dandenong casey
general practice association

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Where next for primary care?

Editorial from PHC RIS Infonet
Volume 14, Issue 3, February 2010, ISBN 1832 620X, www.phcris.org.au.

Philip Davies, Professor of Health Systems & Policy, School of Population Health, University of Queensland

In 1962 Decca Records in England famously declined to sign the Beatles on the grounds that "guitar groups are on the way out". Despite the obvious hazards of crystal ball gazing it is important that researchers consider what might lie ahead for primary care.

Traditional, open-ended, fee-for-service payments are no longer fit for purpose as the sole (or even principal) basis for funding primary care.

We need to embrace multi-disciplinary care but if fee-for-service rebates, in their present form, were to be made widely available to non-medical practitioners, Medicare spending could spiral out of control.

Telephone and internet-based consultations are set to grow in importance but cannot easily be accommodated within the existing funding paradigm.

'Pure' fee-for-service doesn't adequately reward preventative services; it can inhibit effective management of chronic conditions; and it has failed to bring sufficient services to rural and remote communities.

New approaches to primary care funding are likely to blend fee-for-service, capitation and pay-for-performance. But changes to how the money flows will drive broader developments in the sector.

Capitation and pay-for-performance both require a formal link between service providers and service users, so patient 'enrolment' or affiliation with practices seems inevitable. Practices will also need to interface with electronic health record systems and employ a more diverse range of professional and support staff.

In order to meet such challenges, practices will need to strengthen their management capacity and invest in new technologies. Novel forms of organisation can be expected to emerge as primary care becomes more complex and capital-intensive.

As far as the primary care research agenda is concerned, we can expect to see the focus shift from the processes of care to the business and institutional context in which services are delivered.

"Nothing's gonna change my world", sang the Beatles some eight years after their rejection by Decca. It's doubtful whether the primary care community could make that same claim today.

Development of Berwick GP Super Clinic underway

Watson Young Architects have been appointed and planning is underway for the Berwick GP Super Clinic scheduled for completion in April/May 2011. The site for the clinic is Clyde Road on the grounds of the Berwick Campus, Monash University. Below, Dr Graeme Downe, Chair of Dandenong Casey General Practice Ltd strolls across the proposed site of the clinic.

The DCGPA is delighted to welcome Mary Mathews as Coordinating Project Manager of the Berwick GP Super Clinic. Mary brings a wealth of experience and a solid background in working with general practice. With a nursing background and a Masters in Public Health Mary worked with Monash Division of General Practice for the last 10 years more recently as their Chief Executive Officer.

Quality Improvement Council

Dandenong Casey
General Practice Association

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Deadline for newsletter articles is 10th of each month. Dandenong Casey General Practice Association reserves the right to accept or reject all material submitted for publication. For further information please call the Association.

DISCLAIMER
The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong Casey General Practice Association.

Enclosures for Members:

Innovative Clinical Teaching & Training Grants (ICTTG)

An application for ICTTG funding submitted in late January 2010 has originated from a consortium of organisations committed to broadening the multidisciplinary educational potential of a new GP Super clinic together with 20 plus general practice sites in the south east of Melbourne.

Consortium members include Monash University, the Victorian Metropolitan Alliance - General Practice Training (VMA), the Dandenong Casey General Practice Association, Bayside General Practice network and Monash Division of General Practice. They are joined in this application by 20 general practices in the south east region of Melbourne and the new Academic Unit in Primary Care Research. The submission proposed to use the Innovative Clinical Teaching and Training Grants to implement an innovative model in multidisciplinary training and education for the south east region of outer metropolitan Melbourne. We expect to learn about the selection of successful applications in the next month or two.

New Magnet

Aged and Disability Services Information and Referral is more than an intake service. The team of two which includes Richard Walker and Kerry Moor are available to provide information and referral about not only their own service, but on a range of different services and will endeavour to find answers to any questions you might have.

To remind you that this service is available, they have recently produced a magnet with the Information and Referral contact number. Please contact them on 8558 7902 if you would like to be sent a copy of the magnet.

Men's Health Information and Resources

Andrology Australia has developed a series of GP Summary Guides to assist in the management of male sexual and reproductive health, primarily in the general practice setting. These may be beneficial to practice nurses and are available from the Association Office by calling 8792 1900.

Additional resources can be ordered free of charge by calling Andrology Australia on 1300 303 878 or by visiting www.andrologyaustralia.org. These are ideal for waiting rooms or patient information.

Industrial Relations – further developments...

Modern Awards and the National Employment Standards (NES) came into effect on 1/1/2010. In previous newsletters we discussed what this might mean for our practices. Further information can be found on the Fair Work Australia Website at http://www.fwa.gov.au/index.cfm?pagename=transchanges.

The modern award which practices need to review for terms and conditions of the employment of administrative staff is the Health Professionals and Support Services Award 2010 - previously the Health & Allied Services Private Sector Award. A link to the new modern award is below and can also be found on our website under Business Issues/Awards.

- http://www.airc.gov.au/awardmod/awards/MA000027.pdf
- http://www.dcgpa.com.au/resources/General_Practice_Enhancement/Business_Issues/

Practices need to be aware that the Transitional arrangements are mentioned within the award and some of them do not come into effect until the 1st July 2010.

Reading through the new modern award is much easier for employers. There IS the provision to be able to offer award flexibility between an employee and employer. This can include arrangements for when work is performed/overtime rates/penalty rates/allowances/leave loading however it clearly says that the employer and employee must have genuinely made the agreement without coercion or duress and the result is in the employee being better off overall than the employee would have been if no individual flexibility agreement had been agreed to. Either party can terminate these arrangements but must provide 4 weeks notice in writing.

Part 5 of the award looks at hours of work/rostering/weekend work/meal breaks/overtime penalty rates/time off in lieu of payment for overtime/shift work/public holidays. You are encouraged to have a look at the award and become familiar with the new terminology and your obligations under the new regime.

We are still yet to confirm if there is coverage for employee GPs who earn under $108,000 per annum or whether there is an award which might underpin another award. When clarification is received we will let practices know.

Please be advised that we are only covering those paid under the award (and in the article for administrative staff - nurses ones will follow) and practices need to look at their own arrangements. Industrial relations remains extremely complicated for employers. Ignorance is no excuse for non compliance. We strongly encourage employers to read and embrace the changes. Changes can be for the better sometimes and after reading a couple of the modern awards, they are better – or at least to read! Decide for yourself after you have reviewed them.

The next Practice Support network lunch for Practice Managers and Nurses for our members will be held on Wednesday 3rd March and will cover the changes and reflect on many of the clauses. If you have any particular concern you would like addressed please email Julie Shanahan on j.shanahan@dcgpa.com.au and we will try and have these queries addressed. Flyers have already been sent out however if you have missed it, please contact the Association on 8792 1900.

As always we are here to assist our members. Please do not hesitate to contact the Association if you need assistance.

Predictions for 2010...

The Fair Work Australia Minimum Wage Panel will hand down its first decision. In a statement issued on 21st December 2009, Justice Giudice, the President of Fair Work Australia announced that the seven-member minimum wage panel would review minimum wages between March and June. New minimum wages will take effect from 1st July, 2010. Given that the Australian Fair Pay Commission decided against any rise in minimum wages in 2009, there will probably be some "catch up" this year.

Thanks to Macpherson+Kelley Lawyers for providing material.

Is your practice pandemic plan complete?

Just before Christmas the Association sent all practices in our area a template to help with developing their individual pandemic plan.

To encourage practices to complete their pandemic plan before the next flu season, we offered a chance for clinics who could confirm they had a pandemic plan to go into the draw to win a tea room hamper.

This month the Association will be phoning practices to ascertain if their plan is complete. If you have done your plan congratulations you might be a winner, if not, you have a second chance.

Visit our website at http://www.dcgpa.com.au/resources/Health_Programs/Pandemic_Planning/ and download the practice pandemic plan template and be in with a chance to win. Remember: *Pandemic Plans protect people and practices.*

Refugee Health

Health Assessments

From May 2010 Medicare will be streamlining Refugee Health Assessment Item Numbers into generic Health Assessment Item Numbers which will be time based.

In recent discussions with Medicare through the Victorian Refugee Health Network we have clarified that Refugees will still be eligible for Health Assessment rebates. We have also been able to express the concerns that GPs have had in the past in invoicing Refugee Health Assessments and have been able to provide some constructive input into the formation of the revised explanatory notes and fact sheets associated with the new Health Assessment Item Numbers.

Further information will follow as it is made available by Medicare.

Refugee Health training for Practice Nurses

The Refugee Health program will be offering opportunities for Practice Nurses to increase their skills in refugee health activities:

- assisting with new arrival Refugee Health Assessments,
- immunisation catch up schedules for refugees,
- preventative activities,
- chronic disease support,
- management plans, and
- coordination of care for refugees.

Furthermore, opportunities will be offered to highly skilled nurses to be contracted through the Association to provide refugee health training and clinical services to refugees at other clinics.

For further information and registration of interest, contact Christine Prendergast at the Association on 8792 1900 or c.prendergast@dcgpa.com.au.

Prescribing High Dose Vitamin D

Through the High Dose Vitamin D Program, 13 GPs in the region have applied to the Therapeutic Goods Administration for Authorised Prescriber status to prescribe 50,000iu cholecalciferol (high dose) tablets and capsules for the treatment of moderate to severe Vitamin D deficiency. Currently the applications are before the Southern Health ethics committee.

Stock of D-3-50 tablets has been ordered from the USA through Symbion and is expected to arrive in March/April for this purpose. Prescribers are advised to wait until final approvals have been obtained and stock has arrived in the local pharmacies before issuing prescriptions.

Please contact me if you would like to be part of this program and have not already applied.

Refugee Health Research Consortium

DCGPA is a partner in the newly formed Refugee Health Research Consortium based in Dandenong. The Consortium partners include: Monash University, Southern Health, Foundation House, AMES Settlement and the Victorian Departments of Health and Human Services. The Consortium aims to optimise the health of refugees through research. Current research priorities include the exploration of the costs and benefits of varied primary health care service delivery models for refugees in the setting nation health reform, the mental health of Afghan women and supporting refugee youth in crisis.

Dr I-Hao Cheng,
Refugee Health Program Coordinator
8792 1900 or i.cheng@dcgpa.com.au

Orientation Program for Nurses New to General Practice

General Practice Victoria (GPV) are once again offering the orientation program for nurses new to general practice. Sponsored by the Australian General Practice Network, this two day workshop continues to be very popular.

The next available workshop will be held on 28th & 29th April, 2010 and will be held at Arrow on Swanston, 488 Swanston Street, Carlton.

This program is a great way to orientate a new nurse and get them up to speed quickly. It is best suited to nurses that have been working about three months however even experienced practice nurses have found the program informative and the resources really useful.

Topics covered include:

Professional Practice—Primary Health Care and the Australian Health Care System (General Practice environment), nursing standards, competencies and guidelines and continuing professional development.

Provision of Clinical Care—Clinical assessment and health checks, triage, wound management and immunisation;

Management of Clinical Systems—Accreditation, Infection control principles in general practice and managing practice equipment;

Collaborative Practice—Information management in general practice, chronic disease management and health promotion in general practice.

Contact Del Lovett (d.lovett@gpv.org.au) or Nicole Toon (n.toon@gpv.org.au) at GPV for further information regarding this workshop.

Remember, if you employ a new nurse contact DCGPA to find out how we can help. Call Rose on 8792 1900 or email r.griffiths@dcgpa.com.au.

Quality Use of Medicine News

Zoledronic acid – don't be too enthusiastic. Zoledronic acid is a bisphosphonate marketed, amongst other things, for the treatment of osteoporosis, usually by annual infusion. Proponents of this treatment claim that it is a good way to achieve patient compliance. However treatments for bone health have four components – calcium, vitamin D, weight bearing exercise and if warranted prescription only medication (bisphosphonate, strontium, etc). It is not know if any of the prescription medications actually work in an environment where calcium and vitamin D are deficient as they have been involved in the prescription medication trial protocols. Compliance in the trials is normally much higher than in "the real world" of GP land.

So despite having this infusion, patients will still have to be compliant with their calcium and vitamin D, mostly on a daily basis. Doubtless some patients will be diligent, however some will forget and others will decide that as they have had the infusion they don't really need anything else. Prescribers having arranged an annual infusion will in many cases fail to monitor the situation and the local pharmacy won't see the patient monthly for their tablets. An annual infusion may be worse not better for the patient re their overall osteoporosis medication compliance.

If there are any adverse events with the infusion, because of it's long action these may be around for a very long time. Monthly tablets can of course be ceased and adverse effects should abate much more quickly.

This advice was in the QUM news last year and was prompted by company marketing of the product locally and the requests from practice staff administering the infusion.

And now QUM news has an interesting story to back up this advice courtesy of an 85 year old relative living interstate who was given this infusion. For this article she will be called Betty (not her real name). How this came about was related to QUM news as follows. She was talking to her doctor and admitted that she had some pain in her ribs. "What caused it" said the doctor. "They were broken" said Betty. "Oh" said the doctor "you have osteoporosis. I can fix that. I'll send a nurse around to your home to give you an injection".

Betty lives in a retirement village and has reported that others in the village have also received the same "injection" from the nurse. Note, Betty has all her marbles, her memory is excellent and her reasoning is A+. Betty will make an excellent witness at any hearings.

Betty reported a nurse arriving at her home with the infusion. She did not get a prescription and have it dispensed at the local pharmacy, it was all arranged by her doctor. After having the infusion, which did have some flu like adverse effects, Betty developed uveitis, an adverse effect that can be associated with bisphosphonate use, it's listed as an infrequent adverse event in the AMH and is mentioned in MIMs so it's not exactly a secret and can be found in the references that doctors are expected to have on hand and use. She visited her doctor with the problem on two occasions and was told that she had conjunctivitis and sent home.

Still in trouble with her eyes and a swollen face, her daughter called a locum doctor, who made a correct diagnosis and sent her straight to hospital. The doctor informed her that she was "lucky not to have lost her eyesight". She remained in hospital for five days during which proper history was taken and they discovered that she had had a zoledronic acid infusion. They asked why, were told about the broken ribs and then asked the further question (not asked by the prescribing doctor). "How did it happen", "In a car accident " said Betty. Oops, hardly a low trauma fracture.

Her new GP has organised a DEXA and checked her 25(OH)D. She has a T score of -1.8 (ie osteopenia not osteoporosis, her bones are better than the average person of her age) and low vitamin D. So the zoledronic acid infusion that nearly caused her to loose her eyesight and did cause her hospitalisation and distress (physical and mental) was not indicated and if it was indicated the vitamin D that she should have had with it was not arranged.

There are issues here where lessons can be learnt. Careful history taking to confirm the primary diagnosis and checking the product information regarding potential adverse effects would be two. But there is also one other major issue. On debriefing Betty about this incident it emerged that there appeared to be no patient counselling by the prescribing doctor and very little by the administering nurse (a hand out was left after the infusion had been given).

In our March 2008 newsletter we advised that patients should be given Consumer Medicines Information (CMI) and the chance to read it before being given the infusion. Betty was completely unaware of advice to have a dental checkup before the infusion. Betty was unaware of the long acting nature of the infusion and any potential consequences. She was not even sure what the infusion was to do and thought it was to relieve the pain in the bones rather than to prevent fractures and on this score should have been informed that bisphosphonates can in some cases actually cause bone pain. What Betty had done in this case was to completely put her faith in the doctor.

Betty's family are quite upset and urging that the prescribing doctor be reported to the authorities. Betty herself is not so upset and does not feel any particular ill will towards the doctor but it is likely that she will make a complaint to the local medical board, not to try and achieve compensation or

suspension but to achieve a change towards more careful prescribing and greater consultation. In the meantime some of the adverse effects have returned and she is taking medication for these.

It may just be that some fault for this could be also allocated to the way that the drug has been marketed. While the practice of supplying a nurse to do the infusion may create an unintended pressure in the minds of some prescribers to "round up" enough patients to make the nurse's visit worth while. Not having the medication supplied by the patient's regular pharmacy also puts the onus squarely on the doctor regarding patient counselling.

Quick Quiz

1. Given as a single dose, which of the following doses of vitamin D_3 might cause acute poisoning and fatality for a normal healthy adult human being – 1,000 IU, 10,000 IU, 100,000 IU, 1,000,000 IU or none of the preceding?
2. The photograph on the right shows a young woman who was the first female doctor in Australia, registering with the Medical Board of Victoria in 1890. She was also a founder of the Queen Victoria Hospital. What was her name?

3. In the Women's Health Initiative Oestrogen only trial oestrogen was associated with a non-significant increase or decrease in breast cancers?
4. The Beers Criteria is a list of medications that are generally considered inappropriate when given to elderly people. The medications listed tend to cause side effects in the elderly due to the changes of ageing. The list was originally created by geriatrician Mark H. Beers. The criteria were created through consensus of a panel of experts and they were originally published in the *Archives of Internal Medicine* in 1991 and were most recently updated in 2003.

   Following the criteria five of the following medications are considered generally inappropriate for use by elderly people, which are they? Amiodarone, amitriptyline, atenolol, bromocriptine, caridopa, methyldopa, oxybutyn, sumatriptan, temazepam and warfarin.
5. The TGA approval for the use of temazepam in Australia list it as being indicated for *"Sole therapy in short-term management of insomnia in adults",* true or false?

Answers to the Quick Quiz are on page 12.

"Therapeutic choices for menopausal symptoms" – the latest NPS topic. Menopause, a different story for every woman and arriving at that uncomplicated time of life when the kids are leaving home (or more probably coming back again) and the parents are getting on a bit. It's a really great time for the temperature sensor in the brain to go on the blink. For the 60% of women who will consult a GP there is medication that will reduce menopausal symptoms to tolerable levels in three out of four cases. So with very minimal risk quality of life can be largely restored. Unfortunately this medication, hormone therapy, has been the subject of misleading and misinformed publicity. The NPS wants to set this right. If you would like to know just what the evidence says phone Graham at the Association on 8792 1900 and arrange a practice visit. This will qualify for the QPI PIP and for RACGP points.

Secure messaging – as easy as sending an email

When transferring patient information between health service providers, confidentiality and security are paramount. Faxing referrals can be a cumbersome process, and the reality is you have no way of knowing who may have access to that information at the other end, or whether or not confidentiality is being upheld. The only way to be certain that the information you are sending is protected is to use secure electronic communication software such as Argus.

According to the National E-Health Transition Authority (NEHTA), general practice is the dominant creator of referrals, and trends indicate that referral rates are increasing; with this information in mind it is important to consider how best to streamline the referral process, as well as make it as secure as possible. Using secure electronic communication software will enable you to do both these things and more!

Save time – no need to print your referrals
- the Victorian Statewide Referral Form (VSRF) template is loaded into your medical software.
- create your own address book for your preferred service providers.

Save money – no fax, printing or extra staff costs
- Argus messages are **free to send and receive**

Save the environment – reduced paper usage

Contact Nick Deacon at the Association on 8792 1900 to have Argus installed or to set up your existing Argus installation for DCAS referrals and to customise your Victorian Statewide Referral Form.

*** Please note: The Diabetes Coordination and Assessment Service (DCAS) is now receiving referrals via Argus.**

News from the National Vascular Disease Prevention Alliance (NVDPA)

updated online calculator for measuring cardiovascular disease (CVD) risk now available at www.cvdcheck.org.au.

If you're interested in measuring your patients' five-year risk of getting CVD, make sure you visit the recently updated website www.cvdcheck.org.au. On this website you will find:

- a more user-friendly online CVD risk calculator for you to use with your patients
- a downloadable desktop version of the updated calculator
- easy-to-understand information explaining absolute CVD risk and what a risk score means
- a Q&A page that addresses frequently asked questions about absolute CVD risk
- links to other useful resources for measuring CVD risk and preventing CVD

The calculator and other information on the website are based on the 2009 Australian *Guidelines for the assessment of absolute cardiovascular disease risk* developed by the NVDPA and endorsed by the National Health and Medical Research Council.

NVDPA members include the National Heart Foundation of Australia, National Stroke Foundation, Kidney Health Australia and Diabetes Australia.

NEW Heart Foundation practice tools for managing hypertension - NOW AVAILABLE

Based on the *Guide to management of hypertension 2008,* these tools provide quick access to key clinical recommendations and summarised treatment algorithms from the guidelines, to help guide management of people with raised blood pressure.

• *Wall chart* • *Quick Reference Guide* • *Slide presentation*	BP management algorithms
	Drug treatment algorithms for BP
	Treatment targets for BP
	Australian absolute cardiovascular risk charts

For ordering print copies, contact the Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au.

A slide presentation can be downloaded from www.heartfoundation.org.au/Professional_Information/Clinical_Practice/Hypertension.

WorkHealth Roll Out

As the WorkHealth initiative rolls out across Victoria, general practice will start to see workers presenting for follow up appointments to discuss the results of their health check.

What is a WorkHealth Check?

A free and confidential health check for workers which helps them understand and provides advice on their risk of heart disease and type 2 diabetes. These checks are performed by WorkHealth Endorsed Service Providers who must be suitably qualified health professionals.

What does it involve?

- self assessment of smoking, physical activity, alcohol and diet,
- physical/biomedical assessments - waist circumference, blood pressure, random blood cholesterol & random blood glucose
- risk assessment - using the AUSDRISK and Absolute Cardiovascular Risk tools.

On completion of the assessment, each worker is provided information on their results and given tailored advice based on their assessments. In some circumstances, workers will be advised to see their GP for follow up.

In what circumstances will patients be advised to see their GP?

- ➢ If they are found to be at high risk of a chronic disease (based on results from the AUSDRISK & Cardiovascular Risk Tools). The recommended timeframe would be within the next month.
- ➢ All others will be advised to discuss the results of their WorkHealth check with their GP at their next routine visit.

How will I know if a patient has had a worker health check?

Workers that present to general practice post health check will be advised to bring their WorkHealth booklet with them:

This booklet will include all of the results from the worker health check assessments.

Where can I access further information?

Further information is available from the WorkHealth website: http://www.workhealth.vic.gov.au or by contacting Dandenong Casey General Practice Association on 8792 1900.

Face to Face DVD: Challenging Cases in Medical Practice

The RACGP together with the Medical Practitioners Board of Victoria have put together a DVD which is designed to be a resource for doctors. It provides guidance about some of the most common, professionally challenging situations doctors face in medical practice in Australia.

The DVD has been reviewed by a member of the Association and has been recommended for GP Supervisors to show their registrars. The DVD covers such topics as: when to terminate the doctor-patient relationship, bending the rules, doctor shopping, blurring of boundaries and more.

The Association has three copies of this DVD to give away. If you have GP Registrars at your practice and would like a copy, please contact Alison Killin on 8792 1900 or email a.killin@dcgpa.com.au. Further copies are available to purchase for $15.00 each.

New Mental Health Medicare Item Number - 2702

What is the new MBS item for GPs who have not completed Mental Health Skills Training?
As of 1st January 2010, a new Medicare item (2702) will be introduced for GPs completing Mental Health Treatment Plans and who have not completed accredited Mental Health Skills Training. A schedule fee of $125.95 for developing a Mental Health Treatment Plan will apply.

GPs who have completed Mental Health Skills Training accredited by the General Practice Mental Health Standards Collaboration (GPMHSC) will continue to be able to access item 2710, with a current schedule fee of $160.45 for developing a Mental Health Treatment Plan.

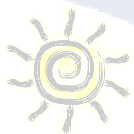
What if I claim the wrong item number?
If a GP who is not registered with Medicare Australia as having completed the training claims an item 2710, Medicare Australia will reject the claim. The Medicare system will **NOT** automatically default to a 2702 item.

If a patient takes a claim for a 2710 to Medicare Australia for reimbursement, and the GP who prepared the Plan is not registered with Medicare Australia as having completed Mental Health Skills Training, the Medicare system will not allow this to be processed. The patient will be required to return to the practice and have the correct invoice issued for a 2702 item and return to Medicare to process this new claim.

How can I confirm that I am registered as having completed Mental Health Skills Training?
If you are unsure whether you have completed Mental Health Skills Training, you should contact GPMHSC to check whether you have done so on 03 8699 0554, 03 8699 0556 or at gpmhsc@racgp.org.au.

If I am yet to complete Mental Health Skills Training, how can I find out what courses are available in my area?
There are a number of ways to find available Mental Health Skills Training courses. You could visit the GPMHSC's find training page at www.gpmhdc.org.au, or contact the GPMHSC on 8699 0554 or 8699 0566.

DCGPA will conduct further training courses in 2010. There are also online (web based) training courses available.



SunSmart update on summer campaigns

Young Victorians and women are the targets of two UV protection campaigns running in Victoria this summer.

- The ***Dark Side of Tanning*** focuses on adolescents and young adults, graphically representing the damaging impact of tanning and sunburn. Campaign materials can be found at www.sunsmart.com.au.
- ***Fashion to die for*** highlights the dangers of solariums and targets 18 - 30 year old women, who remain the biggest users of solariums. A brochure and poster can be ordered at www.sunsmart.com.au/resources.

A new GP resource to assist in the promotion of safe UV exposure and vitamin D in Victoria has also been released.

Low Vitamin D in Victoria: Key health messages for GPs

Highlights the latest vitamin D information and has been developed for Victorian health professionals and community workers.

Low Vitamin D in Victoria: Key health messages for doctors, nurses and allied health outlines at-risk population groups, safe sun exposure levels and treatment recommendations.

It is a joint initiative of the Victorian Department of Health, SunSmart, the University of Melbourne, General Practice Victoria, Royal Children's Hospital and other partners.

The resource can be downloaded from www.sunsmart.com.au/vitamin_d along with;

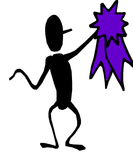
- Information for patients on a balanced approach to sun exposure
- Translated information for people with naturally very dark skin.

Continuing Professional Development (CPD) Survey Results

We had a great response to our CPD Survey late last year. The information collected from this provides us with valuable information in regards to the events we will look to run for you this year.

The following topics are the Top 5 results from the survey and we will endeavour to cover each of these topics throughout 2010:

1. Travel Medicine
2. Women's Health
3. Cancer
4. Aged Care
5. Dermatology/Diabetes Management
   (both came in equal at number 5)



A big thank you to all of the GPs who took the time to fill out this survey. There were also 10 lucky winners drawn out of a hat who have each received a Coles/Myer voucher in the post.

Dr Allan Douglas – Hallam Family Practice
Dr Lynn Scoles – Raymond McMahon Medical Centre
Dr Catherine Jeffrey – Shalimar House
Dr Peter Cheung – Narregate Medical & Dental
Dr Roger Smith – Casey Medical Centre
Dr Wafa Michaels – Rowville Health Group
Dr Jim Smith – Joseph Banks Medical Centre
Dr Rodney Lee – Medisurge Surgery
Dr Toan Hau – Amstel Medical Centre
Dr Denver Jansen – Thompson Road Clinic

Final Year of the RACGP QA&CPD Triennium

A reminder to all GPs that this is the last year of the 2008 - 2010 QA&CPD triennium. Make sure you log into RACGP (www.racgp.org.au) and check how many more points you need to fulfil the requirements (see table below).

Keep an eye out for our upcoming events, or log onto our website and check the events page at: http://www.dcgpa.com.au/events.

For all CPD/Event enquiries please contact Alison Killin on 8792 1900.

<table>
<tr><th colspan="3">2008–2010 RACGP QA&CPD Program requirements (Note: new or modified elements indicated in bold)</th></tr>
<tr><td colspan="3">A minimum of 130 points is required for the triennium and must include:
• two Category 1 activities from the options listed below, and
• completion of a basic cardiopulmonary resuscitation (CPR) course.</td></tr>
<tr><td>Category 1 options</td><td>Category 2 options</td><td>Unaccredited activities</td></tr>
<tr><td>Active learning module (40 points)
Clinical audit (40 points)
Evidence based medicine (EBM) journal club (40 points)
GP research: (40 points)
• principal investigator
• GP research participant
Learning plan (one per triennium capped at 40 points)
Rapid 'Plan, Do, Study, Act' (PDSA) cycle (40 points)
Small group learning (40 points)
Supervised clinical attachment (40 points)
Higher education relevant to general practice (Australian qualifications framework – accredited):
• Graduate certificate (60 points)
• Graduate diploma (90 points)
• Masters degree (120 points)
• Doctor of Philosophy degree (PhD) (150 points)
RACGP assessment activities (150 points)
• FRACGP by examination
• FRACGP by practice based assessment
• FARGP</td><td>Endorsed or accredited provider Category 2 activities (each activity capped at 30 points)</td><td rowspan="2">Self recorded activities (minimum of 10 hours education for 20 points for the triennium)</td></tr>
<tr><td colspan="2">Basic CPR course
• Must meet Australian Resuscitation Council (ARC) guidelines
• Can be a Category 2 activity or part of a Category 1 activity</td></tr>
</table>

Lifestyle Modification to Prevent Diabetes

Dandenong Casey General Practice Association continues to provide the Life! Diabetes Prevention Program. The Life! Program aims to assist patients to reduce their lifestyle risk factors for Type 2 Diabetes.

The program takes place over a 9 week period with follow up at 6 months. Research findings have shown that the program **reduces the risk of developing Type 2 Diabetes by 58%.**

We have already seen some fantastic results from our initial programs, **with weight losses of up to 7kg in 9 weeks.** Reductions in fat intake, an increase in fibre and improved physical activity levels were also reported.

As a referring practitioner, we will provide you with a detailed report of your patient's progress at the end of each program.

To refer, send a referral to the Diabetes Coordination & Assessment Services or contact Candice Crellin Tuesday to Friday on 8792 1922 for further information.

Send referrals to:

DCAS

using the Victorian Statewide Referral Tool

http://www.dcgpa.com.au/resources/Health_Programs/Diabetes/

Referrals can either be faxed: 9793 9052

or

E-referred via Argus: dddgp_arguspgref@dddgp.com.au

Contact DCAS on 8792 1922 for further information.

Diabetes Prevention Case Finding Funding

Do you see patients with multiple risk factors for Type 2 Diabetes?

Did you know that Lifestyle Modification Programs have been shown to reduce the risk of developing Type 2 Diabetes by 58%?

Do you need funding to assist you to identify and refer these patients to lifestyle modification programs?

If you answered yes to any of the above questions, you are eligible to receive $560 to support 16 hours of case finding.

If you are interested in funding for case finding, please contact:
Candice Crellin at the Diabetes Coordination & Assessment Service, Tuesday to Friday on **8792 1922**.

DCGPA Footy Tipping Competition

Once again, DCGPA will be running a footy tipping competition online through www.footytips.com.au. Anyone who was part of the 2009 competition will still be listed.

There are five games within this competition and you can enter any or all of the games:

- The usual tipping;
- Fantasy—create your own team and trade players each week within a salary cap;
- Streak—picking only one winner each round, who can have the longest winning streak without a loss;
- Flexi—Tip one or more games each round and multiply the points by the odds for that game;
- Trivia—10 weekly footy tipping questions.

Further details of each game are on the footytips.com.au website.

Again there is no cost to enter and thus no cash prizes, but who knows what may come out of the mystery box at the end of the season for the winner(s), apart from the kudos.

The competition is open to Association staff, GP members, their practice staff and family and friends. The more who join, the more interesting it will be.

The direct link to our competition page is **www.footytips.com.au/comps/dcgpa**.

The password for the competition, for new tippers, is **drfooty**.

Aboriginal and Torres Strait Islander Health

'Closing the Gap'

The Indigenous Health PIP Incentive is available from May, with a strong focus on improving chronic disease management.

To help identify Aboriginal and Torres Strait Islander people, recommended words to use at reception or in consultation are: "**Are you of Aboriginal or Torres Strait Islander origin?**"

If you would like a practice visit or assistance regarding Aboriginal health, please contact Peter Larter at the Association on (03) 8792 1900 or email p.larter@dcgpa.com.au.

"Chronic illness is… estimated to account for around 70 per cent of the life expectancy gap between Aboriginal and Torres Strait Islander people and other Australians"

\- National Health and Hospitals Reform Commission, 2009.

Keep these dates free…

Receptionist Forum
Thursday 13th May, 2010
Pin Oak Receptions, Hallam

Practice Managers & Nurses Conference
Friday 30th—Saturday 31st July, 2010
The Country Place Retreat, Kalorama

Invitations will be sent in due course.

Immunisation Update

COMVAX® Stock Expires

ALL remaining stocks of COMVAX vaccine expire at the end of February 2010.

If you are holding unused stock of COMVAX in your vaccine refrigerator, please discard it into your biohazard waste bin at the end of February.

COMVAX (Hepatitis B and Haemophilus influenzae type b antigens) vaccine was removed from routine use in the Victorian immunisation infant schedule in March 2008. The combination vaccine Infanrix hexa® (Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis, Haemophilus influenzae type b) replaced COMVAX vaccine.

The following extract will appear in the February issue of the Immunisation Program newsletter.

Seasonal Flu vaccine will soon be available. Remember if you have people expecting to travel before the seasonal flu vaccine is available, encourage PANVAX vaccine.

A resource to help with administering PANVAX (H1N1) and seasonal flu 2010 vaccination for children below 10 years of age, may help your GPs and nurses. This resource can be obtained from the Health Emergency Website (link below).

For all information in relation to the use of Pandemic and Influenza vaccines in children and the latest guidelines for the management of H1N1, please use the Health emergency site. Save the link below to your favourites.

http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof.

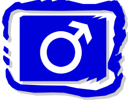
Shortage of Varilrix Stock

GSK Australia recently notified the Immunisation Program that due to an investigation into the diluent component of Varilrix vaccine GSK quality assurance has quarantined Varilrix vaccine in Belgium. This stock was required to meet demand for the Australian 18 month old and pre-adolescent catch-up programs.

Due to the shortage of Varilrix stock priority is to ensure supply is sustained for the 18 month program. Councils have been asked to **defer** the timing of their Year 7 school program, **unless** they already have stock on hand for this purpose. GPs are also asked to reserve stock for the 18 month old program. It is anticipated that supply will resume normally by mid-year allowing the Year 7 school program to resume. The Immunisation Program will provide further updates to immunisation providers as soon as GSK can confirm restoration of the usual stock supply.

GSK have now secured Varilrix vaccine stock for the **18 month old program only** from overseas and gained TGA approval. This vaccine will be rolled out to immunisation providers very shortly. All deliveries of Varilrix will be accompanied by a letter of explanation from GSK about the different presentation in international packaging. A copy of this letter is attached for your information.

If you have any further questions in relation to Varlrix supply please do not hesitate to contact Anne Nunan, Immunisation Program Officer on 8792 1900.



Men's Health Information and Resources

Andrology Australia has developed a series of GP Summary Guides to assist in the management of male sexual and reproductive health, primarily in the general practice setting. These may be beneficial to practice nurses and are available from the Association Office by calling 8792 1900.

Additional resources can be ordered free of charge by calling Andrology Australia on 1300 303 878 or by visiting their website at www.andrologyaustralia.org. These are ideal for waiting rooms or patient information.

The DCGPA Triage Support Guide has been updated for 2010

This modified version of the POPGUNS tool developed by SE NSW Division of General Practice consists of a wall chart and a triage support handbook containing flip cards. The Wall Chart and the Handbook **must** be used together.

The Wall Chart is intended to guide receptionists to categorise patients with urgent presentations into different levels of priority, based on the problems described or observed. It includes question prompts to guide the assessment of patients problems, advice to give "phone ins" and immediate actions for "walk ins" depending on the category selected.

The flip cards contained in the handbook provide guidance to the initial management of the patient's condition and alerts to possible changes in patient's problems with links to appropriate categories.

Simple "non clinical" language is used throughout these resources as all the practice team (clinical and non-clinical staff) have a role in the management of medical emergencies. This guide can be used to initiate discussion, and all clinics should provide orientation and training before implementation of this Triage Support Guide.

To purchase a copy of the fully assembled 2010 Triage Guide or update your existing DCGPA Triage Guide to the 2010 version, please phone the Dandenong Casey General Practice Association on 03 8792 1900 or email admin@dcgpa.com.au and request a "New Triage Guide" or "2010 Update"

- New Triage Guide: $60 plus GST & Postage. (Contains coloured flip cards, laminated wall chart all fully assembled in a labelled folder)
- 2010 Update: $15 plus GST & Postage. (Contains a laminated wall chart and corresponding coloured flip cards which will need to be inserted into your DCGPA folder)

NOTE: DCGPA member practices located within our postcode boundaries can request one free Triage Guide or a free 2010 update.

The DCGPA Triage Support Guide can be viewed prior to purchase, or personalised to suit your preferences and downloaded free, by going to our website home page (www.dcgpa.com.au) and following the 'Hot Resources' 'Triage Support Guide' link at the bottom left of screen.

QUM Corner Quick Quiz answers from page 6

1. None of the preceding. Vitamin D_3 (cholecalciferol) is remarkably safe. In one instance of accidental overdose a father and son both consumed an estimated 1.7 million units a day for seven months and in another instance an estimated dose ranged between 156,000 to 2,604,000 IU a day over a period of two years. In both instances the patients had an uneventful recovery upon withdrawal of the drug and treatment with steroids. Infants with vitamin D severe deficiency have been treated with a stat dose* of 600,000 IU. *J. Clin Invest. Volume 116, Issue 8 August 2006;116(8):2062–2072. Michael F. Holick. Resurrection of vitamin D deficiency and rickets.
2. (Emma) Constance Stone (4 December 1856 - 1902) was born in Hobart. She was forced to leave Australia to study medicine, graduated from the Women's Medical College of Pennsylvania, and was awarded her MD from the University of Trinity College, Toronto. She went on to London where she worked in the New Hospital for Women and qualified as a licentiate of the Society of Apothecaries. Her sister Clara Stone followed her into medicine, she had been allowed to study in Australia and was one of two women who graduated from the University of Melbourne in 1891. The sisters went into private practice together. In September 1896 eleven of Melbourne's women doctors decided to found the Victorian Medical Women's Society and the Queen Victoria Hospital for women. In 1902 Constance fell ill with tuberculosis and died. Her husband and daughter, who also became a doctor, survived her.
3. Decrease.
4. Amiodarone, amitriptyline, methyldopa, oxybutyn, and temazepam.
5. False. Temazepam is indicated for "*Adjunctive therapy in the short term management of insomnia in adults*". The two ramifications of this are that temazepam should only be used together with a sleep hygiene program and that continuous use for insomnia is an "off label" use. A patient information leaflet detailing a sleep hygiene program can be obtained from the NPS at http://www.nps.org.au/_data/assets/pdf_file/0016/72160/Insomnia_sleep_hygiene_and_reducing_sedative_use.pdf.