



Tamar Valley Resort Weekend Event Group Photo

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Tamar Valley Resort Weekend Education Event

The GPNW Annual Weekend Education Event was held at the Tamar Valley Resort in Launceston on 26th and 27th June.

There were fifty two people in attendance including GPs, Practice Nurses and Medical Students. The topic for the weekend was Pain Management.

Associate Professor Michael Nicholas, from the Pain Management and Research Centre, Royal North Shore Hospital Sydney presented first on the following topics:

- Helping chronic pain patients to self
- Making sense of pain, from a psychological perspective
- Psychological Management of low back pain
- Chronic Pain and Recovery
- Integrating medical and psychosocial interventions in chronic pain
- Managing chronic pain in those who are also depressed

Dr Fiona Blyth's session covered 'The size of the problem of chronic pain in Australia: Implications for general practice' and Dr Richard O'Regan, Addiction Specialist, presented 'Pain and Dependence'.

There was excellent feedback on the education topic, as well as the venue for this year.

Membership Expansion – Time for Action!

The question: Should GPNW membership be open to other primary health professionals as well as GPs?

The response: YES (Overwhelming majority view expressed)

Discussion was animated and enthusiastic last weekend, at the GPNW education event, on whether the membership of GPNW should be expanded to include primary health professionals in addition to GPs. A range of views were heard, however, it was generally agreed that:

- GPs work with a range of health professionals in general practice.
- That all are involved in patient care and are important to the team.
- That GPNW already provides a range of services/assistance to others on the team as well as GPs and;
- **That this reality should be reflected in the membership of the organisation.**

Which professions should be included is still to be worked through, however it is clear that most people at the education event were supportive of change.

Your feedback will be taken into account and the final proposed change will be sent out, along with an invitation to a Special General Meeting (to be held in late August) to consider the change.

Make sure you are a financial member, so you can vote at this meeting !!!

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GPNW Updates

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WELCOME



GPNW would like to welcome Andrew Jordan, IT/eHealth Program Officer to the GPNW Team. Andrew is from the Smithton area where he lives with his wife Tasha, daughter Sarah and son Paul. Andrew has a background in computing and regional science and looks forward to working with everyone in the organisation and hopes to meet you all in time.

GPNW CLINICAL SERVICES

MENTAL HEALTH

GPNW welcome back Leon Van Der Linde to the team.

During recent times GPNW clinical service have been unable to accept new referrals.

This was related to a change in clinicians, the number of referrals that the service was receiving and the changes to Medicare.

During this time GPNW have been able to review the service, the current client load, referral pathways and client criteria for referral.

The clinicians have been able to clear the backlog of clients in the system.

When the service re-opens shortly there will be a new referral form which will fulfil Medicare criteria, contain more information for the clinicians and include: K10, Edinburgh Depression scale for Peri natal Depression and a mini Mental assessment for aged clients

We thank all for their patience while the service has been closed.

DIABETES

Diabetes Awareness Week commences on the 12th July. GPNW Diabetes Nurse Educators will be holding an "Expo" at the Ulverstone Civic Centre on Wednesday 14th July. For more information see page 11.

Dr Tolhurst; Consultant Respiratory & Sleep Physician from Queensland will be presenting 'Sugary Sleep – The Role of Obstructive Sleep Apnoea in Diabetes', to be held on Thursday 15th at Casablanca Restaurant, for more information see page 11.

Linda, Elisa and Kim continue their work with Low Care Residents in Aged Care Facilities doing Diabetes Assessments including foot checks. The service invaluable to the ongoing care and management of residents.

Medical Software



Rebekah Sheehen

rsheehen@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.

Long Service Awards

General Practice North West Annual Weekend Education Event, was held at the Tamar Valley Resort on the 26th and 27th June. During the weekend GPNW presented two regional GPs with a certificate for Long Service to the North West Region.

Dr Merran Dyer received a Long Service Award for providing 20yrs of service. Merran has worked in several Latrobe and Devonport practices over 12 years and in 2002, Merran opened her own home based practice in Sheffield, where she has worked for the last 8 years. Merran has a special interest in women's health and nutritional medicine. She also provides a similar medical service on a part time basis through the Kentish Health Centre.

Dr John Gale was also received a Long Service Award for providing an amazing 50yrs of service to the North West Region. Dr. Gale joined Dr Jim Felstead in 1960; their practice was in the upstairs area of the Hartmans Buildings, King Edward St, Ulverstone. Dr Raymond Gooderick joined the practice 1963. In 1966 Drs Gale, Felstead and Gooderick brought some land at 39 Victoria Street, it was the first better brick building in Ulverstone. In January 1990, Dr. Gale commenced working half time at Victoria Street Clinic. In 1998 Dr Gale decided it was time to semi-retire; before he had time to think about it too much he was ambushed by Dr Bruce Poole who asked Dr Gale to "help out" at Shearwater Medical Centre as he was very busy. Not satisfied with "helping out", Dr Gale proceeded to set up a brand new Practice (Port Sorell Medical Centre) in record time – 10 days! Port Sorell values John's vast experience and knowledge greatly. He is "threatening" to retire, but is finding it hard to escape from his fellow inmates of Port Sorell Medical Centre.



Mental Health Program

Sharee Taylor

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MIND THE GAP EVENT UPDATE

General Practice North West and the regional Mental Health Professionals Network held a conjoint event titled "Mind the Gap: Mental & Physical Comorbidities" training and education program facilitated by Dr Ross Kirkman, Consultant Psychiatrist.

The evening proved extremely successful with 51 in attendance (17 GPs, 9 Practice Nurses, 5 Social Workers, 5 Counsellors & 15 other Mental Health Professionals). Each table had a variety of professionals that were able to discuss cases in detail, gain insight into other professional approaches to management as well as increased their understanding of other organisations and their capacity.

Comments from the night:

- "The majority of attendees went away from workshop with an increased awareness of services available in the community, the importance of mental and physical co-morbidity, an increased understanding of GPs strategies and the interaction between the facilitator and audience."
- "Everyone found the interaction and the meeting of other health professionals a highlight of the night"
- "What a wonderful night for the Mental Health Co-morbidity. An excellent idea nominating tables so that we all got to know other professionals with similar interests. Interesting case presentation allowing in-depth discussions on a number of issues all relevant to our end of the world."



Lifestyle Modification Program (LMPs)



Sharee Taylor

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LIFESTYLE MODIFICATION PROGRAM

FOR PATIENTS AGED 40-49 YEARS AT RISK OF DEVELOPING TYPE 2 DIABETES

Why is diabetes prevention important for this patient group?

- Diabetes is one of the largest contributors to the disease burden in Australia and type 2 diabetes accounts for 92 per cent of diabetes cases in Australia.
- Diabetes is associated with a number of complications; including an increased risk of developing cardiovascular, eye and kidney disease. The incidence of type 2 diabetes has more than doubled in the last 15 years.
- The onset of type 2 diabetes is largely associated with lifestyle risk factors, particularly overweight and obesity, physical inactivity and poor diet.
- Type 2 diabetes can be prevented through lifestyle modification. International evidence has shown that intensive lifestyle interventions in high risk patients can reduce the incidence of type 2 diabetes by up to 58%.

Who is eligible for referral to an LMP?

- Patients aged 40 to 49 years of age, or Aboriginal people aged 15 to 54 years of age, who are at high risk of type 2 diabetes, calculated using the AUSDRISK tool. (Patients with newly diagnosed or existing diabetes are not eligible for an LMP).

The Program consists of:

- ✓ 7 sessions (run over six months)
The schedule:
 - Introduction and what is pre-diabetes?
 - Physical activity and healthy weight
 - Introduction to healthy eating/carbohydrates & fibre
 - Preventing cardiovascular disease
 - Staying motivated and positive thinking
 - Stress Management
- ✓ Group motivational & educational sessions supporting lifestyle changes & adoption of healthy lifestyle choices
- ✓ Detailed Participants Manual
- ✓ Australian Government subsidised, patient pays \$50 for the complete program. (No cost for concession card holders/pension). Private health fund - may be eligible for rebates

For more information on the program please contact Sharee Taylor or the Diabetes Educators on 64250800.

General Practice North West have 3 accredited facilitators:



Elisa Williams
Diabetes Clinical
Nurse Consultant



Kim Dalla
Diabetes Clinical
Nurse Specialist



Linda Turner
Diabetes Nurse
Educator

eHealth Updates

Gary Walker

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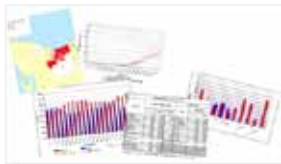
INFORMATION MANAGEMENT TOOLS AND ASSISTANCE

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.

HEALTHCARE IDENTIFIERS – PASSED BY PARLIAMENT

Legislation to set up the Healthcare Identifiers Service was passed by Federal Parliament on 24 June 2010. All patients will get individual healthcare identifiers (IHIs) under the Healthcare Identifiers Act. This will boost safety and quality for patients, cut waste and duplication.

What are Health Identifiers?

Each Health Identifier is a unique 16-digit number. An IHI will be allocated to each Australian resident and others seeking healthcare in Australia. A Health Provider Identifier-Individual (HPI-I) will be allocated to health professionals, and a Health Provider Identifier-Organisation (HPI-O) will be allocated to health organisations that register through Medicare. These three numbers in combination will assist with effective communication and management of patient health information between health professionals.

What do I need to do?

In order to participate in the HI Service, healthcare provider individuals and organisations will need to register with Medicare Australia. Step-by-step details on how to register will be released soon, and GPNW will provide a link to this as soon as it becomes available.

Immunisation Program

Bronwyn McLaren

bmclaren@gpnw.com.au

PANDEMIC FLU IN 2010 - DR CHRISSE PICKIN, DEPUTY DIRECTOR PUBLIC HEALTH

Last year's pandemic winter saw 4,992 hospitalisations (681 ICU admissions), 191 deaths (24 Indigenous, 7 Tasmanians) and a conservative estimate of 37,696 cases of pandemic H1N1 influenza in Australia. At its peak up to 19% of ICU beds in some areas were occupied by H1N1 cases and GP practices nation-wide were clogged with presentations of influenza like illnesses. It wasn't a catastrophic pandemic, but certainly wasn't a usual flu season either.

LESSONS FROM 2009

The virus' Clinical Attack Rate was higher than seasonal flu ($R_0=1.4$ compared to 1.3 for seasonal flu), although the strong public health response avoided the potential 30% unmitigated attack rate feared.

While we couldn't always predict who would develop serious illnesses, after winter 2009 we learned that pregnant women comprised 9.1% of cases (while are only 1% of the population). 1 in 5 confirmed cases were aged less than 10 years of age, and 25% of all hospitalisations were children. Also over-represented were those with a Body Mass Index (BMI) greater than 35, who comprised 28.6% of cases (being 5.3% of the general population).

The virus wasn't constrained by seasonality (as evidenced by the US Summer second wave) and the significant age shift in mortality (median age of deaths 53 years compared with 83 years for seasonal flu) also distinguished H1N1 from seasonal flu.

Of note was the increasing median age as the severity of the disease progressed:

- 21 years for all confirmed cases
- 31 years for hospitalised cases
- 43 years for ICU cases
- 53 years for cases who died

VACCINATION

The success of Tasmania's pandemic vaccination program places us in a strong position for the 2010 flu season. The goal was to vaccinate 30% of the population. This percentage is considered enough to significantly decrease the impact of future waves while not actually providing herd immunity. Practices should continue to be vigilant and promote vaccination, particularly in the high risk groups.

Seasonal influenza vaccine is currently suspended for use in children <5 years of age who do not have risk factors for developing severe disease as a result of influenza infection. Details at www.immunise.health.gov.au

Tasmania: Reported Vaccination rates by region *		
North	North West	South
30.08%	23.08%	64.62%
*Reported rates as of 4 June 2010, data collection still occurring.		

Given the vaccination rates we expect lower community transmission levels (especially in the South and North of the state) and a limited number of outbreaks this year — most likely in closed institutions. Outbreaks should be reported to Public Health (1800 671 738) to augment the sentinel surveillance systems in place.

Immunisation Program Continued

TESTING AND TREATMENT

It is not necessary to confirm a diagnosis of influenza (of any strain) before commencing antiviral treatment. Laboratory confirmation can be used if clinicians consider it will assist in managing the illness, such as when a patient is severely unwell or rapidly deteriorating.

The supply of antivirals will be via private prescription and if elected, treatment should commence on clinical suspicion rather than confirmed laboratory results. Early treatment is important for moderate to severe illness and for those in high risk groups.

Ongoing national surveillance will maintain intelligence on which viral strains are dominant, and whether antiviral resistance becomes common.

MORE INFORMATION ONLINE

Follow the link to Health Professionals at www.healthemergency.gov.au

GROUPS AT RISK OF SEVERE ILLNESS FROM H1N1

- Those with chronic respiratory conditions.
- Pregnant women, particularly in the 2nd or 3rd trimester.
- Persons with morbid obesity.
- Aboriginal and Torres Strait Islander people of any age.
- Those who smoke.
- Persons with chronic illnesses predisposing to severe influenza such as:
 - ✓ Cardiac disease
 - ✓ Diabetes mellitus
 - ✓ Chronic metabolic diseases
 - ✓ Chronic Renal disease
 - ✓ Haemoglobinopathies.
 - ✓ Immunosuppression (including cancers, HIV/AIDS, IV drug users)
 - ✓ Chronic neurological conditions

Medicare

Rebekah Sheahen

rsheahen@gpnw.com.au

URINE TESTING - ARE YOU GETTING IT RIGHT?

Item 73805 billing requirements - *(Please be aware that this is NOT for urinalysis)*

- Item 73805 is a prescribed pathology service included in Group P9 of the Pathology Services Table.
- Group P9 pathology tests can be performed by a medical practitioner in their own practice.
- Item 73805 can be used if microscopy is performed or if a catalase test is done.

A catalase test involves combining the urine sample with a reagent and observing whether a reaction occurs.

Medical practitioners sometimes use dipstick testing for nitrites and leucocytes (leucocyte esterase reactions) rather than a catalase test in some situations.

For example, patients presenting with possible urinary tract infection, for an antenatal visit assessment, or as part of a health assessment.

Note: if you use a dipstick test for urine, the service should be claimed as part of the attendance item only and not billed as Item 73805.

For more information go to www.mbsonline.gov.au, call 132 150 or email medicare.prov@medicareaustralia.gov.au

Medicare Continued

MENTAL HEALTH TREATMENT ITEM NUMBERS

The 2009-10 Federal Budget included several changes to the Better Access initiative in relation to the development of GP Mental Health Treatment Plans (GP MH Treatment Plans) for people with a diagnosed mental disorder.

Changes include:

- changing the name of the GP Mental Health Care Plan to a GP Mental Health Treatment Plan
- requiring GPs to document a diagnosis of a mental disorder
- introducing a new Medicare item number for development of a GP Mental Health Treatment Plan, for GPs who have not completed accredited Mental Health Skills Training (formerly Level One Training) since July 2001.

As of 1 January 2010, GPs who have not done the required training will need to use the new item number, 2702 for development of a GP Mental Health Treatment Plan with a schedule fee of \$125.95.

Who is eligible

The Medicare Mental Health Item numbers are for patients with a mental disorder who would benefit from a structured approach to their management needs. "A mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities (refer to World Health Organisation, 1996 Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version)".

Preparing a GP Mental Health Treatment Plan

To claim item 2702 or 2710, a GP must do a mental health assessment and develop a GP MH Treatment Plan. The assessment and plan can be done as part of the same consultation or over separate visits; however separate visits for plan development cannot be billed separately. "A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan."

Referrals

Once a 2702 or 2710 has been claimed on Medicare a patient is eligible for referral for up to twelve Medicare rebateable allied mental health services per calendar year, as well as twelve group sessions. An extra six sessions can be provided in exceptional circumstances. If sessions are requested due to exceptional circumstances, both the patient's MH Treatment Plan and the referral should be annotated to indicate why the extra sessions are being requested. Exceptional Circumstances apply where there has been a significant change in the patient's clinical condition or care circumstances.

Referrals should include usual referral information, indicate a GP MH Treatment Plan has been done and with the patient's permission include a copy of the GP MH Treatment Plan.

Reviewing a GP MH Treatment Plan

This item number is a formal review for assessing and managing the patient's progress after completion of the GP MH Treatment Plan.

The review must include a:

- patient's agreement.
- review of progress against the goals in the Plan.
- modification of the Plan if required.
- checking, reinforcing and expanding education.
- incorporating crisis intervention / relapse prevention.
- re-administration of an Outcome Tool, if clinically appropriate

Recommended frequency is an initial review four weeks to six months after completion of the GP MH Treatment Plan and if a further review is required, three months after the first.

GP Mental Health Treatment Consultation

Item 2713 is used where the primary treating problem in an extended consultation, is related to a mental disorder. It can also be used for ongoing management of a patient for whom a GP MH Treatment Plan has been undertaken. It cannot be used for development of a GP MH Treatment Plan. This item cannot be used for referral to Focussed Psychological Services or other allied mental health services unless the patient also has a GP MH Treatment Plan.

This is a brief summary of the changes to the Mental Health Item Numbers as outlined in the May 2009 Budget. GPs are advised to view the full description of the item numbers and criteria on the MBS website <http://www9.health.gov.au/mbs/search.cfm?q=2710&sopt=1>

Medicare Continued

MBS PRIMARY CARE ITEMS

Chronic Disease Management

The Chronic Disease Management (CDM) Medicare items on the Medicare Benefits Schedule (MBS) enable GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions, including patients with these conditions who require multidisciplinary, team-based care from a GP and at least two other health or care providers. The items are designed for patients who require a structured approach to their care.

A 'chronic medical condition' is one that has been or is likely to be present for at least six months, including but not limited to asthma, cancer, cardiovascular disease, diabetes mellitus, musculoskeletal conditions and stroke.

Whether a patient is eligible for CDM services is a clinical judgement for the GP, taking into account the patient's medical condition and care needs, as well as the general guidance set out in the MBS.

GP Mental Health Treatment Plans apply to patients with mental disorders.

Patients who have a chronic medical condition and complex care needs and are being managed by their GP under a GP Management Plan (item 721) and Team Care Arrangements (item 723) are eligible for Medicare rebates for certain allied health services on referral from their GP.

Information on Chronic Disease Management (CDM) items, including MBS item descriptors, explanatory notes, questions and answers, an overview fact sheet and example scenarios regarding the use of CDM items can be found on the Department of Health & Ageing website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement>

Health Assessments

A medical practitioner can utilise an MBS health assessment item to undertake a more comprehensive assessment of a patient with complex care needs. Health assessments also permit the needs of specific groups (Aboriginal and Torres Strait Islander people, refugees and aged care residents) to be addressed in a targeted and culturally appropriate manner.

Resource kits contain information for medical practitioners, practice nurses and registered Aboriginal health workers concerning the MBS health assessment items can be found on the Department of Health & Ageing website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mha.htm>

MEDICARE ONLINE EDUCATION SERVICES

Medicare's online education services provide an easy to use and convenient way to access information on Medicare and PBS requirements. eLearning programs are interactive and provide essential knowledge for correct Medicare claiming and PBS prescribing. Quick reference guides provide summary information to help clarify requirements for certain Medicare or PBS items including:

- Chronic disease management (for GPs and allied health providers)
- Skin lesion excision and biopsy items
- Practice Nurse items
- Prescribing lipid-lowering medicine under the PBS
- Prescribing medicine under the PBS for the treatment of osteoporosis.

For more information visit www.medicareaustralia.gov.au/education

THERAPEUTIC CHOICES FOR MENOPAUSAL SYMPTOMS – INTERACTIVE WORKSHOP FOR PRACTICE NURSES

Dr Alison Tasker will be facilitating an interactive workshop for Practice Nurses on the current NPS topic “Therapeutic Choices for Menopausal Symptoms”. The session will be held at General Practice North West in Ulverstone on Monday 12th July. A buffet dinner will be available from 6.30pm to 7.00pm, with the presentation following on from 7.00pm until 8.30pm. If you would like to attend, or for further information, please contact Rebekah at GPNW on 6425 0800, or email rsheahen@gpnw.com.au

NPS PUBLICATIONS FOR HEALTH PROFESSIONALS

NPS evidence-based publications for health professionals are highly respected, and include peer-reviewed journals and newsletters. All publications are free of charge. Go to the following website for further information: http://www.nps.org.au/health_professionals/publications.

- **Australian Prescriber**

Australian Prescriber is an independent publication providing readily accessible information about drugs and therapeutics. It covers topics assisting doctors, dentists, pharmacists and students.

- **Factsheets**

Short, topical factsheets which are published from time to time to clarify medicines issues as they arise.

- **NPS News**

Succinct, independent information on therapeutic topics distributed free of charge to all GPs and pharmacists along with Australian Prescriber 6 times a year.

- **NPS RADAR**

Timely, independent, evidence-based information on new drugs, research and PBS listings. Published regularly throughout the year.

- **Prescribing Practice Review**

Independent, evidence-based information about therapeutics mailed free of charge to all Australian GPs, pharmacists and selected medical specialists, approximately 4 times a year. The PPR is mailed approximately a month after NPS News and contains complementary information to NPS News.

For selected topics, the PPR sent to GPs is accompanied by individualised prescribing data to be used as a tool for personal reflection on prescribing behaviors. Prescribing data are not accessible by any other organisation or individual and are not used for regulatory purposes.

- **Nurses Update**

A regular email update, keeping nurses and their peak organisations up to date with what’s happening at NPS.

- **Pharmacy Letter**

Independent, evidence-based information about over-the-counter medicines for all Australian pharmacists. This is no longer published but you can still download the back issues.

TIME TO PLAN NPS CLINICAL AUDITS FOR THE NEW QPI YEAR:

1 May 2010 – 30 April 2011- The following clinical audits are available for the next QPI cycle 2010-2011.

Topic	Updates
Management of COPD and smoking cessation	Enrol by 4 June 2010 at www.nps.org.au/health_professionals/activities/clinical_audits_for_gps Submit initial data collection by 2 July 2010 .
Use of opioid analgesics	Audit packs available July 2010 .
Clinical e-Audit: Optimising management of type 2 diabetes	Enrol at www.nps.org.au/health_professionals/activities/clinical_audits_for_gps Submit both initial and review data phases by 28 April 2011
Clinical e-Audit: Review of proton pump inhibitor (PPI) prescribing	Enrol at www.nps.org.au/health_professionals/activities/clinical_audits_for_gps Submit both initial and review data phases by 28 April 2011
Clinical e-Audit: Management of hypertension	Audit packs available September 2010

GPNW Upcoming Events

contact@gpnw.com.au

FREE COMMUNITY HEALTH DIABETES EXPO

When: Wednesday 14th July
Venue: Ulverstone Civic Centre - Gawler Room
Patrick Street, Ulverstone
Time: 9.30am - 4.00pm

Various information stands will be available from health professionals from:

- ✓ Diabetes Education – What's new?
- ✓ Resources, handouts, monitor checks, insulin pen checks
- ✓ Diabetes Australia, Tasmania – Dietitian Nick Denniston will talk about healthy eating at 10am
- ✓ Wendy Chatwin - Registered Nurse DHHS Respiratory Educator will talk about Managing Sleep Apnoea and how it relates to diabetes at 11am
- ✓ Exercise Physiology - design and deliver exercise programs, specialising in exercise for health and well being
- ✓ Low Vision Centre – can assist with resources to help if your vision is impaired
- ✓ Health Dynamics – providers of Sleep Apnoea Products
- ✓ Podiatry Plus – Available to discuss Diabetes footcare from 1pm – 4pm

For further information please contact the Diabetes Team on 6425 0800

SUGARY SLEEP - THE ROLE OF OBSTRUCTIVE SLEEP APNOEA (OSA) IN DIABETES

For General Practitioners, Practice Nurses & Pharmacists

Speaker: Dr Sean Tolhurst, Consultant Respiratory & Sleep Physician from Queensland
When: Thursday 15th July
Venue: Casablanca Restaurant
Penguin Surf Club, Preservation Bay
Time: 6.30pm - 9.00pm
RSVP: Thursday 8th July

For further information please contact Sharee Taylor on 6425 0807 or email staylor@gpnw.com.au

INTER-PROFESSIONAL TEAM CARE OF PARKINSON'S DISEASE

For General Practitioners, Practice Nurses & Pharmacists

Speaker: Professor Robert Iansek, Professor of Geriatric Neurology, Monash University
When: Thursday 29th July
Venue: NWAHS Meeting Room, Alexandra Rd, Ulverstone
(Video-link up available at Queenstown/Rosebery/Smithton & King Island Hospitals)
Time: 6.30pm - 9.00pm
RSVP: Friday 16th July

For further information please contact Sharee Taylor on 6425 0807 or email staylor@gpnw.com.au

GPNW Upcoming Events Continued

ANNUAL NURSE IMMUNISATION DAY

For Practice Nurses (Flyer available soon)

Topics: Vaccine Preventable Disease – General Overview
Consent
Pre Vaccination Screening
Vaccination Technique – Points to remember
Documentation
Anaphylaxis
Cold Chain

When: Saturday 28th August

Venue: Deloraine Rotary Pavillion

Time: 9.00am - 4.30pm

For further information please contact Bronwyn McLaren on 6425 0809 or email bmclaren@gpnw.com.au

COLD CHAIN MANAGEMENT

For Administration/Reception Staff (Flyer available soon)

When: Monday 30th August (TBC)

Venue: Ulverstone (TBC)

Time: 6.30pm - 9.00pm

For further information please contact Bronwyn McLaren on 6425 0809 or email bmclaren@gpnw.com.au

TRIAGE TRAINING

For Administration/Reception Staff (Flyer available soon)

When: Tuesday 21st Sept (Devonport) and Tuesday 28th Sept (Burnie) (Tentative date)

Venue: Burnie and Devonport (TBC)

Time: 6.30pm - 9.00pm

For further information please contact Bronwyn McLaren on 6425 0809 or email bmclaren@gpnw.com.au

ASTHMA MANAGEMENT AND SPIROMETRY

For Practice Nurses

When: Saturday 20th November (Tentative date)

Venue: Deloraine Rotary Pavillion

For further information please contact Bronwyn McLaren on 6425 0809 or email bmclaren@gpnw.com.au



Tamar Valley Resort Weekend Education Event

Upcoming Events

contact@gpnw.com.au

ARTHRITIS – FACTS FROM FICTION

When: Monday 19th July
Venue: Arthritis Tasmania - Board Room
127 Argyle Street, Hobart
Time: 5.30pm - 7.30pm



Join in a fun and interactive session learning about arthritis and what you can do about it. Learn about types of arthritis, medication including complementary therapies, diet, exercise and loads more. Please contact Adult Education on 6211 8549 to book in. Attendance fee to be confirmed.

ALZHEIMER'S AUSTRALIA (Tas) - 'GOOD NEWS FOR PEOPLE WITH DEMENTIA'

Future treatment for dementia & modern day treatments
Speaker: Professor Edmond Chiu, Psychogeriatrician
When: Thursday 22nd July
Venue: The Quality Hotel Gateway, Gateway Room
17 Fenton Street, Devonport
Time: 11.00am - 2.00pm

Bookings are Essential

Phone: Alzheimer's Australia (Tas) 62243077 or email: ros.geeves@alztas.asn.au

You are encouraged to bring questions or case studies along for open discussion after lunch

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#>

OSTEOPOROSIS UPDATE WITH PROFESSOR GRAEME JONES

When: Tuesday 3rd August
Venue: Rosny Library Meeting Room
Bligh Street, Rosny
Time: 10.30am - 12.30pm



Hear from Professor Jones about the latest advances in the management of osteoporosis. There will be information on the latest medications, management options and research.

Fee: \$5.00 non members & \$2 members



UNE PARTNERSHIPS PRACTICE MANAGER DEVELOPMENT PROGRAM FOR DIVISIONS

Please click link for more information regarding UNE Partnerships Practice Manager Development Program for Divisions, distance enrolments are taken any time. Workshops in Certificate IV in Professional Practice Management are planned for Melbourne and Brisbane after July.

http://www.practicemanagement.edu.au/downloads/misc/PCM_ROI_Divisions_2010.pdf

Other Information

contact@gpnw.com.au

GET HEALTHY INFORMATION AND COACHING SERVICE

Extra Information for Health Professionals

Referring patients

Many of your patients may benefit from the Get Healthy Information & Coaching Service®. Referrals can be made by simply telling patients about the service, or completing



- a Health Professional Referral Form, available for use by Registered Nurses and allied health professionals including dietitians, physiotherapists and exercise physiologists.
- a General Practice Referral Form

Both forms are available online at www.gethealthy.tas.gov.au, click on Health Professionals.

Risk assessment

To determine health risks and whether a person is suitable for the ongoing coaching component of the Service, medical assessment questions are asked. This covers recent hospitalisations, existing illnesses or chronic conditions, pregnancy, breast feeding, mental health and special dietary considerations. If responses highlight any potential issues, the person is referred to their GP for medical clearance before taking part in the service.

The Medical Clearance process has been developed in partnership with General Practice.

More information about the Get Healthy Information and Coaching Service®

The Get Healthy Information & Coaching Service:

- is a population and evidence-based preventative health initiative that targets some of the preventable risk factors for chronic disease
- is a free, confidential telephone-based service that helps people make lifestyle changes in relation to diet, physical activity and achieving and maintaining a healthy weight
- is staffed by qualified allied health professionals
- has been running successfully in NSW since February 2009, with participants reporting greater fruit and vegetable consumption, less take away food consumption, increased physical activity and reduced weight and waist circumference
- has been shown to reach a wide demographic mix across gender, age, socio-economic status, urban, rural and remote areas, and at risk population groups
- operates within the parameters of the National Physical Activity Guidelines and the Australian Guide to Healthy Eating
- provides interpreter services for people who do not speak English, and relevant telephonic services for people who are deaf, hearing impaired or speech impaired
- has access to information about related health and community services in Tasmania
- is provided to Tasmania from NSW Health, providing benefits of the existing infrastructure and resources, and a service that is able to respond to variable demand.

Other Information Continued

CANCER COUNCIL TASMANIA

A cancer diagnosis can be both frightening and isolating and discovering you are not alone can go some way towards easing this burden. Many people find joining a support group helpful, as they offer practical and emotional support and are often helpful at all stages of a cancer diagnosis.

Support groups enable members to share information, experiences and feelings in a caring and supportive environment. It enables those diagnosed to meet with others sharing a similar experience and long-lasting friendships can be made.

There is a range of existing support groups on the North-West Coast. While some are cancer-specific, there are also more general groups. Partners are welcome at meetings.

For more information on cancer support groups in your region, call Cancer Council Tasmania on 13 11 20.

NORTH WEST CANCER SUPPORT GROUPS

Bowel Cancer Support Group

Meets 2nd Friday of each Month, 10am-12pm

Cancer Council Tasmania Support & Information Centre, 54 Cattley Street, Burnie

Contact: Cancer Council Tasmania on (03) 64346363 or Group member, Sharon Latham on (03) 6442-1166

Cancer Support Group

Meets 1st Monday of each Month

Devonport Community Health Centre, 23 Steele Street, Devonport

Contact: Cancer Council Tasmania on (03) 64346363

Breast & Gynecological Cancer Support Group

Meets 1st Thursday of each Month, 10am-12pm

Cancer Council Tasmania Support & Information Centre, 54 Cattley Street, Burnie

Contact: Tracey Beattie, Breast Care Nurse on (03) 6430 6599

Breast & Lymphoedema Support Group

Meets last Thursday of every second month

Devonport Community Health Centre, 23 Steele Street Devonport

Contact: Linda Williamson on (03) 6425 6628

Prostate Cancer Support Group

Meets 1st Tuesday of every second month

Central Coast Community Health Rooms, 48 Water Street, Ulverstone

Contact: Lyndy Lowmow on (03) 6434 6363 or 0408 517 282

N.B. Always advised to call before attending support groups to ensure they have not been cancelled or moved for the month.



REMOTE GP TRAINING - APPLICATIONS CLOSE 9 JULY



Applications for the Remote Vocational Training Scheme's 2011 intake close at 5pm on 9 July 2010.

RVTS offers an alternative pathway to FACRRM and/or FRACGP/FARGP for GPs working in rural and remote locations. The curriculum is delivered via distance education and registrars are supervised remotely, so the program is suitable for solo practitioners.

For more information visit www.rvts.org.au, or contact (02) 6021 6235.

Other Information Continued

AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY

Mandatory reporting for health professionals

Australia's new national registration and accreditation scheme commences on 1 July 2010. From this date, a new national law - the Health Practitioner Regulation National Law Act 2009 - will come into effect.

The new law means that ten health professions will be regulated by nationally consistent legislation. For the first time, there will be one national fee, one set of registration and professional standards and one registration process for each profession across Australia.

The ten health professions impacted are: chiropractic, dentistry, medicine, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology.

Mandatory reporting is a key feature of the new legislation. It requires members of the regulated health professions to report notifiable conduct of another health professional to the Australian Health Practitioner Regulations Agency (AHPRA). AHPRA will then forward the notification to the appropriate professional board for investigation.

Some frequently asked questions:

What is notifiable conduct?

- Practicing while under the influence of alcohol or drugs.
- Engaging in sexual misconduct in connection with practice.
- Placing the public at risk of substantial harm because of impairment.
- Placing the public at risk of harm due to practice that constitutes a significant departure from accepted professional standards.

Who is required to report?

A registered health practitioner who forms a reasonable belief that another registered health practitioner has behaved in a way that constitutes notifiable conduct, is required to report this to AHPRA as soon as practicable. A registered health practitioner is required to report unless they know or reasonably believe that AHPRA has already been notified.

Employers who form a reasonable belief that a staff member (who is a registered health practitioner) has behaved in a way that constitutes notifiable conduct, are also required to report the matter to AHPRA as soon as practicable.

If it comes to AHPRA's attention that an employer failed to report notifiable conduct that it was aware of, AHPRA will issue a written report to the responsible minister of that health service, informing the minister of the failure to notify. The information provided in this document is intended for general use only. It is not a definitive guide to the law, does not constitute formal advice, and does not take into consideration the particular circumstances and needs of your organisation. Every effort has been made to ensure the accuracy and completeness of this document at the date of publication. VMIA cannot be held responsible and extends no warranties as to the suitability of the information in this document for any particular purpose and for actions taken by third parties. This document is protected by VMIA copyright. May 2010.

How can health services prepare for mandatory reporting?

1. Have a clear understanding of what constitutes "accepted professional standards" in order to apply the test of a "significant departure". This will help determine whether a notification needs to be made or not.
2. Identify how the health services' internal processes (investigations, grievances etc) will be effected by and need to accommodate the notification process.
3. Communicate with staff what the changes mean and how the notification process works.
4. Consider how to manage the welfare and ongoing employment duties of staff that may have a notification made against them.

Health services should also review their existing policies and procedures in order to incorporate the requirement to notify AHPRA as described above.

These may include but not be limited to:

- Performance management.
- Occupational health and safety.
- Disciplinary procedures.
- Investigation, root cause analysis.
- Whistleblower protection.
- Grievance procedures.

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