

NEWSLETTER

OCTOBER 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.

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President's Message

Dr Jon Harper

I feel like I am recently writing a lot about Artificial Intelligence (AI). It's probably because I am worried about it and because I keep reading interviews with very clever people who are also worried about it, which makes me worry more!

The most recent one was a New York Times interview with Bill Gates. The tech billionaire and mega-philanthropist was urging his country and the world to create a proper monitoring framework for AI before it is too late. He believed that in the last few months, AI technology had crossed a threshold making it capable of economy-crippling cyberattacks and enabling bioterrorism.

It is only when we understand the potential dangers of a thing that we appreciate how vulnerable we are. Historically, governments and public institutions have discovered the dangers of things (often because they created them!) and then set about implementing regulations and monitoring systems to reduce the risk of harm - traffic lights, speed limits, alcohol restrictions, pool fences, steel-capped boots, hard hats, hand-washing, protected species, smoke alarms, nuclear waste, e-bike laws.

The recent OpenAI hacking of a Medicare Australia statistics portal exemplifies the way AI developers feel little pressure to conform to traditional legal boundaries.

If a human enters a property without permission and takes something they are not allowed to take, the law is pretty clear on the consequences. It seems, however, that an AI agent can do what it likes, with the responsible tech company struggling to keep aware of their agents' activities. Copyright law is another casualty, with the AI race showing little interest in the collateral destruction of individual creative rights and identities.

We have all seen the benefits of AI but it clearly needs safeguards. I can't imagine living without a car, but I always wear a seatbelt.

Dr Jon Harper

President



WELCOME
to our new members!

One of the greatest strengths of the Sunshine Coast Local Medical Association (SCLMA) is the diversity, talent and collegiality of its members. With each new member who joins, our network grows stronger – creating more opportunities to learn from one another, support each other, and collectively advance health care in our region. In this issue, we are pleased to welcome the following new members below, to the SCLMA. We look forward to seeing you at upcoming meetings, events and social gatherings, and to the contributions you'll bring to our professional community.

- **Peter Kopp**
- **Marielliesse Laurel - Medical Student**
- **Roisin Davis**
- **Mark Robinson**
- **Peter Watt**
- **James O'Bierne**

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

NEW MEMBERS FEATURE



"I am senior staff specialist at Sunshine Coast University Hospital and Conjoint clinical professor at Griffith University. I lead an active research group in fatty liver and liver cancer and have recently started private practice at the Solace Clinic."

James O'Bierne



"I'm Dr Peter Kopp, a FRACGP with background clinical experience in paediatrics, neonates, and retrieval services in Australia and Ireland. I am the Clinical Services Director, Community and Preventative Health, for Sunshine Coast Health, and the previous Medical Director of the Caloundra Minor Injury and Illness Clinic. I am a Senior Lecturer with Griffith University and the Chair of the Statewide Minor Injury and Illness Community of Practice."

Dr Peter Kopp



"Mark is a Queensland-trained orthopaedic surgeon specialising in shoulder and upper limb surgery. Following FRACS, he completed post-fellowship training in Brisbane and Vancouver, Canada, gaining advanced expertise in arthroscopy, joint replacement, and tendon, nerve and microvascular surgery."

Dr Mark Robinson

GenesisCare, Sunshine Coast



Experts in cancer care, specialists in radiation oncology

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



Dr Bradley Wong
Radiation Oncologist

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



Dr David Schlect
Radiation Oncologist

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



Dr Sophia Ly
Radiation Oncologist

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



Jean Kelly
Breast Cancer Specialist Nurse



Kirsty Ferguson
Prostate Cancer Specialist Nurse

On the Sunshine Coast, our services offered include:

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

Treatment centres:

GenesisCare, Buderim
10 King Street

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

GenesisCare, Noosa
90 Goodchap Street

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

Outreach consulting clinic:

Gympie fortnightly clinic – Dr Bradley Wong

GenesisCare
Experts in cancer care

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.

Sunshine Coast Health

GP Liaison

Your hospital connection, together we can deliver better healthcare.

Dr Edwin Kruys and Dr Michelle Johnston



An update about the Queensland Health Viewer

The Queensland Health Viewer is a secure, web-based application that brings together patient data from more than 65 public Queensland Health administrative and clinical systems into a single, easy-to-access platform. To register for the HPP, you will need to verify your identity via Queensland Digital Identity (QDI).

The Viewer gives authorized healthcare professionals real-time, read-only access to a comprehensive picture of a patient's public hospital history. It displays clinical information in quickly accessible tabs.

The following practitioners practising in Queensland are eligible to register for access to The Viewer:

- General practitioners and specialists
- Nurses and Midwives
- Paramedics
- Pharmacists
- Optometrists
- Aboriginal and Torres Strait Islander health practitioners
- Physiotherapists and Occupational therapists.

Available information in the Viewer:

The Viewer Tab	Available patient information
Patient	Patient demographics and identifiers and insurance details
Encounters	Inpatient admission including discharge summaries Emergency presentations including clinical notes and discharge letters Outsourced – Surgery Connect (SCAN) referrals and documents QAS electronic Ambulance Report Forms (eARF)
Outpatient	Specialist outpatient referrals and appointments Electronic referrals
Medications	Medication profiles including recommendations, Home Medicines Review community pharmacy details and inpatient medical records
Alerts/adverse Reactions	Incl adverse reactions and Advance care planning/acute resuscitation plan
Pathology	Pathology Queensland reports and orders
Imaging	Radiology reports, echoes and cardiovascular reports and associated images (CVIS) Clinical reports (ECHO)
Procedures	Incl operation notes and clinical endoscopy reports
Care plans	Incl advance care planning and statement of choices (service managed by Metro South), ambulance management plans
Event summaries	Specialist outpatient letters including discharge summaries, referrals, assessments, progress notes and correspondence Manual document uploads e.g., multi-disciplinary teams (MDT) oncology summaries, medications list, neurology reports (EEG and EMG), ICU deceased notification to GP letters, cardiac outpatient and outreach letters
ACP (advance care plan) tracker	Advance care planning (service managed by Metro South): e.g. Advance Health Directive, guardianship, administrator, enduring power of attorney, statement of choices, advance care yarning, ACP Note.

The Viewer team collaborates regularly with clinicians and Queensland Health staff to ensure the app continues to meet their needs, and releases enhancements on a regular basis. If you have a suggestion for how we could improve

The Viewer, please send your idea via email to EDSTV-Enhancements@health.qld.gov.au

Contact the team via phone: 1300 478 439. For more information visit: Using The Viewer | Queensland Health

For GPs: How to refer to a local colleague-GP with special interest

HealthPathways lists general practitioners in the Sunshine Coast and Gympie offering services to other GPs' patients without requiring them to transfer their ongoing care. It aims to encourage better networking and skill sharing between general practices and improve access for patients. To find a local colleague in HealthPathways, type in 'GPSI' in the top search bar.

When using GP-to-GP Colleague Referrals, it is assumed that clinical practice, including clinical handover, is guided by professional standards and guidelines.

Do you want to be listed?

If you would like to be included in the list of GPs who take referrals for a specified procedure or service, please notify SCHHS-GPLO@health.qld.gov.au Currently listed service providers should advise SCHHS-GPLO@health.qld.gov.au of any changes in their details.

The following lists for services provided by GPs with a Special Interest (GPSIs) are available on HealthPathways:

- Ear microsuction services (ear toilet)
- Intrauterine device (IUD) insertion
- IV iron infusion
- Medical termination of pregnancy (MTOP)
- Ring pessary fit or change
- Skin lesion excision
- Vasectomy
- Antenatal Shared Care (new)
- Voluntary Assisted Dying

For more information, search for 'GPSI' in HealthPathways or visit:
General Practitioners with Special Interests (GPSIs) - Community HealthPathways Country to Coast Queensland.

COVID-19 vaccines provided under the NIP

From 1 October 2026 COVID-19 vaccines are supplied and funded under the National Immunisation Program (NIP) for:

- all adults aged 75 years and over (two doses per year)
- adults aged 65–74 years (one dose per year)
- Aboriginal and Torres Strait Islander people aged 50–74 years (one dose per year)
- all adults aged 18 years and over with severe immunocompromise (one dose per year)

Non-eligible people may choose to purchase the vaccine privately following discussion with their healthcare provider. Stay up to date and see new resources via the national COVID-19 vaccine webpage.

GRIFFITH UNIVERSITY
QUEENSLAND AUSTRALIA

Student-centred learning for patient-centred care

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

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

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

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

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

Structure

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

Students will also have opportunities for extended rural placements.

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

To become a GP Supervisor, contact:

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

Associate Professor Alyson Hee
Associate Professor in Primary Care and Academic Lead in General Practice, Gold Coast
School of Medicine and Dentistry
a.hee@griffith.edu.au
(07) 5678 0355

Associate Professor Robert Heffernan
Clinical Sub-Dean Rural
School of Medicine and Dentistry, Toowoomba
r.heffernan@ruralmeded.org.au
(07) 4638 7999



GRIFFITH UNIVERSITY

Queensland Australia



Train the next generation: become a GP Supervisor

Griffith University's Doctor of Medicine equips the next generation of doctors to meet the high expectations for patient-centred care. We're committed to producing competent, compassionate graduates ready to make a successful transition to professional practice.

Make it matter



Sunny Coast Orthopaedic & Fracture Clinic

Dr Navi Bali

There were two things that made me happy last month – the first was being involved with the opening of Noosa Day Hospital and its presentation at SCLMA, and the other was finally finishing the kids' treehouse.

Taking the more medically pertinent issue first, Noosa Day Hospital opened its doors for patients on 31 August 2026 and we were the first surgical team to perform a GA case at the hospital. Quite a privilege. The hospital is beautiful, the staff are very hard working and personable, and the overall vibe is one of positive engagement with the local community to really provide an outstanding service to its local population.

At the SCLMA September meeting, I had the pleasure of presenting what could be done as a day case, along with some great talks by my plastics, ophthalmic, and O&G colleagues. It was genuinely great to see the dinner busy, vibrant and engaging as a well-run LMA should be. This doesn't happen by chance, and congratulations really should go to the SCLMA committee and organisers for their ongoing commitment as we all balance the eternal search for the perfect work life balance amongst numerous commitments.

It really is an exciting time to be a healthcare professional on the Sunshine Coast. With the introduction of new hospitals at Noosa, Maroochy and soon Sippy Downs, it gives patients and clinicians more options, and healthy competition helps us focus on how we aim to provide a brilliant service for every patient every time. Not only do we strive for it, patients now expect it. This can add some pressure to our working environment, but if the end outcome is better patient outcomes, then it's a stress worth having.

Taking time out from work (and the kids) to get in a state of flow outside was amazing building the kids treehouse – I'm actually pretty proud of the over engineered wooden monstrosity – whilst there are some transferable skills on bolting a load of bits together and making it structurally sound between this and orthopaedics, I'd like to reassure you that most of my operations don't take 3 months.

Congrats again to Noosa Day Hospital as well as the SCLMA – wishing you all the success and growth in both ongoing ventures.

SUNNY COAST
ORTHOPAEDIC & FRACTURE CLINIC

CLINICS IN GYMPIE, NOOSA & BIRTINYA

Dr Navi Bali - Orthopaedic Surgeon

Hip • Knee • Foot & Ankle • Trauma

Dr Bali provides a comprehensive patient centred approach to orthopaedic elective and injury management on the Sunshine coast, with a strong focus on personalised treatment plans.



- ✓ Timely appointments with urgent care clinic slots
- ✓ Non operative treatment options (PRP, HA, RFA)
- ✓ Muscle sparing 3D modelled and robotic joint replacements
- ✓ Knee and ankle arthroscopy
- ✓ Foot and Ankle conditions with affiliated podiatry input
- ✓ Sports injury, ligament and fracture care including WorkCover

REFERRAL WEBSITE

07 5228 0700 reception@sunnycoastorthoandfracture.com.au sunnycoastorthoandfracture.com.au

SUNSHINE COAST RADIOLOGY

Now Open

New Maroochy Private Hospital Clinic

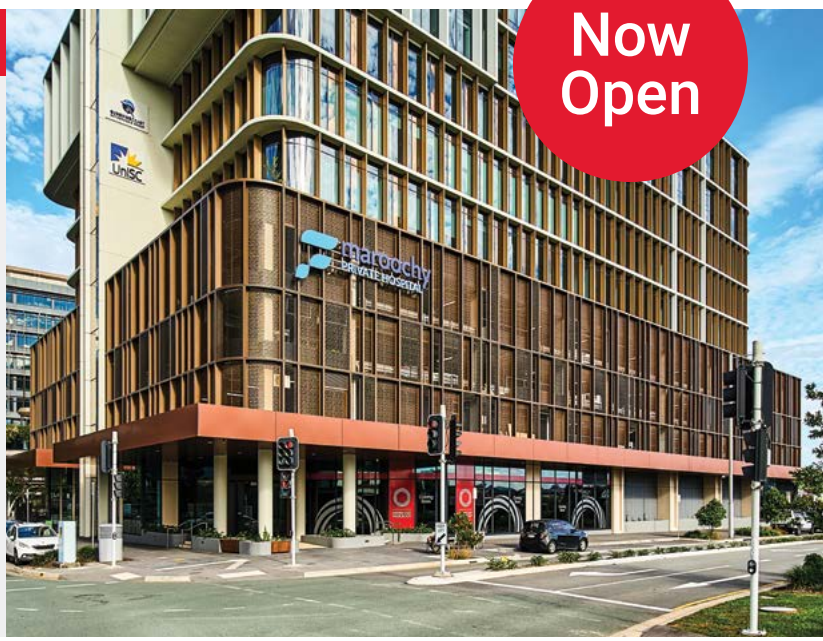
Sunshine Coast Radiology is proud to now be operating our new advanced imaging clinic at Maroochy Private Hospital, Ground Floor, 12 Future Way, Maroochydore.

This clinic is purpose-built within a future-focused healthcare environment, supporting collaboration between imaging, surgical and clinical teams, while also caring for patients in the community.

Sunshine Coast Radiology has been a trusted provider of high-quality imaging services across the region since 2007. This new location extends our commitment to the growing community, while keeping more advanced care local.

Services will include:

- MRI
- X-ray
- CT
- Ultrasound
- Nuclear Medicine
- Bone Mineral Density (BMD)
- Interventional Procedures



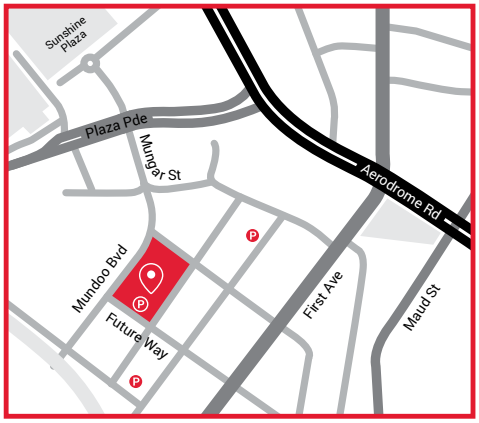
For more information, please contact your Referrer Relationship Specialists:

Bernie on 0477 444 230 | **brushton@scradiology.com.au**

Tremain on 0418 289 686 | **tremain@scradiology.com.au**

Or contact our Referrer Hotline: 07 5430 3926

Maroochy Private Hospital,
Ground Floor, 12 Future Way, Maroochydore
Ample on-site parking available



Excellence in Diagnostics

scradiology.com.au



What is new in plastic, reconstructive and cosmetic surgery?

Dr Patrick Tansley Specialist Plastic Surgeon (MED0001651716)

My speciality is a fascinating area of medical practice, the key tenets of which I presented over supper to the 24 September 2026 Maroochydore meeting of the SCLMA.

I hope that by the quiet attentiveness of the audience, I may have succeeded in conveying why it is such an enjoyable privilege in which to spend one's career. Arising from ancient origins, plastic surgery evolved rapidly during the last century and advances from the hard lessons of war founded incredible reconstructive progression. But what is new?

Cosmetic surgery exploded into the headlines in recent years, frequently for the wrong reasons. Miller's prescient observations of 1907 may explain why. He said 'This ... is a special field worthy of the closest study of the ablest of our profession ... Operations for improving the appearance cannot be botched. The operator must be skilful and fully capable in this field more than in any other...it promises to be, before many years, a most profitable and satisfactory speciality.'

The scientific knowledge underpinning modern cosmetic surgery took until the late 20th century to mature. Subsequent dizzying societal changes of the early 21st century and Miller having correctly foreshadowed that 'most profitable' area of medical practice coming to fruition, then combined to attract practitioners of varied training provenance, competence and integrity. The rest is history, sometimes with tragic consequences for patients.

However, every cloud has a silver lining. Arising from the 2022 'Independent review of the regulation of medical practitioners who perform cosmetic surgery' (the Independent Review) and provided for by the National Law, is the forthcoming Endorsement of a practitioner's medical registration. Such Endorsement in cosmetic surgery as an area of practice will ensure a minimum standard of training for any practitioner undertaking such work. It is necessary, in short, because the practice of cosmetic surgery is different from reconstructive surgery.

As President of the Australasian College of Cosmetic Surgery and Medicine (2019-22), I argued strongly for Endorsement during my appointment to the Technical Advisory Group of the Independent Review to ensure patient safety. I was published internationally on the matter including a 'World First' for Australia, so was pleased when in 2023, Australia's Health Ministers approved a new Registration Standard for Endorsement for which medical practitioners will be able to apply.

Visible through the public register, it will soon be easy to identify a practitioner's cosmetic surgery Endorsement status. This will also assist GPs when considering to whom they will refer their patients for cosmetic surgery, as now required by the Medical Board of Australia.

I am therefore optimistic that bright sunlight is indeed starting to emerge from behind that cloud and that as a consequence of the legislatory changes, Australia will be well placed to adapt as necessary to the changes of our era.

[1]Andrew Brown, Australian Health Practitioner Regulation Agency - Independent Review of the Regulation of Medical Practitioners Who Perform Cosmetic Surgery (August 2022) <https://www.ahpra.gov.au/Resources/Cosmetic-surgery-hub/Cosmetic-surgery-review.aspx> ('Independent Review').

[2]Patrick Tansley, Daniel Fleming and Tim Brown, 'Cosmetic Surgery Regulation in Australia: Who Is to Be Protected—Surgeons or Patients?' (2022) 39(3) The American Journal of Cosmetic Surgery 161.

[3]Patrick Tansley, 'A World-First in Cosmetic Surgery. All Eyes Are upon Australia. Online 10 August 2023.' <https://www.thepmfajournal.com/features/features/post/a-world-first-in-cosmetic-surgery-all-eyes-are-upon-australia>.

cura
day hospitals group

State-of-the-Art Facilities Across the Sunshine Coast

Cura Day Hospitals Group is proud to operate three leading healthcare facilities across the Sunshine Coast. Through Sunshine Coast Day Surgery, Noosa Day Hospital and Kawana Private Hospital, we provide modern facilities, expert clinical care and a commitment to exceptional patient experiences across the community.



Sunshine Coast Day Surgery

Located in Maroochydore, Sunshine Coast Day Surgery is an accredited facility featuring two operating theatres and a dedicated Gastroenterology suite.

Our Specialties: Ophthalmology, Gastroenterology, Dental, Oculoplastics, IVF, Gynaecology, Oral-Maxillofacial, Plastic & Reconstructive

Corner Second Avenue
& Memorial Avenue
Maroochydore QLD 4558

(07) 5294 6516

scdreception@scds.net.au



Noosa Day Hospital

Noosa Day Hospital is Cura's newest Sunshine Coast facility, featuring three state-of-the-art operating theatres and modern patient recovery areas.

Our Specialties: Ophthalmology, Gastroenterology, General Surgery, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Oral and Maxillofacial Surgery, Breast Surgery, Pain Management, MOHS Surgery

Level 1, Building 2
36 Hofmann Drive
Noosaville QLD 4566

(07) 5335 9500

info@noosadayhospital.com.au



Kawana Private Hospital

Kawana Private Hospital is a multidisciplinary hospital with four operating theatres and a reputation for clinical excellence.

Our Specialties: Ophthalmology, Plastic & Reconstructive, ENT, Dental, Oculoplastics, Oral-Maxillofacial, Orthopaedic, Pain Management

Suite 14, Level 1
5 Innovation Parkway
Birtinya QLD 4575

(07) 5413 9100

info@kawanaprivate.com.au

Cura Day Hospitals Group
Ground Floor, Boundary Court
55 Little Edward Street
Spring Hill QLD 4000
T: 07 3218 3700

Visit our website here:



Libby Thomas
Senior Associate
Travis Schultz & Partners

Importance of Terminology in WorkCover Queensland and CTP Claims

The purpose of rehabilitation for both WorkCover and CTP patients is laid out as the following:

- *For WorkCover patients, under section 40 of the Workers' Compensation and Rehabilitation Act 2003 (WCRA), rehabilitation is intended to support the patient's earliest possible return to work, and if that's not possible, maximising independent function.*
- *For CTP patients, under section 4 of the Motor Accident Insurance Act 1994 (MAIA), rehabilitation is intended restore function and/or quality of life, through the use of medical psychological, physical, social, education and vocational measures (individually or in combination).*

Why terminology is so important

Accurate terminology is critical under both the WorkCover and the CTP scheme. The way an injury is described and documented can directly influence whether treatment and rehabilitation are funded, how long that funding continues, and how the claim is assessed overall.

Customer advisors (WorkCover) and claims handlers, or injury management specialists (CTP), often focus closely on whether a pre-existing condition has been permanently worsened or whether there has only been a temporary increase in symptoms. That distinction can affect whether a patient is seen as requiring ongoing treatment and rehabilitation or only short-term support while symptoms settle back to baseline.

Aggravation vs Exacerbation

Many clinicians use the terms aggravation and exacerbation interchangeably, however the difference in wording can have a critical impact on a patient's claim.

Aggravation

Aggravation refers to an injury-related permanent worsening of a pre-existing condition. A useful way to understand this is by looking at the patient's pain and function after a reasonable period of treatment. If the pain does not return to the level expected from the natural course of the pre-existing condition, and instead remains higher than would ordinarily be anticipated, this supports a description of aggravation.

For example, your patient injured their lower back 10 years ago. Imaging showed a L4/5-disc bulge with no red flags. After some physiotherapy and exercise physiology, the symptoms improved significantly and they returned to work as a tiler. For 10 years, the back injury was asymptomatic, except for a few twinges here and there, but they always settled after a few days.

The same patient is then involved in a motor vehicle accident and injures their lower back – they can't work, they now need surgery and consequently require significant assistance at home. For this patient, they have likely suffered an aggravation.

TRAVIS SCHULTZ & PARTNERS

In those circumstances, the work event or motor vehicle accident is not simply said to have caused a flare-up; rather, it is said to have altered the underlying condition in a more lasting way – and this is a new injury.

Exacerbation

Exacerbation, by contrast, refers to a temporary worsening of symptoms. Although the patient may experience increased pain or reduced function for a period of time, the residual symptoms after a reasonable course of treatment return to the level expected from the natural progression of the pre-existing condition.

In other words, the incident has triggered a flare-up, but not a lasting deterioration. For example, a patient suffered a back injury, after reasonable treatment, they attempt a return to work in their role as a tiler. During their return, they suffer a flare in their back pain which settles down after a week or two – this would likely be an exacerbation of the pre-existing back injury.

This distinction is important because describing a presentation as an exacerbation rather than an aggravation may result in treatment and rehabilitation being funded only for a limited period, on the basis that the patient is expected to return to their pre-incident baseline – or in some cases, it might not be funded at all.

For this reason, using the incorrect terminology can have significant consequences. If the injury is described imprecisely, or if the medical evidence uses terminology inconsistently, there is a real risk that a claim will be assessed on the basis of a temporary exacerbation rather than a permanent aggravation.

That can affect approval for treatment, the duration of rehabilitation funding, and the broader view taken of your patients' ongoing needs. Clear, consistent, and medically supported terminology is therefore essential to ensure that the true nature of the injury is understood and that funding decisions properly reflect your patient's circumstances.

07 5406 0436
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Sunshine Coast
Connect on Linkedin

Need some advice?
Contact us today.

Ophthalmology Update 2021–2026: Key Advances for GPs

Dr James Walker, Central Ophthalmology, Maroochydore

A brief update summarising clinically relevant advances & changes in general ophthalmology over the last five years. I have kept the focus practical, with an emphasis on what matters most in shared primary eye care.

A New Lens on Cataract Referral

Cataract surgery has fundamentally shifted from a "ripeness" exercise to refractive surgery as patient are seeking not just clarity, but less dependence on spectacles. Referrals are driven by functional impairment as much as measured acuity.

The intraocular lens (IOL) landscape has matured with the rise of Extended Depth of Focus (EDOF) and Full Range (FR) IOLs, alongside more sophisticated preoperative calculators, improved toric rotational stability, and better-informed preoperative counselling about the trade-offs of premium lenses.

AMD: Prevention and Early Referral

Age-related macular degeneration (AMD) remains the leading cause of vision loss in older Australians. Two modifiable levers sit squarely in primary care:

- **Smoking cessation:** remains the strongest modifiable risk factor of 2–4 fold higher risk of neovascular (wet) AMD.
- **Diet:** a Mediterranean-style diet, rich in leafy greens providing carotenoids is protective.

Additionally, anti-VEGF therapy has consolidated, with second-generation agents reducing treatment burden:

- Aflibercept HD (Eylea) — 8 mg in 0.07 mL; most patients can extend dosing beyond 12 weeks (some up to 24 weeks). PBS listed for AMD and diabetic macular oedema (DMO).
- Faricimab (Vabysmo) — 6 mg in 0.05 mL; many patients extended beyond 12 weeks. PBS listed for AMD, DMO and retinal vein occlusion (RVO).

Dry AMD emerging therapies continue to evolve, though functional benefit data remains limited:

- Biomodulation (photobiomodulation/low-level light therapy and microcurrent/Macumira) targets early and intermediate disease, with promising signals for slowing progression.
- Intravitreal complement inhibitors — pegcetacoplan (Syfovre, C3) and avacincaptad pegol (Izervay, C5) — given monthly, not PBS subsidized (~$3,000 per dose), slow anatomical progression 15–30% over two years, but without demonstrated functional benefit.

Retinal Imaging: Widespread, Non-invasive

Optical coherence tomography (OCT) is now available at screening level in most optometry practices, providing detailed retinal architecture. The newer ultrawide field OCTA delivers non-invasive angiography with a 130+ degree field.

Please refer to an optometrist if concerned about macular disease, particularly in diabetes and AMD.

Dry Eye Disease: Beyond Lubrication

Dry eye disease (DED) is now recognised as a chronic inflammatory ocular surface condition, not simply a lubrication problem.

Optimising DED before cataract surgery is now standard, as preoperative surface disease affects refractive measurements and postoperative outcomes.

The modern therapeutic toolkit includes:

- Meibomian gland dysfunction (MGD) — heat packs, oral omega oils, low-level light therapy (LLLT)/ photobiomodulation (PBM), and Intense Pulsed Light (IPL).
- Immune modulation — cyclosporin (Ikervis) drops offer a steroid-sparing effect, compounded tacrolimus ointment or lifitegrast (Xiidra) — SAS (Category B), approximately $150 per month to patient, for moderate to severe dry eye disease (DED) where currently available treatments are clinically unsuitable or ineffective.

Central. Ophthalmology

Pterygium Surgery: Less Pain, Less Scarring

Modern pterygium surgery has shifted from sutured autografts (associated with postoperative pain and suture reactions) to autograft with fibrin tissue glue (Artiss/Tisseel), offering less pain and reduced scarring.

Glaucoma: Rethinking "Normal Pressure"

Glaucoma is no longer an intraocular pressure (IOP)-only disease. Modern assessment integrates structure and function to prevent progression:

- Structure: optic disc, retinal vessels, neuroretinal rim, ganglion-cell analysis, and RNFL on OCT.
- Function: automated visual fields (computerised perimetry) with trend analysis.
- Risk profiling: family history (increasingly via polygenic risk scores eg. SightScore™) and age.

Less invasive treatment has expanded:

- Selective Laser Trabeculoplasty (SLT) is now considered first-line therapy, often before topical medication, aimed at reducing medication burden and compliance issues.
- MIGS — minimally invasive glaucoma surgery, including iStent and Hydrus (MRI safe up to 3T), often combined with cataract surgery in appropriate patients.

Rural and Remote: Shared Care Evolving

Improved optometrist collaboration by supplying reports from imaging technologies (OCT, computerised full field perimetry, widefield photography) hopefully evolving into full sharing of data through cloud-based web interfaces like that currently used for radiology.

A major collaborative initiative is underway: RANZCO, ACRRM and RACGP are working together to pilot supervised intravitreal injection training for GPs and Rural Generalists in rural Queensland (MM 6-7), bringing much-needed eye care closer to where patients live.

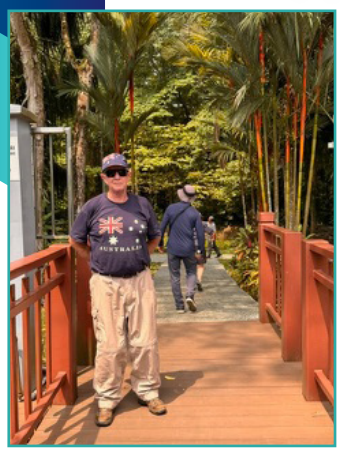
For more information or to get involved, contact policy@ranzco.edu

The Take-Home

- Referral of cataracts based more on functional impairment than visual acuity alone.
- Preoperative ocular surface optimisation, advanced biometric tools & new IOLs options have improved reliability of refractive outcomes following cataract surgery.
- Promoting smoking cessation & Mediterranean-style diet to reduce the risk of late AMD.
- Laser (SLT) is now considered first-line in open-angle glaucoma rather than eyedrops.
- Increased availability of high-quality imaging data is helping improve timely access to ophthalmic services in rural and remote communities.



Dr James Walker





Sandakan

Dr Wayne Herdy

My latest trip overseas was to Borneo — yes, Borneo, that vast, brooding island that has become a magnet for eco tourists chasing glimpses of the gentle orangutans swinging through cathedral-like forests. But while others come for wildlife, my own instincts as a military historian pulled me toward a very different pilgrimage. I went to Sandakan.

Sandakan sits on the northeastern edge of Borneo, a place of quiet beauty now, but once the stage for one of the most brutal and least forgiven atrocities committed by the Japanese during the Second World War. After the fall of Singapore, around 2,400 Allied prisoners — mostly Australians and British — were shipped here to carve an airstrip out of the jungle. To the Japanese, steeped in the Bushido code, surrender was cowardice. POWs were despised. And in Sandakan, that contempt became cruelty.

The men were starved, beaten, worked until their bodies broke. Disease swept through the camp like a second enemy. Many died where they stood, or collapsed into the mud never to rise again. Sandakan became a place where hope thinned to a thread, and then snapped.

When Japan sensed the war slipping away, desperation turned monstrous. The remaining prisoners were ordered to march from Sandakan to Kundasang — over 240 kilometres of jungle track — in nine days. Picture a healthy man attempting 30 kilometres a day in tropical heat, with barely any food or water. Now imagine men who were no longer healthy: skeletal, fevered, barely able to stand. Yet they were driven forward.

Three waves of marches left Sandakan. Each wave began with roughly 500 men. Each wave ended with almost none. Those who faltered were not helped. They were executed — beaten, bayoneted, shot, or beheaded where they fell. Of the 2,420 men who entered Sandakan, only six survived, and only because they escaped en route and were sheltered by brave local villagers risking their own lives. Even after Japan's formal surrender, the killings continued for another 12 days. The Japanese destroyed the camps, destroyed records, destroyed evidence — and tried to destroy the last living witnesses. Bushido demanded suicide rather than capture, yet not one Japanese officer chose hara kiri when the Allies arrived. Every officer was tried for war crimes and executed. Many enlisted men attempted the Nuremberg defence — "I was acting under orders" — but justice still found them.

Today Sandakan is quiet. Birds call from the trees, and the airstrip the prisoners built has long since been reclaimed by nature. But the silence is deceptive. Beneath it lies a story carved in suffering and endurance under a malignant cruelty — a story that refuses to fade. Standing there, you feel the weight of those men, their courage, their agony, and the terrible price they paid.

Sandakan is no longer a place of death, but it remains a place of memory. And memory, when honoured, becomes its own kind of justice.





Draft Legislation: Innovative Business CGT Concessions

The May 2026 Federal Budget proposed replacing the 50% Capital Gains Tax (CGT) discount from 1 July 2027 with inflation-based indexation and a 30% minimum tax on capital gains. The changes could significantly increase tax liabilities for innovative start-up founders, early-stage investors and employee share scheme participants, whose equity often has a very low or nil cost base.

The Proposed IBCC

The Innovative Business Capital Gains Tax Concessions (IBCC) represent the Government's response to the proposed CGT changes announced in the Federal Budget. The IBCC are currently contained in exposure draft legislation and have not yet been enacted. The proposed concessions would preserve the 50% CGT discount for eligible participants who invest in eligible innovative early-stage start-up businesses.

Who Is Eligible for the IBCC?

For a taxpayer to be eligible for the IBCC 50% CGT discount, they must:

- Not be a company, complying superannuation fund or foreign resident;
- Not choose to use cost-based indexation instead of the discount for that particular capital gain; and
- Make the discount capital gain on or after 1 July 2027 in relation to an "IBCC asset" (not a disqualified asset) at the time of the CGT event.

What is an IBCC Asset?

To be an IBCC asset, the asset must be:

- An eligible asset type, which includes shares in a company, options originally issued by the company to acquire shares in that company, convertible notes issued by the company, other than convertible notes that are debt interests;
- Held at risk, meaning that the holder does not have an arrangement providing for the maintenance of the value or earnings of the asset, or other return that might be made from owning it;
- Issued on or after 1 July 2027, subject to transitional rules that apply to assets issued before that date;
- Issued to an eligible holder, being an individual or trustee of a trust, or constitutes an interest acquired in an IBCC company under an employee share acquisition scheme and held in or provided by an employee share trust; and
- Satisfies the holding period requirement, which is generally held for at least three years, subject to specified variations.

What is an IBCC Company?

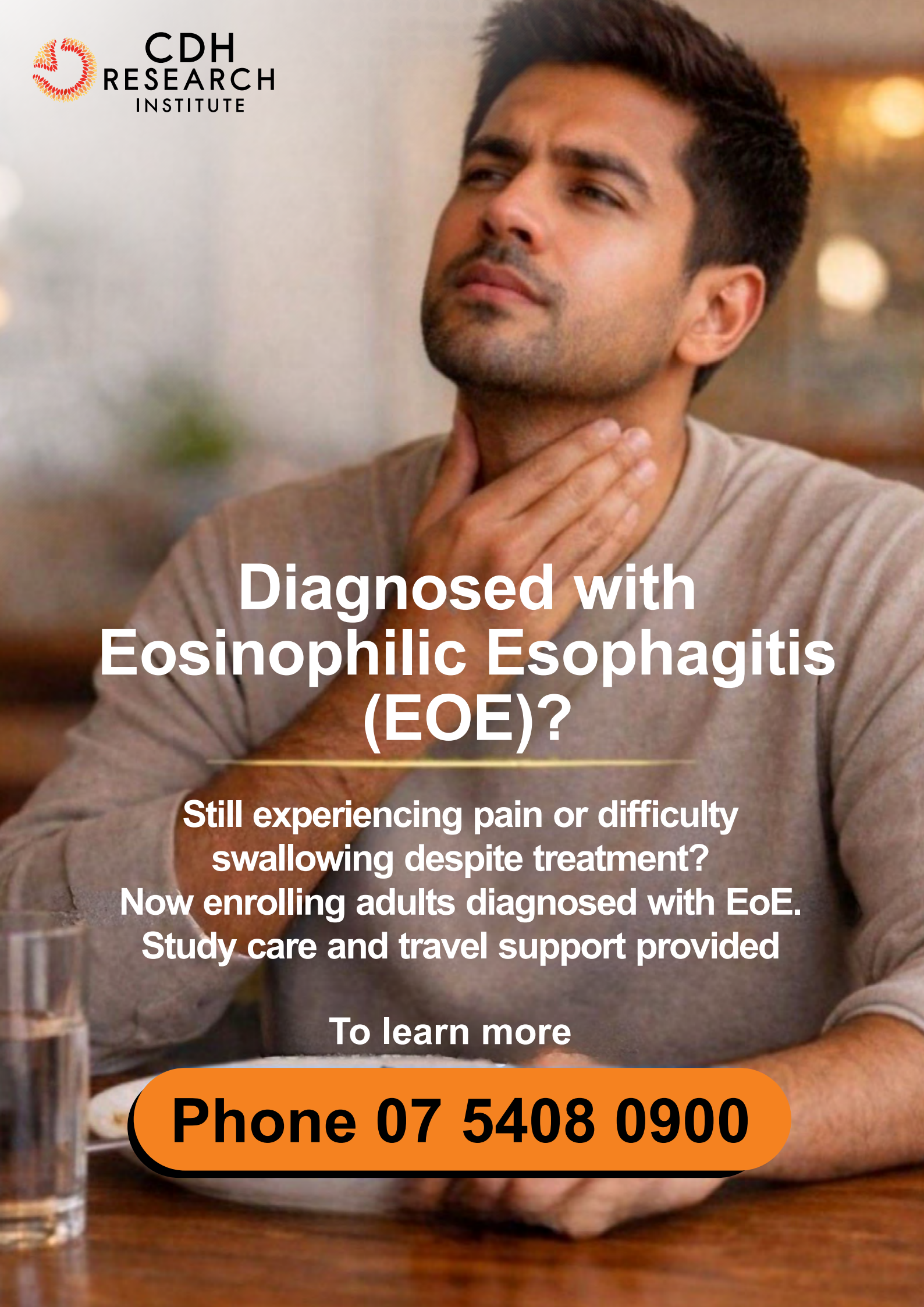
A company is an IBCC company if, at the relevant time, all of the following requirements are satisfied:

- The company, or an affiliate, has been incorporated under an Australian Law for less than 15 years;
- The shares must be in a company that is not listed on any stock exchange;
- The company's aggregated turnover for the most recent prior year does not exceed $50 million;
- The company satisfies the innovative company test, which requires it to demonstrate innovation, growth potential, scaling potential, broad market potential and competitive advantage;
- The company satisfies the predominant activity test and does not predominantly engage in activities excluded under that test;
- The company must be registered as an IBCC company, with registration capable of operating retrospectively

What Makes A Business Innovative?

The concession depends on a company meeting the innovation requirement, with the criteria expected to be based on the existing Early Stage Innovation Company (ESIC) framework. A draft legislative instrument will help existing companies incorporated before 1 July 2027 self-assess whether they meet the requirement. A separate instrument is proposed for companies incorporated on or after 1 July 2027. As neither instrument has been finalised, there is currently no certainty that a company will meet the innovation requirement. Consequently, a company may not be able to provide its shareholders with certainty that interests issued by the company will qualify for the IBCC.

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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Provider # **463771BA**



Prof James O'Beirne
Hepatologist
Provider # **5296936W**

SENDING LETTERS TO DR LIVINGS OR DR SHAVAKSHA?

Dr Livings and Dr Shavaksha now practise privately at The Solace Clinic. To make sure your letters reach them, search The Solace Clinic or any of our specialists on Medical Objects, by name or provider number. We're accepting new patients, and every referral is triaged by a specialist within 1 business day.

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Who can join:

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

Interested? Contact us today to learn about eligibility and next steps.

Farzad Nikaein, Trial Coordinator
Email: nikaein.f@research.usc.edu.au
Tel: +61 451 134 418

Ethics approvals: 117780 (MNHHS), S262229 (UniSC)

UniSC
Sunshine Coast
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Queensland Government



Sunshine Coast Neurosurgery

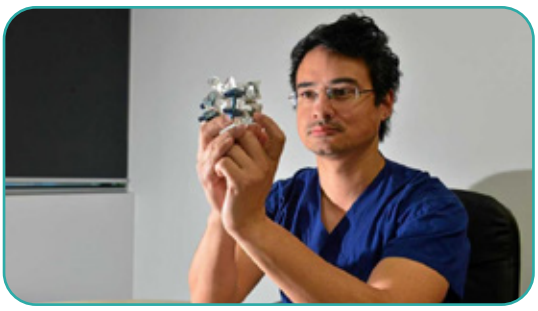
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In fact, Stephen is the only fellowship-trained spine surgeon on the coast endorsed by both the Australian Orthopaedic Association and the Neurosurgical Society of Australasia.

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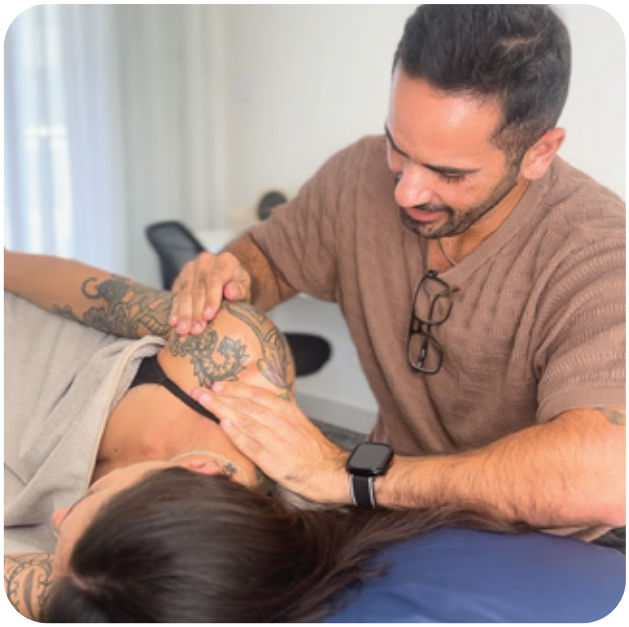
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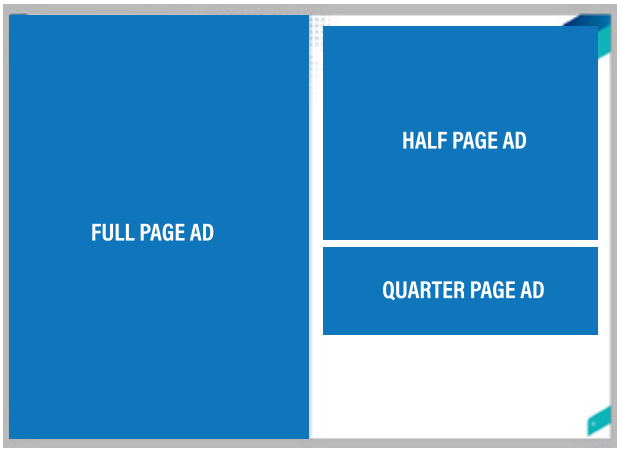
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- **Full page ad:** $500 + GST
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- **Half page ad:** $400 + GST
  210mm x 148mm
- **Quarter page ad:** $200 + GST
  30mm x 95mm
- **Advertorials:** $400 + GST



Please note the following discounts:

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

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

CLASSIFIEDS

- All classifieds are subject to the editor's discretion.
- No charge to current SCLMA members.
- Non-members: $100.
- Word count no more than 120 words.

- The Sunshine Coast Local Medical Association's Newsletter is a monthly publication.
- All newsletters are uploaded to our website: sclma.com.au and our Facebook page, both attracting strong traffic.

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

Contact: Lee-Anne Williams
newsletters@sclma.com.au

DISCLAIMER

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

SCLMA
Advertising Guidelines

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

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

PLEASE NOTE THE FOLLOWING:

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

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

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

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















Thank you to our September 2026 sponsor:

cura day hospitals group

Thursday 29th October 2026
Venue: Maroochydore Surf Club Function Room
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NOTICE BOARD

The Notice Board may include:

- Rooms for lease
- Medical equipment for sale
- Notice of retirement, cessation of practice or practice closure

All notices are subject to the Editor's discretion.

- **Current SCLMA Members: No charge**
- **Non-members: $100 + GST**

Maximum length: 120 words
Photos: Not permitted

Any listing that exceeds these guidelines will be treated as a paid advertisement. Submissions are due by the first business day of the month.

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LOCAL MEDICAL ASSOCIATION



28TH ANNUAL GENERAL MEETING
THURSDAY, 26 NOVEMBER 2026

Dr John Evans, SCLMA Secretary, invites all SCLMA members to attend the Association's 28th Annual General Meeting.

Members will receive the formal Notice of AGM, including the agenda and supporting documents, by email in early November.

Members are encouraged to familiarise themselves with the SCLMA Rules of Association, particularly the provisions relating to voting.

View the SCLMA Rules of Association (PDF)



November 2026 NEWSLETTER

Content deadline:
Friday 6 November 2026

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

Are you a member?

- If you are not a member please complete the application form available on the website:
- You will need two proposers to sign your application form. If you don't know two current members of the SCLMA who can act as your proposers, please contact Lee-Anne at admin@sclma.com.au

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