

GP Connect

Keeping GPs informed in the changing primary health landscape



30 January 2026

New Australian deprescribing guidelines to support safe medicine reduction in older adults

Amanda Quek (Pharmacist, PhD candidate), Prof Christopher Etherton-Beer (Geriatrician, Clinical pharmacologist) and A/Prof Amy Page (Consultant pharmacist, Biostatistician), A/Prof Kenneth Lee (GP practice pharmacist, Biostatistician), Dr Xisco Reus (GP); University of Western Australia Deprescribing Guidelines Steering Committee

Deprescribing is an essential aspect of good prescribing practice. However, a barrier frequently reported is the lack of clear, evidence-based guidance. New deprescribing guidelines (available at [deprescribing.com](https://www.deprescribing.com)) are now available to support clinicians, including GPs, with practical recommendations for safely reducing or stopping medicines in older people (aged 65 years and over).¹

These guidelines, endorsed by the RACGP and ANZSGM, are based on evidence specific to older people and include deprescribing recommendations for many common medicines. In addition to drug-specific guidance on when and how to deprescribe, the guidelines also outline overarching principles for addressing polypharmacy. As with any clinical guideline, it remains essential to apply clinical judgment and to consider individual values, preferences, and overall goals of care.



The guidelines have been designed to meet the needs of a broad audience. Concise summary documents are available for quick reference, alongside comprehensive technical materials for those seeking further detail. While particularly relevant to doctors, pharmacists, and nurse practitioners, the guidelines were informed by input from a wide range of health professionals, including those in disciplines such as optometry, dentistry and diabetes education.

Consumer input was an integral part of the guideline development process. A lay summary has been developed to assist individuals and their families in understanding the rationale and process of deprescribing. Ultimately, the guidelines aim to support shared decision-making between individuals and health professionals, ensuring that medicine management aligns with each individual's health priorities and goals of care.

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Example of a prescribing cascade

Rose, an 85-year-old woman, was hospitalised after a hip fracture sustained during a fall at home following an episode of urinary incontinence. She reported that her incontinence had worsened over the preceding weeks. She had recently started taking donepezil for Alzheimer's disease. While in the hospital, oxybutynin was prescribed to manage her incontinence. This case illustrates a prescribing cascade, where a new medicine (oxybutynin) is started to treat a side effect of another drug (donepezil).

Over time, Rose developed xerostomia and difficulty swallowing, likely from oxybutynin. These symptoms caused a choking episode during meals. As a result, she was referred to a dietitian and started oral lubricants. This example shows how an inappropriate prescribing cascade can escalate. It can lead to additional adverse effects and reduce a person's quality of life.

Deprescribing principles should be applied by reviewing the ongoing need for the medicines, carefully weighing potential harms and benefits, and engaging the individual in shared decision-making. When appropriate, tapering or discontinuing medicines can reduce medicine-related harm, simplify treatment regimens, and improve overall quality of care.

Deprescribing should be an integral part of prescribing, not an afterthought, and regular medication reviews should be embedded in practices.

For more information, visit [deprescribing.com](https://www.deprescribing.com)

References:

¹Quek HW, Page A, Potter K, Etherton-Beer C. Deprescribing considerations for older people in general practice. *Aust J Gen Pract.* 2023 Apr;52(4):173-180. doi: 10.31128/AJGP-08-22-6547.

Hospital Liason GP updates

GP referrals to Sir Charles Gairdner Hospital in the Home

If your patient requires inpatient-level care but could be better cared for at home, they may be able to avoid a visit to the Emergency Department. Sir Charles Gairdner Hospital in the Home (SCGH HITH) program is now accepting direct referrals from GPs for patients residing in catchment.

Inclusion criteria:

- Patient is over 16 years of age.
- Patient resides in catchment.
- Patient and/or their carer consents to treatment occurring in the home.
- Patient's place of residence is assessed as safe for the provision of care.
- HITH consultant accepts governance of the patient.

And has one of the following diagnoses:

- Severe hypertension without focal neurological signs.
- Congestive cardiac failure requiring IV frusemide.
- Cellulitis requiring IV antibiotics.
- Urinary tract infection requiring IV antibiotics.

Other diagnoses may be accepted at the discretion of the HITH consultant.

Exclusion criteria:

- Vital signs outside normal limits, except for:
 - fever if there is a clearly treatable source of infection
 - isolated high BP.
- Uncertain diagnosis.
- Initial resuscitation in the ED required.
- Continuous 24-hour assessment, treatment or observation required.

To make a referral:

Call the HITH consultant to discuss the referral on 0484 714 775 (8.30am to 4.30pm, Monday to Friday). The patient will need to attend the HITH Centre (ground floor, C block, SCGH) for initial assessment and management. Provide a written referral and health summary to your patient to bring with them to their initial assessment. More information is available on the [SCGH website](https://www.scgh.org.au)

Inflammatory bowel disease in practice: A survey on knowledge and management in primary care

Sir Charles Gairdner Osborne Park Health Care Group is conducting a survey to understand GP perspectives on the treatment of inflammatory bowel disease (IBD), the quality of services available, and the educational supports that would be of benefit.

Share your experiences with treating IBD [here](#)

Dr Cory Lei
Hospital Liaison GP Sir Charles Gairdner Osborne Park Health Care Group
cory.lei@health.wa.gov.au

Royal Perth Bentley Group - New HealthLink address for direct-to-site (non-CRS referrals) referrals

Immediate outpatient referrals (requiring review within seven days) and out of scope CRS referrals (other than mental health referrals) to Royal Perth Hospital (RPH) and Bentley Health Service (BHS) can now be sent securely via the new Royal Perth Bentley Group (RPBG) HealthLink address: **rphbhref**.

The following referrals cannot be processed by the RPBG HealthLink address:

- Referrals in scope for CRS - continue to send via the CRS HealthLink address: **crefserv**.
- Mental Health referrals -continue to follow usual processes.
- Emergency Department or direct admission referrals (e.g. Ambulatory Unit) - continue to follow usual processes.

The RPBG HealthLink address can be used for:

- Immediate outpatient referrals: Referrals where the GP directly consults the RPBG specialty doctor by phone and receives approval to book the patient within the following week. To expedite referral processing, include the name of the RPBG specialty doctor.

- Sending through an urgent investigation report to accompany a referral the GP previously sent via CRS or direct to RPBG.

The RPBG HealthLink address [can](#) be used for:

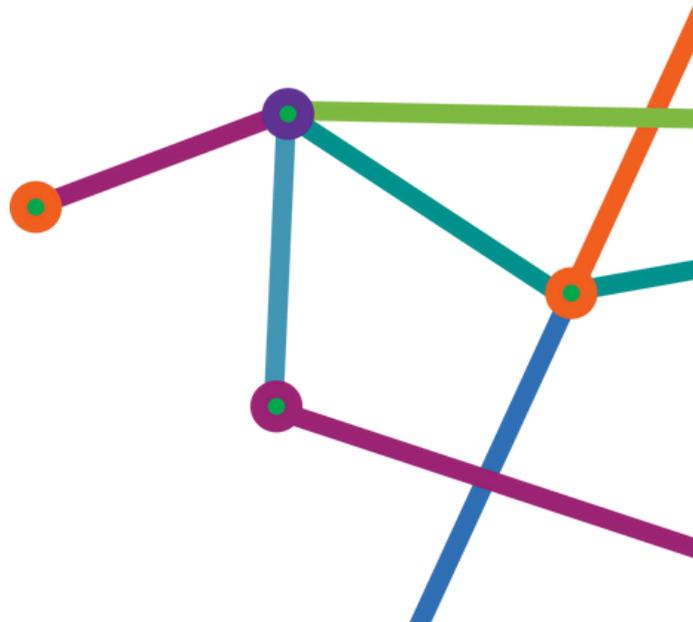
- Immediate referrals: Referrals where the GP directly consults the RPBG specialty doctor by phone and receives approval to book the patient within the following week. To expedite referral processing, include the name of the RPBG speciality doctor.
- Sending through an urgent investigation report to accompany a referral the GP previously sent via CRS or direct to RPBG.
- Referrals to RPBG allied health and nurse led clinics. Check which services accept GP referrals and eligibility on [Clinician Assist WA](#) before referring.
- Referrals from all non-GP and specialist community health professionals to RPH and BHS outpatient services (i.e.: optometrists, dentists, allied health professionals).

Always include all mandatory referral information (including current patient contact mobile number and email) as per [WA public outpatient referral requirements](#) and essential [Referral Access Criteria](#)

RPBG requests that GPs and practice staff share this information with colleagues. It is hoped this will support GPs to provide outpatient referrals in a secure and time efficient manner.

For more information, contact the RPBG Outpatient Referral Office.

Email RPH.OutpatientReferrals@health.wa.gov.au or phone 08 6477 5195 or 08 6477 5198.



Royal Perth Hospital Breast Clinic referral update

Imaging and pathology results must accompany Royal Perth Hospital (RPH) Breast Clinic referrals to ensure referral acceptance and urgency triaging.

A complete work up of breast lumps prior to surgical review includes the triple assessment:

- Physical examination.
- Mammogram and ultrasound of breasts and axilla are required for baseline imaging of suspected breast cancers.
- Core biopsy of the breast lesion(s) is preferred to fine needle aspiration (FNA).

Referrals should include mammogram, ultrasound and pathology reports including receptor status (if available). If unable to attach reports, paste results into the body of the referral and include investigation date(s) and facilities where investigations were performed.

Patients with all required imaging and pathology results provided on referral can bypass breast physician assessment and be booked directly with a breast surgeon to facilitate earlier treatment. Patients who require biopsy or further investigations are triaged to the breast physician clinic for triple assessment completion before the breast physician can refer patients who need surgical treatment to a breast surgeon.

For breast conditions requiring immediate referral, such as inflammatory breast cancer, breast abscess, breast cancer in pregnancy or rapidly progressing disease that needs review within seven days, please call 08 9224 2244 and ask to speak with the Breast Surgery Registrar, or if after hours, the General Surgical Registrar on call. Send the immediate referral, including the name of the RPH clinician who accepted the referral, to rphbhref via HealthLink.

Please refer to [Clinician Assist WA: Breast Symptoms](#) for more information.

The RPH Breast Clinic aims to see patients with diagnosed or suspected breast cancer within two to four weeks of receipt of referral from CRS and provides services for screen-detected breast cancers in collaboration with the screening clinics. Women at high risk of breast cancer are also managed through the dedicated Familial Cancer Clinic. RPH does not accept referrals for routine screening. Please direct these requests to BreastScreen WA or privately.

Dr Jacquie Garton-Smith
Hospital Liaison GP, Royal Perth Bentley Hospital,
EMHS
jacquie.garton-smith@health.wa.gov.au
Generally available: Monday and Thursday

Clinical updates

First WA measles case for 2026

There were 63 cases of measles identified in WA in 2025, with first case of 2026 identified 22 January, involving a returned traveller from Bali. Clinicians are reminded to:

- Check the [latest WA Department of Health Measles alert](#) for new and updated exposure locations.
- Continue to refer to the WA Department of Health [Measles Quick Guide](#) for information on testing, management and notification in primary care.
- Isolate and urgently notify all suspect measles cases by telephone to your local [Public Health Unit](#) or the on-call Public Health Physician after hours, contact details are also available in the [Measles Quick Guide](#). Public Health can then undertake a risk assessment, facilitate testing to be expedited, and commence early contact tracing and post-exposure prophylaxis if warranted.

Information for clinicians on the WA measles immunisation program is available on the [WA Department of Health website](#).

Also see [measles vaccination advice](#) from the Australian Government Chief Medical Officer, Professor Michael Kidd, published 8 January 2026.

WA Health advice on responding to a first request for voluntary assisted dying

The [Statutory Review of the Voluntary Assisted Dying Act 2019](#) (the Review) highlighted there is ongoing uncertainty among health practitioners, some incorrectly believing that initiating discussions about voluntary assisted dying (VAD) is prohibited under the [Voluntary Assisted Dying Act 2019](#) (the Act).

WA Department of Health advises all medical and nurse practitioners can raise VAD with a patient as part of an end-of-life discussion, but in doing so they must also inform them of their treatment and palliative care options and the likely outcomes.

The Review also found there is some misunderstanding among the community and medical practitioners about how to make and respond to a first request for VAD. For a first request to be valid under the Act it must be:

- Clear and unambiguous.
- Made to a medical practitioner during a medical appointment or consultation.
- Made in person, or when not practical via audiovisual communication.

All medical practitioners have the following statutory obligations when a patient makes a first request:

- Decide if they are going to accept or refuse the request and inform the patient of their decision.
- Give the patient the [approved information](#) booklet.
- Complete and submit the First Request Form to the Voluntary Assisted Dying Board. This can be done online via [VAD-IMS](#) or faxed (08 9222 0399). This is not a referral but is required to fulfill the medical practitioner's statutory obligations.
- Document the request in the patient's medical record, including:
 - that the request has been made
 - the decision to accept or refuse the first request
 - the reason for refusal (if refused)
 - whether the medical practitioner has provided the [approved information](#) to the patient.

The first request is not an assessment of eligibility for VAD and refusing the first request does not mean the patient can't access VAD. Patients needing additional support to find a VAD practitioner or explore their end-of-life options can be referred to the [Statewide Care Navigator Service](#).

More information can be found on the WA Department of Health [First Request](#) webpage.

2025 Q5 Boorloo (Perth) Public Health Unit update

Boorloo Public Health Unit (Boorloo PHU) is responsible for protecting the community and preventing disease outbreaks through management of notifiable infectious diseases.

Read the [2025 Q5 Boorloo \(Perth\) Public Health Unit update](#), featuring the latest news and information on current communicable disease concerns impacting Perth.

WA Immunisation Schedule and WA Aboriginal Immunisation Schedule updated

The [WA immunisation schedules](#) have been recently revised to reflect the following changes:

- Childhood pneumococcal vaccination decision aid simplified.
- Upper age limit removed for Abrysvo vaccination.
- Flucelvax Quad added to schedule for patients aged 65 and older and children under five years of age.

New incentives for GP and rural generalist registrars are now available

Eligible GPs and rural generalist Registrars funded under the Australian General Practice Training Program can now access the GP Training Incentive Payments, which include:

- A salary incentive when they commence their first core training term in community-based primary care.
- Up to five days of study leave incentive per training year, to study for and attend exams, and attend professional development activities.
- Up to 20 weeks of parental leave incentive for eligible primary caregivers and two weeks for eligible secondary caregivers.

These incentives will encourage doctors to specialise in general practice to help build our future GPs and the rural generalist workforce.

Registrars can apply through their training provider.

For more information, visit the [Australian Government Department of Health, Disability and Ageing website](#).

Palliative care resource kit for GPs, patients and families

The [CareSearch GP Kit](#)* brings together practical, evidence-informed tools and resources for GPs, patients and families, covering important topics including planning and discussing care, bereavement, symptoms and their management.

Download the resources or order hard copies of the GP Kit on the [CareSearch website](#).

*Funded by the Australian Government Department of Health, Disability and Ageing, the CareSearch Project consolidates online palliative care knowledge for health professionals, people needing palliative care and their families, and for the general community.

Free early intervention mental health support for patients now online

Medicare Mental Health Check In is a free digital service designed to support your patients with mild mental health challenges to build practical skills and take control of their wellbeing.

The website offers:

- evidence-based resources
- practical self-care tips
- support for patients to help them understand what they're experiencing.

The service is being rolled out in stages and supports people aged 16 and over living in Australia through evidence-based Low-intensity Cognitive Behavioural Therapy (LiCBT).

Your patients can access:

- From 30 March 2026: Guided support delivered by trained practitioners via phone or video.
- From 30 May 2026: Evidence-based, self-guided LiCBT resources.

For more information, visit the [Australian Government Department of Health, Disability and Ageing website](#).

New trauma-informed GP fact sheet for Stolen Generations survivors

Developed with Stolen Generations survivors and sector partners, The Healing Foundation's updated trauma-informed GP fact sheet outlines strategies GPs can use to reduce clinical triggers, improve communication and provide culturally safe care.

The fact sheet outlines how certain clinical situations, such as rushed consultations, unclear explanation of procedures, or authoritative tones can unintentionally trigger trauma. It also offers simple ways GPs can help survivors feel safe and respected, including taking extra time to explain processes, offering choice, and working with Aboriginal and Torres Strait Islander health organisations where possible.

Download the [Understanding trauma – GP fact sheet](#)

Major antibiotic guidelines update

The third edition of the Antibiotic Guidelines has been released by Therapeutic Guidelines* as part of an ongoing comprehensive update, featuring significant revisions to its content on:

- [surgical prophylaxis](#)
- [perinatal infections](#)
- [surgical site infections](#)
- [traumatic wounds](#).

Several summary tables have also been updated, including [Antibiotic prescribing in primary care](#) to reflect changes in guidance for lactational mastitis and bite wounds.

View what's new in the December 2025 update [here](#)

*Therapeutic Guidelines is an independent not-for-profit organisation aiming to promote the quality use of medicines through the development, publication and sale of Therapeutic Guidelines.

New study suggests telehealth can lower rates of antibiotic prescribing

A [recent study published in the Journal of Health Economics](#) found that GPs who were early adopters of telehealth were five per cent less likely to prescribe antibiotics compared to those who adopted telehealth later.

Using MBS and PBS data from 2017–2022, the study examined antibiotic prescribing patterns, mainly for respiratory tract infections, via telehealth consultations.

High telehealth usage was not associated with increased prescribing of broad-spectrum antibiotics.

The findings suggest that telehealth may reduce unnecessary antibiotic prescribing, potentially because GPs feel less patient pressure to prescribe antibiotics during remote consultations compared to face-to-face visits.

Decommissioning of NPS MedicineWise and Doctor's Bag mobile applications

In January 2023, the [MedicineWise](#) (MWA) and [Doctor's Bag](#) (DBA) mobile applications were transferred to the Australian Commission on Safety and Quality in Health Care.

Key findings from a recent review have revealed usage and retention of the mobile applications is low, the value proposition is not unique nor competitive and that significant effort is required to maintain safety, quality and privacy, when considered in proportion to the low number of active users.

Based on the findings of this review, the Commission has made the decision to decommission both mobile applications at midday AEDT, Tuesday 10 February 2026. The MWA mobile application will lose full functionality after this date, and users have been contacted with advice on alternative options and managing their data. While the DBA mobile application will remain on devices, its information will no longer be updated and continued use is not recommended.

For more information, users can email QUMCustomerService@safetyandquality.gov.au

New international research confirms drugs alone not enough for long-term weight control

A recent international analysis of 37 studies (over 9000 participants) has shown that most patients regain their original weight within two years of stopping weight-loss medications (including GLP-1 receptor agonists), with an average monthly increase of 0.4 kg.

Published this month in the [British Medical Journal](#), the review discovered not only did weight return, but risk markers for diabetes and cardiovascular disease also reverted to baseline within two years.

The review also found that weight regain after discontinuing pharmacotherapy occurred nearly four times faster than after stopping diet and physical activity interventions, regardless of the amount of weight lost during treatment.

GP education and training

Identify and respond to honour-based violence in multicultural communities

SPEAKER PROFILE
Identify and respond to honour-based violence in multicultural communities



Dr Carol Kaplanian
Churchill Fellow and Academic in the School of Social Work and Social Policy at UWA

Dr Kaplanian is a nationally recognised expert in family and domestic violence with a specialist focus on honour-based violence. She is a highly experienced clinical counsellor who has worked extensively with survivors of torture and trauma. Her work spans frontline practice, policy, research and education, and is informed by extensive experience across government, non-government and international contexts.

Monday 23 February | 6pm - 8pm | In-person | Lyal Richardson Hall, The Agonis Gosnells

GPs, practice nurses and other relevant clinical staff located within the Perth South region are invited to this practical session with Dr Carol Kaplanian designed to help GPs identify and respond to honour-based violence in multicultural communities.

Learn culturally safe, trauma-informed strategies and gain confidence in initiating sensitive conversations and making appropriate referrals.

[Register now](#)



WAPHA LEARNING WEBINAR

The Big 5 proven activities for better mental health

GUEST SPEAKER



Prof. Nick Titov
Prof. of Psychology at Macquarie University, Clinical Psychologist and Executive Director of the Australian MindSpot Clinic.

WA Primary Health Alliance and MindSpot GP invite health professionals in WA to attend our regional webinar about The Big 5 proven activities for better mental health.

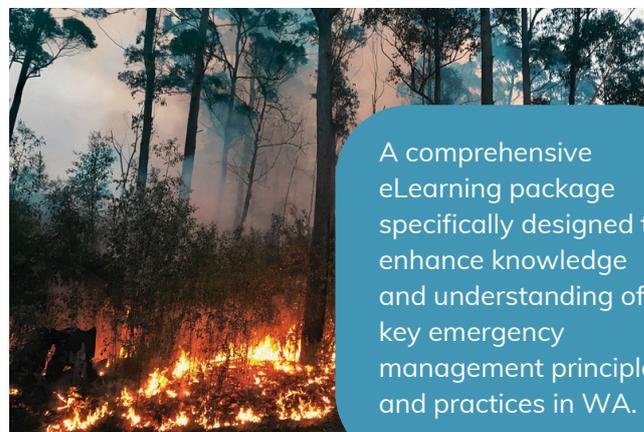
REGIONAL WEBINAR
📅 Thursday 19 March
🕒 12pm to 1pm

REGISTER TODAY

[Register for regional webinar Thursday 19 March.](#)

[Register for Perth webinar Tuesday 31 March.](#)

Free accredited training in disaster preparedness for general practice



Provided at no cost to the practice, Building capacity in disaster preparedness and response for general practice is a bespoke, accredited online learning package from WAPHA designed to equip GPs, and practice teams to manage patient flow, prioritise resources, and maintain continuity of care, particularly for those with chronic conditions and mental health needs. Taking approximately 12 hours to complete (at your own pace), with modules tailored to specific roles within the practice team

[Find out more and register](#)



WAPHA LEARNING WEBINAR

Refugee health in primary care

Webinar one: Overview of refugee health

Join us for the first webinar in a six-part series about refugee health in primary care, presented in conjunction with WA Health.

The first webinar on Wednesday 18 February will provide an overview of refugee health and cover the following topics:

- The global and Australian context when working with refugees, asylum seekers and displaced people.
- The impact of adverse experiences and social determinants of health.
- The diversity that is present within refugee communities.
- The role of the Humanitarian Settlement Program (HSP) provider and refugee health services in WA and how these intersect with primary care.

WEBINAR ONE

📅 Wed 18 Feb 2026

🕒 6pm to 7pm (AWST)

📍 Webinar

👤 For GPs, practice managers and practice staff



To register, click [here](#) or scan the QR code

GUEST SPEAKER



Dr Zoe Smythe
MB ChB MPH&TM DCH FRACGP
Senior Medical Advisor
Humanitarian Entrant Health Service (HEHS)

Dr Smythe has been a GP for over 20 years working in the UK, China and Australia. After working in private practice, travel medicine and public health, she joined the Humanitarian Entrant Health Service (HEHS) in 2021 and has been Senior Medical Advisor since 2022. She is a member of the Refugee Health Network of Australia and the RACGP Specific Interests Migrant, Refugee and Asylum Seeker Health group.

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