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Call

House

Editorial

General practitioners, (GPs) play a vital role in our lives. The average Australian visits a GP more than four times a year with over 85% attending at least once a year. When treatments are successful and our needs are well met, many of us form a lasting relationship with a GP who becomes the family doctor and acquires inside knowledge of the medical and social history of the family.

But things change. Sometimes medical records need to be transferred or accessed when doctors or patients move to other regions, or the practice closes, or the patient changes doctors. I have included information about the process of obtaining medical records.

Currently there is a shortage of doctors, and this problem is being addressed by training more doctors. Dr Russell Pearson reports on the establishment of the Graduate School of Medicine at the University of Wollongong. More than ever some of the training is being conducted within the community in collaboration with our GPs.

Community input is very much to the fore through the Consumer Consultative Committee of the Illawarra Division of General Practice. Each year new members are nominated to become representatives of various groups in the community. They are able to present a consumer voice relating to health policy when asked by the Division. They also bring to the attention

The IDGP Consumer Consultative Committee

Consumers are those who are on the receiving end of health care and it could be argued that that includes everybody. But a consumer representative is expected to reflect the collective view of their group and other individuals as much as possible. As individuals they will also speak their own opinions, but these need to be balanced by their role as a representative.

The IDGP Consumer Consultative Committee (CCC) consists of eight consumer representatives and two GP representatives who meet bimonthly to discuss health care issues. Consumers are represented by the following portfolios:

- Aboriginal and Torres Strait Islander
- Carers (Max McKay)
- Middle age 26 – 60 (Kath McCormack)
- Non-English Speaking Background (Patricia Noferi)
- Older people over 60 (Helen Gapps)
- Youth, people under 25 (Kerrie Rutherford)
- General (Gaye Richardson and Sally Tortorici)

A consumer representative presents views for consideration in decision making, especially when a specific issue affects the group represented by their portfolio. All relevant matters related to health policy are referred to the CCC for comment and advice.

Currently, there is no one representing the Aboriginal and Torres Strait Islander people. If you are interested in joining the CCC in this capacity, please contact Kellie Marshall at the IDGP office on Phone: (02) 4226 7052

of the IDGP issues affecting the community. In this issue you will see an advertisement for the upcoming Youth Health Forum, 'Youth on Track'. Health forums are presented by the CCC as part of their role in addressing the needs of the community.

Finally on a lighter note, Dr John McAlpine gives a humorous account of some of the things that happen at his semi-rural practice in Gerringong.

Patricia Noferi, Editor

CCC Profiles

Patricia Noferi, Non-English Speaking Background Representative

I have always enjoyed advocating for those within my care as a health worker (RN), to provide the best outcome for their distress, and to improve good health by education, enabling informed decisions. The health care system is complex and the more information one has of its services and professional workers, the more resources one has to tackle difficult issues.

As a previous worker in dementia care for frail aged people from a culturally and linguistically diverse background, and their carers, I understand the importance of talking about the problems facing people who cannot communicate due to language barriers, illness, and lack of opportunity. Even people without these drawbacks can be at a loss when confronted with a health problem.

Finding out more is always useful. Being editor of House Call has meant researching some of

the articles; and at meetings there are speakers who inform us of the projects conducted by the IDGP in the community.

I have seen the usefulness and benefit to consumers of one of the IDGP projects - the Home Medicines Review Program. It raises community awareness about the importance of using medication correctly and safely, and provides a service to assist people to do this.

Often our opinion and help is sought to promote a new venture, such as funding for headspace and the location of a new practice in Shellharbour. I enjoyed the health forum on depression which the CCC presented in 2006 in collaboration with the IDGP and others in the community, especially those people who were speakers about their own journey through depression. I value the opportunity of being a CCC representative and providing a voice for non-English speaking communities.

Articles for House Call

Readers are invited to submit suitable articles to House Call, a newsletter of the Community Consultative Committee of the IDGP.

E-mail ccc@idgp.org.au
Fax: 4226 9485



Upcoming Youth Health Forum

Youth on track: a community forum about developing confident, healthy and resilient young people

- On:** Wednesday 11th June 2008
At: The Church on the Mall Auditorium, 116 Crown Street, Wollongong
From: 4.30pm to 7.00 pm
Cost: No charge, refreshments will be provided

Who might be interested? Families and carers of young people, community workers and those with an interest in the positive development of young people.

This forum is presented by the Community Consultative Committee of the Illawarra Division of General Practice with assistance from headspace Illawarra and Southern Youth & Family Services.



Report on the Graduate School of Medicine, April 2008

In response to a nation wide doctor shortage, especially in rural areas the Federal Government authorised and funded the establishment of a new wave of medical schools.

Thus when Wollongong University opened its new Graduate School of Medicine in 2007 its mission was to "produce excellent medical practitioners who have the capacity and desire to contribute to the enhancement of health care for patients in all geographic settings, but especially in regional, rural and remote communities". The school is housed on two campuses, in Wollongong and Nowra.

It was decided to establish a medical school which had an innovative curriculum. To this end, promising new medical educational strategies from around the world were adopted. This decision to embrace innovation has meant that much of the curriculum has needed to be written *de novo*. An exceptionally talented and hardworking team of academics, recruited locally, from interstate and overseas is succeeding in this task. This new curriculum requires much more of the teaching to be done in the general practice or community agency setting than has been traditional. Small hospital and specialist surgery placements are also needed, as well as the large teaching hospital. Patient volunteers are needed on campus, and increasing patient involvement in the community is required.

What has been the response? The support for Wollongong University's GSM from the medical fraternity and the community at large has been

wholehearted and enthusiastic, all the more so as the students have proved to be keen, personable and dedicated.

What of the students? They are recent graduates, selected via an exhaustive admission's process favouring a rural background and scientific training. They soon discover their course emphasises appropriate personal and professional behaviour, as well as knowledge and skills acquisition. They encounter patients very early in their course and are allocated a mentor from one of the local doctors.

The initial 2007 student body has formed WUMSS (Wollongong Uni Medical Students' Society) which organised a camp to welcome this year's intake. A friendly collegiate atmosphere is evident among the student fraternity.

The 2007 student cohort are completing the largely campus-based Phase 1 of their course. They are now looking forward to the year long Phase 2 which will find them in teaching hospitals in the Illawarra, Shoalhaven and Southern Highlands. They will experience seven 5 week rotations in Medicine (twice), Surgery (twice), Mental Health, Women's and Maternal Health, and Child and Adolescent Health.

The incoming 2008 cohort, on average three years younger than their predecessors, follow confidently in their footsteps.

Russell Pearson
GSM Academic Co-ordinator (UOW)

Access to Medical Records

Generally, the health service provider who creates a medical record owns that record. However under the National Privacy Principles (NPPs) in the Privacy Act, ownership doesn't interfere with a person's right to access their record, because ownership and access rights are separate.

There are exceptions to access under NPP 6 – if giving access would pose a serious threat to the life or health of any individual; or this would have an unreasonable impact on the privacy of others, or it would prejudice certain law enforcement activities. Generally the Privacy Commissioner considers that access should be given in the form requested by the individual, such as a copy or an accurate summary.

A fee for access, if any, may include reasonable costs of resources, such as photocopying and if

necessary, professional costs. A GP may need to review the file before information is released, or provide access by way of extra consultation.

<http://www.privacy.gov.au/faqs>

If you change GPs you can either authorise your old practice to provide a copy or summary of your health information to your new GP, or ask your new GP to write and request the information themselves.

In the event of the GP practice closing, the practice is obliged to keep your records for seven years after your last visit or until you turn 25, whichever occurs later. Normally when a practice closes, the caretaker is obliged to write to each patient to inform them of what is happening and to offer to transfer the copy or the original records to a doctor of their choice.

“All Creatures Great and Small”

We often hear of the positive ways that owning an animal impacts on people’s health. Many older people have a spoilt cat or dog that is the focus of their love and care. This follows through to the Nursing Homes where there is often a “pet for therapy” dog, which is usually a fat Labrador that waddles around after being given tidbits from many residents.

General practitioners are often found at the interface between animals and patients. Spider bites are common. Serious bites such as a funnel web bite are treated as an emergency with the initial first aid being the application of a compression bandage and then a rapid transfer to casualty.

Most bites however are not serious. After the patient presents complaining of being bitten, the GP is generally handed a bottle with the offending spider inside. Unfortunately the biter is often squashed totally flat and unrecognizable! If there is no spider specimen, the GP needs to rely on the history of the attack; unhelpfully the bite is usually not witnessed or comes from a “large black spider”!

Armed with this knowledge our unsung hero the GP wisely suggests watchful waiting, with the advice to ring back if generalized symptoms such as sweating, headaches or feeling unwell occur.

Vets are often at the challenging end of animal contacts. They may see GP’s to discuss vaccinations as they venture to exotic destinations, such as visiting India to de-sex stray dogs. Generally they are skilled at dealing with animals but one vet presented with a severe shoulder strain, which occurred while his arm was deeply inserted inside a cow to see if she was pregnant. Understandably the cow was not happy with this invasion of her personal space.

Farmers also injure themselves with falls off horses or being squashed by reluctant, stubborn

bulls, or may even seek advice from their GP as to what to do if bitten by a flying fox.

Cats seem safe enough – as long as you are not hyper-allergic and then react intensely even to the rooms which cats inhabit. Still they can cause medical conditions such as cat scratch fever when fevers and swollen lymph glands develop after a cat scratch.

Dogs however cause the most GP presentations. Be they from older people who fracture their hips after tripping over their dog or the regular unfortunates who turn up after being bitten. Bites can occur from your own dog (particularly if you stand between the dog and its food), but are more likely from strange dogs - as the postman could attest!

All significant animal bites should be seen by the GP as dogs don’t brush their teeth and often germs are inserted deeply under the skin. Tetanus vaccination is given if it has been more than 10 years from the last booster. The wound needs to be cleaned out and often antibiotics are given to prevent infections.

It all sounds too dangerous - I’d better stick to gardening. Then there is sunburn, hay fever and allergic skin reactions from plants such as Primulas or Grevilleas...

In conclusion Goldfish seem the safest pet. As an aside did you know a goldfish has a 2 second attention span? So it can go round and around its tank thinking “that’s a nice rock, that’s a nice rock, that’s a ...”



Dr John McAlpine,
Gerrington

Newsletter of the Community Consultative Committee of the Illawarra Division of General Practice (IDGP). The IDGP is an organisation which supports and represents General Practitioners. It was developed to provide opportunities for GPs to work with their local colleagues, consumers and other health or community services. It aims to achieve wider health improvements in the community.

