



# CLIPBOARD

**April/May 2005**

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# OUR DIVISION

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Dr Hilary Fine  
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Dr Leonie Nulsen

Dr Jonathan Dalitz  
Dr Niall Barrett  
Dr Ian Wood

Dr Graham Farquhar  
Dr Damien McCann  
Dr Timothy Lipscombe

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Dr Hilary Fine

Dr Graham Farquhar

Glenys Beagley

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Executive Support Officer  
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Manager, General Practice Development  
Practice Nurse Support  
Practice Manager Support & GP Wellness  
Practice Support  
Mental Health, Quarry GP &  
*Freo Street Doctor*  
GP Education, QUM & NPS  
Collaboratives  
Aged Care  
Immunisation & Practice Support  
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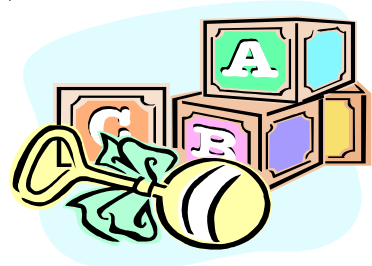
**Street Address:** Level 1, 10 Silas Street, East Fremantle WA 6158

**Postal Address:** PO Box 4186, Myaree Business Centre, Myaree WA 6960

## **A NEW BABY**

Congratulations to Christine Vecchi and Garry Michel on the arrival of Caitlyn Ruth

Born 7th February 2005  
8lbs 13 ozs



# CHAIRPERSON



*Dr Hilary J Fine  
Chairperson*

Fremantle *GP Network* is settling into its new premises. It continues to forge links locally whereby the *Network* is becoming a first point of contact for General Practice. We have recently been contacted by conference organisers on "Maritime Health Care". As a conduit to local GPs, the Division is in a unique position and vice versa. GPs should be contacting the Division to point them in the right direction, whether it is for practice management or personal needs ranging from GP Wellness issues to upskilling.

On the subject of upskilling, the response to the *GP Network Skills Day* at Notre Dame has been overwhelming, with over 49 GPs and 66 practice staff registered for sessions ranging from ECG interpretation to travel medicine.

The role of the Division in supporting GPs in their Practices has been under the spotlight recently. Each month the Board of Directors is given information on the numbers of Practices seeking the services of *GP Network*. In the first three months of 2005 that amounted to 45% of practices. I am sure that GPs working in these practices are sometimes blissfully unaware of this level of contact.

The idea of individual GP vs Practice membership has been discussed at length and has now been endorsed by the Board. Many of you will have recently seen a letter explaining this. Any GP practising in the Fremantle region is eligible for membership which is \$50 plus GST. This once only payment entitles members to *Clipboard* newsletter, the AGM social event and other networking opportunities, attendance at *GP Network* CPD and other educational events, GP Wellness events and representation on local and regional issues. Then there is Practice Registration which is a flat fee of \$100 per annum. This annual fee is for services provided

to the Practice and includes, but is not limited to, yearly visits by *GP Network* staff to identify areas of priority for your Practice for the coming year. It also provides assistance and resources via Practice visits; telephone support; networking meetings; bi-monthly newsletters offering support with MBS and new government initiatives; information management; immunisation; accreditation; and Practice Nurse/Practice Manager issues. The list goes on.

In addition a *GP Network* staff member will be allocated to your Practice as first point of contact. In this way we hope to continue to improve communication and build relationships between *GP Network* and our members.

Another current topic is that Government is putting increasing pressure on Divisions to be accountable both with governance and health outcomes for the community. *GP Network* Board operates at a high level with excellent financial and risk management in place and plans to embrace the challenge. The key areas of Diabetes, Asthma, Mental Health and Aged Care should provide little difficulty. However, meeting Immunisation coverage targets, in parts of our geographic area, will be an interesting adventure.

Voluntary areas of accountability will be where Fremantle can excel by including innovative services such as *Freo StreetDoctor* and *Quarry Youth Health*.

All in all it is a busy time for *GP Network* and a time of some major change to look forward to.

# SKILLS DAY

## GP Network's Skills Day 19 March 2005 at the University of Notre Dame

All the hard work paid off for the first GP Network Skills day which went off with a bang! Over 100 participants registered including GPs, Practice Nurses and Practice Managers; to get into plastering, intubation and suturing along with many other workshops.



*Dr Peter Nathan demonstrating joint injections*



*Dr Sarah Oh and medical student Eric Miller suturing pig's trotters.*



*Kathy Thevenau checking out the latest spirometry equipment*

Eleven workshops were held, running on the hour from 10am to 4pm, covering Wound Care, ECGs, Spirometry, CPR, Business Management, Travel Vaccines, Immunisation, Plastering, Suturing, Joint Injections and Intubation.



*Linda Tholnuysen resuscitating Baby Annie*



*Dr Vincent Chow intubating*

All participants found the hands on training a fantastic way to update their skills, have a chat to presenters and have fun whilst doing so.

Thanks must go to the Medical School at the University of Notre Dame for hosting the workshops; their beautiful new building and facilities were the perfect venue.

Thank you to SJOG Murdoch who kindly provided Dr Andrew Jan, Dr Andrew Christophers and the intubation model.

Thank you to the wonderful presenters on the day, including Jane Butcher, Dr Michael Butcher, Dr Andrew Christophers, Stanley D'Souza, Fremantle Hospital Plaster Clinic, Dr Andrew Jan, Phil Kemp, Dr Peter Kendall, Dr Damien McCann, Dr Peter Nathan, Gae Sawyer, Bill Smith, Dr John Terry, and Dr Alan Whelan.



*Dr Vincent Chow intubating SJOG Murdoch dummy with Dr Andrew Jan and Dr Andrew Christophers*



*Stanley D'Souza getting down to CPR*



*Lorna Hurst with the youngest participant ~ Dr Isobel D'Souza's daughter*



*Drs Wood, Cameron and Gaebler getting plastered*

Thank you also to our sponsors, AstraZeneca, Amrad, Wyeth, Smith and Nephew, Lundbeck, Pfizer, Aventis Pharma, Aventis Pasteur, and Galderma who kindly supported the day.

# EDUCATION

Dr Aidan Perse  
GP Education GP Advisor



Few things in life stay the same for long, and the same applies to the RACGP's points requirements. The College's QA and CPD handbook was distributed late last year outlining the points requirements for the new triennium, starting in 2005. Whilst there are the inevitable changes, they are not as drastic as it may seem.

RACGP works on the principle of rewarding education that is effective and likely to transform practice and produce better outcomes. It also recognises that individual circumstances and preferred learning styles will differ, and has built in a variety of ways of earning points.

The two big changes are:

1. GPs will be required to complete 2 different Category 1 activities over the course of the next 3 years. Options include clinical audits, small learning groups, Active Learning Modules, clinical attachments, writing a journal article and so on. There are 9 different options in all.
2. Active learning modules are effectively 6 hours of 5pph education on a related topic. They can

be completed as a block or broken down into units spread throughout a year.

GPs are still required to earn 130 points over 3 years, and each Category 1 activity is worth 30 points. So there are still other ways of earning points such as attending workshops and conferences, teaching medical students and supervising registrars.

There are 13 different ways of earning Category 2 points.

So where does the Division come in? We are well placed to coordinate groups of GPs such as in setting up small learning groups. We are able to help find ready made clinical audits. We have regular contact with the RACGP QA&CPD division and are in a position to answer your questions.

If you have any queries or need advice or help, contact GP Network.

## GP Network events

Look for more events on the fax back insert

### SUNDOWNER

#### General Practice makes Good Practice

Tuesday 10<sup>th</sup> May 2005  
Commencing at 6.00pm

School of Medicine at Notre Dame University Fremantle GP Network and Notre Dame University have pleasure in inviting GPs and their Partners to meet with Notre Dame Medical Students, tour the facilities of the new Medical School, and to share the positive experiences of general practice with these future graduates. See fax back insert to register your interest.

### WORKSHOP

#### For Nurses interested in working in a General Practice

Tuesday 3 May 2005  
6.30pm to 8.30pm  
At GP Network

We've received feedback that RNs are often scared away from applying for Practice Nursing positions because of the unknown. So, in order to help address this, an event is planned for interested Registered Nurses.

It will address: opportunities for RNs to up skill in required areas; the wage structure; and review a typical day in general practice. If you know of any interested RN, have them call Gae Sawyer.

## Other events

### BreastScreen WA's 3rd Multidisciplinary Breast Cancer Conference

**Date:** Sat 28 May 2005

**Venue:** Perth Convention and Exhibition Centre

**Theme:** "High Risk Women and Survivorship Issues"

**Contact:** Rose Bryant, Tel 9323 6706 or email [rose.bryant@health.wa.gov.au](mailto:rose.bryant@health.wa.gov.au)

### Graduate Diploma of Women's Health courses run by KEMH (10 week course)

**Theme:** "Office Gynaecology"

**When:** Tuesday evenings

**Time:** From 6:30 – 9:00pm.

**Next theme:** "Obstetrics for the Non-Procedural GP"

**Date:** Starting 31 May 2005

For further information or a program, please contact Anita Ingleby, the Administration Assistant for Postgraduate Medical Education on 9340 1388 or [kemhpostgrad@health.wa.gov.au](mailto:kemhpostgrad@health.wa.gov.au)

# EVENT REPORTS

## Workshop: Immunisation Update - What you need to know!

This workshop, held in February 2005, was presented by Dr Peter Richmond, Paediatric Immunologist at Princess Margaret Hospital and the University of WA.

Dr Richmond is Head of Department at the Vaccine Trials Group at PMH. He is a most engaging speaker and he certainly ensured that all seventeen participants left with their immunisation knowledge well and truly up-to-date. Peter explained the changes to the Immunisation Schedule (8<sup>th</sup> Edition) and the Pneumococcal Vaccination Program 2005 as well as covering the IPV combination vaccines and how to treat adverse reactions. Finally, he touched on some of the research being carried out at the Vaccine Trials Group, including two studies with the Human Papilloma Virus (HPV), which has the potential to prevent cancer of the cervix.

Feedback from workshop participants was extremely encouraging, which is reflective of Dr Richmond's professionalism and expertise. Vaccination is an exciting and challenging area and as you know, it never seems to stand still. Workshops such as this help to ensure that GPs and Practice Nurses are kept up to date with the latest guidelines and research.

## Networking event for Practice Staff

The first event for practice staff held this year in our new premises at East Fremantle was well attended by nurses, practice managers and practice staff.

Care Plans and Annual Health Assessments were the topics covered during this event with many practice staff commenting on the usefulness of the information provided. Several staff also used this opportunity to request GP Network resources relating to EPC items.

The information session was followed with a fun networking session, giving staff from general practices in the Fremantle region the opportunity to socialise and share ideas and experiences.

Our next networking event will be held on Tuesday 17<sup>th</sup> May. Contact Gae, Kelli or Lorna if you would like further information on this or any other events at GP Network.



*Practice Staff enjoying the February Networking event at GP Network*

## Collaboratives Team Building Workshop

Thirty three GPs and practice staff from the practices participating in the first wave of the collaboratives attended a team building workshop at the Grand Chancellor Hotel facilitated by Paddi Brown on Saturday 19<sup>th</sup> February.

This gave practices a chance to build a foundation for the effective team work needed for them to get maximum value from their participation in the NPCC. Additionally, practices were able to raise any questions about their role in the NPCC, share ideas and get to know their Collaborative colleagues.

Practices shared their reasons for participating in the Collaboratives which varied from:

*'good opportunity for a fairly new practice to put changes into place that will benefit patients and GPs' to*

*'want to be part of a project that has the potential to shape general practice in Australia'*



*Helen Gielis (Practice Manager), Dr Anita Kukurs and Dr Maryellen Yencken from Leeuwin Medical Group working on their practice communication strategy at the Collaboratives Workshop*



## National Primary Care Collaboratives (NPCC)

GP Network in partnership with Perth and Hills Division is one of only two consortiums from Western Australia participating in this exciting new national project. The NPCC is focusing on:

- improving clinical outcomes for patients with coronary heart disease (CHD) and diabetes; as well as
- improving patient access by decreasing waiting times for appointments.

### What is a Collaborative?

A Collaborative is a quality improvement methodology that involves a group of practices coming together over a 9-12 month period to share and learn ways to achieve rapid improvement in clinical outcomes through small, simple changes.

This model is based on the UK program which is the largest healthcare improvement program in the world. It has been operating since 2000 and 5,000 practices have taken part. Outcomes have been achieved in a very short period of time, including:

- 50-75% reduction in Did Not Attends (DNAs) for appointments in general practice
- Less stressful environment
- Reduction in mortality of patients with Ischaemic Heart Disease by 30% in 3 years and 50% in 5 years

### What do practices have to do?

The NPCC will involve 600 general practices from around Australia. It will be run in three waves of 200 practices, each of nine months duration. In the Fremantle Region, Ellen St Family Practice, Reynolds Rd Medical Centre, Hatherley Medical Centre and Leeuwin Medical Group have signed on to be part of the first wave of the project.

Two members of staff (one GP, one non-GP) from each practice attend the Orientation Day and three Learning Workshops in Melbourne. At each Learning Workshop, NPCC will introduce representatives to practical ideas for delivering improvements in Diabetes and secondary prevention of CHD and Better Access. These will be attended by the entire national group and will represent an opportunity to exchange ideas and hear success stories.

Between workshops, Practices will have action periods to implement the ideas they have been exposed to and formulated for themselves at the workshops. Practices will be required to provide baseline and monthly data on CHD, diabetes and access, and data on small tests of changes that they have completed.

### Opportunities for participating Practices:

- Increased quality
- Improved camaraderie and morale within the Practice
- Increased profitability
- Internal and external comparison

If you are interested in being part of the second or third waves of the NPCC, please contact Amanda Derbyshire for further information.

# PRACTICE DEVELOPMENT

The General Practice Development team have been collating the number of practice visits done so far this year. You may be interested to know that over 45% of practices have made contact with the Division for Development related services since January this year!

The services provided include support for:

- Accreditation and re-accreditation
- Business Management
- Care Plans
- Cold chain and sterilisation
- Downloading pathology queries
- Employing a PN
- Government initiative inc PIP/SIPs and EPC
- GP Wellness
- IM/IT
- Immunisation
- New MBS items including the After hours numbers and 100% rebates
- PKI
- PN Scholarships available
- Register and recall systems
- Template development

If your Practice would like support for any of the above or any other area – please call. We are happy to tailor information to your individual Practice needs.

As an example of what we can help you do – we've highlighted some questions you may want to ask yourself and have the General Practice Development Team help you answer.

## Interested in being a GP for your rural peers?

Western Australian Centre for Remote and Rural Medicine (WACRRM) is seeking to form a group of metro GPs who would be interested in providing primary health care to remote GPs and their families.

This would involve an annual fully reimbursed trip to part of rural WA to visit these remote doctors, being a city point of contact for these doctor's health needs; and a chance to experience the beauty of rural WA first hand.

Contact Dr Diana Fakes at WACRRM  
Tel 6488 8700, Fax 6488 8701

Gae Sawyer  
Email: [gaes@frdgp.com.au](mailto:gaes@frdgp.com.au)



Kelli Porter  
Email: [kellip@frdgp.com.au](mailto:kellip@frdgp.com.au)



Jackie Frankel  
Email: [jackief@frdgp.com.au](mailto:jackief@frdgp.com.au)



## Register and Recalls in your Practice

Has your practice ever looked at the efficiency of its register and recall system?

Specifically do you know?

- What are the roles and responsibilities of all staff involved in the register and recall system?
- Do you use a 'whole of practice' approach?
- How are patients entered into a specific register eg: Diabetes?
- What do you recall in your practice eg: Pap smear, immunisations?
- How are patients recalled eg: by phone, mail?
- How are recalls updated?
- What happens to those patients who fail to attend for recall?
- Are you making the most from your computer system?

## Think about it ... how well do you manage information in your Practice?

The end result of an efficient register and recall system is:

- Easy information management
- More time for GPs, Practice Nurses and practice staff
- Improved cost effectiveness for your practice
- A system that works for you, not you working for it!!

To find out how we can help your practice, please contact Jackie Frankel or Gae Sawyer.

# IMMUNISATION

## Influenza and Pneumococcal Vaccination for Aboriginal Patients

The Commonwealth Government is again offering the national Indigenous Pneumococcal and Influenza Immunisation (NIPII) Program to promote free vaccinations for at risk Aboriginal patients. This is an important and exciting initiative that offers free vaccinations to all Aboriginal patients aged 50 years or older and many Aboriginal patients aged 15 or older.

Aboriginal patients who are eligible for free vaccinations are:

- Aboriginal people aged 50 years and over
- Aboriginal people aged 15-49 years of age who are at higher risk of complications from infection due to:
  - Heavy drinking
  - Heart, kidney or lung disease (including severe asthma)
  - Diabetes
  - Immunodeficiency (such as HIV, cancer)
  - Smoking has recently been added as an indication for vaccination for adult pneumococcal vaccine.

Aboriginal patients should be vaccinated for influenza every year before winter hits. Pneumococcal vaccinations can be given at any time of the year. The timing of pneumococcal vaccinations is a bit tricky, but basically should be given twice, five years apart for Aboriginal people 50 years and over, and for people younger than 50 years three times (first vaccination, then another five years later, and then the third at 50 years of age or 10 years after the second dose, whichever is later).

The South Metropolitan Public Health Unit is also promoting the campaign in collaboration with GP *Network* through the provision of funds to the *Free StreetDoctor* program with the intention to increase vaccination coverage with hard-to-reach Aboriginal populations in the Fremantle area.

Contact: Dr Kynan Feeney, Public Health Medical Registrar, South Metropolitan Public Health Unit  
Phone: 9431 0219 / 0404890186  
Email: [Kynan.Feeney@health.wa.gov.au](mailto:Kynan.Feeney@health.wa.gov.au)

## Improving GPII Immunisation Rates

**Is your practice immunisation coverage rate struggling? Want help to increase your rate to receive incentive payments?**

To receive your General Practice Immunisation Incentive (GPII) quarterly payments your Practice must achieve a coverage rate of 90% or over. Several Practices in the region do not achieve this rate and are missing out on valuable GPII payments. To assist Practices to monitor overdue immunisations, the Australian Childhood Immunisation Register (ACIR) provides a quarterly GPII report to each Practice. To receive this report, each GP in the practice **must** sign a 46E agreement. To obtain a copy of a 46E Agreement or to find out which GPs in your Practice may not have signed a 46E Agreement, contact ACIR on 1800 246 101.

**What else can our Practice do to increase coverage?**

If you haven't already done so, you may want to consider obtaining electronic access to the ACIR secure site, which is part of the HIC's website. This site allows immunisation providers to check the immunisation history of a child, send immunisation

data and produce statistical and identified immunisation reports by following the steps below.

- Step 1 Visit [www.hic.gov.au](http://www.hic.gov.au)
- Step 2 Click on Health Care Providers
- Step 3 Click on HIC Programs and Services
- Step 4 Click on Australian Childhood Immunisation Register
- Step 5 Click on Request Access
- Step 6 View the recommended technical requirements to ensure you have the minimum software and hardware required. Click on Request Access
- Step 7 Enter details on the on-line form. (Remember the password you key here, as this will allow you to access to the secure site in future)

If you still require assistance, please call the ACIR internet help desk on 1300 650 039.

In addition, GP *Network* and the ACIR Field Officer, Sharon Barnes, are available for Practice visits to assist with increasing immunisation coverage rates, particularly those Practices with rates less than 90%.

Contact Lorna Hurst at GP *Network* for further information or to book a Practice visit.



Lorna Hurst  
Email: [lornah@frdgp.com.au](mailto:lornah@frdgp.com.au)

## Childhood Immunisation Multiple Vaccine Injection Advice

One of the most commonly asked questions raised by immunisation providers is how to give all scheduled injections at the one visit.

It is recommended best practice to administer multiple vaccine injections at the same visit if required – there should be no delay. One of the advantages of using the same sites is that you will be able to record them afterwards and not have to delay in the middle to write them down.

One immunisation provider has provided the following logic, to support administering multiple vaccines:

*“If parents want to separate the injections I listen to what they have to say, but I tell them that we have pretty much ruined the child’s day with the first one, so we might as well get the job finished, rather than give the child pain on another occasion!”*

The following recommended best practice guidelines have been developed by Ann Kempe, who is a member of the Australian Technical Advisory Group on Immunisation.

### For a child under 12 months old:

- The anterolateral thigh is the preferred site for IMI vaccines. Two injections can be administered in the same anterolateral thigh, but the injection sites should be separated by at least 25mm so that local reactions (if they occur) do not overlap.
- Administer the vaccines that have a lower risk of local reactions in the same thigh. For example: give Hib-HepB with DTPa in one thigh and Prevenar in the opposite thigh.

### For a child 12 months or older:

- If there is sufficient deltoid muscle mass, two IMI vaccines may be administered into one deltoid, but the injection sites should be separated by at least 25mm. Use your own clinical judgement and consult with the parent or caregiver, however the following is a useful guide, starting with the least reactive and least painful and working up to the most reactive and most painful:
  1. Hip-HepB – Left Arm
  2. MMR – Right Arm
  3. 7vPCV – Left Arm\*
  4. MenCCV – Right Arm
- If there is insufficient muscle mass for the technique, or **if the child is not overly active**, the 3<sup>rd</sup> or 4<sup>th</sup> vaccine may be administered into the anterolateral thigh. Again, exercise your own clinical judgement and consult with the parent or caregiver. However, you may use the following guide if appropriate:
  1. Hip-HepB – Right Thigh
  2. MMR – Left Thigh
  3. 7vPCV – Left Arm\*
  4. MenCCV – Right Arm

\* Please note that fever is an expected side effect after 7vPCV (Prevenar) vaccination and parents and caregivers should be advised about this. This reaction is noted on p.233 of the Immunisation Handbook (8<sup>th</sup> Edition), but it is not noted as a possible adverse reaction on the Parent Advice Sheet on the inside back cover of the Handbook.

# WELCOME NEW STAFF

Daniele McGrath

Email: [danielem@frdgp.com.au](mailto:danielem@frdgp.com.au)



GP Network welcomes Dr Bennie Ng, Dr Sally Cornelius, Beverley Costello & Jacinta O'Leary to the Freo *StreetDoctor* Team and Dr Catherine Nixon who will be working with Quarry General Practice for Under 25s.

We hope they all enjoy their time working with these services and the experience it brings them.

These services provide excellent opportunities for GPs and other Health Professionals to be involved in primary care with at-risk and difficult to reach groups. Both are fun, safe environments and provide opportunities for GPs to work closely with Allied Health Workers.

We are always looking for interested GPs to join these devoted teams. There is good remuneration, interesting clinical work, and the working environments are relaxed. Please contact Daniele for further information or to speak with some of the GPs already working within these services.

You are welcome to visit the Freo *StreetDoctor*, just pop down to Pioneer Park in Fremantle on Monday & Tuesday evenings between 4pm - 7pm.

## QUARRY General Practice for Under 25s



*Freo StreetDoctor staff catching up before the start of the session*

# MENTAL HEALTH TRAINING

## Do you have patients that you support perinatally?

The **Recognising and Managing Post Natal Depression** GP education event looks at using simple strategies for early identification and timely intervention for women at risk of experiencing stress and depression associated with pregnancy and childbirth.

The session will address:

Early Recognition of PND – The signs & symptoms and using the Edinburgh Scale  
(Christine Axten – Clinical Nurse Specialist, Alma St Centre),

Management of patients with PND

Partners and the marital/partner relationship

The antenatal period including foetal exposure to medication and/or maternal stress

(Dr Jonathon Rampono – Head of Department of Psychological Medicine, King Edward Memorial Hospital)

This event will also include the launch of the “WELL MUMS Service Directory”. A PND service directory developed to provide GPs in the Fremantle Region with a quick reference guide to access suitable community services & resources to assist in the treatment of their patients.

**Wednesday 4<sup>th</sup> MAY 2005**

**GP Network; 10 Silas Street, East Fremantle  
6.30 to 8.30pm (see fax back insert to RSVP)**

Please contact Daniele at GP Network  
if you have any other questions.



## Care Plans for residents of an Aged Care Facility

GPs of residents who have one or more chronic medical conditions (that have been present or are likely to be present for six months) or a terminal illness and complex care needs can contribute to their individual Care Plan developed by the RACF and access Medicare item 730.

The resident's usual GP can make a contribution to a Care Plan upon the request of the Residential Aged Care Facility as a member of a multidisciplinary Care Plan team member. The Enhanced Primary Care (EPC) Care Plan requires a multidisciplinary approach involving collaboration between the GP and at least two other health care providers.

Contribution to a Care Plan (Item 730) can be used up to four times in a 12 month period for either contributing to a Care Plan or contributing to the review of a Care Plan in an aged care facility. The GP's contribution should be recorded on the Care Plan and on the resident's medical record.

Item 730 includes preparation of the parts of the resident's Care Plan relevant to the treatment provided by the GP. The GP's contribution should be made preferably face to face or by telephone. Where this is not practicable then by fax, email or written correspondence is acceptable. The aged care facility should provide the GP with a copy of the plan or the part of the plan, where applicable, to services he/she will provide.

## Allied Health MBS items

Since 1 July 2004, people with chronic medical conditions and complex care needs who are being managed through an EPC multidisciplinary Care Plan have had access to Medicare rebates for a maximum of 5 allied health services and 3 dental visits a year when referred by the GP to HIC registered allied health providers and dentists. Remember, a Care Plan (Item 730) must be claimed through Medicare for the resident to be eligible to access the new allied health and dental care items.

## AGED CARE

### INTERMITTENT CARE SERVICE PILOT: CARINYA ON BRISTOL

#### Commencement of Intermittent Care Service for South Metropolitan Area Health Service (Slow stream rehabilitation).

A new Intermittent Care Service Pilot started at the Bristol Avenue site of Carinya of Bicton on 1 February 2005. The service is designed to provide alternative care options for older people and includes 30 residential beds and 20 community aged care packages.

The program offers up to 12 weeks care in the residential unit in Bristol Avenue (formerly Carinya Annexe) and/or up to 12 weeks care and support in the community.

Clients will need to have a current ACAT approval and may be referred to the service by:

- South Metropolitan Area Health Service coordinators (Fremantle, Bentley, Armadale and Rockingham/Kwinana Hospitals)
- General Practitioners whose patients **do not** require acute or sub acute medical care.

Referrals may be made by telephoning the ICS Coordinator on 9319 8440

### THE NEUROLOGICAL COUNCIL OF WESTERN AUSTRALIA

The Neurological Council of WA offers support through their Home and Community Care Neurocare program for people who are affected by neurological disorders.

The objectives of the program are to enable people to remain in their own home and have access to ongoing community support, and also ensure caregivers are supported in their role.

Services offered throughout the metropolitan area are home based respite, social support, counselling support, information and advocacy. Personal Care is available in the North Metro Region only.

If you have a client who you feel would benefit from these services, please telephone the Coordinators:

Sue 9346 7535 or

Dianne 9346 1369

Monday to Friday 8.30am – 4.30pm

## POSITION VACANT

### MURDOCH COMMUNITY HOSPICE

#### Medical staffing opportunity for 2005 - 2006

Murdoch Community Hospice is a purpose built hospice located in the grounds of St John of God Health Care, Murdoch. The inpatient unit comprises twenty (20) single rooms. A day support and therapy centre, counselling services and a bereavement support program are also available. Permanent medical staff include a part-time Senior Medical Officer and a full-time senior Medical Officer. A further full-time position is filled by a GP Registrar undertaking further training in palliative care.

Due to the rapid growth of palliation, an opportunity exists for 0.5-0.8 FTE Medical Officer. The position would suit either Registrars interested in palliative medicine (supervision is available for FRACP trainees), or General Practitioners with an interest in palliative medicine. The position is well supported with extensive opportunities for education. The scope of experience is immense including advanced pain management, understanding the roles of chemotherapy and radiotherapy in advanced disease, and management of the dying patient.

For more information please contact Eleanor Roderick, Chief Executive Officer or Jonty Rothstein, Medical Officer on 9366 1366.

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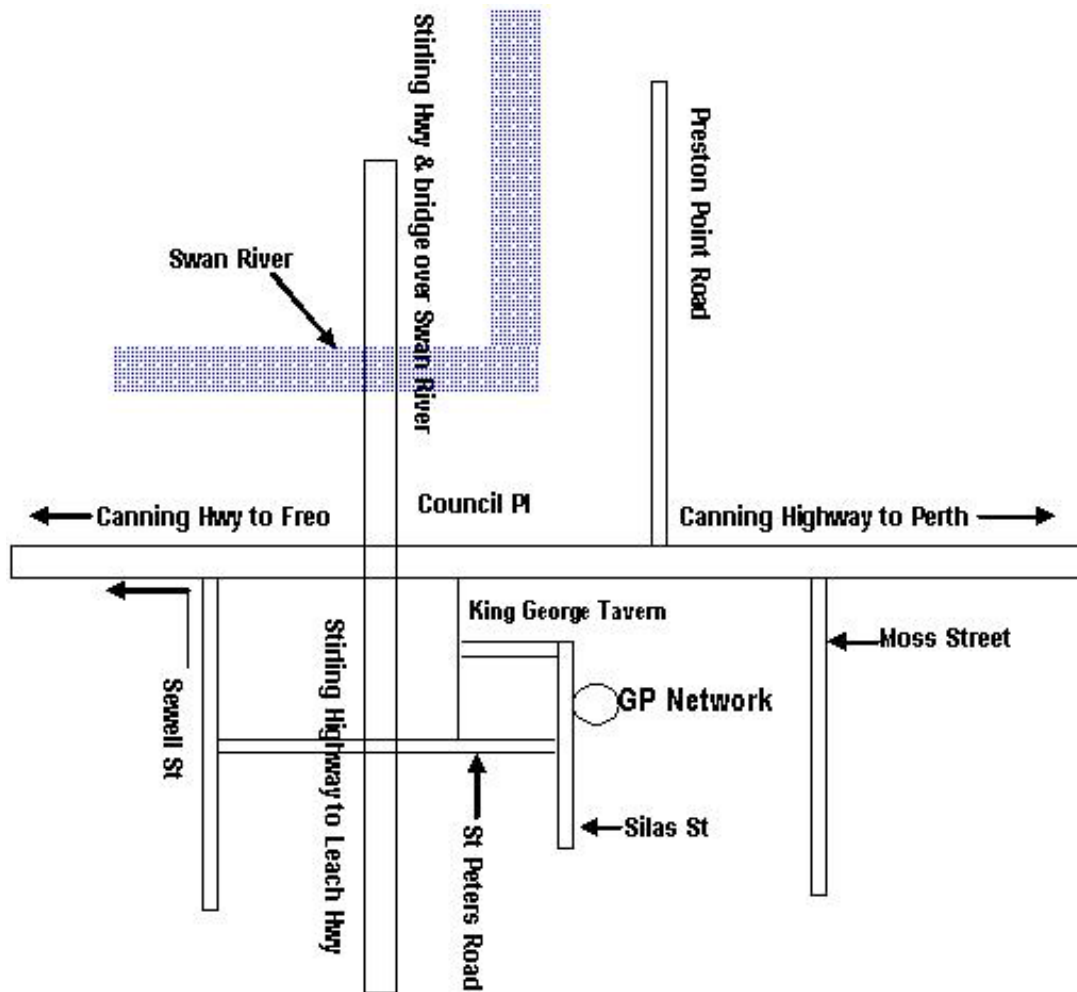
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