



# CPD points for GPpartners' events

GPpartners is now an approved education provider with the Royal Australian College of General Practitioners (RACGP). This allows us to apply for CPD points on your behalf when you attend a GPpartners' education event.

Our evening education events will attract two Cat 2 points per hour.

Please provide your RACGP membership number when you sign in at the event and we will register your attendance and points with the RACGP.

## Medicare Local Review

The Medicare Local review has been released. The review was very critical of the lack of GP engagement from the Medicare Locals and the disenfranchising of General Practice. The Government in the budget announced the setting up of Primary Healthcare Organisations from July 2015. GPpartners intends to be at the forefront to strongly push for significant GP involvement in the new structure.

**Jayne Ingham, Chair GPpartners**

## Upcoming Education Events

20 May

### **'Back & Hip Pain'**

Kenmore Library

6 Cat 2 points

[REGISTER](#)

22 May

### **'Behavioural Problems in Children'**

Murrumba Downs

Tavern

6 Cat 2 points

[REGISTER](#)

27 May

### **'Dermatology - Pesky Rashes'**

Bella Cosi, Chermside

5 Cat 2 points

[REGISTER](#)

19 June

### **'Behavioural Problems in Children'**

Arana Leagues Club,  
Keperra

6 Cat 2 points

[REGISTER](#)

## GPpartners Membership

Join now!

Free until 30 June

## From the Chair

It is that time of the year already to consider renewing your GPpartners membership or becoming a member of GPpartners. It is easy to join online, just [click here](#) or go to [www.gppartners.com.au/membership](http://www.gppartners.com.au/membership). There is no fee. We need you to join as members because under the new privacy laws GPpartners cannot send out information to you unless you have consented for us to do this. By joining as a member this is your consent.

GPpartners don't want you to miss out on our newsletter which we are improving all the time. Watch out for our new section on how to make medication more affordable for your patients. Our education sessions are planned to provide an alternative local perspective on issues so we are different to other education provided. The good news is that GPpartners has been approved to provide CPD points for our events. We are able to help you obtain the Cat 1 Quality Improvement points that are new this triennium. (see article in this bulletin).

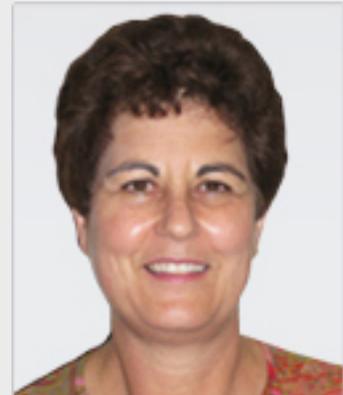
As mentioned in the article above, the Medicare Local review has been released. GPpartners intends to be at the forefront to strongly push for significant GP involvement in the new structure.

Your membership gives GPpartners credibility as it indicates you support what we are achieving. GPpartners is not just about the Board. We need your input as well so please email any concerns, issues or suggestions to [contact@gppartners.com.au](mailto:contact@gppartners.com.au).

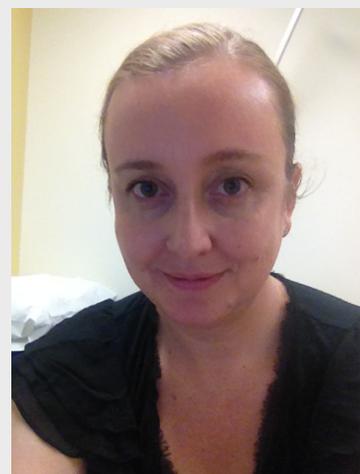
**Jayne Ingham, Chair GPpartners**

**Become a GPpartners member today**

### GPpartners Board Members



Dr Jayne Ingham,  
Chair



Dr Sarah Cavanagh



A/Prof Glynn Kelly



## World Cup Fever

More than 30,000 Australians (spectators, athletes, support staff and sports administrators) are expected to travel to Brazil to attend the 2014 FIFA World Cup between 12 June 2014 and 13 July 2014. Brazil is a yellow fever declared country.

The Australian Government Department of Health wants travellers to think about yellow fever vaccination and how they can protect themselves from mosquitoes.

Go to [www.health.gov.au/yellowfever](http://www.health.gov.au/yellowfever) for more.



Dr Deborah Sambo



Dr Henry Bryan

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## Interested in Category 1 QI points?

GPpartners has had some questions about the Quality Improvement points that GPs now need for vocational registration. For this triennium GPs need to do a Category 1 Quality Improvement activity. These activities include

- Clinical Audit (40 points)
- PDSA cycle (40 points)
- Small Group Learning (40 points)
- Evidence Based medicine journal clubs.(40 points)
- Supervised Clinical Attachment (40 points) 8 hours
- GP Research (40 points)

To assist GPs to obtain these points GPpartners has an elective activity for GPs who attend the “Paediatric Behaviour Issues” Education Event on either the 22<sup>nd</sup> of May at Murrumba Downs Tavern or the 19<sup>th</sup> of June at the Arana Leagues Club. It is a step by step guide to doing a PDSA activity in your practice. To obtain the 40 Cat 1 QI points the practice needs to do two PDSA cycles. More information will be given to the GPs who are interested in doing this activity. To register for the events please complete the registration form. Other opportunities will be available through the triennium.

GPpartners is now a registered provider of educational activities so our education sessions will now be eligible for CPD points.

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## Could you identify these skin rashes?

Come along to the Dermatology - Pesky Rashes education evening on Thursday 27th May to find out.

Dr Rodins will answer all your questions on skin conditions in an interactive education evening. As well as providing the latest on acne treatments, you are invited to bring along a photo of a rash and have Dr Rodins Does your heart sink when a parent comes in to your practice wanting the child to be “assessed”. The assessment is often initiated from the kindy or school because of concerns from the teacher and parent.

[Register for Dermatology - 27 May - Pesky Rashes](#)

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## Assessing lots of children for behavioural problems?

Does your heart sink when a parent comes in to your practice wanting the child to be “assessed”. The assessment is often initiated from the kindy or school because of concerns from the teacher and parent.

There are some basic things the GP can do prior to referral. Then there are the questions which children need referral and who to refer to for further assessment and treatment. Come and find the answers to you questions and see the local pathway developed in the Map of Medicine.

[Register for Behavioural Problems in Children - 22 May - Murrumba Downs](#)

[Register for Behavioural Problems in Children - 19 June - Keperra](#)

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## Do you have patients with significant back and/or hip pain?

Like many diagnoses in medicine, Back Pain is not the same as it used to be. Dr Neil

Hearnden, GP will give us an update on diagnosis and management.

Prof Julie Hides, Head of School of Physiotherapy at the Australian Catholic University will discuss prevention, treatment and rehabilitation based on current research.

[Register for Back & Hip Pain - 20 May - Kenmore](#)

## SACRAL DIMPLES IN BABIES - WHEN TO IMAGE FOR OCCULT SPINA BIFIDA?

Skin dimples over the spine commonly referred to as **sacral dimples** are common minor congenital anomalies, estimated to occur in 3-8% of children. When a clinician sees a skin dimple, the possibility of **occult spinal dysraphism (OSD)** usually crosses the mind. OSD is a wide-range of skin-colored spinal column and neuraxis abnormalities that are caused by abnormal neurulation. OSD lesions include dermal sinuses, tethered cord, lipomyelomeningocele, and diastematomyelia. OSD can present with a variety of abnormalities, but is also frequently asymptomatic and can present at any age. Skin abnormalities accompany 50-80% of OSD.

Cutaneous markers of OSD are more likely to be associated with OSD if they are above the gluteal cleft (truly sacral in location) because they are more likely to be contiguous with the dura. Those that are within the gluteal fold are much less likely to be contiguous with the dura and are much more likely to be a normal variant. Some indications that a skin dimple may be simple or low risk include:

- Position – within the gluteal fold or coccygeal position
- Single dimple
- < 5 mm diameter
- Base of dimple is visible
- Dimple is oriented straight down (i.e. caudal) not cephalically (i.e. toward the head)
- No other dermal abnormalities or masses
- Distance < 2.5 cm from anus
- Normal neurological examination

Evaluation for potential OSD for usually includes spinal ultrasound in infants and magnetic resonance imaging of the lumbar spine for older children. In 2005, the Royal College of Radiologists revised protocol for imaging says “[i]solated sacral dimples and pits may be safely ignored (< 5 mm [in diameter], < 25 mm from anus). Ultrasound of the neonatal lumbar spine is the initial investigation of choice if there are other stigmata of spinal dysraphism, associated congenital abnormalities or a discharging sinus”.

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