



From the Chair

It is that time of year again to join or renew your membership for GPpartners. After this year it is going to be much easier to register as we have updated our website. GPpartners needs your support so we can represent you and advocate for GPs and General Practice. Every day there is more news about the erosion of General Practice, Telstra Health doing Medicine on Line as presented at the recent Metro North Medicare Local Forum, Pharmacists doing preventive medicine and immunisation, Private Health Insurers influencing the chronic disease management of GP's patients the list goes on.

Although these may be opportunities to strengthen General Practice at the moment they seem to be going ahead with no GP input. GPs are often so busy at the Coal Face they do not have time to be aware of the changing situation. As a director on Australian General Practice Network I now have better access to what is happening politically. AGPN is a member of



Join our Facebook group for your chance to win a \$100 restaurant gift voucher.

**Renew your
GPpartners'
membership
now for
2015/16**

Education Events

**'Shoulder & Knee
Pain'**

**6pm, Tue 14 Jul
Spring Hill**

[register](#)

United General Practice Australia whose other members include RACGP, AMA, Australian College of Rural and Remote Medicine, GP registrars Association, Rural Doctors Association and GPSA . These groups as a combined voice are influential in the decision making of the government.

As well as being Members of GPpartners we want your input about concerns or even better solutions. Join us on facebook for informal discussion and updates. We are waiting for the first 100 GPs to register so we can draw the \$100 Restaurant voucher prize.

Jayne Ingham
Chair GPpartners

GPpartners Membership Renewal Time

With a new financial year upon us, it is time to renew your GPpartners membership for 2015/16.

In an effort to make things easier, we've upgraded our membership application and renewal interface along

[invite](#)

GPpartners Board Members



Dr Jayne Ingham, Chair



A/Prof Glynn Kelly

with our refreshed website.

Although you will still need to input your details this time around, from now on, renewal will be a simpler process, with a confirmation of your existing details, rather than entering them again.

This means everyone will be 'applying' to enable the easy renewal process this time next year.

You will also be able to update your own details and check your membership is up-to-date at any time online. It will require a password, but if you forget it is easy to request another to the registered email address. You will find the member login under 'About Us' at gppartners.com.au

You can renew your membership at www.gppartners.com.au/membership or click the button below.

GPpartners' membership for 2015/16



Dr Deborah Sambo



Dr Henry Bryan



Join our closed Group on Facebook to have ready access to your fellow GPs in the northern and western suburbs of Brisbane. Click the Facebook icon above to go to the group and hit the join group button to sign up. Be quick to sign up and you could win a \$100 restaurant gift voucher.

Notes on 'Sudden Death in Young People'

Education session held 16th June 2015 at Holy Spirit Northside

Another great education event was held at Holy Spirit Northside on the 16th of June. Thank you to HSN and particularly Jenny Kilby for sponsoring a very interesting evening.

Dr Kieran Dauber (Electrophysiology Cardiologist) gave a very concise presentation about the possible causes of Sudden Death in a Younger Person. He showed examples of subtle ECG changes that would alert us to possible conduction problems and symptoms such as syncope or presyncope with exercise or fits during sleep which may indicate the risk of fatal cardiac disorders.

Of course, a sudden death in a young person is very distressing to the family and may mean an inherited syndrome that affects other family members. Dr John Atherton (Cardiologist Inherited Cardiac Disease) discussed the way to investigate the families after a member has died without an obvious cause of death. Basic tests a GP should do are family history, clinical examination and an ECG. Referral then to a cardiologist with expertise in this area, as there can be very subtle changes on an exercise ECG and stress echo that are difficult to detect. Genetic testing may be useful depending on the abnormality.

Dr Charles Naylor (Chief Forensic Pathologist) has provided the letter which is sent to the relatives of a young person who has died suddenly to follow up other family members for risk of cardiac disease. This is a time of great turmoil in the family and the significance of investigating other family members may be overlooked. As GPs we can re enforce the importance for doing this.

[Click here for the Chief Forensic Pathologist letter to relatives of a young person who has died suddenly.](#)

[Click here to find the word version.](#)

Thank you also to Montserrat Hospital for hosting our Oncology Evening at Indooroopilly. Dr Bhaskar Karki and Dr Darshit Thaker presented again on the rapidly developing targeted therapy for cancer treatment. GPpartners is hoping to arrange another evening in the Caboolture area on this topic.



GPpartners' Education Session

'Shoulder & Knee Pain'

6.00pm, Tuesday 14 July

6 RACGP Category 2 points

Join Sports Physicians, Dr Richard Brown and Dr Mark Young at QSports on Wickhams Terrace for an education session on shoulder and knee pain.

Dr Richard Brown will be looking at shoulder impingement, including assessment and management and Dr Mark Young will delve into patellofemoral knee pain and the treatment options.

When: 6.00pm, Tuesday 14 July

Where: QSports, Gnd Fl, 135 Wickham Tce, Spring Hill

[Register now for 'Shoulder & Knee Pain' - 14 Jul](#)

[Invitation for 'Shoulder & Knee Pain' - 14 Jul](#)



Rheumatology in 2015 - an Update for GPs

Saturday 25th July

Cat 1 QI & CPD Accredited Activity - 40 points

Australian Rheumatology Association (QLD Branch) and Arthritis Queensland invite you to a one-day seminar. Rheumatologist will present on a range of subjects, including Disease-Modifying Anti-Rheumatic Drugs, Gout, Fibromyalgia, Back Pain, methotrexate in rheumatology and more.

For more details and online registration, [click here](#) or visit:

www.arthritis.org.au

13 ways general practice has changed in a decade

Older, busier, and more feminine: the latest BEACH study report has highlighted many areas in which GPs and general practice have changed between 2004 and 2014:

1. **Feminisation:** the proportion of female GPs has increased from 32% to 43%.
2. **Ageing:** almost half the GP workforce is aged over 55, compared with one-third just a decade ago.
3. **Bigger practices:** the proportion of GPs working in larger practices (more than 10 GPs) increased from 14% to 26%, while solo general practices declined from 12% to 9% of total practices.
4. **Shorter week:** average hours in direct patient care decreased from 40 hours to 37 hours per week.

5. **Less after-hours:** only 31% of GPs work in practices that provide their own after-hours services, down from 36% a decade ago. Deputising service use increased from 46% to 56% of practices.
6. **Computerised:** the proportion of GP using computers increased from 89% to 98%.
7. **Older patients:** one in three GP consults are for people aged over 65, up from a one in four a decade ago.
8. **Juggling problems:** GPs now manage more problems per consult than they did 10 years ago.
9. **Prescribing less:** GPs prescribe fewer medications per problem than they did a decade ago, with declines seen particularly with antibiotics.
10. **More procedures:** GPs now provided more procedures for cuts and skin problems, and more dressings, injections and INR tests than a decade ago.
11. **Using practice nurses:** the number of consults involving practice nurses and allied health workers has doubled to around 8% over the past 10 years.
12. **More path tests:** the number of path tests ordered per consultation increased by 34%.
13. **Changing risk factors:** patients seeing GPs were more likely to be overweight but less likely to be smokers or problem drinkers.

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