I n d e x

Click on the underlined text categories, to take you to your category of choice.

Program Consultants

Aboriginal Health: Lesley Czulowski
Division Accreditation: Susan Webster
Aged Care: Rosie Fenech
Broadband for Health: Craig Szucs
CDM Items: Rosie Fenech
GP-hospital communication: Lenora Lippmann
Hepatitis C: Michelle Wills
Immunisation: Michelle Wills
IMIT: Lenora Lippmann
Lifescripts: Rachel Overell
Lymphoedema: Hari Kakouris
Medication Management: Rachel Overell
Mental Health: Anne Diamond
Practice Capacity for Chronic Disease Mgt: Rachel Overell
Practice Nurses: Lesley Czulowski
Primary Care Liaison: Sonya Tremellen
Policy: Louise Willis & Christine Macdonald
Refugee Health: coming soon
Star Divisions: Helen Threllfall

Coming Events

Event	Date
* PHAA Immunisation Conference	30 - 01 Aug
* National Divisions Immunisation Forum	02 Aug
* Health Coaching Symposium	15 Aug
GPDV Forum	20 Aug
Program Orientation	23 Aug
GPDV Nurses Forum	28 Aug
* National Divisions Nursing Forum	29 – 30 Aug
MBS Items for Aged Care Overview	30 Aug
Aged Care Network Meeting	31 Aug
Mental Health	01 Sep
* AGPAL Workshop, Albury/Wodonga	01 Sep
* National GPLO Conference	06 Sep
* 2nd Annual National Disease Mgt Conference	07 – 08 Sep
* AGPAL Workshop, Bendigo	12 Sep
* AGPAL Workshop, Geelong	12 Sep
* AGPAL Workshop, Traralgon	13 Sep
* AGPAL Workshop, Melbourne (Carlton)	14 Sep
CEO Network	14 Sep
Rural CEOs Meeting	15 Sep
* National HMR Conference	18 – 20 Sep

* denotes event not auspiced by GPDV

Please send your contributions for the next Update to Rachel O'Neill r.oneill@gpdv.com.au

Hot Topics

GPDV Statistics Package	Sonya: s.tremellen@gpdv.com.au

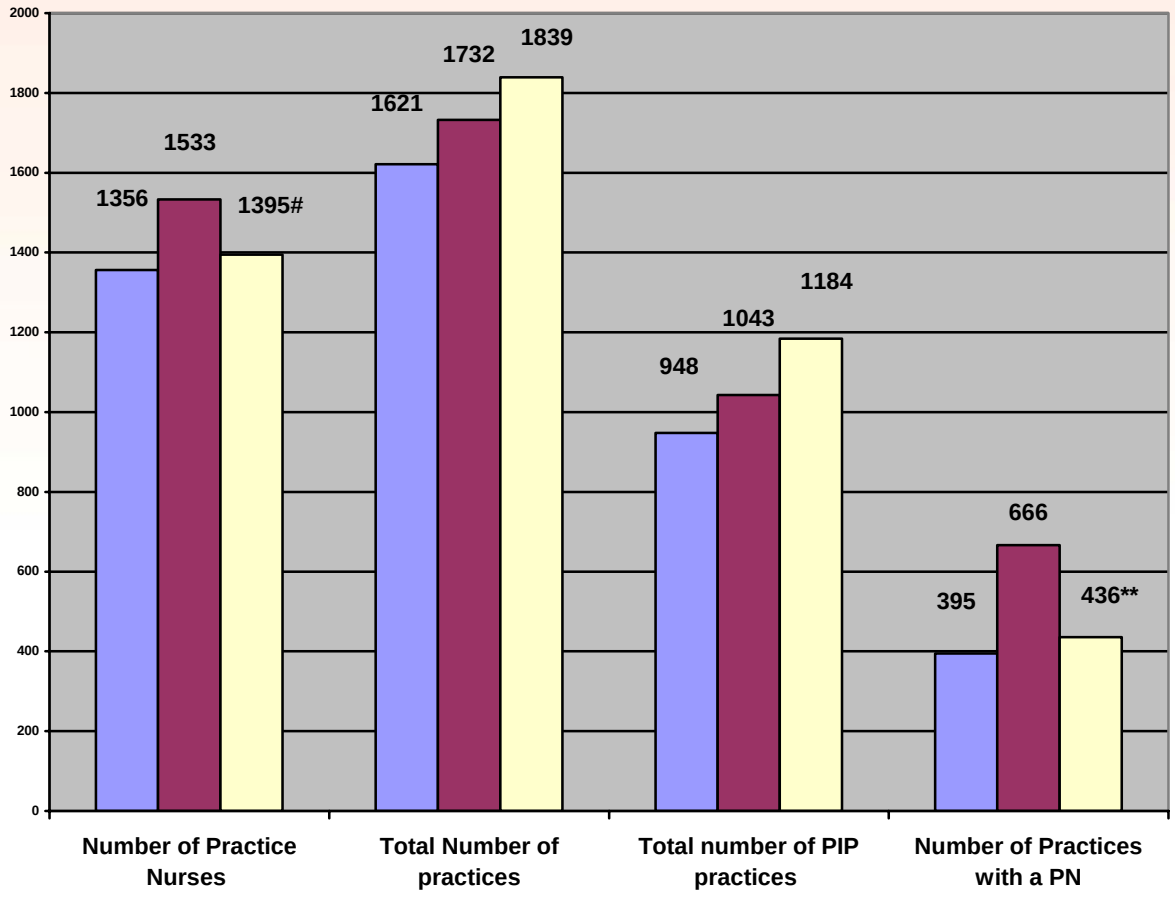
The following tables in the GPDV Statistics Package (Victorian divisions) have been updated this month. Please click on the website hyperlink below for the new stats package:
http://www.gpdv.com.au/gpdv/documents/CDMStatistics_Package_May06_mod21July.xls

- % of PIP practices as a proportion of practices in division
- Asthma PIP SIP
- Cervical screening PIP SIP
- Diabetes PIP SIP
- Practice nurse PIP
- Practice nurse PIP by quarter
- Immunisation coverage

To see the full Medicare Australia PIP and SIP tables for Feb 06 and May 06 payment quarters click here - http://www.medicareaustralia.gov.au/statistics/imd/forms/gpStatistics.shtml .

Also, GPA have agreed to provide data to include in our stats package. Once we have this info we will let you all know.

Practice Nursing Data Identifies Opportunities for Divisions	Lesley: l.czulowski@gpdv.com.au



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1. The source for the blue columns is the divisions' reports for the Practice Nurse program up until March 2006.

2. The source for the purple columns is the divisions' completed National Needs assessments as at end of April or early May 2006.

3. The source for the yellow columns is Medicare/PHCRIS/ADGP for the period Jan to April 2006.

Number of practice nurses (yellow) from the ADGP Workforce Survey 2005.

** Number of practices (yellow) accessing the Practice Nurse Initiative funding.

Divisions have provided GPDV with benchmark data as at the start of the 2006-2008 funded Nursing in General Practice Program (NiGP) as in the table above. The differences between the figures from slightly different sources highlights the difficulty we will have in establishing what is happening in the medical workforce and ensuring that strategies target the right practices. The first two columns are from the same source, (the divisions) with an interval of perhaps up to 2 months between reports. Those two months may have meant additional nurses employed across the state – 177 more nurses over the two months, and 111 more practices. On the other hand, the data at the end of April may be more accurate, given the divisions had longer to compile it. We know from the GPR that there are at least 1875 practices in Victoria, higher than all the figures in this table.

What is interesting for divisions, given the aim of the Divisions Program, is that the gap between the number of Practice Incentive Program (PIP) practices and the number of practices overall is wide, with PIP practices making up 64.3% of all practices. PIP eligibility allows practices to claim items relating to best practice care of chronic conditions, and to access to the subsidy for employment of nurses, thus providing practices with the capacity to practice effective chronic disease management. The proportion of practices accessing the PIP is an important indicator of the effectiveness of the divisions in supporting better chronic disease management.

The even lower figures for take-up of the nursing subsidy raise other questions for the divisions. Thirty-six percent of practices according to the divisions have employed a nurse by the end of April, while only 23.7% of practices are accessing the PIP subsidy. The Centre for General Practice Integration Studies (CGPIS) research clearly* identifies teamwork, specifically in the care of chronic disease management, most appropriately by nurses, as one of the four key factors leading to better quality chronic disease management. Another is effective business systems, and the capacity to employ with a subsidy contributes to that effectiveness. These figures provide the divisions with the base line for improvement, in all three areas, becoming PIP practices, employing nurses and claiming the subsidy.

* http://www.cgpis.unsw.edu.au/practice_capacity.htm

GPDV Staff Changes

mail: *not applicable*

Farewell to Craig Szucs who has accepted a RHIMO, Regional Health Information Management Officer position with the SBO in Western Australia. We wish him well and will miss him in Victoria.

Welcome Hari Kakouris who will be undertaking the Lymphoedema GP Education project. You can expect to hear from Hari soon.

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GP Health System Integration

GP/Hospital Communication	Lenora: l.lippmann@gpdv.com.au

RCH Referral letter template for Medical Director

To help GPs complete referral letters more easily, the Royal Children's Hospital, in partnership with North East Valley Division of General Practice, has created a referral template for Medical Director. The template can automatically import Practice details, patient demographics, medications and investigation results to your letter. Please go to the NEVDGP website:

www.nevdgp.org.au/?content=14 for the referral template to install on your Practice system.

Kids Connect www.rch.org.au/kidsconnect

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Primary Care Partnerships	Sonya: s.tremellen@gpdv.com.au

Statewide Service Coordination Practice Manual project

As part of this project a small group of division reps met with the project consultant, Juliet Frizzell. Juliet reported that the mapping exercise that she had done on all the existing PPPS manuals showed that divisions were frequently signatories to regional/PCP manuals. Expectations of agencies involved/signatories were common across manuals and included:

- Ensure that every site is an entry point into the service system
- Consumers have facilitated access to INI, Assessment, Care Planning and Referral
- Provide feedback to referring agencies on receipt of a referral and referral outcomes
- Meet privacy and consent requirements when sharing consumer information
- Staff service coordination with professional and skilled staff
- Work together effectively and cooperatively

The group discussed the pro's and con's of including general practice in manuals and the challenges of accurately describing general practice involvement if they are included. Key points raised were:

- Initial needs identification is not a concept that has immediate relevance or meaning in general practice. However, availability of health promotion information in waiting rooms, use of Lifescripts materials such as patients completing lifestyle risk factor checklists prior to seeing the GP probably fit the concept.
- Access to accurate service directory information is important and inclusion of both public and private providers from primary, sub-acute and acute care settings is particularly important to general practice.
- General Practice referral patterns to state funded primary care (eg to Community health, alcohol & drug, ACAS, RDNS etc) are relatively low in number and vary according to factors such as local availability and individual GP knowledge and trust in the service. Relationship-building is important.
- Divisions can greatly facilitate GP referral to specific services when:
    - resources are available for raising awareness and if needed, practice systems development to support the referral or care pathway eg disease register, practice nurse role etc
    - service has the capacity to meet demand,
    - negotiation of PPPS that can be realistically implemented in general practice is undertaken, preferably with both GP rep and division staff involvement.
- General Practice values feedback on referral – particularly information that GPs need to act on or be aware of when they next see the patient.

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- General Practice is increasingly undertaking care planning that involves communicating with and gaining the commitment of other providers to coordinate efforts to achieve patient centred goals. This involvement in multidisciplinary care planning service is governed by Medicare Benefits Schedule guidelines and general practice tools have been developed that meet the MBS rules. Acceptance of the MBS context and GP care planning tools by state funded services will facilitate care for people with chronic conditions and complex care needs.

A draft Service Coordination Practice Manual will be available for comment by 31st July. Feedback is due by 11th August. A further meeting of division reps has been scheduled for Thursday 10th August at 10.30am at GPDV. PCPs will also be seeking member comment.

A further opportunity is to join a critical readers group to review and comment on the draft Statewide Service Coordination Practice Manual – to do so please send an email to: julietfrizzell@effectivechange.com.au

Don't hesitate to contact me if you have any queries – 9341 5205.

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Improved Population Health through systematic general practice

Aboriginal Health	**Lesley:** l.czulowski@gpdv.com.au

Indigenous Health Projects

Hi my name is Lesley Czulowski and I will be working on two Indigenous health partnership projects with VACCHO and AHPACC in the next few months. These are the:

- **Network Capacity Building Project**
  GPDV will be working with VACCHO and divisions to looking at addressing CDM through collaboration between GP's & AHW's.

- **Aboriginal Health Promotion and Chronic Care Partnership (AHPACC)** GPDV will have a small part in this project to support identified divisions through AHPACC to implement up to two small quality improvement activities with Aboriginal medical services.

ABOUT THE TWO PROJECTS:

1. **NETWORK CAPACITY BUILDING PROJECT: Aboriginal Health: addressing CDM through collaboration between GP's and AHW's**

GPDV has received network capacity funding for this project. The project will focus on educating the ACCHO workforce (Drs, PN's & AHW and others) on the Medicare item numbers relating to CDM: including the A&TSI adult health check and the new child health check. A set of resources will be developed for the workshop: A poster & A4 flip chart outline of Medicare items & details

VACCHO & GPDV will co- facilitate four regional workshops and will be involving the local divisions to support this work.

Workshops: Proposed sites for the workshop identified by VACCHO are:

- Melbourne
- Warrnambool (Otway)
- Shepparton (Goulburn Valley)
- Bairnsdale (East Gippsland)

The proposed dates for the workshop: September – October 2006

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This project is in the early stage of development and GPDV has an opportunity for a division staff member to take up a 4-month part-time secondment to work at GPDV on this project.

2. ABORIGINAL HEALTH PROMOTION AND CHRONIC CARE PARTNERSHIP

About this project

DHS have allocated $1.7 million in 2005-06 ($7.06 million over four years) to prevent and better manage chronic disease in Aboriginal people in nine geographical areas across Victoria. The AHPACC Partnership will support Community Health Services (CHSs) and Aboriginal Community Controlled Health Organisations (ACCHOs) work in partnership to improve health outcomes for Aboriginal Victorians with/at risk of chronic disease.

The AHPACC Partnership will achieve this through:

- Improved chronic disease service delivery, coordination and continuity of care, and support for chronic disease self-management approaches.
- Coordinated approaches to health promotion planning, implementation and evaluation by building upon other programs.
- Workforce development (including accredited training) and organisational support for both Aboriginal and mainstream workers and organisations in the implementation and evaluation of the AHPACC Partnership

General practice involvement

Additional funds from the GPs in Community Health Strategy have also been provided to the nine AHPACC Partnership sites to support general practice involvement. The funding will achieve two key objectives:

- the development of a protocol/MOU between local divisions of general practice and AHPACC Partnership agencies; and
- trialing the protocol through implementing quality improvement activities.

The ACCHO, CHS and the local division of general practice in each site will work together to achieve these objectives. GPDV and the RACGP will take a role in supporting this work at a state wide level.

For further info, the new AHPACC Partnership webpage can be accessed on:
www.health.vic.gov.au/communityhealth/AHPACC

GPDV will be contacting CEO's and division staff in the next few days to develop a GPDV Indigenous Health email list serve and will offer support to divisions who will be working on these projects. We would also invite other divisions who have an interested in Indigenous Health to be involved as well.

Both of these projects are in the early stage of consulation and development if you need any further information please contact me on 9341 5221 or email: l.czulowski@gpdv.com.au

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Chronic Disease Management	Rachel: r.overell@gpdv.com.au

Free Asthma Education Sessions

The Asthma Foundation of Victoria will be holding a series of free education sessions suitable for patients of all ages conducted by trained asthma educators.

TOPICS INCLUDE:

What is asthma?

Is your asthma out of control at times? Do you wonder, what's happening to me – why am I wheezing and feeling breathless?

Triggers – know your troublemakers

What triggers your asthma – exercise, allergies, smoke, emotion? This is a key step to gaining control of asthma.

Help your medication help you

Do you know what kinds of medication are used to treat asthma and how they work? Do you know their possible side effects? Do you know how to get the best results from your medicine?

Controlling episodes

Do you know how to prevent asthma episodes from starting – or getting worse?

Working with your doctor

Do you want to make visits to your doctor more useful? Learn about the Asthma 3+ Visit Plan

Dates for August are:

Tuesday 8th August 10.00am – 12noon (for older people)

Thursday 24th August 12noon – 2pm (ideal for parents or carers of a child with asthma)

Venue: The Asthma Foundation of Victoria
491 – 495 King Street
West Melbourne

Bookings are essential

Workshops may be changed or cancelled if insufficient registrations are received.

To register or for further information contact:

Jennie Raymond

The Asthma Foundation of Victoria

On 9326 7088 or (tollfree 1800 645 130)

Email: jraymond@asthma.org.au

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The Cancer Council Victoria - Call Someone You Can Trust

Cancer Helpline 13 11 20

Mon-Fri 8:30am-8pm

The Cancer Council Victoria has developed important new resources to help GPs support patients through their cancer experience.

The Cancer Helpline is staffed by qualified cancer nurses and complements services offered by general practice. The Helpline provides additional information and support services to patients, families and carers of people with a cancer diagnosis. The service can also be accessed by GPs seeking the latest cancer information.

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The Cancer Helpline has recently extended its hours of service and is now available Monday to Friday, 8.30am-8pm. This provides greater access to information and support outside standard business hours.

In addition to providing up-to-date information, the Cancer Helpline also provides callers with a safe and confidential environment to:

- Clarify any queries and talk about living with cancer and ways to cope
- Access Cancer Connect, a telephone peer support program that allows callers to speak to another patient or carer who has been through a similar experience
- Be informed about local support groups and additional services in their region
- Be notified about upcoming seminars and forums so callers can learn more about cancer and life after cancer
- Receive additional written information about cancer and cancer support services

Research indicates that a call to the Cancer Helpline makes a tremendous difference to how cancer patients and their carers cope with a cancer diagnosis. GPs play a key role in educating their patients about the important services offered through the Cancer Helpline.

To further support patient access to cancer information when it is most needed, a new Cancer Helpline poster for practices and Cancer Helpline waiting room brochures are available free of charge. Fridge magnets are also available.

For more information or to order Cancer Helpline resources, please contact the Cancer Helpline on 13 11 20 or Suzi Grogan, Cancer Helpline Coordinator via email: Suzi.Grogan@cancervic.org.au

This article has been provided by the Cancer Council Victoria's General Practice Program.

Disease Prevention	**Rachel:** r.overell@gpdv.com.au

Smokers more likely to die from mouth and throat cancer

New Campaign

A new quit smoking advertising campaign later in July will highlight the relationship between smoking and oral disease. It aims to increase awareness of these potentially devastating effects on the mouth and help address the lack of understanding about the health effects of smoking.

Although the risk of dying from mouth and throat cancer is significantly higher among smokers compared with someone who has never smoked, awareness about the relationship between smoking and oral disease remains alarmingly low.

What is particularly tragic is that most of the deaths and often-devastating effects of cancers of the mouth and throat could have been prevented. Advanced cancers of the mouth and throat can cause chronic pain, loss of function and disfigurement. Breathing, talking, eating, chewing and swallowing can all be affected.

However there is some good news for smokers. They can reduce their risk of mouth and throat cancer by making the decision to quit and using strategies that will make their quitting more successful.

The advertisement, produced by The Campaign Palace/Red Cell, is part of a new national quit smoking campaign that has been developed in collaboration between state and territory smoking and health programs.

Further information about smoking and mouth and throat cancer from Quit Victoria's Background Brief 'Smoking and the mouth' is available at: http://www.quit.org.au/downloads/BB/22Oral.pdf

Resources

A brochure on smoking and oral health for people who smoke, and posters for display are available to support the campaign. To order please visit:

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http://www.quit.org.au/downloads/mouthorderform.pdf

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Glaucoma (National Glaucoma Week July 16 – 22)

Glaucoma Australia estimates approximately 300,000 Australians have glaucoma. However, unfortunately only half know they have it. Glaucoma is often referred to as the sneak thief of sight - most commonly, sufferers are unaware they have glaucoma as there are usually no overt signs or symptoms.

What is Glaucoma?

Glaucoma refers to a group of conditions that affect the optic nerve. Often this is a result of increased pressure in the eye (normal pressure is between 10 mmHg and 20 mmHg). Peripheral vision is lost as a result of damage to the optic nerve. Most people compensate for this by turning their head – this, however, allows the condition to progress further without being detected. As the vision loss is due to nerve damage, it is not repairable which is why early detection by an optometrist or ophthalmologist is imperative.

How is Glaucoma treated?

Different types of glaucoma require different types of treatment. It is most commonly treated by drops, although laser and surgery are also sometimes used. These treatments aim to halt the progression of glaucoma.

What can you do?

As glaucoma is often a “silent” condition, it is important to encourage your patients to have regular eye tests - especially if they are over 40, or have a family history of the disease. People with a family history are 4 times more likely to develop glaucoma.

July 16-22 is National Glaucoma week. To find out more about glaucoma please visit www.glaucoma.org.au or www.vision2020australia.org.au.

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Health Promotion – VicHealth’s conference support scheme

VicHealth’s Conference Support Scheme provides small grants ($1000–$10,000) to organisations for the purposes of organising and implementing health promotion conferences.

The Conference Support Scheme aims to:

- Facilitate the transfer of new and existing health promotion knowledge and practice through the support of health promotion conferences
- Disseminate new and existing health promotion knowledge and practice in the Foundation’s priority areas
- Ensure supported conferences are accessible to a range of delegates
- Increase information exchange across sectors

Preference is given to applicants proposing to conduct conferences in VicHealth priority areas: tobacco control, mental health promotion, physical activity, healthy eating and health inequalities.

To apply for funding, or for further information please visit:

http://www.vichealth.vic.gov.au/Content.aspx?topicID=180 Closing date for applications is 02 October 2006.

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Immunisation	Michelle: m.wills@gpdv.com.au

SBOIC COMMUNIQUE

Meeting 15 and 16 June 2006

Members of the State Based Organisation Immunisation Coordinator (SBOIC) Network held a very productive meeting in Canberra over 15-16 June 2006 where they dealt with many hot issues concerning immunisation. The members shared experiences from their own jurisdictions and knowledge of the different practices and procedures from the varying States and Territories.

The SBOIC Network was formed to share resources, collaborate to resolve issues, provide support and work as a network team to improve the immunisation practices and rates throughout the country.

The Terms of Reference for the SBOIC Network were varied to reflect the desire of the members to increase their level of interaction and networking and to increase linkages with national representation.

National Immunisation Committee (NIC) members, Dr Greg Rowles representing the ADGP and Helen Moore, ADGP Principle Adviser for Immunisation, also agreed to improve the communication between the SBOIC Network and local Divisions by taking issues to the NIC and providing relevant feedback. Those long standing issues will also be pressed for action by NIC.

Issues from general discussion:

- To help the SBO with handover materials for new members, the Network will finalise an Orientation Kit which is being developed to complement existing resources and the Immunisation Kit
- Cold Chain management and in particular the Strive for 5 program was discussed and the issues concerning the different States and Territories were addressed. One important area of concern is the transporting of vaccines by patients from the pharmacy to the surgery. This will be followed up with the Pharmacy Guild of Australia as well as the Divisions network for action.
- Various issues were raised concerning the accessibility and timely allocation of the funds from the National Indigenous Pneumococcal and Influenza Immunisation Program (NIPII). The SBOIC network and the AGDP will be taking these issues to the relevant government bodies with the aim of simplifying the processes and encouraging a quicker response so that promotions can be planned for the beginning of the Flu season.

Officers from the Department of Health and Ageing attended the meeting and addressed issues concerning the Network. The officers also spoke about the increasingly complex schedule, the success of the overall program and the need to guard against complacency. They also indicated that the consultation for the Whole of Life Register mentioned in the Federal Budget was to be funded over 2 years involving 3 phases; Phase 1 being consultative with respect to the possible format of the register, Phase 2 for establishing the relationships between the stand alone registers and the WOL Register and Phase 3 to fit the register into e-Health.

The Network lobbied the Departmental officers strongly for an increase in the funding for Divisions and SBOs and for the GPII Schedule to be released to the Network as soon as possible.

A presentation by Queensland members emphasised the need for SBOs to build and maintain good two way relationships with State health people. In Queensland this has resulted in funding for a joint program aimed at improving the Cold Chain management in that State.

The National Divisions Immunisation Workshop will be held on 2nd August 2006 and will follow the PHAA Immunisation Conference. The Workshop will be at the same venue at Darling Harbour. The Theme for this year is ***Immunisation across the Whole of Life*** and hopes to elicit interest, information and policy on this issue.

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Additionally, the ADGP Divisions Immunisation Profile 2006 will be launched at this year's Workshop. The Profile is a web based data gathering exercise and will be a valuable tool for both SBO and Divisions. The data gathering process will be actioned by ADGP shortly and will involve all Divisions.

For more information on any of the items discussed above, please contact your SBO representative in your state or territory.

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Lifescripts	**Rachel:** r.overell@gpdv.com.au

Update on well persons health check MBS item

In response to a few queries from Divisions about further information on this new MBS item, I have been in contact with DoHA to track down the latest information.

On 19/7/06, Sally Gillies from DoHA provided the following information:

> "The Government is introducing a new Medicare item for GPs to provide a health check to people around 45 years old who are at risk of developing a chronic disease. This measure was announced in February as part of the Council of Australian Government's Australian Better Health Initiative (ABHI).
>
> The details of the Medicare item are being developed in consultation with the medical profession and the item is expected to be introduced on 1 November 2006.
>
> The item is a targeted check for people around 45 years with identified risk factors. It builds on preventive activities already being undertaken in general practice and adds to the range of items already available under Medicare. It is not intended as an annual health check.
>
> The new health check will utilise existing preventive health guidelines and resources, including Lifescripts and RACGP publications such as the red book and SNAP guidelines.
>
> Further information about the health check will be available over the next few months following discussions with the profession and finalisation of the item."

As further information comes to hand I will forward it on. In the meantime, GPDV is maintaining regular contact with ADGP and DoHA regarding this item.

Divisional data available for Lifescripts planning

Population health profiles have been compiled for each division by the Public Health Information Development Unit (PHIDU), a collaborating unit of the Australian Institute of Health and Welfare, located at The University of Adelaide in the Australian Institute for Social Research.

The Population Health Profiles have been designed to provide a description of the population of each division, and aspects of their health. In summary, the profile includes a number of tables, maps and graphs to profile population health in the division and provides comparisons with other areas (eg. country Victoria and Australia). Specific topics covered include:

- a socio-demographic profile;
- GP workforce and activity data;
- immunisation rates;
- rates of premature death; and
- estimates of the prevalence of chronic disease and selected risk factors

Collated data for all Victorian Divisions relating to the Lifescripts risk factors (smoking, nutrition, alcohol, physical activity and weight management) can be accessed at www.gpdv.com.au, and clicking on 'Divisions' and then 'Divisional data and statistics' or click here for direct link: http://www.gpdv.com.au/gpdv773.htm

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The complete Population Health Profiles for each Division can be accessed at: http://www.publichealth.gov.au/gp_divisions_vic.html and on the GPDV website.

Recent study: "Weight management in general practice: what do patients want?"

The objective of this study was to explore patients' views of the role of general practitioners in weight management.

"Patients expressed positive views about receiving lifestyle advice, such as dietary and physical activity guides from their GP. These options were favoured over medications and dietitian referral. There is evidence that nutritional counselling can produce improvement in weight. The results are encouraging for the effectiveness of strategies like the SNAP (smoking, nutrition, alcohol, and physical activity) framework and the Lifescripts resources."

The entire article can be viewed at:
http://www.mja.com.au/public/issues/185_02_170706/tan10063_fm.html

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Lymphoedema — Hari: h.kakouris@gpdv.com.au

Welcome

Welcome Hari Kakouris who will be undertaking the Lymphoedema GP Education project. You can expect to hear from Hari soon.

Back to Lymphoedema

Practice Nurses — Lesley: l.czulowski@gpdv.com.au

Nursing News August

I hope all division staff working on the practice nurse program, have registered NOW for National Divisions Nursing in General Practice Forum

The Nursing in General Practice (NiGP) Program is to host a two-day annual Forum for the Division Practice Nurse Program Officers and other interested divisional staff.

The first annual Forum will be held in Brisbane on 29th -30th August 2006. Funding will be provided to cover the travel and accommodation costs and registration fees for one delegate from each Division and SBO. Divisions/SBOs can send more than one representative however this will be at their own cost. Details and enrolment form are on the ADGP web page.

The key aims for the Forum are to-

- Showcase nationally relevant NiGP initiatives and models.
- Share knowledge, skills and resources.
- Coach and collaborate with divisions to build their capacity to support Nursing in General Practice.
- Build support networks amongst division NiGP program officers nationally.
- Provide an opportunity to review the strengths and weaknesses of the NiGP program.
- Prioritise future activities.

Remember the Victorian Division pre forum Workshop will be held at the Carlton Crest Hotel Brisbane on Monday 28th August at 12md – 5pm SEE YOU THERE!

Coming Up

4th General Practice Nurse Conference 2006

12-14 October 2006 Radisson Resort Gold Coast

ADGP are looking for stories from practice nurses for the RCNA Practice Nurse Conference in October.

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The stories can be about something on a practice level that has helped in their practice or about a program they are running. The presentation needs only to be 10 minutes. If you have nurse who may be interested in presenting they just need a brief outline of the topic and details about the nurse to include in an introduction. For further information please contact Toni Rice, Nurse Program Officer, Nursing in General Practice, ADGP.

Ph: 02 6228 0850 or email trice@adgp.com.au.

OTHER PRACTICE NURSING NEWS OF INTEREST

Nurses Board of Victoria Update

Report on the Professional Issues for Nurses working in General Practice Road Show

January to March 2006 is now available on the NBV web site

GPDV provided funding to divisions of general practice across Victoria to conduct a session presented by the NBV aimed at practice nurses and practice managers. Of the 30 divisions of general practice in Victoria, 24 took the opportunity to have the NBV present the professional issues road show. These divisions were: East Gippsland; Central-West Gippsland; North-East Victoria; South Gippsland; Ballarat; Mallee; Mornington Peninsula; Otway; Melbourne; Dandenong; Border; Goulburn Valley; Whitehorse; Murray Plains; Eastern Ranges; Monash; West Victoria; Western Melbourne; North-West Melbourne; Geelong; Central Highlands; Central Bayside; South-City; Greater South Eastern.

The sessions were delivered from 31st January to 14th March 2006, with the majority conducted in the evening, from 6.30 – 9.30pm. Four hundred and thirty eight (438) people (division 1 and 2 registered nurses, practice managers and a GP) attended the sessions.

A full copy of the report is available on:

http://www.nbv.org.au/NBV/nbvonlinev1.nsf/$LookupDocName/publications

Pathways to Progress Nurse Practitioners

An interim report on Report on Recommendation 12- Maximising Education Pathways for Nurses and Midwives.

Ten principles have been developed to drive greater nationally consistency in the educational pathways for nurse practitioners in Australia. The principles give direction with supporting rationale to all jurisdictions, not only those yet to implement the NP role. They build upon the recognised diversity in the Australian health workforce and in particular the career and lifestyle choices of nurses and midwives. The principles acknowledge that Australia is in a transitional phase with respect to NP at present, but that it is timely to focus on consistent national direction, one that firmly positions the role for the next decade.

A full report of all five working groups who undertook work for recommendation 12 is being prepared. In the interim the work of the NP group has been released. For your copy of the Interim Report, please go to:

http://www.nnnet.gov.au/downloads/np_pathways_interim_report.pdf

ANF industry first with 'Stop the Silence' conference and resource package

The ANF launched a resource package to support its Zero Tolerance (Occupational Violence and Aggression) Policy to a packed audience at the ANF 'Stop the Silence' Conference in November.

With a significant increase in violent incidents in the workplace including serious assaults and assaults with weapons, the ANF (Vic Branch) is working to address this by encouraging employers to take a zero tolerance approach to workplace violence and providing them with the information to do so.

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The package encourages and assists facilities to review their policies and procedures in managing occupational violence and aggression and includes the ANF (Victorian Branch) Zero Tolerance Policy and Interim Guidelines, posters, helpful articles and a number of other useful resource tools.

The package was distributed to all those who attended the Conference and is now available for purchase from the ANF (Vic Branch) Library. Contact Christen Tracey ph: 9275 9391, library@ anfvic.asn.au.

Members - $15 Non-members and organisations - $20
ANF Occupational Health & Safety Reps - Free

- Booklet

Members - $5 members Non-members and organisations - $12
ANF Occupational Health & Safety Reps - Free

International Council of Nurses - Informed Patient Project

Last updated: 20 February, 2006
Research shows that patients and consumers who take a more active role in their health decisions will live healthier lives and be more satisfied with their health care and treatment results.
This site offers high-quality health information to assist you in making informed decisions about taking care of your health, preventing disease, getting correct diagnoses, making good treatment choices and getting the best clinical care.
In addition to the information you find here, it is important to talk to your doctor, nurse or pharmacist. Your relationship with your health care professional should be a partnership.
For further information visit the website at: www.patienttalk.info

News from the Australian Government - Australian Taxation Office

11 July 2006

One of the occupational guides prepared by the Tax Office this year to help taxpayers claim all their deductions and lodge an accurate return for 2005-06 covers nurses.

A summary is available from the ATO website at
http://ww.ato.gov.au/individuals/content.asp?doc=/content/35516.htm

Discussion Document: Proposed Continuing Professional Development (CPD) for Registered Nurses & Midwives in Victoria

The Nurses Board of Victoria discussion document outlines a proposal to introduce a compulsory Continuing Professional Development Program for Victorian registered nurses and midwives linked to annual registration. The purpose of this document is to invite the profession and stakeholders input into the proposed Program.

Proposed Program Timeline
Stage 1 ~ Dec 2005
Develop and present proposed CPD Profession Discussion Paper to the December NBV Board meeting
Stage 2 ~ April 2006
Circulate approved document for comment to the profession and stakeholders
Stage 3 ~ June/July 2006
Responses received and collation of data
Stage 4 ~ July 2006
Develop Position Paper incorporating CPD point requirements from comments received
Stage 5 ~ Aug 2006
Board Approval
Stage 6 ~ Sep - Dec 2006
Road Shows - Metro, Regional and Rural

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To look at this discussion paper and make comments:
http://www.nbv.org.au/NBV/nbvonlinev1.nsf/$LookupDocName/news or contact
Chief Executive Officer, 595 Little Collins Street Melbourne 3000 or email accreditation@nbv.org.au
Please direct any enquiries to Kerry Bradley on (03) 86351257.

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