

# NEWSLETTER

February 2026



SUNSHINE COAST  
**LOCAL MEDICAL  
ASSOCIATION**

[SCLMA.COM.AU](http://SCLMA.COM.AU)

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## President's Message

Dr Jon Harper

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Happy New Year!

I hope you all got what you wanted for Christmas. I suspect, for most of us, our favourite gift was some much-needed time away from work, reconnecting with family and friends. These holidays I had some time just pottering around the house - finally reading the novel that had been sitting on my bedside for months, catching up on life admin, and napping!

We also had a family holiday to Vanuatu. I confess that I knew very little about the country prior to my visit. Like the other dots of land scattered across the South Pacific, its natural beauty is breathtaking - skirted by sapphire lagoons and crystal-clear waterfalls inland.

Vanuatu has had a bit of a bad run in the last few years with back-to-back cyclones in 2023 and a devastating earthquake in Port Vila in 2024. On my visit, I could tell the country was still reeling. Not so much because of the derelict buildings and potholed roads (there is no income tax in Vanuatu), but because the people looked generally anxious. The trademark islander grins were a little harder to come by.

A tour operator I spoke to was concerned about the impact of foreign land ownership and business investment. Vanuatu's Citizenship by Investment program is an initiative to bring funds into the country in

exchange for a Vanuatu passport (and the visa-free benefits it provides). The short-term gains are clear, but it is a strategy vulnerable to manipulation.

I would encourage anyone to take a holiday in Vanuatu. It is a short flight, and it feels good to financially support one of our closest neighbours.

We have a great program of speakers planned for the SCLMA clinical education meetings in 2026. We will be holding our annual Health Report meeting in July, and plans have already begun for our Gala event.

Our administrator, Lee-Anne Williams, has been hard at work behind the scenes to make some of the SCLMA membership processes more efficient. This includes a new tool called TidyHQ which is widely used by membership organisations to track subscriptions and keep members' details up to date. It allows members to log in and manage their own profile in a similar way to medical colleges and other professional bodies.

I look forward to seeing you in 2026!

**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.

- **David Randles**

**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.

# An alternative treatment for osteoarthritis

- ✗ No surgery or hospital stays
- ✓ Typically 6 treatments\* over 2-3 weeks
- ✓ Around 80-90%+ of the cost is covered by Medicare



## Could Low-Dose Radiation Therapy (LDRT) help your osteoarthritis patients?

As healthcare professionals, you often see patients living with chronic osteoarthritis (OA) pain who are no longer experiencing pain relief from conservative therapy, but for whom surgery is not yet indicated.<sup>1</sup> Low-dose radiotherapy (LDRT) has emerged as a non-invasive alternative for pain relief and functional improvement, particularly in patients unresponsive to conservative measures.<sup>1</sup>

LDRT uses carefully controlled, low doses of radiation to help reduce inflammation in affected joints. It has been used in Europe for decades and is now emerging as a treatment option in Australia for selected patients with osteoarthritis.<sup>1</sup>

### What can your patients expect?

- Symptom relief: Some patients may experience a reduction in pain and improved mobility following treatment<sup>2-4</sup>
- Minimal acute side-effects: LDRT has been shown to have very minimal acute side effects<sup>1-4</sup>

### Patient suitability

- Age  $\geq 50$  years
- Confirmed diagnosis of osteoarthritis (Kellgren-Laurence (KL) scores 1-3)
- Upper and lower limbs
- Failure of conservative therapy  $>3/12$
- Contraindications: pregnancy, rheumatoid arthritis, active connective tissue disease

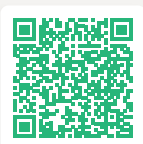
### Treatment

A treatment course is typically six sessions over 2-3 weeks. Depending on outcomes, patients may require a second or third course of treatment.

Osteoarthritis affects around 8.3% of the Australian population<sup>5</sup>



**Dr Bradley Wong**  
MBBS, FRANZCR  
Radiation Oncologist



#### GenesisCare, Buderim

10 King Street  
Buderim QLD 4556  
Tel: (07) 5374 8100

#### GenesisCare, Noosa

Noosa Medical and Professional Centre  
90 Goodchap Street, Noosaville, QLD 4566  
Tel: (07) 5377 2200



**Disclaimer:** \*Evidence suggests that some patients may need a second or third course. \*Depending on the individual's position within Medicare Safety Nets for Medicare eligible patients.

**References:** 1. Hoveidaei A, et al. *Cur Thera Res.* 2025;102: 100777. 2. Fazilat-Panah D, et al. *Int J Radiat Biol.* 2025;101(5),541-548. 3. Makarova M.V, et al. *Rheumatol.* 2023;3(4),7. 4. Koneru B.N, et al. *Int J Rad Onco Biol Phys.* 2025;123(2):352-360. 5. Australian Government. *Australian Institute of Health and Welfare: Chronic musculoskeletal conditions: Osteoarthritis.* Available from: <https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/osteoarthritis> (accessed October 2025).



Supporting Queensland doctors,  
creating better health.

## Queensland Update



Welcome to our first update of 2026. We know so many doctors and health professionals work hard over the summer holidays, but we hope you were able to find some time to relax with family and friends. We all know the value of rest, and it's important we prioritise reconnecting and recharging so we can continue providing the best care and compassion for our patients.

2026 will be a year of consolidation and growth for AMA Queensland, as we improve

our services and representation of the issues that really matter to medical professionals. We thank you for your ongoing support – it is the fuel behind our advocacy efforts.

Nationally, we've focused on calling for equitable health funding, promoting a better deal for veterans' health, and welcoming the drop in PBS prescriptions for 20 million non-concession card holders.

From a Queensland perspective, health workforce will remain key, and we look forward to seeing Health Minister Tim Nicholls make some long-awaited announcements on this issue later this month.

We remain a trusted source of commentary on health issues, including ADHD prescribing and a new strain of influenza. Council member Professor Paul Griffin has also been featured in stories about Nipah virus.

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

## Advocacy

### National Health Reform Agreement

With an election looming in South Australia, the federal government was under pressure to secure a new NHRA deal at its national cabinet on January 30.

In the days beforehand, we publicly called for 50-50 funding of public hospitals, urging Canberra to step up and fund hospitals to the same level it funds critical road infrastructure like the Bruce Highway.

While that split didn't eventuate, National Cabinet did agree to an extra \$25 billion dollars overall, taking the five-year funding agreement to \$220 billion.

We need to see Queensland get its fair share, particularly to help reduce so-called "stranded patients". These are otherwise healthy people who, due to not having proper aged care or NDIS arrangements, are stuck in hospital. This causes "bed block" and bottlenecks from our emergency departments.

Going forward, we also need to see real reforms of funding models. Our healthcare needs are not magically going to become cheaper – with an ageing population and more complex conditions to treat and manage, costs are only going to go up. Governments don't have infinite resources. We

must focus on finding efficiencies in the system, as outlined in many of AMA Queensland's own health action plans. But we must also see governments boost investment in prevention. Let's focus on health for life and stopping problems well before they become life-threatening.

This motivation feeds our ongoing campaign to lifting and expanding Medicare rebates for

all patients, rather than focusing on bulk billing incentives. We know primary care does so much heavy lifting in keeping people healthy. Keeping general practice and other services like pathology and radiology viable means better outcomes for all Queenslanders.



## Veterans' healthcare

AMA Queensland's advocacy on behalf of veterans and the doctors who treat them was mentioned in federal parliament on 4 February.

Queensland Senator Paul Scarr spoke to a motion moved by Senator Jacqui Lambie, referencing many of our concerns with the current government rates paid for veterans' medical services.

These rates are less than what Australians receive under NDIS and WorkCover arrangements, undermining veterans' ability to access the care they deserve for the physical and mental challenges they face as a result of their service.

This motion followed our meetings with both Senators, and we will continue to advocate in this area.

## Health Workforce

Regular readers know AMA Queensland has been driving the conversation around building our health workforce.

In 2025 we developed a profession-led, practical blueprint to do this in our Workforce Action Plan, which we submitted to government in July. We also gave feedback to the government's own gap analysis in November.

Health Minister Tim Nicholls is set to deliver a major keynote address on Queensland's health system on February 17.

Minister Nicholls will address at the influential Queensland Media Club, outlining the government's vision for hospital infrastructure, improving health services and growing the health workforce.

We will be attending the lunch ready to give our verdict on the Minister's plans. We hope to see the suggestions we have made included and highlighted in the government's approach.



## ADHD Prescribing

December saw the start of GPs being able to diagnose and prescribe for ADHD in adults.

AMA Queensland has welcomed this move, as it allows patients who may not have the resources to seek psychiatric support to access help from appropriately trained GPs. This is particularly important for Queenslanders in rural and regional areas, which are traditionally more challenging areas in which to seek support.

We know that many GPs still need to update their skills and knowledge of the legislative changes. We also know not all cases may be prescribed medication, and complex cases may still be referred to a psychiatrist to confirm the diagnosis and to develop a management plan.

But it is a welcome shift to helping more people manage ADHD symptoms. Just this week Victoria followed suit, proving there is public appetite for the change.

## News

### New Chief Health Officer

This week we met with Queensland's new Chief Health Officer, Dr Marianne Gale, for the first time.

Dr Gale began her career in Townsville and became a familiar face in New South Wales during the pandemic in her role as Acting Chief Health Officer and Deputy Chief Health Officer.

She's a fantastic choice to be the public face of health in our state, and we look forward to working with her on public safety measures. Key among those will be increasing vaccination rates across Queensland, which in 2025 were the lowest since the 2020 pandemic.

With a new strain of H3N2 influenza already having an impact over the summer, we need to make sure Queenslanders roll up their sleeves in 2026. Clear, consistent messaging is needed, and we will be there to help boost participation. We also need to see dedicated action to reduce and mitigate the public health impacts of climate change, including heat stress and pandemic preparedness. We look forward to working with the CHO on these important issues.

### Infectious Diseases

Public health doesn't take a break for the holidays – and it certainly didn't stop media interest in the new strain of H3N2 influenza, or several cases of Nipah virus being reported in India. AMA Queensland – and our experts like Professor Paul Griffin – play a vital role in countering misinformation on these topics and providing clarity around what readers and viewers should do to protect themselves and their loved ones.

This credibility backs AMA Queensland's message to "create better health", and supports our efforts for public health measures like free flu vaccinations.



### PBS price drop

The start of 2026 saw the cost of PBS prescriptions for 20 million non-concession card holders reduced, making the co-payment a maximum \$25, down from \$31.60.

This is a small but significant change, particularly for Australians struggling with chronic conditions requiring multiple medications. Saving more than \$6 per script adds up, particularly during an ongoing cost of living crisis.



## Upcoming events

In the Chinese zodiac, 2026 is the Year of the Horse, and our events calendar is already racing ahead. Here are a few key events to note as we start the year.

### Medical Careers Expo 2026

This one-stop shop should be in the calendar of every student, intern and doctor looking for career pathways or opportunities they might not know existed.

More than 50 colleges, hospitals and private operators will be exhibitors at the expo, which will also feature panels of experts with live Q&A throughout the day.

This event is first off the blocks on Saturday 14 March, so make sure you book now.

[Read more](#)



### 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](#)



# GP Liaison

Your hospital connection, together we can deliver better healthcare.

Dr Edwin Krays and Dr Michelle Johnston



## Your clinical questions answered quickly by local hospital specialists

Do you need a fast response to a clinical question? Requests for clinical advice can be submitted electronically via GP Smart Referrals. Requests do not require a comprehensive referral or minimum criteria.

All that is required is your clinical question and any supportive information or documents which might assist the SMO response. The target response time is 5 business days. If the advice request is more urgent, please telephone.

### Current specialties offering Request for Advice (RFA) via GP Smart Referrals are:

- |                         |                                |
|-------------------------|--------------------------------|
| 1. Cardiology           | 13. Paediatric Medicine        |
| 2. Dermatology (adult)  | 14. Persistent Pain Management |
| 3. General Medicine     | 15. Rehabilitation Medicine    |
| 4. General Surgery      | 16. Renal medicine             |
| 5. Geriatrics           | 17. Respiratory                |
| 6. Gynaecology          | 18. Rheumatology               |
| 7. Haematology          | 19. Thoracic surgery           |
| 8. Hepatology           | 20. Urology                    |
| 9. Immunology           | 21. Vascular surgery           |
| 10. Infectious Diseases | 22. Wound management.          |
| 11. Neurology           |                                |
| 12. Obstetrics Medicine |                                |

### Preventing CVD with AusCVD Risk

Cardiovascular disease (CVD) remains a leading cause of illness and death and yet much of it is preventable. CVD risk is of course not about one factor alone; it's the combined effect of age, gender, ethnicity, smoking, cholesterol, blood pressure, diabetes, family history (premature, CVD, hypercholesterolaemia), chronic kidney disease, coronary artery calcium score, severe mental illness.

Many patients with known risk factors, won't meet traditional cut-offs, and because of this, their risk is often underestimated.

This is why the Australian CVD risk calculator (AusCVD Risk) [Australian cardiovascular disease risk calculator | AusCVD Risk](#) is an essential tool. It provides a structured, evidence-based way to accurately assess the combined effect of risk factors to classify overall CVD risk (low, intermediate or high) and guide timely prevention. Patients in the high-risk category will benefit most from lifestyle changes and medication intervention.

#### The General Practice role in Prevention

Proactively identify patients in your practice with the known risk factors. Invite them for a routine check and help them understand their risk and what they can do to take control of their health. By embedding AusCVD risk assessment into everyday practice, you can optimise CVD management and help patients live longer, healthier lives.

General Practices are ideally placed to identify risk early so please use AusCVD Risk routinely.

#### Need more information?

Currently, a statewide initiative known as PHASES (Preventing Heart Attacks and Stroke Events through Surveillance) with Primary Sense is rolling out to support general practices with CVD prevention and early intervention. For more information, please register your interest here:

[Contact | phasesqld.com](http://phasesqld.com)

## Coming soon:

### Antenatal Shared Care GP Education

Sunshine Coast Health's Antenatal Shared Care education events continue to receive positive feedback from local GPs. Please save the date for this recurring education event for GPs and GP registrars.

Join us for an education session designed to empower Sunshine Coast GPs in delivering high-quality care during pregnancy. This event will provide practical clinical updates on managing common antenatal conditions and clarify local referral pathways. This is your chance to meet the SCHHS O&G team, ask questions and provide feedback.

**Date:**

Saturday 21 March 2026 from 8.30am–1.00pm.

**Location:**

Sunshine Coast Health Institute Auditorium (next to SCUH), 6 Doherty Street, Birtinya.

**Cost:** Free**Register at:**

[GP Antenatal Shared Care Workshop Part 1 Tickets, Sat, Mar 21, 2026 at 8:30am Eventbrite](#)

### Syphilis screening recommendation: now 3x in pregnancy

The Chief Medical Officer declared syphilis a [Communicable Disease Incident of National Significance](#) in August 2025, initiating a coordinated national response focused on expanded testing, community awareness, simplified treatment pathways, health equity, and workforce strengthening – especially in Indigenous and underserved communities.

During pregnancy, syphilis is associated with a high risk of adverse outcomes, including stillbirth, preterm birth, small-for-gestational-age infants, and vertical transmission leading to congenital syphilis. Congenital syphilis can present with serious features such as pneumonia, profuse nasal discharge, enlargement of the liver and spleen (hepatosplenomegaly), swollen lymph nodes (lymphadenopathy), elevated bilirubin levels (hyperbilirubinemia), cholestasis, meningitis, and seizures. Congenital syphilis can cause severe long-term sequelae for infants affected.

As syphilis frequently presents without symptoms, a low threshold for testing is essential. Diagnosis relies

on serological testing, though interpretation can be complex and may require specialist input. Early detection and treatment are critical to preventing congenital syphilis and reducing transmission across the population.

### Updated syphilis screening recommendations

- Universal first screening: Offer and recommend syphilis testing to all pregnant women at their first antenatal contact, regardless of assessed risk.
- Universal repeat screening: Repeat screening should be offered at 26–28 weeks and again at either 36 weeks or at birth (whichever comes first), regardless of risk.
- Catch-up screening: If earlier opportunities for testing are missed, offer screening at the next available occasion.

**Source:**

[Syphilis Advice for Maternity Care Providers - RANZCOG](#)

### Strategies to improve gastroenterology waiting times

Sunshine Coast Health has been actively working on improving gastroenterology waiting times. Several improvements should assist with optimising waiting times, including employing more gastroenterologists, nurse endoscopists and rural generalist endoscopists, more scope lists at both Nambour Hospital and SCUH sites, and outsourcing of clinically appropriate patients to private facilities.

With all these changes we are hopeful that more patients will be scoped sooner and able to get treatment earlier. Thank you for your assistance and patience!

## Meet the new intern doctors joining Sunshine Coast Health in 2026



*Sunshine Coast Health's 2026 cohort of intern doctors starting their orientation at Sunshine Coast University Hospital, accompanied by Co-Directors of Clinical Training Dr Thi Aung and Dr Sara Lucas, Director Medical Services Workforce Dr Alison Roper, and Executive Director Medical Services Dr Marlene Pearce.*

Seventy-six new graduate doctors are joining the team at Sunshine Coast Health, ready to transform their training into person-centred care at hospitals across the region.

The interns will rotate through different specialty areas including medical, surgery and emergency. They'll be based at Sunshine Coast University Hospital, Nambour General Hospital, Gympie Hospital and Maleny Soldiers Memorial Hospital. Dr Andrew Wong is one of the new interns, excited to be starting work after many years of study and inspired by his mum's medical career in Malaysia.

"Watching her as I grew up and how much she loves her patients, loves her job... really inspired me," Dr Wong said.

"I'm currently hoping to be a psychiatrist, just like my mum, I think it runs in the family, a bit of that gene to just love taking care of people's mental health."

Dr Shor Mizuno has completed all his studies on the Sunshine Coast and is thrilled to be able to continue his medical journey here.

"The thing that attracts me most to medicine is the relationships with people and patients and speaking with people, and helping them through difficult times in their lives," he said.

"Apparently when I was in kindergarten there's a photo of me with 'what do you want to be when you grow up' and it says 'doctor,' I don't remember doing that, but apparently it's something I've always wanted to do, and I think going through undergrad and actually being in the hospital has just cemented that even more."

At this stage he's thinking paediatrics will be his specialty of choice as his career progresses.

Director of Clinical Training Dr Sara Lucas said the intern program is designed to foster growth and provide mentorship, while supporting the doctors through the first year of their challenging career.

"We've got people who have come from all over Australia to come and work and do their internship in the Sunshine Coast," Dr Lucas said.

"If we consolidate the initial years of doctor training, we find that they actually then want to come back and train later on, or come back once they're a specialist, that's so important as we grow the future of Sunshine Coast Health."

**Sunshine Coast  
Health**

# Dr Natalie Shaddock

Your partner in care



## ATHENA O&G

OBSTETRICS GYNAECOLOGY FERTILITY

Specialist Women's Health Care for Women by Women

## Hello I'm Dr Natalie Shaddock

FRANZCOG | Obstetrician & Gynaecologist • Fertility & IVF

I'm dedicated to ensuring your patients receive the highest quality care. Here's how...

### Personally Triaged Referrals

Every referral is reviewed directly by Dr Shaddock, ensuring urgent and complex cases are prioritised appropriately.

### Streamlined Communication

Prompt correspondence via Medical Objects, keeping you informed at every stage of care.

### Advanced Laparoscopic Surgery

Skilled in minimally invasive gynaecological procedures, reducing recovery times and improving patient outcomes.

### Endometriosis Expertise

Special interest and ongoing upskilling in the management of endometriosis and chronic pelvic pain, ensuring evidence-based, contemporary care for complex cases.

### Comprehensive Scope

Obstetrics, gynaecology, and fertility services in one practice for seamless continuity.

### Accessible & Responsive

Sunshine Coast location with short wait times and flexible scheduling.

### Collaborative Care

Strong focus on working with GPs to support ongoing patient management.

P (07) 5406 7030 F (07) 5406 7031 W [athenaog.com.au](http://athenaog.com.au)

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# Buderim Private Hospital

**Shane Mitchell**

General Manager

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P: 07 5430 3260

## Monthly update

**Happy New Year to you all. I hope you'll enjoy reading these latest updates from Buderim Private Hospital.**

### Thank you and farewell

Please join us in congratulating and thanking Dr Beverley Powell and Dr Kit Wong as they commence their well-earned retirements. Dr Kit Wong, Buderim Private Hospital's first cardiologist, has dedicated more than three decades to caring for our community.

While retiring from Buderim Private Hospital, please note Dr Wong will continue to maintain his outpatient clinics. Dr Beverley Powell, gynaecologist, leaves us after more than 25 years of exceptional service to women's health. We extend our heartfelt thanks to both Kit and Beverley and wish them every happiness in retirement.



### Meet our new specialist:

#### Dr Natalie Shaddock – Obstetrics and Gynaecology



A Sunshine Coast local, Dr Natalie Shaddock is an experienced obstetrician and gynaecologist with a special interest in fertility and IVF. She is dedicated to supporting women and families across the Sunshine Coast, providing thoughtful, personalised care through every stage of life. Dr Shaddock welcomes contact for any referral queries and is more than happy to help.

Her arrival at Buderim comes at an important time, following the retirement of Dr Beverley Powell and Dr George Bogiatzis' transition to focus exclusively on gynaecology and fertility from January 2026. We also have several other new specialists joining Buderim Private Hospital, and we look forward to introducing them to you in the coming months.



Acute admissions: 07 5430 3314 | [buderimprivatehospital.com.au](http://buderimprivatehospital.com.au)

## Marking a milestone for Buderim orthopaedics



Late last year, we celebrated our experience and expertise in robotic orthopaedic surgery as we reached our 500 procedure assisted by the Mako robot. The milestone procedure was performed by orthopaedic surgeon Dr Hamish Gray, and reflects the skill and dedication of our entire orthopaedics team.

Since its arrival in 2023, the Mako robot has helped to enhance joint replacement surgery for patients undergoing hip, knee or shoulder replacement surgery. You may remember in mid-2025, we became the second hospital in Australia to have access to the new Mako shoulder application, and we're extremely pleased to share that we have since completed the most shoulder cases assisted by the new platform in any hospital outside of the United States.

The experience we have in this space is great news for our Sunshine Coast patients, their referrers and is a testament to our orthopaedic specialists and team.

## First vNOTES procedure



Finally, in December 2025, Buderim urogynaecologist, Dr Peta Higgs, performed our first vNOTES (Vaginal Natural Orifice Transluminal Endoscopic Surgery) procedure. This advanced minimally invasive technique allows surgeons to operate via the vaginal canal, meaning no abdominal incisions.

Benefits can include enhanced visualisation, reduced postoperative discomfort, quicker recovery, and fewer visible scars compared to traditional laparoscopy. vNOTES can be used for hysterectomy, ovarian cyst removal, and in the treatment of fibroids, endometriosis, and prolapse. As always if you have any questions or if there is anything we can do to support you, please reach out.

Newly published research proves what doctors have always known. Smoking kills, but even very low-intensity smoking (2-5 per day) is associated with a 50% increased risk of heart failure and a 60% higher death rate from all causes.

The key message – cutting down is not enough, only complete cessation will achieve the objective of real risk reduction. There is no “safe” level of smoking.

Logically, the risk falls after quitting, most benefit occurring in the first decade but measurably increased risk persisting beyond 30 years.

Half of the deaths were cardiovascular – heart disease and strokes.

A positive note – the UK is introducing new legislation that would make it illegal for anybody born on or after 1 January 2009 to ever buy a tobacco product. Paving the way to a smoke-free generation, at least in the UK.

Tasdighi E, Yao Z, Dardari ZA, Jha KK, Osuji N, Rajan T, et al. (2025). Association between cigarette smoking status, intensity, and cessation duration with long-term incidence of nine cardiovascular and mortality outcomes: The Cross-Cohort Collaboration (CCC). PLOS Medicine, 22(11): e1004561.



## Dr Plonk on WGT (wine, golf, travel)

### Ibaraki- Open for business

I've been writing about wine for local and national publications over the last 20 years. I've expanded to the fascinating world of travel and the curiously complex game played on grass with sticks and a little white ball: Golf. Often described as ruining a good walk and a game played between your ears.

My first article, in 2 parts, reflects a cracking week of golf in the prefecture of Ibaraki in Japan. 123 Travel of Buderim invited me along for a week of golf and cultural absorption in Ibaraki.

7am off the plane, we were met by the sharply dressed and knowledgeable Sydney travel promoter, Masanori Chiba. The polite and generous Naoki Nishimoto, partner of the Play Golf Japan tour company was our chief guide.

Straight into the private car to a Sake tasting at the 16-generation strong Tsukuba Distillery. Pure Springwater, rice sugars from aspergillus and yeast, ferment the sugars resulting in beauty and elegance.

Meeting influential managers of Golf clubs has the feel of royalty. Bowing and double handed business card exchange is the norm. There are 114 golf courses in Ibaraki.

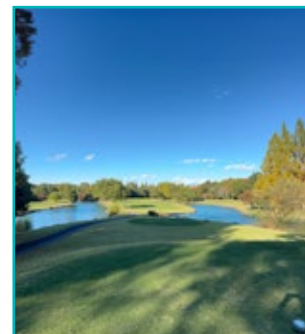
There exists traditional membership, brokered

shareholdings and companies owning memberships for executive staff. They are keen to have tourists play on the most magnificent, manicured courses rivalling those in the USA. Golf, caddy, electric cart with lunch ranges from \$160-220. Great value including panelled wood lockers with slippers and access to the warm spa. Please remember to wear a jacket in the club. In Ibaraki lunch occurs after 9 holes. Rest and recharge with tempura noodles, sumptuous BBQ pork or a seafood pasta. Suntory Premium malt beer is my elixir. Takes energy and focus to get swinging but soon it's all systems go.

In part 2, I will be more specific about the golfing experiences, but my focus is distracted by the prettiest edible art form in the world, Japanese cuisine.

High grade Tuna sashimi served in 4 cuts defined by the fat content. No fishy smell or taste, just sensual gustatory silkiness. Obscure fermented soybean dishes and sticky bamboo concoctions confuse and distract in a nice way. Just add sake! I hope I have cast the lure to follow more on my wine, golf and travel journey in Ibaraki. So, take the bait.

**Dr Plonk signing off until next month.**



## From Dr Wayne Herdy

---

In 2024, the government announced a major funding plan to incentivize increased bulk-billing in every general practice.

Since then, debate has flowed back and forth, the government sugar-coating its concept with modelled data "proving" that GP's will make more money, countered by the profession's skepticism questioning the modelling and the bottom lines promised by the plan.

Many trees have been shredded and innumerable electrons inconvenienced as the debate rages back and forth. But I argue that the argument over dollars (and the underlying agenda over government control over the profession) have overshadowed a more important concept. This whole debate has focused on theoretical incomes and missed the realities of workforce maldistribution.

There are areas of general practice which are dimly underserved but receive scant or no attention. There are inadequate incentives, financial or other, to attract GP's, especially younger graduates, out of their comfortable office chairs and out into the real world where there is an immense unmet need.

Let me illustrate with three areas of practice from my personal life experience.

A survey by RACGP last year identified that 54% of GP's say that "nothing" would persuade them to attend nursing homes. I think the real figure is that only 4% of Australian GP's have a substantial nursing home attendance. There are thousands of long-stay patients in acute hospital beds awaiting nursing home placement, costing

Queensland alone over \$50M per day - but if they created the nursing home beds tomorrow, we don't have the GP's prepared to see patients there.

There are over 2 million patients in Australia with substance addictions. There are maybe 500 GP's or fewer prepared to accept addiction patients. Extending beyond chemical addictions, one person in 6 in Australia has an addiction disorder. No matter what branch of medicine you practice, you will encounter addiction disorders, many of which will be unrecognized and most of which will remain untreated. There is no financial incentive for GP's to accept this challenge. There is an active disincentive - a high proportion of addiction prescribers have been adversely treated by the medical boards who remain ignorant of what happens in the real world.

Indigenous health remains the third "black hole" of the medical universe, a space capable of consuming ever-increasing resources if they were made available. The third domain where GP's fear to tread, the third world where medical manpower is grossly inadequate, partly because there are no practical incentives.

Minister Butler happily speculates on doctors' remunerations, and the profession unhappily responds with arguments based on the government's agenda. Is the debate ever going to shift the attention of the bean-counters to examining unmet clinical challenges and attracting doctors to spaces where they are most needed?

**Dr Wayne Herdy**

## Student-centred learning for patient-centred care

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Visit: [griffith.edu.au/griffith-health/academic-titles](http://griffith.edu.au/griffith-health/academic-titles)

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

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(07) 5202 0333

#### **Associate Professor Alyson Hee**

Associate Professor in Primary Care and Academic Lead in General Practice, Gold Coast  
School of Medicine and Dentistry  
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(07) 5678 0355

#### **Associate Professor Robert Heffernan**

Clinical Sub-Dean Rural  
School of Medicine and Dentistry, Toowoomba  
[r.heffernan@ruralmeded.org.au](mailto:r.heffernan@ruralmeded.org.au)  
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## New Global Study Finds: Sleep Apnea Patients Who Use CPAP Live Longer

---



A global leader in sleep health, Resmed, announced the publication of a landmark meta-analysis in *The Lancet Respiratory Medicine*, demonstrating that CPAP therapy significantly reduces the risk of death for people with obstructive sleep apnea (OSA). Analysing data from over 1 million sleep apnea patients worldwide, the study provides the strongest evidence to date that CPAP therapy not only alleviates OSA symptoms but can also prolong life.

OSA affects over one billion people worldwide,<sup>1</sup> with over 80% of cases undiagnosed and untreated.<sup>2</sup> This chronic sleep-related breathing disorder can impair daily functioning and has been associated with serious health conditions, including hypertension, diabetes, cardiovascular disease, and stroke.<sup>3</sup>

The study reinforces that untreated OSA is a major but modifiable risk factor for both all-cause and cardiovascular-related death, highlighting the importance of consistent CPAP use. As the gold standard for OSA treatment, CPAP therapy is widely recognized for its effectiveness. When used correctly, it works overnight and only requires air; no drugs, surgery, or invasive procedures.

The study, led by global experts in sleep and respiratory medicine, found that people with OSA who use CPAP therapy have:

- A 37% lower risk of dying from any cause compared to those with OSA who do not use CPAP.
- A 55% lower risk of dying from cardiovascular disease, reinforcing CPAP's supportive benefits for heart health in people living with OSA.
- A dose-response relationship, meaning that the more consistently CPAP is used, the greater the survival benefits for people living with OSA.

This meta-analysis is the largest of its kind to date, pooling data from over 1 million OSA patients across 30 studies, including 10 randomized controlled trials (RCTs) and 20 real-world evidence studies (RWEs). Researchers analysed long-term outcomes over the average follow-up period of nearly five years, testing the hypothesis that CPAP therapy reduces both all-cause and cardiovascular mortality in OSA patients.

"The results of the study strongly suggest that CPAP therapy is a life-saving intervention for people with OSA," said Atul Malhotra, M.D, senior author of the study, Research Chief of Pulmonary, Critical Care and Sleep Medicine at the University of California San Diego School of Medicine

and Pulmonologist at UC San Diego Health. "It's not only about sleep apnea treatment but also about supporting heart health and extending life."

"These findings should serve as a wake-up call," added Jean-Louis Pépin, study co-author, Professor of Clinical Physiology at Grenoble University Hospital and Director of the HP2 Laboratory INSERM U1300. "Every additional hour of CPAP treatment translates to improved chance of survival for people living with OSA. Patients who stay on CPAP therapy aren't just breathing easier at night; they're potentially adding years to their lives."

On the Sunshine Coast, mySleep in Warana can help you and your patients with CPAP Therapy. We offer a wide range of CPAP devices, masks and accessories. With over 20 years' experience, mySleep offers personalised, education and long-term support to help patients on their journey to improved sleep health and getting a better night's sleep.

To read the full study, see the publication in [The Lancet Respiratory Medicine](#)

<sup>1</sup> Benjafield AV, Ayas NT, Eastwood PR, Heinzer R, Ip MSM, Morrell MJ, Nunez CM, Patel SR, Penzel T, Pépin JL, Peppard PE, Sinha S, Tufik S, Valentine K, Malhotra A. Estimation of the global prevalence and burden of obstructive sleep apnoea: a literature-based analysis. *Lancet Respir Med.* 2019 Aug;7(8):687-698. doi: 10.1016/S2213-2600(19)30198-5. Epub 2019 Jul 9. PMID: 31300334; PMCID: PMC7007763.

<sup>2</sup> Young T, Evans L, Finn L, Palta M. Estimation of the clinically diagnosed proportion of sleep apnea syndrome in middle-aged men and women. *Sleep.* 1997 ;20(9):705-6 <sup>3</sup>Yeghiazarians Y, Jneid H, Tietjens JR, et al. Obstructive Sleep Apnea and Cardiovascular Disease: A Scientific Statement From the American Heart Association. *Circulation* 2021; 144(3): e56-e67.



### Patient Reviews:

My recent visit to a new sleep health provider "mySleep" on the Sunshine Coast was a great experience, the staff were friendly, professional and very helpful. I was seen by Sharni who has a wealth of knowledge and gave me good advice on equipment and treatment options. I would highly recommend their service. The staff at mySleep Warana are so professional and committed to getting the best outcomes for clients.

I did not realise that my poor sleep was due to sleep apnea. They were so wonderful in finding the right solution for me during my one month trial. I'm really happy with the results and I'm sleeping better than I have in years. Staff are always available for assistance in between appointments. I elected to go with mySleep Warana for continued care. Really excellent service.



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## 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.

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# Are you living with a cardiovascular condition?

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## Participants wanted

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- ✓ Health questionnaires

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## More information

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

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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.



**Jimmy Brock**  
Physiotherapist

## How GPs can make the biggest difference in neurological Rehabilitation

Neurological injuries, including stroke, traumatic brain or spinal cord trauma, and conditions such as Parkinson's disease or multiple sclerosis, have profound impacts on individuals and their communities. Rehabilitation is a marathon, and ongoing support after hospital is essential. Yet engagement in outpatient rehabilitation remains low for most health providers, with one exception: GPs. This position is unique in its capacity to shape a patient's progress through timely referrals and care coordination.

Following hospital discharge, patients typically navigate three pathways: GP follow-up, neurologist review, and community rehab or allied health services. Discharge planning is often inconsistent, with up to 40 per cent of stroke survivors leaving without a clear care plan. Attendance to outpatient rehab ranges from 11 to 31 per cent, and neurologist follow-up is around 24 per cent. In contrast, 60 to 80 per cent of patients see their GP post-discharge, giving the role significant influence over whether patients access the interventions that improve long-term outcomes.

Evidence shows that participation in outpatient rehabilitation reduces long-term dependency, lowers the likelihood of residential care admission, and improves independence, mobility, and daily function. Given their consistent contact with patients, GPs are ideally placed to coordinate multidisciplinary care, including physiotherapy, occupational therapy, exercise physiology,

dietetics, and speech pathology.

The team at Team Rehab Solutions specialises in neurological rehabilitation and offers in-home and community-based allied health services. By educating patients about the benefits of ongoing rehab and initiating referrals, GPs can directly enhance long-term outcomes, helping patients regain function and maintain independence. Guidance from the primary care physician can make a decisive difference in a patient's long-term quality of life.

**To refer or to discuss how our services can assist your patient, please contact our experienced team at Team Rehab Solutions on 1300 685 046 or visit:**

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# The Revised Division 296 Draft Bill

The draft Treasury Laws Amendment (Better Targeted Superannuation Concessions) Bill 2025 was released on 19 December 2025. The Bill is still in the consultation period, which will end on 16 January 2026, before being tabled in Parliament. The new legislation is proposed to commence on 1 July 2026, with the first assessments based on balances at 30 June 2027.

## Key thresholds and new tax rates

A new two-tier structure has been introduced. The tax applies to individuals with a Total Superannuation Balance (TSB) exceeding \$3 and \$10 million. The TSB is the aggregate of all SMSF, Industry and Retail account balances.

- **Balances over \$3 million** will attract an additional 15% tax on the proportion of earnings attributable to the balance above this threshold
- **Balances over \$10 million** will attract an additional 10% tax (for a total extra 25%) on the proportion of earnings attributable to the balance above this threshold
- **Total Tax Rate:** Combined with the standard 15% fund tax, the headline tax rate can reach 30% or 40%
- **Indexation:** Unlike previous drafts of the legislation, both the \$3 million and \$10 million thresholds will be indexed to the Consumer Price Index (CPI)
  - The \$3 million threshold will increase in \$150,000 increments
  - The \$10 million threshold will increase in \$500,000 increments

## Critical changes to calculating earnings

The significant change is that tax will now be based on realised earnings rather than market value movements.

- **Realised capital gains only:** Unlike the original proposal, the Division 296 tax now uses normal tax principles and ignores growth in asset value until the asset is sold
- **Start of Year Balances v End of Year Balances:** To prevent people from avoiding Division 296 tax by withdrawing money late

in the financial year. When working out the proportion of super over a threshold (\$3 million or \$10 million), the new draft bases this on the higher of the member's balance at the start and end of the year. The previous draft only considered the balance at the end of the year.

- **Transitional concession:** For the first year, 2026/2027 only, tax will be based solely on the balance at 30 June 2027. This allows the last opportunity for large withdrawals to avoid the Division 296 tax.

## Managing Capital Gains for Division 296 Purposes

- **Pre-July 2026 Protection:** SMSFs can "opt-in" to shield capital gains built up before 30 June 2026.
- **The Opt-In Deadline:** The opt-in is not automatic and must be done via an "approved form" by the due date of the 2026/2027 annual tax return. Missing this deadline means losing the relief.
- **A SMSF Can Opt-In:** Even where a SMSF had no members who had more than \$3 million in super at 30 June 2026, it might still be attractive to opt-in if any of the members expect to be over \$3 million in the future and the fund has already accrued large capital gains.
- **The Catch:** Where the fund opts in to reset the cost base of their assets to market value at 30 June 2026, all assets must be reset, including those in a loss position.
- **Note:** The SMSF continues to pay capital gains tax as per normal.

## Operational Impact

- **Actuarial Certificate:** Most SMSFs, including accumulation funds, will likely need an actuarial certificate to split the fund's total earnings between members.

## Structural Considerations

- **Compare Alternative Structures:** Discuss with an advisor whether holding high-growth assets in a Family Trust or Company may be more tax effective than superannuation under the new 30-40% headline rates.
- **Review Pension Status:** Consider if reversionary pensions should be updated as they impact TSB reporting for the reversionary beneficiary immediately upon the death of the original pension recipient.
- **Until the Final Legislation is Passed:** It may not be appropriate for individuals to take specific action.

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](mailto:poole@poolegroup.com.au)



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## BreastScreen Queensland

BreastScreen Australia has recently released a Breast Density GP Guidance document.

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# Research Corner

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

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## Can I join this study?

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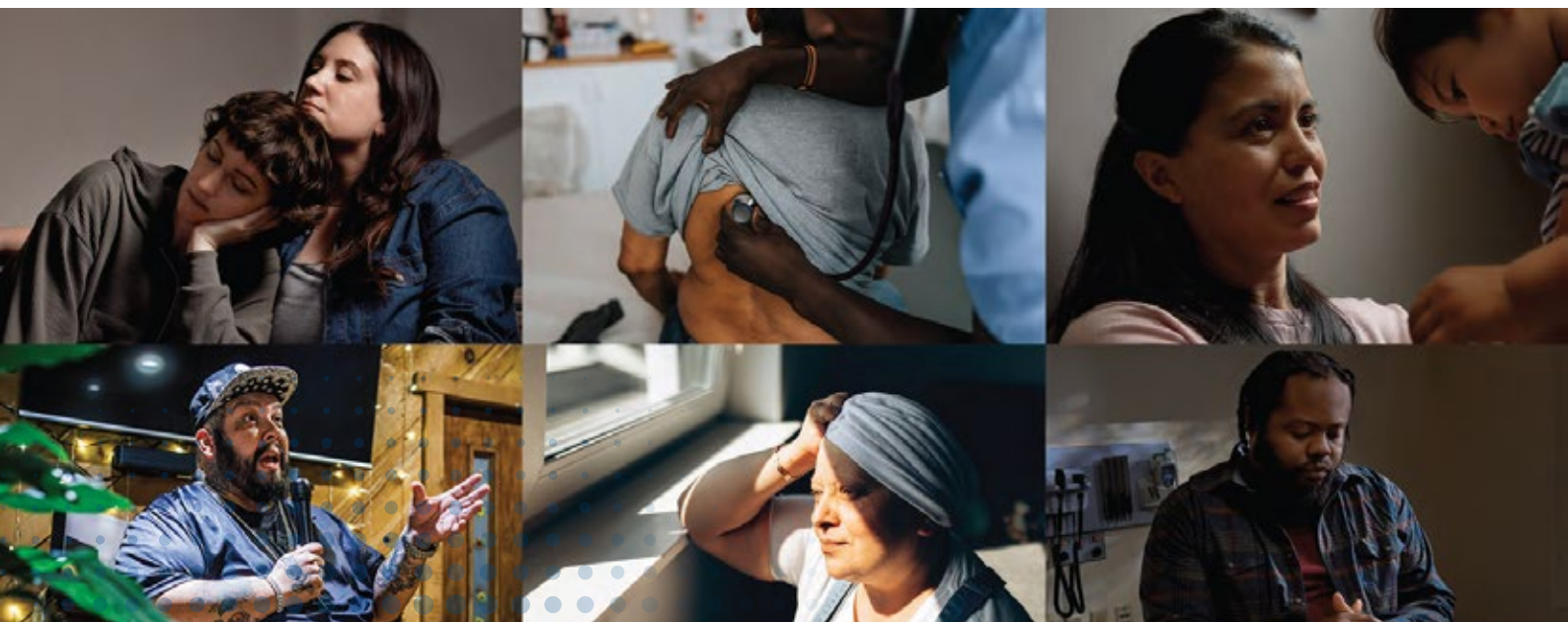
- are between 18 and 75 years of age
- have a BMI of 27 or higher
- have been diagnosed with type 2 diabetes for at least 6 months
- have received treatment with any of the following, alone or in combination, for at least 3 months:
  - diet and exercise
  - stable dose of metformin
  - SGLT2 inhibitor
- 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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**Dr Hong Shue**  
Medical Oncologist  
MBBS (Monash), FRACP



**Dr Brenton Seidl**  
Medical Oncologist  
MBBS, BSc, FRACP



**Dr Sorab Shavaksha**  
Clinical Haematologist  
MBChB (Leeds), FRACP,  
FRCPA (2013)



**Dr Joshua Richmond**  
Clinical Haematologist  
MBBS(Hons), FRACGP,  
FRACP, FRCPA



**Dr Alice Livings**  
Clinical Haematologist  
BSc(Hons), MBBS(Hons),  
FRACP, FRCPA



**Dr Katie Trusewicz**  
Psychologist  
B.A. (Psych.), Postgrad. Dip. App.  
Psych., D. Hlth Psych., MAAPi



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Clinical Psychologist  
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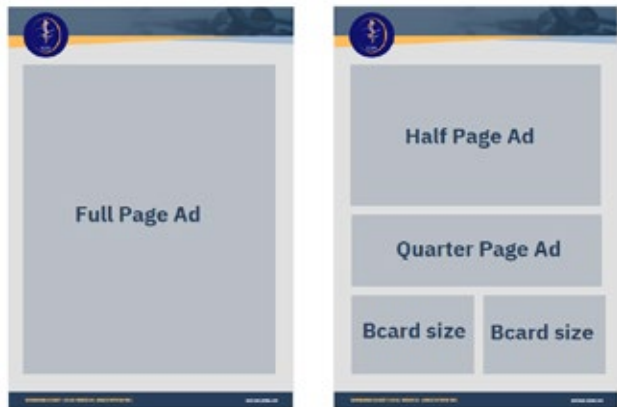
### Please note the following discounts:

- 3 months - 10% discount
- 6 months - 17% discount
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\* Full payment is required prior, to be eligible for offer

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- 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](http://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.
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- 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"

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#### **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.*



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, 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**  
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
- Coming later this year: Noosa Breast Clinic and comprehensive medical imaging services



Cancer Care Noosa  
36-40 Hofmann Drive  
Noosaville QLD 4566



07 5293 7200



admin@cancercarenoosa.com.au



**Photos:** Clinical Meeting with Dr Andrew Clarke and Dr Antony Winkel, 27 November 2025



## NEXT SCLMA CLINICAL MEETING

**Thursday 26th March 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](mailto:sunshinecoastshoulders@gmail.com)



Sunshine Coast  
**ORTHOPAEDIC CARE**

## March 2026 NEWSLETTER

Content deadline:  
Monday 2 March 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](http://sclma.com.au)  
[admin@sclma.com.au](mailto:admin@sclma.com.au)



SUNSHINE COAST  
**LOCAL MEDICAL  
ASSOCIATION**

