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## MESSAGE FROM THE CEO

Welcome to the June 2010 issue of **GP Matters** the monthly publication published by GP partners Adelaide to provide members with up to date information regarding your Division's activities, health news, business enhancement opportunities and health information relevant to General Practice.

### *Lifestyle Modification Program – New Commonwealth TV Advertising program*

During June 2010, the Commonwealth Government through the Department of Health and Ageing will launch a major TV advertising program aimed at men and women aged between 40-49 years who are overweight and at risk of developing health problems like type 2 diabetes and heart disease.

The key message is it is never too late to "get a new lease of life" and to contact General Practitioners for advice.

GP partners Adelaide has available a life style modification program to which General Practitioners can refer patients should this be appropriate.

Further information is available on the GP partners Adelaide website [www.gppadelaide.org.au](http://www.gppadelaide.org.au)

### *How may we better serve you?*

As one new component of our refreshed approach to service to members the staff of GP partners Adelaide initiated early last year a structured Practice Liaison Program which provides a designated staff member being allocated to your practice so that you have this person as a constant point of contact. The designated contact person is charged with the sole responsibility to respond to your enquiry. This is intended to ensure you obtain efficient, reliable and high quality service.

Following the success and encouragement from General Practice for this initiative, during the next month a Staff member of GP partners Adelaide will contact you by phone to make an appointment to meet with you to discuss the role and services that GP partners Adelaide can provide for you and to review the outcomes of your survey requests from last year. The results of this review survey will enable GP partners Adelaide to plan and implement strategies to further improve the services that we offer your practice.

If there are any questions, please do not hesitate to contact me. We always value your thoughts and ideas about how we can better assist your practice and GP's to add value to the services that you provide and invite you to not hesitate in providing us with your views and comments.

### *A new Mental Health Act 2009 and a Clinicians Guide will come into operation on 1st July 2010.*

The Guiding Principles of the Act safeguard the rights of people with serious mental illness, recognise and respect people as individuals in terms of their culture and background and tailoring their care and treatment (especially children and young people). The Act requires greater accountability, consistency and standardisation in all interactions.

The Act regulates the provision of care, treatment and rehabilitation in the least restrictive manner and confers limited powers to make orders for involuntary treatment. It introduces into South Australia for the first time the concept of recovery.

» [Continues next page](#)



The provisions of the Act include:-

- » A legislative basis for mental health **reform** in SA;
- » Introducing significant **changes in practice** to bring services in line with national and international best practice;
- » Increasing **accountability** through the office of the Chief Psychiatrist;
- » Strengthening **consumer** and **carer** involvement to improve outcomes for consumers and families;
- » Providing **high quality, safe** and **multidisciplinary** care and treatment, and
- » **Balancing** interventions with safeguards

SA Health has lead responsibility for comprehensively planning for the successful implementation of the new Mental Health Act 2009. A copy of the Act, **A Clinicians Guide and Code of Practice and a Plain Language Guide** are available on the GP partners Adelaide website

[www.gppadelaide.org.au](http://www.gppadelaide.org.au)

This issue of GP Matters features General Practice service program information, news of interest and other features and GP partners Adelaide trusts that you will find this latest issue interesting and worth a perusal.

## PROGRAM UPDATES

### EVALUATING THE ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS) PROGRAM

#### *Background*

The majority of Divisions of General Practice are conducting Access to Allied Psychological Services projects, which have been funded progressively under the Better Outcomes in Mental Health Care (BOiMHC) program, which was introduced in July 2001. These projects, run by Divisions of General Practice, enable GPs to refer consumers to allied health professionals for 6-12 individual sessions of evidence-based care per calendar year (with a further 6 in exceptional circumstances, and the option of up to 12 group sessions).

For the past six years, the Centre for Health Policy, Programs and Economics (formerly the Program Evaluation Unit) in the University of Melbourne's School of Population Health has been conducting an evaluation of the Access to Allied Psychological Services projects.

#### *Method*

The report draws on data from a purpose-designed minimum dataset, which collects consumer and session-based data on the projects. Additionally, data regarding models of service delivery were collected via a purpose-designed survey completed by Divisional project officers between October 2008 and February 2009 and are compared to a similar survey which was completed in April 2005.

#### *Key findings*

**What is the level of uptake of the general Access to Allied Psychological Services projects by GPs, allied health professionals and consumers?**

Between 1 July 2003 and 31 December 2009, 15,251 (9,032, 59% urban; 6,219, 41% rural) GPs referred consumers to 4,042 (2,933, 73% urban; 1,109, 27% rural) allied health professionals through the Access to Allied Psychological Services projects.

Between 1 July 2003 and 31 December 2009, 174,675 consumers were referred to the Access to Allied Psychological Services projects, 135,033 (77%) of whom took up the referrals provided.

On a quarterly basis the number of referrals rose from 1,344 in July-September 2003 to a peak of 11,152 in July - September 2006. After the introduction of the Better Access program (November 2006), there was a temporary reduction in the number of referrals overall and in urban and rural areas, perhaps indicating something of a shift to the newer initiative. From the October-December 2007 quarter, the number of referrals steadily increased overall and in rural areas. In urban areas, referral numbers were variable during 2007, but rose consistently in 2008.

In total, 709,684 sessions of care were provided through the projects, making the average number of sessions provided to consumers 5.3. Overall, the number of sessions has increased over time from 3,842 in July-September 2003 to a peak of 42,222 in July-September 2006.

**What are the sociodemographic and clinical profiles of consumers of general Access to Psychological Services projects, and what is the nature of the care they are receiving?**

The profile of referred consumers has remained relatively consistent over time, and, in the main, is similar across urban and rural projects. Around three quarters of all consumers are female, and their mean age is approximately 39 years. The majority (around two thirds) are on low incomes. About half have no previous history of mental health care. Of those for whom a diagnosis was made by the referring GP, most have been diagnosed with depression (75%) and/or anxiety disorders (57%).



GP partners Adelaide has a Preferred Provider Panel of Clinical Psychologists who see patients through the ATAPS Program as well as supporting psychological services at Nunkuwarrin Yunti and Brian Burdekin Clinic.

If you wish to refer a patient to ATAPS, please fax through the Mental Health Treatment Plan to 8227 2220 and the GP partners Adelaide Mental Health team will arrange referral.

For further information, please contact 81121100.

## CHANGES TO MBS ITEMS FOR MULTIDISCIPLINARY CASE CONFERENCING

The Multidisciplinary Case Conferencing items may be used for GPs to organise and coordinate, or to participate in, a meeting or discussion held to ensure that their patient's multidisciplinary care needs are met through a planned and coordinated approach.

As of the 1st May 2010, the multidisciplinary case conferencing item structure has been streamlined. Eighteen GP multidisciplinary case conference items (734-779) have been combined into six new items (735, 739, 743, 747, 750 and 758) based on the duration of the service and on whether the practitioner is coordinating or participating in the case conference.

The old item numbers have been deleted. There are no longer separate items according to the location of the service. The time periods have also been adjusted to more closely align with the time periods used for level B, C, and D normal consultation items.

Old Items		New Items	
Item & fee	Service time	Item & fee	Service time
<b>Organise and coordinate a GP Case Conference</b>			
734, 740, 746 Fee: \$89.55	At least 15 and Less than 30 minutes	735 Fee: \$65.40	At least 15 and Less than 20 minutes
736, 742, 749 Fee: \$134.35	At least 30 and Less than 45 minutes	739 Fee: \$112.10	At least 20 and Less than 40 minutes
738, 744, 757 Fee: \$179.15	At least 45 minutes	743 Fee: \$186.85	At least 40 minutes
<b>Participate in a GP Case Conference</b>			
759, 768, 775 Fee: \$63.95	At least 15 and Less than 30 minutes	747 Fee: \$48.10	At least 15 and Less than 20 minutes
762, 771, 778 Fee: \$102.35	At least 30 and Less than 45 minutes	750 Fee: \$82.40	At least 20 and Less than 40 minutes
765, 773, 779 Fee: \$140.70	At least 45 minutes	758 Fee: \$137.35	At least 40 minutes

The table above summarises the changes to the multidisciplinary case conference structure.

Further information on the Multidisciplinary Case Conferencing items is available from the Department of Health and Ageing website at

[www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems)

or refer to the MBS available online at

[www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline).

## NEW NATIONAL MEDIA CAMPAIGN TO ENCOURAGE PEOPLE AT RISK OF TYPE 2 DIABETES TO VISIT THEIR GP

Commencing on the 21st June 2010 a new national television advertisement will be aired to promote Lifestyle Modification Programs such as Reset your Life for the prevention of type 2 diabetes. The TV advertisement and accompanying radio and print advertisements will target the 40 to 49 year old population, highlighting the link between being overweight and the risk of developing type 2 diabetes and encouraging people to visit their GP for help.

GPs can encourage patients in this age group to complete the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) to determine their risk of developing type 2 diabetes in the next five years. Any person who scores 12 or above on the AUSDRISK tool is considered at 'high risk' and should be tested for type 2 diabetes.

The recent reduction in the AUSDRISK score required to be considered at high risk and the new versions of the AUSDRISK tool will be available in the near future. If type 2 diabetes is excluded, a patient in the target 40 to 49 year age range may be referred to a Lifestyle Modification Program including the Reset your Life program which is conducted at GP partners Adelaide. A Medicare rebate is available for this consultation through a Type 2 Diabetes Risk Assessment claimed under the appropriate time based health assessment item (MBS items 701, 703, 705 and 707).

Lifestyle Modification Programs support people to make healthy lifestyle changes to prevent type 2 diabetes including healthy eating and increasing physical activity. The Reset your Life program at GP partners Adelaide is offered free of charge and provides patients with access to advice from a dietitian, exercise physiologist, psychologist and diabetes educator. The program includes seven group education sessions held over six months. Sessions are available now - both during the day and in the evening.

The next two Reset your Life programs will be commencing on the following dates and new programs will be commencing regularly:



- » 28th June 2010 – Monday evening sessions
- » 22nd July 2010 – Thursday morning sessions

To refer a patient to the Reset your Life program please complete the 'GP referral form to a lifestyle modification program' available from the GP partners Adelaide website [www.gppadelaide.org.au](http://www.gppadelaide.org.au) under Programs > Reset your Life and fax to 8227 2220.

For further information please contact Gemma Butler at GP partners Adelaide on 8112 1100.

## GP OBSTETRIC SHARED CARE (SA) PROGRAM

**Are you an Obstetric Shared Care Accredited GP? Is it time to check your CPD status?**

As the end of the 2008-2010 triennium draws near, the GP Obstetric Shared Care (SA) program would like to give you a friendly reminder to check your CPD status to ensure you remain accredited to provide Obstetric Shared Care (OSC) into the next triennium. The OSC program follows the RACGP/ACRRM Trienniums.

According to the updated OSC protocols (December 2009) OSC accredited GPs are required to obtain 8 OSC CPD points this triennium. This requirement will increase in the 2011-2014 triennium to 12 OSC CPD points. Please refer to the protocols for full information about your ongoing accreditation requirements.

OSC points can be obtained by attending CPD events and Seminars organised by the OSC program, RANZCOG Obstetric Diplomates Days or a DRANZCOG revision course. Other events can also be submitted for consideration by the OSC program.

In 2010, the OSC program has also allocated points for the following events:

- » The 2010 Annual Women's and Children's Health Update Day 15th May 2010
- » The Perinatal Mental Health Training Session organised by the National Perinatal Depression Initiative
- » Obstetric Ultrasounds 4th May 2010, run by Murray Mallee General Practice Network
- » The OSC Program is also considering some online modules for CPD points allocation and will have more information on this very soon

Future CPD events organised by the OSC program will be advertised on the OSC program page of the GP partners Adelaide website

[www.gppadelaide.org.au](http://www.gppadelaide.org.au)

If you need to check your accreditation or CPD status, submit CPD documentation or have a question about an event you have attended or are planning to attend, please contact Christine Hansen on 8112 1100 or by email at [chansen@gppadelaide.org.au](mailto:chansen@gppadelaide.org.au)

## THE MENTAL HEALTH SHARED CARE PROGRAM IS EXPANDING!

We are delighted to announce that Paul Westermann has been appointed as a Mental Health Shared Care Clinician.

Our clinicians are experienced in providing evidence based therapeutic interventions (including cognitive behavioural therapy and interpersonal therapy) to treat a range of mental health disorders, from mood and anxiety disorders to personality disorders and psychoses.

As a result of this expansion, we have capacity to place clinicians in your practice to provide mental health treatment services at no cost to your patients. Alternatively, we also have consulting rooms available at our centrally located Hutt St offices.

Please contact GP partners Adelaide on 8112 1100 and speak to one of the Mental Health Shared Care Clinicians for further information or to make a referral.

## REFLECTIONS OF A PANDEMIC

On Tuesday, 18th May Dr Rod Pearce led an interesting and insightful discussion, analysing events that followed the initial announcement of a pandemic influenza virus outbreak in Mexico in the early months of 2009.

GPs and practice staff from around Adelaide attended at GP partners Adelaide and discussed the impact, concerns and strategies experienced in their practices as the Pandemic H1N1 2009 Influenza or 'swine flu' began to seep into Adelaide.

Already busy general practices were suddenly expected to triage, test anyone with 'flu like' symptoms, rearrange their practice, and consider home visits (amongst many other expectations) with little or no preparation and guidance.

Eventually, Public Health Alerts from the SA CDC Branch and information from Nicola Roxon, the Federal Health Minister, offered some information and advice for clinical settings.

Dr Maureen Gallagher from Adelaide Health Care provided a valuable account of events and strategies that her large and busy practice adopted to care for patients and minimise the



spread of infection for all, prior to the outbreak of this virus and up to the availability of a vaccine. Some tips gathered from Maureen's account were:

- » Took seriously the need for pandemic preparation and planning prior to the announcement of H1N1 2009
- » Staff had been fit tested for protective masks
- » Offered all staff the seasonal flu vaccine
- » Kept records of events as they occurred
- » Became the overseer of interpreting (often wordy) Public Health Alerts and communicating the advice given to all staff
- » The practice worked as a team to address strategies and infection control measures
- » Continue to practice with these strategies and measures in mind

Some of these strategies were evident in other practices around GP partners Adelaide area.

Some of the concerns expressed at the meeting were:

- » The delay in information and advice to general practice although planning had been discussed at state and federal government level meetings years before the H1N1 09
- » The lack of available PPE and confusion over who and when practices would get supplies
- » Difficult and restrictive process to gain access to neuraminidase inhibitors e.g. Tamiflu.
- » Desire to have more readily available the Point of Care Test.
- » Difficulty in getting through to advertised 'Hotline'.

GP partners Adelaide intends to continue to offer feedback to government departments regarding any concerns expressed by GPs and other practice staff in the hope that problems will be addressed for 'next time'. Please forward any concerns or ideas to Cathy Hayward at GP partners Adelaide – [chayward@gppadelaide.org.au](mailto:chayward@gppadelaide.org.au) or 8112 1100.

GP partners Adelaide, will continue to provide support for practices on request (not every practice needed/wanted support prior to and during the stages of H1N1) and we'll continue to offer, at least on an annual basis education and updates regarding influenza and infection control. The website – click on Influenza has links to current information and resources – [www.gppadelaide.org.au](http://www.gppadelaide.org.au)

The RACGP sent out pandemic planning kits and advice to every general practice prior to and during the H1N1 and continue to provide information and updates through their website: [www.racgp.org.au](http://www.racgp.org.au)

The National Centre for Immunisation and Surveillance (NCIRS) also has a Pandemic H1N1 2009 Influenza Factsheet: <http://www.ncirs.edu.au/immunisation/fact-sheets/index.php>

In addition, one practice in the GP partners Adelaide area expressed a desire to share the costs and supply of PPE stock with another practice that didn't want to store large amounts – at the moment. If there are other general practices that would find this idea useful, please contact Cathy Hayward at GP partners Adelaide.

## NEWS OF INTEREST

### COMMUNITY LIFESTYLE PACKAGES



Community Lifestyle Packages funded by Central Northern Adelaide Health Service (CNAHS) provides packages of support for individuals diagnosed with type 2 diabetes or cardiovascular disease living in the CNAHS region. The program is aimed at facilitating long term behavioural and lifestyle changes, to improve health and well being, and reduce the impact of type 2 diabetes and cardiovascular disease. Individuals can receive up to 16 – 18 weeks of support to develop self management skills and strategies to manage their condition. Interventions will address monitoring signs, symptoms and changes in their condition, as well as reducing known risk factors. The program offers 3 differing levels of support, starter kit for newly diagnosed individuals, back in action for those who have difficulty managing their condition and attitude shift for individuals who have complex co-morbidities.

Here is an example of how a Community Lifestyle Package can assist your patient. Mr A is 70, diagnosed with type 2 diabetes for many years. Mr A had poor eating habits usually skipping breakfast, did not exercise or self monitor his BGLs' and had little understanding of his condition. Referral requested that Diabetes Education to be provided in Italian if possible. The Community Lifestyle Package provided diabetes education with the assistance of an Italian Interpreter together with written information in Italian. Mr A was educated on how to use his glucometer and an action plan provided in Italian. Health coaching techniques were used to encourage and support Mr A to commence monitoring his BGLs and a goal set to lower his BGLs. Mr A became motivated by seeing his BGLs reduce and commenced slowly exercising. Throughout the entire package support was provided using an Italian interpreter and written information provided in Italian or picture form such as shopping lists. Mr A now has his BGLs down to an acceptable level, walks daily for at least 30 minutes and recommenced preparing some meals using recipes and supports to choose appropriate foods when shopping. Mr A reports that he now understands the importance of self managing



his diabetes and feels with the support of the package he was able to build the confidence to do this.

For further information please contact Barbara Tainsh at ACH on 1300 300 811 or email btainsh@ach.org.au.

## BOWEL CANCER AWARENESS WEEK

Bowel cancer is one of the most common forms of cancer in Australia, and around 80 Australians die each week from the disease. It can be treated successfully if detected in its early stages, but currently fewer than 40 per cent of bowel cancers are detected early.

As part of the remediation of the National Bowel Cancer Screening Program (NBCSP) more than 28,000 kits have been sent out since November 2009 to people in South Australia who had a negative or inconclusive result or who did not respond to the invitation to participate in the program. There have been almost 700 positive Faecal Immunochemical Tests (FIT) in South Australia from the replacement kits. The issue with the kits have been identified and rectified. Your clients should have full confidence in the new kit.

Completing a FIT every two years, can reduce the risk of dying from bowel cancer by up to one third.

It is **not recommended** that a positive result be repeated. Cancers bleed intermittently and a negative repeated test **does not** mean that the initial result is not due to cancer.

National Health and Medical Research Council (NHMRC) guidelines recommend **all** positive FIT results be investigated by a diagnostic procedure. Colonoscopy is recommended as any polyps and adenomas can be removed at the time of procedure.

Nurse Pathway Coordinators (NPCs) are available to facilitate referrals of program participants in the public hospitals in the region. To assist in the identification of NBCSP participants, please document that your client is a participant on the referral. Please refer to the quarterly NBCSP newsletter for more information.

Bowel Cancer Awareness Week commences 6<sup>th</sup> June. The NPCs in the region are aiming to increase public awareness about the disease and its prevention through screening and lifestyle factors. We will be setting up information stands at the major public hospitals in the region.

## PRACTICE NURSE - NATIONAL REGISTRATION

From 1 July 2010 practitioners of the Nursing and Midwifery professions across Australia will have to meet the same requirements to be registered and their registration will be recognised in all States and Territories.

All nurses and midwives currently registered in Australia would have received a letter advising them of the new scheme and their new obligations. The letter detailed the information that will appear on the new national Register under the scheme. The Nursing and Midwifery Board is urging all nurses and midwives to make sure that the contact details held by their current State or Territory Board are accurate and up to date before 30 June 2010.

The cost of registration has not yet been decided, but under the national registration and accreditation scheme, there will be one designated date for the renewal of registration in each profession. For nursing and midwifery, this date is 31 May. The first registration will be the 1 July 2010.

The proposal for National Registration has not yet been formally passed by the South Australian Government (as of 26th May, 2010), but all Australian nurses and midwives must meet the requirements in the following standards in order to be granted registration:

- » Criminal history
- » English language skills
- » Professional indemnity insurance
- » Continuing professional development
- » Recency of practice
- » Endorsement of nurse practitioner RN
- » Endorsement of scheduled medicines RN

The Nursing and Midwifery Board of Australia website provides information on all the standards required: [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

### Continuing Professional Development

- » All nurses are required to complete 20 hours of continuing professional development (CPD) each year
- » One hour of active learning will equal one hour of CPD
- » Must be relevant to context of practice
- » Must keep written documentation of all CPD as well as evidence of completion of the minimum 20 hours per year.
- » Documentation must include dates, a brief description of outcomes, and the time spent on each activity



- » All evidence should be verified demonstrating that:
  - a) Identified and prioritised learning needs based on evaluation of their practice against the relevant competencies
  - b) Developed a learning plan
  - c) Effective learning relevant to needs
  - d) Reflected on the value of the learning activities
- » The Board has indicated that annual audit of a number of nurses will be conducted.

Information is being sought on various methods to keeping track of CPD and staff at GP partners Adelaide will be attending ANF to receive training on access to electronic Log Book means of keeping CPD records.

waiting list. In work so far, it has become apparent that the vast majority of clients on the “waiting list” do not actually require an ACAT assessment, and were referred for “future planning”. Under the new intake structure, this type of client not requiring Commonwealth subsidised care now, but simply “planning for future needs”, would not be taken onto a waiting list, but provided with information at the point of referral on options which may be suitable to their current needs.



**Government of South Australia**  
Central Northern Adelaide  
Health Service

## AGED CARE ASSESSMENT PROGRAM

The Aged Care Assessment Program, incorporating ACATs in South Australia, is experiencing a number of reforms that may impact on referring agencies and care providers. A combination of legislation changes, new performance measures, and demand management strategies will change the way ACATs respond to referrals and conduct assessments. The Commonwealth has presented a proposal to ACATs for new Key Performance Indicators (KPIs) and ‘incentives’ for their achievement. The proposed KPIs address issues of timeliness and data quality, and would be measured from 1st July 2010. These KPIs relate to all ACATs across Australia. This will be the first time that South Australian ACATs have specific KPIs, and an “ACAP KPI Project” is underway to reform the systems and structures of South Australian ACATs to help them meet the new measures.

Legislation changes now mean almost all approvals made for Residential respite care (high and low level), High level residential care, Extended Aged Care at Home (EACH), and EACH Dementia (EACH D) Package Care on or after 1 July 2008 will no longer lapse, removing the need for re-assessment.

Work is well advanced on an electronic Aged Care Client Record (eACCR) system to be able to complete and lodge ACAT forms to Medicare Australia. The system will allow ACATs to complete and lodge forms electronically, and registered providers will be able to view eACCRs by logging onto the Online Aged Care Claiming Website of Medicare Australia, streamlining payments to providers. It is expected that ACATs will be submitting eACCR forms by mid 2010.

Adelaide ACAT has been working on referral and intake procedures, and has reduced waiting lists by over 45% since May 2009. The intention is to clear and no longer hold a

## ADVERTISEMENTS

The products and services presented below are not necessarily endorsed by GP partners Adelaide. They are presented in good faith only as an information service for members

### BALINT GROUP VACANCIES

The long established Balint Group meeting in Helen Mayo House at Glenside currently has vacancies.

We would be happy to hear from anyone who would like to ventilate and explore negative feelings produced by some of their patients in a confidential and supportive environment with their peers. This group is facilitated by Dr. Anne Sved-Williams.

Our breakfast meetings are held at 7.30 a.m. on the first Tuesday of the month.  
Enquiries to Dr John Wallace at 0407379301 or 83793015.

### BREASTSCREEN SA

*GP Seminar 25 August 2010*

*BreastScreen SA 1 Goodwood Rd, Wayville*

*7.00pm to 9.30pm (Light meal provided at 6.30pm)*

#### Learning Objectives

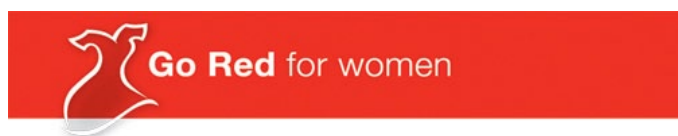
- » Know the benefits of early detection of breast cancer by screening mammography.
- » Understand why screening is only for asymptomatic women.



- » Understand BSSA policies regarding the age range of women accepted for screening
- » Know the procedures used in the BSSA assessment clinic.
- » Know the appropriate management of screen detected breast cancers.
- » Understand the need to create systems to record women with a strong family history.

This activity has been approved by the RACGP QA&CPD Program.

TOTAL POINTS: 5 (Category 2) Activity No: 745135  
To register (with QA Number) contact BreastScreen SA  
Phone: 8274 7151 or Fax: 8357 8146 RSVP 11/8/2010



### True or false? Heart disease is the biggest killer of Australian women.

The answer is true. In fact heart disease kills four times as many women as breast cancer does – over 11,000 women per year. Recent Heart Foundation research tells us that awareness of this fact is low, with only one in five women knowing heart disease is the leading cause of death.

This research has also highlighted that women are misinformed about heart disease, assuming it only happens to older men and that the signs of disease are obvious.

This year's **Go Red for Women** campaign aims to dispel these myths by highlighting the facts that:

- » Heart disease is the leading cause of death in both Australian men and women;
- » Heart disease is not always obvious. Having a heart attack may be the first sign of an underlying condition; and that
- » The risk of heart disease increases in women after menopause, due largely to the loss of the protective influence oestrogen has during a woman's childbearing years.

The good news is that heart disease is largely preventable. Women can reduce their risk by maintaining a healthy weight, eating a balanced diet, quitting smoking and being physically active. A regular heart health check with your doctor is also important, especially as you get older.

To increase women's awareness of heart disease, the Heart Foundation is running its annual **Go Red for Women (GRFW)** campaign during the month of June. Tips on nutrition, new recipes, ideas on how to get physically active and personal stories can be accessed through both our website or our free GRFW e-newsletter.

You can join the campaign and encourage your practice team to join the campaign by:

- » Wearing red on Friday 11 June, Go Red for Women day;
- » Attending a Go Red for Women event in your State or Territory; and
- » Finding out more about women and heart disease by visiting [www.goredforwomen.org.au](http://www.goredforwomen.org.au)

## WHEN HEARING AIDS ARE NOT ENOUGH!

Speakers from the South Australian Cochlear Implant Centre, Flinders Medical Centre, Cochlear Pty Ltd, Hearing Solutions and a cochlear implant recipient will present a CPD event on 16th June 2010 at RACGP College House, 15 Gover St, North Adelaide from 6.30pm – 9pm. A light dinner will be provided.

The program has been allocated 4 RACGP Endorsed points as a Category 2 activity.

For further information, please contact: Dr Chris Clohesy, Women's and Children's Hospital on 8161 8026.

To register telephone RACGP College on 8267 8300.

## STIRLING

### General Practitioner Required

**Experienced VR family doctor (with view), with team approach to work full or part time in accredited, fully computerized, private billing practice, with local private hospital & practice nurse; supportive and friendly environment. Relocation incentive grant possible. Email Dr Lindy Poole via [admin@stirlingmedical.com.au](mailto:admin@stirlingmedical.com.au) or phone (08) 8339 2677.**

### Medical Receptionist Required

We require an enthusiastic casual Medical Receptionist. The applicant must have excellent interpersonal skills, resourceful, quick learner and a sense of humour. The ideal candidate must be flexible with experience in PracSoft and Medical Director. Please send your resume to the Practice Manager at 104 Mount Barker Road, Stirling SA 5152 or via email [admin@stirlingmedical.com.au](mailto:admin@stirlingmedical.com.au)



## UPCOMING EVENT SUMMARY

JUN 2010 TO JUL 2010

### The Role of Obesity Surgery in the Management of Sleep Apnoea

Date/Time Tuesday, 15 Jun 2010 6:30 PM - 9:00 PM  
 Target Audience General Practitioners and Practice Nurses  
 Venue GP partners Adelaide  
 120 Hutt St, Adelaide  
 Presenter Dr Justin Bessell  
 Dr Nick Antic

### Women's Health - Current Management of Menopause

Date/Time Tuesday, 22 Jun 2010 6:30 PM - 9:00 PM  
 Target Audience General Practitioners, Practice Nurses and Accredited Pharmacists  
 Venue GP partners Adelaide  
 120 Hutt St, Adelaide  
 Presenter Dr Alice Maclennan, Dr Jane Elliott, Debra Rowett

### The Role of Bariatric Surgery in Diabetes Management

Date/Time Wednesday, 30 Jun 2010 6:30 PM - 9:00 PM  
 Target Audience Practice Nurses  
 Venue GP partners Adelaide  
 120 Hutt St, Adelaide  
 Presenter Mr Paul Leong, Pennie Taylor, Virginia Meadows

### Surgical Management of Skin Cancer Workshop

Date/Time Friday, 23 Jul 2010 6:30 PM - 9:00 PM  
 Saturday, 24 Jul 2010 9:00 AM - 1:15 PM  
 Target Audience General Practitioners  
 Venue GP partners Adelaide  
 120 Hutt St, Adelaide  
 Presenter Dr Peter Sylaidis

### Familial Cancer Workshop

Date/Time Monday, 26 Jul 2010 6:30 PM - 9:00 PM  
 Target Audience General Practitioners and Practice Nurses  
 Venue GP partners Adelaide  
 120 Hutt St, Adelaide  
 Presenter Dr Graeme Suthers, Geneticist

### Management of Dystonias and Post Stroke Spasticity

Date/Time Tuesday, 03 Aug 2010 6:30 PM - 9:00 PM  
 Target Audience General Practitioners and Practice staff  
 Venue GP partners Adelaide  
 120 Hutt St, Adelaide  
 Presenter Dr Joseph Frasca, Neurologist, James McLoughlin, Physiotherapist

*For more information go to the events page on the GPPA website or contact us on 8112 1100*