

June/July 2007 Newsletter



Dr. Michael Killen,
Chairman

From the Chairman's Cushion

June/July 2007
Issue 03/07

GPs in the NWS DGP can be assured the Division is strong and growing. In the last few years there have been many initiatives proposed by the division network and developed by the Federal and State governments which have been taken up by our Division. It is a fantastic time for the Division as it means more support for GPs to look after patients.

The Division has been granted funding from Council of Australian Governments' Mental Health Initiative to provide psychological services to patients referred by GPs. These services will be provided similarly to the current Better Outcomes in Mental Health and Better Access programs. We are the only Division in NSW to have been allocated this funding so far and I believe it is a reflection of the way in which the division has managed a growing number of projects including the Regional GP Access project, which resulted in the creation of Peel Health Care.

The Division's capability has also been recognized in being asked to consider a proposal to auspice the Aboriginal Medical Service in Tamworth, as it progresses to independent management. The Board is examining the details of the offer, however considers it is a great opportunity to assist the AMS and community.

After a lot of work, the Division is setting up a management company for allied health providers, as our own research identified business management as one of the main barriers to entering private practice. We believe that by providing management, more allied health providers will work in the community and give GPs better access for our patients. It is also a great opportunity for the Division to develop a business which is independent of government funding.

The Division continues to run a number of programs efficiently and effectively. More Allied Health, Medical Specialist Outreach, continuing medical education, practice support, etc.

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Graeme Kershaw, CEO

Report from the Board

The Board meets regularly on the 4th Tuesday of the month and issues and

decisions from recent board meetings include:

- *The gift fund* that contributes scholarships to health and medical students has been revamped. The scholarships will, from 2008, be open to students from all Universities (not just Newcastle) and the Division will have a more active role in receiving and assessing applications. A medical student and an OT student have been chosen as recipients for this year and more details will be forthcoming after they have been confirmed.
- *The new mental health service* (referred to in the Chairman's Report) has occupied a lot of the Board's time and collective wisdom. More details about this service appear later in the Newsletter.
- With this new service planned to be co-located with the Division, there is a pressing need to *re-locate the Division office* with a doubling of staff numbers. Division staff are busy tracking down possible locations and a new venue will soon be announced.
- *The Board welcomes two new members* into the Division: Dr Sokiah Krishnan in Quirindi and Dr Tuan Kiet Nguyen in Walcha. Welcome; we hope you both enjoy the benefits of being a member of our Division!
- Hunter New England Health has offered (and the Board has agreed to) funding for the Division for 12 months to support a *part time Sexual Health Project Officer*. Two major objectives of the project are:
 - A program to enhance knowledge, screening and contact tracing of Chlamydia; and
 - Sexual health education packages and resources for GPs and General Practice staff
- The Board supports the *fundraising activities that are underway to enlarge the TBH Oncology Unit*. A letter has been sent out under the signature of one of the Directors asking members to contribute. The letter is also being sent to specialists and other members of the local health community.
- Through various representatives, the Board is staying in touch with developments in the *Joint Medical Program between Newcastle and New England Universities* (See report on page 14). Although it will be 2010 before some of these new medical students will be looking for general practice placements, they will join a growing band from the expansion of other Universities' medical programs.
- Three Directors undertook *corporate governance training* during May. All Directors now have skills and knowledge designed to enable them to carry out their duties on the Board.
- *The Division's accreditation* in June resulted in great deal of additional work for Division staff (just as it does in General Practice). The Board was involved in reviewing leadership and management standards for the organisation.

Graeme

New Mental Health Service

"Life solutions"

The Division has received funding to employ 5 additional mental health practitioners to provide both centre-based and outreach mental health services in a 'hub and spoke' model in Tamworth and surrounding communities. We will be integrating this new program (which we have called "Life solutions") internally with existing Division mental health programs including:

- Visiting Psychiatry Services under the Medical Specialist Outreach Assistance Program
- Employed and contracted psychologists under the Access to Allied Psychological Services Program (known locally as GPmhc); and
- Contracted psychologists under the More Allied Health Services Program

We aim to employ a clinical psychologist, psychologists and mental health nurses in the service. The final composition is still being worked out; as well as the model of service, but we intend to have a focus on child and adolescent mental health and group, as well as individual, interventions. We aim to provide regular, reliable visiting services to Quirindi, Walcha, Werris Creek and Nundle.

As part of the integration around this service we will be incorporating a position funded from our



Graeme Kershaw, CEO

GPmhc program; and, in conjunction with the UDRH, incorporate an academic, research and evaluation focus. We plan to work closely with two mental health positions in the Tamworth Aboriginal Medical Service as well as other individuals and groups involved with mental health in the community.

The size of the program will increase the Division' budget by 70% and double the number of staff, so relocation to larger premises is required. We'll keep you posted on this as it occurs and also update you on the development of, and access to, the service.

Life solutions is not intended to replace other services such as community mental health but, rather, can be thought of as GPmhc **plus**; building on the services we have already created in the Division for GP patients. The Board plans to oversee the development of the service by expanding the existing mental health advisory committee with a nominated Director, who will report to and provide input from the Board.

This is a great opportunity to improve access to mental health care for your patients and its evaluation focus will look closely at providing effective, evidence based and helpful services.

Graeme

(Continued from page 1)

The Division has expanded to such an extent that the present offices are inadequate and the CEO has been searching for larger premises. New premises will also provide an opportunity for the Division to centralize the psychological services and some visiting specialists supported by the Division. We may be able to procure a flexible meeting room at the division, which can be used for general practice activities, such as CME and meetings.

After much work by Graeme Kershaw and staff, the Division was assessed for accreditation on 19 June, 2007, and we are all quietly confident in being successful. The staff performed excellently on the day, and are to be congratulated on their hard work preparing for and presenting to the Surveyors.

It is a fantastic time for the division.

Mick



Tanja McLeish, Program Development Manager & QUM Facilitator

PROGRAM DEVELOPMENT AND QUALITY USE OF MEDICINES (QUM)

Pre-Diabetes Position Statement

A new position statement for Pre-diabetes has finally been launched by the Australian Diabetes Society and Australian Diabetes Educators Association.

You can access this document via http://www.mja.com.au/public/issues/186_09_070507/twil1006_fm.html.

Community Exercise Directory

Further to the development of the Community Exercise Directory under the Divisions Diabetes Program it is exciting to inform you that this

directory will now form part of the Tamworth Community Directory and will be maintained by the Tamworth Council.

Fitness Centres tackling Childhood Obesity

As part of the TCA collaboration with the Fitness Centres, I will keep you informed of any Childhood Obesity Programs running from our local centres, such as:

New Image Health and Fitness

Healthy Kids Program every Monday, Tuesday, Thursday and Friday at 4.30 pm for 45 minutes. This program tackles the problem of unhealthy weight gain and lack of exercise and is offered at a cost of \$12 per child per week. One-on-one personal training sessions can also be organised. Call 1300fitness to find out more. A brochure outlining the Healthy Kids Program has also been enclosed with this newsletter.

Club Synergy

“Little League” is available each Tuesday and Thursday for 30 minutes commencing at 3.45

pm. This group fitness class provides a variety of activities for children aged 6 -12 and is \$5 per child. Phone 0267 6683 88 for more information.

Fitness Plus

One-on-one personal training sessions can be organised with Mandy Lord who has 10 years experience in weight management. Mandy provides a variety of activities in a happy and non-threatening environment. Call 02 6766 4665.



Good for Kids. Good for Life

The Hunter New England Area Health Service 'Kids Healthy Eating and Physical Activity Program' (KHEPA) is pleased to announce the *official launch* of their new name "Good For Kids. Good For Life".

The NSW Government recently approved the campaign concept material for the Program and they are now developing a full launch TV commercial, radio advert, press advert and website as a key part of their social marketing campaign. The website is now live, at www.goodforkids.nsw.gov.au

The Program is making headway in a range of community settings. In schools they are looking to start the Crunch and Sip program, encouraging fruit and water consumption at school, as well as continuing work with school canteens. In child care centres healthy lunch box programs and menu planning programs are due to start in July. Their Community stream is looking at food and drinks sold at sporting clubs and working with vulnerable families. Their Aboriginal Health stream has recently completed networking with

30 communities and began their consultation process.

The "Health Stream" has been working on an HNE Health Area Policy for Healthier Choices in Vending Machines. They are hoping this will be put in place after an area vending contract is put into place in July 2007. Their stream also received a positive response in the second round of meetings held with the Divisions of General Practice and when Dr Colin Bell (Program Director) presented to GPAC in Feb 2007. In the coming months they hope to have a GP and Practice Nurse nominee from each division to help review a support package for childhood obesity screening, advice and referral. I look forward to letting you know more about how this package is progressing.

If you have further questions about the project please contact me at the Division on 67661394 or email tmcleish@nwsdgp.org.au

CPD Points for completed HMRs

Whilst ACRRM PDP & RACGP CPD points have always applied for educational activities involving HMR, RACGP have now approved a system for claiming CPD points when a GP completes a HMR in collaboration with a pharmacist and is able to document that there was educational value in the process for them i.e. if you learnt something new as part of a HMR, you can claim CPD points. The RACGP have

developed a claim form for the HMR points (2 points per hour) and more information is available under 'what's new' on the Division website at www.nwsdgp.org.au or give Tanja a call on 6766 1394.

Tanja



Jodie Westhorpe, Practice Support Coordinator

IMMUNISATION UPDATE

Errors in Vaccine Administration

North West Slopes - No. 1 for Immunisation!

It's official... The North West Slopes Practices are number 1 nationally! Congratulations and thank you to all for your hard work and persistence. Our rates for May 07 are 94.1%. I will be forwarding the overdue reports for July shortly.

There have been reports that some practices have inadvertently administered Infanrix-IPV (DTPa-IPV) to 2, 4 or 6 month-olds, when they should have administered Infanrix-hexa (DTPa-IPV, HBV, Hib). Please be sure to administer the correct vaccine as errors leave infants unprotected against the diseases for which vaccines were not administered and catch-up increases the number of jabs required.

Rotavirus Update

There are currently two oral rotavirus vaccines available, but only by private prescription. A tender process is currently underway in NSW and a decision on the funded vaccine to be included in the NSW Health Immunisation Schedule from July will be made shortly. There will be no restrictions on the amount of Rotavirus vaccine able to be ordered by general practices, however, it is strongly recommended that you base your estimates on practice population which is in the funded cohort (children born on or after 1st May 2007) and not to stockpile an initial order (consider expiry date, fridge size etc.) as there should be plenty of vaccine to supply future orders.

The rotavirus vaccines are *only registered for use in children aged 2 to 6 months*. Parents of infants born prior to May 2007 should be encouraged to self-fund this vaccine if they wish their infant to be protected against rotavirus. There will be no catch-up program as both Rotarix (2-dose vaccine) and Rota Teq (3-dose vaccine) are licensed for a specific age and MUST be completed by age 26 weeks and 32 weeks respectively.

There have been reports of some GPs writing private scripts for Rotavirus vaccine, with

instructions to the parents to fill the prescription and then administer the vaccine to their child/children themselves at home. Chris Carr from HNEAH advised that *this is an unsuitable practice for a number of reasons:*

- inappropriate cold-chain transport and also storage if there is a delay in administration
- uncertainty if the vaccine was actually given, especially with regard to accuracy of medical record and ACIR
- administration to another child who is not age appropriate
- possible delay in administration may mean that the intended child is vaccinated at an inappropriate age
- parent may be unfamiliar with dosing the child and it may be more likely to be regurgitated
- both Rotavirus vaccines require vigilance in administration to avoid regurgitation
- one of the vaccines requires careful reconstitution prior to administration which should not be performed by a non-medical person

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Immunisation continued ...

(Continued from page 6)

- issues with GPs Medical Defence Insurance if an adverse event occurred in the home or car as a result of parent administration of the vaccine

Immunisation service providers are encouraged to administer Rotavirus vaccines at

HPV Update

NSW Health is currently finalising details for the rollout of the funded HPV vaccine in General Practice from July 2007. There is no specific commencement date as yet - private scripts will still be required until the practice has received their batch of funded HPV vaccines.

The TGA has approved GSK HPV vaccine, Cervarix, for 10-45yr old women. The vaccine still has to pass through a few more regulatory hoops before being made available to the market. If these processes occur in time, there is a possibility that NSW Health may tender for the brand of HPV vaccine used in General Practice. At present Gardasil is the only HPV vaccine available and licensed from 12-26yrs.

The HPV school based program has commenced in all Hunter New England high schools. Girls in Years 10, 11 and 12 will be offered HPV in 2007, and girls in Years 7, 8 and 9 will be offered HPV in 2008. Thereafter, Year 7 girls will be offered the vaccine.

Catch up in General Practice for school aged females will be as follows:

Dose 1 = GPs (the patient must then receive dose 2 & 3 in General Practice)

Dose 2 = NSW Health (contact Area Health Service for local arrangements)

Dose 3 = NSW Health (contact Area Health Service for local arrangements)

the practice and observe recommended pre-screening and post-vaccination guidelines as set out in the Australian Immunisation Handbook 8th Edition.

A National HPV Register is not yet available, though it will be independent of the ACIR and GPs will receive a payment of \$6 per notification for girls aged 12-18yrs only. Practices are encouraged to report those administrations in the 18-26yr cohort, however, they will not receive payment for these notifications. GPs are encouraged to keep accurate data on administration of the funded HPV vaccine.

The National Cervical Screening Program has developed brochures for consumers to inform them about HPV and the vaccination program. These can be accessed via the website as follows:

Brochure for Parents: [http://www.health.gov.au/internet/standby/publishing.nsf/Content/AE24190792ACE5B1CA2572990016D0EF/\\$File/parents_brochure.pdf](http://www.health.gov.au/internet/standby/publishing.nsf/Content/AE24190792ACE5B1CA2572990016D0EF/$File/parents_brochure.pdf)

Brochure for Young Women in the Community:

[http://www.health.gov.au/internet/standby/publishing.nsf/Content/3848C2AF255FCC64CA2572990016DOF0/\\$File/youngwomen-brochure.pdf](http://www.health.gov.au/internet/standby/publishing.nsf/Content/3848C2AF255FCC64CA2572990016DOF0/$File/youngwomen-brochure.pdf)

Consumer Medicine Information is available at 1800 642 865 or at www.csl.com.au/Gardasil.asp



Practice Nurses and Administration of HPV & Rotavirus

At this point in time, Practice Nurses in NSW cannot administer Rotavirus or HPV vaccine without a GP Order. This is due to the related legislation (NSW Poisons and Therapeutics Goods Act) which refers to the 8th Edition Australian Immunisation Handbook. As these vaccines are not contained within this edition of the Handbook, the legislation does not cover Practice Nurses to administer the vaccines without a GP order (this also includes Accredited Nurse Immunisers). NSW Health is currently working on two ways to overcome this issue:

- Advocating for the release of an online version of the 9th Edition Australian Immunisation Handbook for July 2007. The hardcopy is due out later in the year (October/November) however an online version would be sufficient to satisfy legislative requirements and would allow accredited nurse immunisers to administer both vaccines without a GP order once the NSW Department of Health Policy Directive (PD) is amended to include the vaccine.
- The Public Health Unit will offer a training course for accredited nurse immunisers. Those accredited nurse immunisers who undertake the training would be provided with a certificate of authorisation to provide only Rotavirus vaccines in General Practice without a GP order prior to the release of the 9th Edition Immunisation Handbook. Please contact me if you missed the update with Peter Massey.

PRACTICE SUPPORT INFORMATION

Electronic Medicare Claiming

Medicare staff will be contacting medical practices around the country over the next three months to offer information and presentations on the new electronic Medicare claiming channel. The channel uses existing EFTPOS technology, currently available in most practices, to allow paperless bulk billing and immediate claiming for patients.

An outreach program by Medicare Australia will help demonstrate the system to practices ahead of a major national advertising campaign. The campaign will start on TV, radio and in newspapers and magazines in the middle of the year. Medicare Australia is working to ensure practices understand what is on offer before the campaign starts to generate demand from patients.

Medicare Australia will offer practices the opportunity to see how the system works first

hand and to discuss it with a Medicare officer. A description of the new system, including a short video presentation, are available on the Medicare Australian website (under Healthcare Providers and 'What's New?') <http://www.medicareaustralia.gov.au/providers/index.shtml>.

Electronic Medicare claiming is fast, easy and convenient:

Bulk bill claims lodged using electronic Medicare claiming will be entirely paperless – there will be no more batching or storing claims. The rebate will be paid into the practices' nominated bank account, usually on the next working day. Electronic Medicare claiming will also provide instant confirmation of a patient's concessional entitlement status.

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Practice Support continued ...

Paying patients can pay their account as they do now – by cash, EFTPOS, cheque or credit card. After they have paid their account, their Medicare claim can be lodged over the EFTPOS network and their rebate will be paid into their bank account, usually almost immediately.

If practices have *patients who take an account*, practices can swipe their Medicare card and

lodge their claim to speed up the process of getting their 'pay doctor via claimant' cheque.

Please contact Kirk Coningham at Medicare Australia (02) 6124 6297 or kirk.coningham@medicareaustralia.gov.au to arrange a demonstration.

Staff Development Day - 11 August 2007

The Australian Association of Practice Managers, along with the Division, will again be facilitating an education event for staff in all areas of the General Practice team. The half day program covers:

Triage 'Looking after the health of your patients' - it is important to 'triage'. This session will guide staff in assessing patients and identifying their needs to ensure the best possible outcome with the least risk of adverse events.

Medicare 'Hints and Tips' - this session will introduce you to The Commonwealth Government's new electronic Medicare claiming system (see previous item) which will be available to Practices and patients in 2007. This session will also answer all those questions that you have always 'wanted to ask Medicare'. There will be hints and tips from 'Medicare item numbers' to 'how to reduce exceptions' and many more valuable tools. This session will be run by staff from Medicare Australia.

Practice Nurse Activity Record

The Division has a fantastic spreadsheet for Practices to use to keep a record of tasks and the income the Practice Nurses are making for their practice. It includes all the PN item numbers as well as EPC and CDM items. All the Practice Nurse has to do is enter in the number of

services she has provided in a monthly period, and the spreadsheet will automatically add up the fees generated by the item numbers. For an electronic copy of the spreadsheet please contact me.

MSD4GPs - A Desktop Resource for GPs

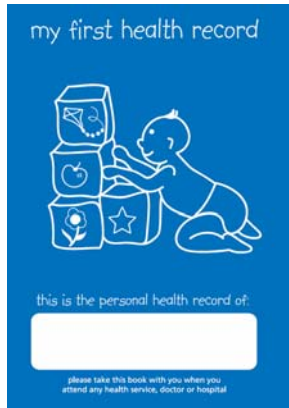
Having ready access to relevant clinical resources and appropriate patient information and illustrations on a wide range of health issues may assist GPs and Practice Nurses manage and explain health conditions to patients. Merck Sharp & Dohme has created an online resource which brings together a collection of

independently produced Australian information. The website also includes: Clinical Resources, Practical Resources, Professional Development and Medicines.

Go to www.msd4gps.com.au to find out more.



Revised Child Personal Health Record (Blue Book)



Since 1988 NSW Health has presented a child Personal Health Record (PHR) to newborns. In 2006, a major review of the NSW PHR was conducted. Over 500 health professionals and

parents participated in the review. A Reference Group with representatives from a range of stakeholder groups, including child and family health nurses, general practice and paediatrics, oversaw the review. The revised PHR was released in March 2007.

Implementation of the new PHR has an impact on the practice of a range of health professionals, including midwives, child and family health nurses, general practitioners and paediatricians. An information bulletin, available at: http://www.health.nsw.gov.au/policies/ib/2007/IB2007_008.html sets out the main changes to the Personal Health Record. It provides guidance for health professionals in implementing the new resource, and a number of links to useful online information for staff to use in implementation.

Key changes include:

- Significant changes to the format to make it more user friendly
- Updated growth charts including a body mass index (BMI) chart for children over 2 years
- Updated child health and development checks, including the addition of the Parent Evaluation of Developmental Status (PEDS) at each check from 6 months
- Additional parent information
- Immunisation (The current immunisation schedule at time of printing has been added, and the page for recording immunisations given to the child no longer lists specific vaccines to be administered)

An electronic version of the new PHR is on the web for you to review at <http://www.health.nsw.gov.au/> - please note that the Web version will not have the Parent Evaluation of Developmental Status (PEDS) included.

Information about the PEDS is available at http://www.rch.org.au/ccch/pub/index.cfm?doc_id=6472.

For more information, please contact Dr Elisabeth Murphy, Senior Clinical Advisor, Primary Health and Community Partnerships on telephone (02) 93919475 or email Elisabeth.Murphy@doh.health.nsw.gov.au.

Smoking Cessation Training

The Smoking Cessation Unit of the University of Sydney is offering training for anyone with an interest in smoking cessation; nicotine addiction and appropriate evidence based smoking cessation techniques.

Course Dates: August 13 – 15 or November 12 - 14. For further information please contact (02) 9515 6009 Ph; (02) 9515 7778 Fx or Email: fumer@med.usyd.edu.au.

POST NATAL DEPRESSION

“A real illness with serious consequences for mothers, babies and their families”



Deborah Pryor, Mental Health Coordinator

Adjusting to life as a mother is perhaps one of the most challenging events a woman will ever experience. It is supposed to be a time of great joy and warm fuzzy feelings but for 1 in 7 women the experience is far different. Tears, frustration, adhdonia are feelings these women face everyday – and all too often they face them alone.

Unfortunately today’s media image of the perfect mother does little to encourage women to seek help. Today’s perfect mother falls in love with her baby instantly and is not ambivalent. She serves Oreos and Cottees Cordial, whips up dinner in an instant (always with the Colgate smile) and makes sure to include Continental pasta – the new wholegrain variety of course. All of this takes place on the backdrop of the magazine perfect, interior designed home which is perfectly clean and clutterless – smelling clean thanks to Ambi-pur. And of course mum is svelte, sexy and has boundless energy, just days after giving birth! The baby smells like lavender thanks to Johnson and Johnson and smiles, goo’s and ga’s at all the right times and is spew and poo free.

Unlike the normal emotional swings that characterise motherhood, post natal depression is more insidious and persistent. Mothers may experience chronic exhaustion or hyperactivity, concentration problems, anxiety/panic attacks, thoughts of self harm or suicide, feelings of guilt and inadequacy or fear of being alone (particularly with the baby). PND can result in long term consequences for both mothers and babies. These are well described in the following segments from the Post and Antenatal Depression Association’s website www.panda.org.au

Without treatment 30% of women experiencing severe PND are still very unwell one year after the baby. Fifty percent of women with PND can continue to experience symptoms 2 years after diagnosis. In addition, women who have experienced PND are twice as likely to experience future depression over a five-year period, compared to women who have experienced depression unrelated to childbirth.

PND interferes with behavioural and emotional interactions now recognised as necessary for a successful mother baby relationship. Mothers with PND might be less sensitive to the needs of their babies, might feel less close to their baby or could be less responsive to the baby’s communications. As a result the mother may be withdrawn or overly intrusive with the baby as she tries to care for him/her.

Difficulties in mother-baby interaction over extended periods of time (especially untreated long term PND) can compromise many aspects of a

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GPMHSC Newsletter

General Practice
Mental Health
Standards
Collaboration
(GPMHSC) has a
new look newsletter –
Mental Health
Review(mhr).

Up to date
information on the
interaction of new GP
Mental Health Care
items with the 3 Step
Mental Health
Process including
case studies can be
found at
www.racgp.org.au



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child's development (i.e. increased fussiness or withdrawal, brain pathways development, cognitive and social skills).

Parent-child relationships may be damaged due to the mother's withdrawal or volatility, parental conflicts or inconsistent parenting. Untreated PND can impact on the child's later cognitive and language development, social competence, behavioural and parenting difficulties.

GPs have the opportunity to assess and diagnose depressive illness during pregnancy and postnatally. Throughout the pregnancy, at baby health checks and mum's first post natal visit - these are opportune times to screen for and assess symptoms. The Edinburgh Postnatal Depression Scale is widely used for this purpose. Successful treatment begins with education about the illness for women, their partners and family; discussing support strategies such as relaxation and decreasing stress; and may involve other health professionals (e.g. early childhood nurse, psychologist or psychiatrist). The new Better Access to Mental Health Care program whereby patients can receive Medicare rebateable services from psychologists/clinical psychologists is one such support to GPs. Medication may also have a role to play - especially for moderate to severe cases. While a number of factors will influence your choice of

antidepressants, tricyclics – Sertraline, Citalopram and Fluvoxamine – have been found to be least likely to cause any harm to infants.

PND is a very real and definable disease. It can be treated and you have an important role not only in treatment but also prevention and early intervention.

Deborah

(Sources: Excerpts taken from presentation by Dr Miriam Grotowski (Post Natal Information Session, 12 May 2007), *beyondblue Postnatal Depression Factsheet No. 22*, Panda and Beyondblue websites 01/07/2007).

Further Reading

Buist, A. 'Guidelines for the Use of SSRI's in pregnant Women', *Obstetrics and Gynecology*, Vol 7. No. 4, Summer 2005, pp 18-20.

Patient Information

Panda

www.panda.org.au

Beyondblue

www.beyondblue.org.au

Tresillian

www.tresillian.net

Karitane

www.karitane.com.au

NEWS BYTES

Brought to you by Dr. Stephen Howle

Accreditation—S8 Drugs

The accreditation process says that, for S8 drugs, the usual State legislation should be followed. The AGPAL website will have links to this. The major areas in which practices are deficient are:

- Having name and address of supplier and

patients in drug register

- Disposal of out of date S8s:

There are only two approved methods of disposal:

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- a DOH Pharmaceutical Branch Officer can attend the surgery and dispose of drugs (? ever seen one?)
- a Police officer must witness the doctor destroying the ampoules and sign the drug register.

American Heart Association Consensus Statement

“the relatively *poor* accuracy of exercise electrocardiography for diagnosing haemodynamically significant coronary

disease has led to recommendations *against* the use of exercise testing as a *screening tool*”

Steve

MANAGED HEALTH NETWORK INITIATIVE

Barwon, New England & North West Slopes

Contributed by Tanya Norman, New England Division of General Practice

The Managed Health Network (MHN) initiative aims to develop a business case outlining a model to deliver a Secure Business Grade Broadband Connection for GPs to share patient data with ACCHS, pharmacies, pathology, diagnostic imaging, specialists and other healthcare providers. The MHN will also provide telemedicine and videoconferencing to remote practices and healthcare providers.

A consortium comprising Barwon, New England and North West Slopes Divisions has achieved the following project milestones to date:

- Evaluation of research and investigations is partially complete. A study of existing models of managed health networks has been completed and resulted in a short list of two disparate models that required further analysis to establish the relevance and merit of each for the proposed Northern West Managed Health Network.
- ISPs and potential key service providers have been consulted and this work is ongoing.
- A cost/benefit analysis has been done to compare two possible models of a managed

health network. Each model is currently working in a geographic area of Australia and there are fundamental differences in the features and cost of each model.

- Investigation of the Clever Networks Program – Innovative Service Delivery Funding Round 2 to support the implementation of the MHN business case.
- The steering committee has made a decision that an internet based managed health network solution, colloquially known as ‘a Division solution’, was preferred. The ‘Division solution’ will require increased capacity of the Division consortium to plan, implement and manage the proposed network.

The consortium will be seeking feedback from GP’s, specialists, health services and allied health providers to gauge their interest in using this technology in the future.

In the meantime, should you have any queries regarding the project please do not hesitate to contact the CEO of your Division or Sally Urquhart, Project Officer at the Barwon Division on (02) 6792 5514.

PROGRESS REPORT ON JOINT MEDICAL PROGRAM BETWEEN UNIVERSITY OF NEW ENGLAND & UNIVERSITY OF NEWCASTLE

Reproduced from an article in New England Division Newsletter by kind permission of the author, Dr. John Nevin, Armidale

I was asked to perform a coordinating function between clinicians and the UNE for this program and commenced work on 23/4/07. A lot has happened in the intervening month and I felt it appropriate to give an update on where we are.

The Joint Medical Program (JMP) was endorsed at the July 2006 meeting of COAG. It will mean that in 2008, 100 students will enrol at University of Newcastle and 60 at University of New England. The UNE end of the joint program will have a rural emphasis with entry favouring students of a rural background and four of the five years of the course carried out in a rural setting with year 4 spent at Newcastle or the Central Coast to get tertiary hospital experience.

Medical students completing their training in a rural setting are more likely to commit to rural practice. Hopefully the rural emphasis of this course should help address the chronic shortfall in the rural medical workforce. For the first two years of the course students will be based in Armidale or within an hours drive of Armidale.

What then, of the preparations underway for 2008? The campus capital works projects are well underway and on schedule to be completed by December. They will be located in the ground floor of the Patricia O'Shane Building, where the School of Health is also located, and include a state of the art anatomy laboratory. Initially this will be using prosected (pre dissected) specimens from the University of Newcastle, but the lab is set up with a view to the future and will have the capacity for storage and dissection of cadavers.

Along with the anatomy laboratory, there will be a 120 seat lecture theatre with state of the art IT and videoconferencing facilities. Eight Problem Based Learning (PBL) tutorial rooms will be built with an adjacent student common room.

To help identify clinicians interested in being involved with the JMP a newsletter and expression of interest form were circulated in mid April. To date, over 50 replies have been received with a general enthusiastic response. On 19th April, a morning seminar was held at Armidale Hospital involving the clinicians and University academics providing an opportunity for everyone to familiarise themselves with others involved in the JMP. It also served to clarify ways in which clinicians could be involved in the program.

This week sees the second and important visit of the AMC (Australian Medical Council) team to carry out on site inspections and interviews at both campuses to ensure the proposal is up to standard and can be accredited to start in 2008.

Over the past month, we had a week-long visit by Professor John Hamilton (previous Dean of the Newcastle Medical School and involved in setting up the AMC) to check on progress and advise on any shortcomings. We also had Professor Tony Edwards from Flinders Medical School visit and advise particularly on aspects of the basic sciences component of the course.

As far as the curriculum goes, lecturers have been identified to deliver the lectures (or Fixed Resource Sessions – FRS) for the first two years of the course. These will be delivered live in both Newcastle and Armidale so as to provide live interaction with the students.

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(Continued from page 14)

Respective lecturers at both ends will need to liaise closely to ensure lectures are equivalent in content and quality. The lectures will be recorded and available to students on DVD and the internet for revision purposes.

With Problem Based Learning, a number of tutors have been selected from the academic staff. In the next month or so, a selection process will be put in place to select from the group of clinicians who have expressed interest in this activity. Training in PBL techniques will be organised for the second half of the year.

Selection of tutorial group leaders will similarly be carried out in the next few months with training of those selected completed by the end of the year.

It will be very important to have Hunter New England Area Health Service on board so facilities and personnel are up to speed. Fergus Fitzsimmons has set up two committees to coordinate this, one between UNE and Armidale Hospital and another between UNE and Tamworth and Armidale Hospitals.

These committees are identifying capital works projects that will need attention to address the current and future teaching roles of the hospitals. It is proposed to appoint up to 10 clinicians over the next three years. These will be conjoint appointments between the University and the health service and the clinical component of their roles should help overcome some of the problems with medical service and speciality availability in the area.

HNEAHS have proposed bringing forward the appointments carrying the recurrent cost until the University is able to take up their component of their role. As such, this could help current recruiting with a higher quality applicant and give appointees the opportunity to build up a clinical practice profile before commencing full University duties.

Other staff are in the process of being appointed. Many of you would have had the

opportunity at Tamworth and Armidale to interact with the two shortlisted applicants for Professor of Rural Medicine/Head of School. That interview process is completed and negotiations continue for the successful applicant to commence duties by the end of the year.

In addition, the positions of Associate Professor of Anatomy, Senior Lecturer in Rural Medical Education and Senior Lecturer in Rural Medicine have been advertised with some very good applicants. Interviews will be held shortly leading to these people talking up their positions in the next few months.

What of the future? We need to fine tune the curriculum preparations for 2008 with appointment and training clinicians involved. We need to ensure physical upgrades to hospital facilities are planned well and carried out on time.

I would hope to get out on the road, once the AMC visit is over, to meet clinicians working in the area and to do a stocktake of educational opportunities for our students that our communities present.

To all of you who have enthusiastically helped in the process to date, thank you.

Dr. John Nevin

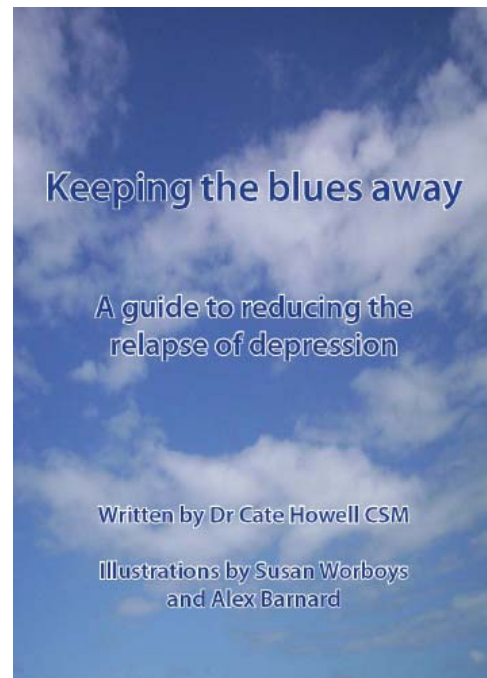
“Keeping the Blues Away” Program Resources

“Keeping the Blues Away” aims to reduce the severity and relapse of depression and is based on recent Australian research by Dr. Cate Howell. The Manual (\$45) and relaxation CD (\$20) are available for purchase through:

Relationships Australia Bookshop
49A Orsmond St
Hindmarsh SA 5007
Phone: 08 8245 8100

A computer assisted version and a website is currently under construction.

Further information can be obtained from Wendy Newbury, at the University of Adelaide on (08) 8303 3469 or email wendy.newbury@adelaide.edu.au



Do you want to develop more confidence working cross culturally with patients experiencing mental health problems?

Cross Cultural Mental Health Care in General Practice is a distance education unit, offered for GPs by the Institute of Psychiatry from July 23 to November 2007. The unit covers a variety of topics including:

- *Assessment and Culture*
- *Cross Cultural Formulation*
- *Working with Refugees and Asylum Seekers*
- *Ethno-psychopharmacology and*
- *Psychological Therapies.*

Accredited with 30 RACGP points, ACCRRM, BOIMHC Level 1 and points towards further study. The full course fee is

\$1250, but if you are practising in NSW, the NSW Transcultural Mental Health Centre (TMHC) is offering scholarships.

For further information contact

Jennifer Herron at the TMHC on (02) 9840 3800 : Jennifer.Herron@wsahs.nsw.gov.au

or Natalie Taig, Course Coordinator (02) 9840 3833 : Natalie.Taig@nswiop.nsw.edu.au

Or visit the TMHC website: www.dhi.gov.au/tmhc/projects/gp/gp_course.htm

Journal of Medical Case Reports

GPs can now share their interesting cases with other doctors. The Journal of Medical Case Reports is seeking submissions on unreported side effects, new and emerging diseases, unusual presentations, new associations, unexpected events, and new knowledge. The Journal is freely available online and articles are subjected to thorough peer review. Doctors can even submit clinical photographs, figures and video footage.

For more information email:

editorial@jmedicalcasereports.com or visit www.jmedicalcasereports.com

*Source: AMA GP Network News
Issue 07, Number 21 – 8 June 2007*

Australian Post Traumatic Stress Disorder Guidelines Launched

Australian health practitioners now have their own guidelines to help people with acute stress disorder and posttraumatic stress disorder (ASD and PTSD).

The Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder (ASD and PTSD) were launched on 23 May by the Minister for Veterans' Affairs, the Honourable Bruce Billson, MP, at Parliament House, Canberra.

Approved by the National Medical Health and Research Council, these new Guidelines assist health practitioners to determine when is the right time for professional intervention and what's the best approach for helping people affected by trauma.

The Australian Centre for Posttraumatic Mental Health developed the Guidelines in consultation

with trauma experts from a range of disciplines, as well as people affected by trauma.

How do you get a copy?

There are four versions of the Guidelines to suit different needs:

- *The full guidelines*
- *A brief practitioner guide for easy use*
- *A summary of the key treatment recommendations for practitioners*
- *A guide to treatment for people diagnosed with ASD or PTSD, their families and carers*

Visit www.acpmh.unimelb.edu.au to download copies.

Upcoming CPD Events & Conferences

Events Locally	
Tuesday 17 July Best Western Sanctuary Inn	Tamara Medical Staff Council AGM Details: Michelle on 6766 1955
Weds 18 July 2007 UNE Tamworth Centre	CPD Evening with Dr. Andrew Ansari, Obstetrician & Gynaecologist Details: Trish at NWSDBGP on 6766 1394
Sat/Sun 25/26 August UNE Tamworth Centre	North West Slopes Division of General Practice Annual CPD Weekend “The Latter Day Adventures of George & Mildred” with Prof. Ian Cameron, A/Prof. Susan Kurrle, Dr. Peter Harradine, Dr. Peter Hinchcliffe Details: Trish at NWSDBGP on 6766 1394
Events Outside the Region	
22-25 July 2007 Sydney	4th International AIDS Society Conference HIV Pathogenesis, Treatment & Prevention : Details: www.ias2007.org
26-27 July Melbourne	Centre for Rheumatic Diseases, University of Melbourne The Way Forward: Chronic Disease Self Management in Australia Details: (03) 8344 6107 or www.mcmconferences.com/crd
27-28 July 2007 St Leonards, Sydney	Royal North Shore Hospital & University of Sydney Pain Management Symposium Details: www.pmri.med.usyd.edu.au or phone (02) 9926 7386
Saturday 11 August University of NSW	Australian Doctor Education - GP Summit on diabetes, obesity and heart disease Details: www.australiandoctor.com.au/seminars
11, 12 August & 22 September 2007, Sydney	NSW Institute of Psychiatry - Cognitive Behavioural Therapy Skill Development (General Practice) Level 2 & Level 2 ongoing Mental Health Skills Training Cost: \$550.00 Contact Meghan on (02) 9840 3833
17-19 August 2007 Surfers Paradise	The 8th International Mental Health Conference Details: www.gcimh.com.au/conference or phone (07) 5528 2501
24-25 August 2007 Ballina	7th Annual Rural Critical Care Conference Details: tel (02) 6650 9800 or email: info@eastcoastconferences.com.au
13-14 September Manly	2nd National Men’s Shed Conference Details: www.mensshed.org or phone (02) 9954 4400
2-5 October 2007 Alice Springs	Spring Seminar on Emergency Medicine Details: Denby Collinge on (02) 9481 7650 or email: denby.confmagic@bigpond.com
25-27 October 2007 Sydney	2007 International Doctors’ Health Conference on “Wellbeing” www.doctorshealthsydney2007.org or phone (02) 9327 4024
20-21 October 2007 Sydney Marriott Hotel	NSW Rural Doctors Network Procedural Conference—Anaesthetics Details: Johanna Stewart on (02) 8337 8100 or www.nswrdn.com.au

The Quacks Quasi Cultural Corner . . .

Stay tuned to this column for book reviews, up coming local events and taste bud titillating recipes. . .

We welcome any contributions you may like to share with your colleagues.

- Annalisa Kerrigan/AFAP Fundraising Concert, 29th July, Calrossy Auditorium, Brisbane Street, Contact 6769 7696.
- Commonwealth Bank Ag Quip Field Days, 21^{st-23rd} August, Gunnedah.
- Live Earth Australia, Concert to Combat Global Warming, Saturday, 7th July, Aussie Stadium, Sydney. Contact Ticketek 132849.
- Disney On Ice – Finding Nemo, 11th—22nd July, Acer Arena, Sydney. Contact Ticketek 132849.



A Pap test every 2 years,
it could save your life.

Don't just sit there.
Make an appointment with
your doctor today.



NSW Cervical Screening Program www.csp.nsw.gov.au

ON A LIGHTER NOTE.....

Thank you to Dr. John Pearson for adding this light-hearted snippet.

The following are words of a song first sung at the Barton Lane Christmas soiree and inspired by a drug rep pushing his stuff a little too enthusiastically over morning tea.

It is based on the Monkee's original hit "I'm a Believer", written by Neil Diamond (and for those of you who didn't know - Neil Diamond originally started out as a medical student!)

I'm a Prescriber

Neil Diamond / John Pearson / Doug Rutherford

I thought new drugs only worked in hospitals
Meant for specialists but not for me.
Reps were out to get me
That's the way it seemed.
Another drug trial ruined morning tea.

*Then I saw their graphs, now I'm a prescriber
Not a trace of doubt in my mind.
I trust reps, I'm a prescriber!
I never doubt them when they lie*

Didn't think my brain could comprehend so much
My concentration span was all too short.
Then it all just hit me
It all made perfect sense
All my doubting moved into past tense

*When I saw his graph, now I'm a prescriber
Not a trace of doubt in my mind.
I trust reps, I'm a prescriber!
I never doubt them when they lie*

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FOR YOUR INFORMATION ...

New Obstetrician/Gynaecologist to Tamworth

Dr. Andrew Ansari will be joining Dr. Keith Hollebone as an Obstetrician and Gynaecologist as of 3rd July, 2007, and the obstetrics service at Tamara will re-open as of that date. He will be based in Dr. Hollebone's rooms at 40 Piper Street and appointments can be made on 6761 3488.

Dr. Ansari trained at St. Thomas' Hospital in London. He completed his post graduate training in London and at the University in Bristol. He is trained in urogynaecology and has special interest in urodynamic studies and pelvic floor reconstructive surgery. He has been involved in running a pelvic pain clinic and has a particular interest in laparoscopic treatment of endometriosis. Dr. Ansari has worked in New Zealand and has extensive experience with hysteroscopic fibroid resection and endometrial ablation techniques. He has been trained in minimally invasive surgery and is keen on offering laparoscopic options for hysterectomy and adnexal surgery.

The Division has arranged a CPD evening with him on *Wednesday 18th July, 2007*, so please make a note in your diary and keep an eye out for your invitation.

Refugee Health Lecture Series

The Refugee Health Lecture Series is open to all interested health professionals, GPs and students and is being held in regional and rural centres, Tamworth included.

There are two more sessions in the series as follows, all of which have been approved for CPD points from RACGP and ACRRM:

24 July - Nutrition and Oral Health in Refugee Populations

28 August - Refugee Women's Health

For more information or to register please contact Cathy Preston-Thomas at the Refugee Health Service on (02) 8778 0770 or email: Cathy.Preston-Thomas@sswahs.nsw.gov.au

NHMRC Nutritional Needs Website Now Live

The National Health and Medical Research Council (NHMRC) has released a new, interactive, user-friendly website that allows health professionals to quickly and easily determine nutritional needs without having to consult complex tables for every nutrient. Users will also have access to recommendations, based on scientific evidence, about how to optimise what to eat in order to reduce the risk of chronic disease. A tool that GPs and Practice Nurses could utilise in developing dietary plans for patients. The site is available at www.nrv.gov.au and is based on the nation's most authoritative nutritional needs publication, *Nutrient reference values for Australia and New Zealand*, published by the NHMRC last year.