

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

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Contact us

gpconnect@wapha.org.au

6272 4900

www.wapha.org.au

With the outcome of the Federal election, and the focus on Medicare and primary health care in the latter stages of the major parties' campaigns, GPs will be anticipating further announcements on the status of the Medicare rebate freeze, the Commonwealth's Health Care Home trials and future funding commitments for primary health care research. Both the RACGP and the AMA have called for the new Government to articulate a significant commitment to quality and comprehensive general practice.

A major part of this commitment is the progressive health reform that is associated with the Patient Centred Medical Home model. In the lead up to the Federal election, the Patient Centred Medical Home (also known as the Health Care Home) gathered considerable momentum as a major platform for primary health care reform. The concept of an individual patient having a stable, consultative and ongoing relationship with a General Practice that provides continuous and comprehensive care across all life stages has great merit in respect to meeting the needs of patients, providers and funders.

The work of WAPHA and the WA PHNs is underpinned by a set of fundamental principles that correlate well with this evolving model of primary health care. We are committed to supporting general practice in WA to apply these principles in the real world, to improve health outcomes for the people of WA. WAPHA and the PHNs support the provision of person-centred, integrated and co-ordinated care that will be embedded in our locally designed model of Integrated Primary Care.

Integrated Primary Care is intended to strengthen the quality, scope, connectedness and capability in general practice and primary health care and promotes innovation and the strengthening of health literacy and self-management capabilities for patients. WAPHA and the PHNs will lead the design of locally-responsive and equitable services by working with WA GPs and our Clinical and Community Advisory Committees to build on the strong foundation of primary health care that already exists in WA.

GPs in WA will hear more from us about Integrated Primary Care as we consult with you on the best ways in which we can support the development of, and transition to, the Integrated Primary Care model. GPs will be invited to participate in the development of a wider transformation of primary care's role in the WA health system, with a focus on the Integrated Primary Care approach. This change and transformation occurs at person, system and whole of practice level and leverages the PHN function to support and to develop sustainable relationships with general practice. Managing the change across fragmented service providers and building capacity and capability within general practice is a key role for WAPHA and the PHNs in facilitating the adoption of Integrated Primary Care in WA.

We are entering an exciting phase of primary health care where we will work together to strategically position metropolitan, regional and rural WA as a key contributor to the development of the Integrated Primary Care model in Australia.

Learne Durrington,
CEO WA Primary Health Alliance

HOSPITAL LIAISON

Osborne Park Hospital

Over the past 18 months Osborne Park Hospital (OPH) has embarked on a comprehensive multi-faceted approach to reducing the extended wait time for endoscopy procedures.

The process has included:

1. Auditing of the wait list – removing those patients who no longer need the procedure
2. Adoption of a new mandatory referral form that enables more accurate triage of the patient
3. Development of guidelines for endoscopy
4. Returning patients to the GP for clinical review if they do not have symptoms that satisfy the guidelines for endoscopy
5. Increased endoscopy theatre availability
6. Streamlining of administrative processes

The process has been extremely effective having reduced the wait list from well over 3000 cases to fewer than 800.

Now there is capacity to take more referrals from GPs. If you have a patient who requires a gastroscopy or colonoscopy please consider referral to OPH under the ambulatory surgery initiative (i.e. patient is treated as a private uninsured patient and billed through Medicare), the patient does not need to be residing within the OPH catchment area, but obviously would need to be prepared to travel to OPH.

Please note that the current, evidence-based referral criteria will remain and that patients who do not meet reasonable criteria for gastroscopy/ colonoscopy will be returned to your rooms for clinical review rather than be placed on a waiting list.

The new referral form is able to be downloaded into your software.

For information on the Endoscopy Guidelines and to download the referral form visit oph.health.wa.gov.au

Dr Clare Matthews, Hospital Liaison GP, Osborne Park Hospital
clare.matthews@health.wa.gov.au
Available: Mon and Wednesday afternoons
9346 8001

St John of God Midland Public Hospital

Outpatient Services

St John of God Midland Public Hospital has treated about 430 outpatients a day since opening on 24 November 2015.

5,500 outpatients were transitioned to the new facility from Swan District Hospital while on average, 100 new referrals have been received each day for the 171 different clinic types.

The hospital works closely with the WA Health Central Referral Service to ensure general practitioner referrals are sent securely to the Outpatient Department. This ensures all patients in the hospital's catchment area have appropriate access to public hospital services.

Outpatient services provided under contract to the State Government include ongoing care for patients with complex or chronic conditions across medical, nursing, allied health and multidisciplinary clinics.

Clinics offered:

- Cardiology*
- Continence
- Diabetes *
- Dietetics
- ENT (Medicare referrals only)
- Fracture clinic (internal referrals only)
- Gastroenterology*
- General medicine*
- General surgery
- Geriatric medicine
- Gynaecology
- Haematology*
- Hydrotherapy
- Infectious disease medicine*
- Neurology*
- Obstetrics
- Occupational Therapy
- Oncology
- Ophthalmology (Medicare referrals only)
- Orthopaedic (please send referrals direct to Midland Orthopaedics).
- Paediatric medicine
- Physiotherapy
- Plastics (Medicare referrals only)
- Podiatry
- Psychology
- Renal medicine*
- Respiratory medicine*
- Social Work
- Speech Pathology
- Stomal Therapy
- Stroke
- Urology (Medicare referrals only)
- Wound management

Note: Clinics so marked * can be directly referred to MPS.Referrals@sjog.org.au and/or Central Referral Service.

Note: Medicare referrals should be sent directly to Visiting Medical Specialists. For more information, go to www.midlandhospitals.org.au/health-professionals/referrals



Allied health services provided at St John of God Midland Public Hospital are not Primary Enhanced Care Services. If you would like more information, including referral information, visit www.midlandhospitals.org.au

Rachel Resuggan, Outpatient Manager and Head of Department Allied Health
St John of God Midland Public Hospital
rachel.resuggan@sjog.org.au
9462 4339

King Edward Memorial Hospital

Non-Invasive Prenatal Testing

Non-Invasive Prenatal Testing (NIPT) is a relatively new genetic test that uses cell-free circulating fetal DNA in the maternal serum to screen for the more common fetal aneuploidies (where the fetus has an abnormal number of chromosomes).

NIPT employs genome sequencing technology to assess cell free fetal DNA in the maternal circulation and has application as a high-level screening test for trisomy 21, 18, and 13, and sex chromosome aneuploidy.

This field is rapidly evolving. Position statements from several international organisations (e.g. International Society for Prenatal Diagnosis, American Congress of Obstetricians and Gynaecologists) regarding the clinical use of NIPT are available online.

PathWest and most private pathology providers offer NIPT. It is not currently funded by Medicare and patients are required to pay out of pocket for this service. KEMH does not offer NIPT except in a strictly limited number of high risk women with contraindications to invasive diagnostic testing, where it is considered on a case-by-case basis. Turnaround times are up to 14 days from sample collection. In 5 per cent of cases, the level of cell free fetal DNA is not great enough to report a result and a recollection is required.

NIPT may be employed in screening for aneuploidy in two ways:

1. As a primary screening modality, where a maternal blood sample is collected after 10 weeks' gestation. This allows a detection rate of around 99 per cent for trisomy 21, with a positive predictive value of around 80 per cent in the average-risk population. False positive results do occur, and results should be confirmed with invasive testing prior to acting on the result. All women who have primary NIPT screening and women who decide not to have any prenatal screening must also be offered a 12-week ultrasound scan to assess for major fetal structural anomalies and to determine the chorionicity of multiple pregnancies.

2. As a secondary screening modality, in women who have screened high risk with either the first trimester screen (FTS) or maternal serum screen. This approach avoids the risks of invasive diagnostic testing. Some authorities advocate offering NIPT to women at intermediate risk after FTS, such as those of risk 1:2500 or greater, to improve the detection rate of trisomy 21. Such an approach may detect around 98 per cent of cases of trisomy 21, by performing NIPT in those 20 per cent of women who screen at intermediate risk by FTS.

NIPT has wider applications which are evolving rapidly with technological advances. NIPT is currently being marketed for rare microdeletion syndromes (e.g. "22q" or Di George Syndrome). Routine use of these "extended panels" is not currently recommended due to a relatively high false positive rate and low positive predictive value.

As a result of limited resources, Genetic Services of WA is no longer able to accept referrals from GPs regarding abnormal First Trimester Screen (FTS) or Non-invasive Prenatal Testing (NIPT) results where the results indicate an increased risk of chromosomal abnormality.

Prenatal Screening – Abnormal Results

Changes to Genetic Service policy regarding GP referrals for abnormal prenatal screening results

As a result of limited resources, Genetic Services of WA is no longer able to accept referrals from GPs regarding abnormal First Trimester Screen (FTS) or Non-invasive Prenatal Testing (NIPT) results where the results indicate an increased risk of chromosomal abnormality.

The First Trimester Screen has become a routine antenatal screening test and is requested most often by the GP and/or obstetrician. It is appropriate for the requesting doctor to be the provider of information and discussion related to the test and the options after a high risk result. If a woman has a FTS with increased risk, the GP may choose either to refer her for a Non-invasive Prenatal Testing (NIPT) or for a prenatal diagnostic test such as chorionic villus sampling (CVS) or amniocentesis. Prenatal diagnostic tests can be requested privately or through the Maternal Fetal Medicine (MFM) Service at King Edward Memorial Hospital (KEMH). It is necessary for the GP to state

that the patient requires a procedure (CVS or amniocentesis) on the referral form as it is not possible to book a procedure if the patient is referred for counselling or opinion only.

GP Referrals should be faxed directly to MFM via 9340 1060.

In the event that a patient has an abnormal prenatal diagnostic result and they request further counselling regarding a confirmed diagnosis, they may be referred to Genetic Services of WA.

Queries may be directed to:

MFM:

Phone 9340 2848 or
fax 9340 1060

Genetic Services of WA:

Phone 9340 1242 and ask to speak
with the duty Genetic Counsellor

KEMH Ultrasound Department:

Phone 9340 2830

**Dr Vicki Westoby, Hospital Liaison GP,
KEMH**

victoria.westoby@health.wa.gov.au

**Available: Monday and Tuesday
9340 1561**

Royal Perth Hospital Royal Perth Hospital (RPH) GP Specialist Advice and Referral Collaboration (GP SpARC)

RPH specialists in diabetes, respiratory medicine and/or cardiology, in collaboration with WAPHA, are offering practices frequently referring to RPH a round table meeting with the GP practice team to discuss patients with chronic, complex conditions that the GPs believe would benefit from specialist input and management advice.

An alternative venue or videoconferencing can be discussed if there is insufficient space in the practice to hold meetings.

Please note:

- Case discussions will provide education and guidance to GPs/PNs with the responsibility for patient care resting with the GP.
- RPH specialists will not consult with patients during these sessions.
- MBS Case Conferencing item numbers may be accessible for eligible case discussions. Your PHN Network Support Officer (NSO) can advise you on this.

If your practice frequently refers to RPH and is interested in participating or you have any questions please contact: Ben Horgan, PHN GP SpARC Project Lead on 0439 297 693 or ben.horgan@wapha.org.au

Baclofen for alcohol addiction – new website

If you would like to know more about using baclofen to treat alcohol addiction, Dr Amanda Stafford, RPH Emergency Physician, has developed baclofentreatment.com to inform both consumers and health professionals and to provide practice guides and resources.

Dr Jacque Garton-Smith,
Hospital Liaison GP, RPH
jacque.garton-smith@health.wa.gov.au
Available: Monday and Thursday
9224 2281

Central Referral Service

For further information on the Central Referral Service (CRS) is available at http://ww2.health.wa.gov.au/Articles/A_E/About-the-Central-Referral-Service

Sending a referral

CRS prefers receiving referral forms by secure messaging and fax (secure messaging is preferred). However they will also, where necessary, accept referrals by post. Once a referral is faxed or sent via secure messaging, there is no requirement to send the original by post as CRS tracks the referral through to acceptance by the hospital.

Options (use one only):

- Healthlink Secure Messaging: crefserv
- Fax: 1300 365 056
- Postal address: PO Box 3462, Midland WA 6056

Acknowledgment receipt

When the CRS receives your referral you will be sent an automatic referral acknowledgement by secure messaging from the CRS (or fax or mail if you do not have secure messaging). The CRS will then allocate your referral to the most appropriate hospital as soon as possible. Once the hospital accepts the referral, both you and your patient will receive a notification of which site has accepted the referral. You will receive a fax/secure message and your patient will receive an SMS. If the patient does not have a mobile number, a letter will be sent instead. The hospital site will then contact the patient to arrange an appointment.

Follow up of referrals

Once you have received notification that the referral has been accepted by a site, all further communication about an appointment (by you and the patient) should be directed to that site (not CRS). The site will arrange an appointment – a letter is usually sent to the patient about one month prior to the appointment date.

Additional information regarding referrals

- If a referral was initially sent to the Central Referral Service (CRS) then GPs may also send subsequent information pertaining to that referral to CRS e.g. results that were not sent with the initial referral, or a letter to say the patient's condition has deteriorated since the initial referral. CRS will then forward this information on to the hospital that accepted the initial referral.

Dr David Oldham, Hospital Liaison GP, SCGH
david.oldham@health.wa.gov.au
Available: Monday to Thursday
9346 3333 (Switchboard)

North Metropolitan Health Service

Community Aids and Equipment Program boundary changes as of 1 July 2016

As you may be aware, the Department of Health has been undergoing a program of reform for some time, which will see the establishment of an East Metropolitan Health Service (EMHS) from 1 July 2016.

As part of this reform, boundaries for services provided by the Community Aids and Equipment Program (CAEP) will be changing to ensure that they align as closely as possible to the health services under the new structure.

Please find attached a table outlining the new catchment areas and contact details for CAEP services, divided by postcode. The referral form remains unchanged and can be downloaded from the Disability Services Commission website, www.disability.wa.gov.au

Further information about the WA Health Reform process is also available at: <http://ww2.health.wa.gov.au/Improving-WA-Health/Health-reform>

Thank you in anticipation of your understanding. If you have any queries regarding the above information, please contact your local CAEP provider. For a new list of CAEP providers visit wapha.org.au under GP resources.

PERTH CHILDRENS HOSPITAL



Activity

Some outpatient clinics commence

Same day surgery commences

Final Move Day:

- All inpatients moved
- PCH ED opens
- PMH closes

Date

Monday 24 October

Monday 7 November

Sunday 20 November

Located on the Queen Elizabeth II Medical Centre (QEIMC) site in Nedlands, PCH is next to Sir Charles Gardiner Hospital and across the road from Kings Park on Winthrop Avenue.

Designed to ensure the delivery of family-centred and patient-focused health care, PCH will provide a welcoming environment for children, young people who stay there and their families and carers during their visit.

Key features

- 298 beds
- an increase from 26 per cent to 75 per cent single rooms
- an increase from 17 to 31 isolation rooms
- an emergency department 88 per cent larger than PMH
- increase from six theatres and two procedure rooms to the capacity for 12 multi-use theatres, including an

intraoperative MRI and two interventional theatres

- 10 bed high dependency unit for high risk patients
- increased outpatient and day-stay capacity.

For parents and families

- parent beds in each standard inpatient room
- parent lounges on every floor
- a dedicated parent accommodation suite
- 3,500m² of green space including roof terraces
- satellite pharmacies in close proximity to inpatient wards
- indoor and outdoor recreational areas
- three retail food outlets
- entertainment facilities
- a family resource centre and Aboriginal family lounge.

Outpatient clinics

Some outpatient clinics will commence on 24 October, before the final inpatient move and opening of the PCH Emergency Department on 20 November. Parents will be contacted three to four weeks before their child's appointment with clear advice of where to go and what to bring.

Want to hear about the latest PCH updates?

Would you like to stay up to date as we prepare to move PMH to the new PCH? Sign up to the PCH newsletter to hear about progress updates, what's new, community tours, special events and more <http://eepurl.com/b5uNdX> For more information, visit www.newchildrenshospital.health.wa.gov.au

New Pathways

The HealthPathways team have recently published a number of mental health and lifestyle pathways, taking the tally of live pathways to 134. Several of these pathways are particularly relevant to GPs treating perinatal patients; Perinatal Mental Health, Perinatal Mental Health Services, Medication for Depression and Anxiety (Pregnancy and Breastfeeding), and Mothers and Babies Practical Support.

Other recently published pathways include Supports for Depression and Anxiety, Underweight and Overweight Older Adults, Older Adults Exercise Programs, Nutrition Supplements, plus more Diabetes pathways.

To enable easy access to HealthPathways for GPs, a pathway detailing how to create a shortcut to HealthPathways in Medical Director has been published.

Clinical Stream Working Groups

The Autism working group was held on the 16th June at WAPHA. A broad range of health professionals – paediatricians, GPs, NGO researchers and psychiatrists – attended the working group. Changes to the NDIS, diagnostic tools and the multi-age nature of the condition were key discussion points.

HealthPathways are recruiting for GPs to participate in the following working groups:

- Genetics (August)
- Palliative Care (August)
- Gastroenterology – Endoscopy (August/September)
- Aged care (August/September)
- Neurology (August/September)

Working Group participants will discuss current issues specific to the Clinical Stream and potential solutions. They will also assist GP Clinical Editors in pathway development – GPs can earn CPD points for partaking in a Work Group.

In addition, any general concerns that GPs currently have such as long waiting times, issues regarding referral forms, etc. that may be of relevance to these Working Groups can be submitted to WAPHA to assist Working Group facilitation. Please email healthpathways@wapha.org.au if you wish to participate in the above Working Groups or to contribute to the Working Group discussion.

Regional Focus: Kimberley

The Kimberley presents some unique challenges in primary care. Geographical remoteness, a transient population and a higher level of disadvantage than other WA regions all contribute to an often challenging health landscape.

HealthPathways Clinical Leads Georgia Bolden and Dr Sue Jackson visited the Broome, Derby and Halls Creek in February. During a busy four days of engaging with a variety of

stakeholders, the HealthPathways team identified STI contact tracing, Ice (crystal methamphetamine) use and alcohol withdrawal as key areas in which pathways could be developed to assist primary care professionals.

In response to this, HealthPathways has prioritised the development of Sexual Health pathways; many pathways underwent consultation in early July and will be localised and published on HealthPathways by mid-August. An ice pathway is also currently in draft.

Service information regarding visiting specialists and mental health services were other top priorities for Kimberley primary care providers. The HealthPathways team is working closely with WACHS and the Mental Health team at WAPHA to map these services.

If you have any information about Kimberley services that would be useful to primary care practitioners in the region, please email timothy.glover@wapha.org.au

If you have any country WA service information that may be relevant to HealthPathways, please email healthpathways@wapha.org.au

What is HealthPathways?

HealthPathways WA is a web-based portal with information on referral and management pathways helping clinicians to navigate patients through the complex primary, community and acute health care system in Western Australia.

HealthPathways WA is designed to be used at the point of care by general practitioners and is a free resource for all users. WAPHA and WA Department of Health work in partnership to ensure that information on HealthPathways is up-to-date, specific and localised to the unique WA health landscape.

To access HealthPathways, contact your PHN Network Support Officer or email healthpathways@wapha.org.au to request log-in details. For more information about HealthPathways visit the HealthPathways Project Management website at waproject.healthpathways.org.au

DIGITAL HEALTH

Opt Out Trial: Results consistent with international experience

Over 970,000 records have recently been created for My Health Record as just 1.9 per cent of the population inside the two opt-out trial boundaries say no to a record.

The hugely positive results from the Queensland and New South Wales trial zones bring the national total to 3.8 million.

In Western Australia the state has surpassed the 10 per cent population milestone with more than 11 per cent of people now registered for My Health Record, a 2 per cent increase from March this year.

The sudden surge is thanks to many general practices assisting their patients to register for the system to help meet their ePIP requirements. Should this continue, registrations should hit more than 350,000 by the end of the year, approximately 13 per cent of the state population.

Young children continue to be the highest proportion of consumers registered for the system with parents provided with the option to register their child at birth. Parents too are keen to register their kids as a way of keeping track of all of their health information in one place.

WAPHA continues to support general practices with their involvement with the My Health Record system. A number of resources are now available including brochures, posters, counter tents and more to help spread the word.

These resources are available to download from the WAPHA website or a supply can be sent to your practice by contacting the Digital Team on 6272 4960.

National Health Service Directory now includes My Health Record

The National Health Service Directory (NHSD) now includes a filter tag for My Health Record that allows consumers to search for services who are using the system.

Consumers are also able to search for pharmacies, hospital services, allied health and other service providers using My Health Record as well as other digital health initiatives including telehealth.

Practices are highly encouraged to check their listing in the NHSD and update any details where needed. Practices not listed can register for free via the website nhsd.com.au

ABORIGINAL HEALTH

Flu and Whooping Cough Vaccination in Pregnant Aboriginal Mums and Their Children

In 2015, the WA Health Department Prevention Control Program conducted a telephone survey of flu and whooping cough vaccination in pregnant Aboriginal mothers and their children. 100 Aboriginal mothers aged 18-43 years responded to the survey.

- 48 per cent of women reported having the influenza vaccine recommended for their children with 40 per cent of children receiving the vaccine.

Reasons why mothers did not get vaccinated

- I wasn't recommended it
- I was worried about the effects on the baby

Reasons why mothers did get vaccinated

- The doctor/midwife recommended it
- To protect the baby
- I was worried about getting sick

- 62 per cent of women reported having the pertussis vaccine recommended with 60 per cent receiving the vaccine.
- 65 per cent of women reported having the influenza vaccine recommended with 56 per cent receiving the vaccine.
- 88 per cent of mothers who were not vaccinated for pertussis reported they would have been vaccinated if a health care provider had recommended it.

- 53 per cent of mothers who were not vaccinated for influenza reported they would have been vaccinated if a healthcare provider had recommended it.
- Health care provider recommendation is the strongest influence on whether or not Aboriginal women are vaccinated in pregnancy.

CLINICAL UPDATE

PneumoSmart Tool

The tool has been developed and designed for appropriate pneumococcal vaccination of adults and children in Australia based on the funded National Immunisation Program (NIP) scheduled vaccines and PBS funded and unfunded pneumococcal vaccination recommendations for individuals with Category A or Category B medical risk factors.

The tool does not accommodate catch-up pneumococcal immunisations for children less than 5 years of age. Appropriate catch-up vaccines should be offered as recommended:

- in the Australian Immunisation Handbook, 10th Edition 2013 Tables 2.1.9, 2.1.10, 2.1.11 pgs: 56 – 60. ([Handbook link](#))
- as per the Immunisation Calculator

To view/use the tool to assist in decision making visit pneumosmart.org.au and click Vaccine tool under the clinicians tab.

Healthy Living after Cancer Program

Healthy Living after Cancer is a free telephone coaching program offered by Cancer Council WA. It is suitable for adults (18 years and over) who have finished cancer treatment and would like support to be more active and eat more healthily. Cancer Council's **13 11 20** Nurses work with participants to help them set and work towards meeting their healthy lifestyle goals.

The program runs over a six month period and is delivered entirely by telephone. It is available to people wherever they live in WA. The program is funded by the National Health and Medical Research Council.

Who can take part?

- People who would like support to make lifestyle changes,
- are willing to make the six month commitment to the program, and
- are able to safely take part in unsupervised physical activity.

The program is designed for people who have completed surgery, chemotherapy or radiotherapy for any type of cancer. Those who are having hormonal treatment or Herceptin can also take part.

For more information, please call the Cancer Nurses on **13 11 20**, or visit Cancer Council's website: cancerwa.asn.au

Australian STI Management Guidelines for Use in Primary Care

The guidelines aim to provide general practitioners, nurses, and other primary care health workers with clear, concise and convenient access to everything they need to know while a patient is in front of them. They are available at sti.guidelines.org.au

This is a web-based resource that will be highly useful for practitioners who may not deal exclusively with sexual health, but need to make confident management decisions.

It also contains useful links and resources, such as an STI Testing tool, taking a sexual history and contact tracing, as well as patient fact sheets.

It is designed to be a fast and accurate way for nurses and doctors to identify an STI from the symptoms, to find out the current clinical management recommendations for an STI diagnosis, and to know what to test for in an individual from a particular population group.

It consists of three sections, management of STI by condition or by syndromes, testing guidance for population groups and situations.

The Guidelines were developed by the Australasian Sexual Health Alliance, a committee of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), with funding provided by the Australian Government Department of Health.





Researchers are seeking volunteer research participants to learn about the role of after-hours doctors in providing palliative care for patients in residential aged care homes and the community.

Looking for After Hours Doctors providing Palliative Care in RACFs and the Community

We are researchers at The University of New South Wales and the University of Western Australia who are seeking volunteer research participants to learn about **role of after-hours doctors in providing palliative care for patients in residential aged care homes and the community.**

Would the research project be a good fit for me?

The study might be a good fit for you if:

- You are a GP, nursing home manager or after-hours doctor;
- You are working in NSW or Western Australia; and
- You are 18 years of age or older.

What would happen if I took part in the research project?

If you decide to take part you would complete a brief **anonymous** online questionnaire exploring your experiences in either working with after-hours doctors to provide palliative care in the community, or if you are an after-hours doctor then your experiences of caring for patients with palliative care needs in the community.

Will I be paid to take part in the research project?

There are no additional costs associated with participation in this research project, nor will you or the participant be paid.

To complete the online questionnaire, please visit http://tiny.cc/uns_w_after-hours_survey

If you would like more information or have any questions please contact:

Name: Dr Joel Rhee
Email: j.rhee@unsw.edu.au
Phone: 02 9385 3502

Name: Dr Craig Sinclair
Email: craig.sinclair@rcswa.edu.au
Phone: 08 9842 0829

Calling all infant feeding specialists

Do you specialise in, and are you confident in assisting clients with feeding issues relating to lactation, introduction to solids difficulties and growth faltering?

If the answer is yes, please let us know.

We are developing a register of General Practitioners, for Community Health Nurses to refer clients to when presented with feeding issues outside their scope.

Please email Megan.Knuckey@health.wa.gov.au by 12th August 2016, to be added to our community health infant feeding register.

GP supervisors wanted

If you have a passion for education and a desire to share your GP skills with the future GP workforce, then becoming a GP trainer can be a very rewarding experience. It provides you with the chance to up-skill as an educator, keep abreast of innovations in the field, and creates an atmosphere of teaching and learning across the entire practice.

For more information email accreditationteam@wagpet.com.au or visit wagpet.com.au



EDUCATION

Free Viral Hepatitis Education Webinars for Health Practitioners

ASHM has a number of FREE Webinars running for general practitioners, nurses and other health practitioners all around Australia.

For a full list of upcoming ASHM courses on viral hepatitis, visit ashm.org.au/HBV/training and ashm.org.au/HCV/training

If you have any problems logging on, please contact Natalie Husking or May Wang at education@ashm.org.au or call us on 02 8204 0700.

All webinars in this series are uploaded to vimeo.com/ashm

Hepatitis C Webinar Series Recommendations for treating hepatitis C in people who inject drugs

Presented by Professor Gregory Dore

Date: Tues 30 August

Time: 6:30 – 7:30 pm (AEST)

To register contact

Lucie.Perrissel@ashm.org.au

Hepatitis C in prisons

Presented by Professor Andrew Lloyd

Date: Tues 20 September

Time: 6:30 – 7:30 pm (AEST)

To register contact

Lucie.Perrissel@ashm.org.au

Hepatitis C and Liver Health

Presented by Dr Thao Lam

Date: TBC October

Time: 6:30 – 7:30 pm (AEST)

To register contact

Lucie.Perrissel@ashm.org.au

Hepatitis B Webinar Series Fundamentals of Hepatitis B (Part 1)

Presented by Dr Krispin Hajkowitz

Topics include:

- Overview and transmission
- testing
- interpreting
- test results
- vaccinations.

Date: Tues 5 July

Time: 6:00 – 6:30pm (AEST)

To register contact

Natalie.Huska@ashm.org.au

Fundamentals of Hepatitis B (Part 2)

Presented by Dr Krispin Hajkowitz

Topics include:

- Natural history
- initial assessment
- treatment & monitoring.

Date: Tues 16 August

Time: 6:00 – 6:30pm (AEST)

To register contact

Lucie.Perrissel@ashm.org.au

St John of God (North Metro) Education Series

To register for any of these events please contact:

Elise Bertoncini –

Doctor Marketing Coordinator

St John of God Subiaco, Mt Lawley and Midland Hospitals

Email: Elise.Bertoncini@sjog.org.au

Phone: 9382 6127

Obstetrics and Neonatology Speakers

Dr Richard Murphy

Dr Michael Allen

Dr Fred Busch

Dr Stephen Lee

Dr Farhat Hussain

Dr Jo Colvin

Date: Saturday 20 August 2016

Time: 8:00am – 3:30pm

Location: SJG Subiaco Hospital

This event earns 40 category 1 points.

Cardiology

Date: Tuesday 6 September 2016

Time: 6:30pm – 9:00pm

Location: SJG Midland Public and Private Hospitals

This event earns 4 category 2 points.

Orthopaedics

Speakers

Mr Gavin Clark

Mr Dermot Collopy

Mr Sani Erak

Date: Tuesday 20 September 2016

Time: 6:30pm – 9:00pm

Location: SJG Subiaco Hospital

This event earns 4 category 2 points.

St John of God (Murdoch) Education Series

Heart Health – Presented by Perth Cardiovascular Institute

Date: Saturday 13 August 2016

Time: 8:00am Registration
8:30am – 4:00pm Presentations and workshops

Topics:

- NOACS & Warfarin
- Right investigation for the right symptoms
- Latest treatment and management options: Common Arrhythmias, Heart Failure, Ischemic Heart Disease
- ECG interpretation (BYO ECG)
- Simulated cardiac emergencies
- Case analysis (small group discussion)

CPD Points: 40 Category 1 CPD points as endorsed by the RACGP

Bone Crunching – Presented by Orthopaedics WA

Date: Wednesday 24 August 2016

Time: 6.30pm Registration and Dinner
7:00pm – 9:00pm Presentations and workshops

Topics:

- Management of ACL Injuries
- Young Adult Hip Disease
- Management of Rotator Cuff Injuries
- Non-Operative Management of Knee OA
- Patella Instability

CPD Points: 4 Category 2 CPD points as endorsed by the RACGP

Event Details

Venue:

St John of God Murdoch Hospital, Function Room 1 & 2, MURTEC

Parking:

Free onsite parking, enter via Gate 3 (off Fiona Wood Road)

Cost:

No charge – these events are sponsored

To register for any of these events:

Please email your name, practice name, RACGP#, email address or mobile number and any special dietary requirements to gpeducation.murdoch@sjog.org.au or phone 9438 9975.

Conferences

Australian Menopause Society 20th Congress

18th to 20th of November 2016 at the Esplanade Hotel in Fremantle

The Australian Menopause 20th Congress will be a landmark event and is being built around the theme of “Menopause – Riding the Wave”. Pick up the latest on bones – how to assess fracture risk, what to use, what to avoid, when to start, when to stop, skin conditions of ageing, plastic surgery, useful tools for your practice. Discuss difficult cases, and learn all the latest from the literature and the clinical trials.

For more information regarding the event please visit the website – promaco.com.au/ams2016

Australian Indigenous Doctor's Association 2016 Conference A journey of strength and resilience

Cairns 14-17 September

AIDA 2016 will be an opportunity to bring together our members, guests, speakers and partners from across the sector to recharge and reflect on the importance of strength and resilience in continuing to grow the number of Aboriginal and Torres Strait Islander medical students, doctors, medical academics and specialists.

For more information visit: aida.org.au/aida2016

Rural Medicine Australia 2016

Registrations are now open for Rural Medicine Australia 2016, the annual conference and scientific forum of the Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDAA).

The event is to be held from Thursday 20 to Saturday 22 October 2016 at the National Convention Centre, Canberra, ACT.

Pre and post conference full day clinical workshops are offered in affiliation with the event.

To register visit acrrm.org.au

For any questions regarding the registrations or your attendance

at conference, please contact the conference team at ACRRM on 07 3105 8200 or on rmaconference@acrrm.org.au



Canberra, 20-22 October 2016



Australian Government

WAPHA disclaimer

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