Primary Care Programs Update

Issue 2/03

February 2003

Welcome to Diana Capovilla who will be the administration officer for the Chronic Disease Program at GPDV. Please send any contributions you may have to this Primary Care Update Diana Capovilla, d.capovilla@gpdv.com.au.

What's New on GPDV's Website?

GPDV Interim Report to DoHA for CDM

GPDV is required to undertake a statewide analysis of divisions' CDM 6-month reports to DoHA, which you can view, on the GPDV web. Divisions are required to provide GPDV with a copy of business reports when DoHA accepts them. Please send your next CDM report to Diana Capovilla, at GPDV d.capovilla@gpdv.com.au.

Some light reading

Change Management and Quality Improvement

Service Delivery and Organisation, SDO, is an UK consulting firm who specialises in organisational leadership and change management. Visit this site for various literature reviews and project briefs, which may have relevance to an Australian setting. In particular, literature reviews on health systems reform.
http://www.sdo.lshtm.ac.uk/changemanagement.htm.

Professor Mark Harris

Prof Mark Harris, from UNSW, is on study leave in the UK at the moment – at the Evidence for Population Health Unit, School of Epidemiology and Health Sciences, The Medical School, The University of Manchester, UK. Here is an interesting article from this unit:
Implementing guidelines in primary care: can population impact measures help?
http://www.biomedcentral.com/1471-2458/3/7

The use of population impact measures could help the Primary Care Organisation to prioritise resource allocation, although the results will vary according to local conditions, which should be taken into account before the measures are used in practice.) The Unit is also submitting proposals to examine: The population impact of diabetes care interventions & Influences on diabetes care at the practice level

Asthma

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A TEAM WORKSHOPS

Planning for the Asthma A-Team Workshops is well underway in Victoria with 20 events planned before the end of May. All relevant information, forms and reporting requirements can be found on the asthma web page of GPDV's website. Letters to CEOs confirming funding arrangements with divisions will be sent out this week.

DON'T FORGET THE NAC WEBSITE NEWSLETTER

Appearing monthly, the National Asthma Council (NAC) newsletter will keep you in touch with their news and new information being added to the web site. The NAC January Newsletter is now live at

http://www.nationalasthma.org.au/newsletters/issue1_03.asp.

ABC ON LINE LIBRARY

NEW LIBRARY TOPIC: ASTHMA

The ABC on Line library has a new web page containing a range of information and links to interviews previously published related to Asthma.

http://www.abc.net.au/health/regions/library/asthma.htm

Cervical Screening

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WOMEN WITH DISABILITIES 'SCREENED OUT!' OF PAP TESTS

A study by the Australian Research Centre in Sex Health and Society (ARCSHS) at La Trobe University has found that women with disabilities are often overlooked when it comes to having regular Pap tests. The six-month study, entitled Screened Out!, was funded by PapScreen Victoria. The study involved interviews and group discussions with women with disabilities, as well as asking health professionals about their approach to providing Pap tests for these women.

Barriers to cervical screening

The study found that while some of the women in the study did not experience difficulties, other women had varied and complex experiences of Pap tests. The barriers raised in the study included the more obvious issues of transport, building access, and added costs. Other less obvious issues were also raised, such as how women were perceived by others, the degree of support they received, and the stability of their living situations.

Health professionals

While the study found that some Pap test providers are working very hard to welcome women with disabilities, more changes need to be made. One of the major barriers is the belief of some health and disability professionals that women with disabilities do not have sexual lives. This leads some practitioners to overlook the health needs of women with a disability by not offering them Pap tests.

Where to from here

Based on the recommendations from the report, PapScreen Victoria has developed a two-year strategy to address the needs of women with disabilities. The strategy aims to improve cervical screening opportunities for women with disabilities and will include resource development and education for health professionals.

A copy of Screened Out! can be downloaded from the PapScreen Victoria website at www.papscreen.org. For more information please contact Rachel Haagsma on (03) 9635 5424.

Diabetes

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ADEA on Random Blood Glucose Testing

The Australian Diabetes Educators Association Limited (ADEA) recommends that random blood glucose testing be discontinued, for the following reasons:

- It is not diagnostic – follow up tests are required
- Too many variables can influence the outcome
- Risks are associated with invasive techniques of transmission of blood-borne viruses
- It's not cost effective
- It doesn't promote preventative medicine
- It is a private issue.

ADEA recommends that priority be given to the identification of high risk individuals, via Risk Assessment, in order to promote awareness of the risks, promote lifestyle changes, and investigation and diagnosis if necessary.

Interesting Articles

Decision support systems disrupt GPs' workflow (this one talks specifically about chronic disease) http://bmj.com/cgi/content/full/326/7384/0/b?etoc

Doctors should be more aggressive in treating hypertension in diabetic Patients http://bmj.com/cgi/content/full/326/7384/304/b?etoc.

Enhanced Primary Care

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Exposure draft of RACGP Practical Guide is now available on the Internet

GPDV has been advised that the final draft of the RACGP Practical Guide to Quality Implementation of EPC MBS items has now been loaded onto a draft website www.racgp.org.au/epcsite to assist you in your endeavours to review and provide feedback.

A technical note about the EPC website

The URL for this draft website is temporary, as a result searches on the web for this site will not function properly until the domain name has been formally implemented. This should not present readers any problems as long as they are directed to this temporary URL www.racgp.org.au/epcsite . Other searches are likely to direct users to the RACGP website rather than this temporary site.

Comments on the website are invited. Provide feedback to Ian Watts Feedback by 3 March 2003

Enhanced Primary Care – Hospital Demonstration Projects

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EPC Discharge Demonstration projects

Three out of the four EPC discharge demonstration projects have now finished. That is, St Vincents, Austin & Repat, and Royal Womens Hospital. The Central Gippsland Health Service project will finish at the end of February. During March, I will write up a final report on key findings based on all four projects and present a conference paper at the DHS Conference: Achieving and Sustaining Practice Change, 20-22 May. The four projects will also be involved in a practical workshop at that Conference on how to encourage hospitals to involve GPs in discharge planning using the EPC items.

Hospitals Admission Risk Program

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HARP GP Hospital Working party

The report for the HARP GP Hospital working party is now complete and with the Department. There are two sets of recommendations- those for the coming HARP funding round and those for beyond the HARP funding round. Both sets of recommendations will be considered by the HARP Reference Group and DHS, and hopefully most of them will be adopted. The difficulty is that some of the recommendations are for systemic change which is outside the scope of HARP. GPDV Board has resolved to keep advocating to DHS that they encourage hospitals to build in systemic communication with GPs.

I really appreciated the response from divisions- answering questionnaires, organising consultation meetings, getting GPs to come to the consultation meetings, coming to the consultation meetings, giving your time for some telephone interviews. It was fantastic. Thank you. Hopefully, in return, the report, to be released at the DHS Conference: Managing Hospital Demand 25-28 March, will provide you with a valuable resource with

- evidence for the benefits of GP Hospital collaboration,
- effective models of GP Hospital collaboration,
- the success factors in collaboration,
- the success factors in having an effective GPLO,
- some data on the extent of primary care type demands on specific hospitals,
- an overview of the state of GP hospital collaboration in Victoria,
- the type and extent of GP hospital activities reported for each HARP hospital,
- the criteria to consider in relation to after hours primary care options, and
- ideas for divisions negotiating HARP project proposals.

- One immediate outcome from this work is that Peter Waxman, GP advisor to DHS, and I will organise a GPLO workshop on the afternoon of Tuesday 25 March as part of the DHS Hospital Demand Conference.

- Otherwise it is with much pleasure that I am back to division consultant and integration team leader responsibilities!

NEXT HARP FUNDING ROUND

Recently we sent around an advanced notice of the next HARP funding round. There is $33million available for this coming financial year. This includes extending the funding for projects funded last year (worth approx. $17mil) subject to satisfactory performance. The guidelines for this funding round will be announced at the March DHS Conference (25-28 March, Carlton Crest). It is likely that the timelines from then will be very tight (maybe 4 weeks until applications are due) as the Department wants new projects to start from 1 July. DHS is suggesting that they are interested in primary care led collaborative projects.

So if divisions want to build on something they are already doing which might reduce hospital pressures this might be a good opportunity. However it seems advisable that planning and negotiation needs to be happening now if not yesterday!

DHS Metropolitan Health and Aged Care Services Division Restructure

DHS Metropolitan Health and Aged Care Services Division has restructured so that there is now a Metropolitan Health Service Relations Branch and a Programs Branch. The Metropolitan Health Service Relations Branch is responsible for providing an integrated view of the overall performance of Metropolitan Health Services and other metropolitan health and aged care services - access, quality, and financial aspects.

We think this means that each major metropolitan facility has 2 or three DHS people who have an overview of that facility and its issues (like the DoHA State Office contact person role with divisions). See the DHS website for information.
http://www.dhs.vic.gov.au/ahs/branches.htm

Home Medicines Review

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HMR Spreading its Wings

One of the most interesting developments in HMR-world is the interest being shown by state health and allied health organisations in building in HMRs to existing programs. For example:

- in the Northern Melbourne / North East Valley area, a hospital-based General Practice Liaision Officer (GPLO) is working with the hospital pharmacist to build HMRs into their EPC Care Plan process upon discharge; and

The Royal District Nursing Service (RDNS) has employed a nurse to arrange or recommend HMRs for 'at risk' elderly patients within the Frankston Hospital catchment.

These are just two examples of innovative approaches to improve the quality of life for at risk patients through HMR.

Update from Canberra

Mel and I were fortunate enough to catch up with Michael Janssen recently at the GPDV offices. Very unfortunately, it's been a slow start to the year, as key people in Canberra have been badly affected by either the fires, or by illness. However, the following issues are under consideration:

HMR Time Delays: there is concern that GPs are not proceeding with HMRs for eligible patients if they feel that the pharmacist won't process the claim within a reasonable time frame;
Evaluation: a national evaluation of the HMR program will proceed in 2003;
HIC Knock-backs: there is concern that the HIC is knocking back payment claims by both pharmacists and GPs even where all information is provided; and
Purple kits: they have run out and they won't be reprinted, new kits for MMR facilitators will be designed by DoHA in consultation with the Guild and ADGP in Canberra.

Immunisation

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NEW SCHEDULE

The National Immunisation Committee met last week and a number of issues were discussed.

1. National Immunisation Strategy has stalled at present awaiting final decision on New Schedule and the impact of the same. It aims to get back underway towards the end of this year.
2. The National Centre for Immunisation Research and Surveillance is looking to expand its communication strategy with an email-based listserve which can provide rapid up to date information (their website is http://www.ncirs.usyd.edu.au/ if anyone hasn't seen it)
3. Update on Influenza program – There is still lots of wastage and leakage costing lots of money and resources. Coverage is about the same as last year. No active promotion material planned for this year from the Commonwealth.
4. Meningococcal Program 1 – There will be a National Communication Strategy based on market research by a company in New South Wales. While the final report from this company was not available preliminary findings suggest that there is not problem with awareness but there could be with parents understanding of eligibility.
5. Meningococcal Program 2 – Victoria is right up there in terms of getting vaccine out and giving vaccine. Quite a few states have only just started the 1-5 year olds and NSW not having a planned program in place for the 15-19 year olds yet.
6. Meningococcal Program 3 – there have been some cases of doctors administering the diluent only to children when giving Menjugate. GPs need to be clear that the vaccines will come in different brands and forms and that Menjugate powdered vaccine needs to be added to the diluent for administration.
7. New Schedule and Handbook – there will possibly be a decision for announcement on May 13th Budget. If so, it is likely that the New Schedule would be implemented on in early 2004 (!) and the handbook may be available before that.
8. Overseas vaccination changes to legislation are tabled to be presented in the autumn session of parliament. However lengthy discussions about war, terrorism and other weighty matters may see this struggle to make the agenda.

Other news from the ACIR is that the length of time for changing your password has lengthened to 186 days instead of the old 45 days. This is good news for practices that only access the Internet to download their ACIR reports.

You might be pleased to know that SBO GPII funding has been extended in line with Division GPII funding until June 2004.

Keep your eyes out for an immunisation Training Needs Analysis survey that I will be sending you shortly to determining what you want to know for an Immunisation Network meeting hopefully in March or April.

Mental Health

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GPDV Gentle Reminder

Given the range of linkages that divisions have established with mental health organisations, services, Primary Mental Health Teams and consumer groups, it would be advantageous to reflect this work in each divisions next Chronic Disease Business Report for the period January-June 2003. I am advised by my Chronic Disease Management colleagues that divisions appear to have under-represented their relationship building and linkages with external mental health and related services in their last CDM Business Reports.

Understandably, many divisions may have reported this activity in the mental health sections of their division Business Plans instead. As a gentle reminder, the CDM Guidelines include the development of strategic alliances with a range of organisations to determine target groups, socio-economic factors, etc to be addressed in the Funding Agreement (CDM). I am advised that divisions mental health work in this area (even if not funded directly from CDM) should be included in the CDM Business Reports – it makes very clear the good work that divisions are doing in supporting better chronic disease management.

DoHA NEWS

ROAD MAP FOR NATIONAL AGENDA FOR EARLY CHILDHOOD

The Federal Government has released a consultation paper on developing a National Agenda for Early Childhood which aims to give all Australian children the best start to life. *Towards the Development of a National Agenda for Early Childhood* was launched on 20 Feburary by the Minister for Children and Youth Affairs, Larry Anthony and Professor Fiona Stanley, head of the Australian Research Alliance for Children and Youth. The focus is on children aged 0-5 years in the areas of early child and maternal health, early learning and care, and child-friendly communities, with an emphasis on co-ordinated approaches in these areas. ADGP has welcomed the paper and cited mental health as a key area for support to GPs in the early detection and management of child (and adolescent) mental health for inclusion in the Agenda.

CHANGE OF PERSONNEL

We are sorry to learn that Alison Grant, Assistant Director, Mental Health and Special Projects Branch, DoHA will be leaving the *Better Outcomes* initiative and moving to the area of Mental Health Promotion and Prevention. Alison has had a long term involvement with the *Better Outcomes* initiative and has worked closely with divisions, particularly in the development of the Access to Allied Health pilots. Her judgement and advice to divisions will be greatly missed. We wish her well in her new position.

GPMHSC REGISTRATIONS UPDATE

GP registrations for Better Outcomes in Mental Health		
	Approved Level 1	**Approved Level 2**
National	2109	38
Pending approval		Est.
ACT	17	3
NSW	607	21
NT	10	0
QLD	325	4
SA	201	1
TAS.	60	0
VIC.	597	7
WA	292	2

GPMHSC data forwarded 21/2/2003.

KEY DECISIONS OF THE GPMHSC 10 FEBRUARY MEETING

ONGOING MENTAL HEALTH REQUIREMENTS

GPs who are registered for the *Better Outcomes in Mental Health* initiative need to undertake ongoing mental health education of 30 points per triennium to stay registered.

LEVEL 1 TRAINING AND ONGOING REQUIREMENTS

- The Collaboration has agreed that in this triennium only (Jan 2002 – Dec 2004) the points accrued in undertaking the Level One training will count towards this ongoing points requirement.
- If a GP has undertaken a skills training course for level one last year or this year then points accrued from this course will count towards the 30 point requirement.
- However, if a GP has obtained level one registration via an RPL (recognised prior learning) process then the full 30 ongoing mental health points will need to be accrued.

LEVEL 2 TRAINING AND ONGOING REQUIREMENTS

- All GPs registered for Level One (whether RPL or CPD skills training) who successfully undertake Level Two training within this triennium are able to use the points accrued during this Level Two training to count towards their ongoing points requirement. For example, 20 hours Level 2 at 2pph = 40 CPD points or 20 hours Level 2 at 5pph = 100 CPD points.

NEW LEVEL TWO ENDORSED TRAINING COURSES

The Collaboration approved the following courses for Level Two:

- Triple P– Level 2-3 Primary Care Triple P Provider Training Course
  Triple P– Level 2-3 Primary Care Teen Triple P Provider Training Course
- Psycon - Cognitive & Behavioural Therapy Strategies for use in General Practice
- Dr Anne Sved -Williams - Focussed Psychological Strategies
- South Australia Mental Health Education Initiative (SAMHEI)

NEW LEVEL ONE TRAINING COURSES – PROSPECTIVE ENDORSEMENT

The Collaboration approved the following courses for Level One:

- Lundbeck Institute – Depressions that don't get better: Aetiology, Management & Clinical Decision Making in General Practice.
- Primed Med -E - Serv - Management of Psychosis & Schizophrenia in General Practice
- Approval as optional modules.
- Sutherland Division of General Practice Ltd -Common Psychological Presentations in General Practice- Assessment & Management
- Geelong & District GP Association - GP Psychiatry Rotation & Education Project

WHAT ARE YOU FEELING, DOCTOR: A COURSE FOR PRACTISING GPS

Offered by the Victorian Association of Psychotherapists (VAPP) for practising GPs, this series of eight seminars will explore doctor-patient communication and the psychology of general practice from a psychodynamic point of view. Discussion will centre around the *text What Are You Feeling, Doctor?* By Drs John Salinsky and Paul Sackin (Radcliffe Medical Press, 2000). Case material will be explored. Closing date 9April. Please contact VAPP on vapnc@vicnet.net.au for further information.

ADVANCE NOTICE: SERVICE COORDINATION WITH GENERAL PRACTICE - SMALL GRANTS

As part of its GP engagement strategy for 2002/2003, the Primary & Community Health Branch of the Department of Human Services has a limited pool of funds available for a number of small scale projects to support General Practice engagement.

PCP(s) will shortly be invited to apply for one-off funding of up to $10,000 to undertake joint activity with their local Division(s) of General Practice. It is intended that the small grant would enable those PCPs and Divisions who have some work already underway would be able to extend or build on this.

Guidelines and a submission form will be sent to all PCPs and Divisions of General Practice via email as soon as possible. If you have any queries please contact Sonya Tremellen on 9341 5205 or Judith Perrin at DHS on 9616 6934.

PLAN TO GET SERVICE COORDINATION TOOLS INTO MEDICAL SOFTWARE

Following the inclusion of the Summary & Referral and Consumer Consent templates in Medical Director (November 2002 update), DHS is looking at extending this to include more of tool templates and other software products. DHS will work closely with the Division IT/IM Officer network to determine which medical software products to target in the short term, and to help ensure that the end products make sense for GPs.

DHS – BETTER HEALTH-STRONGER COMMUNITIES FORUM

This Forum was held to showcase examples of best practice by PCPs and member agencies since the PCP strategy was first announced in April 2000. GP participation and engagement was a theme throughout the day including:

Keynote address – Integrated Disease Management Project, South East PCP. This presentation highlighted the strong GP participation in the model (approx 88 GPs have referred eligible patients with diabetes for best practice services provided through community health centres). The presentation pointed to the role of the Dandenong division and how this has been critical to project achievement. This work will also be presented at the GPDV Conference (4th & 5th April).

Concurrent session on GP participation included presentations on:

- the IDM project (diabetes) at South West PCP
- the Older Persons Action Learning project conducted by Border and North East Victoria divisions for the Upper Hume PCP
- Care Plan clinics project conducted by Central Highlands division for the Central Victoria Health Alliance
- GP utilisation of service coordination tools in two projects based at Dandenong Division of General Practice.

Dr David Tillet, a board member of Border division and GPDV joined a panel discussion chaired by Julie McCrossin. David ably handled audience comments and talked about PCPs as an important building block for getting better understanding across the cultural divide between medical and non-medical providers.

Further information on the forum, including the keynote and concurrent presentations, can be found on the Primary Health Knowledge Base at:
http://hnb.dhs.vic.gov.au/rrhacs/phkb/phkb.nsf

WORKSHOP – DIRECTIONS FOR PRIMARY HEALTH IN VICTORIA

This workshop, attended by DHS, representatives of PCP Chairs and Project Managers and a small number of peak bodies and consumers was held on Tuesday 18th February. DHS confirmed that a discussion paper on primary health reform will be developed by DHS and the PCP Chairs Working Group to build on the ideas that emerged at the workshop. The discussion paper, due around May this year, will be put out for consultation before a stakeholder Forum in July. Additionally, the PCP Chairs and Managers are working on a sustainability paper to feed into this process. The aim is for a finalised primary health reform paper or Ministerial Statement to be ready for release in September or October 2003.

The workshop canvassed a range of themes including greater involvement of GPs. The summary from the discussion group on this theme was as follows:

GENERAL PRACTICE AND COMMONWEALTH COORDINATION

RATED: HIGH

DHS **SHOULD -**

- share learnings across the State
- link State approaches to Commonwealth initiatives
- communicate joint Cwlth/State priorities to sector
- foster common approach to referral cycle (acute -> GP -> other primary care providers)
- better support Enhanced Primary Care in Service Coordination Tool Templates (incorporate Health Assessment for over 70s)
- build capacity of workforce (GPs and other P/C) to collaborate

SECTOR SHOULD

- expect referrals in a consistent way
- recognise obligation to feedback to GPs
- begin to focus at GP practitioner level
- look at ways to relieve pressure on GP entry point

OTHER:

- GPDV should be strong advocate for importance of PCPs in work of Divisions and should provide more 'cross-cultural training'
- Commonwealth financing - more capacity to support chronic/complex patients (eg. Practice nurses)

OTHER ISSUES TO CONSIDER:

- change GP education (more Social Model of Health; get into CPD)
- clinics as point of entry - information and referral
- bigger role for practice nurses

The powerpoint presentations from the workshop were emailed to all PCPs on Friday 21st Feb. They have been forwarded to the CEO email list and will be placed on GPDV's website in the next few days.

Nurses in General Practice

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Demonstration Divisions Project - Announcement

The following divisions have been selected to participate in the 'Demonstration Divisions' Project:

- Adelaide North Eastern (SA)
- Canning (WA)
- Fremantle (WA)
- GP North (Tas)
- Hunter Urban (NSW)
- Monash (Vic)
- South Eastern (NSW)
- Townsville (Qld)

Congratulations to Monash division, and commiserations to the other divisions, who I know invested a lot of time and energy in their applications. I understand that the selected divisions will be meeting with DoHA to discuss the future of the Project, and we await an announcement about how and when they will be able to demonstrate their approaches to other divisions throughout Australia.

GPDV "Nursing in General Practice" Workshop

This is a final reminder about the workshop to be run at the Melbourne Events and Banquet Centre on 27 February. The agenda and registration form have been sent out to all divisions and 24 people have registered so far (as at 17 Feb).

I've been calling practice support staff in divisions seeking two or three dot points about things that have worked well in practice nurse network meetings, or good agendas. Thanks to those who have responded. I haven't managed to get in contact with everyone, so if anyone else would like to contribute that would be great. We're going to put them all up on a wall, and have people put a * beside those sessions they would like to hear more about from other divisions.

RCNA/GPEA Continuing Education Program in Victoria – Practice Nurses

Just a reminder – the dates and locations for the beginning of the joint RCNA/GPEA practice nurse training sessions in Victoria are:

1. **Wangaratta, 14-15 March 2003**
2. **Melbourne, 28-29 March 2003**

The sessions will cover professional issues, legal issues, immunisation update, sterilisation update (Wangaratta only), and wound management (Melbourne only).

Cost: (All prices are GST inclusive) – one day registration IS available.

RCNA or APNA Members: $138 for one day, $265 for two-day seminar
Employer who is a member of RACGP: $138 for one day, $265 for two-day seminar
Non Member: $160 for one day, $292 for two-day seminar.

They have a general flyer coming out soon about the program.

INTERNATIONAL DIABETES INSTITUTE – DIABETES UPDATE FOR PRACTICE NURSES

IDI will run two refresher courses for practice nurses:

1. **Wednesday 5 March**
2. **Wednesday 10 September**

Both courses will be held at IDI – 250 Kooyong Road, Caulfield, Melbourne.
Cost for the 5 March course is $135 (full fee). For September, early bird rego is $120 until 20 August, then $135. More information including registration forms have been sent out to all divisions. If you need another copy please let me know.

Rural divisions: regional training can be organised with Diabetes Australia – Victoria, according to your needs. The contact person is Cath Harmer, Education Manager on (03) 9667 1737 or CHarmer@dav.org.au

REPORT ON THE ROLE AND EDUCATION NEEDS OF PNS – NORTH QUEENSLAND

Here is the link to an interesting study done by five northern Queensland divisions (which I haven't had time to digest): http://micrrh.jcu.edu.au/~teresa/

Statewide Linkages

Alzheimer's Australia — Waldron Smith (03) 9645 6311

Alzheimer's Australia National Conference
"Today's challenges, tomorrow's choices"
March 18 – 21 2003
Melbourne Convention Centre

Alzheimer's Australia Vic will host this exciting conference in 2003. The program will provide opportunities for people with early stage dementia, families and carers, medical and health professionals, aged care workers and volunteers to work together to explore today's challenges and debate tomorrow's choices in providing services and support for all groups affected by, or associated with, dementia.
All details are available through the website www.alzvic.asn.au which also has the Registration Brochure and Form in PDF format, or you can register online. Further details are available from the conference organizer, Waldron Smith (03) 9645 6311.

Andrology Australia — Vanessa.fleming-baillie@med.monash.edu.au

Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health) was established in 1999 with funding for 4 years from the Commonwealth Government of Australia. A health professional website www.andrologyaustralia.org has recently been launched to provide an on-line resource for GPs and health professionals and includes journal articles, case studies and other resources to assist with the management of men presenting with sexual and reproductive health issues. For further information, visit the website or contact:
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