In This Issue
- Mind Body & Soul in Family Practice – P1,2
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- OOPS – P3
- Can the practice be bad for the doctor – P4
- Shake, Rattle & Roll – P4
- GPs to MPs – P5
- NIROGI Lanka Project – P6,7
11.00am – 11.15am  TEA

Chairpersons: Antoinette Perera and Carmel Fernandopulle
11.15am – 11.45am  MANAGEMENT OF THE CLIMACTERIC IN GENERAL PRACTICE
  Perimenopause in the ‘post HRT era’
  Hemantha Senanayake, Professor Obs & Gyn

11.45am – 12.00noon  BLISTER BEETLE DERMATITIS
  Radika Sugathapala, Family Physician

12.00noon – 1.00pm  Free Papers
  Hall A (Auditorium)

Chairpersons: Sanath Hettige and Pushpa Weerasinghe
Free Papers
Hall B (Lecture Hall)

Chairpersons: Jayantha Thambar and D G A Abeygunarathne
Free Papers
Hall C (Council Room)

1.00pm – 1.45pm  LUNCH

Chairpersons: H B Jayasinghe and Titus Fernando
1.45pm – 2.15pm  ‘BUT THE WORLD IS STILL BROKEN’
  IDP session
  Jayantha Thambar, Family Physician

Chairpersons: Lucky Jayasekera and A J Jameel
2.15pm – 2.45pm  FUNNY TURNS IN THE ELDERLY
  Unsteadiness in the elderly
  H D Wijesinghe, Family Physician

Chairpersons: M G H Thilakaratna and N K Ashubodha
2.45pm – 3.30pm  CAN PRACTICE BE BAD FOR THE GP?
  Occupational hazards of family practice
  Interactive
  Moderator: Asela Anthony
  Committee on Occupational Health

Chairpersons: K Chandrasekher and D D N Kaluarachchi
3.30pm – 4.00pm  DEATH FOLLOWING IMMUNIZATION – THE REALITY
  Sriyani Dissanayake, Consultant Community Physician

4.00pm – 4.15pm  PATIENT SAFETY POSTER
  W Ramasinghe, Senior Lecturer in Mathematics, University of Colombo
  Committee on Patient Safety and Safety in Family Practice
APOLOGY AND CORRECTION

The flyer and poster for the academic sessions 2009 contained an item placed in it by me titled ‘No Accreditation, No Practice - The future of practise’ by Nandani de Silva. Professor Nandani de Silva was not consulted about it and as such she herself was not aware of this item. Additionally her designation was incorrectly stated as “Professor of Medicine” when in fact she is Senior Professor of Family Medicine at University of Kelaniya.

I apologize to Nandani for the pain of mind and distress caused to her and deeply regret any misconception that might have arisen as a result of this incorrect item in the poster and flyer. I also apologize to the Membership and the Council of the College of General Practitioners Sri Lanka for the inclusion of this incorrect item in the poster and flyer.

Eugene Corea

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OOPS !!

1. There were some errors in the column which carried the names of the Chairpersons, Secretaries and Convenors. MY COLLEGE apologizes to the members concerned and the readers for this lapse. The correct version is given below - Ed.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chairperson</th>
<th>Secretary</th>
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<tr>
<td>CPD</td>
<td>Dr. Eugene Corea</td>
<td>Dr. Dinusha de Silva</td>
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<td>NCD</td>
<td>Dr. Preethi Wijegoonewardene</td>
<td>Dr. K Chandrasekher</td>
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<td>Occupational Health</td>
<td>Dr. Narme Wickremasinghe</td>
<td>Dr. Asela Anthony</td>
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<td>Prof. Joel Fernando</td>
<td>Dr. Preethi Wijegoonewardene</td>
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<td>Research</td>
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<td>Dr. K Chandrasekher</td>
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<td>Fellowship</td>
<td>Prof. Dennis J Aloysius</td>
<td>Dr. K Sri Ranjan</td>
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<td>Mental &amp; Social Health</td>
<td>Prof. Nandani de Silva</td>
<td>Dr. Jayantha Jayatissa</td>
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<td>Dept. of Hypnosis</td>
<td>Dr. H B Jayasinghe</td>
<td>Dr. Ariyasena Gamage</td>
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<td>Sports Medicine</td>
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<td>Dr. NPunchihewa</td>
<td>Dr. A T Pinidiyapathirage</td>
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<td>PERC</td>
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<td>Dr. Neelika Salgado</td>
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<td>Values</td>
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<td>Dr. Shobhavi Kohombange</td>
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<td>Publication</td>
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<td>Viral Study Group</td>
<td>Dr. Sanath Hettige</td>
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<td>Dr. Jayantha Thambar / Dr. Erandie Ediriweera</td>
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<td>RIG</td>
<td>Dr. Shobhavi Kohombange</td>
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2. I need to acknowledge the work done by Dinusha de Silva in bringing the educational material (nutritional supplement) to the members. It was Dinusha who played the major role and whose name was inadvertently omitted from the acknowledgements. My apologies and Thanks.

Eugene Corea
Chairman – CPD Committee

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Editor – Eugene Corea  Editorial assistance – Preethi Wijegoonewardene  Type setting, page setting & formatting – Tharanga Sendanayake
CAN PRACTICE BE BAD FOR THE DOCTOR
Occupational Health Presentation

This session will be presented as follows.
1. “Medical and other problems of the General Practitioner” a presentation by Asela Anthony
2. An Interactive Panel Discussion on problems faced by the
   Occupational Health Doctor

   Employee  arrow  Employer

The panel will consist of Narme Wickramasinghe, Hemantha Wickramatillake, Director General, NIOSH, Ministry of Labour Relations, A T Navarathnam, Lakshman Weerasena, Nilanthi Jayatillake, HR Director Glaxo and an Employee

Asela Anthony  
Secretary - Occupational Health Committee

POST-CONGRESS  ACADEMIC SESSIONS – 2009

SHAKE, RATTLE AND ROLL !
An Approach to Physiotherapeutic Care in Family Practice

Conducted by: Rohana Perera, Lecturer, School of Physiotherapy
Hosted by: Hemas Hospitals

Date:  18th October 2009
Time:  9.00am – 12.00noon
Venue:  Hemas Hospitals, Wattala

Limited to 30 participants, who are requested to be at the College office by 8.20am the latest on the 18th October 2009.

Transport and lunch will be provided

Introduction to physiotherapy

An approach to PT care in the following conditions (hands on)
1. Neck ache of cervical spondylosis
2. Shoulder stiffness and pain of periarthritis
3. Back ache of lumbar spondylosis
4. Knee stiffness and pain of osteoarthritis
5. Prevention and warning sign

Professional Education Resource Committee
GPS TO MPS - DOZENS OF DOCTORS TO STAND FOR
“ROTten PARLIAMENT” AT NEXT ELECTIONS

At least three members of the British Medical Association’s (BMA) Council are among the 50 doctors said to be considering launching a political career under the umbrella group “Healthy Independents”.

Dr Helena Mckenow, a GP from Salisbury, Wilts and member of the BMA Council, said that the group was had been motivated by Dr Richard Taylor, who was selected as an independent for the seat Wyre Forest, Worcs in 2001 after standing as a protest at the downgrading of his local hospital.

They were also inspired by Martin Bell, the anti-sleaze campaigner who defeated Neil Hamilton, the Tory MP at the centre of the cash for questions scandal, who is now heading a movement for independents to challenge MPs exposed as having made questionable expenses claims.

She further stated that “I think that there is general concern in the country that many of our MPs are now career politicians- they study politics at the university then become researchers for politicians and then MPs. We need a Parliament with a breadth of business and professional skills to be able to make sensible decisions”.

Dr David Wrigley, a GP in Carnforth, Lancs, who also sits on the Council, added: “This is an ideal time for independent candidates to stand. I would certainly encourage doctors to consider it as they are highly trusted and patients who are voters would be very supportive”.

The group are not being backed by the BMA, which is neutral on political matters, but Dr Mckeown said that as Council members, she hoped that other doctors would be inspired to follow their lead-and predicted that as many as 50 would go on to stand at the election that must be held by June.

Dr Taylor said that he was confident that many would be elected, adding: “Doctors have a tremendous advantage when it comes to standing as an independent MP because they are usually well known. To get elected as an independent, you need three things: an unpopular sitting MP, a strong local issue and someone well know locally. A doctor usually has the advantage of at least the third element”.

Hamish Meldrum, Chairman of the BMA Council said: “The BMA is always pleased when candidates choose to endorse or put forward BMA policy but that does not means that the BMA endorses or supports those candidates”.

Submitted by: Ruvaiz Haniffa, Family Medicine Unit Faculty of Medicine University of Colombo
NIROGI LANKA COMPONENT 2 – CAPACITY BUILDING OF PRIMARY CARE SERVICES: TRAINING OF GENERAL PRACTITIONERS

The Diabetes Interest Group of the NCD Committee of the CGPSL has been able to cover much ground with regard to planning and putting into action many activities of the group since its inception in July 2008.

It gives me a great sense of satisfaction to come before you with the good news that we have been invited by the The Diabetes Prevention Task Force of the SLMA in charge of the NIROGI Lanka Project, as Partners aimed at training GPs all over the island in a phased out manner. This we consider as a clear indication of the recognition given to the activities of the Diabetes Interest Group of the College.

Please find herewith the details of this project, the selection criteria, selection process and the process of monitoring.

I earnestly request our members who are interested, to apply for this programme after reading through the details given overleaf, before the 15th of October 2009 so that further formalities in the selection process could be attended to.

K Chandrasekher
Secretary – NCD Committee/CGPSL

NIROGI LANKA COMPONENT 2
Capacity building of Primary Care Services: Training of General Practitioners

The NIROGI Lanka project would conduct a two day training programme for a total of 80 GPs spread out over three years as follows; 20 each in years 2009 (beginning 22nd and 29th November 2009- Sundays), 2010, 2011, and 2012.

The Diabetes Prevention Task Force of the SLMA will provide training modules, conduct the programmes including training the trainers, in conjunction with the College. The CGPSL will be in charge of advertising, selecting and monitoring the GPs, who have participated in the above training programmes.

Initial programme will be for those from the Western Province with a proportion coming from the CMC area (to go in parallel with the 5 dedicated diabetes Clinics to be started at CMC). However this could be expanded to the rest of the island when conducting the subsequent training sessions.

It was also agreed that possibilities could be explored of conducting training programmes by the GP trainers (who have followed the above modules) to benefit their peers, with the assistance of the main body, if the applications to join these programmes from the GPs are overwhelming.

It was agreed upon that the members selected for this programme should not have any conflict of interest with regard to the activities conducted by the Diabetes Interest Group of the College of General Practitioners of Sri Lanka.

All members of the CGPSL will be kept informed and will be eligible to apply for the above training programmes, if they fulfil the selection criteria, and agree to the process of monitoring.

However preference will be given to the active members of the DIG practicing in the Western Province to take part in the first training module if the pre - requisites mentioned are met with.
Selection Process
- Process to be transparent and equitable in distribution
- Decision of the Council of the College of General Practitioners shall be final.

Selection Criteria
Preference to be given to those who are/could
- Be trainers in future activities
- Provide dedicated service to patients with diabetes
- Are committed to expand, to provide a comprehensive care model, preferably including a trained clinical nursing assistant, to provide education and simple interventions
- Are committed to CME and participate in programmes or regularly contribute in education
- Attempt change in their community through regular programmes (screening, education, awareness etc)
- Are committed to provide feedback data, via quarterly audits of their work

Process of Monitoring
- Pre and post test, to assess quality of teaching programmes
- Number of trained GPs
- Number of patients treated
- Audit standards and patient satisfaction

WRITE TO US. KEEP IN TOUCH. SHARE YOUR VIEWS. GIVE US YOUR ADVICE.
BUT FOR GOD’S SAKE DON’T KEEP QUIET!