland, the state's peak medical body for more than a century.

We listened with interest to Queensland Health Minister Tim Nicholls' plan to "build and fill" our public hospitals, and highlighted the real cost to general practice from the federal government's investment into Urgent Care Clinics.

We also celebrated the state government's commitment to free influenza vaccines starting this month. This is another satisfying acknowledgement of our advocacy, and we're calling for it to be made permanent.

**Dr Brett Dale, AMA CEO
and President Dr Nick Yim**

Advocacy

Health Workforce

We were keen to hear what Health Minister Tim Nicholls had to say when he addressed the Queensland Media Club on Tuesday 17 February.

The Minister outlined the Crisafulli government's priorities in health, highlighting the \$18.5 billion Hospital Rescue Plan.

He summarised the government's plans with the phrase "build and fill" – that is, building the hospitals we need, and staffing them appropriately.

We had hoped the Minister would reveal more detail about the government's plan to grow our health workforce – the key policy area AMA Queensland has been advocating for in recent years.

It wasn't to be on that day, with the Minister telling those assembled the government's workforce plan was still due later this year.

We told the media after the speech that will we continue to highlight the need for solid plans to recruit, train and retain the nearly-6000 doctors we need by 2032.

We reiterated that our own Workforce Action Plan – delivered to the government in July 2025 – is a profession-led, practical blueprint that we hope to see incorporated into the government's workforce strategy.

[Read more here](#)

Urgent Care Clinics

An independent report into the federal government's Urgent Care Clinics has found they are costly, contribute to workforce shortages and are not reducing pressure on our emergency departments.

We understand patients like these clinics, but we have been vocal in arguing that they are filling a gap that's been left to widen by years of under-investment in Medicare.

We have been in the media discussing the true cost of UCCs, which is the demoralising and devaluing of our general practitioners.

Every UCC visit costs the taxpayer \$206 on average, compared to just \$43.90 for the current

Medicare rebate for a standard general practice appointment.

Not only are the planned 137 Urgent Care Clinics backed with a 100% government funding guarantee, but they're also competing for doctors and nurses in a constrained workforce environment.

It's little wonder our general practitioners feel undermined and unsupported by Canberra.

We will continue advocating for an increase in Medicare rebates to give all Australians access to the healthcare they deserve, and to back primary care GPs to stay financially viable.

[Read more here](#)

E-scooters, e-bikes and e-motorbikes

The Queensland parliamentary inquiry into e-mobility devices has reportedly finished its work early.

We made a submission to this inquiry, highlighting the traumatic injuries our emergency doctors are seeing all too often in riders, including children and teenagers.

An article in The Guardian suggested the inquiry may implement our recommendation of banning 12 to 16-year-olds from riding e-scooters and e-bikes. This would be a welcome move.

The article further suggested riders will be required to have at least a learner's permit.

AMA Queensland's submission did not contain any recommendations around licensing. We did urge the continued investment into driver and rider education, protective equipment and infrastructure to support safe use of active transport options.

[Read more here](#)



Free flu vaccinations

The start of March marked the start of this year's free flu vaccination program. We applaud the Queensland government for committing to free flu shots for all – as well as the innovative new FluMist nasal spray vaccine for 2 to 5 year olds. This delivery system will give parents another option to protect their children, particularly ones unsure about needles.

Last year saw a jump in flu cases, but a drop in vaccination rates, the biggest since the 2020 COVID-19 pandemic. It's imperative we turn this around in 2026. We've already seen a summer flu spike brought on by the Subclade K branch of H3N2 influenza, so we need to roll up our own sleeves, and encourage our patients, co-workers, friends and family to do the same.

We were pleased that new Chief Health Officer Dr Marianne Gale told us boosting vaccination rates was her priority coming into the role.

We look forward to working together to increase take-up of this easy and effective way of keeping the community safe and reducing strain on our emergency departments.

We believe the yearly flu vaccination should be included on the National Immunisation Program for all Australians, and are happy to work with the government to advocate for this. Until that happens, we believe the Queensland government should commit to permanently funding it.

[Read more here](#)



News

AMA Queensland Education and Training Institute

2026 marks a new era for AMA Queensland, with the introduction of our own Education and Training Institute.

This is an evolution of Grayclay International College — one of Australia's trusted providers of nationally recognised health and business qualifications.

The new Institute will deliver practical, job-ready training designed to uplift the capability of healthcare teams across Queensland.

Our programs are ideally suited to doctors and

practice owners, allied health professionals, clinic and practice managers, reception and administrative teams, emerging leaders in health workplaces and more.

Ensuring the sustainability of AMA Queensland for our members is critical, and our Education and Training Institute will allow our unrivalled network to add depth to high-quality, nationally-recognised training for the healthcare ecosystem.

[Read more here](#)

Private health insurance premiums

Australia's private health insurance landscape is set to shift again at the start of April, with the federal government approving an average 4.4% premium increase.

This news is always frustrating for Australians already struggling with the cost of living.

AMA Queensland has long called for an independent pricing authority to ensure accountability and transparency.

Having a robust private health sector is necessary to ensure options for patients and opportunities for doctors.

But confusion over prices and other issues like out-of-pocket expenses, waiting times and gaps in coverage can lead to people altering their plans, or dropping them altogether.

This puts more patients back into the public system and onto waiting lists.

We urge Australians to take some time before 1 April to review their coverage and compare with other providers to ensure they're getting the best possible deal.

[Read more here](#)



Specialist consulting room available in established practice within the Sunshine Coast University Private Hospital. Available full time or for sessional access only. Can provide reception space to allow for standalone practice or we can provide full professional service depending on requirements.

Please enquire: **07 5437 9788** or email: priscilla@scgensurg.com.au

Upcoming Events

Dinner for the Profession

Our black-tie gala will take place on Friday 5 June, with Blackbird Bar and Grill in Brisbane to transformed into breathtaking green for our "Enchanted Forest" theme.

Master of Ceremonies Dr Chadden Hunter will immerse guests in the wilds of nature, with stories and images from his 20 years' experience filming documentaries alongside the one and only Sir David Attenborough.

This gala will also honour AMA Queensland members who've contributed so much to our profession. We recommend registering for tickets or a table early to avoid missing out.

[Read more](#)



Annual Conference

AMA Queensland remains unique in our yearly offering of an incredible annual conference in a fantastic overseas destination.

In 2026 we're heading to Copenhagen for six days of expert talks, site visits, historical intrigue and plenty of smørrebrød.

Join us from 20-26 September in the remarkable Danish capital.

[Read more](#)



Dr George Bogiatzis

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GP Liaison

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Dr Edwin Krays and Dr Michelle Johnston



New: Physio referral option for patients with chronic, complex or recurrent conditions

The Musculoskeletal Physiotherapy Screening Clinic (MPSC) and Multi-Disciplinary Service is a well-established and proven physiotherapy-led service assisting patients with chronic, complex or recurrent musculoskeletal (MSK) conditions. Where previously patients could only access this service as part of the Orthopaedic, Rheumatology or Neurology Specialty pathways, GP's now can refer directly to the new **"MPSC Direct"** clinic.

Patients with MSK conditions who are struggling to cope with their condition despite initial treatment within primary care can be referred for a comprehensive physiotherapy assessment. An

initial screening assessment is undertaken by advanced-practice physiotherapists with post-graduate MSK qualifications and extensive MSK experience.

They will develop and share with the referrer a patient-centred, holistic management plan with a focus on active engagement and long-term self-management. They have access to a dedicated multi-disciplinary team of physiotherapists, psychologist, dietitians and pharmacists to ensure high quality, integrated care. MPSC Direct will be available at SCUH, Nambour and Gympie Hospitals on GP referral via Smart Referrals.

Types of conditions in scope include

- chronic, recurrent or non-specific spine or peripheral joint pain
- osteoarthritis, tendinopathies, chronic meniscal or labral pathology
- recurrent joint instability – e.g. shoulder, knee/patella, ankle
- mechanical multi-joint pain and complex MSK presentations
- chronic whiplash, benign headache
- patients unsuitable for surgery e.g. due to co-morbidities, preference

Exclusions

WorkCover/CTP/DVA; acute conditions, urgent referrals or post-operative rehab; suspected sinister/progressive or non-mechanical pathology; confirmed auto-immune conditions; CRPS; medication dependence/substance abuse; requests for bracing/orthotics/invasive interventions/advanced imaging; non-clinical documentation requests; patients unable or unwilling to participate in an active treatment approach.

For more information, please contact Hamish Beal, Physiotherapist and MPSC Team Leader, on **5202 0280**.



Are your doctors - and practice details up to date?

Please keep your practice details in the STS Address Book current to ensure secure delivery of electronic correspondence from Queensland Health sites. This is especially important when e.g. doctors onboard or leave or when opening a new practice.

Please use the update form to update any changes:

- STS AddressBook Update Form - Practice and Providers
- STS AddressBook Update Form - Individual (if an individual GP practice, please use the above form to capture practice address details including software and CDA uplift)

Tips

- Healthcare Provider Identifier - Individual (HPI-I) will be required as part of the authorisation process.
- Once completed, saving the form locally with the completed information, will allow you/your practice manager to open for future updates, modifying the data where required, saving and resubmitting.
- To send, rather than use of the SUBMIT button, please save and email as an attachment to:
 - STS_External-Alerts@health.qld.gov.au and
 - always copy (CC): SCHHS-GPLO@health.qld.gov.au (by copying the GP Liaison email we can ensure update of your details in the internal Health Service applications also).

Thank you for ensuring the information in the STS Address Book is always correct for GPs and practices.

Sunshine Coast Health launches new precision surgery for eyelid skin cancers

Sunshine Coast Health Theatre Support Officer Dave Witham, with one of Sunshine Coast Health's first Mohs patients Lyn Carr.

Sunshine Coast Health patients diagnosed with skin cancers on or near their eyelids can now access a new type of precision surgery, that reduces the risk of recurrence while preserving as much of the eyelid as possible.

Known as the 'skin cancer capital of the world,' the Sunshine Coast is now home to Queensland's first publicly funded Mohs surgery clinic and Australia's first dedicated Mohs and oculoplastic unit. Mohs surgery is a precise, staged technique for removing skin cancers, which involves thin layers of tissue being removed and examined in real time, continuing until no cancer cells remain.

Sunshine Coast Health Ophthalmologist specialised in Ocular Plastic Surgery Dr Ebony Smith said this ensures complete tumour removal, while sparing as much healthy tissue as possible.

"When you normally cut out a skin cancer you have to take out a safety margin around that skin cancer to make sure you've got the whole thing, but Mohs surgery means you can cut right near the skin cancer, leaving the healthy tissue behind," Dr Smith explained.

"And you examine it under the microscope in a different way so you can see that you have the whole cancer," she said.

Importantly, this technique significantly reduces the chance of recurrence, as it looks at the whole margin.

Sunshine Coast Health Dermatologist specialising in Mohs surgery Dr Jazlyn Read said there are also cosmetic and functional benefits to minimising the amount of tissue removed.

"To preserve each millimetre around the eye means you're keeping more of your native eyelid, we can also try to preserve really important structures like the lacrimal apparatus which drains the tears, which has a really functional effect as well as being a really cosmetically sensitive area," Dr Read said.

The real time testing in this new approach allows patients to have the whole process done in one day - rather than going home to wait for results, and then returning for further surgery.





Shane Mitchell
General Manager
E: shane.mitchell@uhealth.com.au
P: 07 5430 3260



Introducing our new VMPs



[View doctor profile](#)

Dr Neil Wylie - Bariatric, General, Upper GI and HPB Surgery

Dr Neil Wylie is a Queensland-trained General Surgeon who is pleased to be establishing his new practice at Buderim Private Hospital. Dr Wylie completed his Fellowship of the Royal Australasian College of Surgeons (FRACS) following formal training in Queensland.

His advanced subspecialty training was completed overseas in upper gastrointestinal (UGI), liver and pancreatic surgery in both New Zealand and the United Kingdom, providing him with broad exposure to complex surgical disease and modern operative techniques. Dr Wylie's clinical interests include reflux surgery and gallbladder disease, with a strong focus on evidence-based, patient-centred care. He continues to maintain close links with colleagues at The Wesley Hospital in Brisbane, ensuring his liver and pancreas practice remains aligned with current best practice and multidisciplinary care.



[View doctor profile](#)

Dr Melissa Acreman - Obstetrics and gynaecology

Dr Melissa Acreman is a compassionate and highly skilled specialist Obstetrician and Gynaecologist dedicated to empowering women's health.

With a special focus on vaginal surgery, prolapse repair, advanced laparoscopy and high-risk obstetrics, she offers expert care tailored to the unique needs of her patients. As a respected educator, Dr Acreman provides training for Griffith University & Bond University Medical Students and hosts the popular podcast 'The Uterine Sound', sharing valuable insights into women's health. Dr Mel believes in the importance of continuous learning and frequently conducts educational sessions for midwives, GPs, emergency physicians and paediatricians, ensuring the highest quality care for her patients.

GP Education underway for 2026

We are pleased to once again offer a full program of GP education and networking events throughout 2026, and we look forward to welcoming you to these across the year. As always, you can stay up to date with upcoming events by visiting: buderimprivatehospital.com.au/for-doctors/gp-education-events

Thank you to all who attended our first event of the year with Dr Steven Kypraios - Interventional and General Cardiologist, and Dr Neil Wylie - General and Bariatric Surgeon. The session delivered valuable insights and practical guidance for GPs on reducing cardiovascular risk, as well as managing reflux, hiatus hernia and related lesions.

Save the Date - More information coming soon!

We've got you covered for Women's Health
Saturday 13 June 2026
Pier 33 Mooloolaba

Cardiology with Dr Peter Larsen
Thursday 7 May 2026
The Lakehouse Sunshine Coast



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Dr Plonk on WGT (wine, golf, travel)

Ibaraki- Open for business part 2

Thank you for re-joining me on my golf travels in Ibaraki in Japan. The first few nights were in Tsukuba at the Hotel Nikko Tsukuba. Large functional rooms albeit a little dated but close to many shops and restaurants. A boutique beer and whiskey bar beckons me.

The first Golf course inspected was the PGM Ishioka Golf Club. Lunch in the private dining room overlooking the course designed by Jack Nicklaus resulted in much opened jaw appreciation of golfing beauty.

Dinner at Sansui-Tei, was outstanding sukiyaki. We found a 2020 Zonin Amarone Della Valpolicella and 2020 Josh Cellars Cabernet Sauvignon accompanied the meal well. The restaurant is huge with multiple private dining rooms and a well-manicured expansive Japanese garden.

Next morning we played The Higashi Tsukuba Country Club. A gentle undulating course with medium difficulty, eased us into the golf to come. Lunch was a multifaceted Japanese buffet with tempura, sashimi, various salads ; curries and stews were prolific.

The afternoons inspection was the challenging and well-groomed Toyosato Golf Club.

Chauffeured by the manager allowed us to view spectacular signature holes and whetted our appetite to play next visit.

Some of the dinners were local restaurants of amazing quality where there is no English. Luckily, we had Masa and Noake to translate and order. Wine is scarce in but we did get to try some local wines that show promise.

Shishido Hills Country club was challenging with rolling hills and gullies and elevated carpet like greens. Thank heavens for the electric cart and buggy.

Lunch was udon tempura noodles with a Kirin Ichiban beer. Exquisite broth makes these local staple foods shine. The autumnal change bathes the course in yellow, red and brown hues.

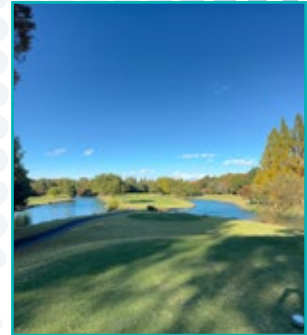
That night we moved to the marble and chandeliered Mito Plaza hotel. There is no official bar there and the restaurant closes early. We travelled to a steak house featuring the local wagyu beef.

We met the Ibaraki Tourism manager Mr Kikkawa and chatted music and exchanged old band and guitar photos. He even ended up with an M7 pick from our band.

Oarai golf club is a sight with the course cut into a wind bent forest of Japanese oak trees hugging the eastern coast. It is a very traditional golf club. Elevated tees on the back 9 show ocean glimpses on a rather calm day. Bless the caddie as a wayward ball would often end up in the trees. This was an impressive course with thought provoking terrain but some very tight fairways.

The final dinner was at Syusyu. A small façade lead to a grotto with private booths. Again our good friends ordered as no English. Sashimi and vegetarian dishes and squid of the highest quality.

As a well rewarded surprise I found 2018 Cascina Chicco Lange Nebiolo. Tar and roses on the nose with classic tight tannins travelled well with all our gustatory choices.



The last day was visiting the Summit Golf Club. Views to Mount Tsukuba and the colours of Autumn continue to turn the dial to 11. The Grand PGMMiho golf club continued to fuel our Japanese golf obsession.

Ibaraki's grab is "Discover the Unknown." Whilst agriculture is strong, manufacturing has been affected by global rivals. The honourable and fascinating Mr Kikkawa is the general manger for tourism and is driving exposure. He plays great golf, bass guitar, and loves his puppy pictures. Ibaraki could be a great sister region for the Sunshine Coast...I'll chat to the mayor.



Dr Plonk signing off until next month.



Sports & Spinal Group

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Student-centred learning for patient-centred care

The Griffith MD has a central focus on generalism, primary care, public health, rural and First Peoples health. We are inviting GPs to partner with us as GP Supervisors to impart their knowledge, inspire our students to choose general practice as their profession, and build workforce capacity in this critical area of need.

GP Supervisors can apply for Academic titles. Academic Titleholders are valued affiliate members of the University and enjoy access to the University's library and information technology facilities.

Visit: griffith.edu.au/griffith-health/academic-titles

Additionally, most accredited general practices will be eligible for Teaching Practice Incentives Program through Services Australia.

Visit servicesaustralia.gov.au/teaching-payment-for-practice-incentives-program

Structure

1st and 2nd year students join a general practice team in a supported longitudinal program. 4th/final year students join a general practice team for a total of six weeks.

Students will also have opportunities for extended rural placements.

We value your expertise and ongoing support of medical education, a vital contribution to the maintenance and continuity of the medical workforce. We invite you to partner with us in training the next generation of health professionals.

To become a GP Supervisor, contact:

Associate Professor Bryan Palmer

Associate Professor in Primary Care and Academic Lead in General Practice, Sunshine Coast
School of Medicine and Dentistry
b.palmer@griffith.edu.au
(07) 5202 0333

Associate Professor Alyson Hee

Associate Professor in Primary Care and Academic Lead in General Practice, Gold Coast
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Libby Thomas
Associate Lawyer

Understanding an insurer's obligations to fund treatment

Accidents and injuries at work

If your patient is involved in a workplace injury, it is useful to understand and be able to inform patients of an insurer's obligations to fund treatment, and how a patient can enforce and advocate for their rights after they have sustained an injury at work.

Rehabilitation entitlements with WorkCover

Section 40 of the Worker's Compensation & Rehabilitation Act 2003 defines rehabilitation as a process designed to ensure the worker's earliest possible return to work or maximise independent function. It includes reasonable and necessary duties, programs, services and reasonable aids or equipment. The purpose of rehabilitation is to return a worker, as much as possible, to their pre-injury duties.

An insurer is compelled by s222 to fund the fees or costs of rehabilitation that is necessary and reasonable with regard to the worker's injury. An insurer must refer a worker to a return-to-work program when a claim form has been lodged.

What if WorkCover refuse to fund treatment?

Ultimately, an injured worker has the right to rehabilitation treatment. If that treatment is reasonable but has been refused, then the worker should look at their rights of review. It would be helpful to get a second opinion from another specialist who might also support the surgery to bolster the prospects of a review being successful.

If WorkCover or a self-insurer reject a claim or cease payment of compensation, those decisions are reviewable. This means the injured worker can apply to the Workers' Compensation Regulator for a review of this decision within 3 months. There is no cost involved with lodging

an Application for Review and there are no costs consequences if the review is unsuccessful – it is effectively a free "second shot".

On the contrary, decisions by WorkCover or a self-insurer about funding treatment are "nonreviewable" decisions. This means that, instead of the risk-free approach of applying to the Regulator for a review of the decision, the injured worker must appeal the decision through the Industrial Magistrates Court within 20 business days. That appeal will proceed to a full hearing of the evidence. If the injured worker is unsuccessful, they are at risk of an adverse costs order, and therefore it can be a costly and risky process.

Accordingly, it is generally advisable that injured workers whose claims are rejected by an insurer at the very least seek legal advice to determine whether they would be entitled to a review of that decision. If the rehabilitation is not needed immediately and a common law damages claim was to be pursued, the cost of the rehabilitation and treatment could alternatively be claimed as part of the damages in that action.

Understanding WorkCover's obligations and the worker's rights is essential for ensuring timely and effective rehabilitation after an injury. While many decisions can be reviewed at no cost, disputes over treatment funding may require formal appeals, and legal advice should be sought to determine the most appropriate pathway.



Cancer Care Noosa is the region's only comprehensive oncology centre and offers access to affordable cancer care services without a waitlist. Our multidisciplinary team of local oncology specialists offer personalised healthcare utilising advanced treatments and technologies, to ensure the best possible outcomes for patients.



Dr. Debra Furniss
Radiation Oncologist & Medical Director

Consults at: Noosa, Gympie, Buderim, Caboolture

Clinical interests in breast, GI, bone, brain, spine, lung and skin cancers, haematological malignancies, palliative radiotherapy and treatment for benign conditions



Dr Michelle Morris
Medical Oncologist

Consults at: Noosa, Gympie, Birtinya

Experienced in managing a wide range of solid tumour malignancies with clinical interests in breast cancer, melanoma, genealogical and urological malignancies



Dr Harry Gasper
Medical Oncologist

Consults at: Noosa, Birtinya

Experienced in treating a broad range of malignancies with an interest in GI, lung, skin, prostate and brain cancer.



Mr James Chapman
Nurse Practitioner/Lymphoedema

Consults at: Noosa

Accredited and experienced in the assessment of lymphoedema and lipoedema and offers affordable and patient centric treatment options

Cancer Care Noosa provides:

- Radiation oncology
- Medical oncology
- Oncology pharmacy
- Clinical trials and research
- Pathology
- Local specialists you know and trust
- Lymphoedema nurse practitioner clinic
- Specialist consulting
- Easy access and 150 car parks
- Affordable cancer care



Cancer Care Noosa
36-40 Hofmann Drive
Noosaville QLD 4566



07 5293 7200



admin@cancercarenoosa.com.au



Medical marijuana – and now ADHD meds

Dr Wayne Herdy



Medical Marijuana.

I maintain that the science behind MM is very thin, and the whole concept was implemented as a vote-pleaser.

The original legislation allowed prescriptions of medical marijuana for five specified conditions – for which there is at least some scientific evidence – but was expanded to any condition for which there is “any” scientific evidence of benefit, regardless of the quality of the evidence.

My opposition to the policy is based partly on my assertion that no other drug on the TGA approval list was endorsed on the basis of science that would not be accepted for any other medication.

However, my opposition is based mostly on the emergence of widespread improper prescribing.

A whole industry emerged of hundreds of prescribers not conforming to the rules of safe conventional acceptable medical practice and/or flouting the legislation.

- (a) Most prescribers have never seen the patient face to face, but operate solely on telecons.
- (b) Most of the telecons reported to me by patients are quite brief, virtually all less than 10 minutes.
- (c) The telecons do not meet Medicare criteria of a pre-existing relationship, so attract no Medicare subsidy but do attract a private fee which is most commonly \$300 – and with no Medicare record are very difficult for law enforcers to track. (d) Prescribers virtually never obtain any past medical history from usual treating doctors, or pathology or radiology or specialist opinions. (e) Prescribers rarely consult QScript before prescribing.
- (f) Patients commonly describe coaching - “you have to answer yes to this question or I can’t prescribe the product”

- (g) Of the thousand-odd products prescribed, only two have TGA approval.
- (h) The legislation specifically prohibited smoking MM products, but a majority of the products prescribed can be smoked.
- (i) If the patient is on an opioid treatment program, the prescriber is required by law to enter into a Joint Prescribing Plan – the few who approach me are asking me to state that their product is safe for my patient. My response is always that the prescriber is responsible for determining whether their prescription is appropriate and safe, that is not my role.

AHPRA has been overwhelmed by the call for action. They have admitted that they lack the resources to cope with the extent of apparent widespread improper prescribing practices. I am not the first to question whether AHPRA is unfit for purpose, but who would have predicted the avalanche that is swallowing them up?

They have published releases which indicate the scope of the problem.

At one stage they said that 96% of MM prescribers were under investigation. They later admitted that they had narrowed the scope of their investigations to the prescribers with over 10,000 prescriptions per year, just the tip of the iceberg. They admitted that one high flier had over 6,000 patients receiving MM scripts, at an estimated annual income around \$6 million.

My own narrow perspective from my addiction practice. Every patient I see on MM prescriptions are currently using legally what they used to use illegally and recreationally. Most prescriptions are for patients in the 18-44-year-old age group.

This demographic probably includes very few with childhood epilepsy, anorexia of palliative care, or chronic pain that has been assessed by a pain specialist, ie three of the original approved

reasons for prescribing. At a recent international conference, overseas addiction practitioners are amusing at Australia now being labelled as the marijuana capital of the world.

To mix a few metaphors, Pandora's box is well and truly open, and we have little hope of putting that genie back into the bottle.

ADHD Medications

Against this background of an emerging disaster arising from an ill-advised poorly-considered policy decision, the Queensland government has announced that it will authorize GP's to diagnose and treat ADHD.

This decision is partly explainable. The government can see that psychiatrists are increasingly withdrawing from ADHD diagnosis and treatment, recognizing it as a very hazardous environment in which to work. ADHD patients, and patients prescribed ADHD medications with or without a justifiable diagnosis, are a forensic minefield. If we are to get the genuine ADHD patients into proper treatment, we need practitioners prepared to work in that field.

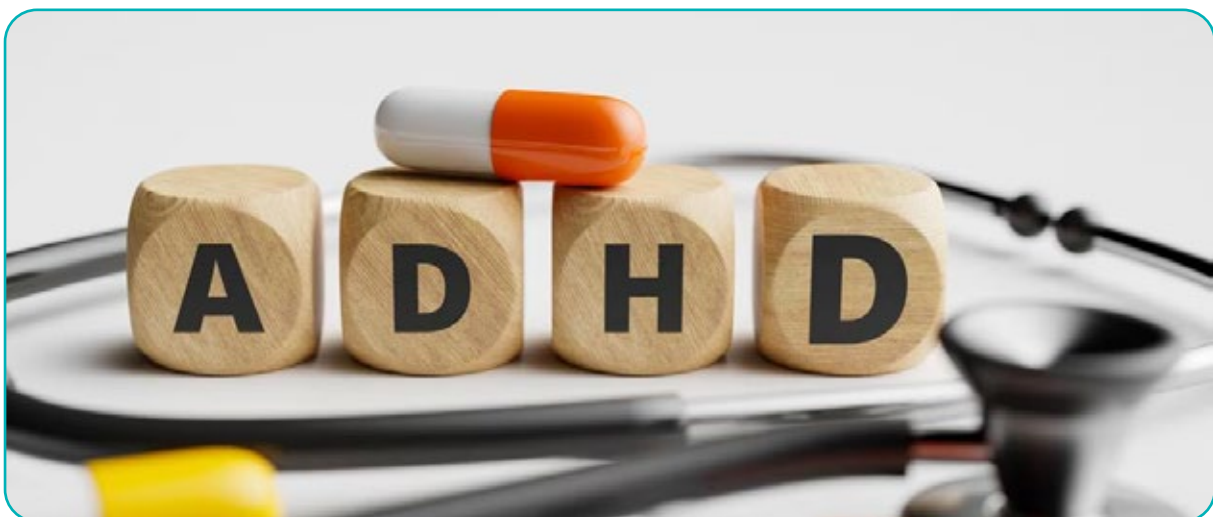
Drawing from our experience of MM prescribing, I predict another new industry grounded in the same questionable prescribing practices – prescribers operating by telecon, private fees

untraceable through Medicare, no face-to-face interviews or appraisal of past health data, coaching of patients, and prescriptions written to meet a populist trend rather than real clinical medicine.

The AMA endorsed this proposed policy in its infancy – but wisely added a proviso that the endorsement was conditional upon strictly face-to-face assessments by doctors who were appropriately upskilled. The AMA conditions are not enshrined in law. I have already seen patients obtaining a diagnosis of adult ADHD and accompanying prescription, arising from a single telecon with a prescriber who has never seen them face to face.

Again my own narrow perspective from my addiction practice. I see many amphetamine addicts who claim to be self-medicating their own self-diagnosed adult ADHD. This cohort is keen to find an ADHD prescriber to legalize their current illicit drug use. And, better than MM, with ADHD medications the government will even pay for it.

In closing, I find it reassuring that no GP to whom I have spoken about ADHD diagnosing and prescribing is at all interested in undergoing the training and entering this hazardous environment. My career as a futurologist has not been a sparkling success, but watch this space and let's see where this one takes us.





Sunshine Coast Neurosurgery

Specialist practice of Dr Stephen Byrne

Working on the Sunshine Coast since 2017, Dr Byrne MBChB, MRCSEd, FRACS underwent his neurosurgical training in Melbourne, Adelaide and New Zealand before gaining his Fellowship of the Royal Australasian College of Surgeons.

In fact, Stephen is the only fellowship-trained spine surgeon on the coast endorsed by both the Australian Orthopaedic Association and the Neurosurgical Society of Australasia.

At Sunshine Coast Neurosurgery all patients receive personalised care using the latest techniques to deliver world-class healthcare. We offer advice on surgical and non-surgical strategies of care.

Please feel free to call Sunshine Coast Neurosurgery to discuss any neurosurgical issue and we look forward to helping your patients along the road to recovery.



List of services

Sunshine Coast Neurosurgery use their extensive experience to treat many common conditions such as:

- Cervical and lumbar degenerative conditions
- Brain tumours
- Spine tumours
- Pituitary tumours
- Chiari malformations
- Radiofrequency Ablations

Plus they have a specialist interest in minimally invasive brain and spine surgery.

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E: info@scneuro.com.au

W: scneurosurgery.com.au

Suite 104, Vitality Village,
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Are you living with a cardiovascular condition?

If you are over 18 years of age and have been diagnosed with heart or vascular disease you may be eligible to take part in one of our research trials.

Participants wanted

The VasoActive Research team at UniSC is currently recruiting people with Cardiovascular Disease, Peripheral Artery Disease, or other vascular diseases to participate in research trials. We have a number of current studies that are testing new rehabilitation, telehealth, and medical interventions.

What is involved?

Interventions and treatments include:

- ✓ Supervised exercise programs
- ✓ Telehealth programs
- ✓ Medical interventions

Research studies typically involve assessments including:

- ✓ Walking tests
- ✓ Vascular function tests
- ✓ Health questionnaires

Participants will receive support to cover the costs of transport and parking for study visits.

University of the Sunshine Coast | CRICOS: 01595D | TEQSA PRV12082

More information

To learn more or to find out whether you are eligible, please call or email a member of the VasoActive Research team:

Email: vasoactive@usc.edu.au

Tel: +617 5456 5364

Scan the QR code to register your interest



All research trials conducted by the VasoActive Research team have full ethical approval.



Emily Brazier

Occupational Therapist & Clinical Team Leader at Team Rehab Solutions

NDIS & Occupational Therapy - My Experience at the NDIA

Navigating the NDIS continues to challenge clinicians across Queensland. Even experienced providers can struggle with functional assessments, assistive technology approvals, and understanding what constitutes “substantial” functional impairment. I know this personally.

Early in my career, I was asked to complete my first Functional Capacity Assessment and replied to the referrer, “what is that?” They didn’t know either. This experience vividly highlights a gap that many GPs encounter: needing to provide critical medical context without clear guidance within a complex system

I spent the first two years of my clinical career as a fresh-faced graduate working as an Occupational Therapist (OT) with NDIS participants from Hervey Bay to the Sunshine Coast. My role involved untangling the complexity of first plans, understanding what constituted major home modifications, navigating assistive technology approvals, and interpreting legislative language. Even for clinicians, these tasks can feel overwhelming.

Many of the forms, processes, and expectations are not intuitive, and small errors can delay essential support. Functional Capacity Assessments, in particular, are a cornerstone for decision-making, yet even experienced referrers often struggle with what information is necessary.

Two years into clinical work, I gave up guessing and decided to move “inside the system,” joining the NDIA as a Senior Planner, Team Leader, and member of the Clinical Technical Advisory team. This experience gave me direct insight into how

planners evaluate submissions, what evidence is considered strong, and where common gaps or misunderstandings occur. I honestly loved this job; I was proud to offer clinical knowledge to those who needed it, and I gained invaluable “insider” knowledge. During this time, I also developed a deeper understanding of the critical role GPs play.

A GP’s referral, assessment, or supporting letter can substantially influence participant outcomes, particularly because your attendance post-discharge or for chronic care remains significantly higher than engagement with allied health or specialist services.

GPs are uniquely positioned to provide accurate and up-to-date medical information that informs functional assessments, identify clinical priorities, and support participants in navigating complexity, especially for high-need or complex cases.

A simple, timely referral to a trained allied health team can mean the difference between delayed or inadequate support and a plan that truly meets a participant’s functional needs. I knew the best thing for my clinical career was to get back out there, so I was excited to bring that knowledge to the community, landing straight at Team Rehab Solutions (TRS), where I have been ever since.

At TRS, we have built our Sunshine Coast OT team with these insights in mind. Our model is designed to provide clear, clinically grounded reporting that aligns with NDIS decision-making, deliver in-home or community-based interventions that address participant goals, and ensure all our clinicians are confident and knowledgeable in this space.

Our team includes specialists across neurological conditions, mental health, aged care, paediatrics, pain management, insurance, and disability-specific housing assessments (SIL/SDA).

We focus on supporting both participants and referrers, providing clarity in a system that is often perceived as complex and inconsistent. GPs are central to improving outcomes for participants navigating the NDIS.

Their involvement, assessment, and referral decisions directly influence access to timely, appropriate, and effective allied health interventions.

By collaborating with trained, specialist teams like TRS, GPs can ensure participants receive care that supports independence, mobility, and overall quality of life.



To refer an NDIS participant, or to discuss how our integrated Occupational Therapy services can assist your patient, please contact our experienced team at Team Rehab Solutions on **1300 685 046** or visit [teamrehabolutions.com.au/referrers](https://www.teamrehabolutions.com.au/referrers)



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Team Rehab Solutions provides quality in-home care across the Sunshine Coast

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Payday Super is coming, are you ready?

How payday super will change the way your business manages money

If you run a small business with employees, you're probably used to paying superannuation once a quarter. You set aside the money, lodge it by the due date, and move on. It's a rhythm most businesses have followed for years.

That rhythm is about to change significantly. From 1 July 2026, the new Payday Super rules require you to pay super at the same time as your employees' wages. Not quarterly. Every single payday. And the money must reach your employees' super fund within seven business days. For small businesses, this is one of the most impactful changes in years — and the biggest area it will hit is your cash flow.

What this means in practice

Under the current system, if you pay staff fortnightly, you only need to settle super four times a year. That gives you up to three months of breathing room between payments. Many businesses use that buffer to manage seasonal dips, cover unexpected expenses, or simply keep operations running smoothly.

Under Payday Super, that buffer disappears. Instead of four lump-sum payments, you'll be making 26 (fortnightly) or even 52 (weekly) super payments per year. The total amount you owe doesn't change, but the timing does — and timing is everything when it comes to cash flow.

Industry modelling suggests the average small-to-medium business paying staff fortnightly could need an additional \$124,000 in working capital from day one just to manage the transition. That's not extra money you're paying — it's money you need available sooner than before.

Which businesses will feel it most?

Not every business will be affected equally. If your revenue is steady and predictable, you may adjust without too much difficulty. But if your business

experiences seasonal fluctuations, irregular income, or operates in industries like hospitality, retail, or construction, the shift could create real pressure. Research suggests that more than one in five small and medium businesses could struggle with the cash flow impact of these changes. Businesses that have historically relied on the quarterly super cycle as an informal cash flow tool will feel the pinch the hardest. Treasury has been transparent about this. They've acknowledged that the reform may trigger financial difficulties for some businesses — particularly those already operating on tight margins.

How to Prepare

- Start modelling now. Map out what your super obligations will look like on a per-pay-run basis, not quarterly. Understand the dollar impact across a full year.
- Build a cash buffer. If possible, begin setting aside super with every pay run now, even though it's not yet required. This helps you adjust gradually rather than facing a sudden shift in July 2026.
- Review your payment terms. If you invoice clients on 30 or 60-day terms, consider whether your collection cycle aligns with more frequent super payments.
- Talk to your accountant. A cash flow forecast tailored to your business can identify potential shortfalls early, before they become a problem.

Don't Wait Until July

The businesses that will navigate this transition smoothly are the ones that start planning now. Cash flow surprises are the kind of problem that's far easier to prevent than to fix.

If you require accounting, wealth and advisory assistance, please contact our experienced accountants and advisors at Poole Group on 07 5437 9900 or poole@poolegroup.com.au

GenesisCare – experts in cancer care, specialists in radiation oncology

Celebrating one year at our Noosa site

At GenesisCare, we aim to deliver a personalised care experience provided by a team of compassionate healthcare professionals. Our team of radiation oncologists have experience across a range of adult tumour types.



Dr Bradley Wong
Radiation Oncologist

Skin cancer, prostate cancer, urological cancers, breast cancer, benign conditions, and palliative radiation therapy



Dr David Schlect
Radiation Oncologist

Neurological, brain and spine, lung, and skin cancers, rare tumours, sarcoma and benign conditions



Dr Sophia Ly
Radiation Oncologist

Gastrointestinal (upper and lower), lung, breast and palliative radiation therapy

On the Sunshine Coast, our services offered include:

- Personalised care, treating the individual, not just the condition
- Radiation therapy for most adult cancer types
- Non-invasive treatment for non-melanoma skin cancer
- Rapid access to radiation therapy treatment in palliative setting
- Treatment for specific benign conditions e.g Dupuytren's disease, plantar fasciitis, plantar fibromatosis and keloid scars
- Stereotactic radiation therapy for cranial, lung, spine, prostate, bone, soft tissue, and liver lesions
- Patient transport services Gympie to Noosa route (for eligible patients)
- Access to allied health services on site
- On site breast cancer specialist nurse
- Breast Cancer Wellness and Survivorship Clinic

Treatment centres:

GenesisCare, Buderim
10 King Street

Tel: (07) 5374 8100 | Fax: (07) 5374 8110
ReceptionOncologyBuderim@genesiscare.com

GenesisCare, Noosa
90 Goodchap Street

Tel: (07) 5377 2200 | Fax: (07) 5377 2210
ReceptionOncologyNoosa@genesiscare.com

Outreach consulting clinic:

Gympie fortnightly clinic – Dr Bradley Wong

Disclaimer: Any procedure including treatments involving radiation carry risks, including skin irritation and associated pain. Before proceeding with a referral for treatment, patients should be advised to seek a second opinion from an appropriately qualified health practitioner. As in any medical procedure, patient experiences and outcomes will vary.

genesiscare.com



Research Corner

A clinical research study for people with obesity or overweight and type 2 diabetes.

GZLF is a clinical research study. It is testing if the investigational medicines (the medicines being studied) can safely help people with obesity or overweight, and type 2 diabetes reduce their body weight and manage their blood glucose (sugar) levels.

Can I join this study?

Yes, you may be able to join the study if you:

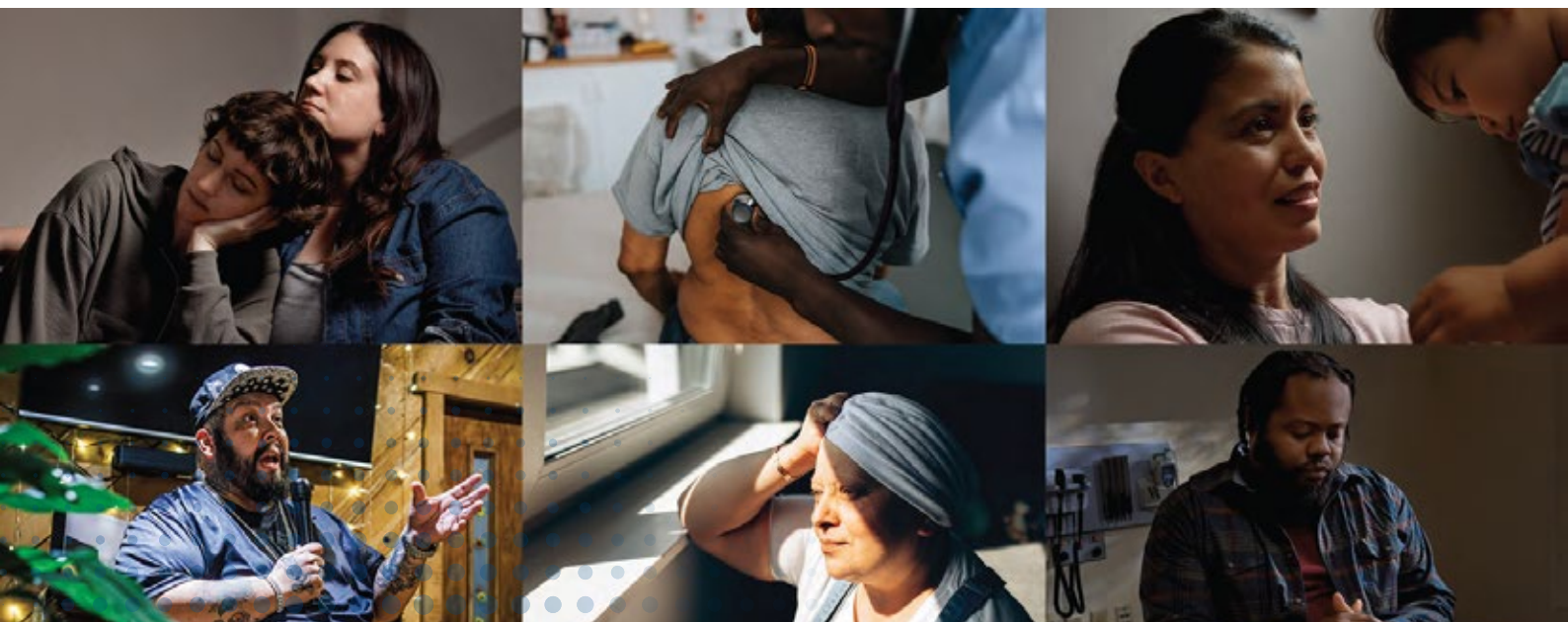
- are between 18 and 75 years of age
- have a BMI of 27 or higher
- have been diagnosed with type 2 diabetes for at least 6 months
- have received treatment with any of the following, alone or in combination, for at least 3 months:
 - diet and exercise
 - stable dose of metformin
 - SGLT2 inhibitor
- have had a stable body weight for the last 3 months

Referrals can be made via medical objects to: Dr Hans Selteneich at Coastal Digestive Health

BMI stands for body mass index. It is a measure that helps determine if someone has obesity or overweight. It can be used to check if a person is at risk for certain health conditions. If you do not know what your BMI is, you can ask your doctor.



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BP Companion

An iPhone/iPad Application for Longitudinal Blood Pressure Monitoring



Philip Cumpston

MB,BS, FANZCA, FCICM, FFACEM, MSc (IT) Consultant Emeritus
Greenslopes Private Hospital

Overview

BP Companion is a native iOS application designed for patients to record home blood pressure measurements longitudinally over time on their iPhone or iPad. Beyond simple data logging, the application automatically computes four haemodynamically significant derived metrics from each reading:

- Fractional Pulse Pressure (FPP)
- Pulse Pressure (PP)
- Rate-Pressure Product (RPP) and;
- Average Real Variability (ARV)

Each metric is displayed with reference ranges and age-stratified normative values, enabling both patients and their treating clinicians to place individual readings into an appropriate clinical context. The application exports data as both PDF reports and CSV files, facilitating review during consultations and integration with clinical workflows. It is also capable for exporting blood pressure readings and heart rate to the Apple Health APP. This article outlines the physiological basis and clinical interpretation of each derived measurement, with reference to the supporting peer-reviewed literature.

Data Capture

Each entry records the following:

- Systolic and diastolic blood pressure (mmHg)
- Heart rate (beats per minute)
- Date and time of measurement
- Current medications as free-text entries

All four derived metrics are computed automatically from these inputs and displayed alongside the raw measurements. Trend graphs and summary statistics are available within the application.

Fractional Pulse Pressure (FPP)

Definition and Calculation

Fractional Pulse Pressure, also referred to as the Pulse Stress Ratio (PSR), is calculated as:

$$FPP = (Systolic - Diastolic) / Mean Arterial Pressure$$

where Mean Arterial Pressure (MAP) is approximated as:

$$MAP \approx Diastolic + (Pulse Pressure * 0.412).$$

FPP therefore expresses the pulsatile component of arterial pressure as a proportion of the steady-state perfusion pressure, normalising for differences in average blood pressure between individuals.

Physiological Significance

Arterial stiffness is characterised by a disproportionate increase in the pulsatile component of blood pressure relative to mean pressure. In young adults with compliant vasculature, the Windkessel effect of large conduit arteries dampens the pressure wave generated by left ventricular ejection, limiting systolic excursion and maintaining a relatively narrow pulse pressure.

With progressive arteriosclerosis, this buffering capacity diminishes, pulse wave velocity increases, reflected waves arrive during systole rather than diastole, and the PP widens relative to MAP. FPP captures this relationship directly.

Studies by Jankowski et al. demonstrated that fractional diastolic and systolic pressure indices derived from ascending aortic waveforms correlate independently with the extent of coronary artery disease, outperforming absolute pressure values in this regard. More accessible brachial measurements have also been shown to carry prognostic information: *Li et al. (2020)* reported in a cross-sectional study of stable angina patients that brachial PP was independently associated with the number of diseased coronary vessels after adjustment for age, sex, diabetes, and other conventional risk factors.

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Reference Ranges

FPP Value	Interpretation
< 0.30	Low pulsatile stress
0.30 – 0.50	Normal
0.50 – 0.70	Elevated - possible arterial stiffening
> 0.70	High -significant arterial stiffness, clinical review warranted

Age-Stratified Normative Values

Age Group	Typical FPP Range
20s-30s	0.35 – 0.45
40s-50s	0.40 – 0.55
60s-70s+	0.50 – 0.70

It is clinically important to contextualise FPP within the expected age-related trajectory: a value of 0.60 in a 72-year-old represents a physiologically normal finding, whereas the same value in a 38-year-old warrants further investigation.

Pulse Pressure (PP)

Definition and Calculation

Pulse Pressure is the arithmetic difference between systolic and diastolic blood pressure:

$$PP = \text{Systolic BP} - \text{Diastolic BP}$$

Physiological Significance

PP reflects the interaction between left ventricular stroke volume and the compliance of the proximal arterial system. Elevated PP is a recognised independent predictor of cardiovascular morbidity and mortality, particularly in patients over 50 years of age. A widening PP over serial measurements may represent progressive arterial stiffening and warrants clinical attention even in the absence of absolute hypertension. In the context of cardiac physiology, isolated systolic hypertension with a normal or low diastolic pressure — yielding a wide PP — is a common pattern in older patients and carries an adverse prognostic profile distinct from combined systolic-diastolic hypertension.

Reference Ranges

PP (mmHg)	Interpretation
< 40	Normal — healthy arterial compliance
40 – 60	Borderline — monitor trend over time
> 60	Elevated — associated with increased cardiovascular risk

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Age-Stratified Normative Values

Age Group	Typical PP Range (mmHg)
Young adults	30 – 40
Middle-aged	35 – 50
Older adults	45 – 65

Rate-Pressure Product (RPP)

Definition and Calculation

The Rate-Pressure Product is the product of systolic blood pressure and heart rate:

$$RPP = \text{Heart Rate (bpm)} \times \text{Systolic BP (mmHg)}$$

Physiological Significance

RPP is a well-validated, non-invasive index of myocardial oxygen demand. It correlates closely with direct measurements of myocardial oxygen consumption (MVO_2) obtained via coronary sinus catheterisation and is routinely used in clinical exercise physiology and cardiology to estimate cardiac workload. The clinical utility of RPP was established in the context of exercise stress testing, where anginal threshold typically corresponds to a patient-specific RPP value that reproducibly provokes ischaemia.

In patients with significant coronary artery disease, angina pectoris typically occurs when RPP exceeds approximately 20,000 during exertion. At rest, persistently elevated RPP indicates that the myocardium is working under unnecessary demand, which may reflect inadequately controlled hypertension, tachycardia, or both. Monitoring resting RPP in patients on antihypertensive or rate-controlling therapy provides a sensitive integrated measure of therapeutic efficacy.

Reference Ranges

RPP Value	Interpretation
< 7,000	Low cardiac workload
7,000 – 10,000	Normal resting range
10,000 – 12,000	Moderately elevated
> 12,000	Elevated at rest — clinical review warranted
> 20,000 (exertion)	Anginal threshold in CAD patients

Average Real Variability (ARV)

Definition and Calculation

Average Real Variability quantifies the magnitude of blood pressure fluctuation across serial measurements by computing the mean of the absolute differences between consecutive readings:

$$ARV = (1/n-1) \times \sum |BP_{n+1} - BP_n|$$

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where n is the total number of readings in the series. A minimum of 8 readings is required for ARV to be statistically reliable, consistent with the recommendations of Mena et al. (2014), who demonstrated that fewer measurements result in significant loss of prognostic precision.

Physiological and Clinical Significance

Conventional blood pressure monitoring focuses on mean values and categorical classification (normotensive, prehypertensive, hypertensive). However, an emerging body of evidence indicates that visit-to-visit and day-to-day blood pressure variability carries independent prognostic information, over and above mean pressure level. High ARV has been associated with increased risk of stroke, cognitive decline, target-organ damage, and cardiovascular mortality.

Li et al. (2025) reported in a large real-world cohort study that blood pressure variability was independently associated with composite cardiovascular outcomes and all-cause mortality, with dose-response relationships extending across the normotensive range. This finding has important clinical implications: patients with apparently well-controlled mean blood pressure but high variability remain at elevated risk, a risk that would be invisible to conventional monitoring.

ARV also serves as a quality metric for measurement technique. Patients who take readings at inconsistent times, following physical exertion, or without an adequate rest period will exhibit artefactually elevated ARV. The application provides standardised measurement guidance to mitigate these confounders.

Reference Ranges

ARV (mmHg)	Interpretation
< 6	Low variability — highly stable readings
6 – 12	Normal range
> 12	High variability — clinical review recommended

Clinical Applications

BP Companion is intended to complement, not replace, standard clinical blood pressure assessment. It is particularly suited to the following scenarios:

- Monitoring of antihypertensive therapy effectiveness across all four derived metrics simultaneously
- Detection of white-coat and masked hypertension phenotypes through longitudinal home monitoring
- Identification of arterial stiffening in patients with cardiovascular risk factors, using the FPP and PP trends
- Assessment of resting cardiac workload in patients with known coronary artery disease, using RPP
- Detection of high BP variability in patients whose mean pressures appear satisfactory
- Generation of structured PDF reports for inclusion in consultation documentation or specialist referrals

BP Companion

An iPhone/iPad Application for Longitudinal Blood Pressure Monitoring



Limitations and Caveats

BP Companion is explicitly designed as an informational tool and does not provide diagnostic or therapeutic recommendations. The following limitations should be noted:

- All measurements are brachial, using a standard upper-arm sphygmomanometer. Central aortic indices, which carry additional predictive value, are not directly measured.
- FPP and PP norms are derived from population studies predominantly conducted in European and Asian cohorts; individual variation is substantial.
- ARV is sensitive to measurement technique and timing; patient education regarding standardised measurement conditions is important.
- RPP is a correlate, not a direct measure, of myocardial oxygen consumption; its accuracy depends on the accuracy of the underlying systolic and heart rate measurements.
- Interpretation of trends requires clinical context and should be performed by a qualified healthcare professional.

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Disclaimer: BP Companion is an informational tool only. It does not constitute a medical device for diagnostic or therapeutic purposes. All results should be interpreted by a qualified clinician in the context of a complete clinical assessment.

Sunshine Coast's First Dedicated Cancer Care Clinic — Experienced Care Since 1998



Compassionate cancer care delivered by trusted local doctors

Our centre is home to:

- Highly experienced team of Medical Oncologists & Clinical Haematologists
- Day infusion unit offering the latest cutting edge treatments (including chemotherapy, immunotherapy, targeted therapy, blood products, infusions and venesections)
- Accepting both private and self-insured patients
- Cold cap therapy to prevent/minimise hair loss caused by certain chemotherapy treatments
- Specialised Allied Health team
- McGrath Breast Care Nurse
- Partnering with University of the Sunshine Coast to offer international clinical trials.



Our Team



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MBBS (Monash), FRACP



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MBBS, BSc, FRACP



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FRCPA (2013)



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Psychologist
B.A. (Psych.), Postgrad. Dip. App.
Psych., D. Hlth Psych., MAAPi



Samantha Clutton

Clinical Psychologist
MPsychClin, FCCLP



Sarah Bloomfield

Dietitian & Nutritionist
APD, APN



Jesse Goldfinch

Exercise Physiologist
BClinExSc, ESSAM, AEP



Tania Shaw

Massage Therapist
DipRM, CLT, OMT



Sunshine Coast

Haematology & Oncology Clinic

GP/Specialist Priority Line:

07 3054 0758

An innovative approach to hip and knee replacement

Dr Daevyd Rodda
Orthopaedic Surgeon

Dr. Daevyd Rodda is a highly experienced and innovative hip and knee replacement surgeon based on the Sunshine Coast. He leads a specialised, multi-disciplinary team and regularly trains Australian and International surgeons in advanced techniques including:

- Anterior, minimally invasive total hip replacement
- Patient specific and Robotic knee replacement
- Complex revision hip and knee replacement

Telehealth appointments available for regional patients.



Contact us today for patient referrals.

Phone: 07 5493 8038 | www.scorthogroup.com.au



SUNSHINECOAST
ORTHOPAEDIC GROUP



Helping the Sunshine Coast

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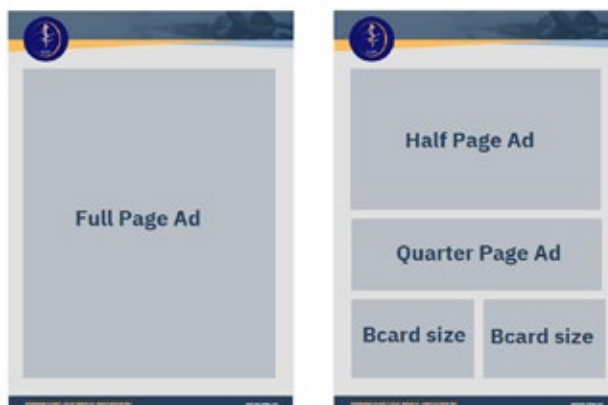


To book call 1300 130 410
or visit daneverson.com.au

Maroochydore | Noosa | Nambour | Caloundra | Deception Bay | Taringa

SCLMA Newsletter Advertising Kit 2026

- **Full page ad:** \$500 + GST
210mm x 297mm
- **Half page ad:** \$400 + GST
210mm x 148mm
- **Quarter page ad:** \$200 + GST
30mm x 95mm
- **Business card ad:** \$100 + GST
90mm x 57mm
- **Advertorials:** \$400 + GST



Please note the following discounts:

- 3 months - 10% discount
- 6 months - 17% discount
- 2 months - 30% discount

* Full payment is required prior, to be eligible for offer

CLASSIFIEDS

- All classifieds are subject to the Editor's discretion.
- No charge to current SCLMA members.
- Non-members: \$100.
- Word count no more than 120 words.
- The Sunshine Coast Local Medical Association's Newsletter is a monthly publication.
- All newsletters are uploaded to our website: sclma.com.au and our Facebook page, both attracting strong traffic.

- The newsletter has a printed and electronic distribution to over 1,500 recipients in Sunshine Coast and areas of Qld and NSW, including specialists, GPs, hospital and retired doctors, doctors in training, allied health workers, practice managers, local councillors and politicians.
- The newsletter size varies between 20 and 40 pages. The cut-off date for advertisements and advertorials is the 1st of the month for that month's newsletter. The newsletter is distributed on the last week of each month.
- All content has to be approved by the Newsletter Editor.
- Please note that advertising guidelines apply. These are published in each newsletter.
- Contact: Lee-Anne Williams
admin@sclma.com.au



GOLF MY15 Cabriolet Exclusive 7 speed DSG

Regrettably the time has come to sell my beautiful white limited edition 2015 Exclusive Cabriolet. It has only done 15,000kms and is in mint condition as is the lovely dual tone leather upholstery.

Guaranteed to put a big smile on any partner's face.

Price :- \$18,500

If interested please contact Wyn Lewis at wyn.toadhall@bigpond.com or 0459341272.

Pulse Oceanside 604 , furnished three consulting rooms with kitchenette, reception desk and waiting area is available for short term and long term lease . Suitable for private practicing doctor working at SCUH or SCUPH. Two car parking on site available .

Contact: 0419953466 .

Email Deepikabhat2003@yahoo.com



DISCLAIMER

- *While SCLMA 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.*

SCLMA Advertising Guidelines

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

- Paragraph (a) "Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised"
- Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"
- Paragraph (o) "Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners"

PLEASE NOTE THE FOLLOWING:

The anti discrimination commission of Queensland has the following statement on job advertising:

Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply.

References to sex, relationship status, age, race, religion etc should be avoided, as should the use of words that may indicate a preference for particular groups or may discourage others from applying, e. g. foreman, tradesman, glamorous, well-built, mature, youthful, office girl etc.

Publishers can be fined and be the subject of a complaint to the Commission for publishing discriminatory advertisements that show an intention to contravene the Anti-Discrimination Act 1991. Discriminatory advertisements will therefore often be refused or modified by publishers in order to avoid legal liability.

Photos: Clinical Meeting with Dr Beverley Powell and Dr Natalie Shaddock, 26 February 2026



NEXT SCLMA CLINICAL MEETING

Thursday 23rd April 2026

Venue: Maroochydore Surf Club Function Room

Address: 34-36 Alexandra Parade, Maroochydore QLD 4558



Injured shoulder and knee clinic every Tuesday

Make the right call...on a Monday for a guaranteed review on Tuesday with an experienced professional

Dr Bernard Tamba-Lebbie

Orthopaedic Surgeon

Ph: 07 5452 5844

FAX: 07 5315 5495

Email: sunshinecoastshoulders@gmail.com



Sunshine Coast
ORTHOPAEDIC CARE

April 2026 NEWSLETTER

Content deadline:
Monday 6 April 2026

- Our circulation reaches more than 1,500 recipients!
- We welcome new content - case studies, local news and photos.
- Would you like to comment or suggest articles to be published?
- What would you like to see in the newsletter?
- If you are a new member, please send in a short bio and a photo to introduce yourself.
- Newsletters are posted to our website

Are you a member?

- If you are not a member please complete the application form available on the website:
- You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself.

Are you listed on the Member Directory on our website?

- Are your details correct?
- Directory form available on the website

sclma.com.au
admin@sclma.com.au



SUNSHINE COAST
**LOCAL MEDICAL
ASSOCIATION**