

CHAIRS REPORT

On the medico-political front, the move towards forming Medicare Locals has progressed another step with the submission of applications on 5th April. In this round, applications were only open to Divisions of General Practice, and the Commonwealth Government has received 58 applications, including 13 in Victoria. So most of the Division network, including us, have been working very hard.

The submission we made was based on the boundaries that we have described previously, that is essentially the area of the three Divisions; North East, Albury Wodonga and Goulburn Valley. It remains to be seen whether the Victorian Government will insist that this area is divided into two ML regions.

Meanwhile we need to plan for the future to ensure that General Practice continues to receive the kind of services, support and advocacy that we have come to expect from the Division. Funding from the Commonwealth Government for Divisions will cease from 30th June 2012. Any future general practice organisation will have to seek funding via the Medicare Local.

It is essential that we build a very strong general practice organisation to continue to provide and expand services into our practices and to influence decisions made about primary health care delivery in our region.

The Board is currently looking at options such as amalgamation with the other Divisions to strengthen our position. Discussions will proceed with the two other Divisions but we will need the support of the members to make any changes.

If we are successful in the first round of applications, the Hume Medicare Local would come into existence on 1st July 2011. So we anticipate that we should have news about this sometime in May.

Closer to home, Division business continues as usual. We have made a start on our annual practice visits. David Dart and a member of the Board will visit each of the practices over the next few months. The purpose of these visits is to keep you informed about what is happening with the Division and also to hear about any issues affecting you. This year we are spreading the visits out over a longer period but we will get to all practices eventually. Last week I was privileged to visit the practices in Alexandra. I am always amazed that I learn something new at every practice visit.

Doctor Wendy Connor



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GP Management Plans ***Taking it to the next level***

Improving patient outcomes from GP Management Plans
and how to maximise rewards for better patient care

Topics include:

- Identification of cases
- Explanations to patient
- Recalls
- Content of management plans – mandatory / optional

Highly recommended for GPs, Practice Managers, Practice Nurses and
all those involved in Chronic Disease Management

Presented by Dr Paul Duff

Thursday 5th May 2011, 6.30pm – 9.30pm

Wangaratta Performing Arts Centre

NURSE PRACTITIONER COLLABORATION

Cnr Ford & Ovens Street

\$15.00 per person

GERONTOLOGY NURSE PRACTITIONER

Aged Psychiatry Service (APS) is pleased to announce that it is commencing a new initiative with the Gerontology Nurse Practitioner (GNP) group to add a further physical dimension to our psychiatric assessment and treatment outcomes.

The GNP will work with the APS team and GP's in identifying physical issues, mainly geriatric syndromes, which may exacerbate or be exacerbated by mental health/cognitive issues. A typical scenario would be how persistent/chronic pain interacts with depression/anxiety leading to functional decline.

Therapeutic recommendations from APS may also be reviewed with the GNP in situations where the recommendations may lead to or exacerbate physical issues. A typical scenario would be how psychotropic's may interact with such geriatric syndromes as falls/balance, continence, nutrition, and polypharmacy.

At this stage referrals to the GNP will be generated at APS clinical reviews with Consultant Psychiatrist Dr Max Wellstead. Prior to any joint assessments being carried out by the APS and GNP, the client's GP will be asked if he or she is happy for the assessment to go ahead.

NURSING IN GENERAL PRACTICE

Working in co operation with the Practices, North East Victorian Division of General Practice is working to extend the capacity of the practice nurse in the workforce.

A Practice Nurse's Network has been established and is providing information and opportunities for practice nurse education, training and continuing professional development. Education and training opportunities are listed on the NEVicDGP calendar of events through our web page.

A Practice Nurse Advisor has also been engaged and is offering ongoing support to Division staff to ensure all nurses remain current with information and resources relevant to their role.

Our next network meeting is to be held in June and brief interactive sessions will include, but not be limited to, Diabetes Education, Health Assessment and HARP, Breast Care. Information and registration details will be circulated in May.

Roslyn Makin
Business Development Team

PEN CAT PRESENTATION

During March practice staff attended a PEN CAT presentation delivered by members of the Business Development Team.

The aim of the presentation was to provide education / support to practice's with PEN CAT tool installed. The session involved an overview of the Clinical Audit Tool Booklets, developed by the BDT's e-health coordinator.

Information included in Booklets 1, 2 & 3 can assist practices prepare their data for accreditation, such as:

- Patients with no Gender, Date of Birth, Allergy or Smoking status recorded
- Cardiovascular patient with no BP recorded
- Identify patients who may not be correctly coded for COPD and Diabetes
- Identify undiagnosed patients with significant risk factors for chronic disease.

If you would like to have some training in the use of PEN CAT please contact the Business Development Team on 03 5762 2444 to arrange an appointment.

Comments from participants:

"It was a really good practical session. I know I'll feel more confident now looking for stats. I think being there & seeing it on the screen helps me anyway"

"Think we are going Okay from what I picked up last night. It was also good for our Practice Nurse to attend"

"For me I thought it was very good. Until last night I had never been into PENCAT so the presentation was very beneficial to me (and very easy to follow). After doing the MD3 training when they talked about PENCAT data collection/cleansing etc, the information I took away from last night followed on from that. Job well done!"

"Thank you it was very informative and it got us fired up"



PEN CAT presentation
Participants
Tuesday 29th March 2011



RURAL PRIMARY HEALTH SERVICES PROGRAM

The Division is currently undertaking an annual survey focusing on the allied health service that is provided to your Practice through the RPHS Program (formerly MAHS).

The purpose of the survey is:

- To gain feedback on what discipline/s of allied health is required by your Practice for the next twelve months following the end of June and to
- Ensure you are utilizing the service provided to the maximum.

In order to receive your Practices allocation of RPHS funding from the Division you are required to:

- Complete the survey and fax it back to the Walwa office on 02 6037 1480 **along with**
- Your **February PIP statement** so we can record your SWPE numbers that are part of the calculation sums for your funding.

Please note the formula used to calculate the sum your Practice receives includes a base figure of \$2,500 per Practice, Practice SWPE numbers, and a weighted SWPE number according to the rurality of the town your Practice is located in.

Your responses to the survey are used to develop plans and budgets for the program for the next 12 months. Failure to address this survey may result in your Practices exclusion from the programs planning and funding allocation.

If you have not already completed the survey and you require assistance please contact Sandra on **02 6037 1405**.

Sandra Beirs

Program Manager – Rural Primary Health Services Program

PRACTICE MANAGERS NETWORK

Communication and support being offered through the network is gratifying and highlights the benefits associated with a productive network.

A great area of support has been assistance with accreditation and practices who have been the recipients are appreciative.

Practice Managers have also been enthusiastic and helpful supporting the Nurses network

In the next few weeks we will be arranging 'Practice Visits', an activity well received in previous years. If you are interested in showing off your practice please contact the Benalla office.

Invitations have been forwarded for our next meeting on 11 May 2011 – *Have you RSVP'd?*

In addition to,

- IT Information Management – John McColl and Max Beard
- Health Assessments – Marilyn Schultz
- Medication Reviews – Marcia Watson,

We are hoping to have an education officer present with information related to placement of graduate nurses.

The meeting you miss will be the one where everything happens

PEN CLINICAL AUDIT TOOL

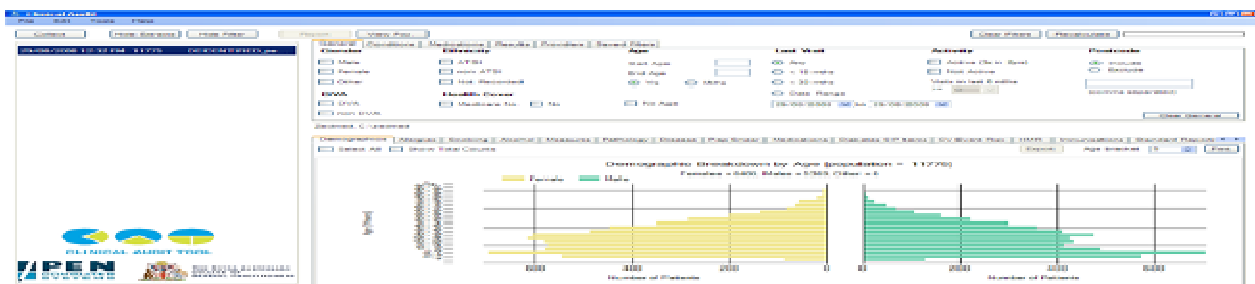
HAVE YOU HEARD ABOUT PEN CAT YET?

The Pen Clinical Audit Tool (PEN CAT) developed by PEN Computer Systems is an extraction tool that takes a 'snapshot' of your Practice clinical software system.

This snapshot is stored on your local hard drive and is in an XML file format that includes all relevant clinical data. The snapshot or extraction file includes two types of XML files - one is a data file and the other a link file. The data file contains the non-sensitive (unidentified) datasets; the link file contains the sensitive datasets.

PEN CAT currently operates with Medical Director 2, Medical Director 3, Best Practice, Zedmed and Genie and can present the GP and Practice staff with meaningful information on the Practice population.

PEN CAT supports quality improvement in information management by enhancing General Practice's business capability and can assist Practice staff to look at their data in new ways. It will also help them to achieve best practice and data quality while optimising the financial opportunities for GPs and the practice.



PEN CAT allows you to analyse your data and highlights areas where improvements are needed, or where data needs to be 'cleansed'. PEN CAT will help you to filter information and identifies patient demographic and clinical information according to the criteria you select.

This Division Business Development Team (BDT) is leading the way in this field having a major focus on PEN CAT activity including the installation of PEN CAT onto all possible Practices (with compatible clinical systems) and has achieved the 100% mark for having trained Practice staff in each Practice to use this tool.

The BDT has published 3 booklets with simple steps on how to use PEN CAT; if you would like further information, training, or you would like to obtain the booklet/s or to setup PEN CAT on more workstations, please contact Vimal or the BDT at the Benalla office on (03) 5762 2444.

SUICIDE CALL BACK SERVICE

Free, Professional Support for GPs Supporting People Affected by Suicide

The Suicide Call Back Service provides crisis counselling to people at risk of suicide, carers for someone who is suicidal and those bereaved by suicide, 24 hours per day 7 days a week across Australia.

Suicide Call Back Service assists those:

- ◇ People who are suicidal, with limited access to support
- ◇ People who care for someone who is suicidal
- ◇ People who have lost someone to suicide

Expert counsellors can provide your clients with professional support through up to six, 50 minute telephone counselling sessions in addition to crisis support 24 hours a day, 7 days a week

The Suicide Call Back Service can also provide support to GPs and other health professionals in treating clients at risk or affected by suicide for

- ◇ A referral point for clients they may have who are at risk of suicide
- ◇ Professional advice, information and support in dealing with suicidal clients; and
- ◇ Access to debriefing and self-care

Access the service on 1300 659 467 for the cost of a local call, and for more information visit www.suicidecallbackservice.org.au

WOMEN'S HEALTH WORKSHOP

On Saturday 9th April an International Medical Graduate (IMG) Women's Health workshop was held in Corowa at the Barkman Centre at the hospital. Sincere thanks to the Corowa Hospital for providing the venue and Mr John Law for helping with the organisation.

This was a joint venture between the Bogong Regional Training Network, Family Planning NSW and Cancer Vic. Family Planning NSW sent five Medical Educators from Sydney, Dr Hilary Bower, Dr Mary Stewart, Dr Margaret Stellingwerff, Dr Irene Ng and Dr Shyamala Hirianna, down for the occasion and together with Dr Peter Keppel, presented a number of case studies. Doctors there were also privileged to have 4 volunteer patients to examine and get feedback from.

A lot of positive comments came out of the workshop. All participants remarked on how much they learned from the experience and how much more confident they are in doing Cervical Screening and Pap Smears after the workshop.

The one thing that was extremely disappointing was the number of Doctors who either cancelled extremely late or just failed to show up on the day. Other Doctors who attended were also forced to work on call, which meant they missed a lot of the program.

These events are very expensive to organise and run and these cancellations and no shows also denied a number of Doctors who were on the waiting list for this event the opportunity to attend.

Unfortunately unforeseen situations do arise, but if you book for an event, please attend, as it puts out many others who have given up their time for your benefit.

Peter Wyman
Workforce Officer



REGISTRARS CHANGING PATHWAYS

RWAV (Rural Workforce Agency Victoria) and HWAV (Health Workforce Assessment Victoria) have some concerns regarding Registrars requesting PESCI (Pre-employment Structured Clinical Interview), this is mainly due to the fact that there have been new restrictions placed on Registrar registration extensions.

In most case this should be discussed with either Bogong or myself (before applying to RWAV or HWAV).

Previously, it was decided that some Registrars nearing the end of Registrar registration, should apply for a PESCI (Pre-employment Structured Clinical Interview) as a form of insurance if they happened to have a gap between Registrar registration and applying to e.g. join the RLRP (Rural Locum Relief Program).

There is no need to do this unless you are at the very end of the Registrar registration.

It is now RWAV policy to charge people \$1500 to sit their PESCI although this will be refunded if you join the RLRP (Rural Locum Relief Program).

The waiting list for a PESCI is now considerably shorter and the necessity to book well in advance is no longer applicable.

Some registrars are also under the misconception that joining the RLRP is an easier route to take. This is certainly not the case and the greater level of educational learning should not be underestimated. You will still have to eventually sit your Fellowship Exam regardless.

In summary you should consider:

A) You may not have your time as a Registrar assessed as Time in Australian General Practice (this is still under consideration from the Royal Australia College of General Practitioners). Therefore you may have to do another five years in Australian General Practice before being eligible to do their exam, practice based or otherwise again.

B) They do not take into account the need to be working in an area of district workforce shortage, e.g. technically if a Doctor in Benalla for example, a starts as a RLRP Doctor in the clinic he is currently at, he is supposed to be in an area of district workforce shortage –which Benalla is not. This can probably be avoided by applying for a special circumstance preliminary assessment district workforce shortage, but is a lot of extra work for all concerned.

C) RWAV are a different identity to HWAV and have to pay the cost \$1500 for every Doctor they get to sit a PESCI. Doctors sitting this will now be asked to pay the \$1500 themselves - although this will be reimbursed if they become an RLRP Doctor.

D) There is now no longer the huge waiting list for Doctors to sit the PESCI and they will usually occur within approximately a month of applying, so Doctors will be able to wait for the result of their exams before applying and usually be able to change programs without a gap between provider numbers, thus no break in employment.

E) Doctors also may be under the misconception that joining the RLRP program negates their need to sit their Fellowship; this is certainly not the case, although they can do a practice based assessment, when they become eligible to sit again.

F) There are many restrictions and issues involved in joining the RLRP that Doctors may not be aware of – so this should not be seen as an easier option to completing the Registrar Training Program.

WORKFORCE

REGISTRAR RULING

The RACGP has advised of their policy regarding Registrars who leave the training program.

If the registrar has received a letter from the RTP approving the change from the training program to the practice eligible route, then the Australian general practice time spent in the registrar program can be assessed. It should be noted however that the usual criteria and definitions apply, as per RACGP policy which is located at www.racgp.org.au/assessment/policy

Peter Wyman

Workforce Officer Goulburn Valley GPs & North East Victorian Division of General Practice pwyman@gvqp.com.au

PNEUMOCOCCAL PNEUMONIA

Pneumococcal Pneumonia and People with Diabetes – information for health professionals

What is pneumococcal disease?

Pneumococcal disease is caused by a bacterium *Streptococcus pneumoniae*, also known as pneumococcus.

- Many people carry *S. pneumoniae* bacteria in their nasopharynx.
- *S. pneumoniae* can be spread from person to person through infected respiratory droplets.
- Most of the time, carriage of *S. pneumoniae* does not cause any illness. However, vulnerable people may develop pneumococcal disease.
- Pneumococcal disease can affect various parts of the body and cause a range of illnesses including: sinusitis, otitis media, pneumonia, bacteraemia, osteomyelitis, septic arthritis and meningitis.
- Disease severity can range from mild to life-threatening.
- Pneumococcal disease is treated with antibiotics, but antibiotic resistance is a growing problem.
- Need for effective prevention (e.g. immunisation).
- Invasive Pneumococcal Disease (IPD) is used as an indicator of overall disease burden.
- IPD is defined as detection of *S. pneumoniae* in a normally sterile site (e.g. blood) and presents most commonly as:
 - ◊ pneumonia
 - ◊ meningitis and/or
 - ◊ bacteraemia

***S. pneumoniae* is a major cause of illness and death in children and adults worldwide.**

Who is at-risk of invasive pneumococcal disease?

- Tobacco Smokers
- Patients with Chronic Illness – *Diabetes / Chronic Pulmonary Disease / chronic cardiac disease / chronic renal disease*
- Elderly
- Aboriginal and Torres Strait Islanders (ATSI)
- Patients with impaired immunity Patients with asplenia
- Cerebrospinal Fluid (CSF) leak

Why are people with diabetes at risk?

People with diabetes have impaired immune function and have difficulties with handling infections once they occur, making them more vulnerable to invasive pneumococcal disease.

- Factors such as malnutrition, blood vessel damage and other co-existing conditions (e.g. cardiovascular, renal) can also lower their ability to clear infection.
- *S. pneumoniae* infections in people with diabetes are associated with increased mortality and morbidity.
- Diabetes is a risk factor for bacteremia in patients with pneumococcal pneumonia.
- *S. pneumoniae* infection can interfere with blood glucose control.

Note: People with diabetes have a normal immune response to pneumococcal vaccination.

How you can help?

For people with diabetes, vaccination against pneumococcal disease is recommended by:

- The Australian Immunisation Handbook 9th Edition 2008 (National Health and Research Council)
- The Diabetes Management in General Practice 2010/11 Guidelines for Type 2 Diabetes (Diabetes Australia in conjunction with the RACGP)

To help your patients reduce their risk of pneumococcal disease:

- provide patients with this flyer and
- encourage them to speak to their doctor
-

For more copies of this flyer, please email: pneumorisk@csl.com.au

Provided by CSL Biotherapies
45 Poplar Road, Parkville VIC 3052

DIABETES PREVALENCE IN THE NORTH EAST

The impact of diabetes

Epidemiologists suggest by the year 2020, type 2 diabetes will affect one million Australian adults.

Data collected from the AusDiab study in 1999–2000, determined that 7.4% of the population or 1 in 14 people had diabetes. The proportion of people with diabetes increases with age, with 23% of people over the age of 75 years having diabetes.

AusDiab also showed that half the cases detected in the survey had not been diagnosed, indicating that for every person diagnosed with diabetes there was another undiagnosed case.

Activity:

To view the Victorian 'hotspots' for diabetes and to find patients at risk of diabetes in your practice, use the Diabetes Australia – Vic Activity 17 from:

http://www.diabetesvic.org.au/images/stories/PDF_files/Diabetes%20prevention%20and%20diagnosing%20the%20undiagnosed.pdf

Local prevalence

The Australian Diabetes Map shows the numbers of people diagnosed with diabetes in all parts of Australia with information on age, gender and type of diabetes according to National Diabetes Services Scheme registrants. This map can be used by practices to compare their rate against the national average.

Activity:

Try your own postcode or local government area via the ndss website: <http://www.ndss.com.au/en/Australian-Diabetes-Map/>

Janet Lagstrom is employed by the North East Victorian Division to provide diabetes education at Practices under the More Allied Health funding. Having completed her graduate certificate in diabetes in 1990, Janet has worked in Tertiary centers and lectured at Curtin University until moving to general practice three years ago. Having worked in 15 practices around the North East Janet has been witness to a variety of diabetes care programs –facing 3 common problems:

“The lack of documentation to describe the cycle of care for staff to refer, no clear place to find date of the last diabetes SIP claimed and no recall in place.”

The Division Staff are keen to assist practices, document their system to streamline the Cycle of Care process and reduce complications in people with diabetes.

DIABETES CARE IN THE NORTH EAST

Implementing the Cycle of Care

“Although GPs may already be implementing most of the components of the diabetes cycle of care, being able to claim SIPs requires changes to practice systems often seen as difficult to achieve among the pressures of patient workload. This study found that eligible practices not implementing the diabetes SIPs frequently mentioned ‘lack of time’ and ‘paperwork’ as major barriers to claiming SIPs. Other practices face problems in implementation such as the tendency for some patients to visit multiple practices making it harder to claim SIPs.”

Saunders, M. (2008). Australian Family Physician 37 (9)
<http://www.racgp.org.au/afp/200809/200809saunders.pdf>

The **National Integrated Diabetes Program** was established to improve the prevention, early diagnosis and management of people with diabetes. The initiative includes a general practice incentive, a general practice network incentive and a community awareness campaign. The incentive program requires practices to register and create a patient register and recall/reminder system, with additional incentives for completing an annual cycle of care and further incentive for reaching target levels of care for people with diabetes.

In addition, general practitioners working in accredited practices who have applied for PIP (**Practice Incentive Program**) will attract SIP (**Service Incentive Program**) payment for themselves and PIP payments for their practices

DIABETES CARE IN THE NORTH EAST CONT.

Question.

Would your patients benefit from developing a coordinated strategy to address diabetes care?

The Annual Diabetes Cycle of Care (ACC)

The annual Diabetes Cycle of Care is seen by some as a money making circuit for general practice. However, used appropriately, the annual care cycle provides patients with a full system review checking for vascular, renal, eye, nerve and foot problems. Whilst most general practitioners provide complication screening for people with diabetes, a dedicated recall system, avoids allowing important components to slip – forgotten most frequently, are lipid studies, micro-albumin, BMI and foot checks.

Activity: Annual cycle of care (ACC) and use of the diabetes SIP item

- How many annual cycles of care have you claimed in the last 12 months?
- How does this compare with the number of people with diabetes?

Use PENCAT to identify your 'active' population with diabetes in your practice.

http://www.diabetesvic.org.au/images/stories/PDF_files/knowning%20your%20practice.pdf

Use the Diabetes Map to see the prevalence of diabetes in your postcode.

<http://www.ndss.com.au/en/Australian-Diabetes-Map/>

- How much money is being lost for work that you are doing?
- How can this be changed?

The diabetes SIPs can assist GPs to adopt a more rigorous approach to diabetes management.

Having a systematic approach is a critical factor in implementing the diabetes SIPs. This can be facilitated by:

- having a 'driver' within the practice
- having a practice nurse, and
- being computerized

Team work: the first steps

A. Identify the "driver" of the process within the practice

B. Gather baseline data: Identify SIP items not recorded using the PenCat via:

http://www.clinicalaudit.com.au/downloads/CAT_Recipe_Diabetes_Cycle.pdf

C. Hold a staff meeting to discuss and clearly define:

1. The role and purpose of a diabetes disease register
2. A recall and reminder system
3. Codes used for people with diabetes, to enable tracking via PENCAT
4. The Cycle of Care Process
 - A. Health professionals involved in providing care
 - B. Allied health professionals and community programs
 - C. Record keeping – align with audit tool
 - D. Claiming SIPs and recording date of claim
 - E. Recall and reminder systems
5. Evaluation and timeline

Top tips from practices who claim the annual cycle of care SIP:

- Document date of each SIP claimed in a common spot
- Actively involve all team members keep up awareness of process
- Involve practice nurses /diabetes educator to review patients at 6 months to perform BP, foot checks and measure BMI – some practices add an ECG.
- Ensure you have a method to record patient attendance to external review eg. Ophthalmology and Podiatry.
- Ask your visiting team members to complete their attendance date directly in patients records to. Eg. For medical Director users – "add values" in "Clinical Record"
- Provide patients with a record of their annual results
- Define a process for putting newly diagnosed patients into the 'active' list

For the ACC it is essential to know how data is recorded, knowing when the ACC has been finalized and then claiming the diabetes SIP for the ACC

VITAMIN D - HOW MUCH SUN?

Optimum Vitamin D levels:

Adults 50-75nmol/L
Children >50nmol/L

Low levels of vitamin D can cause:

Bone pain
Muscle pain
Osteomalacia in adults (weak bones)
Rickets in children (soft bones)

Low levels of vitamin D can also contribute to osteoporosis.

Although more research is required, low vitamin D levels have been linked to some cancers (e.g. colon), heart disease, altered immunity, auto immune disease and poor outcomes in people suffering stroke.

Vitamin D Requirements?

Adults ≥800IU/day
Children ≥400IU/day

Sources of Vitamin D?

Sun – Ultra Violet radiation
Food sources: fish, eggs. Some margarine and milk products are also fortified with vitamin D.
NOTE: Most Australians only get 10-25% of their vitamin D requirements from food sources.

At risk patients?

People with dark skin
People with limited sun exposure (e.g. older adults, shift workers, housebound people)
People who are well covered in clothing for culture or religion
People who avoid the sun for health reasons
Breast fed babies (if mother has low vitamin D levels or if they have dark skin)

How much sun?

VICTORIA	Fair to Olive Skin	Very dark skin
September – April	<ul style="list-style-type: none"> A few minutes sun exposure to face, arms, hands between 3pm and 10am most days of the week. Sun protection required. 	<p>High risk of low vitamin D</p> <ul style="list-style-type: none"> 3-6 times the exposure requirements recommended for fair-olive skin. Supplementation may be required. Sun creams not necessary however wear a hat.
May – August	<ul style="list-style-type: none"> 2-3hours sun exposure to face, arms, hands / week. Sun protection required in Alpine regions and when near reflective surfaces such as water. 	<ul style="list-style-type: none"> 3-6 times the exposure requirements recommended for fair-olive skin. Supplementation may be required. Sun protection required in Alpine regions or when near reflective surfaces such as water.

Reference:

Low vitamin D in Victoria – Key health message from doctors, nurses and allied health. May 2010.

HELP 4 U

SEXUAL HEALTH SESSIONS FOR YEAR 9 STUDENTS

It has been a slow start for workshops this year, but I am pleased to say that the momentum finally picked up with Galen College in Wangaratta booking into the program and completing two sessions with Doctor Matt Byrne and Doctor Olivia Stuart in February. Bright P12, Mount Beauty Secondary College and Benalla College have also booked in early and their sessions are coming up in term two.

The Help 4 U program stats for last year were:

- 74 workshops with 16 facilitators,
- 24 GP's, one nurse practitioner and one nurse,
- 150 hours of teaching
- Approximately 1230 students, in 18 schools in the North East Victorian Division!!

The Program aims at building relationships between adolescents and health professionals, and encourages young people to seek help when they need it for the many issues they face. The program also educates GPs to become youth friendly when dealing with the health needs of young adolescents, and focuses on a positive approach within local practices.

Being youth friendly encourages practices to become pro-active in helping with health outcomes for young people especially in the areas of mental health and sexual health; it is widely known that adolescents are often reluctant to talk about their concerns because they find it difficult or embarrassing.

The format of the workshops includes:

- 2 x 1.5 hour interactive workshops over two weeks for Year 9 or 10 facilitated by a GP, school nurse or welfare teacher. The Division pays for the GPs time and provides the GP with a kit.
- **First session** – Where do you go When?
Students read out a set problem (e.g. where do you go for help) and then select their answer from the cards provided e.g. GP, school nurse, parents, community health centre etc.
- **Second session** – Anonymous questions from students are answered by the GP and includes the areas of obtaining a Medicare card, sexual health or contraception.
- Discussion is driven by students but guided by the facilitator which is usually the school nurse or welfare teacher, with the GP being the main consultant. Lots of quizzes and "Who am I's" are added to the sessions to keep a light hearted approach.

If you would like to be involved in the workshops, or to train as a GP facilitator for your practice, please contact Anne Shaw at the Division on 03 5762 2444 or email: annes@nevicdgp.org.au



CERVICAL CANCER VACCINE

NEW CERVICAL CANCER VACCINE WEBSITE

A quarter of girls aged 12–13 are not having the cervical cancer vaccine Gardasil, despite it being available to them free of charge under the school-based National HPV Vaccination Program.

Cancer Council Australia has launched a new website www.cervicalcancervaccine.org.au designed to increase uptake of this important vaccine.

The website was developed in response to research findings suggesting knowledge about HPV and the vaccine – which protects against the two HPV types which cause 70% of cervical cancers – is low among teenage girls and their parents

Cancer Council encourages health professionals working in primary care to opportunistically suggest the vaccine to eligible girls and their parents, and refer them to the new website.

The website contains evidence-based information about HPV and the cervical cancer vaccine for girls and their parents, including videos and printable resources.

It also contains guidance for GPs administering Gardasil in a primary care setting, including how to order the vaccine and reporting requirements for doses given.

BOARD OF DIRECTORS

CHAIR—Dr Wendy Connor - (03) 5728 1566

DEPUTY CHAIR—Dr Libby Garoni - (03) 5754 3400

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OFF SITE

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03 5831 5399

COMMUNITY SUPPORT



Our Community Support Worker **Geraldine Marshall** is available to support your patients.

She can assist them to link into services such as Centrelink, Rural Finance, Government services, financial counselling, mental health services and other health service providers.

Geraldine is available to assist those who have been affected by the recent floods or the longer term effects of the drought.

Please contact her directly to refer on

0439 622 052

Indemnity

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Complaints Mechanism NEVICDGP

If General Practitioners, Practice Staff, Members of the Public wish to view the policies regarding complaint/ grievance process or they wish to lodge a complaint against the North East Victorian Division of General Practice, please contact the Executive Officer, David Dart on 03 5754 1226. They may also contact the Office of the Health Services Commissioner (on1800 136 066).

Privacy Policy

If General Practitioners, Practice Staff, Members of the Public wish to view the privacy policy of the North East Victorian Division of General Practice, please contact the Executive Officer, David Dart on 03 5754 1226. They may also contact the Office