



Dr Nicholas Demediuk, Chairman and Anne Peek, CEO of the Dandenong Casey General Practice Association.

New Name, New Look!

We are proud to launch the new logo for the Dandenong Casey General Practice Association. The logo is based on a design from Jo Ong, our Diabetes Program Officer. Jo has a creative flair with a background in photography and graphic design. The Board and staff were unanimous in choosing Jo's design.

The name change was introduced as part of our recent rule changes and gave us an opportunity to also update our logo. The name reflects both our geographical boundaries and who we are. It does so by clearly mentioning our catchment, the Cities of Greater Dandenong and Casey, along with a clearer description of our constituency being an association of General Practitioners. The term division was always unhelpful in our relationships and poorly understood by the outside world and similarly the move by many divisions to a common branding using the 'network' name was thought to be counterproductive. At the end of the day it is still your association and functions to support you in your practice, so let us know if you have comments or suggestions for improvement and advancement of the organisation.

Berwick Superclinic

The DCGPA is your association and it is not the Board's intention to operate a commercial business providing direct health care in competition with its GPs. The Association is however committed to improving the health care of the community.

There appears to be an opportunity for our organisation to be involved in the Berwick superclinic development and its management and get a win-win-win outcome for the Profession (training students and new doctors), the local GPs (provision of ancillary support services) and the local community (adding to the pool of available practitioners). Prior to this superclinic proposal, the DCGPA has been in discussion with both Monash University and Southern Health to set up a Chair of General Practice in Dandenong and things are already at an advanced stage. Our relationships with these organisations are robust and discussions of a very embryonic nature around the superclinic proposal have occurred.

The alternative is to allow the corporate providers of medical care to provide this role. It is important to point out that they do not have the same aims and altruistic intent of your association as a commercial return on investment is their primary goal. This could see more emphasis on direct provision of GP services in competition with local GPs benefited by any capital and on-going funding that the tender provides – which in my opinion could provide an unfair competitive advantage with less benefit to the profession in the provision of training and ultimately to the community. The DCGPA believes that a corporate provider has already indicated intent to tender.

You may well believe that the DCGPA should stay out of the process entirely or that it should fully support on-going involvement in the process with a view to tendering for the clinic either alone or as part of a consortium with the university and health care network. A decision to proceed has NOT been made but either way I encourage you to feedback your opinions through any of the Board Directors or directly to me on 0418 550 827 so that your voice is heard. I also invite and encourage your attendance at the upcoming meeting in Berwick to hear the latest and discuss this crucial issue – which I believe is a 'must do' for all local practitioners.

Dr Nicholas Demediuk, Chairman



**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:

Type 2 Diabetes Patient Services Information
Afghan Community Clinic Flier



HEADSTRONG PROGRAM

The Headstrong Program is a free program for people who have sustained a brain injury through an accident or trauma, and will include families.

The program aims to:

- Strengthen family communication;
- Make it easier to solve daily dilemmas;
- Increase understanding of brain injury; and
- Get people back to having fun with others.

This type of program has been shown to:

- Improve mental health;
- Reduce family stress; and
- Increase employment.

This program is for individuals between the ages of 17 and 80 years who have a traumatic brain injury, have some contact with family and English language proficiency.

You can refer to the program by ringing the clinic on 9548 7011 or forwarding a referral form via fax on 9501 2535. Visit their website at: www.cpc.monash.org for additional information.

**NEW DIABETES RESOURCES
now available**

Following the success of the Practice Nurse Diabetes update in May, we now have various practical resources available for members:

- **Type 2 Diabetes Patient Services—Information for General Practice**

Enclosed with newsletter.

- **Timeline for Diabetes Care**

A practical resource that utilise the Diabetes Annual Cycle of Care, GPMP and TCA to improve service outcomes.

www.dddgp.com.au/resources/Health_Programs/Diabetes/

Call Jo Ong at the Association for a practice visit to discuss implementation.

- **Diabetes information in different languages**

A useful Diabetes website for accessing patient information in different languages

<http://www.diabetesaustralia.com.au/home/index.htm>

For all your diabetes information and queries, please contact the **Diabetes Coordination and Assessment Service** at the Association. Phone: 9792 1550 Fax: 9793 9052.

GP Liaison Services Update

Appointment of GP Consultant

I am delighted to announce the appointment of Dr Charles Roth to the part time position of GP Consultant with GP Liaison Services. Charles has worked in General Practice for over 20 years and has experience within the acute sector, most recently having worked within the Emergency Department as a Senior CMO. Charles also has a role within the Hospital In The Home program at Southern Health and will bring a wealth of knowledge and experience to his position as GP Consultant.

Charles can be contacted via email at: charles.roth@southernhealth.org.au or via the GP Liaison Unit on 03 9594 3014.

Division Project Officers – Working with GP Liaison

GP Liaison Services along with Dandenong Casey, Monash and Greater Monash Divisions/GP Associations, have recently finalised arrangements for joint project officer positions. These project officers will have specific responsibilities as they relate to the GP-Hospital interface and will further strengthen the GP voice within the health service. Project Officers will work one day per week based at the Hospital and another at their Division in these roles.

Simone Mitchell – Monash Division of General Practice will continue work on improving hospital discharge communication, specifically the rollout of an electronic discharge summary template, HMO education tools and discharge summary audits.

Sandra Stephens – Greater Monash GP Network will have the portfolio of education and will look at the development of clinical attachments for GPs within the network in various areas. Several areas have been flagged for consideration.

Amy Derrick – Dandenong Casey General Practice Association will work at improving the ED interface with General Practice and Aged Care. Amy will also represent General Practice on the Respecting Patient Choices Reference Group, and will be further developing a shared care fracture management model.

Maternity GP Liaison Services – By Dr Bec Fradkin (Maternity GPLO)

Accreditation for SH Shared Antenatal Care Affiliates and GP Obstetricians

Maternity affiliates who have not yet re-accredited are asked to contact Dr Bec Fradkin (Maternity Services GP Liaison Officer) as soon as possible on 9594 3014 or via email at: Rebecca.fradkin@southernhealth.org.au.

<p>Tanya Heaney-Voogt Director – GP Liaison Services, Acute Ambulatory Services tanya.heaneyvoogt@southernhealth.org.au P 9594 6417 / 8768 1375, F 9594 6063, M 0438 513 929</p>	<p>Consultant Practice Manager, GP After Hours Centre Monash c/- tanya.heaneyvoogt@southernhealth.org.au P 9594 3014, F 9594 6063</p>
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<p>Ms Emma Dizon Practice Manager, GP After Hours Centre Dandenong emma.dizon@southernhealth.org.au P 9554 8787, F 9554 8908</p>	<p>Ms Simone Mitchell Project Officer – GP Liaison Services Monash Division of General Practice (Via Division or GPLU Phone on 9594 3014)</p>

Human Resources Update



And a word on Risk Management...

Insurance pitfalls...it might be time to check your policy

Each year when your medical indemnity insurance falls due remember to check what you are covered for and ensure your staff are also adequately covered. Various medico legal companies offer a range of different options and while you think your staff may be covered under your practice policy for any action they may undertake which may give rise to a claim, perhaps they aren't. It is quite common within a practice for GPs to be insured with different insurance companies. For example one company may provide an automatic practice cover under your policy whereas another company may not.

General rule of thumb! Read the fine print and ask questions, don't just sign up without checking!

Industrial Relations Issues

A reminder to employer practices that AWA's have now been abolished. A common law agreement is still possible but don't get it wrong or it could be costly.

The Modernisation of Awards process has begun with the request from the Minister on the 28th March pursuant to s.576C(1) of the *Workplace Relations Act 1996*.

Some of the suggestions in the Ministers statement suggested modern awards must be simple to understand and easy to apply. There must be a safety net in place and they must promote flexible work practices. Health and safety issues need to be taken into account and discrimination is not acceptable. At the same time these work practices must be efficient and productive for workplaces. Collective bargaining is the key to successful modern awards.

The content of Modern awards may include terms in

relation to minimum wages, types of employment, overtime/penalty rates, when work is to be carried out, leave and leave loadings, superannuation and procedures for consultation and dispute settlement.

Various groups have been consulted including the Australian Chamber of Commerce and Industry, the ACTU and the AiG. Further consultation with other groups may be appropriate to include various other industries.

Within each industry/occupation the principal federal award will usually be the starting point for drafting. Wage rates derived from State Awards and rates in transitional awards may also be used. Other terms in State awards may also be relevant.

We will continue to keep members posted and up to date as changes occur.

Are you covered?

It's amazing to note that despite repeatedly reminding practices to ensure employment agreements are documented, signed and kept up to date that many practices still have no documentation whatsoever in place. This is not good business practice and the advice to those practices that this applies to is "please, take the time and get your documentation happening". If you are stuck and uncertain how to go about this, please contact me and see if I can be of assistance.

Various groups offer assistance and guidance in relation to HR and IR issues and it should be emphasized to seek clarification on issues from more than just one source. The industrial relations area is huge, complex and often very confusing. You wouldn't just rely on one source for your tax advice, or any other business advice so why should this area be any different. To be ignorant on issues of employing staff and only hearing what you want to hear could leave the gate open to a flood of litigation down the track. Don't get caught – stay informed and keep up to date as best as you can.

Julie Shanahan, Business Coordinator

AMHs for free!

No it's not a trick, it's an incentive. The Association would like all the GPs in all our practices that we service to be members. So just look around your practice and if one of your GPs is not a member, have a chat to them about joining the Association.

For the first 14 practices that join up a new member, the Association will give the practice a current edition of the Australian Medicines Handbook (AMH) valued at \$145 ABSOLUTELY FREE.



Vaccination Advice for Beijing Olympics



The Beijing Olympics may not be kicking off until August, but advice for travellers to the Games is already being released.

Vaccination against hepatitis A and B, typhoid and malaria is recommended. Hepatitis A is advised because summer is the peak season for food-borne disease and Hepatitis B needs to be considered as about 10% of the Chinese population are chronic carriers of the disease. Although typhoid and malaria are risks in China, generally these are not a problem in Beijing, but prophylaxis should be considered if travelling to more tropical areas of the country.

It is also recommended that tetanus, varicella and MMR immunity is up to date, especially as there have been more than 4000 cases of measles reported in western china in the last 1-2 months. As for Japanese B encephalitis, even though the summer is the risk period the disease is not present in the city areas.

Immunisation tips from Peter Eizenberg

- When there is a cold chain breach DHS are only at liberty to provide advice about DHS funded vaccines. For vaccines purchased privately please notify SaefVic on 1300 882 008 or contact the drug company that supplied the vaccines, who will most likely refer you to the WHO website.
- Be careful when purchasing a purpose-built vaccine fridge. During a power failure it has been observed that the fridges with glass doors absorb warmth from outside quickly. Peter recommends purchasing solid door fridges for this reason. In fact Rollex are not producing glass door purpose built vaccination fridges any more because of this.
- Keep in mind that it is still worthwhile recommending Cevaxix to women aged between 27 and 45 years even if they are with the same partner. The vaccine has been proven to reduce the risk of cervical cancer in this cohort.
- For calculating the correct catch-up schedule contact DHS on 1300 882 008 or use the online calculator for children up to 7 years at www.health.sa.gov.au/immunisationcalculator.

Casey Medical Centre Brings in the Awards

Congratulations to Casey Medical Centre in Cranbourne who were one of 20 practices Australia wide to receive the AGPAL Practice Excellence Award for 2007. The practices were selected due to their high performance via AccreditationPro, high standards of quality improvement and a commitment to safety and quality.

Casey Medical Centre were also the proud recipients of AGPAL's Inaugural Safety and Quality Award for 2007. Casey was selected for this award from five finalists across the country and this achievement is recognition for a team effort by all practice staff towards the improvement of safety and quality.

The awards were presented to Casey Medical at a glittering presentation dinner at the Grand Hyatt at the QIP/AGPAL's 4th International Conference in Primary Health Care.

Remember, if your practice is coming up for accreditation or re-accreditation and you would like some assistance please contact Rose Griffiths or Maree Gault at the Association on 9706 7311.



← Drs Sam Auteri and Colin Madeley with their awards



GPs and Staff celebrating their win →

Refugee Health

Refugee Health Assessments (MBS Items 714 / 716) and Medicare

The latest version of the Refugee Health Assessment template (Dec 2007) created by General Practice Victoria and endorsed by the RACGP is now available on the DCGPA www.dddgp.com.au and GPV www.gpdv.com.au websites. This template was created by an expert committee and is a useful tool for guiding GPs in refugee health.

Of note, a GP in Victoria was recently audited by Medicare over her billing of Refugee Health Assessments and related referrals for pathology tests. Medicare was concerned that her activities were excessive. General Practice Victoria met with Medicare and was able to obtain clear advice regarding these issues. The situation with the GP has since been satisfactorily resolved without the GP incurring any penalty.

In summary the advice from Medicare was:

1. to bill Item 714/716 once all Refugee Health Assessment requirements had been fully completed, including: discussing the outcomes with the patient, offering a copy to the patient and keeping a copy in the patient's record, and
2. to refer patients to Pathology for clinically relevant services only. 'Clinically relevant' services are services that are generally accepted by the medical profession as being necessary for the appropriate treatment of the patient.

Further advice from Medicare regarding Refugee

Health Assessments can be found on the Association website.

A new clinic for the Afghan community

Southern Health has opened a weekly 'drop in' clinic for the Afghan Community at the Springvale Greater Dandenong Community Health Service site at 55 Buckingham Avenue. The clinic is open 9-11:30 am on Thursday mornings. It is staffed by Refugee Health Nurse Sue Willey, Southern Health staff and GP Dr. Raymond Chan. Services include: health screening, child development screening and women's and men's health. For further details or fliers contact 8558 9000.

Pap smear information sheets in newly emerging languages

Pap smear brochures in Dari, Dinka, Kirundi, Somali and Swahili are available at www.cervixscreening.sa.gov.au (Look under 'resources').

Cultural training

Prioletti Consultants are providing educational forums on understanding the Burmese and Sudanese communities in June in Preston. Further details can be obtained at www.prioletticonsultants.com.au

Further assistance

Please contact me at the Association on 9706 7311 or ihaoc@dddgp.com.au for assistance with refugee health issues.

Dr I-Hao Cheng, Refugee Health Program Coordinator.



Attention all Nurses

Are you considering becoming a nurse Pap test provider? You may be eligible for a scholarship.

PapScreen is offering financial assistance for Victorian Division 1 Registered Nurses to become Pap test providers. Successful applicants will be awarded up to **\$1000** (including GST) to complete an accredited RCNA Pap test provider training course. In some cases this cover the entire cost of the course.

For scholarship guidelines and application forms visit the health professionals section of PapScreen Victoria's website www.papscreen.org.au.

Call Maree Gault on 9706 7311 at the Association if you would like some assistance with this. It is a great opportunity. Applications close: Friday 6th June, 2008.

World No Tobacco Day—31st May

As many smokers make the decision to quit this year on World No Tobacco Day, some will turn to their GP or practice nurse for support.

Using the 5As approach to cessation and a referral to Quitline (when appropriate) is an effective way of helping patients to give up smoking without taking additional time from the standard consultation.

Quit Victoria has developed a training package for GPs, which includes the 5As DVD "Just say A-A-A-A" and information booklet. If you would like a copy, please email your request to QuitHP@cancervic.org.au.

For further information about quitting and the resources available for general practice, visit Quit Victoria's website at www.quit.org.au.





This is really interesting, we may have been looking in the wrong direction!

“Oral Glucosamine in Doses Used to Treat Osteoarthritis Worsens Insulin Resistance.

Glucosamine is used to treat osteoarthritis. In animals, the compound is known to cause insulin resistance, the underlying abnormality in type 2 diabetes mellitus. Insulin resistance in humans taking oral glucosamine in doses used for osteoarthritis has not been studied.

Volunteer human subjects (n = 38) without known abnormality of glucose homeostasis had fasting serum glucose, insulin and lipids determined before and after taking 1500mg glucosamine by mouth every day for 6 weeks. Fasting insulin and glucose were used to calculate homeostasis model assessment (HOMA-IR) and quantitative insulin sensitivity check index (QUICKI). Vascular elasticity was measured by pulse wave analysis. The paired Student's test was used to compare baseline with post treatment values. Pearson's correlation was used to determine the relation of baseline HOMA-IR with changes in other variables.

We found a rise in HOMA-IR after 6 weeks of glucosamine (2.8 versus 3.2, P < 0.04). The fall in HOMA-IR among the subjects was statistically related to a higher baseline HOMA-IR by Pearson's correlation (P < 0.01). A rise in serum triglycerides and a rise in LDL cholesterol were statistically related to baseline HOMA-IR. Small artery elasticity fell, and the decrease was higher in those with the highest baseline HOMA-IR.

Notwithstanding its efficacy remaining in question, glucosamine is widely used as treatment for osteoarthritis, which is a condition associated with both obesity and type 2 diabetes mellitus. Our data indicate that persons with underlying poorer insulin sensitivity are at risk for worsening insulin resistance and vascular function with the use of glucosamine in doses used to treat osteoarthritis.”

Source: American Journal of the Medical Sciences. 333(6):333-339, June 2007. Pham, Tan MD; Cornea, Anna MD; Blick, Kenneth E. MD; Jenkins, Alicia MD; Scofield, R Hal MD

The trial is small but the implications, if duplicated by other research, are huge! Glucosamine is perceived as extremely safe and while many have looked for problems with glucose levels to no avail few have looked at obesity and triglycerides, indeed trials may have excluded diabetics on perceived potential safety grounds. If your patients are a bit on the heavy side and/or are a type 2 diabetes risk and are taking glucosamine it may pay to keep a close eye on their efforts to lose weight and their

triglycerides with the idea of ceasing the glucosamine for a while to see if this helps.

Stop press! As this article was being prepared, the consumer organization *Choice* was circulating a very interesting article questioning the efficacy of glucosamine, to quote *Choice*, “Does glucosamine help relieve the pain of osteoarthritis? The latest research casts some doubt on the matter, suggesting that you're more likely to benefit from losing weight and doing regular exercise.” This was viewed at www.choice.com.au and the conclusions reached regarding glucosamine are very similar to those reached by the NPS who also have concerns regarding efficacy.

Quick Quiz

1. A recent Cochrane review found that “published studies of at least 24 weeks xxxxxxxxxxxx treatment in people with type 2 diabetes mellitus did not provide evidence that patient-oriented outcomes like mortality, morbidity, adverse effects and health-related quality of life are positively influenced by this compound.” What drug is xxxxxxxxxxxx?
2. Who is Eliot Spitzer and what was his major contribution to medical safety?
3. A recent different Cochrane review found that “published studies of at least 24 weeks yyyyyyyyyyyy treatment in people with type 2 diabetes mellitus did not provide **convincing*** evidence that patient-oriented outcomes like mortality, morbidity, adverse effects and health-related quality of life are positively influenced by this compound.” What drug is yyyyyyyyyyyy? *QUM news has added the highlight to draw attention to the difference with question 1.
4. Both of these Cochrane reviews noted a significant increase in an adverse effect for the drugs reviewed. What was that effect.
5. The ADOPT trial of xxxxxxxxxxxx (vs metformin or glibenclamide) and the PROactive trial of yyyyyyyyyyyy (vs placebo + other hypoglycaemics) reported an approximate doubling of an adverse reaction of these drugs in women. What was the adverse reaction?

Oral antidiabetic drugs and the early use of insulin – book your visit today. While lifestyle change remains the first priority for type 2 diabetics the next priority that has emerged regards the earlier rather than later use of insulin. Resources that will be provided include not only the normal NPS practice visit card but details of how to access Lifescripts, the DCGPA Type 2 diabetes patient services and the Diabetes Management in General Practice 2007/2008 book. This is the next NPS topic to be delivered in the Association and the first for the new PIP year, to arrange your visit call Graham Sweet on 9706 7311.

Schedule 3 re-classification of pantoprazole 20 mg

Nycomed, the manufacturer of Somac® (pantoprazole) in Australia, confirms the re-classification of pantoprazole 20mg to Schedule 3 – for the relief of heartburn and other symptoms of gastro-oesophageal reflux disease, in packs containing not more than 14 days supply of pantoprazole 20mg – effective from May, 2008.

Pantoprazole is the first proton pump inhibitor (PPI) to receive Schedule 3 status in Australia.

To develop suitable educational materials and a communication program for healthcare professionals prior to the Schedule 3 launch, Nycomed is seeking stakeholder consultation and is working with professional bodies, representing general practitioners, specialist physicians and pharmacists.

Nycomed is committed that all relevant stakeholders will be kept informed of future launch plans for a Schedule 3 pantoprazole product.

Existing prescription presentations of Somac® (pantoprazole 40mg and 20mg; available in packs of 30 tablets) are unaffected by the scheduling amendments.

Willem Dekker, Managing Director, Nycomed Pty Ltd

PPI rescheduling – one starts more will probably follow. The following may be of interest to DCGPA members. On the negative side PPIs are now known as drugs not particularly friendly to the elderly. They have been associated with increased risk of hip fracture (high dose, long term), increased risk of pneumonia (elderly, institutionalised), increased risk

of super-infections with *c. difficile* (pseudomembranous colitis), interstitial nephritis (rare) and vitamin B12 deficiency (particularly in association with metformin). Being OTC may mean that these PPIs are being taken without GP knowledge and hide symptoms that GPs should know about or be interacting with patients' medications. On the plus side this may mean more symptom driven dosing by a low dose PPI, better patient access and reduced PBS costs. What do you think?

Evidence based drug info free. Don't forget NPS RADAR available on www.npsradar.org.au, and the Therapeutic Advice and Information Service (TAIS) on 1300 138 677 and our free AMH offer (see the advertisement in this newsletter).

Quick Quiz answers

1. Rosiglitazone.
2. Eliot Spitzer was the New York State Attorney General who successfully pursued GlaxoSmith-Kline (GSK). He accused GSK of "repeated and persistent fraud", alleging that the company suppressed data from at least four trials of the antidepressant paroxetine. The trials, which studied the drugs in adolescents, either showed no benefit over placebo or a slight increase in self harming behaviour. GSK settled the case out of court and as a part of that settlement agreed to release "summaries" of all its trials since 2000. It is because of this that researchers have gained access to trial data that has caused the current questioning of the benefits and risks associated with rosiglitazone use.
3. Pioglitazone.
4. Oedema.
5. Fractures.

THINGS TAC DON'T TELL YOU!

If your patient has suffered an injury as the result of a motor vehicle accident, the most immediate concern from them is to receive the best treatment, and for the cost of such treatment to be met.

The Transport Accident Commission (TAC) is obliged to make payment for reasonable medical and like expenses which include rehabilitation expenses, travel expenses, attendant care, household help, gardening services, pharmacy and modifications to home or car.

Here are some of the things TAC may not tell you or your patient.

Your patient may have to pay a medical excess before the TAC start paying their medical expenses. The current medical excess is \$564. However, the excess can be claimed or paid by Medicare or a private health fund, only one excess applies to one family in the same accident and the excess does not apply if your patient was admitted to hospital for one day. To keep track of medical expenses incurred your patient should request a 'medical excess declaration form' from the TAC.

Further information can be obtained by calling Maurice Blackburn Lawyers on (03) 9794 0403.

