



## Changing Face of General Practice

As you are all aware, there is ongoing change in the Primary Healthcare Sector. This space is valuable to a variety of players including the future Primary Health Networks, the present Medicare Locals, the Private Health Insurers, Corporate Owners, Government and Non Government organisations. Unfortunately in the milieu sometimes the main players are overlooked that is GPs, General Practices and Patients.

GPpartners is determined to connect with our GP members. We want to hear from you about your concerns. We also want to be there where the decisions are being made so we can inform you about what is happening. It is very important that you become a member of GPpartners. Under the new privacy laws GPpartners cannot send you communications unless you consent to receiving them. By joining as a member of GPpartners you consent to receiving information. Membership is free.

To join just go to our website [www.gpartners.com.au/membership](http://www.gpartners.com.au/membership) and complete the membership form.

GPpartners' board is concerned about the threats to General Practice. Patient's choice may be limited by the copayment, GPs choice may be affected by the increasing influence of the Private Health Funds or Corporate Owners, General Practice faces more red tape with the increasing burden of bureaucracy. While older

## Upcoming Education Events

### 'Current GI Management'

Tues 26 August  
Montserrat Hospital,  
Indooroopilly  
[INVITATION](#)  
[REGISTER](#)

## GPpartners Membership

Join or renew now

Free until 30 June  
2015

[REGISTER HERE](#)

## GPpartners Board Members



GPs are thinking of retirement, younger GPs are looking at their future and how they can be involved in the management and future direction of General Practice.

GPpartners is going to host evenings for GPs to come together to discuss these issues with their peers. By knowing what the issues are, GPpartners can present a united voice. If you are interested in coming to one of the meetings please let us know so we can hold the meeting nearer to you and a time that suits. Once we have the dates and locations we will send out invitations to attend.

Australian General Practice Network is the national body for the General Practice Networks. GPpartners is a member of AGPN. AGPN, RACGP, ACRRM and the AMA have regular briefings with Department of Health and the Health Minister. AGPN is requesting information from the grass roots to be able to represent GPs at a National level.

GPs need a strong united voice. We are the experts about what happens in our practices and to our patients. We are in a unique position. Others may think they know but they don't. We need your expertise please become a member of GPpartners and join us at one of our meetings.

**Jayne Ingham**  
**Chair, GPpartners.**

**Renew or become a GPpartners member today**

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**A new initiative from the TGA**

Dr Jayne Ingham,  
Chair



Dr Sarah Cavanagh



A/Prof Glynn Kelly



Dr Deborah Sambo

The Medicine Shortages Information Initiative provides information about prescription medicine shortages in Australia. This information is provided to assist health professionals and consumers when there is a temporary or permanent disruption (discontinuation) to the supply of a medicine in Australia.

To search medicine shortages, visit <http://www.tga.gov.au/hp/MSI/search>



Dr Henry Bryan

## **GP Education Iron Deficiency Anaemia Elusive Causes, Modern Treatment**

Join us on **Tuesday 26th August from 6pm** at **Montserrat Day Hospital, Indooroopilly** to hear Dr Terrence Tan, Dr Mark Norrie, & Dr Rebecca Ryan, all Gastroenterologists speak about:

- A new look at an old problem of irritable bowel syndrome
- What to do next if colonoscopy and gastroscopy are negative
- Current management of iron deficiency and excess.

[Click here for invitation](#)

[Click here to register your attendance](#)

### **Sudden unexplained death in a Young Person**

This is a devastating event for families and fortunately

not common (400 to 500 in Australia and New Zealand per year) but when it happens causes much heart break. Sudden unexplained death in the young (1 to 40 years of age) is due to an inherited cardiac disease in up to 30 to 50% of cases. It is now recognised that clinical and then subsequent genetic screening if indicated needs to be done in asymptomatic relatives to prevent other sudden deaths.

The State Coroner is usually the person most involved initially, as all these deaths are referred to the coroner. An autopsy will be performed and if no obvious cause of death is identified the forensic pathologist may conclude that the person experienced an arrhythmogenic event that could have a genetic cause. Alternatively a cause of death may be found such as an inherited cardiomyopathy and this is also likely to have a genetic basis. In Queensland now the forensic pathologist and the coronial nurse who acts as the liaison person for the family and the GP, send out a standardised letter to the family members / next of kin to indicate the possible cause of death may be genetic and the potential implications for first degree relatives. The letter recommends the need to consult with their GP and to be referred to the cardiac genetic service.

In Metro North the cardiac genetic screening service is at Royal Brisbane and Women's Hospital and the referral can be sent to Dr John Atherton. Initially the relatives undergo clinical screening with ECG, echocardiogram, Exercise stress test and ambulatory Holter monitor. ( The Cardiac Genetic service would prefer the clinical screening is undertaken by a cardiologist as the changes can be very subtle and not picked up unless experienced in this area) The family may prefer to do these investigations through a private cardiologist. The cardiologist if indicated will then refer on to the cardiac genetic service at RBWH.

As with many issues in General practice when we are not seeing some conditions on a regular basis we can forget the process for referral. The State Coroner is going to include current information in the letter to the next of kin to assist GPs in the referral process. The

contact number for the nurse will be in the letter so if clarification is needed the nurse will be able to answer any questions.

There a support group for families who have been found to have SADS (Sudden Arrhythmic Death Syndrome) [www.sads.org.au](http://www.sads.org.au) .

Survival among young people experiencing out-of-hospital cardiac arrest improves dramatically with early chest compressions and early use of automated external defibrillators. Community awareness and training are central to ensuring rapid bystander response.

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### **Recent detection of highly resistant *N. gonorrhoea* strain**

A new multidrug resistant gonococcal strain (A8806) with a ceftriaxone MIC of 0.5mg/L, the highest ever reported in Australia, has been confirmed by testing in the WHO Collaborating Centre for STD and Neisseria Reference Laboratory at SEALS, The Prince of Wales Hospital, Sydney. Studies conducted at QCMRI, The University of Queensland, show the A8806 strain has key genetic similarities to the rare ceftriaxone-resistant strain, H041, which was observed in only a single case in Japan in 2009.

The Australian Government provides funding for the Australian Gonococcal Surveillance Programme, which is a continuing programme to monitor antimicrobial resistance (AMR) in *Neisseria gonorrhoeae*. A major purpose of the programme is to help define standard protocols for antibiotic treatment of gonococcal infection. When in vitro resistance to a recommended agent is demonstrated in 5% or more of isolates, it is usual to reconsider the inclusion of that agent in current treatment schedules.

Non-culture based methods such as PCR or nucleic acid amplification testing (NAAT) are being increasingly used in the diagnosis of *N. gonorrhoea* infection, but are unable to provide definitive data for predicting AMR. It is vital that GPs continue to use culture-based testing where possible. All gonococcal strains should be referred to the State Neisseria Laboratories for testing. Physicians are also asked to be on the lookout for gonorrhoea treatment failures, and are reminded that cultures should be collected where failure is suspected.

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### ***General practitioner required***

**General Practitioner (VR) – Brisbane North – 15 minutes from CBD**

The Australian Catholic University Health Clinic exists to provide best practice medical care and education to students, staff and families of our university group and members of the local community.

Currently we have a wide range of allied health services available including nursing, physiotherapy, psychology, midwifery, exercise physiology, with others to join in the near future. The addition of GP services will compliment our team and further enhance our patient care.

The heart of our clinic is to offer first class training and clinical experiences to our allied health students. We consider our practitioners and administration team to be the foundation to the health and wellbeing of our patients.

The Campus itself is set on beautiful surrounds and grounds with access to canteen, bookshop and recreation facilities. Brisbane CBD is only 12 klm from the clinic and is easily accessible from the City of the Gateway Motorway.

### **Requirements for this Role are:**

Be Vocationally Registered  
No Restrictions in terms of DWS

### **Offer**

70% of billings  
Flexible timetabling  
Brand new, modern purpose built facility  
Integration with our University

If you are looking for a unique atmosphere to work in, a collaborative environment, health education pathways and want to be involved in achieving positive patient care outcomes through research and innovation please don't hesitate to contact me.

### **Darren Siemsen**

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