

NEWSLETTER

May 2026



SUNSHINE COAST
**LOCAL MEDICAL
ASSOCIATION**

SCLMA.COM.AU

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The Sunshine Coast Local Medical Association acknowledges the Traditional Custodians of the land, the Kabi Kabi and Jinibara peoples, and pays respect to Elders past and present. We recognise their ongoing connection to land, waters, and community.



For general enquiries, editorial or advertising contributions and costs, please email: admin@sclma.com.au

Contributions are welcome from members, especially 'Letters to the Editor.' Please address all correspondence to **Dr Steven Lawrie** admin@sclma.com.au



President's Message

Dr Jon Harper

It is Federal Budget month, and the Albanese government has worked up the courage to deliver the reforms Labour were elected on.

As a patient, or health consumer if you're an economist, there is a lot to like about the 2026 Budget. A massive injection of cash for the next National Health Reform Agreement will keep the public hospitals afloat. The continued financial incentives for bulk-billing GP practices will ease cost of living pressures. And the continued investment in Urgent Care Centres means an alternative to the emergency department. And if you're lucky enough to live in certain areas of New South Wales, you will have your very own government-funded fully bulk-billing GP clinic!

That's a lot of left-leaning healthcare reforms and it makes me feel nostalgia for the NHS England that I trained in all those years ago. The Albanese government is clearly dreaming of an Australia where all general practitioners are essentially employees of the federal government. Either directly through a government-funded clinic or indirectly by

being locked into government-controlled Medicare rebates. Spoiler alert – it doesn't go the way you hope.

In every Federal Budget I always wish there were more preventative health measures. There are so many potential sticks and carrots that could give the population a fiscal nudge to improve its health. For several years, the AMA has advocated taxing sugary drinks - a proven success in many countries. And how about tax-deductible gym memberships?

The SCLMA annual Gala Celebration is the mid-year pick-me-up we all need to take our minds off the woes of the world. And this year should be a cracker! It will be held on **Saturday 1st August at the Altitude Nine bar in Maroochydore CBD**. There will be live music, entertainment, food and fun - all for a good cause in supporting Gateway Care.

TICKETS ON SALE NOW! SEE NEXT PAGE!

Dr Jon Harper
President

The Radiology Clinic presents



SUNSHINE COAST
**LOCAL MEDICAL
ASSOCIATION**

Gala Celebration

CHARITY RECIPIENT - GATEWAY CARE

Since 2003, Gateway Care has supported over 40,000 families through connection, food collection, and care for people and the environment.

Date: Saturday, 1 August 2026
Time: 6.00pm - 10.00pm
Venue: Altitude Nine, Maroochydore

Scan QR code
to book tickets



trybooking.com/events

TICKETS

- **Early Bird: \$140 (available until 30 June)**
- **Standard: \$170**

Join us for an elegant evening of canapés, fine wine and beer, complemented by ambient live vocals, comedy, a roaming magician, live caricatures, and a photo booth, all in support of local families in need. We are proud to be fundraising for Gateway Care — a vital food rescue organisation distributing food to those in need across the Sunshine Coast. Your attendance directly supports the incredible work they do within our community.

Event enquiries: admin@sclma.com.au


theradiologyclinic



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OPENING HOURS

M - F 8am - 3pm
Sat 8am-12pm
Sun CLOSED



LOCATION

11 HELEN ST,
CALOUNDRA WEST,
4551



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.

- **Harry Low**
- **Natasha Belling**
- **Lorne Dunlop**
- **Tom Cooper**
- **Jessica Turner**
- **Roisin King**
- **Grace Matheson**

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!



SUNSHINE COAST
RADIOLOGY

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Appointments
Available

New 3T MRI at Noosa

Advanced imaging has become more accessible for your Sunshine Coast patients, with our 5th MRI unit now operational at our Noosa site.

Why Refer to Us?

- ✓ Greater access and shorter wait times for patients
- ✓ Clinically tailored imaging acquisition
- ✓ Rapid, detailed reports by sub-specialist radiologists
- ✓ State-of-the-art technology gives:
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 - shorter scan times
 - wide design for patient comfort
- ✓ Selected sites offer after hours and weekend appointments

Noosa Civic | Maroochydore (Baden Powell St & Wises Rd) | SCUPH | Caloundra

Refer your patients to Sunshine Coast Radiology today for rapid access and detailed results.

Need anything else? Contact your Referrer Relationship Specialist:
Tremain Permewan | 0418 289 686 | tremain@scradiology.com.au
Bernie Rushton | 0477 444 230 | brushton@scradiology.com.au

Bookings: 1 300 697 226 | scradiology.com.au

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Dr Natalie Shaddock

Your partner in care



ATHENA O&G

OBSTETRICS GYNAECOLOGY FERTILITY

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Hello I'm Dr Natalie Shaddock

FRANZCOG | Obstetrician & Gynaecologist • Fertility & IVF

I'm committed to providing your patients with consistent, specialist-led obstetric care. Here's how...

24-Hour On-Call Availability

Dr Shaddock provides dedicated on-call care for her obstetric patients, with local availability to attend whenever required.

Continuity of Care

Patients are reviewed by Dr Shaddock throughout pregnancy, birth and postnatal care, supporting familiarity and consistent clinical oversight.

Time for Consultation

Longer consults as standard to allow discussion, questions, and shared decision-making, supporting patient understanding and reassurance.

Women's Health & Fertility

Comprehensive care across obstetrics, gynaecology and fertility, supporting continuity beyond pregnancy.

Accessible & Responsive

Timely appointments and clear communication, with correspondence via Medical Objects to support continuity.

Advanced Imaging

Access to high-resolution ultrasound, with the latest GE 3D/4D USS equipment, supporting detailed assessment and patient engagement. Facilities for high definition early pregnancy dating USS, early anatomy, detailed morphology and 3rd trimester growth ultrasound.

Designed for Shared Care

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

P (07) 5406 7030 F (07) 5406 7031

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Supporting Queensland doctors,
creating better health.

Queensland Update



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

Cooler nights and mornings are signalling winter's impending arrival in Queensland, reminding us all to get our annual flu vaccination. Change is in the air at AMA Queensland too, with the launch of our

new Medical Cost Guide. This exclusive member benefit has been built from the ground up to help guide fair and sustainable fees across every hospital and health service area in our state.

We're also getting ready to welcome our next President, Associate Professor Erica Gannon, and next Vice-President, Dr Sarah Coll. Our Council, committees and AMA Queensland team are looking forward to supporting them both in these important roles.

Advocacy

AMA Queensland Medical Cost Guide

It's been thrilling to release our Medical Cost Guide, a living document that truly shows why AMA Queensland membership is so valuable.

Developed with economists using the real costs of delivering private medical services, this guide is built for Queensland clinicians. It understands that wages, rent, insurances, equipment, software, training costs, admin and compliance expenses vary across our decentralised state and provides evidence-based, tailored cost guidance across every Hospital and Health Service region.

Advisory groups from a range of specialties gave input into the project and reviewed it before

launch. We will also be able to update the guide based on feedback from members.

This guide is not only good for doctors, but it's a crucial part of our state and federal advocacy work. It shows how MBS rebates have failed to keep pace with the true cost of delivering healthcare and will be an invaluable asset as the federal government uses its impending Medical Costs Finder website to blame specialists for rising fees. It also will assist specialists operating in state programs like Surgery Connect to determine if they are being appropriately remunerated.

[Read more here](#)

Flu vaccination and leadership

There's been a lot of buzz around political leaders choosing to keep their vaccination status private. Premier David Crisafulli and Deputy Premier Jarrod Bleijie have both opted out of getting their flu shots done in full view of the media.

We continue to applaud the state government for once again making the flu shot freely available to all Queenslanders this year and have agreed to partner with the Chief Health Officer to promote this critical public health campaign. We will stress in the media and elsewhere the importance of vaccination to reduce both the spread of the

virus and the severity of symptoms, meaning less pressure on emergency departments during the busy winter months.

Privacy is of course always paramount in healthcare. But we continue to advocate for leaders across health and politics to roll up their sleeves publicly, to show that safe and effective science should trump online conspiracy.

[Read more here](#)



Specialist fees speculation

It is increasingly clear that the federal government is trying to turn specialists into the villain of this year's budget. Health Minister Mark Butler has flagged capping specialist fees to reduce out-of-pocket expenses for patients. This egregious blame-shifting ignores successive governments' refusal to lift Medicare rebates to accurately reflect the cost of delivering healthcare.

The impact of systemic hospital underfunding – forcing patients into long waits or paying privately – as well as the failure to properly regulate private health insurers should also not be overlooked. We have a health workforce crisis in Australia, and the government must work with experts to find real solutions, not blaming hard-working professionals.

[Read more here](#)

Disappointing drug diversion changes

In April the Queensland government passed legislation that wound back the state's world-leading drug diversion program.

Replacing the three-strike program with a framework targeting first-time and low-risk drug offenders is a short-sighted move which will be a blow to mental and preventive health.

The change fundamentally misunderstood why the tiered system was necessary.

A University of Queensland report into the program – which has now been tabled – showed of the 17,644

diversions between May 2024 and March 2025, 62% were warnings, 8% were first diversions and 30% were second diversions.

It's this second diversion cohort that benefits most from the program, as people who regularly use drugs are often struggling with other social, health or mental health challenges.

Treating these people as criminals instead of patients will not reduce drug use in our community.

[Read more here](#)



News

AMA Queensland Education and Training Institute

May is Small Business Month, making it the perfect time to invest in the leadership capability that strengthens the long-term success and sustainability of modern medical practices. The AMA Queensland Education and Training Institute (RTO 45101) is proud to offer the Diploma of Leadership and Management and Diploma of Business, designed specifically for healthcare environments where clinical excellence is matched by effective people, business and operational leadership. AMA Queensland members receive a discounted rate of 20% off for the month of May.

[Enquire here](#)



Free RSV vaccines

AMA Queensland has welcomed the Australian Government's decision to provide free RSV vaccines for people aged over 75 years and First Nations people over 60.

Infants and pregnant women in Queensland have had access to free RSV vaccinations since 2024 due to AMA Queensland advocacy and extension to older Australians is wonderful news for public health.

These groups often struggle to pay for costly vaccines, especially with essentials like electricity, food and fuel increasing, so this will help them get the protection they need.

Doctors will also be relieved by this announcement as we head towards the cooler months when emergency department presentations for respiratory infections spike.

[Read more here](#)

Health advice from AI and TikTok

There's an increasing trend of Australians using social media platforms like TikTok and AI technologies for health advice and information. It comes as many people struggle with the accessibility and affordability of medical care. But while it's very easy for people to set themselves up on social media channels as experts, it's also easy to mislead content consumers. AI chatbots may feel personally tailored to each user, but they can only predict, not evaluate and interpret – and they can get things wrong.

[Read more here](#)



Events

Dinner for the Profession

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

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

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

[Read more](#)



Annual Conference

AMA Queensland remains unique in our yearly offering of an incredible annual conference in a fantastic overseas destination. In 2026 we’re heading to Copenhagen for six days of expert talks, site visits, historical intrigue and plenty of smørrebrød. Join us from 20-26 September in the remarkable Danish capital.

[Read more](#)



AMA Queensland Roadshow

Our first roadshow for GP and non-GP specialists took place at the Voco Hotel in Brisbane on Friday 24 April.

Members heard from expert speakers on such topics as building resilient practices, the use of AI and cybersecurity, workplace wellbeing, financial health, medico-legal reporting and training and retention.

These events are fantastic ways to network and gain valuable professional insights.

[Read more](#)



GP Liaison

*Your hospital connection, together
we can deliver better healthcare.*

Dr Edwin Krays and Dr Michelle Johnston



New: Public physio for patients with chronic, complex or recurrent conditions

GPs can now refer patients with complex or recurrent musculoskeletal (MSK) conditions to the multidisciplinary public physio clinics.

Where previously patients could only access this service as part of the Orthopaedic, Rheumatology or Neurology Specialty pathways, GPs can now refer directly using GP Smart Referrals (search for 'physio').

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

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

They will develop and share with the referrer, a patient-centred, holistic management plan with a focus on active engagement and long-term self-management. They have access to a dedicated multi-disciplinary team of physiotherapists, psychologist, dietitians and pharmacists to ensure high quality, integrated care.

Types of conditions in scope include:

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

Exclusions:

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

Clinics are available at SCUH, Nambour and Gympie Hospitals on GP referral via GP Smart Referrals.

**For more information, please contact
Hamish Beal, Physiotherapist & Team
Leader, on 5202 028**

How to submit a continuation referral in GP Smart Referrals

A continuation referral required for ongoing hospital care beyond 12 months from first appointment can be submitted via GP Smart Referrals (GPSR). It is important to note that the mandatory referral criteria do not apply for continuation referrals. This means a referral can be submitted quickly with the advantages of automatically including any changed medications, conditions, allergies or patient contact details.

Method 1

In the list view, select the row of the referral you wish to continue in the List view then click the Continue request button at the bottom of the screen (see image). Note that the Continue request button is only visible to users once a patient has attended their first appointment associated to the referral condition.

Method 2

This method is useful in case the initial referral 12+ months ago originated from another location and therefore cannot be selected from the list view in GPSR: Press the Create referral button as usual and then simply select the Continuation button at the top of the referral template (request type).

For more information, please see the GPSR factsheet:

[Living Referrals – update, continue, copy or withdraw request.](#)

The screenshot displays the 'Smart Referrals' interface for a patient named Ruby MACKAY. The page shows a list of referral requests. One request is highlighted with a red border, indicating it is the focus of the 'Continue request' action. The highlighted request is for 'Pain Management - Persistent pain (Persistent Pain Management) (Adult)', submitted on 08 Nov 2023, with a status of 'Continued'. The interface includes search filters, a 'Request advice' button, and a 'Create referral' button. At the bottom, there are buttons for 'Update request', 'Continue request', 'Copy request', and 'Withdraw request'. The page is powered by BPAC CS © 2022.

Image above: In the list view, select the referral you wish to continue and click the Continue request button at the bottom of the screen ('Method 1'). Please remember, mandatory referral criteria do not apply for continuation referrals.

Syphilis is back

In 2025, Chief Medical Officer Professor Michael Kid declared syphilis “a Communicable Disease Incident of National significance.” This is due to the doubling of cases in the last decade, affecting not just high-risk populations but also the heterosexual metropolitan population. Qld is of no exception (see image).

Syphilis notifications, Sunshine Coast HHS

YEAR	NUMBER
2022	38
2023	66
2024	87
2025	95



Key messages in preventing the spread of syphilis

- Normalise testing as routine
- Provide syphilis testing as part of the standard asymptomatic STI check up
- Emphasise the importance of early detection and prevention
- Adopt a proactive approach to testing
- Ensure conversation are culturally safe and sensitive
- Integrate testing to conversations into relevant clinical moments
- Reinforce that testing is quick, safe and beneficial
- Explain that all discussions are confidential

Interpreting syphilis serology and treatment decisions can be complicated, and the Sunshine Coast Sexual Health Service is happy to assist.

Assistance can be obtained from the Sunshine Coast Sexual Health Service, Ph 07 35425065. For more information, see HealthPathways or: Syphilis | Communicable disease control guidance

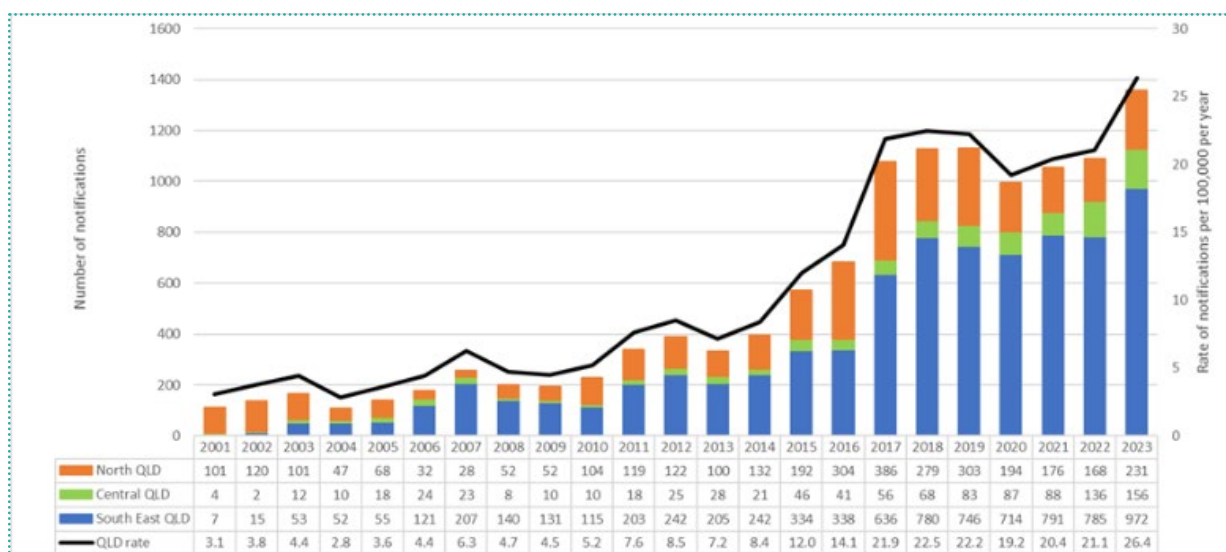


Image above: Number and rate of infectious syphilis cases in Queensland (2001-2023, by region).

Syphilis screening in pregnancy: now 3x

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](#)



Sunshine Coast Health

Patient Roslyn Thompson before heading in for surgery at Caloundra Health Service.

Sunshine Coast Health expands plastic surgery services to Caloundra

Plastics and reconstructive surgery is now being offered at Caloundra Health Service, so less complex patients who require a day procedure may be seen quicker.

Sunshine Coast Health Medical Co-Director of Plastics Dr Ryan Livingston said it has always been the goal to expand the service since it opened at Sunshine Coast University Hospital six years ago.

"The flow of Caloundra is great because it's been set up for a rapid turnover day surgery, and it's a small area, it means that everything is much more efficient while still providing optimal care," Dr Livingston said.

"Somebody that's going to need an overnight stay or maybe has a very complicated medical history and is very unwell, they may not be the appropriate patient for Caloundra, but somebody that has a small day case like procedure where they can walk in and have the procedure and go home - which can still be under an anaesthetic - they are perfect for that sort of environment."

Currently the plastic surgery patient list is being run out of Caloundra one to two days a week, with plans to expand.

"All the consultants do a turn working out there, and we're very fortunate that we have some of the best surgeons in the world working in the hospital and in our unit, and every one of them is highly skilled," Dr Livingston said.

The majority of patients currently being booked in are for skin lesions.

Roslyn Thompson was diagnosed with three basal-cell carcinoma (BCC) skin cancers late last year - two on her face and one on her scalp.

"So I found out in November last year, and at that time I wasn't given the option of plastic surgery as an option to remove them, even though they're in quite prominent places, on my nose and my scalp and my forehead, and so I changed doctor and then I was told about this amazing system that I can actually get it removed in through the hospital," she said.

"When I was on the waiting list and accepted and they said they could do it within three months, it was the biggest relief because it's so upsetting when you have these things happen to you and you have to spend exorbitant amounts of money to get yourself fixed."

Feedback from the first patients through has been that while having surgery can be nerve-racking, the environment and staff at Caloundra have made them feel more at ease.

"I just feel so thankful for everyone here, they've just been so amazing, so lovely and I feel so looked after here and cared for, and it's just a wonderful service they're offering," Ms Thompson said.



Shane Mitchell
 General Manager
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 P: 07 5430 3260

Introducing our new VMPs



Dr Amanda Wee
 Obstetrician,
 Gynaecologist

[View doctor profile](#)

Dr Amanda Wee is an obstetrician, gynaecologist and an AGES certified minimally invasive gynaecological surgeon with a special interest in paediatric and adolescent gynaecology. Amanda graduated from the University of Tasmania in 2013 and completed her obstetrics and gynaecology specialist training at various hospitals throughout Queensland. She pursued further studies through University of New South Wales, obtaining a Master of Reproductive Medicine.

Dr Wee completed a year as the Queensland Statewide Paediatric and Adolescent Gynaecology Fellow at Royal Brisbane and Women's Hospital and two years in the highly regarded AGES (Australian Gynaecological Endoscopy and Surgery Society) fellowship training, focusing on hysteroscopic, laparoscopic and robotic surgery at Townsville University Hospital. Amanda has been a volunteer with CRANA plus for seven years and regularly facilitates courses to educate nurses and medical professionals on how to handle obstetric emergencies in the rural and remote setting.



Stephanie Picanso
 Mental Health Nurse
 Practitioner

[Click for more](#)

Buderim Private Hospital's Cooina Mental Health Service recently welcomed Stephanie Picanso, an endorsed Psychiatric Mental Health Nurse Practitioner, who is now accepting new patients for mental health assessment and ongoing management. Stephanie brings extensive clinical

experience across acute, community and research settings in both Australia and the United States and holds a Master of Nursing (Psychiatric Mental Health Nurse Practitioner) from the Massachusetts General Hospital Institute of Health Professions, alongside qualifications in nursing and psychology.

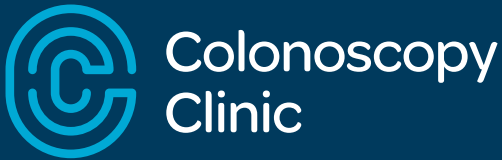
Stephanie is trained in Dialectical Behaviour Therapy (DBT), Schema Therapy and Cognitive Behavioural Therapy (CBT), and works with individuals experiencing schizophrenia, bipolar disorder, PTSD, ADHD, ASD, and complex mood and personality disorders. She provides comprehensive mental health care across the lifespan, with experience in assessment, diagnosis, medication management and collaborative care planning. As a Nurse Practitioner, Stephanie is endorsed to provide referrals, prescribe, order investigations, and works in close partnership with GPs, psychiatrists, psychologists, and allied health providers to deliver integrated, person-centred care.

While admissions and referrals to Cooina Mental Health Service and its outpatient day programs are completed under a psychiatrist, Stephanie can assist with escalation of care and support more timely access to psychiatric review and programs where clinically appropriate. No formal referral is required to see Stephanie; however, patients must have a GP listed (with a provider number) for Medicare rebates and correspondence as appropriate. There is no set limit on the number of sessions, provided care remains clinically indicated. Current wait times are typically a couple of months, depending on urgency and availability.

To arrange an appointment or make an enquiry, patients and clinicians can phone 1300 780 413.

GP Education & Events

Stay up-to-date with upcoming events at buderimprivatehospital.com.au/fordoctors/gp-education-events



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More than 1,500 young onset cancer cases are detected each year.

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Our mission is a future where no Australian dies of bowel cancer.



Dr Tim Lyon

MBBS, BSc, FRACP, FACRRM

Meet Your Gastroenterologist

Tim is an experienced Gastroenterologist and the lead Doctor for Colonoscopy Clinic on the Sunshine Coast.

He holds Australian certification in gastroscopy and colonoscopy and consistently achieves high levels of adenoma and serrated lesion detection on Colonoscopy Clinic quarterly quality report cards.

His clinical interests include high-quality diagnostic and screening endoscopy, complex polypectomy (EMR), and therapeutic procedures such as dilation, luminal stenting, capsule endoscopy, and small bowel Enteroscopy. Tim holds a part-time appointment at Sunshine Coast University Hospital, where he is actively involved in registrar training and quality improvement, while also contributing to multiple statewide gastroenterology clinical network forums focused on innovation and best practice.

His life on the Sunshine Coast means Tim can enjoy spending time with his family and 2 dogs at **Bokarina**. A lover of travel, good food and wine, his hobbies include HIIT, swimming and cycling.

SUNSHINE COAST LOCATIONS

Buderim Private Hospital
Caloundra Private Day Hospital
Nambour Selangor Private Hospital
Noosa Private Hospital
Sunshine Coast Day Hospital

T 07 3870 3799 | F 07 3177 9965

hello@colonoscopyclinic.com.au

colonoscopyclinic.com.au

SUNSHINE COAST



SCAN TO LEARN MORE ABOUT OUR
FEES AND SERVICE GUARANTEE



Nickelle Morris
Partner & Gold Coast Leader,
Travis Schultz & Partners

MAIC's New Guidelines: Key Considerations for Health Professionals

If your patients are injured in a motor vehicle accident in Queensland, the CTP (Compulsory Third Party) process quickly becomes part of their healthcare journey. Many try to navigate their claim without legal representation and the Motor Accident Insurance Commission's (MAIC) new Guidelines aim to provide structure, but the reality is that self-represented claimants often rely heavily on their treating doctors for clarity, documentation, and support.

1. What self-represented patients are responsible for

When patients run their own claim, they must manage all legal and administrative requirements. This can often create stress and confusion that can spill into the treatment room.

Patients must:

- Submit their Notice of Accident Claim Form correctly
- Comply with treatment plans and disclosure obligations
- Attend insurer-arranged assessments
- Communicate honestly and promptly with insurers
- Provide all medical evidence, including reports and treatment summaries
- Negotiate their own settlement

As many aspects of the claim rely on medical evidence, the quality and clarity of their medical professional's documentation can significantly influence patients' entitlements and future treatment options.

2. Understanding the insurer's role (and limitations)

Doctors and allied health providers often find themselves caught between an insurer seeking information and a patient seeking reassurance.

Here's what insurers must do:

- Act reasonably
- Investigate the accident and injury
- Fund reasonable and appropriate rehabilitation
- Pay compensation if their insured driver is at fault

But insurers cannot:

- Provide legal advice
- Tell a patient the true value of their claim
- Help gather medical evidence
- Advocate for the patient's best interests

This distinction matters. Even when insurers appear helpful, they are not patients' advocates. That role falls back on the patient and their chosen healthcare and legal support team.

3. Patients can seek legal advice at any point

Many injured people begin their CTP claim alone. As their doctor or allied health provider, you could be the first person they turn to with questions the insurer can't answer. Patients are legally allowed to obtain legal advice at any stage of the process – even after lodging a claim or receiving an insurer's offer.

Early legal support also often improves a patient's access to appropriate rehabilitation services.

This can help ensure patients are not pressured into accepting low settlement offers, missing essential evidence or under-documenting their injuries. Keeping in mind that your role is not to give legal advice, but you can be there to remind patients that help is available early if they feel overwhelmed.

4. Key Stages Where Doctors Play a Critical Role

The MAIC Guidelines emphasise several decision points where medical input becomes central:

Early treatment approvals

Insurers fund treatment only when it is “reasonable and appropriate.” The strength of your clinical notes, including clear documentation of reported symptoms and clinical findings, plays a key role in determining what treatment is approved, how quickly it is authorized and whether ongoing therapy is supported.

Clear, objective, and detailed records are essential, especially for self-represented patients..

Stabilisation and settlement

When an injury has stabilised, medicolegal clarity becomes particularly important. As settlements are generally in full and final satisfaction of a claim, patients who settle before their injuries have stabilised and/or are properly documented, may permanently lose access to future treatment funding and compensation entitlements

In summary, by understanding the pressures self represented patients face and the critical points where medical input carries the most weight, doctors and allied health providers can help ensure decisions in relation to patient’s treatment, rehabilitation and care reflect their clinical needs and long term recovery.

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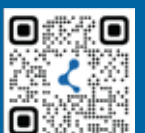
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The Federal Budget 2026-27

At 7.30 pm (AEST) on 12 May 2026, the Federal Treasurer, Dr Jim Chalmers, delivered the Federal Budget. The legislation underpinning these changes has not yet been passed. These are some of the key announcements.

Discretionary trusts to be taxed at a minimum of 30%

From 1 July 2028, under this new measure, trustees of a discretionary trust will pay a minimum tax of 30% on the trust's taxable income unless a higher rate applies. Beneficiaries, other than corporate beneficiaries, will receive non-refundable credits for any tax paid by the trustee. To reiterate, corporate beneficiaries receive no tax credit. Trustees who receive franked dividends will be required to use their franking credits to pay this minimum tax.

Will this apply to all types of trust?

The minimum tax will apply to discretionary trusts but not to other types of trusts, including unit trusts, widely held trusts, complying superannuation funds, special disability trusts, deceased estates and charitable trusts. In addition, assets of discretionary testamentary trusts existing as at 7.30 pm (AEST) on 12 May 2026 will be excluded from the minimum tax. Some types of income, such as primary production income, certain income related to vulnerable minors, and amounts subject to non-resident withholding tax, will also be excluded from the minimum tax.

Taxation of Capital Gains

Replacement of the 50% CGT discount with cost base indexation

From 1 July 2027, the 50% CGT discount will be replaced by cost base indexation for assets held for more than 12 months. This method adjusts the asset's original cost base for inflation, so only the

real gain above inflation is taxed. A 30% minimum tax will apply to net capital gains calculated under this method, with the stated aim of aligning the tax rate with the average tax rate paid by workers over their working lives.

Transitional arrangements will apply to existing investments

Capital gains on pre-1985 (pre-CGT) assets realised before 1 July 2027 will remain CGT-exempt. Assets purchased and realised before 1 July 2027 will still be eligible for the CGT discount. The CGT discount will continue to apply to gains accrued until 1 July 2027 for assets purchased before that date, regardless of when the CGT asset is realised. On or after 1 July 2027, indexation will be used to calculate CGT on gains taxed at the minimum 30% tax rate, with the asset's cost base set at the asset's value on 1 July 2027. Please note that these new measures apply to pre-CGT assets disposed of on or after 1 July 2027, even if they have been held for decades.

New residential property investor choice and income support exemptions

Investors in new residential properties can choose between the 50% CGT discount and the cost base indexation method, with the 30% minimum tax. Income support payment recipients, including aged pensioners, will be exempt from the 30% minimum tax rate in the year they realise the capital gain.

Negative Gearing for Rental Properties

Under the new measures, negative gearing for residential property will be limited to new builds from 1 July 2027. This means investors in new builds will still be able to deduct rental losses from other assessable income. New builds include dwellings constructed on vacant land, or where

existing properties are demolished and replaced with a greater number of dwellings. A new build cannot have been previously sold unless it was first owned by the builder and not occupied for more than 12 months.

Who will be affected by this new measure?

This new measure will apply to individuals, partnerships, companies and trusts. Widely held trusts, such as managed investment trusts, and superannuation funds, including self-managed superannuation funds, and build-to-rent developments and private investors supporting government housing programs will be excluded.

How are established residential rental properties affected?

These new measures apply to any established residential rental properties acquired from 7.30 pm (AEST) on 12 May 2026. Any residential properties acquired prior to this time, including contracts entered into but not settled, will be grandfathered and exempt from the changes until disposed of. Residential properties acquired between 7.30 pm on 12 May 2026 and 30 June 2027 may be negatively geared during that period, but not from 1 July 2026.

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What is involved?

Interventions and treatments include:

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

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

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



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- Symptom relief: Some patients may experience a reduction in pain and improved mobility following treatment²⁻⁴
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- Age ≥ 50 years
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- 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.

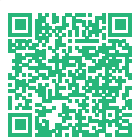
Osteoarthritis affects around 8.3% of the Australian population⁵



Dr Bradley Wong
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Radiation Oncologist



Dr Sophie Ly
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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).

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Our Team



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



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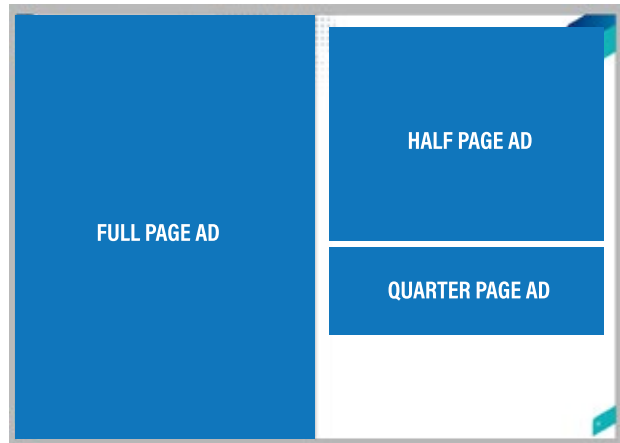
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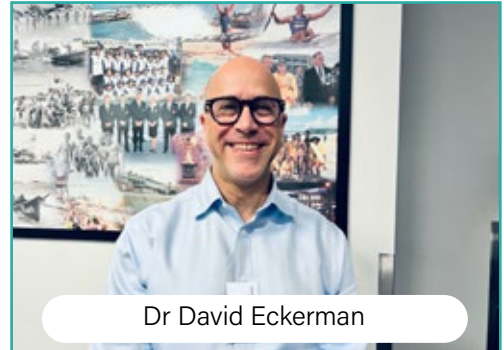
Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply.

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.



Dr Mariska Stuurstraat



Dr David Eckerman



Photos: Clinical Meeting with Dr Mariska Stuurstraat and Dr David Eckerman, 30 April 2026

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