

2 November 2011

WAGCS WA Gynaecologic Cancer Service

Did you know the King Edward Memorial Hospital (KEMH) website has been updated to include information on the WA Gynaecological Cancer Service??

www.kemh.health.wa.gov.au/wagcs/

Find helpful information on:

- ◇ Symptom recognition of gynaecologic abnormalities
- ◇ Referral information to KEMH
- ◇ Cancer screening and vaccines
- ◇ Supportive care for your patients
- ◇ Links to reliable clinical websites
- ◇ Information for patients and their families about gynaecologic cancers.

Applications for the Practice Nurse Incentive Program (PNIP) are now being accepted

Practices wishing to apply for the PNIP, grandparenting, top-up or accreditation assistance will need to fill out the application form and provide the requested documentation to Medicare. Practices already participating in the Practice Incentives Program, Practice Nurse Incentive are also required to apply for the PNIP.

Medicare will notify practices in writing upon receipt of an application form and all applications will be **assessed for eligibility from 1 January 2012.**

For more information about the PNIP, email pnip@humanservices.gov.au or call 1800 222 032 (charges may apply) between 8.30am and 5.00pm weekdays (ACST)

To calculate what you will be eligible for please go to <http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp>

ACIR + PREVENAR 13 SUPPLEMENTARY DOSE

The Prevenar 13 supplementary dose should be reported to the ACIR as dose 4 four to enable accurate reporting against the catch up program. For children who are on a catch up schedule for their primary course of pneumococcal vaccination (ie, they may have received less than three doses), if they are eligible for the supplementary program, the supplementary dose still needs to be recorded as dose four on the ACIR.

Reporting of Prevenar 13 dose four can be submitted to the ACIR manually in the "Other Vaccine" box on the Immunisation Encounter (IMMU-2) form.

Providers using the Record Encounter function on the ACIR secure internet site can report dose four of Prevenar under the "Other" tab. Other electronic methods of reporting data to the ACIR (Online Claiming and internet Data Interchange (IDI)) should now be set up to submit Prevenar 13 dose four details to the ACIR.

Questions about how to report data to the ACIR can be directed to the ACIR's general enquiry line on 1800 653 809.

CERVICAL CANCER RATES HALVED WITH SCREENING

The number of women diagnosed with cervical cancer has halved since the national screening program was introduced in 1991. Rates of cervical cancer fell from 18 to nine cases per 100,000 women between 1990 and 2007. Mortality rates also halved, with two deaths per 100,000 women in 2007 compared to 5.5 deaths per 100,000 women in 1982.

The AIHW report reveals that more than 3.6 million Australian women participated in the National Cervical Screening Program between 2008 and 2009 - more than half of eligible women. Participation was highest in cities and inner regional areas and lower in more remote areas.

The report also found that only 15% of women with a negative Pap test result rescreened earlier than recommended. Of the women sent a 27-month reminder letter by a cervical cytology register, a third rescreened within three months.

General Practice plays an essential role to ensuring women have their pap smears every two years from the age of 20. Having had the HPV Vaccine does not negate the need for a pap smear and a two pronged approach to cervical cancer screening is most effective.

If you need assistance with recalls and reminders for Pap Smears, please call Bronwyn Lewis on 9621 1530 or email Bronwyn@wheatbelt.com.au.

CURTAIN UNIVERSITY Invites GPs to join the REFERRAL WRITER project

The Curtin Health Innovation Research Institute is testing the effectiveness of an innovative software program called the *Referral Writer*.

The *Referral Writer* aims to enhance the referral process by providing an efficient and easy to use tool for generating referrals. The study can be completed entirely online and in your own time with GPs receiving up to \$600 for their participation.

If you are interested in participating, please contact the researchers at referralwriter@curtin.edu.au or phone (08) 9266 9212.

MEDICAL COORDINATOR - RURAL CLINICAL SCHOOL NARROGIN

Applications are invited from medical practitioners for a part time appointment as a Medical Coordinator with the Rural Clinical School. There are currently three medical students based in Narrogin with a similar number anticipated in the future. Due to collaboration with The University of Notre Dame, the students could be 3rd year UNDA or 5th year UWA students (both in their second last year).

The Medical Coordinators will be required to assist with organising and teaching of RSCWA students. There is a 0.5 FTE available and successful applicant can negotiate a fractional appointment to suit the RCSWA and the application. Also available is a 0.2 FTE to cover 12 months parental leave due to commence in February 2012.

Please respond by Friday, 18 November 2011 by emailing Prof Geoff Riley, Head of Rural Clinical School, C/- P O Box 1654, KALGOORLIE WA 6433, email Geoff.Riley@uwa.edu.au or fax to (08) 9021 4366. Enquiries can also be directed to Assoc Prof Peter Maguire on 0417 967 492 or email peter.maguire@uwa.edu.au.

RURAL HEALTH EDUCATION WORKSHOPS

Obstetrics

Friday, 9 December 2011
Narrogin

Rural Health West is pleased to invite regional GP obstetricians and midwives to the Obstetrics workshop.

This workshop will be facilitated by a team of specialist obstetricians and midwives from King Edward Memorial Hospital and provide the opportunity to practice techniques on obstetric models, discuss cases and network.

The workshop will include:

- ◆ Appreciation of antenatal care and how it is managed
- ◆ Understanding of intrapartum foetal heart monitoring
- ◆ Knowledge of managing a non-reassuring CTG
- ◆ Management of postpartum haemorrhage
- ◆ Utilisation of general team work principles during obstetric emergencies
- ◆ Management of shoulder dystocia, eclampsia, vaginal delivery and breech vaginal delivery

This workshop is accredited with RACGP and ACRRM for continuing 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.

To register please complete and return a registration form, available by emailing education@ruralhealthwest.com.au. All successful applicants will receive written confirmation.

Please Note: priority will be given to regional GP obstetricians and midwives.

For further information please contact Kim Izett, Rural Health West Education Project Officer on (08) 6389 4514.

CHANGES TO NUMBER OF SESSIONS FOR ALLIED MENTAL HEALTH SERVICES

As of 1 November 2011 changes to the Better Access to Mental Health measure will limit allied mental health services to 10 sessions per patient, per calendar year. Currently, patients have been able to access 12 sessions per year (18 sessions in exceptional circumstances). This was done in six session blocks through a GP. From 1 November 2011, sessions have been reduced to a maximum of 10 per year – an initial six sessions, followed by an additional four sessions if required. This limit is consistent with the intent of the Better Access initiative to address mild to moderate forms of mental illness.

Who will this affect?

This measure will affect people who receive more than 10 allied mental health services, per calendar year, under the Better Access initiative (ie, referral by Mental Health Care Plan). This will not affect the eligibility requirements for people accessing Medicare funded mental health services. This measure only reduces the number of services available per patient, per calendar year, from 1 November 2011.

It will affect people who receive more than 10 allied mental health services, per calendar year, under the Better Access initiative. These patients are likely to have more complex needs and may be better suited for referral to more appropriate mental health services such as the Australian Government's Access to Allied Psychological Services (ATAPS) Flexible Care Packages. The Wheatbelt GP Network Mental Health team offers psychology services through ATAPS and will continue to do so. These changes are important to acknowledge for private services that GPs refer to as it may compromise the ability of a mental health professional to provide long term care.

GUIDELINES RELEASED ON SEXUAL BOUNDARIES FOR MEDICAL PRACTITIONERS

The Medical Board of Australia has released guidelines on inappropriate sexual relationships and harassment, including behaviour that must be notified under mandatory reporting rules.

As well as ruling out relationships with patients and their close relatives, the guidelines define a range of inappropriate sexual behaviour including making suggestive sexual remarks and ridiculing a person's sexuality.

According to the *Sexual Boundaries: Guidelines for Doctors*, sexual misconduct includes making suggestive comments about a patient's appearance and ridicule of a patient's sexual orientation.

The guidelines say that in some cases a relationship with a former patient may not constitute misconduct, depending on the duration of care provided, the time elapsed since the end of the professional relationship and the level of vulnerability of the patient.

It is also emphasised that all practitioners, employers and education providers have a legal obligation to report sexual misconduct under new mandatory reporting provisions.