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Hot Topics

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National Health & Hospital Reform Commission
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GP Health System Integration

Aged Care Homes
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Primary Care Liaison

Improved Population Health Through Systematic General Practice

Chronic Disease Management
Disease Prevention
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Nurses in GP

Program Consultants

Aboriginal Health:
Lesley Czulowski and Graeme Fletcher

Division Accreditation:
Susan Webster

Aged Care:
Lee Stamford

Clinical Risk Mgt:
Lesley Hawe

Collaboratives:
VACANT

E-Health:
Brendon Wickham

GP-hospital communication:
Jane Measday

Immunisation:
Kim Riley
Annette Dupont

IM & ICT:
Chris Hayward, Paul Macdonald & Ross Nable

Lifescripts:
Aimee Black

Lymphoedema:
Hari Kakouris

Mental Health:
Anne Diamond

Nurses in GP:
Lesley Czulowski

PEPA (GP Palliative Education):
Lee Stamford

Practice Accreditation:
Helen Threlfall

Practice Capacity for Chronic Disease Mgmt:
Aimee Black

Primary Care Integration:
Sonya Tremellen and Merrian Oliver-Weymouth

Policy:
Louise Willis & Lucio Naccarella

Quality Use of Medicines:
Lee Stamford

SH^{3}ED: **S**exual **H**ealth **H**IV **H**epatitis E**d**ucation:
Michelle Wills & Kirk Austin

Star Divisions:
Helen Threlfall

Workforce:
Christine Macdonald

GPV
GENERAL PRACTICE VICTORIA

Coming Events

Event	Date
Mental Health Network	9 May
Level 2 Orientation	14 May
Immunisation Network	21 May
Aboriginal Health	22 May
RWAV Conference 2008*	23 – 24 May
Program Orientation Level 1	4 June
POSTPONED CDM in Divisions: An Integrated Approach/ Combined with IM/ICT Issues in Divisions IMIT Network will go ahead	5 June
Nurses in General Practice	12 June
GPLO Workshop	24 June
GPV Forum	25 – 26 July

** denotes event not auspiced by GPDV*

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

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Hot Topics

GPV Statistics Package Update	Email: s.tremellen@gpv.org.au

Many of the tables in the GPV Statistics Package were recently updated.

GPV intends to develop the Stats Package to include DoHA provided data needed to report on the performance indicators in the National Quality and Performance System (2008-2011).

If you have any queries or suggestions about the GPV Statistics Package, please don't hesitate to contact Sonya or any of the Program Consultants at GPV.

CDM workshop postponed	Email: a.black@gpv.org.au

GPV decided this week to postpone the workshop and network meetings planned for 5 June.

This workshop was being designed to bring together program staff from a range of funded programs and portfolios in the morning to discuss integrated approaches to general practice development for improving chronic disease management. Separate network meetings were to follow in the afternoon. The event has been listed in the GPV quarterly calendar and a detailed agenda would have come to you this week.

Our decision to postpone this event follows changes to some key staffing positions in GPV – see GPV staff changes section below.

Please note that the IMIT Network meeting will go ahead on this date.

National Health & Hospital Reform Commission – Contribute to GPV submission	Email: l.willis@gpv.org.au l.naccarella@gpv.org.au

On 23rd April, division CEOs and Chairs were sent an email about submissions to the National Health & Hospitals Reform Commission. This is the commission established in February to develop, by June 2009, a plan for improvements to Australia's health system, and to develop a framework for the next Australian Healthcare Agreements (funding between Commonwealth and states and territories, which till now has mostly focused on hospital funding).

The commission has now called for submissions (due 30 May), although it is not being very specific about what the submissions should focus on. The commission wants to identify ideas, opportunities, innovations and possibilities for strengthening Australia's health system (see http://www.nhhrc.org.au/), and has called for submissions in relation to its terms of reference (which are very broad) and/or its draft principles.

AGPN is consulting divisions and SBOs to inform its submission. As well as having input to AGPN's submission, GPV will be making a separate, Victorian submission. Given the breadth of the issues that the Commission will look at, and the relatively short timelines, we propose to use work we have already developed in consultation with divisions, about some of the problems that need to be addressed in improving Australia's health system as a whole. We would welcome divisions' comments to inform our input to this initial submission process to the NHHRC, and we would particularly welcome divisions' suggestions for particular models to advocate for, that might be able to be reproduced in other areas.

Our consultation paper is on our website.
http://www.gpdv.com.au/Documents/Consultation%20paper%20for%20divs%20on%20NHHRC%20submission080422.pdf

For more information, contact policy analysts Louise Willis (l.willis@gpv.org.au) and Lucio Naccarella (l.naccarella@gpv.org.au).

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GPV Staff Changes

There are a number of GPV staff changes to announce this month:

Lucio Naccarella has joined us as a Policy Analyst, working part-time at GPV; he has recently also taken up a part-time position as Research Fellow at the newly-established Australian Health Workforce Institute a joint venture of the University of Melbourne and the University of Queensland (http://www.ahwi.edu.au/). Lucio has been working for some years in the Department of General Practice at the University of Melbourne and is well-known to divisions, having been involved in a number of projects within the program and is currently completing an evaluation for GPV of the Nursing in General Practice Program.

Contact Lucio at l.naccarella@gpv.org.au or 9341 5230 on Monday-Wednesday.

Susan Webster has stepped out of the Team Leader – General Practice Development (education and workforce) position. Susan will continue at GPV part-time, so colleagues in the divisions program will still be able to draw upon her great expertise.

Sonya Tremellen will take on the Team Leader role from 1st June. Sonya has been working in the Primary Health Liaison since 2001 and the Immunisation Program prior to that and will be known to many division staff.

Chris Hayward has accepted an offer as the Senior Implementation Consultant for the Map-of-Medicine, based in his home town of Brisbane. Chris will finish on Friday 9th May and will be missed by divisions for his enthusiasm and drive.

Aimee Black has been seconded to AGPN for 3 days per week in May-July to coordinate the preparation for the federal government commitment to diabetes prevention. The 07-08 federal health budget announcement for 'COAG – reducing the risk of type 2 diabetes' includes the indication that some Divisions will be funded to 'help purchase, or, in certain circumstances, provide the lifestyle modification programs'. For more details:

http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2007-hfact31.htm

GP Health System Integration

Aged Care Homes

Lee: l.stamford@gpv.org.au

Aged Care Workshop

This workshop was held Thursday May 8th at Arrow conference Centre, Swanston Street Melbourne.

The agenda included:

Session 1: Allied Health – presentations about specific allied health roles in aged care facilities.

Session 2: What's Happening in Divisions – presentations from division program officers.

Also – update from Gail Roberts, DHS, about current status of the Victorian whole of health Advanced Care Planning policy and how it ties in with Respecting Patient choices and the AHMAC national recommendations.

Session 3: Planning and Reporting and the new Performance Indicators.

The workshop following this will be held on Thursday August 7th.

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IM & ICT	**Chris:** c.hayward@gpv.org.au **Paul:** p.macdonald@gpv.org.au **Brendon:** b.wickham@gpv.org.au **Ross:** r.nable@gpv.org.au

IMIT Network meeting going ahead on 5th June

Due to staffing changes at GPV (Chris is leaving to Map-of-Medicine, Aimee has accepted a part-time secondment to AGPN and Sonya will be moving to her new role as Team Leader for GP Development), the combined CDM/IMIT meeting has been postponed to later in the year. The 5th June meeting will now be a standard IMIT Network meeting. We decided the postponement was the best course of action to ensure a quality meeting could be delivered. We hope that you'll understand and that we'll still see you on the 5th of June for things IM and IT (there's a lot going on in CDM at the moment and we'll be able to retain a CDM theme to keep you up-to-date and enable us all to share our experiences and issues).

Nurses and IT

See article in Nurses in GP section by clicking here.

Mental Health	**Anne:** a.diamond@gpv.org.au

ADGP News

AGPN is working with DOHA on the ATAPS Forum for 11th and 12th June. This will be an important national workshop to bring all Mental Health co-ordinators together and showcase development sin ATAPS and other national mental health programs. CEOS and additional mental health staff are welcome to attend the forum on a user pays basis.

DHS News

Dr Julie Thompson, Board member, GPV, attended the Eating Disorders Forum held on April convened by Mental Health Branch. Over 200 people attended this forum, with representation from the acute services, community and NGOs. The key message was that eating disorders is core business for the adult mental health services. This is a shift in service provision, with implications for GPs working with this patient group.

DoHA News

As announced, DoHA will trial 15 demonstration sites for divisions to run **CBT-based telephone counselling** services over a 12 month period. The guidelines to divisions will be available in early May. Divisions will apply by an expression of interest. Funding will be for infrastructure only, not clinical services. Training in telephone based counselling will be provided to divisions. The **Suicide Prevention** demonstration trial will also run for 12 months and involve 15 divisions nationally, most likely urban divisions. Divisions will be selected by DoHA. Services will be delivered through ATAPs. Of importance, more detail on the **Post-Natal Depression funding** to be delivered through ATAPs and likely to be available towards the end of this year, should be sought in the forthcoming Federal Budget to be announced on 13th May.

GPDV News

The Mental Health Network meeting on 9th May includes Gill Callister, Executive Director, Mental Health and Drugs Division, as lead speaker and Martin Turnbull, Manager, Mental Health Reform Strategy will also attend. Karen Hale-Robertson, Program Co-ordinator, Partners in Mind in Queensland will present on State initiatives in mental health involving divisions and the Queensland SBO. The meeting represents an important opportunity to speak about the role of general practice in delivering mental health care and to work with DHS on mental health reform involving the general practice community.

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Primary Care Liaison	**Sonya:** s.tremellen@gpv.org.au **Merrian:** m.oliver-weymouth@gpv.org.au

The ABHI: Primary Care Integration Program

Nearly all Divisions have submitted their final work plans to DoHA state office. The very last work plans are due by 16th May 08. Merrian has visited several Divisions, participated in meetings and provided telephone support for the final refinement of the PCIP work plans. Please don't hesitate to call her for support or advice.

The first meeting of the COAG Victorian Primary Care Integration Advisory Working Group has been held for 2008. This group brings together representatives from private Allied Health Providers, PCPs, DHS and DoHA state and federal offices with the GPV primary care integration team to look at the whole primary care integration agenda in Victoria:

- DoHA reported that there are now 74 PCIP funding agreements across the country.
- DoHA noted the all SBOs had been asked to submit applications for Chronic Disease Self Management (CDSM) funding. This (small) funding allocation will focus on awareness raising of what self management is, and the function of brief interventions, eg. focussing on motivational interviewing skills and helping GPs to identify which of their patients might benefit from a CDSM approach.

ABHI: PCIP Program Logic under development

GPV has engaged Alison Amos to help us develop a Program Logic for the ABHI: Primary Care Integration Program (PCIP). Over the next few weeks Alison and her team will meet with key informants from GPV and divisions, drawing together an outline of everyone's understanding and interpretation of the goals and outcomes for this new program. The final Program Logic will help GPV be realistic about what levels we can influence and act upon and begin to frame our reporting and our approach to evaluating the PCIP work.

Collaboratives and the Primary Care Integration Program

We know that where work has been undertaken through the Collaboratives program, divisions and practices are much more data ready to meet the ABHI: PCIP minimum reporting requirements and are already delivering improved care for people with chronic disease.

When it comes to thinking about extending the Collaboratives learnings to ABHI: PCIP, the experience in NSW suggests that practice liaison and engagement is critically important to creating change. Divisions also need to make sure that PDSA cycles and data cleaning are effectively core business in terms of services that they offer to General Practice.

MBS 900 & 903 items and the ABHI: PCIP minimum reporting requirements

The ABHI: PCIP minimum reporting requirements include comment on the number and proportion of general practitioners claiming Medication Management review items (900 & 903). Divisions may already report on this data for the Aged Care program and their HMR Program. Copying this data for ABHI: PCIP reporting will meet the reporting requirements, but there are things to keep in mind:

- New KPIs for these program areas are due in the next financial year
- There are two reviews of the HMR process underway
- HMR program reporting is complicated by reports going to both AGPN via SBOs and the Pharmacy Guild of Australia with data that doesn't always match up
- There is a DVA initiative to offer Veterans free dose administration aids if this is identified through an HMR. This initiative that may well lead to an increase in HMR requests from this community.

Merrian is keeping a watching brief on these issues with Lee Stamford the Aged Care and Quality use of Medicines consultant at GPV and will keep you posted.

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Chronic Disease Management	Aimee: a.black@gpv.org.au

Diabetes Prevention

Aimee Black has been seconded to AGPN for 3 days per week in May-July to coordinate the preparation for the federal government commitment to diabetes prevention. The 07-08 federal health budget announcement for 'COAG – reducing the risk of type 2 diabetes' includes the indication that some Divisions will be funded to 'help purchase, or, in certain circumstances, provide the lifestyle modification programs'. For more details:

http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2007-hfact31.htm

Disease Prevention	Aimee: a.black@gpv.org.au Hari: h.kakouris@gpv.org.au

Prostate Cancer

Informed choice the key to prostate cancer testing

The Cancer Council is advising GPs to expect a surge in the number of requests they receive for PSA tests, as a result of football personality Sam Newman's highly publicised prostate cancer surgery.

The Cancer Council has responded to media coverage of Sam Newman's surgery by urging men not to be panicked into having a PSA test. Instead, men are encouraged to have a discussion with their GP about the issues around prostate cancer testing and treatment so they can make an informed decision about whether testing is right for them.

So why does the Cancer Council advise men to consult their GP about prostate cancer testing, rather than advocate population-based screening for all men of a specified age?

'The answer is that not all men who have a prostate specific antigen (PSA) test will benefit from it. In fact, some may be harmed, so individual men should understand the pros and cons and make an informed decision,' said CEO of The Cancer Council Australia, Professor Ian Olver.

'PSA concentrations can be raised by conditions other than prostate cancer. Studies of men aged over 45 showed that 7-13% had a PSA level above 4ng/ml, but of them only 10-30% had prostate cancer on biopsy. Conversely, 15% of men with normal PSA will have prostate cancer on biopsy. Such false negatives can delay diagnosis and treatment, and encourage a false sense of security with a risk of symptoms being overlooked. Alternatively, lowering the threshold to increase sensitivity will increase the rate of false positive PSA tests, which may lead to unnecessary, and in some cases painful, follow-up biopsies and anxiety of a possible cancer diagnosis. Over diagnosis may result in overtreatment, including prostate surgery that may cause impotence and incontinence.

'There is no doubt that men have benefited from PSA testing. An asymptomatic man who has had a PSA test as part of a routine health check and is found to have high-grade cancer confined to the prostate may well have curative surgery. Men in this situation are strong advocates for screening. However, their circumstances cannot be generalised to the whole population. Other men may have a low-grade cancer found, with no way of knowing whether it needs treating immediately or whether it will never cause a problem in their lifetime, aside from the anxiety of living with cancer,' said Professor Olver.

Age, other illnesses or family history may impact on the decision about testing and subsequent treatment. GPs need to discuss these issues and the risks and benefits before recommending a PSA test, so men can consider all the evidence according to their circumstances and make an informed choice.

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Current evidence shows PSA testing lacks the sensitivity and specificity essential to a population-based screening tool; two large international trials reporting over the next couple of years should help clarify its effectiveness.

'One thing is clear: 2,800 Australian men dying from prostate cancer each year is 2,800 too many. Genomic and proteomic profiling promises far more accurate screening tools to reduce mortality. Until evidence supports population-based prostate cancer screening, GPs must provide clear advice about the risks and benefits of available tests to enable their patients to make informed choices' said Professor Olver.

Professor Ian Olver is a medical oncologist and chief executive officer of The Cancer Council Australia

Prostate Cancer Resources for GPs

- **The Early Detection of Prostate Cancer in General Practice: Supporting Patient Choice** GP show card is available for download via The Cancer Council Australia website: http://www.cancer.org.au/File/HealthProfessionals/GPprostateshowcard.pdf

- **Prostate Cancer Risk Management on-line ALM**

An on-line learning module developed by The Cancer Council Queensland and Andrology Australia, aims to equip GPs with the knowledge and skills they require to be able to initiate and inform discussions with patients about the benefits and risks of prostate testing.

The module brings together three case studies and combines them with further research material to comprise the Active Learning Module (ALM). Successful completion of the ALM entitles GPs to 40 category 1 points.

The online learning module is available through ThinkGP: http://www.thinkgp.com.au/.

- ***Cancer in General Practice*** **- Prostate Cancer Small Group Learning Module**
  This module can be used in small group learning or as an individual module for category 2 points. The module aims to increase participants understanding of the risks and benefits of screening for prostate cancer.

- The Cancer Council Victoria's **Prostate Problems** factsheet is available in 17 languages and can be accessed via the website: www.cancervic.org.au/multilingual.

- **The Royal Australian College of General Practice** position statement on prostate cancer screening can be viewed via the following link: http://www.racgp.org.au/Content/NavigationMenu/Advocacy/RACGPpositionstatements/20060911Prostatescreening.pdf.

Please contact generalpractice@cancervic.org.au to request a copy of any Cancer Council prostate cancer resources.

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Bowel Cancer

First Report on Bowel Cancer Screening Program

Media Release
Australian Institute of Health and Welfare
23 April 2008

The National Bowel Cancer Screening Program monitoring report 2007, released today by the Australian Institute of Health and Welfare (AIHW), tracks the first year of the National Bowel Cancer Screening Program.

In the first year of the Program, which began in August 2006, nearly 450,000 screening kits were sent to people aged 55 and 65 with the aim of reducing mortality from bowel cancer through early detection of bowel cancer and precancerous polyps.

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'Just over 40% of people who received the kit took up the offer to complete the test, said Melissa Goodwin of the AIHW's Health Registers and Cancer Monitoring Unit.

Participation was almost 20% higher amongst 65 year olds than 55 year olds.

Blood in the faeces was detected in 7% of tests completed as part of Phase 1 of the Program, and men were 40% more likely to have blood detected than women.

'Despite this fact, and the fact that men aged 55–74 years are 58% more likely to develop bowel cancer than women, participation in screening was almost 20% higher in women', Ms Goodwin said.

'This is the first national screening program inviting men to participate, and men are less likely to screen compared with women, who are more used to it through breast and cervical cancer screening.'

Either pre-cancerous polyps or cancers were detected in 63% of the positive results that were further investigated by colonoscopy.

Bowel cancer is the second most common cause of cancer-related deaths in Australia, and about 4,100 people in Australia die each year from the disease.

For both men and women, the risk of developing bowel cancer increases with age.

The risk of being diagnosed with bowel cancer by the age of 85 years is 1 in 10 for males and 1 in 14 for females,' Ms Goodwin said.

23 April 2008

Further information: Melissa Goodwin, tel. 02 6244 1041, mob. 0407 915 851

For media copies of the report: Publications Officer, AIHW, tel. 02 6244 1032.

Availability: Check the AIHW Publications Catalogue for the availability of *The National Bowel Cancer Screening Program monitoring report 2007*

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Cervical Screening

Nurse Pap test providers thrive in General Practice – scholarships available

Latest data from the Victorian Cervical Cytology Registry* show more than 40 per cent of Pap tests taken by nurses in 2007 were through General Practice, up 9.1 per cent from the previous year.

This significant increase highlights the growing role of nurses in General Practice and the need for more nurses to become Pap test providers.

PapScreen Victoria is offering scholarships of up to $1000 (inc GST) for Victorian nurses who wish to become Pap test providers.

Applicants must be Division 1 Registered nurses who are able to commence an accredited Royal College of Nursing Australia (RNCA) Pap test Provider Training Course in 2008.

To apply nurses need a letter from their employer showing support of the course, as well as their commitment to allowing on the job training upon completion of the course.

It is expected successful applicants will become credentialled Pap test providers when they finish the Pap test Provider Training Course.

Applications close: Friday 6 June 2008

For scholarship application forms and guidelines, information about RCNA accredited nurse Pap test training courses, credentialing and re-credentialling, please visit the health professionals section of the PapScreen Victoria website at www.papscreen.org.au.

* Evaluation of Pap tests collected by nurses in Victoria during 2007, March 2008.

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Immunisation	Kim: k.riley@gpv.org.au

GPV Immunisation Network Meeting – 21st May 2008

The next workshop will be held at Arrows on Swanston St, Carlton.

This workshop has been designed from the need analysis that was conducted at the network meeting early 2007.

The agenda for the day will include reporting requirements, learning how to apply for grants and produce abstracts and posters, effective practice engagement, an update on the latest changes and a report from the Royal Children's Hospital Immunisation Service.

I am really looking forward to seeing you all there.

Release of the 9th Ed Immunisation Handbook

The 9th Edition of the Immunisation Handbook has finally arrived. It was officially launched Tuesday 8th April in Canberra by Hon. Nicola Roxan, MP, Minister for Health and Ageing.

All Health Care Providers registered with ACIR and all GP's will receive a copy of the 9th edition handbook directly from the Commonwealth. If you do not receive a copy by early May 2008, you can contact the National Info Line on 1800 671 811.

For further copies you can order on-line via DHS
http://www.health.vic.gov.au/immunisation/resources/order_resources_online.

Please note DHS will not take any phone orders for the new 9th Edition.

A PDF of the Handbook and the 4th Edition of Myths and Realities are also now available from the Immunise Australia website www.immunise.health.gov.au.

NCIRS has also prepared an educational slide set for immunisation service educators, covering "What's new" in the 9th edition Australian Immunisation Handbook. This presentation is now available on the NCIRS home page http://www.ncirs.usyd.edu.au and by selecting >NEW NCIRS slide set for immunisation service providers.

Medication Management	Lee: l.stamford@gpv.org.au

DVA beneficiaries by Divisions of General Practice as at 28 December 2007

AGPN are producing regular updates about the QUM issues in the divisions.
http://www.agpn.com.au/site/index.cfm?display=2129

To assist with the Dose Administration Aids (DAA) scheme for veterans, AGPN has compiled the following information:

Veteran numbers in divisions – top 30 divisions in Australia

State	Division of General Practice	Total beneficiaries
Queensland	GPpartners (Brisbane North)	14563
	Gold Coast	11356
	Sunshine Coast	10792
	South East Alliance of GPs	8049
	Redcliffe Bribie Caboolture	7087
	Wide Bay	6728
	Brisbane South DGP	5934
South Australia	Adelaide Southern	10678
	Adelaide Western	5703

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New South Wales	Hunter Urban	10625
	Central Coast	10247
	Hornsby Ku-Ring-Gai	8052
	Hunter Rural	6052
	Manly Warringah	5657
	WentWest	5422
	Northern Rivers	5384
	South East NSW	4506
	Sutherland	4435
Victoria	Mornington Peninsula	8398
	GP Assoc of Geelong	5802
	Whitehorse	4913
	Central Bayside	4714
Australian Capital Territory	ACT	8235
Western Australia	Osborne	7327
	Perth and Hills	5583
	Canning	5422
	Fremantle Regional	5291
	Peel South West	4520
Tasmania	Southern Tasmania	6813

GPV is seeking information about Veteran numbers in each Victorian division and will disseminate this once we have it.

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Nurses in GP

Lesley: l.czulowski@gpv.org.au

Nursing News

GPV Nursing in General Practice Workshop will be held12th June at Arrows on Swanston, Carlton.

The agenda for day will include: AGPN update, the new NiGP contract details and performance indicators (hopefully $) NiGP nursing evaluation and story book, APNA update, division highlights from 07- 08, CDM update – on line learning, catching up and networking and a bit of fun!

Nicole and I are looking forward to catching up with you all again!!

News from AGPN

The 12th May 2008 is International Nurses Day and this year's focus will be on celebrating the vital role of nurses in primary health care. AGPN are releasing a special Nursing in General Practice edition of Dynamic Divisions, to promote the important role of practice nurses. The International Nurses Day edition of Dynamic Divisions will be distributed to divisions prior to 12 May. A media pack has also been prepared to assist divisions in their local promotion of nurses in general practice

For further information on Nursing in General Practice visit:
www.generalpracticenursing.com.au.

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Development and delivery of an e-Learning training package to support Medicare Item 10997

AGPN is pleased to advise that have been successful in their tender application to the Department of Health and Ageing to develop and deliver a package of on-line learning modules for practice nurses and registered Aboriginal Health Workers, to assist their role in the provision of monitoring and support for people with a chronic disease.

The training package will include six two hour disease specific modules covering the topic areas of cancer, arthritis, cardiovascular health, asthma, diabetes and dementia. Also included will be one four hour generic module incorporating lifestyle counselling, self management, care planning, cultural sensitivity, and practice systems to support delivery of care under item 10997. Our partner organisations in undertaking this project are the Royal College of Nursing Australia and Bachelor Institute of Indigenous Tertiary Education. The project is due to be completed in June 2009. Regular updates will be provided as the project progresses.

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Nurses Board Victoria

The Board encourages and supports nursing research by awarding annual grants. These help nurses undertake research related to the Board's areas of research interest:

- improving health outcomes in fields such as aged care nursing, clinical nursing, community child health, complementary/alternative therapies, family care, indigenous health, mental health nursing, midwifery and primary health care; and
- the changing scope of practice in nursing or midwifery.

RESEARCH GRANTS FOR 2009

The Nurses Board offers the following research grants:

- Ella Lowe Grant ($50,000)
- Mona Menzies Postdoctoral Research Grant ($50,000)
- Major Research Grants ($20,000)

Applications for 2009 open on Monday 14th July 2008 and close on Friday 26th September 2008. Please note that these grants are not available for research projects undertaken as part of studies towards an academic award. For more details visit the NBV website:
http://www.nbv.org.au/research-grants.aspx.

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Need information on postgraduate studies, scholarships or professional development?

NurseInfo is an exciting new website providing a directory of all the information you could possibly need on nursing and midwifery in Australia.

NurseInfo.com.au provides information on professional development, postgraduate courses, different areas of speciality, scholarships, registration, working conditions and salaries, rural and remote nursing, and many other areas of interest.

The website also caters for those students and individuals interested in nursing and midwifery as a career, those looking to re-enter the professions and internationally qualified nurses and midwives wanting to work in Australia.

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Developed by Royal College of Nursing, Australia (RCNA), the site is user friendly and provides succinct accurate information.

Whilst visiting NurseInfo.com.au make sure you fill out the website survey so that RCNA can continue to improve and update the information to better suit your needs.

RCNA encourages you to visit NurseInfo.com.au and promote this website to your colleagues, which is funded by the Australian Government Department of Health and Ageing.

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Nursing and IT

The Australian Nursing Federation was commissioned by the Australian Government to carry out a research study into the use of information technology by nurses in Australia. The research was conducted by a project team from the University of Southern Queensland. The objectives of the study were to:

- identify the extent to which nurses have access to and use information technology and information management systems;
- identify the purposes for which nurses use information technology and information management systems;
- identify the readiness of nurses to participate in e-health initiatives such as Health*Connect* (including Medi*Connect*);
- understand the barriers that prevent nurses from benefiting from information technology and Information management systems;
- recommend ways to overcome these barriers and provide opportunities for nurses to better use information technology and information management systems within the Government policy framework; and
- prepare a road map for access, education and training to meet the needs of nurses.
- Synopsis: A study of 10,000 nurses in Australia (44% response rate) on their use of information technology has clearly identified
- that nurses recognise benefits to adopting more information technology in the workplace. They are however frustrated by limitations of access to the technology; software that is not always fit for purpose; and lack of opportunities for training.
- The level of use of information technology and information management systems is generally low and confidence in use is low even among those nurses who are users. There is evidence that familiarity, use and confidence in use are slightly higher in nurses who have recent tertiary education.
- Nurses feel poorly informed about information technology health initiatives and poorly consulted about implementation of these initiatives. Workload, number of computers, inadequate technical support and lack of training are principal barriers to the use of information technology.
- Technical support is especially poor in more remote locations. Neither the full potential of information technology in the provision of health and aged care nor the recognition by all nurses that information technology is an integral part of nursing will be realised until these limitations are addressed.

If you are interested in this report you can down load source: Australian Nurses Federation http://www.anf.org.au/it_project/PDF/IT_Project.pdf.

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Children First Foundation seeks volunteers

John Ward, director on the Board of the Children First Foundation, founded by Moira Kelly AO, and director of the Yarra Valley Conference Centre (YVCC), is again asking for applications from volunteer doctors and nurses to do a clinic at Kanabea in the Gulf Province of PNG where the Kamea people live. The dates are:

- 28 June-15 July; and
- 4-21 October 2008.

The clinic will last 10-12 days with some extra time to visit other beautiful areas of PNG. Travel will be by YVCC company aircraft, departing Lilydale Airport in Victoria . Experience in tropical medicine is preferable but not necessary. There are three volunteers on each trip. Moira evacuates children from Third World countries including PNG.

For more information email your details to: jward@yarravalleyconference.com.au.

Education Courses Lung Health Promotion Centre at The Alfred

Upcoming courses include:

28-30 May 2008, Introductory Course in Asthma Education 29-30 May 2008, Principles and Practice of Spirometry 31 May 2008, Presenting and Educating With Confidence Ph: (03) 9076 2382 Email: lunghealth@alfred.org.au.

DHS proposal for rural emergency services - nurses to supply medicines

At the end of April GPV submitted a written response to DHS's proposal to change legislation so that Division 1 nurses in rural hospitals would be able to supply some medicines to patients. This would be done according to statewide drug therapy protocols that have been approved for use in Victoria; and adopted and applied by the local health service facility. The protocols are based on the *Primary Clinical Care Manual* used in Queensland. The nurses involved would also have to receive training in a course to be endorsed by the Nurses Board of Victoria.

We sought divisions' input to inform our submission, through a consultation paper that we circulated to division CEOs a few weeks earlier. In summary, we supported the proposal, and suggested that extending and raised some points we think should be considered when it comes to implementation. These relate to quality and safety issues, training, and ensuring that new local arrangements take into account existing arrangements and do not inadvertently undermine them, make them unworkable or obsolete.

If you would like more information, you can read GPV's submission <http://www.gpdv.com.au/Documents/Submission080411.pdf>, our earlier consultation paper http://www.gpdv.com.au/gpdv/Documents/Consultation%20Paper%20Rural%20Nurses%20Supplying%20Medicines%20Proposal.pdf which explains a bit more about the DHS proposal, or go to the DHS documents at www.health.vic.gov.au/ruralhealth/index.htm.

Although the date for written submissions on this proposal has passed, these are changes that will take quite some time to come to fruition, and there may be other opportunities for input. If your division made its own submission to DHS, could you please send us a copy so that we can keep informed about divisions' views. Contact Louise Willis, policy analyst (l.willis@gpv.org.au).

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