DANDENONG DISTRICT
DIVISION OF GENERAL PRACTICE

Vol. 12 No. 10 NEWSLETTER NOVEMBER, 2006

Parkmore Medical Centre Division Idols 2006

The Annual General Meeting of the Division was held at the Southern Golf Club, Keysborough on the 14th November 2006. Congratulations to the incoming Committee of Management who were elected on the night. Dr Nicholas Demediuk returns as Chairman with other office bearers being Dr Graeme Downe, Vice Chairman, Dr Greg Wyatt, Treasurer and Dr Roger Smith, Secretary. The other committee members are Dr John Meaney, Dr Jacob Dessauer, Dr Sally McDonald, Dr Craig Mulligan, Dr Cely Goeltom, Dr Brett Ogilvie and Dr Jacqui Barry.

In presenting the annual report Nick Demediuk paid special tribute to the work and valuable contribution made by receptionist staff in our general practices. He highlighted the importance of the team approach required in general practice. This was evidenced in Parkmore's winning performance in the Division Idol 2006 Competition. Congratulations to Parkmore on their creativity, talent and hardwork but most of all for their great spirit of comraderie and fun - a great team.

Special mention must also go to the Aged Care Panel who entertained the audience with a performance of "Let's Get Physical". Julie Sutherland, as Fitness Advisor, led Craig Mulligan, Mike Fitzgerald, Catherine Jeffrey, Martin Robb and Amy Derrick through a strenuous routine.

Our special guest, "Austin Powers" topped off the evening with a few songs and had everyone up on the dance floor. Thank you to all those who attended and the wonderful level of support received throughout the year from members and practice staff. The Committee of Management and Division staff look forward with enthusiasm and energy to the year ahead.

AGM photos can be found on the website www.dddgp.com.au.

Anne Peek

Dandenong District Division of General Practice

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COMMITTEE OF MANAGEMENT

Chair:	*Dr Nicholas Demediuk*
Vice Chair:	*Dr Graeme Downe*
Treasurer:	*Dr Greg Wyatt*
Secretary:	*Dr Roger Smith*
Committee Members:	*Dr Sally McDonald*
	Dr John Meaney
	Dr Cely Goeltom
	Dr Jacob Dessauer
	Dr Jacqui Barry
	Dr Craig Mulligan
	Dr Brett Ogilvie
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Editorial Subcommittee:	*Dr. Wes Jame*
	Dr. Cely Goeltom

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Deadline for newsletter articles is 10th of each month. Dandenong District Division of General Practice reserves the right to accept or reject all material submitted for publication. For further information please call the Division.

DISCLAIMER
The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong District Division of General Practice

Inserts:

Digital Medical Systems Flyer
Morphine Medicines Brochures

Localised prostate cancer, a guide for men and their families – New Edition Out Now!

The new edition of "Localised prostate cancer, a guide for men and their families", prepared by the Australian Prostate Cancer Collaboration and The Cancer Council Australia, is now available. The resource is based on the *NHMRC Evidence-based Recommendations for the Management of Localised Prostate Cancer*. The new edition has been revised and updated and remains an excellent source of information for consumers and professionals alike.

To obtain a copy please contact **The Cancer Council Helpline on 13 11 20.**

New NICS Emergency Care Evidence in Practice Series

The National Institute of Clinical Studies (NICS) has released a new series of brochures focussing on common emergency presentations where there may be opportunities to improve care.

The first release of the ***Evidence In Practice*** series covers:

- management of acute migraine;
- cervical spine x-rays in trauma; and
- use of ipratropium bromide for the treatment of acute asthma.

"Since GPs often encounter emergency presentations in their day-to-day practice, and provide emergency care in many rural acute services, these brochures have relevance not only for emergency clinicians, but also for general practitioners," said NICS' Chief Executive Officer, Dr Heather Buchan.

The ***Evidence In Practice*** series was developed in collaboration with emergency care clinical experts to help raise awareness of gaps between current clinical practice and best available evidence. Each brochure outlines the importance of the topic, best available evidence, current practice and implications for the specific area. More topics will be covered in future releases.

The National Institute of Clinical Studies is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS is funded by the Australian Government.

For further information, or to download the brochures, visit NICS' website (www.nicsl.com.au) and go to the Emergency Care Community of Practice Program Page.

Paediatric Tip of the Month

A 3 week old infant presented to a local A&E Department with seizures. One week ago he was seen by an LMO because of fever, irritability and feeding difficulties and was prescribed oral Keflex. In A&E he had a tense fontanelle and was transferred to RCH with a diagnosis of meningitis which was subsequently confirmed to be due to E.Coli.

Beware the young infant with fever. If aged < 1 month (i.e. a neonate) with rectal temperature > 38º, the recommendation is admission to hospital for full septic workup and empirical IV antibiotics. (see RCH Clinical Practice Guidelines: www.rch.org.au/clinicalguide/cpg?doc_id=5181)

Division sponsors Aboriginal cooking group

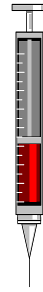
DDDGP, through a Department of Health & Ageing "Performance & Development" funding round, and in association with Dandenong District Aborigines Cooperative/Bunurong Health Service, recently sponsored a 6 week cooking program for young Aboriginal people.

The group was led by chef, Mr Lex Dadd, and was held at ERMHA. The program covered general cooking skills as well as excursions to various local cafes to expose participants to a variety of cuisines.

Seven young people completed the program, which culminated in a gala dinner for more than 60 people at the Doveton Community Centre. The four course meal was of an excellent standard and a real credit to the group.

The program was extremely well received and has gained community support for continuation and further development.

Immunisation Tip



Remember to send your immunisation encounters to ACIR at least weekly. Also, check your monthly statements of payment to ensure immunisation encounters have been paid. This will assist with your practice immunisation rate. Any queries call Kate at the Division on 9706 7311.

Immunisation Reminder

Pre-term babies extra vaccine recommendations

Pre-term infants have a special need for protection and they have adequate antibody responses to most antigens. However, some smaller pre-term babies do not respond as well as term babies to PRP-OMP Hib (PedvaxHIB) and hepatitis B vaccines.

- Pre-term babies born less than (<) 32 weeks require an extra dose of hepatitis B vaccine.
- Pre-term babies born less than (<) 28 weeks gestation or less than (<) 1500g birth weight require extra doses of Hib and hepatitis B vaccine.

Despite their immunological immaturity, pre-term babies should be vaccinated according to the recommended schedule at the usual chronological age, provided they are well and there are no contraindications to vaccination.

Pre-term requirement	Special Scenarios	Age Extra Dose Due	Vaccine Required
Born < 32 weeks gestation	Mother hep B seropositive – measure antiHB's at 13 months of age	13 months if antibody titre is <10IU/ml	Paediatric Hepatitis B
	Mother hep B seronegative	6 months	Paediatric Hepatitis B
Born < 28 weeks or <1500g birth weight	Medical risk factor for receiving Prevenar® and Pneumovax 23® vaccine	6 months 12 months 4 years	Comvax® Prevenar® Pneumovax 23®

(Source: Australian Immunisation Handbook 8th Edition, 2003, page 92)

Asthma Cycle of Care

On 1 November 2006 changes to the Australian Government's GP Asthma Initiative will be introduced in the Medicare Benefits Schedule Book

What is the Australian Government's GP Asthma Initiative?

- In 2001 the Australian Government introduced a GP Asthma Initiative to assist General Practitioners (GPs) to better manage patients with *moderate to severe* asthma.
- The initiative included incentives for GPs, paid through the Practice Incentives Program (PIP), to complete the 'Asthma 3+ Visit Plan' for people with *moderate to severe* asthma.
- From 1 November 2006, the ***Asthma Cycle of Care*** will **replace** the Asthma 3+ Visit Plan.
- The changes to the GP Asthma Initiative are being introduced as a direct response to feedback provided by respiratory physicians, GPs and consumers on how the Asthma 3+ Visit Plan could be improved for use in the general practice setting.

What is the Asthma Cycle of Care?

- The ***Asthma Cycle of Care*** has been developed by respiratory physicians and GPs and is based on the latest knowledge about how to treat asthma most effectively.
- The ***Asthma Cycle of Care*** is a tool for GPs and people with *moderate to severe* asthma to work together to improve asthma management and quality of life through an ongoing annual cycle of best practice asthma management.
- The ***Asthma Cycle of Care*** involves at least two visits to a GP over a period of 12 months. These visits will include:
  - diagnosis and assessment of asthma severity and level of control;
  - development of a written asthma action plan;
  - provision of information and patient self-management education; and
  - review of asthma management and asthma action plan.

So what has changed?

Compared to the Asthma 3+ Visit Plan:

- The ***Asthma Cycle of Care*** can be delivered over 12 months instead of four months.
- The ***Asthma Cycle of Care*** can be delivered in two visits instead of three.
- The Service Incentive Payment (SIP) can be claimed on the second visit provided the requirements of the ***Asthma Cycle of Care*** have been completed.

What has not changed?

- The same asthma-specific MBS items (2546 – 2559, 2664 – 2677) are used to trigger the asthma SIP.

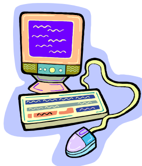
For more information:

An ***Asthma Cycle of Care*** resource kit which includes information resources for GPs and consumers is being mailed out to all GPs registered with Medicare Australia. The kits can also be obtained on **1800 500 053**.

More detailed information on this incentive is available from the PIP enquiry line on **1800 222 032** or www.medicareaustralia.gov.au/pip and in the Medicare Benefits Schedule Book.

For more detailed information regarding asthma diagnosis, assessment and best practice asthma management refer to the National Asthma Council's (NAC) website at www.NationalAsthma.org.au or call the NAC's information line on **1800 032 495**.

(Taken from Medical Observer 27th October, 2006)



Website launch makes latest family cancer information just a click away

New support is now available for GPs and patients with questions about genetics and cancer, following the launch of a family cancer online resource developed by The Cancer Council Australia and the National Cancer Genetics Education Group.

Accessed via The Cancer Council Australia website on www.cancer.org.au, the resource provides centralised access to the latest evidence-based information on genetics and cancer.

The online resource helps GPs to address patient anxiety about family history and cancer by providing information on types of family cancers, genetic testing, and Family Cancer Clinics. As well as helping GPs to provide appropriate management and support for patients and their families, the user-friendly website is suitable for patients to access directly.

The family cancer online resource can also be used to link users to the updated Cancer Genetics Education Resource Directory, which has a new Internet address - www.cancergenetics.org.au. This directory provides a list of Australian publications and resources about genetics and cancer for health professionals and members of the public to download.

Quality Use of Medicine News

A candidate for a Home Medicine Review (HMR)? Occasionally, the Division's drug dealer returns to the real world of community pharmacy for a bit of locum work. In October this year he spent a day dispensing in a country pharmacy where he found a customer who would be an ideal candidate for a HMR.

This lady presented in the pharmacy with a 'script for a Seretide® metered dose inhaler (MDI) and after dispensing it our pharmacist went into the shop to make enquiries regarding the customer's inhaler technique, which *prima facie* appeared to be fine. However the customer then asked if there was anything else that could be used for shortness of breath (SOB) when walking down the street. Questions were asked, a Spiriva handyhaler® was produced and it was indicated that this was being used many times a day prn in an attempt to control the SOB on exertion. It also became unclear just how often a new Spiriva® capsule was being used. This lady only used the one pharmacy so the 12 month dispensing record was checked. She was dispensed 19 'scripts for Seretide® MDI, 6 for Spiriva® and none for an Airomir Autohaler® - all were initially prescribed 12 months previously - not exactly a perfect record.

At this point a return visit to the GP was arranged, it being apparent that our customer had not comprehended her therapy instructions. What QUM News is also suggesting is that in a month or two after this visit, a HMR should be organised. It would be a great way for the GP to check if his suggestions are being followed this time.

Quick Quiz
Q1.Type 2 diabetes is primarily a disease of defective glucose metabolism. True or false?
Q2. When a type 2 diabetic patient progresses to complete failure of β-cell function and requires insulin injections twice a day, all oral antidiabetic drugs should be ceased. True or false?
Q3. Place in order from the highest to the lowest the number of Home Medicines Reviews conducted for the April to June quarter of 2006 in the DDDGP, Eastern Ranges GPA, Knox DGP, Tasmania and the Northern Territory.
Q4. The NPS recommends 3 main reasons for using spirometry in the treatment of COPD. What are they?
Q5. N-acetyl-para-aminophenol is a chemical compound which is also a commonly used drug. The drug is known internationally by 2 different names. What are they?

Increase in HMR rebate. Please note, the new 1 November 2006 MBS has been released in pdf format from the Downloads Page link http://www9.health.gov.au/mbs/. Item 900 now attracts a rebate of $ 134.10.

Prescriber update on tramadol–warfarin interaction from Medsafe. Local and international case reports provide evidence of an interaction between oral tramadol and warfarin in some individuals, leading to an elevated international normalised ratio (INR) and in some instances bruising or haemorrhage. The mechanism has not been determined. The interaction usually occurs 3–4 days after tramadol is started in patients stabilised on warfarin. The decrease in INR after tramadol is withdrawn may take several days. When it is necessary to prescribe tramadol with warfarin there should be close monitoring of the INR, especially during the first week of treatment with tramadol. Http://www.medsafe.govt.nz/profs/PUarticles/TramWarf.htm

COPD – the last gasp. The delivery of NPS program "*COPD: Interventions for better outcomes*" is finishing this month so do not miss out, arrange your visit today.

Persistent pain – now on offer. That is *"Analgesic choices in persistent pain"* which is our next NPS topic is now also taking bookings.

Both of the above topics qualify as an activity for the NPS PIP, for RACGP points and as practice organized educational activities for accreditation. They are available to GPs, practice nurses and pharmacists either as a one on one visit or for groups with a case discussion. To arrange your visit call Graham Sweet on 9706 7311.

NPS GP therapeutic topics for 2007
The Education and Quality Assurance Program for health professionals plans to provide the following programs (some timings may need to change):

- Use of Antibiotics (major program) starting February 2007.
- Antipsychotics (including work in residential aged care facilities) starting April 2007
- Management of Hypertension starting June 2007
- Management of Osteoporosis (major program) starting August 2007.

New combination products, once a dribble now a flood. As if there wasn't enough trouble with the originator and generic manufacturers flooding the market with a vast number of products each with yet a different brand name now we have to deal with a flood of combination products.

These are marketed to help the originator brands retain market share in the face of competition from the generic manufacturers, they can potentially aid GPs in achieving patient compliance and get onto the PBS because they offer savings to consumers. On face value they seem to be a win-win situation. But they do have some drawbacks. Often they lead to situations where drugs may be used unnecessarily (eg the LABA content of steroid + LABA inhaled

preparations may not be necessary except initially and may even be dangerous long term in the treatment of asthma). Drug interactions may be missed because all active ingredients are not remembered (eg the infamous triple whammy interaction between ACE inibitors/A2RAs, diuretics and NSAIDs/COX2s may be missed when the ACE inhibitor/A2RA + hydrochlorthiazide products are prescribed).

One way to keep abreast of these products and any potential problems as they come onto the PBS is RADAR. It is free and available from the NPS on www.npsradar.org.au.

Safety warning – Anginine, Lycinate, Nilstat, Lanoxin PG, Oroxine (50, 100 and 200mcg), Eutroxsig (50, 100 and 200 mcg), phenobarbitone, Triprim and Urex-M tablets. Sigma company have advised that "*there have been isolated instances of bottle moulding defects. In some cases, easily identifiable amber glass fragments have been found in the bottles*". They believe that "*the risk of patient harm is low*". However "*patients should be also asked to check the bottles during use*".

Doctor shopper. QUM news has been contacted by a GP in Narre Warren regarding a most convincing doctor shopper. This person, a male in their mid thirties presents in the clinic with a limp and a walking stick. He claims to be from the UK, has overstayed in Australia on family business and is returning to the UK in a few days for a knee reconstruction. His request is for a few Oxycontin® tablets to tide him over till he returns home. What a great story, it covers all the bases. It's a bit of a pity such people don't use their talents as authors or actors as they are often so good at this nefarious craft. However this person was known to the Doctor shopper hotline (free call 1800 631 181). So before even thinking about issuing a script, if you have doubts give the hotline a call. Just tell the patients that it is clinic policy and you have to do it for everyone, you will not offend the genuine patients. Another great resource for GPs is on the Divisions website (www.dddgp.com.au) under resources / accreditation/key prescribing requirements and this is well worth a visit.

Therapeutic Guidelines: Gastrointestinal, version 4, is now available. Please click on http://tg.com.au/products/gig.html to see a full listing of content for the new edition. And a tip for the wise, get the electronic Therapeutic Guidelines, not the books. With a bit of experience it is easier and quicker to get information out of them and they have links to even more information. The electronic version is also updated more frequently. Oh, and once you are a subscriber annual updates are better value than buying the books all the time.

Quick Quiz Answers

A1. False. Type 2 diabetes occurs as a result of insulin resistance that is primarily caused by defective lipid metabolism. The defects in glucose metabolism are secondary to this.

A2. False. While there is no point in continuing with the sulphonylureas and other drugs that cause increased insulin secretion this patient will still have insulin resistance and this still needs to be treated. For most this will mean a continuation of metformin and for some continuation of a thiazolidinedione may be indicated.

A3. DDDGP (274), Tasmania (249), ERGPA (123), Knox DGP (63) and the Northern Territory (36). QUM news would like to thank the GPs of the DDDGP who are building HMRs into their practice and congratulate them on both the extra care that they are taking for their patients and their business acumen.

A4. Spirometry can be used for the early detection (when COPD may be symptom free) and hence early treatment of COPD. Spirometry can be used to confirm (as an objective assessment of lung function) the diagnosis of COPD, and spirometry can be used as a part of the assessment of whether or not drug treatments are effective.

A5. The drug names *paracetamol* and *acetaminophen* both come from the chemical names for the compound: **para**-**acet**yl-**amino**-phen**ol** or N-**acet**yl-para-**aminophen**ol.

Extension of the MBS Item for Pap smears taken by a practice nurse

The MBS Items (10998, 10999) for Pap smears undertaken by a practice nurse on behalf of a GP will be available to all practices in urban areas from 1 November 2006. GPs will now have the choice to utilise their practice nurse to provide this important service to women.

There will also be new MBS items (10994, 10995) for the practice nurse to undertake a Pap smear and preventative checks for women available to all practices from 1 November 2006. These new items provide a higher level of rebate in recognition of the additional work involved in providing both these services.

All practice nurses undertaking these items must be appropriately qualified and trained to take Pap smears. For information about accredited training courses contact the Royal College of Nursing Australia (RCNA) on 1800 303 184 or Australian Practice Nurses Association (APNA) 1800 061 660.

Information regarding these items will be mailed to all practices and is available on the DoHA website (visit www.dddgp.com.au for a link to these).

For additional information and support regarding these item numbers please contact Rose Griffiths at the Division on 9706 7311.

From the 6th November
South East Primary Mental Health
will be located at:

***Milpera*, 169 Cleeland Street,**
Dandenong, 3175.

The postal address
remains the same:
PO Box 956, Dandenong 3175,
but their phone numbers will change:

New numbers are:

Phone: 9767 4400
Fax: 977 4411

Do you have patients with IFG or IGT?

Did you know that more than one in five Victorians have impaired fasting glucose (IFG) or impaired glucose tolerance (IGT)?

Why not refer them into the Diabetes *Prevention* Program? This evidence based program supports lifestyle change to reduce the risk of progression to type 2 diabetes in your patients.

For details regarding referral or more information please contact:

Debra Corin or Jo Ong at the Division: 9706 7311.

Locum Medical Services –
Aged Care Facilities Booking/Billing Policies & Service Features

Australian Locum Medical Service	Melbourne Medical Locum Service
When an aged care facility or clinic wishes to book a home visit 'in hours' they are advised: • If possible to book the call after 8pm (M-F) or after 1pm (Sat), as this will allow the doctor on duty to receive the appropriate after hours consultation fee from Medicare. • If it is not possible to book the call after hours ALMS are happy to take the booking anytime and the aged care facility patient will be bulk billed • ALMS will bulk bill all aged care facility patients regardless of when the booking is made. Other features of ALMS services • Phone triage of all patients by the treating doctor as soon as possible after the initial booking is made. • Free phone advice by doctors at no cost. • "Independent" home alert pendant for aged and special needs patients. • Locum doctors in the field have access to a patient's medical history and have access to the last three after hours consultation notes of a patient using the service. • Treatments may be received by the practice directly into their medical software package immediately after the consultation. This system works with all software packages NOT just Medical Director. • ALMS is Fully Accredited to RACGP standards • ALMS treatment note system allows GPs to send a detailed Medical History of special need patients from within their medical software direct to ALMS for distribution to locums when required. • For more information ring 8341 1200.	• MMLS will accept calls from all aged care facilities all hours • MMLS monitors the patient at regular intervals by phone until the doctor arrives. If we become concerned about the patient's condition we will advise appropriately. • Pensioners and Repat patients are bulk billed as are others in the wider community that are financially disadvantaged. Other Features of MMLS services: • Electronic downloading of all medical records via a secure website using encryption. Deputising doctors have access to all patient records if they have been seen in the past. • MMLS has a strong commitment to QA and CQI. • Using sophisticated purpose built software MMLS is able to tailor the service to suit individual needs of GP clients. Special management patients are flagged for operators and deputising doctors. • MMLS has a no narcotics policy. • MMLS doctors do not give phone advice to patients prior to consultation as this is not in line with our doctors' practice. • All telephone staff are fully trained to recognise urgent medical problems and advise accordingly. • MMLS doctors have full MPBV registration and are locals or graduates of the AMC. • MMLS is AGPAL accredited. • For more information ring 94295677.

2006 AGM and Division

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The Division Calendar Girls

Austin Powers
aka Mark Andrew

The Division's Aged Care
Panel's performance of 'Let's get Physical'

The Parkmore 'Bad Habits'

The Division Idol Judges – Susan Webster, Chris Jones and Mark Andrew

Dr Nick Demediuk as Pope Nicholas Ivan the 1st

New MBS Item for 45yr Health Check

A new MBS item (717) is now available for GPs to provide a preventive health check for people between the ages of 45 and 49 (inclusive) who are at risk of developing a chronic disease.

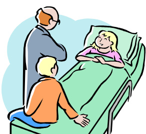
The health check must include: **information collection** including taking a patient history and undertaking relevant examinations and investigations as clinically required; making an overall **assessment of the patient; interventions** as indicated and providing **advice and information** to the patient.

The Medicare Rebate is $100 and is claimable once for each patient.

The Department of Health and Ageing has developed the following resources:

- Fact sheet
- Questions & Answers
- Checklist - designed to be a sample checklist that may assist GPs and health professionals in the practice in undertaking the 45 year old health check.

These are all available from the Division website under "Current News".



Palliative Care Beds at Casey Hospital

Did you know that Casey Hospital has five palliative care beds for respite, terminal care and non-complex symptom management.

Referrals can be faxed to 8768 1985. For a copy of the referral form contact Ward D Casey Hospital on telephone 8768 1550 or Julie Sutherland at the Division on 9706 7311.

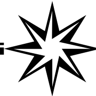
All referrals are reviewed by the Medical Team and Nursing Coordinator.

Opioid Medicines in Palliative Care

Many myths have evolved around the use of morphine and other opioid medicines. These myths make it difficult for patients, their families and carers to have a full understanding of opioid medication and its effects, this in turn, is known to significantly impact on compliance with prescribed medication. In an effort to address and expel these myths, Palliative Care Australia has designed a brochure, "Facts about morphine and other opioid medicines in palliative care".

A copy is enclosed with this newsletter and additional copies can be ordered by phoning the Division on 9706 7311 or Palliative Care Australia on (02) 6232 4432.

Human Resource Issues



Wage Increase

The Division has had many calls enquiring about the annual wage increase for people who are being paid under the Award system.

The Australian Fair Pay Commission has handed down the decision to increase the minimum hourly rate by .72c.

The decision has 3 elements

- an increase of $27.36 per week in the standard Federal Minimum Wage
- an increase of $27.36 per week in all Pay Scales up to and including $700 per week
- an increase of $22.04 per week in all Pay Scales above $700 per week.

The increase will take effect from 1 December 2006.

Whose wage will increase as a result of this decision?

- Employees receiving the standard Federal Minimum Wage
- Employees who are receiving a rate of pay included in a Pay Scale (previously in Victoria these scales were contained in a federal award)

IF AN EMPLOYEE IS COVERED ONLY BY AN AWARD THEN THEIR WAGE RATES WILL NEED TO BE INCREASED IN ACCORDANCE WITH THIS DECISION.

The pay scales **DO NOT** apply to employees covered by an AWA of CA prior to the commencement of Workchoices, unless the agreement itself makes some provision to recognize increases in minimum rates of pay.

Where employers and employees made a collective or individual workplace agreement after the commencement of Workchoices, employees must be paid a rate that is at least the equal to the relevant Pay Scale as increased by the decision.

If you require further information please contact me at the Division or phone VHIA on 9861 4000.

Public Holidays

Public Holidays over the Christmas period is as follows –

Monday 25th December – Christmas Day holiday
Tuesday 26th December – Box Day holiday
Monday 1st January 2007 – New Year's Day holiday

If staff are requested to work on any of these public holidays then the rate of pay will be double time and a half - if you are paying under the award.

Please also note that in some diaries Labour Day is listed as Wed 14th March. The Public holiday is in fact Monday 12th March 2007.

Please contact VHIA on 9861 4000 if you require any further information.

OH & S – Risk Management

At a recent Worksafe Seminar it was emphasized that employers must consult with the employees about Health and Safety at their workplaces. Likewise employees must comply and communicate OH&S issues with the employer.

By developing practicable in house methods injuries can be prevented.

When developing strategies regarding OH&S issues, staff are more likely to cooperate if they feel they have had input to the problem. It's likely that they have already found a solution.

Employers and managers must value safety if it is to be successful. If a serious incident occurred then with the employer or the manager could be charged through the legal system.
Remember **"prevention is the key"**

"BE TOUGH AND TIGHT ABOUT HEALTH AND SAFETY BUT AT THE SAME TIME BE COMPASSIONATE"

Julie Shanahan, Business Coordinator

DIABETIC KIDNEY DISEASE

Research Project at Southern Health – Dandenong Hospital Vascular Sciences and Medicine Department

Diabetic Kidney Disease can be prevented or stabilized by excellence of Glycaemic control and blockade of the Renin-Angiotensin System. Despite these interventions, some patients have progressive renal injury. We are currently undertaking a Clinical Trial (Placebo controlled) of sulodoxide in Type 2 Diabetic patients with overt Nephropathy.

Sulodoxide is a natural polysaccharide in the heparin family that appears to improve renal injury in diabetics by a direct effect on the basement membrane in the glomerulus, and by modifying mediators of inflammation and fibrosis in the kidney.

We are seeking volunteers to participate in this Trial. If you have a patient with type 2 Diabetes, heavy proteinuria (over 0.9 g/24 hrs) and not yet with advanced renal failure (Creatinine < 0.265 mmol/L) we would be pleased to meet them and provide full details of the Study. If they consent to participate they would be closely followed over some 2 years, treated with active or placebo drug, in addition to usual medications.

If you have a potential volunteer please contact the Clinical Trial Coordinator, Jade Bocala-Korbas (95548022) or the Principal Investigator, Dr. Bruce Jackson (95548022), to arrange an interview.

National Hearing Centres now part of Lifehealthcare Group

National Hearing Centres, Australia's largest privately owned hearing aid dispensing clinic, is now proudly part of the lifehealthcare stable of medical businesses. Readers are invited to visit www.lifehealthcare.com.au for further information.

The above is a paid advertisement

UBTs can now be used as a First Line Procedure for Diagnosing *H.pylori* Infection.

Dr. Aruni H.W. Mendis [1] & Prof. Barry J. Marshall [2] FRACP, FAA, FRS, Nobel Laureate.

[1] Manager Scientific & Regulatory Affairs, Tri-Med International P/L., Subiaco, Western Australia, [2] Clinical Prof of Medicine and Microbiology, University of Western Australia,
Email: amendis@trimed.com.au

The Minister for Health and Ageing the Hon. Tony Abbot has endorsed the following recommendation to be implemented by the Medicare Benefits Schedule (MBS): [Quote] ***"Carbon-labelled urea breath testing is safe. Effectiveness and cost effectiveness have been demonstrated for (it's) use as a first line procedure for the diagnosis of Helicobacter pylori infection"*** [Unquote].

What this means, is that from November 2006 onward, GPs can prescribe a Carbon-UBT to any patient as a first-line test. (Regardless of the previous history of ulcer, age, health status and gender of patient) and it will be reimbursed by Medicare at no charge to the patient.
Since the prevalence of *H. pylori* in the general Australian population increases with age, the Carbon-UBT will be a useful tool to investigate particularly those over 40 years of age as the WHO has identified *H. pylori* as a Class I Carcinogen with reference to Gastric Cancer & specifically (gastric) MALT-Lymphoma.

Reminder – The Practice Manager's and Practice Nurses Network Health and Well–being Christmas Lunch will be held on Wednesday 6th December 2006 at Sandown Regency - 12.30 – 2.00pm. Please ring Stephanie at the Division on 9706 7311 to RSVP.