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ISSUE

29

MAY
2011

Upcoming GPNW Events

Go to GPNW website:

<http://www.gpnw.com.au/events.php>

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Sally Cotterell Wins National Best Practice Award

Recently I was honoured with winning the Australian Practice Nurse Association's National Best Practice Award sponsored by CSL Biotherapies in the area of immunisation. This was presented to me in Sydney as part of their National Conference in March this year. Dr Bob Waugh, our GP, nominated me for the work I do part time at the Burnie Aboriginal Health Centre. I am a Child Health Nurse and Nurse Immuniser and I focus mainly on children's health checks and immunisations.

My passion for immunising the community has "rubbed off" on my colleagues; the Aboriginal Health Workers and Trainees, Counsellor, Pregnancy Support Workers and Health Promotions Worker all help to identify, remind and arrange appointments for clients due for immunisation.

Due to this team work we have gone from one of the lowest immunisation rates on the North West Coast to being one of the highest.

During the H1N1 immunisation campaign, the Burnie municipality achieved 23% of the community vaccinated against H1N1 whereas at the Centre we achieved 77% of the community vaccinated. We actively promote and provide pertussis boosters for all parents and grandparents of young babies.

The National Best Practice award comes with a \$5000 prize to be spent furthering my experiences in the field of immunisation. I have arranged to work for a week in June at the Danila Dilba Health Centre in Darwin and surrounding areas. My goal is to observe and work with another Aboriginal Community to gain further understanding of their local issues and solutions while assisting to administer an immunisation schedule different to our own.

I would like to publicly acknowledge Dr Bob Waugh and the staff at the Burnie Aboriginal Centre for their part in my winning this award.

Thank you.

**GPNW Annual Weekend Education Event
Tall Timbers Smithton
25th & 26th June 2011**

Information on CPD Requirements for GP Delegates pg.1



GPNW Annual Weekend Education Event

GP Delegates: CPD Information

GP delegates registered for the upcoming GPNW Weekend Education Event on the 25th and 26th June will soon receive information regarding the RACGP Category One ALM (40 points) for this event.

You will receive a letter outlining the RACGP requirements for you to qualify for the category one activity. If you choose not to complete all the components of the category one activity i.e. predisposing activity, attending all

education sessions and reinforcing activity, then category two points will apply i.e. two points per education hour. The choice is entirely yours.

If you would like to submit a late registration form, it will be accepted subject to Tall Timbers having accommodation rooms available.

If you have any questions relating to the event please contact Gaye Aitken at GPNE gaitken@gpnw.com.au or phone 6425 0800.

RACGP Fellowship Online Exams

Exciting new technology will deliver a more modern, user-friendly way for candidates to take the AKT and KFP exams.

The new RACGP Online Exam system will make taking your exams a much smoother process. It features an easy-to-use interface that delivers questions in a way that's easy to navigate, provides text and images with exceptional clarity, and has a unique "review" feature that eliminates many of the problems found in the old-fashioned, paper-based exams.

Secure, reliable and time-saving for everyone involved in exams for the FRACGP. The new technology that underpins the RACGP Online Exam system has been designed to comply with the highest levels of confidentiality, whilst providing both participants and

examiners with an efficient exam experience that delivers efficiency and time saving benefits for all.

Unfortunately there is a downside for North West Coast delegates; it will mean there is no longer the option of taking the exam locally; you will have to travel to Hobart. This is due to the strict criteria required for IT, and at present Hobart is the only option.

An online training cd is available at GPNW. To obtain a copy, contact Gaye on 64025 0800 or email gaitken@gpnw.com.au.

For further details contact Jacqui Quinn at RACGP (Tas) Facility, phone 6278 1644 or email jacqui.quinn@racgp.org.au or visit the website www.racgp.org.au/assessment/onlineexam

RACGP 4th Edition Standards Education Sessions

The RACGP is offering free education sessions about the new features of the 4th edition Standards. The education sessions will be held via teleconference on the following dates:

May 2011

Thursday 26 May (3pm AEST)

June 2011

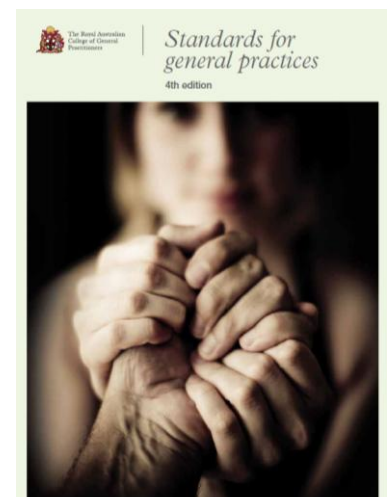
Thursday 9 June (3pm AEST)

Thursday 23 June (3pm AEST)

Monday 27 June (8pm AEST)

How to Participate

1. **Download** and print the presentation notes for the education session, available at [RACGP website](http://www.racgp.org.au)
2. **Dial** 1800 173 224
3. **Enter PIN** 460 015
4. If you require **assistance** to access the teleconference, contact customer service at Chorus Call on 1800 98 88 98





All Practice Staff Communication Workshop

The recent communication workshops held in Devonport and Burnie were very successful. A total of 118 practice staff attended both Devonport and Burnie Workshops.

GPNW would like to thank Paul Campbell for his willingness to give up his time to prepare for and facilitate the events; as an amazing amount of time and effort was taken, and it was very much appreciated.

The topics covered were:

- Grief counselling
- Phone etiquette
- Face to face patient contact
- Confidentiality in the workplace and beyond
- Communication within your work environment

Unfortunately the scope of the topics and the time taken to cover them all in one session meant question

and answer time was very limited. We sincerely apologise if you had questions that went unanswered.

After an assessment of the evaluations, we will endeavour to add a follow-up workshop to our future training calendar.

A copy of the presentation is located on GPNW's website under the Programs/Vocational Training/Presentations menu, or click on the following link, [Communication Workshop Presentation](#).

Alternatively, contact Gaye gaitken@gpnw.com.au, Bron bmclaren@gpnw.com.au, or Rebekah rsheahen@gpnw.com.au at GPNW, or phone GPNW 6425 0800 to arrange a copy of the presentation to be sent to you.



During the workshop, practice staff were each given a mirror and asked to make various faces, including the face they would like to be greeted with.

Practicing this expression will help you become more comfortable when using it all the time, or when appropriate.

eHealth

Tasmanian eHealth Directory has expanded

The Tasmanian eHealth Directory is a reliable and accurate provider directory that is being used by the Department of Health and Human Services to identify general practitioners and practices. The Directory facilitates the distribution of clinical communications from the states four major Hospitals.

The Directory has expanded significantly and now includes specialists, allied health providers and pharmacies all over Tasmania. To view the Directory visit our website www.tasehealth.com.au. This contains public contact information and has a service directory available for practices to use if they wish. If people need to know where and how to contact GPs,

specialists or allied health providers then this is where to find the information.

In conjunction with the Royal Hobart Hospital (RHH) Diabetes Centre the Directory has also been expanded to include public and private diabetes related service providers in the south of Tasmania. This enables general practitioners, diabetes health professionals and other health providers to easily access comprehensive and up to date information about diabetes services and providers.

The Directory will continue to expand across primary health creating a single, central and authoritative source of health providers' contact details, enabling the secure communication of patient information across Tasmania



Nursing in General Practice (NiGP)

Cancer Screening & Control Services Presentation

Overview by:

Vicky Duniam, Practice Nurse, Ulverstone Medical Services Pty Ltd

Thirteen practice nurses attended the presentation by Karen Forster from The Cancer Screening and Control Services on Tuesday 10th May. Vicky provides you with an overview of the presentation below.



The Cancer Screening & Control Services at DHHS runs three programs

- BreastScreen Australia
- National Cervical Screening Program
- National Bowel Cancer Screening Program

BreastScreen Australia

Breast Cancer is the 3rd biggest killer of women in Tasmania from cancer related diseases. Over 300 Tasmanian women develop breast cancer and about 80 will die each year. Regular mammograms can detect breast cancers before they are felt and early detection gives the best chance of successful treatment.

BreastScreen is a free screening and assessment service for asymptomatic women over 40 years of age with the target group 50-69 years.

How Can We Help

Recommend that women over 40 attend BreastScreen Tasmania for a mammogram.

Encourage women to practice breast awareness

Talk to women about having a clinical examination annually.

Encourage healthy lifestyle- avoid alcohol, tobacco, get regular exercises and have a healthy diet.

Give out available resources to clients.

National Bowel Cancer Screening Program

The National Bowel Cancer Screening Program commenced in Australia in 2006 and 2008 in Tasmania. The program is aimed to raise awareness of bowel cancer and the importance of screening. Approx 80 Australians die from bowel cancer each week. Fewer than 40% of bowel cancers are detected early. At this time only people aged 50, 55 and 65 are being sent FOBT kits to participate in NBCSP. According to the NHMRC 66 to 75 % of bowel cases could be prevented by eating a healthy diet and exercising regularly. Guidelines for best practice recommend organised screening of asymptomatic

individuals with FOBT should be performed at least every 2two years for people aged over 50 years.

How Can We Help

Encourage 50, 55 & 60 year olds to participate in the NBCSP.

Encourage healthy lifestyle- avoid alcohol, tobacco, get regular exercise & have a healthy diet.

Give out information.

National Cervical Screening Program

Cervical Cancer is one of the most preventable of all cancers. Currently cervical cancer is the 18th most common cause of cancer mortality in Australia. Before the cervical Screening Program began in `1991 cervical cancer was the 8th most common cause of cancer mortality. Almost all cervical cancer deaths can be directly attributed to the womens failure to undergo regular screening.

The risk of cervical cancer increases with age and regular screening is the only method of prevention and early detection. The number of cases of cervical cancer continues to decline and with the introduction of the HPV immunisation this will continue.

What Can We Do

Encourage all sexually active women over the age of 18 to have a pap smear every two years.

Talk to women about the Tasmanian Cervical Screening Register, the register is required to record the results of cervical cancer tests- pap smears, biopsies and HPV tests, follow up for women with abnormalities and reminder for overdue screening. Practices are encouraged to still have a recall /reminder system in place.

Encourage healthy lifestyle- avoid alcohol, tobacco, get regular exercise & have a healthy diet.

Give out information.

For further information and resources please visit

http://www.dhhs.tas.gov.au/cancerscreening/info_for_gps



Immunisation

Recording of data on software and transmitting to ACIR

Influenza Vaccine

DoHA has recently added influenza vaccine to the list of vaccines recorded on the Australian Childhood Immunisation Register (ACIR) database.

We are all aware of the ease with which we say “flu vax” as a generic term and unfortunately for busy practices it is also easy to hit this button or write this on a form instead of the correct brand name. The CSL Fluvax® is **not registered for use in children under 5 years of age**, due to concerns with the increased risk of febrile convulsions experienced last season, and is not recommended for children 5 -9 years of age unless either Influxac or Vaxigrip are unavailable. The Sanofi Pasteur Intanza® is not registered for use under 18 years.

ACIR are reporting instances where providers are entering “Fluvax®” instead of the correctly given vaccine. This has happened all around the country and has been followed up by ACIR in quite a few cases to verify that it is actually a data entry issue and not an incorrect vaccination situation.

Practices should have systems in place to ensure the correct brands of influenza vaccine (and other relevant details – e.g. batch numbers) are being entered into software packages, and transmitted to the ACIR, when administered to all patients. Please bring this to the attention of all staff involved in immunisation activities in your practice.

Test data

There have been incidences of test data being transmitted to The ACIR. The transmitting of this data may result in new records being created and these records being added to statistics.

If you are aware of test data being transmitted to The ACIR please call them on 1800 653 809 immediately so that the record can be deleted.

Australian Practice Nurse Association (APNA) Conference

I was given the opportunity to attend the APNA Conference in Sydney from 7th - 9th April, 2011, thanks to GPNW, General Practice Tasmania and my workplace (Latrobe Family Medical Practice). Apart



from the incredibly informative master classes (Triage in general practice, Pit Stop for men’s health and cultural awareness), I was excited to learn more about the National E Health Transition Authority initiative which will, when rolled out, advance information sharing across the health

continuum for all health professionals and patients.

The presentations were informative and interesting and the ability to network with peers was invaluable. There are some amazing initiatives taking place around the country by practice nurses and I would encourage all GP surgeries to take the opportunity to explore and learn more about what other surgeries are doing to improve patient care.

I was pleased to see another local practice nurse; Sally Cotterell awarded at the conference for her best practice initiatives with indigenous immunisation. I am sure both Sally and I returned with our heads full of knowledge and enthusiasm to share with you all in the future.

Andrew Meldrum (Practice Nurse)

Reminder: 2011 Tasmanian General Practice Census

Now in its seventh year, Census week ran from Monday 2 May to Sunday 8 May inclusive. GPs and Practice Managers would have received a hard copy questionnaire the week commencing 9 May.

The annual Census, administered by General Practice Tasmania, aims to accurately determine the current status of the general practice workforce in the region and to gather other important information to assist the Network in planning to meet your needs. Data

collected is also highly valuable in supporting statewide workforce planning and needs assessments.

Thank you for taking the time to participate in the 2011 Census, and we look forward to receiving your completed Census questionnaire by no later than **6th June, 2011**

Should you have any queries in relation to this year’s Census, please contact General Practice Tasmania on phone: 6224 1114





Mental Health

RACGP/GPMHSC - Mental Health (FPS) Skills Training Course



Twelve GPs successfully completed a Category 1 - four session (20 hr) mental health (FPS ST) specialised course. This enables the GPs to become registered providers of FPS with Medicare Australia. The course facilitator, Dr Beris Konetschnik is a well respected and experienced mental health practitioner in the region

The GPs benefited both personally and professionally from the course, increasing their confidence working with and identifying patients with mental health disorders. The course covered counselling skills, relaxation and psycho education skills whilst incorporating interactive group discussions, role play and scenarios.

Some participants comments:

- “Ensure patient centred consultation, validate their concerns”
- “Use strategies when counselling patients with mental health disorders”
- “More confident to intervene not just refer off eg: relaxation techniques, drawing, letter writing, validating”
- “listening well to the patient”
- “Practice the techniques, information sharing and use the resources with patients”
- “The workshop was quite good and very relevant both to personal and professional problems, also improved my confidence and actual ability to manage mental health issues.”



Changes to Better Access: Federal Budget 2011-12

The key changes to the Better Access Program announced in the Federal Budget 2011-12 include a reduction in the rebate GPs can access for completing a Mental Health Treatment Plan and reducing the cap on sessions provided by Allied Health Professionals from 12 to 10 sessions in a calendar year. These changes will come into effect from November 1, 2011.

GP Rebates

The new fees will be aligned to Level C and D long consultations. There will still be a higher payment for those GPs who have undertaken the Mental Health Skills training.

Level C consultation : 20-39 mins

Level D consultation : 40 mins +

MBS Item	Current	Future
For GPs who have undertaken Mental Health Skills Training	\$163.35 (Item 2710)	Level D: \$126.43 Level C: \$ 85.92
For GPs who have not undertaken Mental Health Skills Training	\$128.20 (Item 2702)	Level D: \$99.55 Level C: \$67.65



Clinical audits for GPs

Benefits of Clinical e-Audit:

- Quick and easy to complete
- Free and independent quality improvement activity
- Evidence-based clinical guidance and patient resources
- Secure data transmission
- Immediate individualized feedback
- Compare improvements in your practice against best practice clinical indicators and your peers.

NPS Clinical Audits Available for the New QPI Year: 1 May 2011 – 30 April 2012

TOPIC	UPDATES
Clinical e-Audit: Review of proton pump inhibitor (PPI) prescribing*	Online enrolment continues to be available at www.nps.org.au/health_professionals . To date 1591 GPs enrolled, 621 GPs submitted initial phase data and 541 GPs completed the review phase.
Clinical e-Audit: Optimising management of type 2 diabetes*	Online enrolment continues to be available at www.nps.org.au/health_professionals To date 2694 GPs enrolled, 1083 GPs submitted initial phase data and 986 GPs completed the review phase.
Clinical e-Audit: Management of hypertension*	Online enrolment is available at www.nps.org.au/health_professionals To date 1192 GPs enrolled, 185 GPs submitted initial phase data and 47 GPs have already completed the review phase. Please note that this clinical e-Audit now involves a review of only 10 patients.
Paper version clinical audit: Osteoporosis	Will be available in June 2011.
Clinical e-Audit: Lipid management	Will be available in July 2011.
Paper version clinical audit: Antipsychotics	Will be available in August 2011.

Professional Development and Practice Incentives Program

NPS applies for approval of Clinical e-Audits by the RACGP QI&CPD and the ACRRM PD Program (see approval status below). Points are awarded only to participants who complete the review phase.

Approval Status for Professional Development Points

Clinical e-Audit (click to enrol)	NPS has applied for approval in 2011–2013 triennium
Management of hypertension	Approved
Review of proton pump inhibitor (PPI) prescribing	Approved
Optimising management of type 2 diabetes	Approved

Clinical e-Audits are recognised for the Quality Prescribing Initiative (QPI) of the Practice Incentives Program (PIP). The QPI PIP year in which the activity is recognised will be determined by the date of submission of completed review phase data to NPS (see below). A reminder will be distributed to GPs before the required submission date for the current QPI PIP year.

Submission Dates for QPI PIP

For inclusion in the following QPI PIP year:	Submit Initial phase by:	Submit Review phase by:
1 May 2010 – 30 April 2011	28 March 2011	30 April 2011
1 May 2011 – 30 April 2012	28 March 2012	30 April 2012

- To participate in a Clinical e-Audit enrol now on the website
- Enrolment forms for current Clinical e-Audits are also mailed directly to all GPs as a paper insert in the health professional publication, Prescribing Practice Review or NPS NEWS.
- If you have a query or feedback about our Clinical e-Audits, please contact NPS

The final educational visiting topic for the year has commenced

Cardiovascular Disease Risk: Guiding Lipid Management



GPNW Clinical Services

A reminder to GPs referring to GPNWs Mental Health, Diabetes and Dietetics Service, to please use the correct GPNW referral templates. The templates are available to be imported directly into your clinical software, and include all of the relevant information

required for the services. Templates are available on GPNWs website <http://www.gpnw.com.au/useful-links.html> . If you have further queries, or require assistance, please contact GPNW on phone: 6425 0800.

For Information

Helicobacter Pylori: New Perspectives in the Management of H.pylori.

Dr Aruni H.W. Mendis (PhD, D.I.C) & Prof. Barry J. Marshall FRACP,FAA,FRS. Nobel Laureate

Health workers around the world are increasingly concerned with the emergence of new antibiotic resistant strains of *H. pylori*, (Hp) and the rather alarming finding that 20% to 25% of “first-line” or primary treatment regimes designed for eradication of Hp end in failure.

It is of paramount importance that practitioners provide a follow-up breath test request to patients at the time

they are prescribed anti-Hp therapy following the initial evaluation. The crucial_& essential need for a follow-up breath-test, four weeks after completion of the eradication therapy, to establish “Proof-of-Cure” cannot be stressed more.

Since it is well documented that H. pylori can be transmitted within families, if one member of a family has an H. pylori infection there is an excellent case for performing a breath test on all adult members of the family, and also on any children with G.I. symptoms.

New from the Heart Foundation:

GP management plan (GPMP) for Coronary Heart Disease (CHD)

A GP management plan (GPMP) for coronary heart disease (CHD) is available to download into GP desktop clinical software. It is designed to support general practice by using the chronic disease management (CDM) Medicare Benefits Schedule (MBS) items in implementing best practice interventions.

The GPMP is based on the Heart Foundation’s [Reducing risk in heart disease \(RRIHD\) guidelines](#) to improve

ongoing management and secondary prevention of patients with CHD.

For more information, call (03) 9321 1560 or [email us](#).

The template and download instructions are available from:http://www.heartfoundation.org.au/Professional_Information/General_Practice/Pages/Managingcoronaryheartdisease.aspx



Media Release for GP Stakeholders RVTS Applications Close Soon

Applications for the 2012 intake of the Remote Vocational Training Scheme (RVTS) close on 9 June 2011, with supporting documentation due 17 June 2011.

RVTS offers an alternative pathway to FRACGP/FARGP and FACRRM for GPs working in remote and rural locations. The curriculum is delivered via distance education and registrars are supervised remotely. RVTS is fully funded by the Australian Government, with up to 4 years of training and support available.

Eligibility requirements for the 2012 intake remain broad and inclusive. Doctors with general registration or limited registration (area of need) may be eligible. The program specifically targets doctors working in remote and rural locations where limited support is available, such as those in solo practice.

Further information and complete eligibility criteria is available at www.rvts.org.au, or contact (02) 6021 6235..



About National Palliative Care Week - 22 to 28th May 2011

We live in a society that doesn't like to talk about dying, let alone plan for the care it would like to receive at the end of life, and we know that one of the greatest barriers to receiving quality care at the end of life is a lack of knowledge and preparation.

We are well aware that people don't like to talk about the end stage of their lives and unless they have had some direct experience with palliative care, they tend not to know what support is available. This lack of understanding often extends to family or loved ones, who can be integral in decision making when the time comes.

It is true that the theme is confronting - *Let's chat about dying*. Our first reactions to this statement may be 'why', or an outright 'no'. Thinking about dying and talking about death is difficult for most Australians, it is not something that they want to do.

But although something is difficult, can we afford to ignore it?

Death is an experience we will all go through, and it is important that we have thought about the end stage of our lives, talked about it with our loved ones, and planned for it. We want to encourage people to think about where they would like to be when they die, who they want to be present, and importantly communicating this to family and loved ones.

Together we can realise quality care at the end of life for all Australians.

Advance Care Planning

Advance care planning is about documenting a person's wishes while they are still able to say what they want. Talking about important issues can help family and friends make decisions later when the person is no longer able to do so. As part of National Palliative Care week we are encouraging all Australians to have a 'chat about dying' with their loved ones and think about planning for the end stages of their lives.

To learn more about Advance Care Planning and to access further resources click [here](#)

National Palliative Care Week resources are available to order now!

Click on the link below to view, download and order the resources. [National Palliative Care Week resources](#)

GENERAL PRACTICE NORTH WEST

gazette



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