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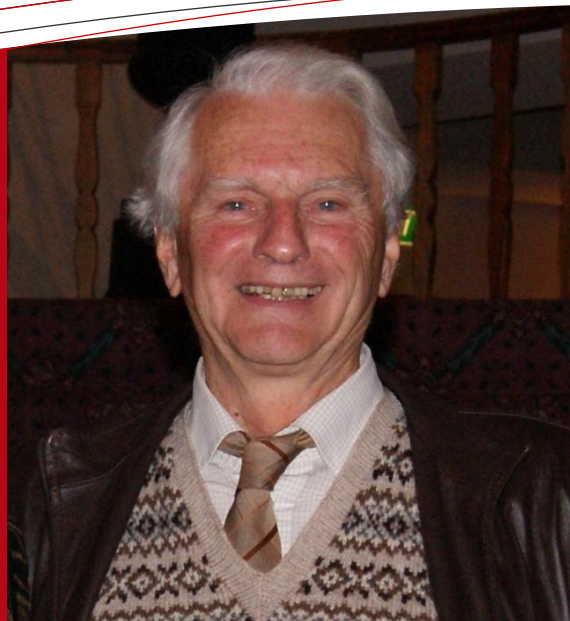
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ISSUE

28

APRIL  
2011



## Port Sorell GP Retires after 51 Years Service

Port Sorell Medical Practice have bid farewell to Dr John Gale, retiring after 51 years of medical practice on the North West Coast.

Dr Gale opened the Ulverstone surgery in 1960, and made his 'first' retirement from Victoria Street Clinic, Ulverstone in 1998.

Soon after, Dr Gale was back working part-time as a GP at Shearwater, before setting up the Port Sorell Medical Centre where he said his goodbyes to patients and staff earlier this month.

"I enjoy medicine, I feel good doing good work and knowing I am helping people", as quoted in a recent interview with The Advocate newspaper, reflecting on his long and satisfying life as a GP.

From the Board and Staff at General Practice North West, we would like to congratulate Dr Gale on his long and successful career, and best wishes for a wonderful retirement.

### A DATE FOR YOUR DIARY

#### GPNW Annual Weekend Education Event Tall Timbers Smithton 25<sup>th</sup> & 26<sup>th</sup> June 2011

**Topic:** Dynamic Diabetes Management for General Practice  
"Great Management - Great Outcomes"

**Keynote Speakers:** Dr Sean Tolhurst, Consultant Physician Respiratory and Sleep Medicine  
Dr Roland McCallum, Endocrinologist

**Guest Speakers:** Mr Dave Beard - Exercise Physiologist, Heather Bridgman -  
Diabetes Psychologist, Nick Denniston - Dietician

**Contact:** Gaye Aitken [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or 6425 0800

**RSVP Friday 20<sup>th</sup> May 2011**

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# A Medicare Local Network for Tasmania

A key component of the Australian Government's National Health Reforms is the establishment of a new nation-wide network of Medicare Locals to be locally responsive, to address local needs, to improve access to services and to drive integration across the health care system.

## What are Medicare Locals?

Medicare Locals will have a number of key roles in improving primary health care services for local communities.

- They will make it easier for patients to access the services they need, by linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up to date local service directories.
- They will work closely with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients.
- They will plan and support local after hours face-to-face GP services.
- They will identify where local communities are missing out on services they might need and coordinate services to address those gaps.
- They will support local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards.
- They will be accountable to local communities to make sure the services are effective and of high quality.

## Invitation to Apply to establish a Medicare Local

General Practice Tasmania Network 'has applied to the Australian Government Department of Health and Ageing, to one of the first 15 "early adopter" Medicare Locals which will be established from 1 July 2011. Throughout the application process consultation with key stakeholders has occurred.

Approximately 15 Medicare Locals will commence in July 2011. A further 15 will commence in January 2012, with the remainder starting in July 2012.

## The Tasmanian Medicare Local Model

The model has been designed to:

- preserve regional presence building on the partnerships, experience and knowledge established with general practice to encompass the primary health care sector more broadly
- align with the boundaries of the Local Hospital Networks to ensure a collaborative and locally driven approach to health care delivery
- streamline the core Medicare Local services expected by the Commonwealth across Tasmania but preserves the independence of the regional primary care organisations to work with local service delivery providers.

A diagram of the proposed Medicare Local Network interactions and relationships is attached to this communiqué along with a descriptive overview.

Tasmania's Medicare Local Network will be constituted of four organisations evolving from the current Divisions of General Practice. Each of these organisations will be expected to make changes in relation to:

- mechanisms for stakeholder, community and consumer consultation and engagement
- expanded membership to represent the scope of the primary care sector
- governance.

These changes will be managed on a transitional basis. If Tasmania's Medicare Local application is successful then it is envisaged that the roles and implementation of the Primary Care Networks will evolve over a 12 to 18 month period.

## Further information

Stakeholders are vital to the success of a Medicare Local Network in Tasmania and your questions, comments, and feedback are welcome at any stage.

For further information or to provide feedback please contact: Elvie Hales at GPNW on 6425 0800 or email [ehales@gpnw.com.au](mailto:ehales@gpnw.com.au)

## Divisions – “The Next Evolution”





# New Doctor Program

## Enrolments for RACGP Fellowship Examination

RACGP enrolment intakes for 2011.2 and 2012.1 exams will commence at 9.00 am (AEDT) on Monday 21 March 2011 and close at 5.00 pm (AEST) on Friday 13 May 2011.

Intending practice eligible applicants who require recognition of their overseas and/or Australian general practice experience must have their application for recognition of general practice postmarked by Friday 1 April 2011 to be considered for enrolment during this exam enrolment period. Evidence of successful completion of cardiopulmonary resuscitation (CPR) must be dated no more than 36 months before the enrolment opening date.

For instructions from the Australian Health Practitioner Regulation Agency (AHPRA) regarding current medical registration visit [www.ahpra.gov.au](http://www.ahpra.gov.au). If your name appears on the AHPRA website, you will be considered to be registered.

Registrars who will have completed the required training units after the close of enrolments (13 May 2011), or who have completed training units after the AKT and KFP exams (23 July 2011), may enrol for the exams, but the College must receive a Training Statement signed by the Senior Medical Educator by 12 August 2011 stating that active training units were completed before 7 August. For more exam enrolment and assessment information visit [www.racgp.org.au/news/41381](http://www.racgp.org.au/news/41381)

# Practice Accreditation

## Education Session: RACGP 4<sup>th</sup> Edition Standards for General Practice

The RACGP is offering free education sessions about the new features of the RACGP Standards for general practices (4th edition).

The education sessions will be held via teleconference on Monday 4 April (8.00 pm AEST); Thursday 14 April

(3.00 pm AEST); and Monday 18 April (8.00 pm AEST). To participate telephone 1800 173 224 then enter PIN 460 015#.

There is no need to register, simply phone into the session and enter the pin. All the sessions are the same, various options to suit everyone.

For more information or for a copy of the presentation please email [standards@racgp.org.au](mailto:standards@racgp.org.au).

# Implanon NXT\*

GPNW have been advised Implanon NXT is being released mid year, possibly July.

GPNW in conjunction with Family Planning Tasmania (Burnie) and MSD will be organising face-to-face training for the new device in the coming months. Dr Miranda Hudson, Family Planning Burnie, is now fully MSD strongly recommends all Implanon NXT users complete the training program. You will need to check your individual requirements with your own Medical Insurer.

qualified to provide face-to-face training for local Doctors, including GPs.

There are a range of training options to support you in transition from Implanon to Implanon NXT. You can choose one that meets your needs:

If you have completed Implanon training in the past MSD recommends any one of the three options.

If you have not completed Implanon training in the past MSD recommends you choose Option 3 as opposed to Option 1 or 2.

OPTION 1:	OPTION 2:	OPTION 3:
<p>1. Online education modules (one hour duration) completed in your own time; to register visit <a href="http://www.msdonline.com.au/nxt">www.msdonline.com.au/nxt</a></p> <p>2. Complete a 45 minute practical face-to-face training session; these sessions will be organised by GPNW – dates/times to be advised.</p>	<p>1. Online education modules (1.5 hour duration) completed at a specific time via a live webinar; to register visit <a href="http://www.msdonline.com.au/nxt-1.5">www.msdonline.com.au/nxt-1.5</a></p> <p>2. Complete a 45 minute practical face-to-face training session; these sessions will be organised by GPNW – dates/times to be advised</p>	<p>1. Attend a 2.5 hour face-to-face training session that includes education <b>PLUS</b> practical training; these sessions will be organised by GPNW – dates/times to be advised.</p>



# Nursing in General Practice (niGp)

## Nursing and Allied Health Scholarship and Support Scheme: Continuing Professional Development including Nurse Re-entry

### Overview

The Nursing and Allied Health Scholarship and Support Scheme: Continuing Professional Development (NAHSSS CPD) is funded by Australian Government Department of Health and Ageing. The scheme is an Australian Government initiative supporting nurses and midwives to undertake continuing professional education activities, short courses and conferences. Please note that NAHSSS CPD has consolidated the following scholarships: Nurse Scholarship Program: Continuing Professional Education for Rural and Remote Nurses, Practice Nurse Continuing Professional Development Scholarships and Nurse Scholarship Program: Nurse Re-entry.

**Application dates:** This scheme is **now open** and closes **8 April 2011**. The application will not be accessible after 5.00pm AEST on the closing date, **8 April 2011**.

**For further information Please go to:**

<http://www.rcna.org.au/scholarships/nahssscpd>

### Overview of AHPRA Presentation

Saz Newbery the Professional Officer - Nursing and Midwifery from AHPRA (Australian Health Practitioner Regulation Agency) delivered a presentation to 25 practice nurses.

Saz explained the difference between Nursing and Midwifery Board of Australia (NMWBA) and AHPRA.

NMWBA –

- Set national standards, codes and guidelines for profession
- Determine requirements for registration and register health practitioners who meet the requirements
- Approve accredited programs of study
- Oversee assessment of overseas trained practitioners
- Oversee Receipt and follow-up of notifications on health, performance and conduct
- Maintain registers (with Agency)

Visit NMWBA Codes and Guidelines:

<http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx>

### AHPRA

- Assisting and Supporting Boards to exercise functions through technical, administrative and secretariat services
- Establishing and administering procedures for registration and investigation of complaints and notifications
- Maintaining registers (with Boards)

- Provide advise to Ministerial Council

### Competency

NMWBA have adopted the ANMC (Australian Nursing & Midwifery Council) competencies ANMC competency can be found on the NMWBA website. But previous NBT (Nursing Board Tasmania) standards including Medication Management for Nursing and Midwives have been rescinded; these standards have been adopted by DHHS as an organisation and could be adopted by individual Practices.

Other competency standards to keep an eye out for are the ANF Competency standards for General Practice [http://www.anf.org.au/nurses\\_gp](http://www.anf.org.au/nurses_gp) although these competency standards are not enforced these have been written specifically for General Practice Nurses as a recommendation not a requirement.

### Professional Indemnity Insurance

Must declare that appropriate PII arrangements are, or will be in place for each context in which they practise. PII must secure for the practitioner insurance from civil liability by, or loss arising from a negligent act, error or omission on the conduct of the practitioner.

Practice Nurses don't require individual PII as long as you are included in the practice PII, it is up to you as nurses to check on this, if you are unsure if the practice PII will cover you seek legal advice.

### Renewal

Check your registration expiry date, if you have received a letter/email recently from AHPRA go to: <http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx> you will be able to put your detail in (less is the best, first name and surname) click search. You will then be able to click on *view details* and check your registration expiry date.

### Continuing Professional Development (CPD)

Mandatory 20 Hours of CPD. A key message from the evening was develop a learning plan, this can be from your yearly performance appraisal, when you have the opportunity to meet with your Practice Manager, Practice Principals or Senior Nurse Manager and discuss your future education needs etc.

GPNW have a Practice Nurse CPD Portfolio booklet that can be made available to nurses.

For further information on CPD please see FAQ and Factsheets.

<http://www.nursingmidwiferyboard.gov.au/FAQ-and-Fact-Sheets.aspx>



## Immunisation

### **HPV Vaccination can be provided in General Practice - for the eligible cohort**

The Human Papillomavirus (HPV) vaccination program aims to prevent girls and women getting cervical cancer by protecting them from the HPV, which causes most cervical cancers.

HPV infection is a factor in the development of 99.7% of cases of cervical cancer and the HPV vaccine is effective against the two strains of HPV that cause approximately 70% of cervical cancer.

Whilst the catch-up program for older women has now ceased, the vaccine is provided free for 12 and 13 year old girls as part of the National Immunisation Program (NIP) and is usually offered as part of the school based immunisation program, which is undertaken by Local Government.

Whilst the HPV vaccine is mostly provided through school programs, eligible girls can receive the vaccine through their general practice. General practices can order the HPV vaccine from the Communicable Diseases Prevention Unit in the same way that they order all other vaccines which are provided free of charge under the NIP.

For any questions about the ordering or delivery of this or any other vaccination contact the Communicable Disease Prevention Unit at The Department of Health and Human Services 1800 671 738.

### **Immunisation before, during and after pregnancy**

There are many vaccine preventable diseases that can cause serious illness in a pregnant women, her unborn child and new baby.

Immunisation before, during and after pregnancy can protect against these diseases – so check that patients planning pregnancy have their vaccinations up to date.

#### **Before pregnancy**

It is recommended that parents have immunity against whooping cough, measles, mumps, rubella, chicken pox, influenza, and in some cases, pneumococcal disease.

#### **During pregnancy**

Influenza can cause serious illness and increase the risk of hospitalisation during pregnancy. **It is recommended that pregnant women have the influenza vaccine.**

#### **After pregnancy**

It is advisable to check with women after giving birth that their vaccinations are up to date. It is recommended that parents have immunity against whooping cough, measles, mumps, rubella, chicken pox, influenza and in some cases, pneumococcal disease.

#### **What about fathers, grandparents and others who care for your baby?**

Whooping cough and influenza immunisation is strongly recommended for these people to reduce the potential for transmission to mother and baby. There may also be other vaccinations that can be recommended.

Reference: The Australian Immunisation Handbook 9<sup>th</sup> Edition

## Closing The Gap

Nearly 5500 people (a conservative estimate) in Tasmania's North West identify as being of Aboriginal or Torres Strait Islander origin – CTG can provide substantial benefits for these patients



### **Specialists to Prescribe Closing the Gap Scripts**

Patients that have been identified at a practice level as being eligible for the discounted Closing the Gap PBS Co-Payment scripts can now also receive the same savings on prescription medicines prescribed by their Specialists. Specialists can now also annotate their scripts so that their patient receives discounted prescriptions, as long as they have been identified as being eligible by the referring practice that has signed onto the Indigenous Health Incentive. This further increases potential savings for Aboriginal patients.

#### **GP Resource Kits Available**

Closing the Gap resources kits aimed at GP's have been released by the Department of Health and Ageing and can be found here:

[http://www.health.gov.au/internet/ctg/publishing.nsf/Content/publications/\\$file/A4-GP-Booklet-WEB.pdf](http://www.health.gov.au/internet/ctg/publishing.nsf/Content/publications/$file/A4-GP-Booklet-WEB.pdf)

For further information regarding Closing the Gap contact Lee Seymour [lseymour@gpnw.com.au](mailto:lseymour@gpnw.com.au)



# Business Improvement Service



- **EHEALTH INCENTIVE**
- **PRACTICE INCENTIVE PROGRAM**

Is your practice claiming the eHealth incentive under the Practice Incentive Program?

If you answered yes, do all of the GP workstations have at least 6 shortcuts to **current** electronic clinical resources on their desktop? This is part of the criteria that **must be** met to receive the PIP payment. The guidelines can be obtained from: [www.medicareaustralia.gov.au/provider/incentives/pip/files/2709-7-eh-guidelines.pdf](http://www.medicareaustralia.gov.au/provider/incentives/pip/files/2709-7-eh-guidelines.pdf)

The practice must provide practice GPs with access to:

- at least **one** key electronic clinical resource from **each** of the categories in **Table 1** below (total of at least 3 resources)
- at least **three** resources from **any** of the categories in **Table 2** below (total of at least 3 resources).

**Table 1: key electronic clinical resources (at least one from each category)**

Category	Examples
Concise, evidence-based guide to recommendations about patient management that covers all common disorders seen in general practice (latest edition)	e-Therapeutic Guidelines Complete
Formulary of medicines available in Australia that provides comparative drug information reflective of contemporary Australian general practice and is independent of pharmaceutical company involvement (latest edition)	Australian Medicines Handbook
Evidence-based guide to preventive activities in general practice which is relevant to the Australian population (latest edition)	RACGP: Guidelines for Preventive Activities in General Practice (known as the Red Book)

**Table 2: other electronic clinical resources (at least three from any category)**

Category	Examples
Journal of evidence-based clinical care	Bandolier; Clinical Evidence
Clinical resources (latest editions)	Immunisation: Myths and Realities; The Australian Immunisation Handbook; Assessing Fitness to Drive
Regulatory resources (latest editions)	Medicare Benefits Schedule (MBS); Pharmaceutical Benefits Schedule (PBS)

If you have any questions or you would like some assistance with this please contact either Andrew Jordan ([ajordan@gpnw.com.au](mailto:ajordan@gpnw.com.au)) or Judith Wyllie-Smith ([jwyllie-smith@gpnw.com.au](mailto:jwyllie-smith@gpnw.com.au)) or Ph. 64250800.

## Medical Software Templates Available

Visit GPNW's website for regular additions of medical templates for your practice software

<http://www.gpnw.com.au/useful-links.html>

### Templates recently added

- Gabapentin Prescription Request
- NWAHS Temporary Gabapentin Request Form
- NWAHS Orthopaedic Referral
- NWAHS Public Direct Access Endoscopy Service Referral v1.1
- Aboriginal & Torres Strait Islander Health Check Templates



# E-Health Program

## GP e-health summary

The RACGP is working closely with the National e-Health Transition Authority (NEHTA) to further define the core elements of the GP health summary and its application in an electronic health record. This will provide clinicians with key health information when providing care.

Health information obtained through an accurate and current health summary will ensure safe and high quality care is delivered through access to the e-health summary in an electronic health record. Software specifications need to be developed to ensure the design is technically robust. The RACGP has established a group of GPs to work with NEHTA to ensure that electronic health records are integral to the management of patient care and the treatment of patients across the health sector. Below are some links to some General Practice Fact Sheets containing RACGP Standards for general practices (4th edition), criterion 1.7.2: health summaries. These PDF documents cover;

- The position statement
- Allergies and adverse reactions
- Health risk factors
- Immunisations
- Medicines list
- Relevant Family History
- Social history

## Position statement

[http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/PositionStatement\\_GPeHS.pdf](http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/PositionStatement_GPeHS.pdf)

## Allergies and adverse reactions

<http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/Fact-sheet-allergies-and-adverse-reactions.pdf>

## Health risk factor

<http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/Fact-sheet-health-risk-factors.pdf>

## Immunisations

<http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/Fact-sheet-immunisations.pdf>

## Medicines list

<http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/Fact-sheet-medicines-list.pdf>

## Relevant Family History

<http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/Fact-sheet-relevant-family-history.pdf>

## Social history

<http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/ehealth/GPehealthsummary/Fact-sheet-social-history.pdf>

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## GPNW: Ulverstone Office

Level 1, Alexandra Road, Ulverstone





## NPS: Better Choices, Better Health

### Use of CV Risk Assessments Must Increase to Combat Rise in Cardiovascular Disease

Cardiovascular disease is the single largest cause of death in Australia.

**It affects 1 in 6 people – a figure expected to increase to 1 in 4 by 2050. More than half of Australians aged over 25 have cholesterol levels considered to be high.**

The next NPS education program 'CVD risk: guiding lipid management' encourages early assessment of people's cardiovascular risk to identify those who may need to commence preventative therapies.

Overall CV risk assessment allows treatment to be directed to those at highest risk and who are likely to receive the greatest benefit from therapy.

"There are many Australians whose CV risk has been underestimated or not assessed at all. Using a CV risk assessment tool has been shown to be more accurate at predicting absolute risk than clinical judgment alone," NPS clinical adviser, Danielle Stowasser said.

#### NPS provides the following resources and activities for health professionals:

- NPS News (71): Managing lipids, reducing cardiovascular risk
- Prescribing Practice Review (53): Absolute CVD risk assessment: guiding lipid management
- GP and GP Registrar clinical e-audit
- Pharmacy Practice Review (audit)
- National case study
- One-on-one educational visits by NPS facilitators
- Small group discussions led by NPS facilitators (including case scenarios for GPs, pharmacists and nurses)

Cardiovascular disease costs to the health system are expected to reach \$11.5 billion this year. Lowering cholesterol is known to reduce total mortality and recurrent cardiovascular events in both men and women. Statins are the drug of choice for lowering blood LDL cholesterol, however before offering statin therapy for primary prevention, all other modifiable risk factors including lifestyle, should be addressed

#### The CVD risk: *guiding lipid management program promotes:*

- Early assessment of absolute cardiovascular risk
- Discussion of the benefits of lifestyle changes on cardiovascular risk
- Determining if a lipid lowering agent e.g. a statin is necessary for the patient
- Encouraging long term adherence to lifestyle changes and/or lipid lowering agents to reduce cardiovascular risk

Australian guidelines recommend assessing anyone aged over 45, and Aboriginal and Torres Strait Islanders aged over 35. Repeat assessments should be conducted every 2 years for people at low risk (to coincide with their blood pressure check); every 6-12 months for people at moderate risk; and judiciously for people at high risk.

*A consumer campaign encouraging people to discuss CV risk assessment with their doctor or pharmacist commences in April 2011.*

#### What's new for health professionals from NPS

Keep up to date with what's new in the Health Professionals section of our website. To keep up to date with everything new at NPS, go to [http://www.nps.org.au/health\\_professionals/whats\\_new](http://www.nps.org.au/health_professionals/whats_new)



# GPNW Diabetes Clinical Services

## Paperwork Required for Dietetics Referrals

Diabetes Tasmania are a registered provider with Medicare Australia. Patients who have a chronic (or terminal) medical condition that is being managed by their GP under both a GPMP and TCA), may be referred for up to five Allied Health Services each calendar year. The following paperwork is required before an appointment can be made with the Dietitian for these patients. For all other patients, only the referral is required.

- GPNW Dietetics Referral
- Chronic Disease Management Plan

- Team Care Arrangement
- Allied Health Services Referral Form (old EPC)

## Paperwork Required for Diabetes Referrals

GPNW does not currently access Medicare funding for the Diabetes service therefore the only referral paperwork required is:

- GPNW Diabetes Referral form

Contact: Dulcie Ryalls  [dryalls@gpnw.com.au](mailto:dryalls@gpnw.com.au)

## GP Psych Support



GP Psych Support offers free mental health patient management advice, from a psychiatrist, within 24 hours. This convenient service is available to GPs 24 hours a day, seven days a week, every day of the year.

GP Psych Support's psychiatrists are able to provide advice on all patient mental health issues. Common enquiries include: diagnosis; changes to medications and dosages; management; and referral options, in the areas of: perinatal; child and adolescent; drug and alcohol; general adult; and old age psychiatry.

GPs can submit a patient enquiry by telephone (1800 200 588), facsimile (1800 012 422) or using the [secure website](#), and a psychiatrist will respond to their enquiry within 24 hours. GPs also have the added flexibility of being able to select how the psychiatrist will respond to their enquiry (phone, fax or webmail) and if selecting phone, a particular time that they will

be available to discuss the enquiry, with the psychiatrist.

GPs need to register once to access the service; if you have already registered, however misplaced your login details you can request them by contacting the service on 1800 200 588.

For more information, to register, or to see example enquiries and resources please visit the website [www.psychsupport.com.au](http://www.psychsupport.com.au)

GP Psych Support:

- Visit [www.psychsupport.com.au](http://www.psychsupport.com.au)
- Telephone: 1800 200 588
- Fax: 1800 012 422  
(use the faxback form downloadable on the website)

## What is Get Healthy?

### The Get Healthy Coaching & Information Service



- The Get Healthy Service is a free, telephone-based service that helps people make simple and sustainable changes relating to healthy eating, physical activity and achieving and maintaining a healthy weight
- Participants receive a detailed information kit and can elect to participate in a 6 month coaching program, with up to 10 telephone-based coaching sessions provided by trained health professionals
- The Service operates Monday to Friday between 8am and 8pm
- The Service is relevant to any adults who want to get healthier, and is especially important for anyone who has or is at risk of preventable chronic disease

#### How do people register?

**GPs and Practice Nurses** can refer patients directly to the Get Healthy Service using the general practice referral form, which can be downloaded [electronically](#) or in [PDF](#) from the Get Healthy website [www.gethealthy.tas.gov.au](http://www.gethealthy.tas.gov.au) (look under information for Health Professionals).

People can **self-refer** by contacting the service directly and registering for coaching via phone or email. A medical clearance may be required from their GP if they have underlying conditions.

Posters, brochures and cards for this preventive health service are available from Petrina Nettlefold. Phone 6222 7708, email: [petrina.nettlefold@dhhs.tas.gov.au](mailto:petrina.nettlefold@dhhs.tas.gov.au) or visit [www.gethealthy.tas.gov.au](http://www.gethealthy.tas.gov.au) for more information



# GPNW Upcoming Events

## All Practice Staff: Communication Workshop

### Facilitator:

**Mr Paul Campbell** – Psychologist, GPNW

Paul is highly qualified in this area and is sure to provide delegates with an interesting and interactive information session on this important topic that will benefit you both professionally and personally.

### Topics Covered:

- Grief counselling – skills to assist you to communicate with patients dealing with grief e.g. loss of a loved one, tragic accidents, diagnosed with a terminal or life threatening illness
- Phone etiquette
- Face to face patient contact
- Confidentiality in the workplace and beyond
- Communication within your work environment

### Dates/Venues:

Tuesday 3<sup>rd</sup> May  
Centenary Court  
Devonport Entertainment & Convention Centre  
145 – 151 Rooke Street  
Devonport

**or**

Thursday 5<sup>th</sup> May  
Bass & Flinders Room  
Burnie Arts & Function Centre  
Wilmot Street  
Burnie

### Time:

6.30pm – 6.45pm	Dinner
6.45pm – 9.00pm	Presentation
9.00pm	Evaluations

## Practice Nurses Events

### NiGP

### Practice Nurse Networking Meetings – Bi-monthly

All Practice Nurses are invited to attend these networking meetings and video link can be arranged to Queenstown, Rosebery, Smithton and King Island on request. Networking meeting start at 5.45pm with a light dinner at the GPNW Ulverstone – Boardroom, meeting/presentation will commence at 6.00pm.

#### June – Smoking Cessation (Tentative)

Tuesday 21<sup>st</sup> June

### Evening/Weekend Education Opportunities

#### May

#### Cancer Screening and Control Services

Tuesday 10<sup>th</sup> May (Flyer out)

Wrights Function Room,  
Beachway, Ulverstone

#### June

#### Information session on the changes to Practice Nurse Item numbers

(Flyer available soon)

Open to: GPs, Practice/Office Managers and Practice Nurses

Wednesday 1<sup>st</sup> June

KGs Function Room, River Arms, Ulverstone

#### Strengthening Nutrition in General Practice Update

(Flyer available soon)

For Practice Nurses that have completed the 3 x 3 hour workshops in previous years.

Monday 6<sup>th</sup> June,

GPNW Boardroom, Ulverstone

#### Orientation Program for Nurses new to General Practice

2 day Workshop, Joint event GPNW and GP North

Tuesday 21<sup>st</sup> and Wednesday 22<sup>nd</sup> June

Community Complex, Deloraine

#### GPNW Weekend Education Event

#### Topic: Diabetes

Saturday 25<sup>th</sup> – Sunday 26<sup>th</sup> June – Limited Places

(Packs available soon)

Tall Timbers, Smithton



## GENERAL PRACTICE NORTH WEST

gazette



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