Travel medicine

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Editorial notes
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Corporate governance review

The RACGP recently released its ‘Council charter’ and ‘Board charter’, which form the core of the preferred revised RACGP governance model.

‘The concepts were workshopped by many member GPs to ensure they suitably address the RACGP’s governance requirements, and also members’ needs,’ RACGP President Dr Frank R Jones said.

The model addresses two key issues: the irreconcilable conflict of representatives on boards; and the board’s need to incorporate skills, knowledge and experience. It also reflects published recommendations for not-for-profit organisations, which were made by leading industry bodies such as the Australian Institute of Company Directors (AICD).

‘Without relinquishing the quintessential factor of GP involvement, the model positively supplements the skills, knowledge and experience of the board where needed,’ Dr Jones said. ‘It also maintains specialist GPs as the majority and ensures the RACGP remains member-controlled.

‘However, it does not only focus on addressing deficiencies. The RACGP governance model instead incorporates innovations reflecting a fitness for purpose and best practice.’

According to Dr Jones, regardless of any changes to its governance model, the RACGP Council will continue to manage matters of policy that are most important to GPs.

‘These include clinical and professional issues, position statements, examination and training, and interaction with other health bodies,’ he said. ‘These matters elicit the most professional passion, interest and involvement from GPs, and councillors will be free to pursue them unfettered by their representative function.’

Visit www.racgp.org.au/yourracgp/organisation/governance for more information on the RACGP’s revised governance model.

After-hours services

The RACGP recently released a position statement on after-hours healthcare. After-hours home visiting services in primary healthcare was developed following extensive consultation with RACGP members, who highlighted a number of potential issues.

‘Many areas of concern were identified by practising GPs, especially around quality clinical assessment and continuity of care, as the patients’ normal treating doctor [the medical home] often receives variable and limited information about their patients’ after-hours visit,’ RACGP President Dr Frank R Jones said.

‘Feedback also indicated disquiet around the quality of information conveyed by some providers when advertising their service.’

In order to ensure the provision of quality care, as well as an efficient use of limited healthcare funding, the RACGP’s position is that after-hours visiting services should:

- utilise an appropriately qualified workforce
- depute for a patient’s usual general practice by establishing formal connections with practices, and not deliver healthcare disconnected from a general practice
- communicate back to the patient’s usual general practice by the morning following a home visit
- only deliver services to patients who require urgent care that cannot be delayed until the following day
- avoid advertising directly to patients.

Queen's Birthday honours

Several Australian healthcare professionals were honoured during last month’s Queen’s Birthday celebrations, with a number of RACGP members named on the 2016 honours list.

‘GPs are on the frontline of primary healthcare in Australia and the work we do in preventive health makes a life-changing contribution to the Australian community,’ RACGP President Dr Frank R Jones said. ‘The general practice profession is very proud of those colleagues named on the honours list.’

GPs named Members (AM) in the General Division included:

- Associate Professor Vicki Kotsirilos (Vic) – for significant service to integrative medicine, to health practitioner standards and regulation, to medical education, and to the environment.
- Dr Jennifer Ann May (NSW) – for significant service to community health in rural and regional areas, as a GP, to professional medical groups, and to education.
- Emeritus Professor Peter Rowland Mudge (Tas) – for significant service to medicine through contributions to professional organisations, to research and tertiary education, and to the community.
- Dr David Paul Sevier (NSW) – for service to medicine as a GP.

Visit www.gg.gov.au/queens-birthday-2016-honours-list to view the full Queen’s Birthday 2016 honours list.

A powerful voice for general practice

With the federal election now over, one of new Government's most important tasks is focusing on health and explaining its approach to health policy. Adequate funding for Medicare became a touchstone issue in the lead-up to the election and, indeed, it was the most important issue for many Australians.

The RACGP’s ‘You’ve been targeted’ campaign led to hundreds of stories appearing in media outlets throughout Australia – including the front page of Fairfax newspapers – explaining the negative impact of a continued freeze on Medicare Benefits Schedule (MBS) patient rebates. Other organisations, including the Australian Medical Association (AMA), soon joined the cause.

The immediate catalyst for the re-ignition of the ‘You’ve been targeted’ campaign was the announcement of a two-year extension of the freeze in May’s Federal Budget.

Coverage of the RACGP’s position appeared in newspapers, on television and radio, and across social media networks (using the #youvebeentargeted campaign hashtag) prior to the election. The RACGP’s advocacy in the area also included posters, templates and practice resources made available to members and to the general public. Two television advertisements were also launched, explaining the potential patient harms caused by a continued freeze.

This unprecedented public campaign, along with the grassroots efforts of GPs and other advocates across the country, is part of the reason primary healthcare and Medicare funding received so much focus during the election, ensuring adequate health funding was top of the public’s mind.

Visit http://yourgp.racgp.org.au/ for more information on the ‘You've been targeted’ campaign.

RACGP events calendar

July–August 2016

**NSW**

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<tr>
<td>Procedural skills for IMGs preparing for RMO roles</td>
<td>Sunday 10 July,</td>
<td>8.45 am – 5.15 pm</td>
<td>RACGP House, North Sydney</td>
<td>02 9886 4748 or <a href="mailto:susan.jones@racgp.org.au">susan.jones@racgp.org.au</a></td>
</tr>
<tr>
<td>GPE – emergency update for practice nurses (including CPR)</td>
<td>Tuesday 26 July,</td>
<td>7.00–9.30 pm (6.30 pm registration),</td>
<td>College House, North Adelaide</td>
<td>08 8067 8310 or <a href="mailto:megan.staunton@racgp.org.au">megan.staunton@racgp.org.au</a></td>
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**QLD**

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<tr>
<td>CPR workshop</td>
<td>Tuesday 12 July,</td>
<td>6.30–8.30 pm</td>
<td>RACGP House, Brisbane</td>
<td>07 3456 8944 or <a href="mailto:qld.events@racgp.org.au">qld.events@racgp.org.au</a></td>
</tr>
<tr>
<td>New Fellows education series 2016 – session 2</td>
<td>Thursday 28 July,</td>
<td>6.30–9.00 pm</td>
<td>College House, Perth</td>
<td>08 9489 9519 or <a href="mailto:emma.bradley@racgp.org.au">emma.bradley@racgp.org.au</a></td>
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**VIC**

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<tr>
<td>Perinatal in practice program</td>
<td>Saturday 16 July,</td>
<td>9.00 am – 5.00 pm</td>
<td>RACGP House, East Melbourne</td>
<td>03 8699 0488 or <a href="mailto:vic.events@racgp.org.au">vic.events@racgp.org.au</a></td>
</tr>
<tr>
<td>Cognitive behavioural therapy and counselling</td>
<td>Friday–Sunday 29–31 July,</td>
<td>9.00 am – 5.00 pm</td>
<td>RACGP House, East Melbourne</td>
<td>03 8699 0488 or <a href="mailto:vic.events@racgp.org.au">vic.events@racgp.org.au</a></td>
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<tr>
<td>Perform CPR – a workshop for GPs</td>
<td>Tuesday 19 July,</td>
<td>6.00–8.00 pm</td>
<td>RACGP House, East Melbourne</td>
<td>03 8699 0488 or <a href="mailto:vic.events@racgp.org.au">vic.events@racgp.org.au</a></td>
</tr>
<tr>
<td>Grand round series 2016 – session 1</td>
<td>Wednesday 3 August,</td>
<td>6.30–9.00 pm</td>
<td>College House, Perth</td>
<td>08 9489 9519 or <a href="mailto:emma.bradley@racgp.org.au">emma.bradley@racgp.org.au</a></td>
</tr>
<tr>
<td>Clinical emergency management program – intermediate</td>
<td>Saturday 23 July,</td>
<td>8.30 am – 5.00 pm</td>
<td>Queensland University of Technology, Kelvin Grove Campus, Brisbane</td>
<td>07 3456 8944 or <a href="mailto:janet.lindsay@racgp.org.au">janet.lindsay@racgp.org.au</a></td>
</tr>
<tr>
<td>Healthy Wealthy Wise weekend</td>
<td>Friday–Sunday 5–7 August,</td>
<td>12.00–10.00 pm (Friday),</td>
<td>Bowral</td>
<td>02 9886 4736 or <a href="mailto:jessica.watt@racgp.org.au">jessica.watt@racgp.org.au</a></td>
</tr>
<tr>
<td>CPR certification course</td>
<td>Saturday 23 July,</td>
<td>8.30–10.30 am</td>
<td>College House, Perth</td>
<td>08 9489 9555 or <a href="mailto:linda.cridland@racgp.org.au">linda.cridland@racgp.org.au</a></td>
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Visit www.racgp.org.au/education/courses/racgp-events for further RACGP events.
LIFESTYLE MEDICINE

Treat thy self

PAUL HAYES

GPs can benefit from developing the necessary tools to better look after an important patient – themselves.
It would likely come as no surprise to people in the primary healthcare industry that GPs are not always completely effective when it comes to looking after their own health.

‘A lot of us are so focused on looking after our patients that it is quite a struggle to put ourselves forward and look after ourselves,’ Dr Caroline West, GP and specialist in lifestyle medicine, told Good Practice. ‘I think a lot of GPs feel that if they have got any energy left they should be putting it back into their community and their patients, but that is a clearly unsustainable model.’

Dr West considers this situation something of a paradox given GPs’ important role in the healthcare of so many others.

‘If we are interested in the health and wellbeing of others, it makes sense that we should be interested in the health and wellbeing of ourselves,’ she said.

Need to recharge

The nature of a life in healthcare – whether general practice, emergency medicine, or anything else – means practitioners are likely to experience prolonged periods of stress and fatigue. General practice involves the potential physical and emotional drain of factors such as long hours and more intimate relationships with long-term patients.

‘GP are generally very overworked and stressed, and they get a lot of stress coming to them because they are seeing people who are sick and in pain and uncertain and anxious,’ Dr Marc Cohen, GP and academic in the area of lifestyle medicine, told Good Practice. ‘They are seeing people at their worst, so that can rub off.’

Much of the stress GPs feel can also come from factors external to the consulting room.

‘The general practice workforce is under tremendous pressure when it comes to, for example, adjusting to changes within Medicare, changes in patient expectations and compliance, especially the volume of information you have to be across,’ Dr West said.

‘As GPs, we’re having to focus on so many different areas of our profession and that can be quite exhausting if you’re not actually creating the space and time for yourself.’

As that stress builds, its effects can soon creep into everyday practice.

‘The ability to have a quality interaction with a patient is one of the most powerful therapeutic tools that a GP has. That is key,’ Dr Cohen said.

‘And it is very difficult for a GP to enter into a profound therapeutic relationship with a patient when their relationship with themselves is not solid.

‘If the GP has their own anxiety, their own ill health, or they’re tired or sick or anxious or stressed or worried about finances, it is much more difficult for that GP to be fully present with their patients.’

Those adverse effects also extend to a practice and its administration, the GP’s work that falls outside of helping patients.

‘When you get really exhausted and burnt out, one of the first things that can be a warning sign is that you start to procrastinate, and you start feeling overwhelmed with getting over the daily grind of all of those things like Work Cover certificates and reports, insurance forms, transferring files. That mountain of paperwork that can build up,’ Dr West said.

‘When they are really exhausted and burnt out, GPs often become somewhat avoidant. They start putting all of the chores they don’t like on the backburner, which is often areas of patient governance and the financial health of their practice.

‘It’s a real “in the trenches” mentality, feeling like you are just trying to survive, and it’s very difficult to create new initiatives within the practice or to go into other areas that you may want to explore because you are just too exhausted.’

Stress and/or distress can also potentially lead GPs down a path that takes them away from their vocation altogether.

‘[GPs experience things like] drug and alcohol addiction, and job dissatisfaction,’ Dr Cohen said. ‘We have seen a lot of that in general practice, where GPs say they are not happy being GPs. They are not happy about their choice because of the stress of general practice.’

Paths to wellness

While GPs are more aware of healthcare issues than most, they are faced with the same obstacles as everyone else when it comes to achieving desired lifestyle goals.

‘GPs, like the rest of the community, have issues around looking after their own health and wellness,’ Dr West said. ‘In some ways, GPs are doing really well when it comes to areas like not smoking, for example. Very few GPs smoke, so that is a big tick.

‘But when it comes to their own healthy lifestyles, particularly their own exercise and nutrition, they are often really lacking.’

These types of common obstacles, combined with the inherent difficulties of a life in medicine, mean GPs can benefit from more dedicated structures in terms of their own wellness.

‘I am a strong believer in having a wellness platform available for GPs at all stages of their training. That includes when they are coming through medical school, when they are in a registrar program and once they are GPs,’ Dr West said.

According to Dr West, such a wellness platform could include awareness and education related to issues of burnout; practical resources such as education weekends, peer-to-peer support and relevant websites; and retreats and other physical activities.
Dr Marc Cohen recommends a series of steps to help people attain better wellness in their lives.

**Wellness pyramid**

**Be**
- Relax
- Exercise
- Eat good food
- Share your feelings

“We all need to have time to be, relax, exercise, eat good food and share our feelings,” he said.

**Relax** is our relationship with the universe. Having time to just “be”, whether it’s meditating or having time when you’re at one with the environment.

**Exercise** is our relationship with our body. That involves physical exercise, in both flexibility and aerobic capacities.

**Eat good food** is our relationship with the environment. Eating is the most profound relationship we have with environment because we are what we eat and our environment is what we eat.

**Share your feelings** is our relationship with other people. That is a foundation because the most joy and the most suffering we have as humans is generally through our relationships with other people.

“A GP who is passionate about their work, engaged with the patients and energised is a real asset to a business. They are also more likely to take on challenges as they arise, rather than be overwhelmed.”

**RACGP initiative**

Aware of the professional difficulties and healthcare obstacles faced by GPs, RACGP NSW has developed a wellness workshop designed to offer attendees information and resources for achieving better work-life balance.

The ‘Healthy Wealthy Wise’ weekend, to be held in the NSW southern highlands town of Bowral from 5–7 August, will focus on lifestyle medicine. It will provide GPs with the opportunity to assess and improve their personal wellness, as well as the tools needed to evaluate the vital signs of the wellness of their business health. (Refer to breakout on page 9 for more information.)

“[Lifestyle medicine] is something that we often overlook in general practice because we’re so distracted by things that appear right in front of us, and often the preventive messages get a little buried due to time pressures,” Dr West, who is one of the weekend’s presenters, said. “I think the RACGP is filling a void by putting forward a program that says, ‘We care about your wellness, too’.”

The Healthy Wealthy Wise weekend will include presentations on the effects of stress on GPs, identifying healthy lifestyle anchors for wellness, engaging with patients, business checks, and many other wellness topics. The weekend will feature workshops, debates and exercise sessions.

‘It’s all about giving people a vocabulary, helping them to feel that they’re not powerless in all of this. In other words, that they have control over their lives,’ Dr Simon Willcock, GP and a facilitator of the Healthy Wealthy Wise weekend, told Good Practice.

‘A lot of the focus is on self-awareness and strategies, and the sorts of things give us the balance in our lives to not just keep it going, but to be enjoying our work as well.

‘There’s also an emphasis on financial security … with the focus more on doctors as small business people. One of the biggest areas of emphasis is in providing quality care in an environment where GPs are not going to go bankrupt. If we can help them to develop the skills to run a sustainable business that relieves some of their other pressures.’

One of the most important aspects of the weekend is that it will allow a group of like-minded people to come together and discuss the issues – positive and negative – that affect them in their profession, sharing their knowledge and wisdom, as well as their considerable experience.

‘I think much of the value of this weekend is that it puts a group of people together who realise they’re not Robinson Crusoe and their own feelings and anxieties will generally be mirrored by other people,’ Dr Willcock said.

‘They also get to learn the positive strategies that other people have used.’

Those positive strategies are particularly important to the Healthy Wealthy Wise weekend and the broader idea of wellness, which, according to keynote speaker Dr Cohen, is as much about preventive steps as anything else.

‘Wellness is a different approach,’ he said. ‘An illness mindset is more about treating acute or chronic disease, whereas wellness … increases the scope of just treating individuals. In the wellness model you are really focusing on lifestyle and how to improve resilience and wellbeing.

‘That is influenced not just by what medicines you are taking and what diseases you have, but by how you live and what you eat.’

Dr Willcock also views the Healthy Wealthy Wise weekend as an opportunity for GPs who may be in a positive position in their professional and personal lives to be prepared for what is always an uncertain future.

‘If people say they have never really been stressed during their career as a GP then they’re probably not being realistic,’ he said. ‘So if we recognise that this is likely going to
happen during our careers, it’s no different to insuring your house. You make sure you take appropriate steps.

‘We want the weekend very much targeted as, “We know your life can be stressful, how can we help you to cope with that?” Rather than, “We know you’re already in a deep dark hole, how can we help you get out of that?”

Setting a standard

As the go-to healthcare professional for so many in the community, GPs are in a particularly unique position to influence people in a fundamental way.

“It is such a privileged position to be a GP because you can ask a patient a question about any aspect of their life,” Dr Cohen said.

“It is a very intimate relationship and the more intimate that relationship the more powerful and profound the therapeutic aspect can be.’

The power of that therapeutic relationship, however, can be affected by a GP’s own health and wellbeing.

‘For doctors, there is a real part for us in being healthy role models,’ Dr West said.

‘There is a lot of evidence … that if you walk the walk, if you are a doctor who has a healthy lifestyle, you are a more effective practitioner because your patients realise that you are authentic about what you are suggesting when you are asking patients to make healthy changes.

‘It’s almost as though if you are healthy you are passing it forward.’

Dr Cohen believes the GP’s role in suggesting lifestyle changes is one of the most vital characteristics of the therapeutic relationship, offering a real chance to start patients on a new direction in their life.

‘It is very powerful for GPs to make lifestyle recommendations, seeing people when they are at these crisis moments that are often a pivot point where you can make really powerful and positive changes in their lives,” he said.

‘The most powerful therapy is not the drug or the searchable intervention, it’s actually being with a patient and listening to them and providing focused and authoritative guidance.

‘For a GP to be comfortable, balanced, well-grounded, calm and at peace with themselves provides the best platform for them to commune with their patients.

‘Even if they only have seven minutes with their patients they can be a really powerful seven minutes if the GP is very present, and their own health will impact on that.’

RACGP event

RACGP NSW’s inaugural Healthy Wealthy Wise weekend will be held in Bowral from 5–7 August. The weekend is designed to allow GP attendees the chance to reflect on their daily work and identify ways of maintaining and improving work–life balance in the face of competing demands within their practice, personal life, the political landscape and other interests.


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The Choosing Wisely Australia campaign is designed to help Australian GPs determine the most beneficial tests and procedures for their patients.

A significant aspect of any profession is understanding what not to do in any given situation. In the case of healthcare delivery, doctors are often faced with difficult decisions as to what tests or procedures they should or should not order; in many cases, unnecessary treatments may cause harm.

The Choosing Wisely Australia campaign has been developed to help healthcare professionals and patients have discussions about improving the quality of care by eliminating unnecessary tests, treatments and procedures. The campaign includes a total of 86 recommendations from various Australian medical colleges, societies and associations, including the RACGP.

‘The RACGP is a proud member of Choosing Wisely Australia, a valuable initiative that can assist GPs to start conversations about appropriate medical tests and procedures,’ RACGP President Dr Frank R Jones said.

‘The RACGP wants to keep improving the system wherever it can and sometimes that means supporting GPs when they choose not to use a medical intervention.’

Each college, society and association involved with Choosing Wisely Australia developed a list of five key recommendations. The RACGP established a dedicated working group to determine its recommendations, which are based on the latest evidence and research and were voted on by members.

The RACGP recommends that GPs don’t:

- order colonoscopy as a screening test for bowel cancer in people at average or slightly above average risk. Use faecal occult blood screening (FOBT) instead
- order chest X-rays in patients with uncomplicated acute bronchitis
- routinely do a pelvic examination with a Pap smear
- treat otitis media with antibiotics in non-Indigenous children aged 2–12 years where reassessment is a reasonable option
- test thyroid function as population screening for asymptomatic patients.

For all patients

NPS MedicineWise is responsible for facilitating the implementation of Choosing Wisely Australia. It has played a key role in working with professional health bodies and helping them to disseminate their recommendations.

‘We facilitate the process and provide the national leadership and coordination to bring all of these important activities together under the banner of Choosing Wisely Australia,’ Dr Andrew Boyden, GP and NPS MedicineWise medical advisor, told Good Practice.

According to Dr Boyden, Choosing Wisely Australia is so important because it allows the healthcare profession to play a leading role in helping to define what is best for the wider patient population, as well as for the industry itself.

‘At a broad policy level, I think the health-professional bodies and their members have recognised that they have a role to play in relation to the appropriate use of limited healthcare resources,’ he said.

‘I think it’s about the profession wanting to show that it does take these challenges seriously and does believe it has a role to influence the discussion and, particularly, the policy settings.’

In addition to the broader healthcare profession, Dr Boyden believes Choosing Wisely Australia has a direct and dynamic role to play within the walls of everyday GPs’ consulting rooms.

‘Importantly for working GPs and their patients, the campaign is really about being based on the principals of what all GPs are interested in – the individual quality care of patients,’ he said.

RACGP President Dr Frank R Jones describes Choosing Wisely Australia as ‘a valuable initiative’ to assist GPs in shared decision-making with patients.

Dr Andrew Boyden believes the straightforward nature of the recommendations will benefit help GPs to deliver the message to patients.
"It comes back to that fundamental principal, which I think aligns very strongly with the Choosing Wisely Australia campaign: first do no harm."

Given the busy and demanding nature of general practice, the fact the campaign recommendations are straightforward is a major advantage for GPs.

"General practice is a scientific profession and the science is continually being updated," Dr Jones said. "The RACGP’s Choosing Wisely working group put a lot of effort into collating the evidence into a succinct, easy format that offers GPs practical advice for common situations."

Dr Boyden agrees that making the information easy to digest is extremely advantageous for primary healthcare professionals.

"That appealed to me as a GP," he said. "There is so much evidence to keep up to date with, and there are so many directions GPs are being pulled in relation to these sorts of things. That can be quite challenging where there are various agendas being played out – such as patients’ requests for tests versus society’s expectations – and GPs are right in the middle of that."

"Choosing Wisely Australia gets it down to a key-message approach and synthesises that evidence into a brief statement."

At its heart, Choosing Wisely Australia is not about dictating to healthcare professionals about what they should and should not do when deciding on treatment options, many of which are extremely valuable in the correct circumstances. The initiative is rather about talking with patients and allowing a greater level of shared decision-making when it comes to determining treatment options.

"Maybe even more importantly than the individual recommendations themselves, Choosing Wisely Australia is just really about having a conversation and raising awareness in the profession, and with patients and the media, about questioning the worth of what we have come to accept as routine, but what may at times be unnecessary testing and interventions," Dr Boyden said. >>

Wise choices

The RACGP is a foundation member of NPS MedicineWise’s Choosing Wisely Australia campaign. Its recommendations are that GPs don’t:

- order colonoscopy as a screening test for bowel cancer in people at average or slightly above average risk. Use faecal occult blood screening (FOBT) instead
- order chest X-rays in patients with uncomplicated acute bronchitis
- routinely do a pelvic examination with a Pap smear
- treat otitis media with antibiotics in non-Indigenous children aged 2–12 years where reassessment is a reasonable option
- test thyroid function as population screening for asymptomatic patients.

Visit www.choosingwisely.org.au/recommendations for more information and all Choosing Wisely Australia recommendations.

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It’s about balancing the benefit and the harm in the individual, and including the patient or their carers in the conversation and coming to a shared decision.’

While Dr Boyden understands the time-poor nature of general practice can make it difficult to have those conversations, he believes keeping the message simple goes a long way in getting around such an obstacle.

‘Given the nature of day-to-day practice, I think GPs have real challenges in being able to provide as much information to their patients as they would like. That is a reality,’ he said. ‘However, the Choosing Wisely Australia campaign, by trying to distil some of the complex issues into briefer awareness-raising messages, might make that job easier.’

**RACGP learning activity**

Appropriate use of medical imaging is one of the prominent areas of Choosing Wisely Australia, also appearing among the RACGP’s five recommendations.

‘Chest X-rays, for example, involve radiation exposure, cost, time and effort on the part of the patient and we need to reserve them for situations where an X-ray is likely to change the treatment,’ Dr Jones said. ‘The RACGP recommendation suggests various situations where a chest X-ray may be entirely appropriate but, for most people walking through the GP’s door with a cough, it does not really change what the doctor would do.’

A new learning activity within the RACGP’s gplearning online education platform, ‘Radiation protection of patients’, is designed to explore radiation exposure associated with medical imaging and provide GPs with a better understanding of an area in which they traditionally have limited access to education.

‘Unfortunately, across Australia, radiation safety training doesn’t form part of a GP’s normal training,’ Peter Thomas, director of medical imaging at the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), told Good Practice. ‘There is an incredible amount of information that goes across a GP’s desk, so relying on an individual coming across [radiation safety training] by accident or because they want to is not the best way for it to be done.’

Developed in collaboration with ARPANSA, ‘Radiation protection of patients’ looks at the radiation associated with specific imaging procedures, the effects of radiation exposure, clinical decision-making and risk communication.

‘The basic issue is that ionising radiation at the levels used in medical imaging is assumed to cause some increase in long-term cancer risk,’ Thomas said. ‘In other words, there is some non-zero chance that the ionising radiation during an X-ray or CT scan, which is equivalent to approximately 350 standard X-rays, will lead to an induction of cancer at some later point in life, albeit that the estimated risk is quite low compared to the overall risk someone faces of contracting cancer.’

The ‘Radiation protection of patients’ learning activity does not suggest GPs eliminate the use of CT scans or X-rays, but rather that GPs make an informed decision about their use.

“We are not saying don’t do CTs, because it is an amazing useful and valuable medical procedure and, if it is justified, the benefits will far outweigh the risks in the vast majority of circumstances,” Alan Mason, ARPANSA program manager of medical imaging, told Good Practice.

‘To translate it to a GP, if you had a person who comes in and needs a scan, and it is the same price, same availability and you will get the same diagnostic quality of information from a CT and an MRI, then you would go with an MRI rather than the CT.

‘One of them has no risk of ionising radiation and a subsequent potential risk later in life, whereas the other one does, albeit minor.

‘GPs can consider questions such as: Do I need to request this scan? Do I need to request it now? Will it change the results? Is there something that I can do as an alternative?’

Minimising these types of procedures can also help to reduce unnecessary costs, which is one of the primary goals of Choosing Wisely Australia.

‘As we are spending billions of dollars on medical imaging each year, reducing unnecessary exposure will not only lead to better patient outcomes, but save money as well,’ Mason said.

Ultimately, Dr Boyden believes initiatives such as Choosing Wisely Australia and the gplearning activity can be effective because they come back to an essential aspect of healthcare.

‘A fundamental principle of good medicine is to involve the patient when considering the risks and benefits surrounding clinical decision-making,’ he said.

‘A benefit of the Choosing Wisely approach is that it aims to support patients to become engaged in discussions with their GP about their healthcare.’

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**GP resources**

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) is the Federal Government’s primary authority on radiation protection and nuclear safety. ARPANSA offers healthcare professionals a number of resources on medical imaging, including fact sheets, radiation basics and a ‘Radiation protection of the patient’ learning module, which is aimed specifically at referrers, particularly GPs. Visit [www.arpansa.gov.au/rpop/module/index.cfm](http://www.arpansa.gov.au/rpop/module/index.cfm) for more information.

The RACGP’s ‘Radiation protection of patients’ gplearning activity is a one-hour course that explores radiation associated with specific imaging procedures, the effects of radiation exposure, clinical decision-making and risk communication. Visit [http://gplearning.racgp.org.au](http://gplearning.racgp.org.au) for more information.
Patient or consumer?

Continually evolving patient knowledge has altered the dynamic of healthcare delivery.

A UK journalist recently lamented about a visit to her GP during which she was informed that, at age 35, she would no longer be prescribed the contraceptive pill because of her status as smoker and she ‘thus sat badly on the contraindications graph for heart attacks’.

‘I pleaded that, as an ageing gambler with a professional understanding of mathematical risk, I should be allowed to make that decision for myself – but no dice. So I gave up and got prescriptions privately at enormous expense,’ she wrote.1

Paternalism in modern medicine is dead. In its place, patients, often (well) informed by Dr Google, expect to be in control of their own healthcare. ‘Doctor knows best’ has been replaced by patient autonomy and the ‘customer knows best’ principle.

This change has partly been driven by the law, with the principle of autonomy one of the central values of our legal system. And yet there occasionally remains a tension between patient autonomy and GPs’ responsibility to make sound clinical decisions and provide quality care. When patients see themselves as consumers of healthcare and GPs acquiesce to this model, problems can arise, including dangers to patient health and medico-legal risks for GPs.

Inappropriate prescribing is a common theme in serious disciplinary cases against doctors.2 These cases often involve GPs who have prescribed drugs of dependence in response to the direct requests of their patients, where peer opinion does not support the use of these medications. The medico-legal landscape is littered with doctors who have allowed the pendulum to swing too far towards patient autonomy and lost focus on their professional responsibilities as a medical practitioner.

Doctors have a professional obligation to make the care of patients their first concern, and to practise medicine safely and effectively. The Medical Board of Australia’s Code of Conduct also tells us that providing good care includes recognising and respecting patients’ rights to make their own decisions. We are also told that making decisions about healthcare is the shared responsibility of the doctor and the patient.3

But what does this actually mean in practice? What if a patient’s view of what is in their best interest differs from yours?

The intention of shared decision-making is that patients and their doctors each have a part in the process of making the decision, as well as ownership of the decisions made. This may involve the doctor offering a range of options, including no intervention, and the patient making a choice based on their values and beliefs.

A mutually acceptable outcome can be negotiated in most cases, but this will not always be possible. Patient dissatisfaction in this situation is not necessarily a sign of bad medical practice, or of a bad doctor.4

Politely saying ‘no’

Mastering the art of saying ‘no’ to a patient is one of the most important approaches to minimising medico-legal risk. Every GP will develop their own strategies depending on the individual patient and particular situation. Some suggested strategies:

• Start a discussion, rather than simply saying ‘no’ — there may be value in exploring why the patient wants a particular investigation, treatment or medication.
• Be willing to negotiate — explain the reasons a patient’s request is not in their best interests or the best option for their management, and offer alternatives.
• Show empathy — try to understand and acknowledge the patient’s perspective.5
• Deflect the blame — it may be appropriate to rely on ‘the system’ (eg legislation), or telling a patient something like, ‘Doctors’ professional guidelines prohibit me from prescribing that medication’.6
• Be firm when necessary — use simple and respectful terms, such as ‘I don’t prescribe oxycodone’.7

Patient autonomy does not mean you necessarily have to comply with a patient’s request. Indeed, there are risks for your patients, and to you, if you always do so.8

References


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TRAVEL MEDICINE

Before they go

AMANDA LYONS

GPs are at the forefront of travel medicine, a field with a scope as broad as the potential destinations around the globe.

The world continues to become a much smaller place.

Cheaper flights and accommodation, combined with the relative ease of online booking and researching, have facilitated a remarkable growth in the numbers of Australians travelling overseas over the past two decades.1,2

‘More people are travelling than ever before, by a long way,’ Professor Nick Zwar, GP and Professor at the School of Public Health and Community Medicine at the University of New South Wales, told Good Practice.

‘The amount of travel that happens now is staggering.’

This means Australians have easier access to new and exotic sights and experiences – and, in some cases, diseases – than ever before. This situation comes with significant implications for Australian GPs.

‘Because of the fact we have got such a global society now, GPs increasingly play a role in travel medicine,’ Dr Penny Burns, GP and Senior Lecturer at the Department of General Practice at Western Sydney University, told Good Practice.

Broadening horizons

Prof Zwar believes it is important for GPs to try and stay abreast of developments within the field of travel medicine in order to best treat patients in what is an evolving area of healthcare.

‘GPs need to try to upskill and maintain their knowledge in this area, because it does change and involves a risk assessment and tailoring the advice to the individual traveller,’ he said.

Although there is a lot of information for busy GPs to take in, the diversity and reach of travel medicine can make the subject matter particularly engaging.

‘Travel medicine is quite varied,’ Dr Jennifer Sisson, GP and Medical Director of Travel Doctor – Traveller’s Medical and Vaccination Centre (TMVC) in Perth, told Good Practice.

‘There are always new developments and it’s a very interesting area to be involved in.’

A visit to the GP is an increasingly key step for many travellers before they board their plane (or cruise ship).

‘Most of the pre-travel health advice that’s delivered in Australia is by GPs,’ Prof Zwar said. ‘People don’t always seek travel-medicine advice, even if they’re going to higher-risk destinations, but when they do … it’s been very consistent that it’s a GP, and usually their own GP.’

Prof Zwar has implemented a particularly useful method of structuring advice when discussing travel medicine with patients: this traveller, this trip, this time.

‘The “traveller” is all about the individual and their background, their allergies and immunities and all of that sort of thing,’ he said.

‘The “trip” is all about the travel they plan to undertake, assessing the particular nature of it, their allergies and immunities and all of that sort of thing,’ he said.

‘The “time” is about seasonal diseases that are more common in wetter times of the year – say, if there’s mosquitoes – or other reasons why there might be greater risk at that point. So if there was some sort of natural disaster or political dysfunction, for example.’

Prof Zwar believes that as the profile of the traveller has changed over time, the process of medical assessment has changed along with it.

Zika advice

Travellers and sportspeople heading to August’s Olympics Games in Brazil are commonly directed to their GP for advice on the Zika virus.

The Australian Government’s Department of Health provides up-to-date advice and information on infectious disease issues currently of potential concern to Australians, including Zika, and provides specific advice for healthcare practitioners who may be dealing with patients in this area.

'There have been a lot of changes, with older people and people with chronic illnesses travelling as it has become more accessible to them,' he said.

'There's also the phenomenon of the “visiting friends and relatives” [VFF] traveller. These are people who may have been born in one country, moved to a country like Australia, and then go back to visit their relatives.

'They have particular risks that are a bit different to tourist travellers.'

According to Dr Burns, VFF traveller risks for which GPs can be on the lookout tend to revolve around unexpected vulnerability.

'I have found that sometimes older immigrants who return to their home villages are a bit complacent, because they grew up in those places. But when they leave them, they lose that immunity,' she said.

'We have had a couple of patients who have been back to their home village and come back quite sick with diseases they would normally not have had to worry about.'

Changing destinations

As travellers have become more diverse, so too have the places they choose to visit.

'The destinations people undertake are connecting us with corners of the world we probably wouldn’t have been linked with before,' Dr Burns said.

People's reasons for travel have also changed.

'They are looking for travel experiences that are not just tourist travel, but maybe educational or cultural, or a whole range of different experiences which are not just lying on a beach on a tropical island,' Prof Zwar said.

As such, it is essential that all parties – patients and GPs – have a good understanding of a particular destination and its specific disease risks in order to ensure patients receive the correct vaccinations and associated advice. This often involves planning ahead to ensure proper medical guidance for travel and, according to Dr Sisson, this can be an issue with some travellers.

'Patients don’t necessarily see travel medicine as a priority,' she said. 'Someone will often mention to their GP on the way out the door, “Oh by the way, I’m going to Bali next week, do I need anything?”'

This can present a problem in that certain travel medicine preparations require a significant amount of time to take proper effect.

'Some vaccinations have to start at least six months before travel,' Dr Burns said. ‘You can have a rapid course of vaccination for hepatitis B, for example, but the best course is delivered over the six months before travel.'

In order to combat these types of issues, Dr Sisson believes travel medicine also involves educating patients so they more fully understand potential risks.

'[Travel medicine is] still not used as much as it should be,' she said. 'There are a lot of people who travel, particularly to Asia, thinking it’s just part of their backyard, similar to travelling to the Gold Coast.

‘They don’t even think about the fact that there is a risk of exotic diseases.'

In addition, many travellers don’t realise that it is not just exotic diseases for which they need to be prepared.

‘Although we get all excited about high-profile diseases like Ebola and more recently Zika, the influenza virus is actually a bigger risk to us as travellers,' Dr Burns said. ‘And respiratory infections are the second most common cause of illness in travellers.'

There is also the danger of diseases that are no longer commonplace within Australia but are still very prevalent overseas, such as measles.
‘People forget that while unvaccinated people may get a protective effect from diseases such as measles due to large numbers of other people being vaccinated in Australia, when they go to places where vaccination rates are lower they are at much higher risk,’ Dr Burns said. ‘People need to remember to have the basic vaccinations before they go.’

Dr Burns believes that travellers should also understand the fact that vaccines aren’t the only preventive measures they need to take in terms of disease while travelling.

‘I always say the best way to prevent malaria is to avoid the mosquito bite. If you do that, then you don’t have to worry about how you treat it,’ she said. ‘For that reason, I will explain to my patients about the behaviour of the anopheles mosquito, which carries malaria.

‘I tell them it bites from dusk to dawn, and also has to bite someone with malaria before it bites you. So, if someone in the room next door has malaria and it’s the season for these mosquitoes, you’re at very high risk. It’s important to understand use of nets and insecticide for personal protection.’

General health and fitness are also important considerations for travellers, whatever level of activity they are planning on their journey.

‘You need to be fit and healthy before you travel,’ Dr Burns said. ‘That will help even if you’re not climbing Mt Kilimanjaro because if you get a disease you have got a greater strength to fight it.’

Travellers can benefit from considering a host of potential health issues that are not directly related to disease.

‘Cultural awareness is important,’ Dr Sisson said. ‘Understanding altitude sickness is also important, given that lots of people are now getting more adventurous in their travel. There’s also deep vein thrombosis reduction, jet lag, all of those sorts of things.’

In addition to being vaccinated, well informed and physically fit, Prof Zwar describes travel insurance as one of the most important, and practical, factors in maintaining health while away from home.

‘Some people don’t see the need for it,’ he said. ‘But every year there’s Australian travellers who have to be airlifted out of somewhere – at huge expense – because they’ve gotten sick or had an accident and they need medical care that is not available in that country.

‘Being air-vacced out of South-East Asia back to Australia costs about $10,000–15,000. It can be very expensive if people don’t have insurance.’

Homeward bound

Assisting people prior to heading overseas is not the only aspect of travel medicine. They play a very important role when travellers return home, not just in terms of their individual health, but also that of the people and communities to whom they are returning.

‘GPs are a frontline surveillance for new and emerging diseases,’ Dr Burns explained. ‘For example, identifying potentially new cases of Middle East Respiratory Syndrome [MERS] or Zika or Ebola.

‘It’s GPs that everyone is relying on to identify that person with a fever who has recently travelled overseas and could be carrying a new, potentially deadly, virus.’

This also applies equally to more familiar diseases, as evidenced by recent traveller-imported outbreaks of measles in Tasmania and New South Wales.

‘The majority of measles cases that have been reported in Australia have originated from somebody who has travelled abroad,’ Dr Sisson said. ‘That creates large public health implications in terms of tracking people who may have been on the same flight with the infected person and people who might have been in contact with them since they have been back in the country.’

Although Ebola and Zika have been the most prominent risks recently shown in the media, all three doctors agree the Australian public had little reason to fear large-scale outbreaks of either disease on home soil. However, Dr Burns acknowledges that a lot had been learnt from Ebola in terms of an internationally coordinated disease response, including ensuring that GPs have a role in that response.

‘Australia has a plan [for a potential Ebola outbreak] and GPs are involved in that plan. Unlike in the 2009 swine flu pandemic, when we were minimally involved,’ she said.

Dr Burns maintains that GPs, as significant players in the frontline of medical response, must remain alert to possible threats presenting in their consulting rooms.

It is also important to note that part of GPs’ travel-medicine responsibility, whether patients are leaving or returning home, is being aware of limitations; it is a diverse area and practitioners should not feel they have to know everything.

‘If there is something a GP is not comfortable with and feels unsure about, seeking advice or referring to a specialised travel clinic is a legitimate course of action,’ Prof Zwar said. ‘And there are lots of good resources to help GPs to do the risk assessment and to provide the advice. I think it’s really important to make use of those.’

References


Being at the frontline of patient management, GPs are best placed to deliver quality healthcare. I feel assured the RACGP is advocating on my behalf to government to ensure a financially secure profession and fair working standards in the years to come.

Dr Wence Vahala, RACGP member since 1973

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Prescription monitoring

Availability of prescription opioids has significantly increased in Australia over the past two decades, with dispensing episodes increasing 15-fold, from 500,000 to 7.5 million, between 1992 and 2012.1 This growth has been accompanied by a concomitant increase in harm: 33% of opioid poisonings in Australia were caused by pharmaceutical products from 1998–99, growing to 80% by 2007–08.2

The annual frequency of deaths due to overdose in Victoria has increased each year from 2010–15, reaching a peak of 420 last year.2 Pharmaceutical drugs played a role in 80% of these overdose deaths.3

These types of figures have led to continued calls for the implementation of a real-time prescription monitoring system from a variety of medical-industry bodies, including state coroners’ offices, the Pharmacy Guild of Australia and the RACGP, which released a discussion paper strongly supporting the measure in 2015.

Following a successful trial in Tasmania starting in 2012, the Victorian Government has announced plans to provide nearly $30 million to implement a real-time prescription monitoring system across the state.4 The system trialled in Tasmania, known as Drugs and Poisons Information System Online Remote Access (DORA), can provide insight into what Victoria, and perhaps other states and territories in the future, might expect.

DORA provides a functional solution to a complex problem. Any dispensing of a controlled drug must be reported to a state’s Department of Health under Poisons Regulations. The system records this and other information – patient name, the drug prescribed, who prescribed it, drug-seeking alerts for the patient, the pharmacy at which the prescription is filled, etc – into an online database at the time of dispensing.

Practices and pharmacies access the database via an icon installed on their desktop, which allows prescribers and pharmacists to log in and retrieve patient prescription information in real time.

‘For GPs, it’s providing access to a more complete medical history for patients who are using Schedule 8 drugs,’ Lawrence Howson, CEO of XVT, the Hobart-based software design company that helped build DORA, told Good Practice. ‘So when they’re making a decision about a patient who’s likely to be exhibiting drug-seeking behaviours, or who has a long medical history of Schedule 8 drug use or abuse, they’re aware of that.’

System origins

Opioid prescribing in Tasmania over the past two decades followed a similar trajectory to the upward-trending nationwide figures. However, the state displayed a significantly higher rate of prescriptions for opioid medications, accompanied by an increase in rates of opioid-related overdose and death – some of the highest in the country.5

The successful trial of a real-time prescription monitoring system in Tasmania can be instructive for the rest of the country.6

Peter Boyles, Chief Pharmacist of Tasmania, appreciates the immediate access to information that comes with a real-time prescription monitoring system.

AMANDA LYONS

The successful trial of a real-time prescription monitoring system in Tasmania can be instructive for the rest of the country.
Exploring DORA
Dr Bastian Seidel was one of the Tasmanian GPs involved in developing the state’s real-time prescription monitoring system. He is Chair of RACGP Tasmania and Director of the Huon Valley Health Centre, which has been involved in the trial of the database since 2012.

‘GPS issue the vast majority of all prescriptions, so there was a major incentive to be involved,’ he told Good Practice.

‘If there is any concern with regards to prescribing and potential use and abuse, it’s something we GPs need to be on top of very quickly.’

Dr Seidel found DORA to be a definite upgrade from previous systems, as it was available 24 hours a day, quickly updated with new information and was accessible anywhere with internet access, rather than just within the practice. The system’s accessibility also makes it non-intrusive during consultations.

‘It takes me three clicks to get the information I need to prescribe safely,’ Dr Seidel said.

‘A patient wouldn’t necessarily realise that I’ve checked a database as part of the consultation, it’s become just another routine thing.’

DORA also removes a treatment burden from practitioners, providing a neutral information source that prevents GPs from having to guess whether a patient may be doctor shopping. Such judgements can be challenging for GPs during consultations, especially when dealing with new patients.

‘It’s an increased level of difficulty for a practitioner, particularly if you’re untrained [in this area],’ Dr Michael Aufgang, GP and Chair of the RACGP’s Addiction Medicine Special Interest network, told Good Practice.

‘These patients take more time, they’re often more complex. It can also be hard to identify them, because the prescription drugs are long-acting and it’s viewed as a very shameful problem.’

Real-time prescription monitoring does not only prevent a lot of inappropriate prescribing, but can also provide a good starting point for dealing with drug dependency and the issues that may underlie it.

‘We really need to dig deeper and start to deal with the other problems, be they domestic violence, anxiety, post-traumatic stress disorder or something else that could very well coexist in these patients,’ Dr Aufgang said.

Conversely, real-time prescription monitoring also plays an important role in helping GPs to more easily identify patients with legitimate requests for controlled medications.

‘It allows you to prescribe with more confidence for patients you don’t know very well,’ Boyles said. ‘So it’s not just about stopping people who shouldn’t be getting this medication, but also about giving practitioners that confidence.’

Dr Seidel is ultimately extremely happy with the system and highly recommends it.

‘It’s simple and straightforward, very practical and very user-friendly,’ he said.

‘It’s something all practitioners in Australia should benefit from, and that all patients can benefit from as well.’

According to Boyles, the system has been very effective in Tasmania in terms of combating doctor-shopping behaviours.

‘I can say that we do not have the doctor-shopping issues that other states have with respect to Schedule 8 drugs. Patients do not go and see multiple prescribers for extended periods of time,’ he said.

Additional supports
While the monitoring system has been successful in its use in Tasmania, Dr Reynolds is keen to add the caveat that it should not be judged in a vacuum. 

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It is one tool among a number of things that a doctor has at their fingertips to draw upon in making good clinical decisions," he said. "We can’t evaluate this system separately from a range of other things we need to do in the teaching, clinical and governance spaces to improve the way doctors are supported to better manage these problems."

Boyles agrees, pointing out that the real-time prescription drug monitoring system has a significant supporting infrastructure in Tasmania.

"We have departmental officers in the PBS who are tasked with responding to high-risk situations, and we provide both clinical and regulatory support to GPs and pharmacists," he said. "So, as well as developing the DORA component, we also have a system that creates alerts to officers in my branch, who investigate that concern... and that means we can potentially prevent the prescription actually being dispensed."

Boyles emphasises that this supplementary support is instrumental in making the DORA real-time prescription monitoring system as effective as possible.

"It’s the work of my colleagues in the PSB and their dedication to follow through on those matters [that helps make the system effective]," he said. "It’s also the support around addiction medicine services and pain services to provide clinical support that has improved patient care generally, with a big focus on safety."

Other states and territories

In a promising sign, the Victorian Government has stated that, in addition to the monitoring system itself, it will also fund counselling and addiction treatment services, plus training and support for pharmacists.3

But where are the other states and territories in regards to this issue? They may be further along than many people realise; XVT, the company that designed DORA, also won a Federal Government tender for a nationwide system based on the success in Tasmania.

"The Commonwealth wanted to develop a national system and provide it to the states and territories to adapt to their particular business processes and law codes, because it would bring with it a whole range of other benefits, especially in cross-jurisdiction situations," Howson said.

"That’s when Electronic Recording and Reporting of Controlled Drugs [ERRCD] came about."

According to Howson, work towards a nationwide ERRCD system has been underway for some time.

"The current state of play is that we’ve implemented a system and done adoptions for the Tasmanian jurisdiction and for New South Wales as well," he said.

"In addition to that, we’ve also worked with ACT Health to progress them to a point where they are using a stand-alone version, for later integration into the national ERRCD system."

XVT’s ERRCD system includes the potential for future expansion.

"It is actually fairly scalable to monitor and provide alerts on a whole range of different drug types," Howson said. "It’s more a policy position by the regulator as to what drugs they monitor."

"Within the system, you can turn on those drugs and say, “Okay, now we start monitoring drug X and drug Y”. So the system is very flexible in that respect."

However, Schedule 8 legislation varies between states, as do issues of privacy of information, which is part of the reason for the slow adoption progress across the states. But many feel a nationwide system can’t come soon enough.

"I’m very proud that Tasmania and my colleagues in the state have been leaders in this very important public health and clinical space," Dr Reynolds said. "But the Commonwealth and states and territories will need to show commitment to a national system for recording and reporting on Schedule 8 drugs and any other drugs that are deemed reportable for the benefits of delivering on the Quality Use of Medicines agenda."

Dr Aufgang firmly agrees and is succinct in his support for a more universal system.

"A national system is urgently overdue and will save lives," he said. "We are accountable for dealing with this because the technology is there today."

Resources for GPs

There are several online resources available for GPs who want to learn more about prescribing and monitoring Schedule 8 controlled drugs.

- Visit www.racgp.org.au/your-practice/ehealth/additional-resources/eapd to access the RACGP’s 2015 discussion paper in support of a real-time prescription monitoring system.
- Visit www.xvt.com.au/controlled-drugs-system to find out more about XVT’s Electronic Recording and Reporting of Controlled Drugs System (ERRCD).

References

Musculoskeletal medicine

The RACGP’s Musculoskeletal Medicine network supports GPs in the treatment and management of these challenging disorders.

Musculoskeletal disorders, injuries or ailments that affect the musculoskeletal system or movement of the body, are common among the Australian population.

‘In Australia in 2013, lower-back and neck pain were the leading non-communicable disease causes of years lived with disability,’ Dr Scott Masters, GP and Chair of the RACGP Special Interest’s Musculoskeletal Medicine network, told Good Practice. ‘Those issues have been at that position for the last 23 years.’

Despite such prevalence, Dr Masters believes the training GPs receive in these disorders is outpaced by the frequency with which they will encounter them.

‘[Musculoskeletal medicine] probably doesn’t get taught as much in the medical school system as things like heart disease, lung disease, gastrointestinal disorders and cancers,’ he said. It has been hard to fit musculoskeletal disorders into the medical curriculum.’

This mismatch between general practice training and its prevalence in Australian healthcare was a significant motivator for the 2011 formation of the Musculoskeletal Medicine network.

‘Education is the main aim; trying to spread the word about the management of musculoskeletal conditions among the community and other healthcare practitioners,’ Dr Masters said.

The network also assists the RACGP with enquiries and recommendations.

‘There’s quite a few community groups and other colleges that ask the RACGP for advice, so the network has opened up a lot of interactions,’ Dr Masters said.

The Musculoskeletal Medicine network also contributes to existing knowledge of these disorders, with meetings and forums for its members to discuss new research.

‘There’s a scientific meeting that’s held every year ... and there’s local things that happen, such as monthly meetings in Brisbane,’ Dr Masters said.

‘There are also opportunities to be involved with other education. We have worked with organisations like Help Workforce in Queensland, and a lot of the members help with medical student and registrar training as well.’

Treatment challenges
Musculoskeletal issues are complicated and can present significant challenges for GPs.

Referral to a relevant specialist is sometimes the most appropriate course of action, but cases often don’t fit the necessary criteria. Musculoskeletal disorders thus regularly require long-term management rather than specialist intervention, a situation that can be challenging for the patient and the GP.

‘The problem is generally when patients don’t get better,’ Dr Masters said.

‘Often there are no signs of any pathology on imaging, but patients still have ongoing pain and can’t use their bodies as they used to. There’s nothing to operate on, the blood tests are okay. That’s when it gets challenging and when doctors can think, “What do I do now?”’

According to Dr Masters, these challenges can prove overwhelming for patients.

‘Patients can get very concerned and stop doing activities, withdraw from a lot of the fun stuff in life,’ he said. ‘That tends to be where people get really stuck. They get scared and worried. Relationships can break down, they can lose employment. Things can become very bleak.’

In these situations, Dr Masters believes it is the doctor’s role to support patients to help them achieve a good quality of life in spite of their musculoskeletal disorder. He recommends a biopsychosocial approach, as well as a clear line of doctor–patient communication.

‘A lot of it comes down to talking to the patient about what’s happening with their bodies, what this pain means, helping them to understanding what’s going on and what’s safe for them to do,’ he said. ‘That’s a very big role for the GP.’

Dr Masters envisions musculoskeletal conditions ultimately being managed by GPs and other healthcare providers through a more team-focused approach.

‘The most common referrals are going to be to allied health – physiotherapists, psychologists, etc – who have a role to play when conditions become persistent,’ he said. ‘People like podiatrists, osteopaths, chiropractors and occupational therapists can also be useful.

‘It’s like managing any other chronic disease – you need to get a bit of a team around the problem working together. I think that’s where it’s probably going to head, to a multidisciplinary approach.’

About the network

The RACGP’s Specific Interest Musculoskeletal Medicine network was established in 2011. Its aim is to provide GPs with support and education on how to manage and treat musculoskeletal conditions. It runs meetings at national and state levels, facilitates research in the field and creates educational materials and active learning modules.

The network also assists the RACGP with enquiries from various external bodies.

Visit www.racgp.org.au/yourracgp/faculties/specific-interests or contact gpsi@racgp.org.au for more information or to join the network.
Queensland GP  
Dr Cris Beer’s interest in lifestyle medicine began long before she entered the medical world.  
‘Before I became a GP I was a personal trainer,’ Dr Beer told Good Practice.  
‘That’s where the interest [in lifestyle medicine] was probably inspired, working with my clients and seeing the transformation that can come with making healthy lifestyle changes.’

Following her undergraduate studies in biomedical science, Dr Beer transitioned into medicine at the Gold Coast’s Griffith University, graduating in 2008 as part of the university’s first cohort of medical students.

‘I did my first couple of years out from uni at the Gold Coast University Hospital and then decided to get into general practice,’ she said.  
‘I finished general practice in 2013 and decided to branch a little bit more into integrative medicine.  
‘So I’ve been doing integrative medicine ever since that time, working in a practice called the Medical Sanctuary.’

The Medical Sanctuary is located on the Gold Coast and is a holistic practice with a focus on integrative and preventive healthcare and healing.

‘I currently focus more on preventive and lifestyle medicine, so I spend a bit more time with my patients,’ Dr Beer said.

‘I have a passion for being able to help them prevent or reverse chronic disease.  
‘I work with a lot of patients with insulin resistance or even type two diabetes, people with hormone issues or who are struggling with their weight.  

‘I try and help them … by modifying factors in their lifestyle and looking at any other chronic risk factors that might need to be adjusted.  
‘That’s my interest and my passion.’

That passion is carried beyond the practice, with Dr Beer moving into medical publishing in order to try and help patients make positive adjustments in their lives.

‘Two years ago I wrote my first book, Healthy habits: 52 ways to better health,’ she said. ‘That is a step-by-step guide for people wanting to improve their health by making small, sustainable lifestyle changes.

‘My most recent book, Healthy liver, is about preventing fatty liver disease and metabolic syndrome that can come through insulin resistance. That is, primarily looking at lifestyle factors like alcohol reduction and processed foods, and just modern-day lifestyle choices that we can all make to improve overall health.

‘That is the second in a series called ‘Healthy living’. There will be at least four other books in the series, about one a year for the next few years. The next one will likely focus on hormones and menopause. Each one has a different focus.’

Motivating subjects

As a GP at a busy practice, it is not necessarily surprising that the outlines for Dr Beer’s books came from time spent speaking with her patients.  
‘I decided to put the ideas down on paper based on common questions that people would ask me: How do I improve my health? What do I need to do and eat? What’s evidence-based, what’s not? What is and isn’t going to work?’ she explained.

When Dr Beer actually put pen to paper (or finger to keyboard) and explored these questions, however, she found the process something of a two-way information exchange.

‘Putting it down on paper helped me to consolidate my understanding and my research and my focus, but also my ability to pass that information on in a useable form for people to be able to read,’ she said.

‘Not everybody can come and see me in the clinic,
obviously, and I may not have the capacity
to be able to see as many people as I
would like to.’

While the idea for her initial book came
directly from patients’ questions, the second
was a direct response to a broader trend that
Dr Beer has witnessed first-hand.

‘Healthy liver came [about] because that
was the next biggest thing that I see in the
clinical setting: fatty liver disease, metabolic
syndrome, people struggling to lose weight,’
she said.

**Longer reach**

In addition to her work in publishing, Dr Beer
has a significant media presence, including
writing newspaper columns and appearing
on radio programs and television shows.
She believes this type of exposure helps to
provide a positive healthcare message to far
more people than would ever be possible
through her practice.

‘I’ve always had an interest in media
in general due to its reach, which means
you can impact lots of individuals with the
one message,’ Dr Beer said. ‘The clinical
setting is obviously personally impactful
for the patient, but it doesn’t often go beyond
that patient.’

In her media capacity, Dr Beer spent time
at a retreat for overweight and obese people
with Channel 10 three years ago. She found
this experience extremely beneficial in that it
provided invaluable understanding of people
living with an extremely difficult condition.

‘That was actually a great insight,’ she
said. ‘I saw a lot of individuals and the
extremity of their poor health, many of them
not different from anyone else in terms of
what they ate or did throughout the day.

‘They’re busy and stressed, like the rest
of us, and whether it’s genetic, metabolic,
or some other factors I’m sure we don’t
yet know about, their weight had escalated
beyond what was safe for them so they had
come out of desperation.

‘Hearing their stories, I developed a lot
of empathy and compassion for people
suffering with chronic diseases associated
with some lifestyle choices.

‘I guess that’s probably what then spurred
the Healthy habits book on a bit more, the
encouragement that I received from people
saying, “I wish more people knew about what
you’ve been teaching us and what you’ve
been showing us”.

‘I started writing the book when I was
working as part of that retreat.’

Dr Beer’s personal experiences with
such patients have taught her the value and
importance of not rushing to judge people,
both in and out of the practice.

‘You don’t know what’s culminated in
that person being who they are and where
they’ve gotten to,’ she said. ‘A long time
ago, when I was doing personal training,
Collaboration and innovation are central to the provision of quality care at Isabella Plains Medical Centre in the ACT.

Dr Divya Sharma bought Isabella Plains Medical Centre in the ACT’s Tuggeranong district in 1996, with her sister Dr Rashmi Sharma coming on board after completing her medical training two years later. The pair has run the practice ever since.

Dr Rashmi Sharma believes there are certain practical advantages in owning and running a practice with her sister. ‘I’ve heard of a lot of situations where partnerships have gone sour, partners have fallen out,’ she told Good Practice. ‘Whereas if you are siblings, you share nieces and nephews, you share parents, you’ve got to get on to do it.’

The practice, which was already established when the sisters bought it, has undergone significant change since they entered the business.

‘When I came on board, I think there were four doctors and no nurses,’ Dr Rashmi Sharma said. ‘It’s now grown to 18 doctors and five nurses and some allied health. We also have an administration team of about 10 people.

‘It’s been an almost two-decade transition from a small general practice to a large multidisciplinary one. It’s quite a team.’

As staff numbers increased, so did the amount of space required by the practice, leading to its relocation to larger premises in 2007. The evolving practice was soon enlarged further.

‘We expanded the premises to the maximum footprint we were able to,’ Dr Rashmi Sharma said. ‘So it’s now got 12 consulting rooms, a four-bed treatment room and an extensive staff area.’

With its large staff, Isabella Plains Medical Centre is able to offer a wide range of medical services to the local community.

‘We’ve got one doctor who specialises in sports medicine, and one who only focuses on skin,’ Dr Rashmi Sharma explained. ‘Two of our doctors also work as visiting medical officers [VMOs] at the local hospice, and we have doctors who are examiners and others who are medical educators.

‘All in all it’s a rich tapestry of experience coming together.’

The care provided by the Isabella Plains Medical Centre also extends to outside of the practice, with doctors regularly making visits to patients at local residential aged care facilities. The practice’s GPs also care for patients staying at a nearby drug and alcohol rehabilitation centre.

Training and innovation

When discussing the expansion of Isabella Plains Medical Centre, Dr Rashmi Sharma described the approach she and her sister took as anything but conservative. This is evidenced by some of the services on offer at the centre, such as acupuncture and access to an onsite pharmacist.

The Sharma sisters have also been forward-thinking in other ways. For example, their practice was one of the first in Canberra to employ a practice nurse. The staff now includes five nurses who have been trained to carry out procedures such as suturing and plastering, increasing their skill set and bringing the healthcare team closer together.
We still firmly believe the GPs should be the coordinators and leaders of care, because otherwise it does become too fragmented,’ Dr Rashmi Sharma said. ‘But I’ll be the first to say that my nurses can do a lot of things much better than I can. I’m happy to take their advice and let them look after patients fairly autonomously.’

This innovative approach to training and teamwork has also resulted in the creation of award-winning training materials.

‘A few years ago, my practice pharmacist and myself wrote resources for practice nurses and pharmacists who teach,’ Dr Rashmi Sharma said. ‘And we won the Coast City Country General Practice Training GPET Innovation award that year [2013].’

‘We are always on the front foot, trying to utilise those around us.’

Isabella Plains Medical Centre itself also operates as a teaching practice. The Sharmas ensure that trainees receive a well-rounded education, with exposure to every available service, as well as to all members of the healthcare team.

‘We involve our staff in the teaching as well; we get the pharmacists and the nurses involved,’ Dr Rashmi Sharma said.

The training program has also turned out to be an excellent recruitment tool. ‘If you look at our 18 doctors, as many as 14 of them are ex-registrars,’ Dr Rashmi Sharma said. ‘I think it’s a good testament to the practice; we spend a lot of time investing in GP training and then when they’re Fellows they ask, “Can we stay on?”’

‘It’s nice because you’re not recruiting someone sight-unseen. We have been able to teach people and develop a relationship with them over a couple of years. Training also helps people fit into the practice culture.’

Rest and reward
Twenty years after purchasing the practice, the Sharmas feel they are finally able to relax a little and enjoy the fruits of their hard work.

‘We’ve been prepared to take a risk and we’ve certainly worked hard,’ Dr Rashmi Sharma said. ‘It’s rewarding for us to now be able to stop working the 60-hour weeks that we did in the early days, and to sit back and enjoy it a little bit more.’

Dr Rashmi Sharma was rewarded for all that hard work earlier this year as a recipient of an Order of Australia – Medal of the Order (OAM) in the 2016 Australia Day Honours.

‘It was exciting and a little bit embarrassing, I have to say, because I wasn’t quite sure how worthy I was,’ she said of the experience.

‘But I guess the powers that be thought so, so that was nice.’

Dr Rashmi Sharma feels the honours were very also revealing of the value of general practice within the community.

‘There were four doctors getting awards and all of us were GPs,’ she said. ‘And I thought that pretty much sums it up.

‘What we do for the community, the fact that we have the joy of sharing the growth of a family through the ages, through their trials and tribulations and joys, it’s something that’s very special. I think the community really does recognise and respect that.’

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GP16 schedule

Opening plenary
Dr Sam Prince
Thursday 29 September, 8.30–10.00 am, Perth Convention and Exhibition Centre

Closing plenary
Rosie Batty
Saturday 1 October, 4.30–5.30 pm, Perth Convention and Exhibition Centre

Exhibition
The GP16 Exhibition will run across all three days of the conference (Thursday 29 September – Saturday 1 October). With the addition of the Interactive Product Zone and the Nutrition Zone, this will be an extremely comprehensive general practice exhibition and will provide something for all attendees.

Active learning modules (ALMs)

Dermatology for GPs – Clinical management of common skin cancer presentations
Wednesday 28 September, 8.30 am – 3.30 pm
Thursday 29 September, 10.30 am – 5.30 pm

Medical symposium – Controversies in general practice
Wednesday 28 September, 8.30 am – 3.30 pm

Introduction to point-of-care ultrasound (POCUS) for rural GPs
Wednesday 28 September, 8.30 am – 3.30 pm

Psychodynamic principals workshop for GPs (part 1)
Wednesday 28 September, 8.30 am – 4.00 pm
Friday 30 September, 8.30 am – 4.30 pm

The latest in chronic obstructive pulmonary disease (COPD) diagnoses and management
Wednesday 28 September, 8.30 am – 3.30 pm

Climate change and human health
Wednesday 28 September, 8.30 am – 3.30 pm

Can we do better than ‘I treat everyone the same?’ A practical workshop to improve outcomes for Aboriginal and Torres Strait Islander people
Wednesday 28 September, 8.30 am – 3.30 pm

Recognising and responding to mental health patients at risk of family abuse and violence
Wednesday 28 September, 8.30 am – 3.30 pm
Friday 30 September, 8.30 am – 4.30 pm

Evidence-based care of mothers and babies – Gaps and controversies
Wednesday 28 September, 8.30 am – 3.30 pm

Managing obesity – No time to waste
Wednesday 28 September, 8.30 am – 3.30 pm
Friday 30 September, 8.30 am – 4.30 pm

Enhancing your examination skills to make sense of chronic musculoskeletal pain – A hands-on workshop
Wednesday 28 September, 8.30 am – 3.30 pm
Friday 30 September, 8.30 am – 4.30 pm

RACGP Rural – Rural hospital forum and simulation
Friday 30 September, 8.30 am – 4.30 pm

CPR Workshops

Thursday 29 September
10.40 am – 12.10 pm
CPR Workshop A1 (fully booked)
CPR Workshop A2
CPR Workshop A3
1.20–2.50 pm
CPR Workshop B1
CPR Workshop B2
CPR Workshop B3
3.30–5.00 pm
CPR Workshop C1
CPR Workshop C2
CPR Workshop C3

Friday 30 September
8.30–10.00 am
CPR Workshop D1 (fully booked)
CPR Workshop D2
CPR Workshop D3
11.00 am – 12.30 pm
CPR Workshop E1
CPR Workshop E2

CPR Workshop E3
1.50–3.20 pm
CPR Workshop F1
CPR Workshop F2
CPR Workshop F3

Saturday 1 October
8.30–10.00 am
CPR Workshop G1
CPR Workshop G2
CPR Workshop G3
10.40 am – 12.10 pm
CPR Workshop H1
CPR Workshop H2
CPR Workshop H3
1.50–3.20 pm
CPR Workshop I1
CPR Workshop I2
CPR Workshop I3


Social functions

Sweet time – New Fellows and registrars celebrate
Wednesday 28 September, 8.00–10.00 pm
The George, 216 George Street, Perth

GP16 Welcome Reception
Thursday 29 September, 5.00–6.30 pm
Perth Convention and Exhibition Centre

RACGP National Faculties Evening
Hosted by the RACGP Aboriginal and Torres Strait Islander Health, RACGP Rural, and RACGP Specific Interests
Friday 30 September, 7.00–10.00 pm
Frasers Restaurant, Frasers Avenue, West Perth

RACGP Foundation Walk
Friday 30 September, 7.00–8.00 am
Perth Convention and Exhibition Centre

Gala Dinner
Saturday 1 October, 7.00–11.00 pm
The Forrest Centre, 219–221 St Georges Terrace, Perth

Visit gp16.com.au/program/networking for more information on GP16 social functions
Complete your QI requirement for the QI&CPD 2014–16 triennium

What is Quality Improvement (QI)?

Quality Improvement (QI) is the process where an opportunity to change practices occurs as a result of learning.

Professional advice and a large body of evidence demonstrate quality improvement activities leading to positive change in practices, particularly when involving a whole practice team approach.

Examples of QI activities:

- Clinical Audit
- Small Group Learning
- Supervised Clinical Attachment (SCA)
- Plan, Do, Study, Act (PDSA)
- Evidence Based Medicine Journal Club
- GP Research

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