

GPPARTNERS' BULLETIN

October 2013
Volume 2, Issue 8

From the Chair

It has been a busy month with the highlight being the GPpartners Annual General Meeting. GPpartners said goodbye to two of our directors Dr Anita Sharma and Dr Abhi Varshney and thanked them both for their contributions to GPpartners, particularly from their perspective as practice owners. It really means two "jobs" being a GP and a Small business owner which makes life busy. Abhi and Anita both have other significant interests to keep them involved in General Practice.



We welcomed two new directors **Dr Sarah Cavanagh** and **Dr Deborah Sambo**. Sarah works at Keperra and has recently obtained her Fellowship of the RACGP. Sarah will bring a new perspective to GPpartners and will bring us more mature directors up to speed on the issues for the younger GPs. Dr Deborah Sambo owns a General Practice at Deception Bay and was a board member of the Moreton Bay General Practice Network. The Board is looking forward to some exciting times ahead.

I wish to thank all the GP members who support GPpartners and particularly the ones who attended the AGM to hear about the activities of GPpartners and our current financial situation.

It is coming to the end of the triennium for those precious CPD points. You can self report for the Education events that GPpartners has run at 2 points per hour. Part of the commitment for Vocational Registration is doing a CPR course every three years. If you haven't done that or want to get in early for the next trimester you can contact BLS First Aid Training see notice in the newsletter.

As a GP I am often frustrated trying to find a service for a patient either they don't exist in my area or used to but the funding has finished or the patient doesn't fit the criteria for acceptance to the service. Women's Health Queensland Wide has a telephone service for stressed new mums or mums to be. You may think not another telephone counselling service substituting for a real service to save money but this is different. Many new mums find it difficult to get out of the house in the first few weeks. They do have the visiting midwife service from the hospital but this is only for a couple of visits. This telephone service is an adjunct to what is provided in General Practice and the hospital.

(cont'd Page 3.....)

Date Claimers

30th October

"Allergies & Anaphylaxis"

The Coro, Milton

Register using link below:

[**ONLINE REGISTRATION LINK**](#)

13th November

**"Big news on Tummy Bugs
and others"**

Hillstone, St Lucia.

Invitations out soon!

Register online at

[**www.gppartners.com.au**](http://www.gppartners.com.au)

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What would you have told Angelina Jolie?

Professor Deon Venter director of Mater Pathology delivered a very informative presentation on the advances of genetic testing at our AGM dinner meeting at Holy Spirit Northside Private Hospital.

I don't think Professor Venter would mind me telling you that he has had his genome mapped and carries the data around on an iPad. The cost of genome mapping is coming down very quickly and is certainly getting into the affordable range for many people. The consequences of mapping genomes opens a can of worms from the commercial aspect and reliability of the testing to the implications of knowing your own genetics and the risks of diseases, not just the ones we already know are inherited, but all diseases and how you may react to medication.

The data bases for comparing normal genes and mutations need to be huge. Companies such as Google are positioning themselves so they can be involved. At the moment Mater Pathology can do panels of genes which are recognised as being associated with diseases such as cardiomyopathy and MODY. The cost is about \$500 for a panel.

10% of hospital admissions are due to drug reactions and many patients end up in ICU. Your genome can inform which medications such as flucloxacillin you may react to and what medications may work for you. It may be shown to have a cost benefit to map a patient's genome on admission to hospital to prevent adverse reactions to drugs and also to know which diseases the patient is more likely to have and save on many costly investigations.

A common concern about knowing your own genome is that people would prefer to not know they are going to have diseases down the track such as dementia but by knowing earlier some diseases may be able to be treated.

The question arises if you know your genome when you are thinking of getting married do you look at your future partner's genome to see what issues the children may inherit. Mater Pathology is looking at the genomes of the babies who come to autopsy because often a cause of death is not found. The genomes may reveal genetic abnormalities such as cardiac conduction disorders.

I was listening to the ABC Science show. There was a scientist saying that he wished that his child's fragile X syndrome had been picked up years earlier as it would have saved his family a lot of heartache going from doctor to doctor before the diagnosis was made.

Professor Venter said that their lab received a swab from a patient with leukaemia who had cellulitis of his leg. The swab showed a spirochete which the lab hadn't seen before so were unable to identify it. The genetics of the spirochete were done and it matched a spirochete that came from guinea pigs.

So how does this affect a person's insurability? Peter Crawford gave us an update from an insurance perspective for life and trauma insurance. The companies take into account the person's medical history and family history. If a risk is identified then the premium does increase. Interestingly genetic testing is not taken into account at the moment, the assessment goes on the family history. At present for insurance even if the person can show they don't have the genes, for example breast cancer, with a family history the premium is not reduced.

I think everyone in the audience was surprised that mapping of genomes is available now for a reasonable price and the medical and insurance fraternity need to quickly work out how we are going to deal with all this information and interpret it for patients and clients.

So what would you have told Angelina Jolie? She has had a double mastectomy to prevent breast cancer but she will need to be monitored for ovarian and uterine cancer.

From the Chair (cont'd)

The midwives are well trained and have had experience in both the hospital and community. The music to my ears was there is no referral criteria or forms to complete just notification on the WHQW website of the patients name and phone number with the patients verbal consent of course or the patient can phone themselves. This service may be an alternative to referral to the Ellen Barron Centre for sleeping and feeding issues. Contact details www.womhealth.org.au phone number 38399988. (Watch for future Education sessions on these issues.)

A growing area in General Practice is our accountability. GPs may tune out here but practice owners are becoming aware that there is a need to have policies and procedures in place whether it is the recall system for pathology or keeping up with pay rates etc. A company at the Sunshine Coast has software programs to help General Practices www.standardpractice.com . Please see notice in the newsletter.

Often GPs work in isolation even if you work in a large General Practice. GPpartners want to hear about your frustrations with the Health System. We can't promise to fix it but if there is enough concern about a particular area we can certainly bring it to the attention of the particular services or politicians. One voice may not make a difference but many may.

Email is probably the best way: send to contact@gppartners.com.au .

Boning up on Knees. 17th October 2013

Dr Gauguin Gamboa, Orthopaedic Surgeon presented at the North Lakes Day Hospital about acute knee injuries and what GPs should do. The knowledge has certainly changed since I went to Med School.

Gauguin provided a good summary slide of what to do with each type of injury, which we will put on our website in the coming week. A take home message was to use MRIs as they give a clearer picture of which structure in the knee is injured although plain Xrays can sometimes give clues.

In non acute knee pain, although the menisci are sometimes damaged and cause pain, the more common problem is Chondromalacia patellae which is amenable to physiotherapy. Menisci rarely heal unless it is a very small tear and they do require debridement or removal depending on the extent of injury.

Referrals..... Did you know.....

The referral must be in writing as a letter or note to a specialist or to a consultant physician and must be signed and dated by the referring practitioner; and the specialist or consultant physician to whom the patient is referred must have received the instrument of referral on or prior to the occasion of the professional service to which the referral relates. This would enable the specialist to bill a referred item number.

However, the good news is that when a specialist provides an un-referred service, they can bill the relevant attendance item from Group A2 of the Medicare Benefits Schedule, for example, item 53, 54, 57 etc.



HLTCPR211A Perform CPR

This activity has been approved by the RACGP QI & CPD Program for the triennium ending 31st December 2013. Total CPD Points: 5 (Category 2)
Activity No: 752490.

We also organise for the points to be uploaded to the appropriate authority.

In association with ABC Licence Training RTO 3399

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Grumble Corner

I don't like to be negative but sometimes the "system" is not always aware of what happens at the "grass roots". I asked the GPs where I work to list some of the barriers to patient care.

Some of the replies were "The Barrage of letters we receive from the public hospitals requesting another named referral, a referral letter to continue seeing a patient even more annoying when the GP did not send the original referral and has no idea what the patient is being seen for or why, (even worse being asked for more information as the re referral information was not adequate), asking if the patient still wants the appointment when the referral was only sent a month ago, asking for another referral when the patient hasn't been seen within the 12 months so the referral has run out and taking patients off the "list" when they haven't received a letter asking if they still want to be seen at the hospital."

Apparently the Mater Hospital is not accepting electronically signed referrals, need to be snail mail or fax with a signature. RBWH not taking ophthalmology referrals. No public hospitals accepting referrals for weight loss surgery. Limited ENT and plastic surgery referrals to RBWH.

I often feel more effort is put into not seeing a patient than accepting a patient needs a service and arranging it. If there is enough concern about particular issues we can take it to the relevant person and see if we can help decrease the angst in the system. Please send in your grumbles to contact@gppartners.com.au.



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