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ISSUE

19

JUNE  
2010



## Pain Management Education Event

GPNW Weekend Education Event - Tamar Valley Resort

26th & 27th June 2010

### Final Chance to Register

**Keynote Speakers:** Associate Professor Michael Nicholas, Dr Fiona Blyth & Dr Richard O'Regan

**Topic:** Pain Management

#### Learning Objectives:

1. To have an increased understanding of a biopsychosocial perspective of pain and ways of assessing these dimensions.
2. State how to use a brief screening tool for early identification of psychosocial risk factors for long-term disability following injury.
3. Describe the role of self-management by the chronic pain patient and the means of supporting this approach.
4. Summarise the role of depression and its treatment in patients with chronic pain.
5. Describe how to explain chronic pain to patients.
6. Define how to work in a collaborative manner with allied health care workers, and other agencies, such as insurance companies and employers, to achieve lasting return to work and health outcomes in injured workers.
7. Describe how to use pharmacotherapy in combination with non-pharmacological pain management strategies in patients with chronic pain.
8. Describe ways of evaluating outcomes in patients with chronic pain.

To attend please complete your registration forms and forward to GPNW **ASAP** (Wednesday 16th June). For a copy of the registration forms go to [www.gpnw.com.au/#WEEInformation](http://www.gpnw.com.au/#WEEInformation)

#### CONTACT

LEVEL 1, 11 ALEXANDRA RD  
(PO BOX 358)  
ULVERSTONE  
TASMANIA 7315  
**PHONE** (03) 6425 0800  
**FAX** (03) 6425 0888  
**WEB** [www.gpnw.com.au](http://www.gpnw.com.au)

## GPNW Membership Expansion – Got an Opinion?

The Board are still committed to expand the membership of GPNW to include other primary health providers. During the next few weeks a discussion paper will be sent to all members outlining the rationale and proposed changes.

Comment will be sought from all members and a Special General Meeting will be convened in July/August to consider and vote on the proposed constitutional changes, to allow this to happen.

If you've got something to say about this, contact CEO, Elvie Hales on email: [ehales@gpnw.com.au](mailto:ehales@gpnw.com.au).

# GPNW Updates

contact@gpnw.com.au

## STAFF FAREWELLS, WELCOMES AND WELCOME BACKS

We have bid farewell to several mental health clinicians in recent weeks, but have been very pleased to welcome one back. Glenn Bilsborrow, Piera Pickett and Miranda Stephens have all gone to greener pastures and we wish them all the best for their futures.

Frances Saner has taken a twelve month leave of absence to go back to the UK to assist her elderly parents. Frances will make the move back to the NW (as long as she doesn't meet an eligible millionaire while away) when she is able, and may rejoin the team (funding permitting) at that time.

Leon Van Der Linde made a temporary move to another organisation, but I am pleased to say, he realised that we are the best place in the world to work 😊 and will rejoin the team at the end of June.

As well, we are pleased to welcome new staff member, Cynthia Ling, who will work primarily in the Burnie office, as an Administration Support Officer.

## GPNW CLINICAL SERVICES

### DIABETES ..... DON'T LOSE SLEEP OVER IT!

The GPNW Diabetes Educators have chosen the theme of **Obstructive Sleep Apnoea (OSA)** as their key campaign for **Diabetes Awareness Week, Sunday 11th to Friday 16th July 2010.**



On Wednesday the 14th July a Diabetes Expo will be held in the Gawler Room at the Ulverstone Civic Centre from 10:30am – 3:30pm. Various information stands will be available to the public with health professionals from Diabetes Education, Podiatry, Dietetics, Exercise Physiology, Low Vision Centre, Diabetes Australia Tasmania and Health Dynamics.

**Sister Wendy Chatwin Respiratory Specialist & Clinical Nurse Consultant will give a 30 minute presentation on the topic of OSA and t2dm.**

### Why OSA?

Professor Paul Zimmet, co-chair of the International Diabetes Federation working group that issued the sleep apnoea consensus statement, Director Emeritus and Director of International Research, Baker IDI Heart & Diabetes Institute, Melbourne, stated that "Research shows that it is likely that in people with type 2 diabetes that more than 50% suffer from some form of sleep disorder such a sleep apnoea. At the same time, up to 40% of people diagnosed with sleep apnoea have diabetes and they have a significantly greater risk of developing diabetes compared with those who do not have a sleep disorder. While type 2 diabetes is recognized as a serious global epidemic, the severe health consequences of untreated sleep apnoea especially in those with diabetes, are not".

### Date for your Diary! GP Education Event

Thursday 15th July, Venue: 'Casablanca' (Penguin) 6.30pm

**Guest Speaker: Dr Sean Tolhurst, Consultant Physician, Thoracic and Sleep Medicine Partner, SNORE Australia Sleep Disorder Centres, Senior Lecturer School of Medicine, The University of Queensland Examiner, The Royal Australasian College of Physicians.**

For further information contact the Diabetes team on 64250800.

## GPNW Updates Continued

### GPNW MENTAL HEALTH CLINICAL SERVICES – NEW REFFERALS OPEN AGAIN SOON!

Recently GPNW had to take the difficult decision to not accept new referrals for the Mental Health Service for some weeks. I am pleased to let you know that new referrals will be able to be accepted soon.

Replacement of clinicians has been successful to date and is continuing (and of course will be welcoming Psychologist, Leon Van Der Linde back at the end of June)

We will write to all GPs and Practice Managers shortly with information about when new referrals can begin, and to also to outline the parameters of the mental health service and referral criteria.

Please contact either Clinical Services Coordinator, Dulcie Ryalls [dryalls@gpnw.com.au](mailto:dryalls@gpnw.com.au) or the Chief Executive Officer, Elvie Hales, [ehales@gpnw.com.au](mailto:ehales@gpnw.com.au) to discuss any concerns you may have.

## Nursing in General Practice Program (NiGPP)

Bronwyn McLaren

[bmclaren@gpnw.com.au](mailto:bmclaren@gpnw.com.au)

### STRENGTHENING NUTRITION FOR GENERAL PRACTICE

The “Strengthening Nutrition in General Practice” short course for Practice Nurses has just completed its state-wide round trip, finishing up with the course in the North West. Feedback from participants and the outcomes of the course has been extremely positive in all three regions.

There will be 33 nurses this round who have completed the course across the state, all meeting course requirements and achieving professional development points. Every one of these nurses has provided great feedback, and support for the ongoing delivery of the course for practice nurses.

Many nurses commented on the structure of the course, allowing them time to put into practice what they had learned from each session, before coming back and building on this. They reported some great improvements, even just in the short time between sessions.

Nurses discussed finding some of the assessment tools (like the ‘how well are you eating’ quiz) in the manual very easy to use, and had implemented them in their everyday practice immediately. Others also commented on the other handouts component of manual “My clients have found the handouts from this manual very useful.” (NW participant)

A common change reported by nurses across the state, was also put into words by a NW nurse who said that “We’ve changed the language and approach we use with people with weight issues. We have found that with this approach, clients are more willing to talk.”

The 3 sessions of the course are very interactive, and nurses rated very highly how well the presenters involved the participants throughout the course. They were provided free copies of the “It Takes More Than An Apple a Day” nutrition manual, and the course provided training on dealing with some of the most common nutrition issues currently faced in general practices.

The Community Nutrition Unit will continue to work with GP Tasmania and the three divisions, to discuss plans for continuing to offer this course and further support for Practice Nurses in Tasmania. This extra support is likely to include ongoing update sessions, further nutrition information and resources, phone support and better access to courses for nurses outside the main centres.

For more information, please contact Kacey Rubie, Community Nutrition Unit 0400152355.

# Nursing in General Practice Program Continued

## INTRODUCTION TO GENERAL PRACTICE

General Practice North West also held a 1 day education in Latrobe for Nurses possibly looking for a change into General Practice Nursing, we had the maximum of 20 participants attend with a further 13 interested in the workshop.

Participants were given an overview of a General Practice setting and the role of nursing in general practice. The workshop consisted of 6 module being, Introduction to nursing in general practice, Professional practice standards, General practice standards, Role of the practice nurse, Applying for a nurse position and where to from here.

Attendees felt that the day provided them with worthwhile information and knowledge about general practice nursing and felt that possibly in the future it may be a path for them.

## CLINICAL TRIAGE TRAINING

GPNW held a “clinical triage training” on Thursday 27th May, with 35 participants. Practice Nurse Andrew Meldrum presented the education after attending a “train the trainer” workshop in Melbourne earlier in the year.

Participants learnt about the issues that affect triage in general practice, the phone triage process and the importance of the practice team knowing the correct triage procedure. Andrew made the education interactive with a number of group activities and role plays.

GPNW are looking into running a similar education for Admin Staff, as we are all aware these staff members are the first triage point for general practice patients and the importance of Administration staff knowing the correct procedure also.

The presentation is available on the GPNW Website ([http://www.gpnw.com.au/events\\_resources.html#ClinicalTriageTraining](http://www.gpnw.com.au/events_resources.html#ClinicalTriageTraining))



## ORIENTATION PROGRAM FOR NURSES NEW TO GENERAL PRACTICE

General Practice North West held a Joint education with General Practice North at Elizabeth Town Café for nurses that have been working in general practice for 12 months or less. The workshop was held at the end of April with 11 participants from the North West and 11 attending from the North.

The 2 day workshop covered Professional Practice, Provision of Clinical Care, Management of Clinical Systems and Collaborative Practice. We had a range of speakers that included Dr Leanne Jones, GP in Launceston covering Immunisation, Gary Walker, eHealth Program Officer, GPNW discussing Information Management in General Practice and online version of Jan Rice presenting on Wound Care.

Overall participants enjoyed the 2 day workshop and gained invaluable knowledge from this Orientation Program.

This Program is also available in an online version, please go to [http://elearning.agpn.com.au/orientation\\_program/](http://elearning.agpn.com.au/orientation_program/)

# Aged Care Program

Sharee Taylor

staylor@gpnw.com.au

## SUCCESSFUL DEMENTIA EDUCATION SESSIONS HELD BY DR JANE TOLMAN

GPNW & NWHAS co-ordinated a number of Dementia education sessions in Devonport, Ulverstone, Burnie & Smithton with Dr Jane Tolman (visiting Geriatrician) during May.

These Dementia sessions proved to be very successful with well over 100 health professionals attending. Unfortunately the overwhelming response lead to a number of people being “turned away”.

A General Practice evening was held with representatives from 9 General Practices attending.

Comments from GPs on this event:

- “Great, need to have follow up to encourage us to keep using it”
- “It was excellent”
- “Great. Need to have some forward follow-up to encourage us to keep using it”
- “Brilliant - Best CME for a very long time”

Dr Jane Tolman will be back on the coast shortly and more Dementia education sessions will be scheduled.



# eHealth Updates

Gary Walker

gwalker@gpnw.com.au

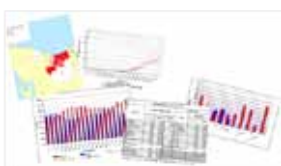
## INFORMATION MANAGEMENT TOOLS AND ASSISTANCE

General Practice North West provide a number of tools and training to assist practices with data cleansing, patient analysis, practice benchmarking and proactive patient management. The tools and training are provided for free by GPNW.



CAT scrutinises a practice’s patient information and presents it in a refreshing graphical format that is easy to understand. It can be used to assist with accreditation, or be used to produce a list of patients who fall into selected population ‘target groups’, making population health and quality care initiatives simple to act upon and measure, and allow a practice to identify business opportunities.

## Practice Health Atlas



Aims to inspire **general practice teams** to reflect on their clinical activities and to develop innovative business models for more effective health care services/outcomes.

Broken into three main areas:

**demographics | chronic disease | item number utilisation**

If you want to know more about the Information Management tools available for your practice, contact Gary Walker at [gwalker@gpnw.com.au](mailto:gwalker@gpnw.com.au).

# eHealth Updates Continued

## PEN CAT – NEW UPDATE RELEASED

The Clinical Audit Tool (CAT) v2-9 was released on Wednesday, 19th May and has a number of exciting new features to support practices to achieve their objectives of managing and effectively measuring improved health outcomes while continuing to support business sustainability.

Key Features of CAT v2-9 include:

1. New Timeline reports population results across multiple extracts
2. MBS Item update to align with new May MBS changes.
3. Added Asthma and GP Mental Health Care Plan MBS items

### 1. Timeline

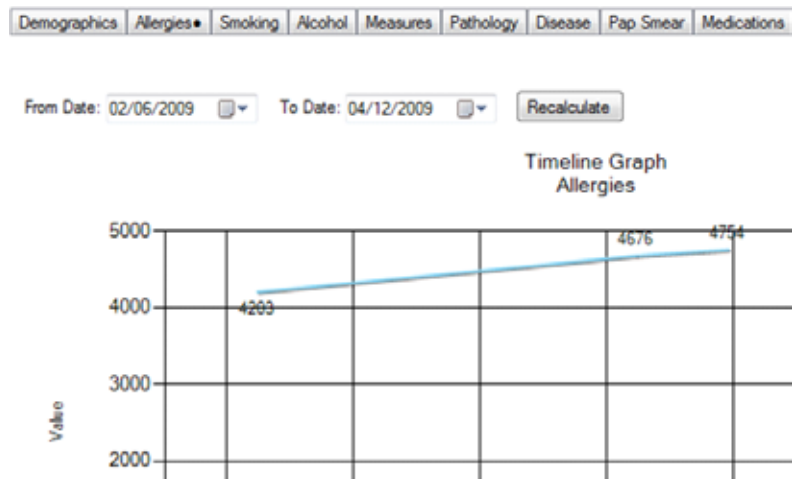
The Timeline functionality has been on the “CAT users wish list” for some time and Pen are now very pleased to be able to deliver this functionality for practices.

The new Timeline allows you to view changes in your data extracts over time, providing a powerful visual representation of program performance over time.

You will find that most graphs now have a new ‘Timeline’ button at the top right near the ‘Export’ and ‘Print’ buttons.

- Click segments from any graphs you like
- The ‘Timeline’ button of a graph becomes active when a segment is selected on that graph
- Click any active ‘Timeline’ button
- The Timeline graph is loaded into the ‘new Timeline’ tab at the far right of the tabs

Figure 2: Practices may now track improvement across extracts over time with the new Timeline



Note that the timeline only shows data from the total patient population - it is not currently operational with filters.

Refer to the CAT 2.9 User Guide for further information.

### 2. MBS Item Updates

In response to the May update to MBS billing Pen have been quick to bring the CAT MBS reporting in line with the changes.

The new MBS item numbers affecting CAT are:

- Health Check - 701, 703, 705 and 707
- ATSI Health Check 715
- CDM Review 732

### 3. New Asthma & GP Mental Health Care Plan Items

Asthma Billing items have been added to the MBS items graph as ‘Asthma COC’ (Cycle of Care) : includes 2546, 2547, 2552, 2553, 2558, 2559, 2664, 2666, 2668, 2673, 2675 and 2677.

Billing item 2702 has been added to the MBS items graph to complete the Mental Health Care Plan suite of item numbers.

# Immunisation Program

Bronwyn McLaren

bmclaren@gpnw.com.au

## NEW GPII ENTRY REQUIREMENTS

As part of the 2009-10 Budget, the Australian Government announced that entry requirements relating to proper vaccine storage and handling processes would be introduced to the General Practice Immunisation Incentive (GPII) in August 2010. The introduction of entry requirements aims to improve the quality and safety of the immunisation activities of non-accredited general practices.

The requirements for receiving a GPII outcomes payment, and the payment of \$3.50 per Whole Patient Equivalent (WPE), will remain the same.

In order to meet the entry requirements, practices must:

- have current public liability insurance
- make sure that all GPs working from the practice have current professional indemnity cover
- have appropriate processes in place that maintain the potency of vaccines.

The specific vaccine management requirements that practices will need to meet are outlined in The Australian Immunisation Handbook (Chapter 1.3.2 of the 9th edition). Practices should use the information in the Handbook as a self-assessment tool to determine whether they meet the vaccine management guidelines.

The new arrangements will apply to practices already participating and any new practices applying to participate in the GPII. Practices that have already been approved for participation in the Practice Incentives Program (PIP) will be automatically considered to meet the new GPII entry requirements.

Practices that are participating in the GPII but not the PIP will need to confirm that they meet the new GPII entry requirements by 30 April 2010, in order to be eligible for the August 2010 outcomes payment.

Medicare Australia will write to affected practices in late 2009 and early 2010 with details about the requirements and the application process.

For more information about the GPII, call the GPII Enquiry Line on 1800 246 101.

This information is from <http://www.medicareaustralia.gov.au/provider/incentives/gpii/entry-requirements.jsp>

Basically practices that are accredited meet all the requirements this is really for practices that are only GPII registered.

## NEW IMMUNISATION SCHEDULES

Unfortunately there is an error in the 2010 Immunisation Schedule dated March 2010, which was recently distributed to you. Quadracel\* (diphtheria/tetanus/pertussis-polio) vaccine was recommended at the 2, 4 and 6 months immunisation encounters. This is incorrect.

Please be advised that, at 2, 4 and 6 months of age, the vaccines to be administered are Infanrix Hexa (diphtheria/tetanus/pertussis/polio/Hib/Hep B) and Prevenar, Rotarix should also be given at 2 and 4 months of age only, as per the new schedule <http://www.gpnw.com.au/AAWeb%20Pages/Programs/Immunisation/2010ImmunisationSchedule.pdf>.

The Department of Health and Human Services (DHHS) have apologised for this error and ask that you please check your records to determine if Quadracel has been administered to any children at 2, 4 or 6 months of age. If you should identify any child who has received Quadracel instead of Infanrix Hexa, please contact one of the immunisation Public Health Nurses at the Communicable Disease Prevention Unit at DHHS, on 1800 671 738. DHHS will provide advice on the best approach to catch up the missed doses of Hepatitis B and Haemophilus influenzae Type B. (Please note Quadracel may be given at 4 years of age instead of Infanrix IPV).

The new schedule which is dated May 2010, has been forwarded to your practice and we ask that you destroy the old schedule.

\* For your information:

Quadracel is a vaccine used to help prevent Diphtheria, Tetanus, Pertussis and Polio.

Quadracel does not contain antigens for Hepatitis B or Haemophilus Influenzae and therefore should not be used as a replacement for Infanrix Hexa.

Quadracel has the same antigens, and can be used to replace, Infanrix IPV (at 4 years of age).

# Business Improvement Service

Judith Wyllie-Smith

[jwyllie-smith@gpnw.com.au](mailto:jwyllie-smith@gpnw.com.au)

Do you ever aim to introduce a new service for your patients or review current processes to ensure maximum efficiency but never find the time? If yes, you may be interested in participating in the Business Improvement Service offered by GPNW.

This service assists you & your practice identify areas that you would like to introduce or improve. GPNW then provides support with the implementation process.



If you are interested in participating in this service or you would like more information please contact Judith Wyllie-Smith via email: [jwyllie-smith@gpnw.com.au](mailto:jwyllie-smith@gpnw.com.au)

# Practice Manager Network

Gaye Aitken

[gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au)

## AAPM VIRTUAL ESEMINAR – END OF THE FINANCIAL YEAR

Nine Managers attended the second seminar for 2010; the topic was very appropriate for this time of the year – End of the Financial Year. Cutcher and Neale Accountants from NSW provided attendees with a worthwhile session; most of the information provided was very familiar to the attendees, hopefully they found it a good reinforcement tool.

Unfortunately we are not permitted to load the presentation onto our website; however we are able to provide you with a hard copy. Please contact Gaye Aitken 6425 0800 or [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) if you would like one.

The presenters mentioned the availability of templates on their websites; I made an unsuccessful attempt at locating the templates however I have contacted AAPM NSW to ask for assistance. I will let you know if and when they become available.

## PROGRAM PLANNING

During the next couple of weeks Managers will be asked to complete a very brief on-line survey to assist us with future planning of the Practice Manager Network Program. We understand your schedules are very busy; therefore we will do our utmost to limit the number of questions.

To show our appreciation GPNW will place all completed surveys into a draw for a \$100.00 gift voucher.

## MOCK ACCREDITATION

Gaye and Rebekah attended a 'Mock Accreditation' workshop which was held prior to AGPAL's Quality Around the World conference in Melbourne recently.

What is a mock survey?

An informal assessment of a practice's compliance with the RACGP Standards aimed at providing an indicative view about the practice's readiness for accreditation. It provides the practice with valuable information about their:

- Strengths
- Gaps
- Training needs

You will receive further information regarding the availability of mock survey visits in the coming newsletters. The mock survey visits will be available for all practices regardless of your accreditation provider.

# Practice Manager Network Continued

## DRAFT RACGP 4TH EDITION STANDARDS FOR GENERAL PRACTICE

The 4th Edition RACGP Standards are still only draft; I won't go into too much detail as there is always the possibility they may change.

Concepts in draft 4th Edition Standards:

- Reflection of the evolution of practice teams
- More practice choice in how criteria and indicators are met (our practice can demonstrate how....)
- More emphasis on collecting and using quality patient centered feedback
- More emphasis on collection and use of practice data for improvement of services
- Practices have more freedom on how they demonstrate to surveyors how they fulfill the Standards
- Previously practices had to demonstrate by interview, document review and were observed
- Now practices can decide what evidence they produce


	3rd Edition Standards	4th Edition Standards
Standards	15	15
Criteria	44	41
Indicators	173	135

### New Criteria

#### 1.5.2 Clinical handover

Our practice has an effective handover system that ensures safe and continuing health care delivery for patients.


#### Indicator


 **A.** Our practice team can demonstrate how we ensure an accurate and timely handover of patient care.

#### 3.1.3 Clinical leadership

Our practice has clear lines of accountability and responsibility for creating environment of excellence in safety and quality of clinical care.

#### Indicators


 **A.** Our practice has leader(s) who have designated areas of responsibility for safety and quality improvement.

 **B.** Our practice has strategies that facilitate sharing information about quality improvement and patient safety.

#### 3.1.4 Patient identification

Our patients are correctly identified at each encounter with our practice team.


#### Indicator

 **A.** Our practice has a patient identification matching system using three approved patient identifiers and the practice team can describe how it is applied.


#### 5.3.1 Safe and quality use of medicines


Our clinical team prescribes, dispenses and administers appropriate medicines safely to informed patients.

#### Indicators

 **A.** Our clinical team can provide evidence that our patients are informed about their medication options, benefits and risks, and patient responsibilities.

 **B.** Our clinical team can demonstrate how we review our prescribing habits to support best practice treatment.

 **C.** Our clinical team can demonstrate how we ensure patients, and other health providers to whom we refer, receive an accurate, current medication list.

 **D.** Our clinical team can demonstrate the process we have to ensure that medicines, or medical consumables we use are acquired, stored appropriately, and are not used or provided to patients after their expiry dates, and are disposed of safely.

## Practice Manager Network Continued

For the first time there are three criteria assessed at criterion level:

### 1.2.4 Costs associated with care initiated by the practice

Our practice informs patients of the potential for out-of-pocket expenses for health care provided within our practice and for referred services.

### 1.3.1 Health promotion and preventative care

Our practice provides health promotion, illness prevention and preventative care, and a reminder system based on patient need and best available evidence.

### 1.4.2 Clinical autonomy for GPs.

Our practice ensures that all GPs in our practice can exercise autonomy in decisions that affect clinical care.



### Other items worth noting:

There are only seven unflagged indicators in the whole standards.

The term 'clinical team' and 'practice team' replaces GPs and clinical staff, GPs and staff.

### New requirements:

Health summaries 75% (previously 50%)

Having a height adjustable bed (5.1.1 H ) , spirometer and ECG machine (5.2.1A ) in the practice are now flagged indicators.

Having an induction program for new GPs and staff is now a flagged indicator (4.1.1B )

## PATRICK STREET CLINIC RECEIVES AWARD FOR COMMITMENT TO SAFETY AND QUALITY

Patrick Street Clinic in Ulverstone, TAS has been awarded the 2009 Practice of the Year Award (TAS) from Australian General Practice Accreditation Limited (AGPAL), the leading provider of general practice accreditation in Australia.

AGPAL CEO Dr Stephen Clark said the Practice of the Year Awards are designed to provide recognition to AGPAL accredited general practices which have successfully achieved accreditation in a timely manner, excelled in meeting all indicators of the Royal Australian College of General Practitioner (RACGP) standards for general practice 3rd edition and received commendations from both surveyors at the time of their survey assessment.

“The awarded practices have successfully achieved accreditation during the 2008/09 calendar years and can be distinguished from their peers on the basis of their commitment to excellence. It is an honour to congratulate these practices and thank them for their dedication to safety and quality,” he said.

Patrick Street Clinic has excelled in accreditation against the RACGP standards, which shows that it is a safe place for patient care. Accreditation is a voluntary process renewed every three years – and demonstrates that doctors and staff are committed to providing safe and high quality health care.

Dr Clark commended the health professionals for their commitment to the provision of quality health care.

“The team at Patrick Street Clinic should be extremely proud of the commitment they have made to safety and quality in health care. We are honoured that a practice, of such a high calibre has chosen AGPAL accreditation,” he said.

The award was conferred last Friday at AGPAL's 5th International Conference in Health Care – Quality Around the World.

AGPAL is the leading provider of general practice accreditation and is committed to improving the quality of Australian general practices. Established in 1997, AGPAL accredits more than 75 percent of accredited practices in Australia against standards developed by the Royal Australian College of General Practitioners.

Media Release 27th May 2010

Media Enquiries: Jenny Simms, Practice Manager ph: 03 6425 1611 or email: [patrickstclinic@patst.com.au](mailto:patrickstclinic@patst.com.au)

AGPAL Contact Person: Lynette Hunt (Marketing and Communications Manager)

AGPAL phone number: 1300 362 111

AGPAL email: [lhunt@agpal.com.au](mailto:lhunt@agpal.com.au)

## Medical Software



Rebekah Sheahen

[rsheahen@gpnw.com.au](mailto:rsheahen@gpnw.com.au)

If you are interested in receiving in-house training, resource creation, or templates for your medical software, please contact Rebekah on 6425 0800.

## GPNW Upcoming Events

[contact@gpnw.com.au](mailto:contact@gpnw.com.au)

### WEEKEND EDUCATION EVENT - TAMAR VALLEY RESORT

**When:** 26th & 27th June 2010

**Where:** Aspect Tamar Valley Resort (formerly Grindelwald)

**Key Speaker:** Associate Professor Michael Nicholas

If you require any information regarding the Weekend Education Event please contact Gaye Aitken [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or phone 6425 0800.

### ANNUAL NURSE IMMUNISATION DAY (WATCH THIS SPACE)

For Practice Nurses

**When:** Saturday 28th August

**Venue:** Deloraine (TBC)

For further information please contact Bronwyn McLaren on 6425 0809 or email [bmclaren@gpnw.com.au](mailto:bmclaren@gpnw.com.au)

### ASTHMA MANAGEMENT AND SPIROMETRY

For Practice Nurses

**When:** Saturday 20th November (Tentative date)

**Venue:** Deloraine (TBC)

For further information please contact Bronwyn McLaren on 6425 0809 or email [bmclaren@gpnw.com.au](mailto:bmclaren@gpnw.com.au)

### TRIAGE TRAINING - (WATCH THIS SPACE)

For Administration/Reception Staff

**When:** August/September

**Venue:** Burnie and Devonport (TBC)

For further information please contact Bronwyn McLaren on 6425 0809 or email [bmclaren@gpnw.com.au](mailto:bmclaren@gpnw.com.au)

### MIND THE GAP: MENTAL & PHYSICAL COMORBIDITIES

(A conjoint event with Mental Health Professionals Network & GPNW)

**Presenter:** Dr Ross Kirkman

**Date:** Monday 21st June, 2010

**Time:** 6.30pm - 9.00pm - Registration/al'a carte meal (NO COST)

**Venue:** Casablanca Restaurant - Penguin Surf Club - Preservation Bay

**Contact:** Dulcie Ryalls ([dryalls@gpnw.com.au](mailto:dryalls@gpnw.com.au)) or Sharee Taylor ([staylor@gpnw.com.au](mailto:staylor@gpnw.com.au)) Phn: 64250800

**RSVP:** Monday 14th June, 2010

  
GENERAL PRACTICE  
north west



## Upcoming Events

[contact@gpnw.com.au](mailto:contact@gpnw.com.au)

### EMERGENCY RESPONSE TRAINING FOR NURSES - FLYER AVAILABLE SOON

Participants will undertake a full day intensive workshop at the University of Tasmania School of Nursing and Midwifery state of the art Simulation and Clinical Education Centre. The program will include tutorials; skills task training and interactive high fidelity simulations.

**Date:** 1 day Workshop Wed 2nd June or Sat 19th June

**Where:** UTAS Simulation Centre, Launceston

**Cost:** approx \$300.00

### A LIFETIME OF CAUTIONARY TALES

**Professor John Murtagh AM**

The RACGP Tasmania Faculty warmly invites General Practitioners to join Professor John Murtagh for dinner and discussion. Professor Murtagh will present 'A Lifetime of Cautionary Tales' outlining extraordinary clinical cases from which important lessons can be learned. The most common medico legal traps will be explained with discussion of strategies to minimise risk of error by anticipating the issues involved.

**Date:** 9 July 2010

**Time:** 7.00pm

**Where:** Beachway Motel - 1 Heathcote Street, Ulverstone

**Cost:** TBA

For more information please contact Julia email [julia.ray@racgp.org.au](mailto:julia.ray@racgp.org.au) or phone 6278 1958

### BENCHMARK GROUP ARE RUNNING A NUMBER OF NURSING EDUCATION SESSIONS IN LAUNCESTON

**Dates:** Tues 27th, Wed 28th and Thur 29th July

Please click on the link below for more information: <http://www.benchmarkgroup.com.au/Home.aspx#>

## Other Information

[contact@gpnw.com.au](mailto:contact@gpnw.com.au)

### REMOTE GP TRAINING - APPLICATIONS NOW OPEN



Applications for the Remote Vocational Training Scheme's 2011 intake are now open.

Additional places and new eligibility criteria will allow more doctors to access this Commonwealth-funded program, which is now in its 10th year. Twenty two places are available nationally for 2011.

RVTS offers an alternative pathway to FACRRM and/or FRACGP/FARGP for GPs working in rural and remote locations, where accessing mainstream training is difficult or impractical. The curriculum is delivered via distance education and remote supervision.

For more information visit [www.rvts.org.au](http://www.rvts.org.au), or contact (02) 6021 6235.

## Other Information Continued



### HOME AND COMMUNITY CARE (HACC) SINGLE ACCESS POINT - TASCAREPOINT

As of the 25th May 2010, TasCarepoint will expand to the north and north west of Tasmania to include both government and non government organisations providing HACC services. TasCarepoint will provide information about service availability, receive referrals, establish eligibility, identify support and/or further assessment needs, collect client information including consent, refer to appropriate services. If you have a client who requires a HACC service you can now send your referral to TasCarepoint via telephone (1300 769 699), fax (1300 721 611) or email [mail@tascarpoinet.net](mailto:mail@tascarpoinet.net).

Some important notes to remember:

- Hours of operation: Monday to Friday, 8am to 6pm excluding public holidays (faxes and emails can be sent at anytime and will be processed the next business day).
- If a patient needs to be seen the next day, the referral must be received by TasCarepoint by 12pm, otherwise please contact the service provider directly.
- You must obtain the clients consent for TasCarepoint to contact the client.
- Anyone can refer to TasCarepoint. Some services will require a referral from a health professional. TasCarepoint will advise if this is the case.
- A template referral form, along with further information can be found at [http://www.dhhs.tas.gov.au/health\\_and\\_wellbeing/hacc/related\\_topics/information\\_for\\_clients/access\\_point\\_project](http://www.dhhs.tas.gov.au/health_and_wellbeing/hacc/related_topics/information_for_clients/access_point_project).
- The following information is required when sending a referral through: Client: name, date of birth, contact number, address, consent, if live alone, pension type, health issue, services requested. Carer (If applicable): name, contact number. Referrer: name, organisation, contact details.
- You will be contacted if a service requested is not available for your client.
- Referrers and Service Providers and will still communicate directly on client care issues where required.

### EXCITING NEWS FROM THE FEDERAL BUDGET FOR GENERAL PRACTICE NURSES- ENROL IN UNIVERSITY OF MELBOURNE PRACTICE NURSE EDUCATION

The University of Melbourne, Department of General Practice has invested in practice nurses by developing the Certificate/Diploma of Primary Care Nursing delivered by distance education.

The Federal Budget announcement around investing in Primary Care Nursing is welcome. Every GP can now get a substantial subsidy of \$25,000 to employ a nurse in general practice. We encourage nurses to enrol in the Certificate or Diploma of Primary Care Nursing course to enable them to expand their scope of practice.

It has been developed by experienced practice nurses and general practitioners to suit the needs of busy practice nurses in areas (chronic disease management, quality systems and risk management, health promotion, women's health, mental health and youth health) that will complement previous experience.

Further details: [www.gp.unimelb.edu.au](http://www.gp.unimelb.edu.au) or call Ms Bernie Cooper, course administrator on 03 8344 7275. We look forward to hearing from you in the near future.

### PREGNANCY TERMINATION

One visit same-day procedure with IV sedation to 14 weeks

Specialist Gynaecology Centres

Dr Paul Hyland, Dr Sue Cherry and Dr John Ives

1A Victoria Street, Hobart 6224 5888 / 7 High Street, Launceston 6331 8333

## Other Information Continued

### PROFESSIONAL PRACTICE MANAGER DEVELOPMENT PROGRAM



UNE Partnerships has a proud history of working with the Divisions of General Practice across Australia providing education and training opportunities to health care practices.

#### **Certificate III in Business Administration (Medical) - (BSB31107)**

Builds a foundation for receptionists and those undertaking administrative tasks in Health care practices. Available as a traineeship in some states.

#### **New qualifications 2010**

UNE Partnerships has released two new qualifications in the Professional Practice Manager Development Program. These qualifications continue to set the standards for best industry practice.

Our qualifications develop skills through workplace learning, ensuring new skills and knowledge are directly relevant to the work environment.

#### **Certificate IV in Professional Practice Management (91482NSW)**

Focuses on a solid core of administrative skills for the daily operation of a practice.

#### **Diploma of Professional Practice Management (91483NSW)**

For experienced practice or business managers with a more strategic focus across the management of the practice.

For more information phone 1800 288 622 or go to: [www.practicemanagement.edu.au](http://www.practicemanagement.edu.au)

## ENHANCED SURVEILLANCE FOR CHLAMYDIA INFECTIONS

Two recent publications in national Journals highlight the work of Tasmanian GPs and the DHHS in enhanced surveillance for Chlamydia infections. Tasmania is in the unique position of collection enhanced surveillance data for Chlamydia trachomatis genital infections. Between 2001 – 2007 Tasmania had 5072 notified cases of chlamydia. Between 2001 and 2007 there was a 202% increase in notifications which make chlamydia the commonest notifiable disease in Tasmania. Tasmanian GP's responded at a return rate of 85% on an enhanced surveillance questionnaire for these cases.

The study highlighted the critical role of GPs in identification of genital chlamydia both symptomatic and in the context of opportunistic screening of the asymptomatic patient . Contact tracing was also noted as a vital link in case identification especially for asymptomatic males.

The study found that 74% of notifications were in the 15 – 24 year age group and that cases in females in this age group were twice those in males. This suggests significant under screening in males, and the need for improved targeting of especially young males in preventative health screening activities.

This work was made possible by the on going commitment of Tasmanian GP's to the importance of public as well as individual health.

Ref: Role of the general practitioner in testing for genital chlamydia trachomatis infections: an analysis of enhanced surveillance data. Sexual Health, 2009,6,208-212.

Chlamydia trachomatis in Tasmania 2001 – 2007: rising notification trends. ANZJPH, 2010, vol.34, no.2, 120-124.

## Other Information Continued

### NEW NHMRC RECOMMENDATION:

#### IODINE SUPPLEMENTATION ESSENTIAL FOR PREGNANT AND BREASTFEEDING WOMEN

The National Health and Medical Research Council (NHMRC) has released a new statement recommending that all pregnant and breastfeeding women take iodine supplements to help make sure that a baby's brain and nervous system develop normally.

The National Iodine Nutrition Survey (2006) results suggest that Australians do not get enough iodine.

The NHMRC has released a new statement recommending all women who are pregnant, breastfeeding or considering pregnancy, take an iodine supplement of 150 micrograms ( $\mu\text{g}$ ) each day.

Supplements of 150 $\mu\text{g}/\text{d}$  of iodine are safe and effective for pregnant and breastfeeding women.

Further information including a literature review can be viewed on the NHMRC website by using the link below: [http://www.nhmrc.gov.au/publications/synopses/new45\\_syn.htm](http://www.nhmrc.gov.au/publications/synopses/new45_syn.htm).

For further information about this matter please do not hesitate to contact Judy Seal, Principal Advisor, Public Health Nutrition on 6222 7731 or via email [judy.seal@dhhs.tas.gov.au](mailto:judy.seal@dhhs.tas.gov.au).



### NEW: CERTIFICATE IN PRIMARY CARE DERMATOLOGY



The Certificate in Primary Care Dermatology is a comprehensive and flexible course comprising of 23 online modules and 2 practical modules (workshop and clinical experience). It is specifically designed to provide GPs with the latest training to diagnose and treat skin cancers and other common skin conditions.

You can enroll in individual modules or the complete course, which you can finish at your own pace over three years. Each module in the course attracts points toward Professional Development, based on the number of hours of work estimated for each module.

For more information and registration forms, please visit the Dermatology page on the ACRRM website or by contacting ACRRM on 1800 223 226.

#### Disclaimer:

General Practice North West makes this material available on the understanding that users exercise their own skill and care with respect to its use. Before relying on the material in any important matter users should carefully evaluate the accuracy completeness and relevance of the information for their purposes and should obtain appropriate professional advice relevant to their particular circumstances. The material may include views or recommendations of third parties which do not necessarily reflect the views of General Practice North West or indicate its commitment to a particular course of action.

## GENERAL PRACTICE NORTH WEST

*gazette*



ABN 54 801 950 482  
LEVEL 1, 11 ALEXANDRA RD  
PO BOX 358  
ULVERSTONE  
TASMANIA 7315

**TELEPHONE** (03) 6425 0800

**FAX** (03) 6425 0888

**WEB** [www.gpnw.com.au](http://www.gpnw.com.au)

