

NEWSLETTER

SEPTEMBER 2025



SUNSHINE COAST
**LOCAL MEDICAL
ASSOCIATION**

SCLMA.COM.AU

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ISSUE HIGHLIGHTS

- P3 President's message
- P6 AMA update
- P10 GPLOs update
- P12 Buderim Private Hospital
- P18 Understanding Compensation Law
- P14 USC Update
- P20 The TRS Story
- P26 Special Disability Trusts

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President's Message

Dr Jon Harper

I hope you have noticed something different about this month's newsletter. It was time for a bit of a makeover and I hope you like the new design.

A big thank you to everyone involved in the SCLMA Gala event last month. It takes a tremendous amount of work to put these things together. An appropriate venue must be found, speakers invited, catering organised, music, decorations, ticketing, finances and all of this by a small group of people whose principal qualifications lie some distance from event management!

And thank you to everyone who attended the Gala. These events are only made possible by your enthusiasm and dedication to the community. A key reason for holding this annual event is to raise money for a local need. This year we raised several thousand dollars to support a local youth service called Lookout07. The founder, Leon Stensholm, delivered a moving presentation highlighting the despair that some of our young people find themselves in, and how connection to others and physical activity has literally saved their lives.

The Gala committee would be very grateful for any feedback from SCLMA members who attended, and from those who did not attend, so we can make things even better next year.

Last month, I had the pleasure of meeting with executives from Sunshine Coast Health and the Sunshine Coast University Private Hospital. The issue at hand was the need to establish a public cardio-thoracic surgery service. Like the Mooloolah River Interchange Upgrade, this service has been talked about for many years. And, like the current interchange, there's a lot of congestion. Our patients have to sit on a congested waiting list, hoping their congested coronary arteries don't pop before they are seen in a congested cardio-thoracic clinic in a Brisbane hospital at the end of a congested Bruce Highway.

The good news is that Sunshine Coast Health has all the gadgets to start a cardio-thoracic service and a team of surgeons and technicians all ready to go. Let's hope, like the recent approval of the Mooloolah River Interchange Upgrade, the government will ease congestion for our cardiac patients.

Dr Jon Harper

President

9 September 2025



To all our valued newsletter advertisers and content contributors

Over the coming months, you'll notice some exciting changes to the Sunshine Coast Local Medical Association newsletter. We're delighted to welcome Kylene, our new graphic designer, who will be helping us bring a fresh, modern look to the publication. The first step will be an updated format—cleaner design, easier navigation, and better links to resources. Our hope is that this new look will also inspire members to contribute more original content, making the newsletter an even stronger voice for our local medical community.

As we bed down the new magazine, we'll continue to add features and refine the layout. To make this work smoothly, we'll need your help. Going forward, all advertising and original contributions will be due by the first of each month, with the magazine to be published on the last Wednesday of every month.

We're excited about this next chapter for the newsletter and encourage all members to get involved—whether by submitting articles, sharing ideas, or supporting us through advertising. Together, we can build a resource that reflects the energy and expertise of our association. The method for uploading content (PDF is fine) will remain unchanged and can still be uploaded via the following link:

<https://www.sclma.com.au/submission>

If you have any questions or require further clarification, please feel free to contact Lee-Anne or Kylene at kylenemarie81@gmail.com

Kind regards

**Dr Steve Lawrie (Newsletter Editor) and
Lee-Anne Williams (Secretariat)**





Patients Suffering Chronic Knee Pain?

Genicular Nerve Radiofrequency Ablation may be suitable in the treatment of a variety of conditions, including:

- ⦿ Chronic knee pain
- ⦿ Osteoarthritis (OA)
- ⦿ Degenerative Joint Disease
- ⦿ Patients unfit for knee replacement
- ⦿ Patients trying to avoid knee replacement
- ⦿ Post surgical knee pain

RFA is a minimally invasive procedure in which radiofrequency currents are applied near the nerve to interrupt the pain signal to the brain. This is a simple 30 minute procedure performed in our clinic.

Prior to a genicular nerve RFA, a diagnostic procedure, called a genicular nerve block, is performed using local anaesthetic to determine if the ablation would be effective. This test is Bulk Billed under Medicare.

We accept referrals from both GP's and Specialists for this procedure.



SCAN TO BOOK ONLINE

www.theradiologyclinic.com.au



FIND US IN 2 LOCATIONS

MAROOCHYDORE

8/31-33 Plaza Parade,
Maroochydore Q 4558

t 07 5391 0366

e reception@theradiologyclinic.com.au

FOREST GLEN

202/3 Village Centre Way,
Forest Glen Q 4556

t 07 5228 0000

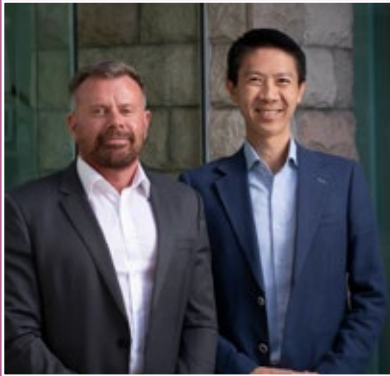
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theradiologyclinic



Supporting Queensland doctors,
creating better health.

Queensland Update



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

Spring is here, and with it the chance to set the agenda for what we still want to achieve through the remainder of 2025. We're continuing to push our Workforce Action Plan to government and in the media; while our Resident Hospital Health Check survey is the best way for doctors in training to give us insight into their needs.

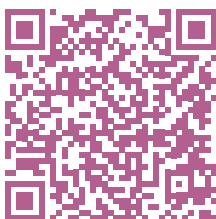
A hearty thank you to all members who have updated their log-in details as part of our website and database upgrade. If you need help making the switch, there is a wealth of information [online](#).

Workforce Action Plan

Spring began with a positive meeting with Health Minister Tim Nicholls and Director-General Dr David Rosengren about our Workforce Action Plan.

This blueprint offers practical, profession-led solutions to our medical workforce crisis, and we believe its recommendations should be incorporated into the state government's own needs-based workforce strategy. Minister Nicholls confirmed Queensland Health will cover many common themes as part of its current gap analysis, which will identify where there is under-supply and any maldistribution in medical training and skills.

The Minister also expressed enthusiasm for cultural change in hospitals, and also briefed us on the work Queensland Health is doing with Surgery Connect, incentives for getting clinicians to regional and rural areas, and increasing specialist training places. We look forward to being consulted on Queensland Health's draft plan before the end of this year



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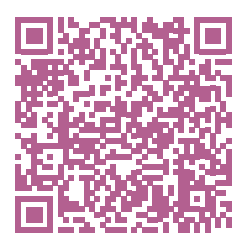
Residential Hospital Health Check

We have been out and about meeting junior doctors across Queensland hospitals, encouraging them to have their say by completing the Resident Hospital Health Check survey.

These visits are a great opportunity for us to connect directly with our early-career doctors, hear their experiences first hand and highlight the importance of this survey in driving positive change in hospital workplaces.



Scan for more information



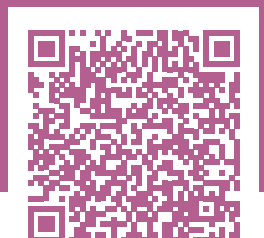
Medicinal Cannabis Prescribing

We were fortunate to have more time with the Minister to discuss current problems with medicinal cannabis prescribing, along with colleagues from RANZCP, RACGP and the Pharmacy Guild. AMA Queensland has spearheaded the national conversation about the risks associated with over-prescribing, incorrect prescribing and the dangerous levels of THC in some of these medications. Our members have reported an increase in patients presenting to emergency departments with psychosis

after taking these substances, despite having no previous history of mental illness. There is a concern some parts of the industry are putting profits over patient safety. It would be a terrific outcome for our advocacy work to have Queensland sponsor a nation-wide push for stronger regulations. We will continue our efforts to ensure medicinal cannabis does not become a greater harm than good.

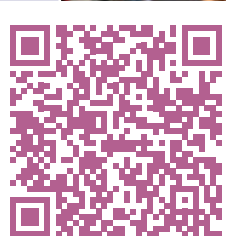


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Patient Travel Subsidy Scheme

AMA Queensland has welcomed a planned review into the Patient Travel Subsidy Scheme as an opportunity for positive change. The current daily allowance of \$70 a day and 34c per kilometre leaves Queenslanders who need to travel for medical treatment substantially out of pocket. The review also presented a good opportunity to reduce the red tape burden for doctors, who spend an excessive amount of time filling out paperwork so patients can apply for the travel subsidy



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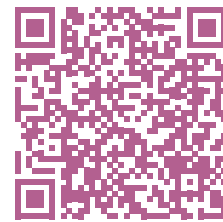


Supporting Queensland doctors,
creating better health.

Queensland Update

MOCA7 Update

The result of the ASMOFQ ballot has been finalised, with the majority voting in favour of the Offer. Accordingly, we have provided in-principle agreement to the Director-General. From here, we will work with Queensland Health to finalise the drafting of the new agreement. Once completed, this proposed new agreement will be sent around for consultation and review, after which a second ballot of all junior and senior medical officers working for Queensland Health will be conducted.

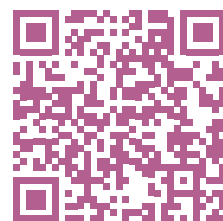


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Cairns Member Networking

Dr Nick Yim headed to sunny Cairns in early September for a Member Networking event. He also took the opportunity to promote our Resident Hospital Health Check at the local hospital, visit a number of private practices in the region, and join a discussion on fluoride.

Our next Member Networking event is on the Gold Coast in December - see you there!



Scan for more
information

2025 Senior Doctor Conference

Held at Voco Hotel on 9 August AMA Queensland and the Australian Senior Active Doctors Association (ASADA) held our bi-annual Senior Doctor Conference. This year's conference brought together senior doctors from across Queensland for a day of insightful discussion, professional development and meaningful connection. With the theme Facing the Future.

Together, the conference looked at ageism, medical reserve models, finding meaning and connection after retirement, innovations and strategies in preserving wellness and tips on transitioning to retirement, estate planning and protecting your legacy.



See the gallery



Member Milestones

AMA Queensland wouldn't exist without its members, and so it is always a delight to honour those who have been with us throughout their careers. Our Member Milestone Breakfast on 28 August honoured 20, 30, 35, 40, 45 and 50 year members. A special congratulations to the members who've been with us for five decades: Dr Bruce Chater OAM, Dr Noela Whitby AM, Dr Desmond (Brian) Misso, Dr Rob Hodge, Dr Zelle Hodge AM, Dr Esther Andrews, Dr John Knott and Dr Wendy Moody.



Upcoming Events

Our last Private Practice Refreshed seminar for the year takes place on 5 December at the fabulous QT Hotel on the Gold Coast. We'll then chase the summer fun into the evening with our Member Networking Event! Our Women in Medicine Brisbane Breakfast takes place on Thursday 30 October at Victoria Park. Hosted by Vice-President Emilia Dauway, it will also feature Dr Maria Boulton, Dr Elizabeth Rushbrook, A/Prof Jane Smith and Prof Jen Williams as panellists for an important discussion on the theme of accelerated Action for gender equality. Book a table and join us for an inspiring morning.



WOMEN IN MEDICINE
BRISBANE Breakfast

AMA QUEENSLAND

ACCELERATED ACTION
THURSDAY 30 OCTOBER
7AM - 10AM
VICTORIA PARK

REGISTER NOW

Ama Queensland Digital Upgrade



UPDATE YOUR DETAILS NOW!

We have been working behind the scenes to upgrade systems to provide the most up to date, secure and user-friendly experience for our members – and it's ready for you now. We're so excited to deliver our members a secure and refreshed membership experience.

Members, here's what to do next:

1. Set up your new username and password
2. Set up multi-factor authentication
3. Update your payment details – Monthly credit card payers ONLY, please check your emails for instructions
4. Need help? – Call us on 07 3872 2222 or email membership@amaq.com.au
5. Explore your new Member Portal.

Further instructions can be found on our website.

GP Liaison

Your hospital connection, together we can deliver better healthcare.

Dr Edwin Krays and Dr Michelle Johnston



Sunshine Coast Health is accepting spinal referrals

The Sunshine Coast Health Orthopaedic Department is accepting referrals for spinal surgery. For referral and exclusion criteria please see HealthPathways 'Non-acute and acute Orthopaedic Assessment'.

Sunshine Coast public dental services

Sunshine Coast Health provides free oral health services to eligible patients and acts as a safety net for patients who may not have the financial ability to access care privately.

Please provide your patient with a health summary which includes current medications and their indication, allergies, past and current medical conditions, and smoking history, to bring to the appointment. If your patient has already been assessed by a dentist and placed on a waiting list, there is no additional benefit to sending another referral.

Oral Health Services do not provide treatment to patients under GA (general anaesthetic). Sunshine Coast Health may offer general anaesthetic to dental patients as a community service in very limited circumstances only (e.g. disability). Patients with a dental phobia do not generally qualify for general anaesthetic services.

Eligibility

To access dental care at no cost, adults must have a Medicare card and be a Queensland resident.

They must also have at least one of the following cards:

- Pensioner Concession Card issued by the Department of Veteran's Affairs
- Pensioner Concession Card issued by Centrelink
- Health Care Card
- Commonwealth Seniors Health Card
- Queensland Seniors Card

Children must have a Medicare card and be a Queensland resident or go to a Queensland school. They must also meet at least one of the following:

- aged 4 or older and not completed year 10
- aged between 0 and 17 years and eligible for the Medicare Child Dental Benefits Schedule
- aged between 0 and 3 years and dependants of a concession card holder
- from completion of year 10 up to 17 years and dependants of a concession card holder or have their own

Appointments

Patients can contact the Oral Health Call Centre on 1300 300 850 for:

- emergency dental care
- all general and wait list enquiries

More information about eligibility and services offered by Sunshine Coast Oral Health Services can be found [here](#) on our website.

Service name change: "Antenatal and Maternity"

Sunshine Coast Health has made changes to the service names and descriptions for antenatal and midwifery and obstetric medicine, to assist referral to the appropriate service. These changes are now visible in GP Smart Referrals.

Old name	New name	New service description
Women's and Families Maternity and Obstetrics	Antenatal and Maternity	For antenatal and maternity care, including complex obstetric care. For medical conditions complicating the preconception, pregnancy and post-partum periods, please refer to "Obstetric Medicine".
Obstetric Medicine	No change	For care of medical conditions complicating the preconception, pregnancy and postpartum periods. For routine antenatal and maternity care, please refer to "Antenatal and Maternity".

Referral tips

When to mark a referral as urgent?

While it is not recommended to mark all referrals as 'urgent' - as this does not speed up processing or waiting times - it is important to mark certain referrals as urgent to facilitate priority triage.

GP Smart Referrals (GPSR) has a tick box that can be selected to indicate triage urgency. When using other referral systems, please clearly mention the word 'URGENT' at the top of the referral.

Examples are: fractures (fracture clinic), certain cancers and diagnosed incomplete or missed miscarriages.

Please include up-to-date antenatal bloods
Please include antenatal pathology tests performed during pregnancy in antenatal referrals. Blood tests performed prior to the current pregnancy are not accepted, as health status and medical conditions can change.

Is it safer to send in a referral to Sunshine Coast Health twice, 'just in case'?

While it may seem prudent to send a referral multiple times over different platforms to ensure it is received (e.g. post and fax, or fax and electronic), this creates significant delays in referral processing as each duplicate document needs to be linked and checked line-by-line for variations by hospital staff.

Please consider using GP Smart Referrals to receive immediate electronic receipt confirmation.

Need assistance with GP Smart Referrals?
Phone Support: **1300 478 439**.

Email support:
QH-SmartReferrals@health.qld.gov.au

GP Education: Persistent Pain Management, Saturday 30 August 2025

GPs from across the Sunshine Coast attended the recent Persistent Pain Management GP Education morning in Birtinya.



Pictured at GP Education Persistent Pain Management: Dr Aditi Chandak (GP & Pain SMO), Dr Nitin Chaudhary, (Pain Specialist SCPPMS), Dr Jo Rotherham, (Pain Specialist, Metro South), James Kurtz, Advanced Physiotherapist, SCPPMS), Dr Di Wilson (Physiotherapist, Researcher, Lead Educator, Pain Revolution), Prof. Lorimer Moseley AO, (Neuroscientist, Pain Revolution).



**Buderim Private
Hospital**

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

REGISTER NOW!



Monthly update

Attention GPs! We've got you covered

Join us for an interactive day of GP Education

Providing 6.5 hours of CPD, we've got you covered with the specialties and topics of importance for GPs. And for the first time, Basic Life Support is being offered FREE to interested GPs.

Register online by Thursday 16 October 2025
at buderimprivatehospital.com.au

**9am to 3.30pm
Saturday 25 October 2025**

University of the Sunshine Coast
FREE to attend. Catering Provided

**Women's & Men's Health | Orthopaedics
Urology | Cardiology | Obstetrics & Fertility
Gynaecology | Mental Health | Ophthalmology
ENT | General Surgery | Breast Cancer
Colorectal | Bariatric Surgery | & More!**

Buderim makes history with first robotic shoulder surgery



Buderim Private Hospital and orthopaedic surgeon, Dr Joe Coory, became the first on the Sunshine Coast, and only the second in Australia, to perform total shoulder replacement surgery assisted by the Mako robot in August. Dr Coory is among a small group of surgeons across Australia given early access to the MAKO shoulder application – placing Buderim Private Hospital among just 10 hospitals globally to offer the procedure.

The procedure blends advanced robotics and surgical precision with the goal of delivering highly

personalised and accurate shoulder replacements, and a range of benefits for patients. Dr Coory said the addition of MAKO to shoulder procedures reflects a broader trend in orthopaedics toward personalised, technology enabled surgery.

"It's great to be able to introduce this technology for our patients and community," Dr Coory said.

"It also reconfirms that the Sunshine Coast is a growing area for both health development and technological advancement," he said.

While the application for shoulder replacements is in the early stages in Australia, Buderim Private Hospital will now have the platform permanently in place for eligible procedures. In the first month, Dr Coory completed 11 total shoulder replacements assisted by the Mako robot – the most by any surgeon in Australia – with many more cases scheduled. Be part of our We've got you covered GP education event to participate in an orthopaedic workshop led by Dr Joe Coory.



Qscan Maroochydore offers premium medical imaging

with dual-trained radiologists and nuclear medicine specialists.

Expert subspecialty reporting, fast turnaround times, and premium patient care.

X-ray | Ultrasound | CT | Interventional Procedures | PET-CT

Our Local Doctors

Dr Michael Kreltszheim | Dual-trained Radiologist and Nuclear Medicine Specialist

Special interests: Oncology, Nuclear Medicine & Molecular Imaging, Theranostics.

Roles: Qscan Radiologist and Deputy Director of Nuclear Medicine & member of haematology and lung MDT at Sunshine Coast University Hospital.



Dr John Blazak | Dual-trained Radiologist and Nuclear Medicine Specialist

Special interests: Oncology, Nuclear Medicine & Molecular Imaging, Thoracic, Head & Neck Malignancies.

Roles: Qscan Radiologist and Network Training Director for the Sunshine Coast Radiology training hub



Dr Corey Thompson | Dual-trained Radiologist and Nuclear Medicine Specialist

Special interests: Nuclear Medicine, Oncology & Trauma Imaging, Theranostics.

Roles: Qscan Radiologist and active in malignant haematology and head & neck MDTs.





Does leg artery disease cause you pain when walking?

If you are over 18 years of age and have been diagnosed with Peripheral Artery Disease (PAD) 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 Peripheral Artery Disease 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.

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.



Transformative Moreton Bay expansion plus three new clinical trials sites

Sunshine Coast

UniSC Clinical Trials sites at Sippy Downs, Birtinya, and Buderim (Oncology & Haematology) are now complemented by operations at Noosa MediHub and Cancer Care Noosa – expanding community access to global research opportunities and creating new high-skill roles on the Sunshine Coast.

South Brisbane & Moreton Bay

Our central Brisbane site is now supported by a partnership with UQ Health Care at Meadowbrook Medical Centre and has already delivered its first trial to community. Our own 700m2 Moreton Bay facility at Health Hub Morayfield has expanded allowing upto 18-bed confinement studies over upto 10-day periods; all co-located with urgent and primary care, pathology, pharmacy, and radiology facilities.

Growth Delivered for SEQ

- **More trials:** our month-on-month trial opportunities are up >90%.
- **More locations:** Maroochy Private Hospital to house our largest facility yet, opening H1 2026.
- **Broader trials:** at time-of-print trials across early Alzheimer’s disease, migraine, MS, women’s fertility treatments, ophthalmology, osteoarthritis, autoimmune disease including axial spondyloarthritis, COPD, coeliac disease, various heart disease treatments, obesity and type-2 diabetes, and vaccine development.
- **Economic development:** Investigator opportunities available right now. Join our 15 G.P. trained medical Investigators with partnerships across cardiology, respiratory and sleep, orthopaedics, hepatology, ophthalmology, neurology and geriatrics

A recent confinement trial at our Morayfield site



A fast growing clinical trials network

Ochre Health

Level 1, 9 Ochre Way
Sippy Downs QLD
4556

Brisbane

Building A1, SW1
Complex
32 Cordelia Street
South Brisbane QLD
4101

Meadowbrook Medical Centre

12-16 Logandowns Dr,
Meadowbrook QLD
4131

Sunshine Coast Haematology and Oncology Clinic

10 King Street
Buderim QLD 4556

Health Hub

Morayfield
Level 1/19-31,
Dickson Road
Morayfield QLD 4506

Vitality Village

5 Discovery Court
Birtinya QLD 4575

Maroochydore Private Hospital

(under construction)
Maroochydore City
Centre Maroochydore
QLD 4558

Cancer Care Noosa

36 Hofmann Dr
Noosaville QLD
4566



Scan the QR Code for all current clinical trials across our network, or email:

trialparticipant@usc.edu.au



Cancer Care Noosa



Low Dose Radiation Therapy (LDRT) for
Osteoarthritis and other Benign Conditions:

Expanding Horizons Beyond Cancer Care

Radiation therapy is traditionally linked to the treatment of cancer, but at low doses it also has powerful anti-inflammatory and anti-proliferative effects. Decades of international pain data support its safe and effective use in treating select benign conditions, offering patients pain relief, increased mobility and improved quality of life.



"LDRT offers patients with limited options, an effective, non-invasive alternative. The durability of pain relief, in some cases extending across 1-2 years, is particularly encouraging." Dr Debra Furniss.

Benign condition

Musculoskeletal disorders
(e.g. osteoarthritis, plantar fasciitis)

Outcomes using LDRT

Sustained pain relief and improved mobility

Efficacy and Safety

International studies show LDRT can provide significant, lasting relief—in some musculoskeletal conditions—by improving function and reducing pain. Response rates of 64–79% have been reported in patients with osteoarthritis. Treatments are well tolerated with very low risk of side effects, given the small total dose of radiation (3–6 Gy compared to 45–60 Gy or higher which is often used in cancer treatments).

Treatment Overview

LDRT is delivered in a few, short outpatient sessions over several weeks. Each treatment takes about 10–15 minutes. The total dose is carefully tailored to maximise therapeutic benefit while minimising risks. The anti-inflammatory effects of LDRT help in reducing pain, improving mobility and promoting healing.

LDRT offers several advantages for patients:

- **Non-invasive and drug-free:** No additional treatment medications are required
- **Durable response:** Pain relief can extend from 12–24 months or longer
- **Evidence-based:** Over 60 years of published data support its role in benign disease
- **Accessible:** Eligible treatments attract a Medicare rebate, improving affordability for patients

When to refer a patient for consideration of LDRT?:

- **Conservative treatments fail:** Patients have not responded to conventional therapies including medications, physical therapy, lifestyle modifications or injections

- **Patient is not suitable for surgery:** Patients may not be a good surgical candidate or need a solution prior to surgery
- **Ongoing pain and functional impairment:** Patients experience persistent pain and functional impairment that affects their quality of life, despite trying conventional management strategies

LDRT offers a safe, effective and affordable treatment option for osteoarthritis and plantar fasciitis. Radiation therapy can also be used in the management of other benign conditions such as Dupuytren's Disease and Ledderhose Disease, and it can be used for Keloids to reduce the risk of recurrence following surgical resection of the scar.

Doctors can refer patients who have not found relief through other treatments and are seeking non-invasive alternatives for their benign conditions. For consideration of radiation therapy, please refer your patients to Dr Debra Furniss at Cancer Care Noosa via Medical Objects or the centre details below.

Cancer Care Noosa

36-40 Hofmann Drive, Noosaville QLD 4566
07 5293 7200

admin@cancercarenoosa.com.au
cancercarenoosa.com.au



Cancer Care Noosa now open!

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.

We provide:

- 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



Dr Debra Furniss

Radiation Oncologist & Medical Director

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



Dr Harry Gasper

Medical Oncologist

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



Dr Michelle Morris

Medical Oncologist

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



Mr James Chapman

Nurse Practitioner/Lymphoedema

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

A better way, a brighter outcome



Travis Schultz
Managing Partner, Travis Schultz
& Partners

Understanding compensation law

When do patients need legal support?

An often-asked question by health sector professionals is when do patients actually need legal support and when can they continue to “wing it” on their own? Sometimes, engagement in a legal process can be detrimental to recovery and rehab, and at other times it can risk exacerbating injury related anxiety.

So where does the proverbial pendulum swing in favour of suggesting that a patient get legal support?

Opinions will differ as to when a patient should be encouraged to talk to an empathetic lawyer, but in our view, the following are circumstances in which it needs to be considered:

- 1. WorkCover claimants** – when it starts to become apparent that they will have residual disability from the injury or might need to alter their working arrangements. These patients will be forced to make an election to either accept a small lump sum or pursue damages and legal advice can ensure that they make the decision that is in their long-term interests.
- 2. Car accident victims** – there are strict time limits in some cases and an entitlement to insurer funded rehabilitation and treatment doesn’t commence until a compliant Notice of Claim has been delivered to the insurer of the vehicle at fault.
- 3. Patients who are injured in a public place** – when it is apparent that the injury is likely to involve long term disability or a need for treatment. They need to give a Notice of Claim within 9 months of the date of their accident and protect the 3 year limitation period.

4. Silicosis and asbestosis sufferers – these unfortunate folks will sadly need to protect their future and when conditions are potentially terminal, arrange their affairs and take the necessary steps to recover compensation for themselves and their dependants.

5. Insurer disputes – if a patient finds that their insurer is pushing back on paying a benefit under a policy or meeting expenses, the intervention of a lawyer can often apply enough pressure on the insurer to have a change of heart even without embarking on a legal process.

Most compensation law firms will offer a free initial appointment and will act on a no win/no fee basis.

The statistics about compensation settlements for self-represented versus legally represented claimants speak for themselves.

The average total compensation settlement for a self-represented claimant is just \$18,021, a far cry from \$147,369 for legally represented claimants.



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Dr. Yates

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Interested in joining us as an expert speaker, delegate or sponsor for the the 2026 Better Outcomes Medical Conference? Simply scan the QR code to register your interest.





Joe Upritchard

Masters of Neurological Rehabilitation, Grad Diploma
Neurological Rehabilitation, Exercise Physiologist

Raising the bar in community care

The TRS Story

"When Team Rehab Solutions (TRS) first began, it was born from a small group of passionate clinicians working out of a Sports & Spinal clinic. Our shared vision was clear: Raise the bar - community care deserved better."

"Historically, community and aged care were often seen as the "fallback" for clinicians who didn't land a job in a hospital or private practice. When I was going through university, that stigma was deeply embedded, and the assumption was that working in community care or aged care meant you'd somehow missed out."

"But that perception never sat right with me. In fact, some of the most complex, rewarding, and meaningful work I've done has been in the community. These are real people with real, often multifaceted complex health needs and they deserve exceptional care."

Specialised care where it's needed most

"Traditionally, community therapy was seen as generalist in nature. But in practice, it's anything but simple. Often, I find that we are in the front line with people living with complex conditions whether it be Parkinson's disease, MS, complex stroke, MND, advanced geriatric conditions and so on. As we know, these people require highly specialised, collaborative care."

"That's been our mission at TRS, to raise the bar and build a collaborative practice model where patients receive targeted, expert care in the community that is centred around their goals."

"We have a team of clinicians who are passionate about their specialised area. This means they not only provide best practice care, but they are genuinely enthusiastic about what they do; whether this be an exercise physiologists that

loves seeing neuro conditions, an occupational therapist that knows the ins and outs of the NDIS, home mods or mental health, or a physio that's interested in geriatric care - just to name a few."

"That level of clinical depth allows us to deliver the right care, at the right time, in the right environment, whether it's in their community, local gym, or most of the time in their own home."

A clinician-led change

"My personal journey reflects this broader evolution. I started as an exercise physiologist at Sports & Spinal with a deep interest in neurological rehab having worked within that area through university and having studied occupational therapy before transferring over to Exercise Physiology. Over time, I completed a Graduate Diploma and Master's in Neurological Rehabilitation, with a special interest in stroke rehabilitation and persistent pain."

"The journey and the opportunity to specialise and follow my passion is what the TRS model is all about. We've intentionally built space for our clinicians to grow their niche expertise and align their careers with what they're passionate about." Future-Ready for a Changing Landscape

"As Australia's population ages and the rate of neurological conditions increases, demand for specialised community care continues to grow. TRS is well-positioned to meet this challenge working with the NDIS, Home Care Packages, and the upcoming Support at Home program to provide high-quality, in-home services that keep people where they want to be; safe, supported, and independent at home."

"I see it as our responsibility, and we have a huge part to play to support the broader health system,

to reduce unnecessary hospital admissions, easing pressure on aged care facilities, and helping clients avoid premature transitions into residential care. Our clinicians understand the funding pathways, the system constraints, and most importantly the patient journey."

Working together on the Sunshine Coast

"One of the great joys of working on the Sunshine Coast is being surrounded by a network of passionate, skilled medical professionals. We're lucky to be part of a health system that's collaborative and driven by quality care. At TRS and Sports & Spinal, we're always looking to strengthen those ties because great healthcare doesn't happen in silos."

"Raising the bar is more than just a motto, it's about delivering specialised, thoughtful, and effective care where it's needed most. Whether it's neuro rehab in the home, vestibular therapy in the gym, or mental health support via occupational therapy, our goal remains the same - to bring the very best care to the community."

"We're proud to be part of the Sunshine Coast health landscape, and we look forward to continuing to work alongside so many of you who share the same passion for excellence."

If you'd like to learn more about our in-home services, our specialised team or the areas we service, get in touch with our friendly admin team today."



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- ✓ Occupational Therapy
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Sleep-2025-mySleep-ResSleep-Treatment Referral

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Fax: 1300 605 705

Email: admin@mySleep.com.au

Medical Objects: mySleep



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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Dr. Sarah Murgatroyd

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Specialist practice of Dr Stephen Byrne

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Dr Bradley Wong

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Dr David Schlect

Radiation Oncologist

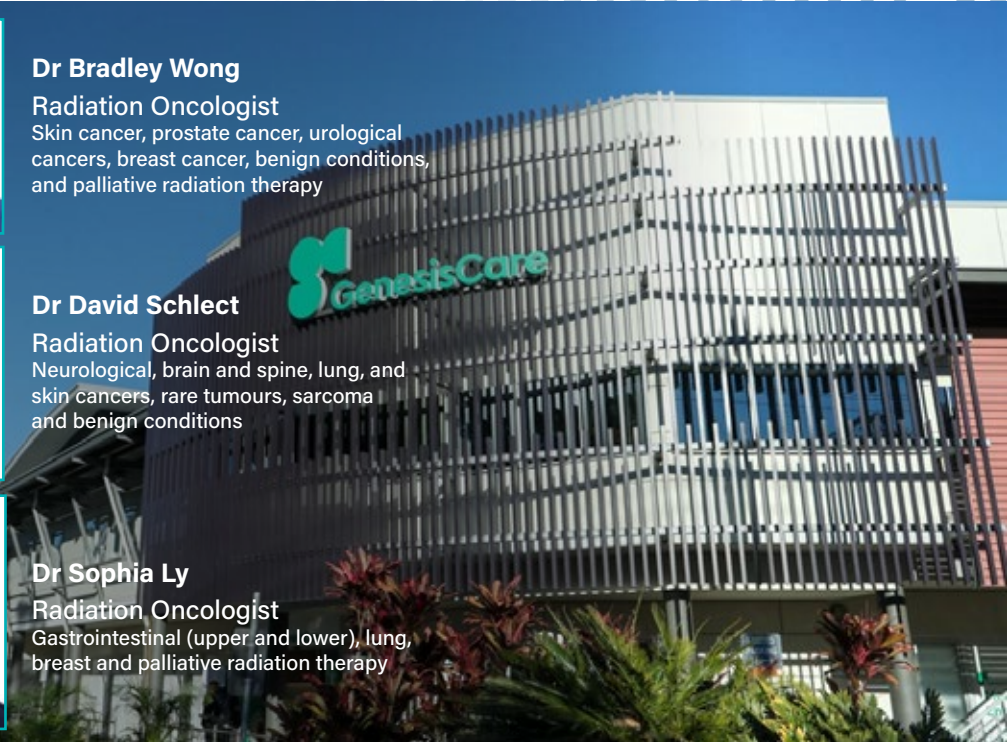
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Dr Sophia Ly

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- On site breast cancer specialist nurse
- Breast Cancer Wellness and Survivorship Clinic

Treatment centres:

GenesisCare, Buderim

10 King Street, Buderim Qld 4556

P: 07 5374 8100

Fax: 07 5374 8110

ReceptionOncologyBuderim@genesiscare.com

GenesisCare Noosa

90 Goodchap Street, Noosa Qld 4567

P: 07 5377 2200

F: 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.

Special disability trusts

This article provides a basic overview of Special Disability Trusts (SDTs). Please note that it is important to seek specific advice and ensure all the requirements are satisfied prior to establishing an SDT.

An SDT may be set up either by will or during the lifetime of the settlor (the person who creates the trust). The term "Special" refers to the social security and tax treatment of the trust and not the disability of a person.

It is important that, before establishing an SDT, verification is sought from Services Australia or the Department of Veterans' Affairs to ensure that the person for whom the trust is being established meets the definition of 'severe disability' under section 1209M of the Social Security Act 1991 (Cth) (the Act). Where the person with disability does not meet the definition of 'severe disability', an SDT cannot be established.

Under the Act, an SDT is defined by reference to section 1209L of the Act, which sets out the requirements, such as primary beneficiary, trust purpose, trust deed, independent trustee, trust property, expenditure, compliance with investment restrictions, annual financial reporting and audit requirements. Similarly, the Veterans' Entitlements Act 1986 (Cth) defines an SDT by reference to section 52ZZZW with comparable requirements. The Duties Act 2001 (Qld) adopts the Commonwealth definition of SDT in section 1209L and section 52ZZZW.

Concessions for special disability trusts

Income Test

Income from the assets of an SDT will not be counted for the application of the income test to the primary beneficiary of the SDT. The use of money from the trust to pay for care, accommodation, maintenance of trust assets and discretionary spending for the primary beneficiary will not be counted as that person's income for income support purposes. (In regard to taxation, the trustee is assessed and pays tax at the primary beneficiary's marginal rate of tax on any unexpended income, rather than the top marginal rate of tax).

Assets Test

The assets held within a complying SDT are not counted as assets of the primary beneficiary for the purposes of the social security assets test (\$500,000 indexed 1 July each year). As at 1 July 2025, the current indexed asset value limit is \$832,750. In addition, if the primary beneficiary's main residence is owned by the SDT, the value of the home is also disregarded from the asset value limit.

Who can contribute to an SDT?

Anyone can give to an SDT. However, the principal beneficiary and their partner can only do so if the gift is funded by assets of the principal beneficiary received under a will or a superannuation death benefit received by the principal beneficiary. Any gift made by an immediate family member or any other person to an SDT must be unconditional and made without expectation of receiving any payment or benefit in return.

Gifting concessions

The gifting concession applies to gifts up to \$500,000 (non-indexed) combined and is available for eligible family members of the principal beneficiary. Immediate family members are defined in section 23(1) Dictionary of the Act.

The gifting concession is only available to an immediate family member who:

- Receives a social security pension and has reached pension age or
- Receives a service pension and has reached age pension age or
- Receives a veterans' income support supplement and has reached the qualifying age for the payment

Office of State Revenue Queensland – Transfer Duty Exemptions

Section 126A of the Duties Act 2001 (Qld) provides exemptions for SDTs. Transfer duty is not imposed on a dutiable transaction that is:

- The transfer or agreement for the transfer of an eligible home to the trustee of an SDT or
- The creation of an SDT holding dutiable property, to the extent the dutiable property is an eligible home or;
- A trust acquisition is an SDT to the extent the trust interest acquired relates to an eligible home

Eligible home, in relation to an SDT, means residential land that is being, or will be, used as the principal place of residence by the beneficiary of the trust.

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

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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
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BSc(Hons), MBBS(Hons),
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Dr Manjunath Narayana
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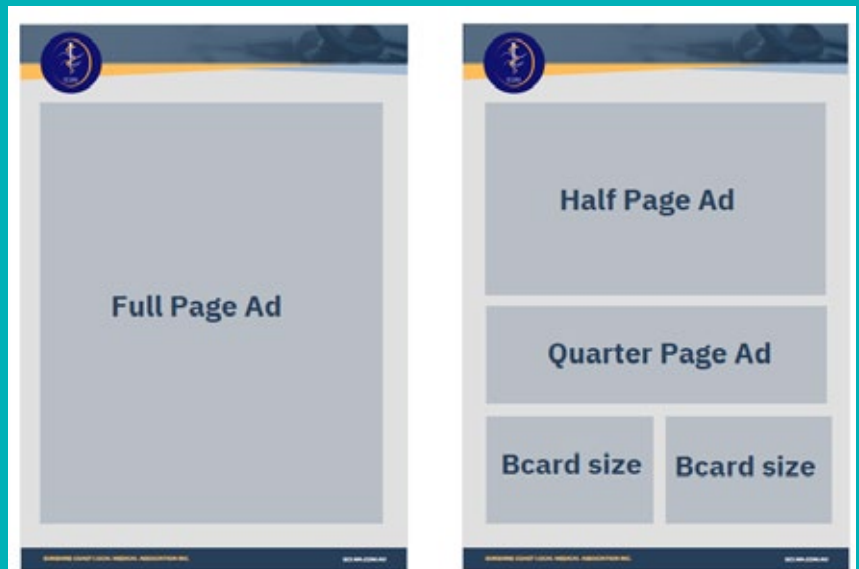
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- All newsletters are uploaded to our website: sclma.com.au and our FaceBook page, both attracting strong traffic.
- The newsletter has a printed and electronic distribution to over 1,500 recipients in Sunshine Coast and areas of Qld and NSW, including 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 usually 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

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

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 - 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.

October 2025 NEWSLETTER

Content deadline:

Wednesday 1 October 2025

- 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.
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- If you are not a member please complete the application form available on the website:
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