



Practice Connect



Practice Assist
Strengthening general practice in WA

18 December 2018

Latest news and updates

Managing emergencies in your practice

In the 2018 World Disasters Report (<https://bit.ly/2PyHJvx>) from the International Federation of Red Cross and Red Crescent Societies, Australia's damage bill from natural disasters over the past decade was estimated to be \$37 billion, placing us at number ten in the world. The report notes that weather disasters are becoming more frequent and intense, and in recent weeks Australians have been subjected to bushfires, severe thunderstorms, floods, and a cyclone, while drought conditions persist in much of the country.

Being prepared for managing emergencies is vital for all businesses, but is particularly relevant to healthcare, as natural disasters will often directly impact the demand for, and delivery of, health care services. While a disaster may affect the ability of your practice to operate, it could also drive an increased demand for your services once the disaster has passed.

Practices that choose to be accredited must (as part of Indicator C3.3A) have an emergency response plan in place, however all practices should ensure that there are appropriate arrangements in place for managing the practice in the event of an emergency. The RACGP offers the Emergency Response Planning Tool (ERPT), which is a cloud-based tool that guides users through a set of templates into which practice information is entered and saved. This information is then consolidated to create a practice-specific emergency response plan which, via cloud-based technology, can be accessed from anywhere. An annual subscription to the ERPT is \$330, and more information can be accessed from <https://bit.ly/2R09Zlb>.

The RACGP also provides additional resources to support practices in planning for emergencies and pandemics. *Managing emergencies in general practice: a guide for preparation, response and recovery* (<https://bit.ly/2PGZaGr>) offers advice on planning, as well as useful websites and guidance on roles and responsibilities. There are also fact sheets on natural disasters (<https://bit.ly/2EolUsA>), and resources to help with managing pandemics (<https://bit.ly/2Gmgtx0>). Practices who wish to create their own emergency plan may wish to review the Flood Action Plan prepared by Brindabella Family Practice (in the Australian Capital Territory) as an example. This plan has been published by the Australian College of Rural and Remote Medicine (ACRRM) as an example of a plan that was successfully put into action and allowed the practice to resume services within 90 hours. The plan can be found by visiting <https://bit.ly/2BoSw29>.

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Practice Assist will be closed from Friday, 21 December to Wednesday, 2 January.

The next edition of Practice Connect is available 29 January.

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RACGP fact sheet: Responding to online reviews

The RACGP recently created a fact sheet to assist GPs in navigating online reviews or “testimonials”. As online platforms that allow doctor reviews grow, so does the complexity of managing reviews that may be distressing to the GP, and damaging to the business.

A recent article in *newsGP* (<https://bit.ly/2KUk0Bk>) highlighted the difficulties that GPs face when managing online comments, and the associated fact sheet, *Responding to online reviews* (<https://bit.ly/2PH6a6b>), is designed to support GPs across the spectrum of managing online reviews, from dealing with negative feedback, to recommended limitations in editing reviews.

DoctorConnect website

Understanding the various rural classification schemes that can govern a practice’s access to many healthcare initiatives is not always easy. The DoctorConnect website provides a locator map that you can use to identify the various classification layers for your practice, including District of Workforce Shortage and Modified Monash Model. The website also provides useful information and resources for overseas trained doctors who have recently arrived in Australia (and their employers), including explanations around 19AB exemptions, Area of Need, and the recently introduced Stronger Rural Health Strategy.

You can access the DoctorConnect locator map by visiting <https://bit.ly/2mEhPaG>.

To use the locator map, first select the layers you want to identify for your practice by ticking the relevant boxes in the right-hand side panel. Then, enter the address of your practice in the first field (your exact address will obtain the most accurate results). Your practice will be pinned on the map, and a modal window will appear with the information you requested.

New AIHW report: Patients’ out-of-pocket spending 2016-17

A new report has been released by the Australian Institute of Health and Welfare (AIHW), detailing the out-of-pocket costs faced by patients for Medicare services delivered outside hospitals.

The report looks at the data geographically, and includes information about GP services, diagnostic imaging, and obstetric services, as well as reporting on the percentage of patients who deliberately delayed or did not seek medical care due to cost.

The report can be downloaded by visiting <https://bit.ly/2EushLU>.

Better access to mental health care for your patients this Christmas

Christmas can be a tough time of year for people living with mental illness. To help, Medicare has developed the *Better access to mental health care for eligible practitioners and allied health professionals education guide*.

The guide includes information about services that can be provided to patients under the *Better Access* initiative, such as GP and non-VR MP services, patient eligibility, calendar year claiming limits, mental health items and limits, and telehealth focused psychological strategy services. There is also a case study and flow chart to help practitioners understand how to navigate the Better Access initiative.

You can access the guide by visiting <https://bit.ly/2BoMnTI>.

Accreditation tip – patient identifiers

RACGP Standards for general practices 5th ed (C6.1A)

The use of approved patient identifiers in general practice is a vital component of patient safety and confidentiality. According to the RACGP *Standards for general practices*, “Failure to correctly verify a patient can have serious, potentially life-threatening consequences for the patient.” Thus, the Standards require that practices have a system for patient identification that uses three approved patient identifiers, and that this system is used at every patient encounter. For example, within a single appointment, a patient should be asked to verify his or her identity when making the appointment, when presenting for the appointment, and when seeing each clinician.

Approved patient identifiers include

- name (family and given names together are one identifier)
- date of birth
- gender (self-identified)
- address
- patient health record number (if such a system exists in your practice)
- Individual Healthcare Identifier (or IHI, issued by the Department of Human Services)

Medicare numbers are **not** considered approved patient health identifiers, as some patients do not have Medicare cards, and family members may share a Medicare number. When asking a patient for identification, the practice team member must ask the patient to state at least three identifiers. It is important that staff do not offer the information and ask the patient to confirm it.

The prevailing issues associated with applying a consistent patient identification process are patient concerns about privacy, and patient annoyance at being asked to identify themselves to practice staff with whom they are familiar.

In the first instance, there are recommendations for methods of self-identification that support privacy and confidentiality. The RACGP suggests that the patient produce a form of government-issued, photographic identification (such as a driving licence) that confirms at least three of the approved patient identifiers. Some practices have implemented a system where their business card has a patient identification (and emergency contact) section on the back that can be completed by the patient. This has a two-fold benefit, allowing the patient to present the card as a way of confirming his or her identity, as well as carrying the details of both the emergency contact and general practice which could then be accessible should a health emergency occur.

The second method has also proved to be useful for patients who are unhappy about being asked to identify themselves at each patient encounter. Another suggestion is to display signage around the practice to explain why you will ask a patient for identifiers. It is common for practices to have patients with similar names, addresses, and/or dates of birth, and mismatching a patient with a health record can have serious consequences. Being confident in explaining the need for correct patient identification can help you successfully engage your patients in the process.

The importance of a robust patient identification process has been highlighted by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in a recent advisory (GP18/04). Accreditation agencies are now required to have processes in place to notify and mitigate significant risks found during accreditation surveys, and staff failing to routinely use a patient identification process is provided as an example of such a risk by the ACSQHC.

Useful links:

RACGP *Standards for general practices* 5th ed Criterion C6.1A <https://bit.ly/2A1eusi>

Australian Commission on Safety and Quality in Health Care Advisory GP18/04 *Notification of significant risk* <https://bit.ly/2Ez14u8>

Essure contraceptive device: the current status

In August 2017, Essure was removed from the market in Australia, and unused stock was recalled. A Hazard Alert was published on the Therapeutic Goods Administration (TGA) website, and Essure was cancelled from the Australian Register of Therapeutic Goods (ARTG) in February 2018.

The WA Department of Health has published a *Frequently Asked Questions* sheet for clinicians, intended to assist GPs who may be managing adverse events caused by the Essure device.

You can download the fact sheet by visiting <https://bit.ly/2UFVEQj> or find more extensive information from the TGA by visiting <https://bit.ly/2EhysC3>.

MBS 1 January update available

The 1 January 2019 MBS file is now available for download, and can be accessed by visiting <https://bit.ly/2QzPDWP>. A summary of the changes to take effect from 1 January can be found by visiting <https://bit.ly/2rGxc42>.

WA PrEP prescribers listed online

Pre-exposure prophylaxis (PrEP) for HIV prevention is now listed on the Pharmaceutical Benefits Scheme as an s85 medication. This allows any medical practitioner or endorsed nurse practitioner to prescribe PrEP to eligible clients.

PrEP may be a prevention option for HIV-negative:

- sexually active gay and bisexual men
- trans and gender diverse people
- heterosexual people with a HIV-positive partner who does not have an undetectable viral load
- people who inject drugs

The Western Australian Department of Health (WA DoH) commissioned the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to provide training to support General Practitioners, Nurse Practitioners and other health professionals in prescribing and managing PrEP.

Although PrEP can now be prescribed by any medical practitioner or endorsed nurse practitioner, WA DoH has published a list of those practitioners who attended the PrEP training commissioned by WA DoH and agreed to have their details published online. This list will be updated as further approvals from trained practitioners are received.

To access this list, please visit <https://bit.ly/2ChM6DS>. Online training is also available to clinicians interested in prescribing PrEP, and can be found by visiting <https://bit.ly/2PFNJyz>.

Palliative care resources from the caring@home project

caring@home, a national project funded by the Australian government, aims to improve the quality of palliative care service delivery across Australia by providing resources that will support people to be cared for and to die at home, if that is their choice. The project has released a range of best practice and consistent resources for community service providers, health care professionals and carers. The resources support carers to help manage breakthrough symptoms safely in community-based palliative care patients using subcutaneous medicines.

The resources are applicable in all jurisdictions across Australia, and from early 2019, parts of the carers' package will be available in Cantonese, Mandarin, Italian, Arabic and Greek, for use in those communities.

There are a limited number of caring@home packages available to services. Each service site can order up to six (6) packages. It is expected that each site will retain one full package as a master copy so that the service can produce future packages as required. All package documentation can be downloaded from the website and printed by the service.

To find out more, please visit the caring@home website at <https://www.caringathomeproject.com.au/>.

Notification of data update – Best Practice

Administrator action is required for users of Bp Premier

Notification:

A data update for the month of December 2018 is now available for your download. This will help ensure your access to the most up to date PBS, MIMS drug database, medication listings, word processor templates and MBS / DVA fee data.

Action required:

You will need to download this data update in order to apply it to your version of the software. Download the December 2018 Data Update from www.bpssoftware.net, selecting Resources / Bp Premier Downloads from the top menu. Scroll down to the Data Updates section, expand the December 2018 Incremental or Comprehensive Data Update, and you will be provided with a download button.

Support is available:

For further information or advice on this notification, contact the BP Software Support team on 1300 40 1111 (in Australia), selecting Bp General Products (Option 1 / 1) at the menu.

National Cancer Screening Register Follow-up service hours

A temporary modification has been made to the operational hours of the National Cancer Screening Register (NCSR) Follow-up Officer's (FUO) from late December 2018 to early 2019.

While the FUO team usually service escalation / clinical calls from 5am to 5pm AWST, the service will close earlier during December and January.

For more information and the exact operating hours, please visit <https://bit.ly/2USQuQL>.

HealthPathways update

The HealthPathways WA team recently published its 455th pathway.

The most recently published pathways are:

- Breast Imaging – Diagnostic (<https://bit.ly/2Ewe3do>)
- Breast Imaging – Screening (<https://bit.ly/2Bf0Am6>)
- Chronic Non-cancer Pain (<https://bit.ly/2A3iM6K>)
- High-risk Breast Clinic Assessment (<https://bit.ly/2UPMSPt>)
- Breast Cancer Risk Assessment and Screening (<https://bit.ly/2rDC6id>)
- Familial Breast and Ovarian Cancer Syndromes (<https://bit.ly/2CiCuJ7>)
- Vertigo in Adults (<https://bit.ly/2ChTwqE>)
- Child Sexual Abuse Specialist Advice (<https://bit.ly/2Cg6OUG>)
- Child Sexual Abuse Specialist Assessment (<https://bit.ly/2BnepiE>)
- Hereditary Haemochromatosis (<https://bit.ly/2Qwz51Q>)
- Analgesia in Children with Acute Pain (<https://bit.ly/2Qwz51Q>)
- Bipolar Disorder (<https://bit.ly/2Cgwz77>)

To send feedback or access HealthPathways, email the team at healthpathways@wapha.org.au or contact your WAPHA Primary Health Liaison for further information.

NPS MedicineWise update

NPS MedicineWise – Low Back Pain

NPS MedicineWise are currently delivering an educational visit topic on Low Back Pain. This educational visiting program has been designed to help GPs confidently distinguish between non-specific low back pain and more serious forms that require further investigation and management. We explore the importance of staying active and provide resources to help you manage patient expectations about imaging.

Learning Outcomes

- Use a targeted history and physical examination in the diagnosis of low back pain
- Identify the limited role of imaging in low back pain, except when an underlying serious condition is suspected
- Use a risk stratification approach to identify risk factors for poor prognosis in patients with low back pain
- Outline the benefits of activity and the limited role of medicines in managing low back pain

This activity has been accredited for 2 (Category 2) points in the RACGP QI&CPD Program and 1 Core point in the ACRRM PD Program.

Educational visits are available as:

- **One-on-one:** a 30-minute in-practice discussion for GPs, tailored to individual learning needs. We also offer virtual visits via video conferencing software so that GPs who find it difficult to schedule an in-practice visit can still benefit from our visiting program.
- **Small-group:** a 1-hour in-practice discussion for up to 10 health professionals (GPs, pharmacists and nurses).

Immunisation update

Meningococcal ACWY program extension and expansion

In January 2018, WA Health commenced a meningococcal ACWY vaccination program for one to four year olds in response to rising notifications of the disease in WA. Recent coverage rates from the Australian Immunisation Register (AIR) show good vaccination uptake rates in WA, however 40% of eligible children still remain unvaccinated.

Aboriginal children are at particularly high risk of meningococcal W disease; data show that the meningococcal W invasive meningococcal disease (IMD) rate in Aboriginal children less than 12 months of age is over 40 times higher than that for non-Aboriginal children of the same age.

The meningococcal ACWY Statewide vaccination program has been extended and expanded to ensure more children have access to life saving protection.

The two program amendments are:

- Extension of the 13 month to <5 year old program for another year, with a new end date of 31 Dec 2019 and;
- Expansion of the program to offer the vaccine to Aboriginal children from 6 weeks to 11 months of age.

These changes are in effect now.

The WA Immunisation Schedule (<https://bit.ly/2EvGAjr>) has been updated to reflect the amendments. In addition, the Men ACWY program table (<https://bit.ly/2CgJeHt>) specifies the dosage requirements depending on age at commencement.

Vaccine orders - holiday season delivery plan

The WA Department of Health has published a metropolitan area delivery schedule for government-funded vaccine orders over the holiday period. Printed copies are being distributed with vaccine deliveries between 27 November, 2018 and 1 February, 2019, and the vaccine ordering system has been updated to reflect the 2019 delivery schedule.

Deliveries will continue up until the week ending 21 December 2018, then resume on the week commencing 7 January 2019. You can review the delivery schedule by visiting <https://bit.ly/2remdhS>.

The Communicable Disease Control Directorate (CDCD) will continue to supply emergency vaccines (eg for potential rabies exposures, or disease outbreaks) as required.

It is recommended that general practices review their cold chain procedures and vaccine requirements for the holiday period to prevent over-ordering.

My Health Record update

Legislation update

On 26 November 2018, the Australian Parliament passed new laws to strengthen the privacy and security protections within My Health Record. The new laws prohibit the release of health information in a person's My Health Record to law enforcement agencies and government agencies without their express consent or an order from a judicial officer. These laws also prohibit by law access to My Health Records by anyone for insurance or employment purposes.

When a minor turns 14, their authorised representatives will be automatically removed from their record. Technical changes to the My Health Record system will be made to reflect this change in law, and implemented in the system as soon as practicable. The Australian Digital Health Agency advises, as is best practice, for clinicians to continue to discuss with their patient what information should be uploaded to their My Health Record.

There are also greater protections for people at risk of family violence.

These changes are in response to the Australian community's calls for even stronger privacy and security protections for people using My Health Record.

Australians can now opt in or opt out at any time

After 31 January 2019, a My Health Record will be created for every Australian who wants one. A person can delete their record permanently any time if they decide they don't want one. If they change their mind, they can get a My Health Record in the future.

Provider Communication pack

The Australian Digital Health Agency will shortly commence sending communication packs to all Hospitals, Health Services, General Practices, Aboriginal Medical Services and Pharmacies updating them about the updated legislation and extension of the opt-out period.

For General Practices and Aboriginal Medical Services, the pack will include five items:

- Cover letter <https://bit.ly/2rHkVfG>
- Summary of legislative changes <https://bit.ly/2LjPjWk>
- Consumer factsheet 'Keeping your My Health information safe' <https://bit.ly/2SUQuyB>
- Consumer factsheet 'How can I control who access My Health Record' <https://bit.ly/2Em7cm1>
- Provider factsheet (GP or AMS specific, as appropriate) 'Better access to healthcare information for you and your patients' <https://bit.ly/2S51Lfj>

The cover letter includes details on using the print on demand service to order the updated opt-out materials and other resources when needed.

Pharmacies will receive the same items in their pack, with the exception of the provider factsheet as this is currently under review due to upcoming changes to the registration process for pharmacies.

More information

Please contact your Primary Health Liaison or a member of the My Health record team at WAPHA via myhealthrecord@wapha.org.au for assistance with the above if required.

Education and training

Visit our Webinars & Workshops page at www.practiceassist.com.au for more events in your area.

Paediatric Emergencies and Clinical Healthcare Scenarios (PEaCHS) – 15 February

This Rural Health West CPD workshop is a one day workshop in paediatric emergency scenarios and skills. It will give delegates real-life examples and the opportunity to manage sick or injured children in a safe environment.

The workshop content will include:

- Hands-on simulation: practise common scenarios and structured care
- Short presentations by experienced paediatric emergency physicians
- Comprehensive handbook of lecture materials and practical skills
- "Resuscitation reminders" card for your ID badge clip

This workshop is accredited with RACGP and ACRRM for continuing professional development points and is approved for the Rural Procedural Grants Program. Please contact your relevant college before attending training if you wish to apply for the grant.

Date: Friday, 15 February 2019
Time: 8.00am – 5.00pm
Venue: Narrogin Hospital, Williams Rd, Narrogin
Cost: \$550.00
Register: To register, please visit <https://bit.ly/2PHXcFu>

How might we improve the GP waiting experience? – 28 February

Waiting experience in general practice, while it might seem straight forward, is a service that is intertwined with various back-end systems and functions. Through visual story-telling methods, this session invites view points from patients, family members to patients who frequent GP regularly, GPs, GP receptionists, or nurses, to re-imagine a holistic experience for all stakeholders at GP settings.

This workshop will have us all playing the part of codesign participants, facilitated by Dr Chris Kueh, and part of GP Dr Andy Carr's project to co-create healthy communities. The session will start with Andy presenting his vision of a healthier community, follows by light and fun co-design session.

This session is in association with Edith Cowan University's Office of Research and Innovation.

Date: Thursday, 28 February 2019
Time: 5.15pm – 8.00pm
Venue: Edith Cowan University Design, Room ML10:207 (Building 10, Second floor), Central Ave, Mt Lawley
Cost: Free
Register: To register, please visit <https://bit.ly/2QXqbtz>

Temperament Based Therapy with Supports (TBT-S) workshop and training – 7 March

Temperament-Based Therapy with Supports (previously known as NEW FED TR) is a new treatment approach focused on integrating cutting edge information about the brain-basis of eating disorders into treatment. TBT-S focuses on arming clinicians with experiential activities and highly-focused skills to teach clients and carers/supports reasons that eating disorders occur, and concrete and applicable skills that can be used to combat disordered eating behavior. Clinicians and carers learn how to address eating behavior in EDs from a brain basis based on the latest information from a neuroscientific perspective. Studies evaluating TBT-S suggest that the effect of approaching treatment from a scientific perspective, as is taught in TBT-S, leads to high client and carer satisfaction, enhancing both clients' and supports/carers' motivation to engage in treatment and a higher degree of self-efficacy.

Come & learn from the founders of TBT-S about this new evidence informed multi-family treatment for patients 16 and over with Anorexia Nervosa (AN). The temperament-focused treatment combines psychoeducation of AN neurobiology and involvement of supports (families/carers) to develop skills to manage traits contributing to disease chronicity.

Date: Thursday, 7 March 2019
Time: From 8.30am
Venue: Boulevard Centre, 99 The Boulevard, Floreat
Cost: Please see information <https://bit.ly/2EyddwS>
Register: To register, please visit <https://bit.ly/2DtarYq>

Medcast Hot Topics GP Update Course 2019 – 16 March

Hot Topics covers the most pertinent medical literature from the last 12 months, perfectly distilled for today's busy GPs and Nurses; from Cardiovascular Medicine to Neurology, Paediatrics to Mental Health and everything in between.

The 2019 program will include topics in Women's Health, Respiratory, Paediatrics, Musculoskeletal, Mental Health, Diabetes & Endocrine, Cardiovascular, ENT, Cancer, and Dementia. The final list of topics will be released in 2019.

Following the session, an optional two-hour CPR workshop will be offered. This workshop is accredited for five Category 2 RACGP QI&CPD points, and ten BLS, four PRPD, and two Core PDP points from ACRRM.

Date: Saturday, 16 March 2019
Time: 9.00am – 4.30pm (registrations from 8.30am, optional workshop from 5.00pm – 7.00pm)
Venue: Perth Convention Centre, 21 Mounts Bay Rd, Perth
Cost: Varies - please see registration page (early bird available)
Register: To register, please visit <https://bit.ly/2Emh6Ed>

Critical Airway and Respiratory Management (CARM) – 20 March

This Rural Health West CPD workshop covers topics related to life-threatening emergencies affecting airway and breathing. Course faculty consists of emergency physicians with extensive clinical experience in managing patients with critical illnesses. Participants are expected to introduce their own clinical experiences to make their learning more relevant.

This workshop is accredited with RACGP and ACRRM for continuing professional development points and is approved for the Rural Procedural Grants Program. Please contact your relevant college before attending training if you wish to apply for the grant.

Date: Wednesday, 20 March 2019
Time: 8.00am – 5.00pm
Venue: The Westin Hotel, Hay St, Perth
Cost: \$300.00
Register: To register, please visit <https://bit.ly/2SSv5p4>

Rural Emergency Assessment Clinical Training (REACT) – 21 & 22 March

This Rural Health West CPD REACT workshop is designed to assist Western Australian Visiting Medical Practitioners to maintain their emergency knowledge and skills, and gain formal assessment toward their emergency credentialing, as required by the WA Country Health Service. Covering cardiac arrest, major trauma in both adults and children, and associated lifesaving procedural skills, REACT is a highly interactive workshop, with participants predominantly involved in practical skill stations and simulated scenarios.

This workshop is accredited with RACGP and ACRRM for continuing professional development points and is approved for the Rural Procedural Grants Program. Please contact your relevant college before attending training if you wish to apply for the grant.

Date: Thursday, 21 March and Friday, 22 March 2019
Time: 8.00am – 5.00pm
Venue: The Westin Hotel, Hay St, Perth
Cost: \$2,200.00
Register: To register, please visit <https://bit.ly/2S5MQ4n>

Toxicology - 22 March

This Rural Health West CPD workshop, presented by leading specialists in their field, has been designed to offer practicing rural medical practitioners an update in toxicological emergencies.

This one day workshop stream covers general and specific topics related to poisoning and local toxicology, using an interactive tutorial format concentrating on small group discussions of case scenarios.

The workshop content includes:

- Understand the pathophysiology and clinical effects of common envenomation (snake, spider and marine).
- Improve ability to decide on patient disposition and appropriately stabilise patients for transport.
- Improve understanding of the appropriate use of first aid and investigations Identify and list common poisonings.
- Apply a systematic diagnostic approach in toxicological presentations to increase patient safety.

Date: Friday, 22 March 2019
Time: 8.00am – 5.00pm
Venue: The Westin Hotel, Hay St, Perth
Cost: \$550.00
Register: To register, please visit <https://bit.ly/2QxHiTg>

Rural Health West Annual Conference – 23 & 24 March

The 2019 Annual conference theme *Healthy Country Healthy Lives*, will focus not only on the importance of our physical health, but also on the health of our environment and the community.

There are increasing health complications and risks that environmental factors have on the planet, including natural features and aspects created by humans. Medical professionals have an important role to play in guiding the direction of Australia's health and wellbeing and promoting good health through care of the environment.

Sustainable healthcare will also be explored and discussed with a focus on rural health systems, practises and workforce.

Through a range of presentations, workshops and clinical updates the conference will raise awareness about the environmental challenges to healthcare and how we can all work together to create a *Healthy Country and Healthy Lives*.

By recognising the relationship between health and the environment we can make a difference to the health of our rural communities now and into the future.

Date: Saturday, 23 March and Sunday, 24 March 2019
Time: TBC
Venue: The Westin Hotel, Hay St, Perth
Cost: Varies – please see registration page (early bird available)
Register: To register, please visit <https://bit.ly/2S5RG1C>

2019 Perinatal and Infant Mental Health Symposium – 29 March

In recognition of the importance of the first 1000 days of life, Women and Newborn Health Service is happy to present this one day symposium on supporting the early parenting environment. Exploring evidence based strategies that scaffold mothers and families during the perinatal period gives us the best opportunity to work with families to promote a good start to life.

Video-conferencing is available for rural participants.

Date: Friday, 29 March 2019
Time: 8.30am – 4.30pm
Venue: Harry Perkins Institute of Medical Research Auditorium, QEII Medical Centre
Cost: \$70.00 - \$90.00 (early bird closes 27 February)
Register: To register, please visit <https://bit.ly/2Glp7f3>