

GP Connect

Keeping GPs informed in the changing primary health landscape



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Rhesus D Non-Invasive Prenatal Testing (RHD NIPT): New targeted anti-D immunoprophylaxis in WA

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Since early November 2024, Rhesus D Non-Invasive Prenatal Testing (RHD NIPT) has been available to all Rhesus D-negative pregnant women in Western Australia who have not been previously alloimmunised against the RhD blood group, eliminating the need to give anti-D immunoprophylaxis in some pregnancies.

Key points:

- Rhesus D blood group feto-maternal incompatibility is associated with a risk of severe haemolytic disease of the fetus and newborn (HDFN).
- Routine prophylactic use of RhD Immunoglobulin (anti-D) in pregnancy care is in place to reduce the incidence of alloimmunisation (sensitisation) against RhD.
- RhD-negative women carrying a RhD-negative fetus(es) are not at risk of alloimmunisation and do not require anti-D immunoprophylaxis.
- MBS funded RHD NIPT is now routinely available to RhD-negative pregnant women to assess fetal RhD status and enable targeted anti-D immunoprophylaxis.

- Routine RHD NIPT is:
 - only for RhD-negative pregnant people with no known anti-D antibodies
 - done once in each pregnancy to determine fetal Rhesus blood genotype
 - available through PathWest between 20 - 32 weeks' gestation (ideally 20 - 24 weeks) and requires a specific [request form](#)
- Management of results:
 - If RHD NIPT identifies fetal RHD genotype is also RhD-Negative, no anti-D immunoprophylaxis is required during this pregnancy.
 - If RHD NIPT identifies fetal RHD genotype is RhD-Positive, anti-D prophylaxis is required during this pregnancy as per usual guidelines.
- For sensitising events occurring in RhD-negative pregnant people before RHD NIPT has been performed, manage as per usual guidelines.

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Rhesus D Non-Invasive Prenatal Testing (RHD NIPT): New targeted anti-D immunoprophylaxis in WA (cont)

Rhesus D blood group considerations in pregnancy care

HDFN is usually caused by maternal blood group Rhesus D (RhD or D-antigen) alloimmunisation and transplacental transfer of anti-D antibodies from a Rhesus D-negative mother to a Rhesus D-positive fetus¹. The frequency of RhD-negative serotype is up to 15-17 per cent in individuals with European descent, but lower in other population backgrounds².

Routine prophylactic use of RhD Immunoglobulin (anti-D) in pregnancy care

Routine anti-D immunoprophylaxis is administered at 28 and 34 weeks' gestation to Rhesus D-negative pregnant women with no pre-formed anti-D antibodies. A dose of anti-D is also offered to RhD-negative women soon after sensitising events where the fetal RhD status is unknown or positive, and after delivery of an RhD-positive baby based on cord blood or neonatal RhD typing. Additional anti-D administrations may also be required for ongoing uterine bleeding or where otherwise indicated.

Current guideline:

[National Blood Authority: Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care](#)

Utility of RHD NIPT testing

Up to 40 per cent of RhD-negative women carry a RhD-negative fetus and, therefore, are not at risk of alloimmunisation and receive anti-D unnecessarily³. The fetal RHD genotype can be assessed by non-invasive prenatal testing (NIPT) of cell-free fetal DNA (cffDNA) circulating in the maternal plasma.

Anti-D immunoprophylaxis can then be targeted based on fetal genotype and only administered when the fetus is known to be RhD-positive in a RhD-negative mother. As the cffDNA is cleared from the maternal circulation soon after birth, RHD NIPT is current pregnancy-specific and needs to be repeated in subsequent pregnancies.

Additional information on RHD NIPT in pregnancy:

[Australian & New Zealand Society of Blood Transfusion: RHD In Pregnancy](#)

RHD NIPT in Western Australia

Western Australia was the first State in Australia to implement RHD NIPT. The state-wide rollout began in early November 2024, coinciding with the Medicare update for [item number 73420](#). RHD NIPT is available to all Rhesus D negative pregnant women who have not been previously alloimmunised against RhD.

RHD NIPT has been validated at PathWest Laboratory Medicine WA (PathWest) for gestational age 20 to 32 weeks' gestation with test sensitivity of 100 per cent, false positive rate of 2.6 per cent, and 0 per cent false negative rate for cffDNA fraction greater than or equal to 2 per cent. The test is performed at Diagnostic Genomics, PathWest, and requires a specific request form to include expected date of delivery, number of fetuses, and maternal BMI. Results are usually available within two weeks.

The high accuracy of the test is due to the measurement of the fetal fraction of cell-free DNA in the maternal plasma. Alternative tests in other jurisdictions (or overseas) do not measure the fetal fraction of cell-free DNA and it should be noted that false negative results (incorrectly determined fetal genotype as RHD-negative) have been reported in meta-studies to account for approximately 0.34 per cent of cases⁴. False negative results increase the risk of sensitisation if the recommended anti-D immunoprophylaxis has not been given.

PathWest resources:

- [RHD NIPT information for clinicians and patients](#)
- [RHD NIPT Pathwest request form](#)

References (peer-reviewed):

1. Flegel, W.A. Molecular genetics and clinical applications for RH. *Transfus Apher Sci* 44, 81-91 (2011).
2. Clausen, F.B. Lessons learned from the implementation of non-invasive fetal RHD screening. *Expert Rev Mol Diagn* 18, 423-431 (2018).
3. Gordon, L.G. et al. Noninvasive fetal RHD genotyping of RhD negative pregnant women for targeted anti-D therapy in Australia: A cost-effectiveness analysis. *Prenat Diagn* 37, 1245-1253 (2017).
4. Yang, H. et al. High-throughput, non-invasive prenatal testing for fetal rhesus D status in RhD-negative women: a systematic review and meta-analysis. *BMC Med* 17, 37 (2019).

Hospital Liaison GP Updates

Joondalup Health Campus

Policy changes - Rhesus D Non-Invasive Prenatal Testing commenced at Joondalup Antenatal Clinic

Following the successful rollout at other Perth sites, Joondalup Health Campus (JHC) has commenced local Rhesus D Non-Invasive Prenatal Testing (RHD NIPT) for Rhesus D (RhD)-negative women.

Given that studies show that up to 40 per cent of RhD-negative women have a RhD-negative baby, this represents an important change to the management of RhD-negative women in pregnancy as determining the Rhesus status of the baby indicates which patients will benefit from receiving Rhesus D Immunoglobulin (anti-D) and negates unnecessary intervention in others.

If GPs anticipate a RhD-negative patient's first visit to the antenatal clinic won't occur until after 20 weeks, it is important for the GP to arrange RHD NIPT prior to their visit. RHD NIPT can only be performed at PathWest.

A [patient information sheet](#) and [RHD NIPT request form](#) are available from PathWest.

New Hospital Liaison GP at Joondalup Health Campus

Long term northern suburbs GP, Dr Belinda Russell-Smith, has commenced in the role of Hospital Liaison GP for JHC and Joondalup Private Hospital. Any feedback, suggestions or requests for support from GPs can be directed to RussellSmithB@ramsayhealth.com.au or via the JHC GP Priority Line - 08 9400 9775.

Dr Belinda Russell-Smith
Hospital Liaison GP, Joondalup Health Campus
RussellSmithB@ramsayhealth.com.au

Clinical Updates

Free RSV maternal vaccine now available

The free RSV maternal vaccine Abrysvo® is now available order in WA under the National Immunisation Program (NIP) for eligible women between 28 to 36 weeks of pregnancy.

Beyfortus® (nirsevimab) will be free for eligible newborns and at-risk children across WA from 1 April through to 30 September 2025. Note: This program is available year-round in the Kimberley and Pilbara regions only. [Read more about eligibility here.](#)

The [WA Immunisation Schedule](#) and [WA Aboriginal Immunisation Schedule](#) have been updated to include Abrysvo, and will be updated to include Beyfortus® closer to the program start date.

You can also find [more resources about the Abrysvo vaccine](#) for eligible pregnant women on the Australian Government Department of Health and Aged Care website.

Watch the WA Department of Health 2025 Infant and Maternal Immunisation Program Information Session on demand

Interested GPs can also [watch the recording](#) of the recent WA Department of Health 2025 Infant and Maternal Immunisation Program Information Session (26 January 2025).

[Download the presentation slide deck](#) from the WA Health website, under the Immunisation Education Update Sessions tab.

Measles alert for WA clinicians - 12 February

The WA Department of Health has issued an alert relating to a case of measles that was confirmed in WA 7 February 2025 in a returned traveller.

Key advice for WA clinician as follows:

- Be alert for measles in any patient with fever and rash who has recently returned from overseas (even if they are fully vaccinated), or attended a listed exposure site during the specified period.
- Test suspected cases for measles PCR (urine and throat swab), mark the form as URGENT.
- Suspected cases should be fitted with a mask and advised to isolate until results are available.
- Urgently notify suspected measles cases to public health (or 1800 434 122 if after hours).

Read the [Measles Alert for WA Clinicians - 12 February 2024](#)

Metro based rapid response to support to children and adolescents in mental health crisis

The Child and Adolescent Health Service (CAHS) operates three Acute Care and Response Teams (ACRTs) in the Perth metropolitan area. These teams provide mobile, urgent, and specialised mental health care, treatment, and support to children and young people (up to 18 years of age), who are experiencing acute psychological distress or a mental health crisis.

ACRT services are delivered by a multidisciplinary, community-based team in the home environment, school, CAHS Child and Adolescent Mental Health Service (CAMHS) clinic, and/or other community-based locations. Available seven days per week with extended hours on Tuesdays and Thursdays:

- Monday, Wednesday, and Fridays: 8:00am to 6:30pm
- Tuesday and Thursdays: 8:00am to 8:30pm
- Saturday and Sundays: 10:00am to 6:00pm

The ACRTs are located in the North, East and South of Perth:

- Perth North Metro: Warwick CAMHS, 316 Erindale Rd, Warwick WA 6024
- Perth East Metro : Stan and Jean Perron Child, Youth and Family Centre, 1 Watertank Wy, Midland WA 6056
- South East Metro: Murdoch Community Hub, Corner Fiona Wood Rd and Barry Marshall Pde, Murdoch WA 6150

How to refer:

Referral into the service is via [Crisis Connect](#). Phone 1800 048 636 or via the CAHS Community CAMHS.

Questions about the service can be directed to ACRT Program Manager, Melanie Harry on melanie.harry@health.wa.gov.au

The ACRTs have been developed as part of the alignment of the CAHS CAMHS with the recommendations of the Ministerial Taskforce into [Public Mental Health Services for Infants, Children and Adolescents \(ICA Taskforce\)](#).

WA Virtual Emergency Department update – Bunbury expansion

Since launching September 2023, the WA Virtual Emergency Department (WAVED) has been progressively expanded to give more patients the option of having a virtual consultation with a specialist emergency physician in the comfort of their own home.

Currently, WAVED accepts referrals for adult patients from St John WA (SJWA) and a small number of additional agreed referrers in the Perth metropolitan area. In partnership with SJWA, WAVED will expand into the Greater Bunbury area from late February 2025.

Eligible patients referred by SJWA (either before or after ambulance dispatch) will be assessed via a telehealth platform, providing earlier access to emergency specialist assessment. Where appropriate, care will be delivered in the community including referral to other appropriate services and supports. Transfer to a physical emergency department will still occur where this is likely to benefit the patient.

The WA Department of Health has advised that WAVED clinicians may make direct contact with referring GPs to discuss a patient's care and involve the GP in decision-making. All relevant clinical information is documented in a discharge summary which is securely transmitted to the nominated GP and uploaded to the patient's My Health Record.

Expansion of WAVED will continue throughout 2025, with an initial focus on developing a referral pathway from the healthdirect advice line and establishing a paediatric sub-service

Find out more on the [WA Department of Health website](#).

Understanding Medicare: Provider handbook

The Australian Government Department of Health and Aged Care has published a new handbook detailing the fundamental elements and principles of Medicare. It aims to provide core guidance for interested health care professionals and others navigating the Medicare system.

Download a copy of the guide at the [DoHAC website](#).

Key updates and resources supporting the care of older people



Single assessment system for aged care

DoHAC has now established a Single Assessment System to make it easier for older people to enter aged care and access different services as their needs change.

Effective 9 December 2024, the Single Assessment System replaces the Regional Assessment Service, Aged Care Assessment Teams and independent Australian National Aged Care Classification assessment organisations.

Learn more about the [Single Assessment System workforce](#) and make a referral on your patient's behalf at the [My Aged Care website](#).

My Aged Care support plans now available in My Health Record

My Aged Care Support Plans developed or updated from 9 December 2024 can now be made available in My Health Record.

Access to support plans can provide GPs with a better understanding of patients' needs and support efficient and more informed treatment decisions.

Older people can provide or withdraw authorisation to share their support plan at any time.

Read [frequently asked questions for healthcare providers](#) for more information.

New Quality Improvement Toolkit for General Practice in Aged Care Incentive

The GPACI QI Toolkit offers practical resources to support planned, preventative care and enhance coordination with multidisciplinary teams, improving patient outcomes and care continuity.

General practices can use the toolkit to streamline workflows, access helpful resources, and implement continuous QI activities, fostering a patient-centred approach in aged care settings.

Developed by PHN's working together nationally through the PHN Cooperative, the National Improvement Network Collaborative and the National MyMedicare PHN Implementation Program

[Download your copy of the QI Toolkit.](#)

Free resources and training for advance care planning and palliative care

The Advance Project's free, evidence-based resources and training programs help to integrate advance care planning and palliative care into routine care and empower GPs to initiate conversations with patients.

This includes two practical, evidence-based toolkits for general practice including one specific for use with people living with dementia. The dementia specific training counts towards continuing professional development requirements for GPs, practice nurses and managers.

View both toolkits and the recently updated eLearning modules for GPs, general practice nurses and practice managers by visiting [The Advance Project website](#).

Dementia Australia referrer kit

GPs play a vital role in helping people living with dementia understand their condition and plan for the future. [Order your copy of the Dementia Australia referrer kit](#) for key information on dementia, diagnosis and support services for patients.

First 2025 case of meningococcal disease in WA

The WA first case of meningococcal serogroup B disease for 2025 (an adult) has been [reported by WA Department of Health](#). In 2024, a total of 13 meningococcal cases were reported and there was one death.

Information relating to public health management of meningococcal infection and guidelines for health professionals is available on the [WA Health website](#).

First Ross River virus detection in South West WA in over a year

WA Department of Health is encouraging community members and visitors to the South West to take steps to prevent mosquito bites, following the first detection of Ross River virus in the region in more than a year.

The virus was recently detected in mosquitoes as part of the WA Department of Health mosquito surveillance program.

Information relating to public health management of Ross River virus and guidelines for health professionals is available on the [WA Department of Health website](#).

Amoebic meningitis warning as water temperatures rise

WA Department of Health is reminding Western Australians to take precautions around untreated or poorly treated water to protect themselves from deadly amoebic meningitis.

The rare but usually fatal infection is linked to warm, fresh water sources and is caused by the *Naegleria fowleri* amoeba.

Amoebic meningitis may occur if water containing active amoebae enters the nose. This includes lakes, rivers, and farm dams, but also in backyard garden hoses, spas, and in swimming and wading pools, at temperatures above 28°C.

People should assume that any water in hot weather could contain amoeba and take appropriate precautions - direct patients to [Healthy WA](#).

New Skills in Demand visa offers streamlined process for employing overseas health professionals

The Temporary Skill Shortage (TSS) visa has been replaced by the Skills in Demand (SID) visa.

Key differences for general practices in the process of or considering employing an overseas health professional include:

- Expedited visa processing times: While the processing time of the 482 TSS visa averaged around three months, the new SID visa range is processed from seven to 21 days, depending on the classification of the health professional's occupation.
- Greater flexibility in finding a new employer sponsor if the original employment ends: Visa holders now have 180 days to find a new place of practice should the need arise.
- Reduced work experience requirement: The new SID visa only requires one year of relevant work experience in the last five years, reduced from two years previously required on the 482 TSS.
- Cumulative employment period for residency: Permanent residency options are still available after two years of employment in Australia in the same occupation, however the SID allows for that employment to be with multiple employers, rather than the same employer rule under the 482 TSS.

Rural Health West anticipates further changes that may benefit rural employers. Practices are encouraged to keep in touch with their Workforce Solutions Team for further updates and contact recruit@ruralhealthwest.com.au with visa-related questions.

Campaign to encourage patients with intellectual disability to see their GP

It's Doctor Time! by Inclusion Australia and DoHAC provides factsheets, posters, social media assets for practices to encourage people with intellectual disability and their families to see their GP for a yearly health check

[Download the campaign media kit](#) and direct your questions to projects@inclusionaustralia.org.au.

WA's first midwife-led public maternity service at Bentley Hospital

Bentley Hospital's new Midwifery Birth Centre (MBC) offers a new childbirth option for the East Metropolitan Health Service area. The service is led by credentialed and endorsed midwives who have undertaken additional training and can order pregnancy-related tests and ultrasounds, prescribe medications, and refer to specialists when needed.

Women using the service will be cared for by the same midwife for the duration of their pregnancy and are encouraged to provide continuity of care across hospital sites where local policies allow.

Women receiving care must be 'low risk' as there are no medical services onsite. Women developing risk factors during the pregnancy will be referred to the appropriate local maternity hospital for review and ongoing care.

Pharmacological pain relief options are not available. Women requesting opioids or epidural analgesia for their labour will need to transfer to the local maternity hospital. More information on patient eligibility and risk factors is available on the [Bentley Health Services website](#).

GPs can refer patients via BHS.OutpatientReferrals@health.wa.gov.au

Get the most out of the Workforce Incentive Program for your practice

To assist general practices to meet their reporting requirements under the Workforce Incentive Program (WIP) – Practice Stream and support them to receive the highest level of eligible payments, the Australian Government Department of Health and Aged Care has developed a new [WIP Practice Stream Reporting Fact Sheet](#).

The WIP Practice Stream provides financial incentives to help eligible general practices with the cost of engaging nurses, midwives, allied health professionals, and/or Aboriginal and health practitioners and health workers as part of a multidisciplinary team.

Read more about how this Program can benefit your practice in [Practice Connect](#) or visit the [DoHAC website](#) for more information.

Immediate treatment for management of chronic hepatitis B and C is available

Hepatitis WA's Deen Clinic is currently accepting referrals from general practice for the management of WA patients living with chronic hepatitis B and C.

The services are bulk billed to pensioner/concession card holders and private billing is provided for a \$40 gap fee.

The purpose-built primary health clinic located on Aberdeen St in Northbridge provides expert clinical services in hepatitis B and C screening, along with treatment and management from specialist GPs.

The clinic also offers hepatitis C in house point-of-care testing for patients who want a quick result, and liver fibro scans to assess for liver fibrosis and cirrhosis.

Currently availability allows for many patients to be seen and commence treatment if needed with no wait times, which avoids the need to on-refer to hospital outpatient services.

[Find more information and download referral forms](#) or contact the clinic directly on 08 9227 9805 or deenclinic1@hepatitiswa.com.au.

Hepatitis WA is a not-for-profit organisation based in Northbridge, providing services to empower those affected by and living with viral hepatitis.

healthdirect Video Call COVID-19 GP Program extension to 30 December

DoHAC has extended the healthdirect Video Call COVID-19 GP Program and continuing to provide general practices with a secure video consulting platform which has been purpose-built for primary health care settings at no cost.

[RACGP CPD accredited training](#) in healthdirect Video Call is available for your practice alongside a suite of supporting resources.

Register for a free healthdirect Video Call account via the [online registration form](#).

Free counselling for patients supporting someone with an eating disorder

Eating Disorders Families Australia's Fill the Gap service offers free, online counselling for adults and young supporters (10 to 17 years of age), who are relatives, friends, or partners of someone with an eating disorder.

Sessions last 45 minutes and are delivered one-to-one with a qualified counsellor with lived experience of caring for someone with an eating disorder.

Counselling includes information, education, and supportive strategies to help manage the challenges of caring for someone with an eating disorder and ensuring they are equipped to effectively contribute to their loved one's recovery journey

Formal referrals are not required, however GPs can refer patients [here](#) and direct patients to more information on the [Eating Disorders Families Australia's website](#).

Support for patients living with diabetes to plan and prepare for hot weather and natural disasters

Having a plan and being ready for natural disaster and extreme heat can reduce the risk of diabetes-related emergencies and life-threatening situations. You can support your patients living with diabetes to understand how extreme heat and natural disasters can impact on their health and how they can plan and prepare.

A suite of videos and translated, printable resources from the are available from the National Diabetes Services Scheme to share through your practice channels:

- [Hot weather and diabetes](#)
- [Diabetes and natural disasters](#)

Updated RACGP guidelines to improve the health and wellbeing of Aboriginal people



The health impacts of climate change, vaping and racism are among new topics in the newly launched fourth edition of preventive health care guidelines for Aboriginal and Torres Strait Islander people from the RACGP.

Its purpose is to provide GPs and other health professionals with an accessible, user-friendly guide to best practice preventive health care for Aboriginal and Torres Strait Islander patients.

Find out more and download a copy of the guide from the [RACGP website](#).

Raising patient awareness of 60-day prescriptions

For patients managing stable, ongoing health conditions, the near 300 PBS medicines now available for 60-day prescriptions can reduce medicine costs and save time with potentially fewer visits to GPs and pharmacies.

However, use of 60-day prescriptions remains low among eligible patients, their families and carers.

The Australian Government Department of Health and Aged Care has developed a range of fact sheets, FAQs, posters and social media resources to share through your practice channels.

[Download the 60-Day Prescriptions Community Information Kit](#) (updated in January 2025).

GP Education and Events

GP management of patient depression suicidality training program

Metro based case study discussions February - March 2025 | In-person | Rural Clinical School of WA

Developed by the Rural Clinical School of WA GPs in collaboration with Psychiatrist, Dr Mat Coleman, this training program is made up of two, CPD accredited modalities:

- Part 1: Online modules: Approximately 90mins to complete all six modules.
- Part 2: Face-to-face case study discussions: Co-led between peers, led by a GP and co facilitated by a psychiatrist. Approximately 90mins duration including light meal.

GPs can choose to do either Part 1 or Part 2 or both. It is recommended GPs complete the online modules prior to attending a case study discussion but it is not mandatory.

- [View the list of case study discussions](#)
- [Register for online and case study discussions.](#)

Location and dates for each workshop will be displayed when you choose your preference within the registration form. Online modules can be completed at any time.

IAR-DST - guide to mental health assessment and referrals PAID GP TRAINING

Various dates for early 2025 | Online | WA Primary Health Alliance

The online Initial Assessment and Referral Decision Support Tool (IAR-DST) is designed to be used alongside a comprehensive, holistic mental health assessment to gather information and guide referrals. WAPHA is providing GPs in WA with paid IAR-DST training covering two workshops in one online session.

[Register](#)

CPD opportunity - Drug Allergy and Penicillin Allergy Testing

Saturday 29 March | 10:00am-4:00pm | In-person and online | 6 self-logged CPD hours | UWA

The University of Western Australia invites GPs and nurses to participate in ADAPT Australia, an educational event, delivered by a team of international and local immunology specialists and allergists to enhance your knowledge and confidence in drug allergy and penicillin allergy testing. There is no prior experience of allergy testing necessary.

In-person attendance at the Harry Perkins Institute, Nedlands is preferred but online options are available for rural/remote participants or those with travel constraints.

This event is part of a research trial aimed at assessing the validity and effectiveness of the educational materials provided. A quiz and surveys will be conducted before and after the event lasting about 20 minutes each. Follow-up surveys at 6 months and 12 months to assess long-term retention of confidence will take 5 minutes.

- [Find out more about the research trial](#)
- [Register your interest](#)

GP Education and Events

Paediatric Asthma Care Masterclass: Practical engagement strategies

Wednesday 19 February | 4.30pm – 6.00pm | Online | Asthma Australia | 1.5 self-logged CPD hours

Despite advances in asthma care, many families face challenges implementing consistent management strategies, leading to preventable emergency department visits and hospitalisations.

This webinar will tackle strategies to empower children with asthma and their families through effective education and shared decision-making. The event will use scenario-based learning to provide practical, real-world examples of shared care and multi-disciplinary approaches in primary care.

All registrants receive a link to the webinar recording.

[Find out more and register](#)

WA Association for Mental Health training program

WA Association for Mental Health (WAAMH) offers a wide range training sessions, led by highly skilled and professional trainers to empower health professionals and the community to explore and expand their understanding on a range of mental health topics.

The full day sessions (9.00am - 4:30pm) are offered at \$232 for members (\$290 for non-members).

Upcoming sessions that may be of interest to general practice include:

- [24 February - Mental health, alcohol and other drugs introduction](#)
- [11 March - Recovery and recovery plans](#)
- [19 March - Cultural responsiveness training](#)
- [24 March - Everyday counselling skills](#)

View the full training program [here](#)

GP engage - SMHS care in the community

Thursday 13 March | 3.30pm – 8.00pm | In-person | SMHS | 3 self-logged CPD hours

Discover the range of sub-acute allied health assessment, rehabilitation and care coordination services for patients recently discharged from hospital delivered metropolitan-wide by [South Metro Health Service \(SMHS\) Community Services](#). Includes afternoon tea, light supper and complimentary parking.

[Find out more and register](#)

WA Rural Health Conference

Saturday 22- Sunday 23 March | Pan Pacific Perth | Rural Health West

Connect with health professionals from a variety of disciplines who all play a part in delivering vital health care services across rural WA. [Rural Health West travel support](#) is available to GPs, Registrars, nurses and other health professionals who work and live in rural and remote Western Australia.

[Find out more and register](#)



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