

Practice Connect

Latest news and updates

In this edition:

- Why general practices need nurses more than ever
- Update: GP Urgent Care
- Healthdirect Video Call update
- COVID-19 QI Prompt
- Update on electronic prescribing
- NIP changes from 1 July 2020
- National Cervical Screening update
- Enhancing vaccine data quality
- Respiratory Clinics update
- TSANZ Spirometry update release
- Release of the July 2020 MBS File
- Update: VPE Initiative
- NPS MedicineWise Update
- PBS Changes to Opioid Prescribing
- Community advice on the use of masks
- When to wear PPE
- Allocation of surgical masks
- HealthPathways update
- Update: Practice Assist Resource Library
- WAPHA: EAP wellness program
- New healthy lifestyle program for Midwest
- Health Promotions
- Webinars and online training

Why general practices need nurses more than ever

A new guide for general practices explains how to make the most of the nurse role during COVID-19.

It also shows how nurses attract revenue streams that will sustain practices today and into the future.

It has been endorsed by the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the Australian Association of Practice Management (AAPM) and the Australian Primary Health Care Nurses Association (APNA).

Please visit the '[Why general practice needs nurses more than ever](#)' for more information.



Update: GP Urgent Care

May 2020 was a great month for the GP Urgent Care participating practices with 250 bookings achieved compared to the decrease experienced in April due to COVID-19. This was the strongest performance this year to date and a great sign that patients have the confidence to visit practices again.

Practices are starting to publish appointment availability again and there has been significant growth in profile views with online bookings. This suggests that if there were more convenient appointments available, practices could see further booking growth.

MEDrefer is now installed in all participating GP Urgent Care Network practices. A monthly email reminder for submissions to be uploaded, will be sent out on a monthly basis. The benefits have been great for the handover of patients as the General Practitioner and Practice Manager can track the status of referrals online.

Upcoming Events: RACGP Training: Urgent Care Webinar Telehealth Triage

This online workshop scheduled for Monday 29 June 2020 (7-8.30pm AWST) is designed to upskill GPs in the implementation of telehealth within the Urgent Care Clinic.

This workshop is complimentary for Urgent Care Clinic General Practitioners. Please [click here to register](#) or for further information please email wa.events@racgp.org.au or contact via telephone 08 9489 9555.

GP Urgent Care Workshop: August 2020

We encourage practices to suggest topics for discussion, including the experience of running a GP Urgent Care practice, impact of COVID on GP Urgent Care, feedback on what worked well, what could be done differently, for the upcoming webinar in August. This will be facilitated by Dr Mike Civil.

Please send your topic suggestions to urgentcare@wapha.org.au

Good News story: Leeming Medical

A good news story from the team at Leeming Medical Centre and their participation in the GP Urgent Care project.

'It feels great and fulfilling to be part of this emerging sub-specialty of Urgent Care across the primary care landscape.'

We are thrilled at the expression of relief from patients who were initially nervous about visiting us and would have likely experienced extensive waiting times in Emergency Departments. Patients were able to be treated for an immediate range of issues such as minor injuries, foreign bodies, eye problems and generally feeling unwell that were able to be managed at our designated GP Urgent Care surgery.'

The Urgent Care concept, along with incredible experience of our Principal GP, has made our surgery more dynamic and a happening place! We have plans to expand the Urgent Care service within our practice.'



Healthdirect Video Call update: GP COVID-19 Program

To support the secure delivery of video-based consultations, the Department of Health has worked with us to provide free licences to [healthdirect Video Call](#) for every GP in Australia until 30 September 2020.

The Department of Health has funded licences for GPs to align with current timelines of the Targeted Action Stage of the [Australian Health Sector Emergency Response Plan for COVID-19](#). The program supports usage of the [GP MBS Telehealth items for COVID-19](#).

The COVID-19 GP Program is designed to keep our GPs and their patients safe as we continue to use telehealth to support a blended healthcare model.

WAPHA are supporting practices by registering them for access to the platform and more details, alongside the link to register may be found via [Practice Assist](#).

Healthdirect Video Call Service Pilot Program

We are pleased to announce that the healthdirect Video Call Service Pilot Program has been refunded by the Department of Health until 30 June 2021.

The Department of Health is currently reviewing the Program to ensure it is focused on supporting key areas of primary care. This means that from 30 September 2020 eligibility criteria will change.

Healthdirect are working with the Department of Health regarding implementation of the changes to the Pilot Program and will update PHNs when further information is available.

More information about both programs can be found in their [FAQ page](#).

COVID-19 Quality Improvement Prompt

During the course of COVID-19 general practices rapidly responded to a number of operational changes through quality improvement initiatives. Quality improvement can be achieved in a number of ways and each practice will have an individual approach to achieving desired outcomes.

The WA Primary Health Alliance - Primary Care Support Team have created the '[COVID-19 Quality Improvement Prompt](#)' document to assist your practice to capture the whole range of quality improvement initiatives you have implemented in response to COVID-19. This Practice Support Tool has been designed as a prompt to help you think through all of the changes that you may have implemented but may not have had a chance to record as Quality Improvement Activities as per [RACGP 5th Edition Standards](#) on Quality Improvement (QI Standard 1).

The Practice Support Tool has also been aligned to the principles of the Patient Centered Medical Home (PCMH) Model. This model includes the [Quadruple Aim](#) and [10 Building Blocks of high-performing primary health care](#). Each section has been aligned to each different building block.

Each practice will have its own way of recording Quality Improvement activities. The PCMH model encourages using PDSA (Plan, Do, Study, Act) of which you can find the [template](#) on the Practice Assist Website [here](#).

For further information or support please contact your Practice Support Staff regarding utilisation of this tool.

Update on electronic prescribing

Electronic prescribing 'ePrescribing' will allow for fully digital scripts to be sent to a patient, removing the requirement for paper scripts for those practices who choose to use the system. The WA Primary Health Alliance Practice Support team will be contacting all practices with a checklist of requirements to help ensure that they are prepared to start using ePrescribing when it is released, including:

- Connection to the HI Service with a Healthcare Provider Identifier – Organisation 'HPI-O' number
- Maintaining a current National Authentication Service for Health 'NASH' certificate
- Connection to a Prescription Exchange Service using eRx or MediSecure
- Using the most up to date version of your clinical software

Additionally, as ePrescriptions are sent either via SMS or email, you may wish to confirm these details with your patients.

The WA Department of Health are working with software vendors to ensure that their clinical software is suitable for use with ePrescribing. A current list of approved software may be found [here](#).



eScript written, dispensed and delivered without patient leaving home

A live trial of electronic prescribing in Melbourne has allowed a patient to be seen by his GP via telehealth, receive an electronic script token on his phone that he then forwarded to his pharmacy by text, and have his medication delivered to his home just hours later. In what is one of the first trials of ePrescribing in primary care ... [\[read more\]](#).

Better connected healthcare system already showing improved secure transfer of patient information

Australia has a world class health system, and the COVID-19 pandemic has highlighted how important technology is to allow healthcare providers to communicate with each other securely and immediately.

Out of date contact details that healthcare providers have about healthcare services and other practitioners can mean that patients' medical documents and information is not able to be sent from one healthcare provider to another. In a world where consumers can no longer be a conduit for delivering a referral letter or test result to another provider, and where our postal services are over capacity, an up to date electronic registry is more important than ever.

The Australian Digital Health Agency has built a Service Registration Assistant (SRA) to solve this problem. The SRA keeps healthcare service and practitioner information up to date with changes to contact details available immediately to authorised users... [\[read more\]](#).

Further information on electronic prescribing

For further information on ePrescribing, please visit the [Digital Health site](#) or the Practice Assist 'Electronic Prescriptions' page for further information and frequently asked questions.

Alternatively for further assistance please contact the My Health Record Team by email on myhealthrecord@wapha.org.au.

National Immunisation Program changes from 1 July 2020

From 1 July 2020, there are a number of changes to the National Immunisation Program coming into effect.

These changes are:

- Introduction of meningococcal B vaccination and changes to meningococcal ACWY vaccination.
- Hepatitis A vaccination schedule points for Aboriginal and Torres Strait Islander children in NT, Qld, SA and WA will change in consideration of the introduction of the meningococcal B vaccine.
- Pneumococcal vaccination schedule will change to reflect the current best clinical evidence in preventing pneumococcal disease in adults and in people with conditions that increase their risk of disease.

The changes are being implemented following recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) and other clinical experts and are designed to improve protection against meningococcal and pneumococcal disease.



To support awareness and implementation of the changes, the Australian Government has developed a suite of educational and promotional communication resources hosted via a [news item](#) on the Department of Health's immunisation [website](#).

The NIP program clinical advice factsheets for providers, accompanied by correspondence from the Chief Medical Officer will be mailed to GPs and Aboriginal Medical Services Australia-wide. The information notes the availability of supporting consumer resources available to download or order through the Department of Health's immunisation [website](#).

More information is available on the [NCIRS website](#).

Guidance for managing National Cervical Screening Program (NCSP) participants during the COVID-19 Pandemic "Don't Delay"

General advice to healthcare providers

At this time, it is important to continue to offer and encourage routine screening and follow-up. It has been recognised that patients may be feeling uncomfortable or worried about attending for screening and we are receiving a number of enquiries from healthcare providers about how best to support their patients during this time. In addition, we recognise that under the current circumstance's healthcare providers/clinics have different capacities and arrangements for managing their patients.

In the event that it is not possible to offer usual healthcare for cervical screening, the below overarching guidance has been developed to assist clinician decision-making on screening appointments including deferral and rescheduling, depending on individual patient circumstances. (Cont....page 7)

- **Symptoms of cervical cancer** – No change to advice. Any individuals who are experiencing symptoms of cervical cancer should be clinically assessed and investigated according to the [Clinical Management Guidelines](#).
- **New screener (recently turned 25)** – Healthcare providers have been advised that if necessary, rescheduling screening appointments in this group in 3-6 months' time is considered to be low risk.
- **Routine screeners** – The volume of people in this group is expected to be low. This is because we are more than two years into the renewed NCSP, which saw a shift from a 2-yearly screening interval to a 5-yearly screening interval. Anyone who has screened since 1 December 2017 will either not be due again until at least 2022; or is in one of the below follow-up categories. Anyone who has not had a Cervical Screening Test since their last Pap test is now overdue.
- **Overdue of never-screened** – No change to advice. Healthcare providers have been advised to screen these patients as they present.
- **Follow-up testing and investigation:**
 - **Management of intermediate risk – 12-month follow-up of HPV non 16/18 positive (with negative or low-grade cytology)** – Healthcare providers have been advised it is preferable these patients be retested at the recommended time wherever possible. Whilst a delay of 3 to 6 months may be acceptable, delays for longer than 6 months are discouraged.
 - **Management of higher risk results (HPV 16/18 positive, or non 16/18 positive with possible high-grade cytology or worse)** – Patients with higher risk results should be referred to a specialist for further investigation without delay. As some colposcopy clinics are currently experiencing high demand and long waiting lists, healthcare providers have been advised to contact the specialist/clinic their patient has been referred to if they are concerned about them experiencing a delay.
 - **Test of Cure after treatment for HSIL (CIN2/3)** – No change to advice. Patients who are on the Test of Cure pathway should continue with that testing and be seen on time wherever possible.
- **Self-collection** - Self-collection of a vaginal sample using a swab is currently available to people eligible to participate in cervical screening who are 30 years and over, and either have never screened or are two or more years overdue for screening (i.e. 4 years since last screen). Due to the high volume of COVID-19 testing occurring across the country, and supply chain pressures, there is currently a shortage of the swabs that can be used for both COVID-19 and self-collection. At this time, discretion in the use of swabs is encouraged and healthcare providers have been advised to contact their pathology laboratory to discuss any issues with swab supply.

More detailed guidance for managing cervical screening and follow-up during COVID-19 is available on the [NCSP website](#).

Enhancing data quality of vaccination encounter records: tips and tricks

A new resource titled “Enhancing data quality of vaccination encounters recorded in practice software and on AIR – tips and tricks” has been developed to help immunisation providers minimise and identify errors in vaccination recording to ensure the information held on patient’s records and on the Australian Immunisation Register (AIR) is accurate.

This resource provides tips and tricks related to practice software, recording encounters, entering history, transmitting encounters to AIR, common errors or “pends”, data cleaning and other information to enhance the quality of data recorded by immunisation providers.

Access the resource here: <http://ncirs.org.au/fact-sheets-faqs/enhancing-data-quality-of-vaccination-encounter-records>.

Two Aboriginal-led Respiratory Clinics take WA total to nine

WA now has nine Commonwealth endorsed GP-led Respiratory Clinics, with the opening of two clinics operated by Derbarl Yerrigan Health Service in Maddington and Mirrabooka.

The clinics will offer their local communities, including Aboriginal and non-Aboriginal people, access to rapid assessment and testing for acute respiratory conditions, including COVID-19.

Even with the current low case numbers and no confirmed community spread, GPs are encouraged to refer all patients with respiratory symptoms suggestive of COVID-19 for testing at any of the designated testing centres listed on [Health Pathways](#).

TSANZ Spirometry update release

Following their 25 March recommendation to suspend all lung function testing because of the COVID-19 pandemic, the Thoracic Society of Australia and New Zealand has advised that all Pulmonary Function Testing including cardiopulmonary exercise testing and bronchoprovocation testing can now be performed in patients who are afebrile, and who have no symptoms of a viral illness.

See the full [recommendations](#) here, noting these recommendations are subject to ongoing review.

Further information is available from the National Asthma Council website, on the [Australian Asthma Handbook during the COVID-19 pandemic](#) page.

Release of the July 2020 MBS XML File

The July 2020 Medicare Benefits Schedule MBS XML file has been released and is available on [MBS online](#).

The MBS indexation factor for 1 July 2020 is 1.5 per cent. Indexation was applied to most of the general medical services items, all diagnostic imaging services, except nuclear medicine imaging and magnetic resonance imaging (MRI) and two pathology items (74990 and 74991).

For more information please view the [MBS July 2020 News page](#).

Update: Voluntary Patient Enrolment for Older Australians (VPE) initiative

In the 2019-20 Budget, the Government announced a VPE initiative for patients aged 70 years and over. The Government subsequently announced the extension of this measure to include Aboriginal and Torres Strait Islander people aged 50 years and over. This due to start on 1 July 2020 with the introduction of new MBS items to support VPE.

In light of the COVID-19 pandemic and response activities, the Government is currently working with health and system experts to review implementation details and consider options for refinement. As such, VPE will no longer commence on 1 July 2020.

Further information will be made available as soon as possible.

NPS MedicineWise update

NPS MedicineWise are offering a free webinar titled: **Chronic abdominal pain: could it be irritable bowel syndrome?**

Join our GP facilitator and a multidisciplinary panel of experts as they discuss how to assess and investigate non-specific chronic abdominal pain.

Details and the link to the webinar: <https://www.nps.org.au/cpd/activities/chronic-abdominal-pain-could-it-be-irritable-bowel-syndrome>

PBS Changes to Opioid Prescribing

Pharmaceutical Benefits Scheme (PBS) listings for opioid medicines have changed as of 1 June 2020. Changes include reduced pack sizes of immediate-release opioids for short-term acute severe pain. In addition, patients that need long-term opioids (more than 12 months) must also be reviewed by an alternative prescriber with the name of the practitioner and date of the consultation provided to the PBS with every authority application. Visit the [PBS website](#) for more information.

Community advice on the use of masks

The World Health Organisation has released new advice on the use of masks in the context of COVID-19.

If your patients have questions, the WA Department of Health has a community advice fact sheet on when and how to use a face mask, which can be found [here](#).

When to wear personal protective equipment (PPE)

We have been listening to feedback from GPs and what we are hearing is there is continuing confusion around what PPE to wear when treating patients in the COVID-19 environment.

Adding to the confusion, there are multiple PPE fact sheets available which are written in slightly different ways to cover the different scenarios.

To help clarify the requirements, below is a summary of the guidelines from the [Australian Government Department of Health](#) and the [Western Australian Department of Health](#).

If you do NOT suspect COVID-19

- Follow your usual practice guidelines including physical distancing, cough/respiratory etiquette and hand hygiene.
- Observe physical distancing of at least 1.5 metres, except when providing a physical examination or clinical care.
- Perform a risk assessment based on the patient's presenting complaint or condition to determine whether PPE is required. This is based on the principles of Standard and Transmission Based precautions as outlined in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#).
- Perform hand hygiene before and after patient contact as per the [5 Moments of Hand Hygiene](#)
- The routine use of masks is not currently recommended due to the low rate of community transmission of COVID-19 in Western Australia.

If you DO suspect COVID-19

- Follow your usual practice guidelines including hand hygiene, physical distancing and cough/respiratory hygiene.
- Don the appropriate PPE as required according to the [Identification and Use of Personal Protective Equipment in the Clinical Setting During the Coronavirus \(COVID-19\)](#).
- Ask the patient to perform hand hygiene and put on a surgical mask. Ensure it is being worn correctly.
- Direct the patient to a single room, whether or not respiratory symptoms are present.
- If a single room is unavailable, direct the patient to a separate area away from other patients.
- Perform hand hygiene before as per the [5 Moments of Hand Hygiene](#)
- The patient should be referred for testing for COVID-19 if this has not been conducted already. (For up to date information on testing locations, visit the [HealthPathways WA COVID-19 Requests page](#). If required, email healthpathways@wapha.org.au for log on details.)

For further information about the correct way to don and doff PPE, refer to the Western Australian Department of Health [Donning and Doffing Poster](#), and [video](#).

If you would like to display posters in your clinic about infection prevention and control in the COVID-19 environment, the [Australian Commission for Safety and Quality in Healthcare](#) has produced the following resource:

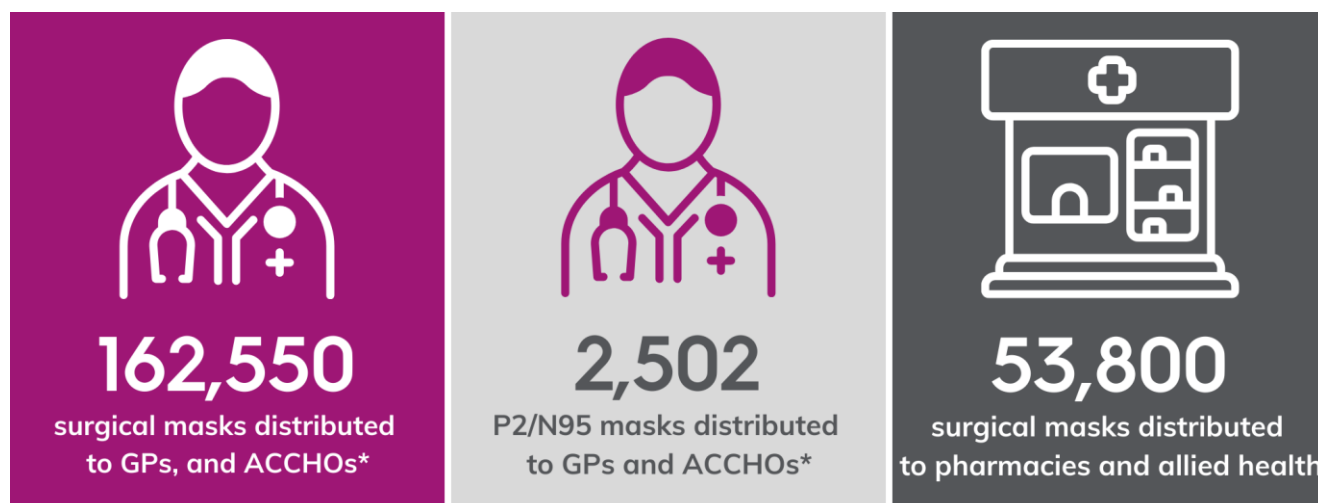
- [Break the chain poster for use in clinical areas and waiting rooms](#)

You can also find more information on the RACGP website, in the RACGP [Infection Prevention and Control Standards](#), or on HealthPathways via the [Practice Management pathway](#). If required, email healthpathways@wapha.org.au for log on details.

Allocation of surgical masks from the National Medical Stockpile

WA Primary Health Alliance continues to operate a significant logistical strategy to distribute masks during the COVID-19 pandemic to general practices, Aboriginal Community Controlled Health Organisations, pharmacies and allied health practices that meet the criteria of the [Department of Health Tranche 4 guidelines](#).

To date we have distributed 162,550 surgical masks to GPs and ACCHOs, 2,502 N95 masks to GPs and ACCHOs and 53,800 surgical masks to pharmacies and allied health.



*Aboriginal Community Controlled Health Organisations

For mask requests, visit the [Practice Assist website](#).

Please note, re-orders will not be accepted within five business days (Mon-Fri) of the previous request, except in exceptional circumstances.

Please send all general queries in relation to the National Medical Stockpile to Stockpile.Ops@health.gov.au.

COVID-19: HealthPathways Updates

The following content updates have now been published on the following pathways:

The following content updates have occurred on the **COVID-19 Assessment and Management** and **COVID-19 Child Assessment and Management** pathways:

- Updated information around testing as per new WA testing criteria and clinician alerts from 6th of June.
- Serology testing for past infection is now available for patients who met certain serology testing criteria.
- Advise that carers of a dependent who has been tested are not required to self-isolate whilst waiting for the results of a dependent person.
- Addition of information on assessment of acute respiratory illness during COVID-19.

COVID-19 Assessment and Management

- Updated information for asymptomatic patients seeking advice on potential exposure.
- Added the definitions of close contact, a suspected case, a confirmed case and a probable case as per updated CDNA guidelines and WA testing criteria. This includes information for healthcare workers and others who are caring for a symptomatic or confirmed case.
- Added information to determine if a patient is suitable for isolation at home.

COVID-19 Telehealth

- Added the following resources:
 - Australia Department of Health Privacy checklist.
 - CarerHelp resource for patients.

Travel Assistance

- A COVID-19 note was amended to reflect the changes to the intrastate travel restrictions.

Elder Abuse and Neglect

- Updated decision-making capacity information and added COVID-19 note to include the older person's COVID-19 support line.

Please email healthpathways@wapha.org.au for login details if you do not already have access to HealthPathways.

An update on the Practice Assist Resource Library

The Practice Assist Team has been busy updating the many website resources in our **Practice Assist Resource Library**.

The Practice Assist Resource Library is a comprehensive suite of resources aimed at enabling general practices to run sustainable, viable and successful businesses.

The Resource Library provides useful fact sheets, user guides, checklists, business plans, posters and other resources covering all aspects of the day-to-day operations of operating a successful general practice.

Topics covered in our Resource Library include:

- Business Management
- Clinical Resources
- Digital Health
- General Practice Accreditation
- Human Resources and Staff Management
- Medicare Benefits Schedule
- Nurses in General Practice
- Practice Incentives Program
- Programs and National Schemes
- Quality Improvement
- COVID-19 Resources



This edition we feature the updates to the **'Programs & National Schemes'** section of the Resource Library with the following updated resources:

- AIR: Flowchart
- How to request AIR 10A due or overdue report
- AIR: How to analyse AIR 10A due or overdue report
- AIR: How to Identify and amend dose number errors in AIR
- Improve patient outcomes with Comprehensive Primary Care
- Childhood Immunisation Quality Improvement Activity - Plan Do Study Act
- Interactive Fridge Map

The Practice Assist Team values your feedback, and should you have a **'new idea'** for a resource needing to be developed for your practice, and or **'feedback'**, please email this through to practiceassist@wapha.org.au.

WAPHA: Free general practice wellness program

WA Primary Health Alliance is offering FREE counselling support for all GPs and their practice staff across WA through the long established and experienced employee assistance program provider, AccessEAP.

To support WA general practice teams navigate the COVID-19 response, and to help you deal with the pressures that arise professionally and personally, WA-based general practices can now access WA Primary Health Alliance's General Practice Wellness Program.

General practice staff, as Members of WA Primary Health Alliance are offered three confidential counselling sessions free of charge.

More information is provided in the [attached brochure](#).

You can use your sessions for a range of matters such as:

- Preparing for major life changes
- Changes in your role at work
- Changes within your family (marriage, new baby, divorce/separation)
- Goal setting for your professional or personal life
- Developing new strategies for handling stress at work or at home
- Or simply to have someone to speak to about any of life's inevitable challenges



When you call to access the service, you **must** identify as a Member of WA Primary Health Alliance.

To book a phone or video counselling appointment, you can call AccessEAP anytime on 1800 818 728.

GPs and practice staff can also contact Practice Assist on 1800 227 747 with any questions about the program.

New healthy lifestyle program for the Midwest

Let's Prevent provides your patients with the information and support they need to make positive, sustainable lifestyle changes that will ultimately help them delay or avoid a chronic condition.

Already established in the South West for over two years, the program will soon be available to residents of the Midwest. It can help participants lose weight, reduce their blood pressure and cholesterol and work towards their health goals.

Let's Prevent is funded by the Department of Health WA free for people who are at risk of heart disease, stroke or type 2 diabetes.

It is currently available [online](#) and through face to face workshops in the near future. To find out more call 1800 001 880 or email prevention@diabeteswa.com.au.

Health Promotion Events

July is Dry July Month

Dry July is a fundraiser that encourages you to go alcohol-free in July to raise funds for people affected by cancer.

The funds raised as part of your Dry July provide invaluable services for cancer patients, their families and carers – whether it’s a lift to a life-saving appointment, guidance from a specialist nurse, connection to an informative voice, access to therapy programs or a bed close to treatment.

Having a month off alcohol also has great health benefits, such as sleeping better, having more energy and of course, no hangovers! So, you're not only helping others, you're helping yourself. It's a win-win!

Health Benefits

Having a Dry July has great health benefits. Each year participants report sleeping better, having more energy and productivity and of course, no hangovers!

Here are some of the benefits you could experience by going dry this July:



A clearer head



More energy



Sleeping better



Weight loss



Healthier skin



Sense of achievement

Be part of Dry July

Since 2008, Dry July has inspired more than 200,000 Aussies to go dry, raising \$49 million for people affected by cancer, and funding projects at more than 80 cancer organisations across Australia.

Sign up [here to go Dry this July](#) to support people affected by cancer.

Coming up soon...	
International Men’s Health Week	June 15-21
World Sickle Cell Day	June 19
International Day of Yoga	June 21
World Scleroderma Day	June 29
Haemochromatosis Awareness Week	June 1-7

Webinars and online training

Visit our Webinars & Workshops page at www.practiceassist.com.au for the events calendar.

Webinars

Healthdirect Video Call Familiarisation Webinars

Presented by Healthdirect

[View a recorded session here](#)

Virtual Community of Practice: COVID-19 Future proofing general practice – (re) building trust with patients

Presented by WAPHA

Thursday 18 June

RACGP Training: Urgent Care Webinar Series

Telehealth Triage

Presented by RACGP

Monday 29 June

Staying SANE in the Pendem-onium

Presented by Diabetes WA

Monday 22 June

Nutritional Requirements During Pregnancy

Presented by Diabetes WA

Monday 22 June

Infection Control

Presented by AAPM

Thursday 9 July

5th edition accreditation

Presented by AAPM

Thursday 23 July

Severe Asthma Management

Presented by Asthma WA

Wednesday 24 June

Practice owner's webinar: Navigating a rent reduction – Does Sco Mo's code apply to me?

Presented by Health Project Services and

RACGP

On demand

Online Training

COVID-19 Infection Control Training

Presented by Department of Health

Chronic Disease Management and Healthy Ageing Program

Presented by APNA