

GP Connect

Keeping GPs informed in the changing primary health landscape



6 June 2024

Teamwork in general practice: Using team based, continuous quality improvement activities to improve clinical outcomes

Case study by GP Practice Principal, Dr Neda Meshgin and GP Pharmacist, Dr Kenny Lee, Canning Vale Medical Centre*

Multidisciplinary teams within general practice are increasingly demonstrating their ability to reduce the pressure on GPs and contribute to improved patient care. Under the umbrella of a 'health care home', integrating the skills of varied allied health professionals can support GPs with managing their complex caseloads and provide opportunities to reflect on a patient's care with the whole primary care team.

Funding to implement quality improvement goals such as this can be scarce, but there are ways to optimise MBS funding through a team-based approach. I present one such example of a project within our practice where a GP, with the support of our non-dispensing pharmacist and visiting diabetes educator, was able to achieve improved glycaemic control in patients with poorly controlled NIDDM. Spanning 12 months during 2023, all patients identified were able to reduce their glycated haemoglobin (HbA1c), some significantly, with the median reduced from 8.7 per cent to 7.3 per cent across the group.

Using our clinical audit and reporting tool alongside practice management software, one of our GPs identified all their active patients who had a HbA1c over 7.5 per cent during the previous 12 months.



Canning Vale Medical's Dr Neda Meshgin with Dr Penny Daniels and GP Pharmacist, Katie Clarke (L-R)

In this GP Connect Case Study, we hear from a Perth metropolitan general practice ++ their success in using team based continuous quality improvement activities to improve the health of patients with poorly controlled non-insulin dependent diabetes mellitus (NIDDM). The project was driven by their non-dispensing pharmacist actively liaising with a credentialed diabetes educator to participate in MBS-funded multidisciplinary team case conferences.

A total of 17 patients (who had seen that GP at least three times in the previous 18 months), were identified for whom NIDDM control was suboptimal with the raw HbA1c data.

Ranging from 7.5 to 11 per cent at baseline, the median HbA1c across 17 patients was 8.7 per cent (interquartile range 8 to 9.2 per cent). By the end of 2023, the median HbA1c was down to 7.3 per cent (interquartile range 6.9 to 8.20 per cent), demonstrating a statistically significant improvement ($p < 0.001$).

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Teamwork in general practice: Using team based, continuous quality improvement activities to improve clinical outcomes (cont)

The project was driven by our non-dispensing GP pharmacist actively liaising with a credentialed diabetes educator to visit the practice monthly and participate in an MBS-funded multidisciplinary team case conference. This involved the GP, GP pharmacist and diabetes educator each discussing two to three of these patients to identify:

- barriers to compliance with medications and lifestyle changes; and
- optimal medication management based on best practice guidelines.

Many patients identified did not initially see the value of seeing a diabetes educator, stating the following reasons for not booking an appointment:

- cost
- lack of understanding of the possible contribution they could make
- lack of time; and/or
- lack of Medicare-subsidised chronic disease management allied health services available to them (often wanting to use these for other allied health providers instead).

Consenting to having their case discussed in the team case conference with the diabetes educator was an easy way to access this support and have a diabetes educator contribute to the patient's care without the patient in attendance.

The GP pharmacist also contributed to discussions on medication management during the team case conference, often focusing on other medications the patient was taking. This involved contacting the patient's usual pharmacy to obtain a current list of medications to cross check against our software list and even recent hospital discharge lists. Following the team case conference, the GP pharmacist would feedback outcomes of discussions to the patient and the pharmacy when required. Medication management was often changed during these sessions, and this important feedback ensured all providers were informed to implement the changes.

During the year, the GP pharmacist also supported the practice with case coordination by obtaining consent from patients prior to the team case conferences, scheduling, and preparing relevant documentation for each member of the team.

"The GP found the opportunity to reflect on all the factors contributing to the patient's diabetes with other allied health providers invaluable..."

Clever coordination of appointments often resulted in some corridor consults occurring with the patient and diabetes educator, who, having participated in the patients' case conference was able to give some direct feedback and advice, often resulting in increased confidence of the patients to use their services. Some patients, for example, were fitted with glucose monitoring devices to help them identify times of day when blood glucose levels were too high or too low, which informed decisions around dosing and timing of insulin or oral medications. Others were supported with injection technique, food timing and medicine side effect management.

All in all, the practice team was able to work together to support the patient in making changes that led to improved diabetes control over the year. Some of the services (such as supporting patient education on injectables) were provided by our practice nurse utilising the 10997 MBS item numbers.

The GP found this opportunity to reflect on all the factors contributing to the patient's diabetes with other allied health providers invaluable, and time spent by the GP was generally limited to consult times, team case conference times and care planning appointments, all funded through MBS appropriate item numbers.

There was a high level of satisfaction reported by all members of the clinical team and participating patients. The project was successful in not only achieving improved HbA1c in patients, but also in sharing the workload of caring for the patient with allied primary health care providers, increasing patient confidence in and engagement with a coordinated primary care team.

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This case example highlights the benefits to GPs and patients in utilising the services of allied health professionals in the practice team.

The WA Primary Health Alliance (WAPHA) Quality Improvement (QI) team is available to work with practices identify and support opportunities for continuous QI and enhanced clinical outcomes, with both individual practices and communities of practice.

For further information or support to undertake QI activities, contact [Practice Assist](#) via practiceassist@wapha.org.au or phone 1800 2 ASSIST (1800 2 277 478).

***Acknowledgement by the author:**

- Ms Katie Clarke, GP Pharmacist, Canning Vale Medical Centre for her contribution to the project as the lead in coordinating the team.

Hospital Liaison GP Updates

New Hospital in the Home service commences at Sir Charles Gairdner and Osborne Park Hospitals

To allow for improved patient care and capacity, the Sir Charles Gairdner Osborne Park Health Care Group has started providing care to eligible patients through a Hospital in the Home (HITH) model.

Patients who are assessed as being suitable may be cared for in their own home with hospital level monitoring and services. Clinical governance of these patients will remain with the treating team until they are discharged.

Please note, HITH is not currently open to GP referrals. Patients who are cared for under this service are classified as public inpatients and are therefore not eligible for MBS services for the duration of their care.

A discharge summary will be sent to the GP when the patient transitions from an inpatient within the hospital to the HITH service and a further discharge summary will be issued at the end of the HITH admission.

ePrescribing at Sir Charles Gairdner and Osborne Park Health Care Group

ePrescriptions are being introduced for consenting patients being seen at outpatient clinics and the emergency departments at Sir Charles Gairdner and Osborne Park hospitals. The rollout commenced 20 May 2024 for outpatients and will be followed by the emergency department 17 June 2024.

Patients experiencing issues with their ePrescriptions can either call the clinic who issued the prescription via the hospital switchboard (08 6457 3333), or they can submit a query to the [Electronic Prescribing Issue Reporting Form](#)

For further information email, nmhs.eprescribing@health.wa.gov.au

Dr Cory Lei MBBS FRACGP
Hospital Liaison GP
Sir Charles Gairdner Osborne Park Health Care Group

New Mandatory Referral Access Criteria

Referral Access Criteria (RAC) are now mandatory for WA public outpatient services for Rheumatology (adult) and Endocrinology and Diabetes (paediatrics).

RAC are being introduced in a staged approach by WA Department of Health for outpatient specialties and are also mandatory for ENT (adult and paediatric), Direct Access Gastrointestinal Endoscopy, Urology, Neurology and Ophthalmology.

Developed by Specialist Heads of Department, consultants and GPs, RACs outline the mandatory history, examination and investigations required within a referral to support effective outpatient triaging and maximise the value of your patient's first outpatient appointment. To learn more, please access the RAC via [WA Department of Health website](#).

Clinical Updates



RSV catch up program continues until 30 September 2024

Immunisation providers are reminded that all infants born on or after 1 October 2023 entering their first RSV season are eligible to receive free RSV immunisation until the end of the program on 30 September 2024.

This [Quick Reference Guide](#) can be printed to assist busy practices in determining key program information such as eligibility, dosing and more.

Translated consumer factsheet 'Nirsevimab - what parents need to know' is now available on [HealthyWA](#) and the [WA Department of Health website](#).

The factsheet is available in Arabic, Burmese, Dari, Hindi, Korean, Karen, Thai, Vietnamese and Simple Chinese. The Aboriginal Health Council of Western Australia also have resources available for Aboriginal families and communities [here](#).

This Respiratory Syncytial Virus (RSV) Awareness Week (4 to 10 June), is an important opportunity to spread crucial awareness about RSV and the importance of RSV protection. The Immunisation Foundation of Australia have a range of [RSV Awareness Week materials](#) available to share in your practice including a helpful [campaign kit](#).

Think Tuberculosis!

Worldwide, tuberculosis (TB) remains one of the most common causes of infectious morbidity and mortality, worsening with the COVID 19 pandemic.

Although TB is well controlled in WA, new cases are diagnosed every week and in 2023 there was a surge in notifications following the opening of international borders.

The WA Department of Health reminds GPs to be alert to the possibility of TB because it often has an indolent presentation of non-specific symptoms that can be easily overlooked. TB should be considered in any patient with:

- prolonged cough (more than three weeks)
- unexplained fever that is unresponsive to routine antibiotics
- unexplained weight loss.
- lymphadenopathy, especially of the neck.

The diagnosis should be considered in migrants from countries where TB is common (Asia, Africa, Pacific Islands, South America, Eastern Europe) and Aboriginal Australians. The key to diagnosis is to collect relevant samples for TB culture (sputum, urine, fine needle aspirate etc.). A chest x-ray is a good screening test for pulmonary TB that will usually rule out TB if normal, but it does not make the diagnosis. A CT of the chest is rarely needed. QuantiFERON blood test diagnoses latent TB infection but neither proves nor excludes active TB.

The [WA Tuberculosis Control Program](#) based at the Anita Clayton Centre in Perth provides a state-wide outpatient public health service and expert advice on matters related to TB. The program offers a comprehensive service that includes treatment advice and provision of medications (free of charge). All clients on TB treatment are assigned a nursing case manager who supports them during their TB treatment.

For advice for clinicians on assessment, management, and referral of patients with suspected TB, see HealthPathways WA - [Tuberculosis](#).

For more information contact the WA Tuberculosis Control Program via 9222 8500 (Monday to Friday, 8.30am to 4.30pm) or email ACCAdmin@health.wa.gov.au

New South Metropolitan Specialist Community Eating Disorder Service

The South Metropolitan Health Service (SMHS) Specialist Community Eating Disorder Service, Kara Maar, provides comprehensive clinical assessment and treatment for individuals aged 16 years and over who have a diagnosed eating disorder, or are showing signs and symptoms consistent with an eating disorder diagnosis.

This service is located at Cockburn and Mandurah and is available to consumers living within:

- The [South Metropolitan catchment area](#)
- WACHS-Link regional areas (Southern Wheatbelt, Goldfields, South West and Great Southern regional areas)

Kara Maar's specialist multidisciplinary team works closely with patients, their support persons and GP to provide evidence-based and inclusive care. The primary focus is enhancing quality of life, physical and mental health wellbeing, and functional recovery. Services provided by Kara Maar include:

- Triage and assessment.
- Multidisciplinary outpatient care and peer work.
- Transition coordination.

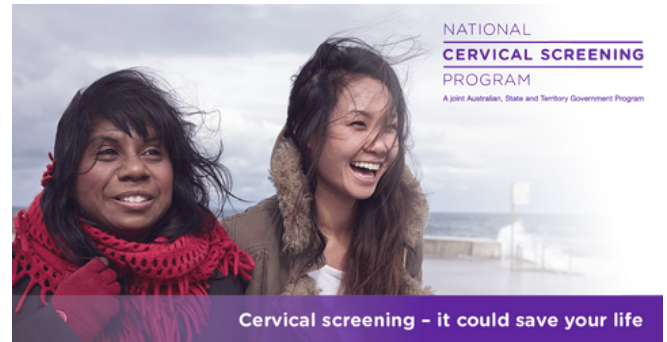
Referral information for GPs, including the referral form, is available on the [SMHS website](#).

AIHW: Australia's health system saves money thanks to physical activity

According to the Australian Institute of Health and Welfare (AIHW), Australians participating in sport and physical activity have provided a net positive impact of \$321 million to Australia's health system.

[Economics of sport and physical activity participation and injury](#) revealed physical inactivity contributed to around \$2.4 billion in health spending in 2018–19, making it the fourth highest spending risk factor. However, physical activity and sport prevented \$1.7 billion in disease spending. Read the full report on [AIHW website](#).

Is your practice ready to support HPV self collection?



Two campaigns are commencing in 2024 to promote cervical screening and the self-collection option for cervical screening. The campaigns will target women and people with a cervix who are from Aboriginal and culturally and linguistically diverse communities and patients with a disability.

The DHAC expects the campaigns will lead to increased demand for cervical screening and particularly the self-collect option, which may be a more sensitive and acceptable option for under-screened patients.

Practices are encouraged to speak to their pathology labs and order self-collection swabs, so they are ready to offer their patients the choice.

As part of the campaign, several webinars are being offered to health care providers. The RACGP will be running webinars on optimising cervical screening for people with disability and supporting equity in your practice:

- [18 July 5.00 - 6.30PM](#)

For the self-collection healthcare provider campaign, the Australian Centre for the Prevention of Cervical Cancer (ACPCC) will be running two [webinars](#) in June with CPD points for GPs, nurses, midwives and other health care providers with an interest in cervical screening:

- [Tuesday 11 June 4pm](#)
- [Wednesday 19 June 5.30pm](#)

ACPCC also has CPD accredited online learning modules available as well as health care provider and consumer facing resources. More information is available from the [ACPCC website](#).

PBS subsidy arrangements for medicines subject to a Serious Scarcity Substitution Instrument

In circumstances where the Therapeutic Goods Administration (TGA) has issued a Serious Scarcity Substitution Instrument (SSSI), pharmacists can dispense substitutable medicines in place of prescribed medicines that are in shortage (scarce medicines) without prior approval from the prescriber.

Before supplying a substitutable medicine, the pharmacist must discuss the proposed PBS substitution with the patient or their agent. The pharmacist must also inform the PBS prescriber who wrote the prescription, in writing, that the substitution has been made. This information must be provided within 72 hours following the supply.

Pharmaceutical Benefits Scheme (PBS) listed scarce medicines and the respective substitutable medicines that are eligible for PBS subsidy under these arrangements are listed on the [PBS website](#).

Information about the conditions and specified permitted circumstances that apply to an SSSI are published on the [TGA website](#). Download the FAQs about PBS subsidy arrangements for PBS listed medicines subject to an SSSI [here](#).

healthdirect Video Call COVID- 19 GP Program extended to 31 December 2024

GPs are encouraged to continue using the [healthdirect secure video consulting platform](#), which has been purpose-built for primary care settings in line with the changes to the telehealth MBS items, now extended to 31 December 2024.

RACGP CPD accredited training in healthdirect Video Call is available for your practice – please register here for [essential training](#).

A [Bulk Billing Consent application](#) is now available in healthdirect Video Call to use online.

Eligible age lowering of the National Bowel Cancer Screening Program

From 1 July 2024, people aged 45 to 49 can request their first free kit and join the National Bowel Cancer Screening Program.

This follows the National Health and Medical Research Council (NHMRC) approved update to the [Clinical practice guidelines for the prevention, early detection, and management of colorectal cancer](#) to lower the entry age for population bowel cancer screening from 50 to 45.

People aged 45 to 49 will now be able to join the Program by requesting their first bowel screening kit at www.ncsr.gov.au/boweltest or by calling the National Cancer Screening Register Contact Centre on 1800 627 701. They will also be able to talk to their doctor about getting a kit through the Program's [alternative access to kits model](#).

Consistent with existing program practice for people aged 50 to 74, once people aged 45 to 49 request their first kit, their next kit will automatically be mailed to them two years following their last test result, and every two years thereafter.

This change in age eligibility is communicated via the Program's website at www.health.gov.au/nbcsp and www.ncsr.gov.au. Upcoming campaign activities will also include changes in age eligibility and relevant program resources will be updated and available by 1 July 2024.

Federal Budget 2024–25

The Australian Government has announced a total of \$146.1 billion on health and aged care in 2024–25, with a five-year commitment to invest an additional \$10.7 billion, including \$8.5 billion in health and \$2.2 billion in aged care.

DHAC has developed the following fact sheets for each of these Budget priorities:

- [Budget 2024–25: Strengthening Medicare](#)
- [Budget 2024–25: Cheaper medicines](#)
- [Budget 2024–25: Quality aged care](#)
- [Budget 2024–25: A fit and healthy Australia](#)

St John of God Bunbury private maternity services to close

Effective 25 June 2024, St John of God Health Care will cease delivering the maternity service at St John of God Bunbury Hospital.

A range of personalised information and support is being provided to women who were booked to have their babies at St John of God Bunbury Hospital. This includes transitioning their care to public hospitals, with the option to be treated as private patients and cared for by their chosen obstetrician or transferred to a St John of God private hospital in Perth.

During this period, St John of God Bunbury Hospital will maintain its existing arrangements to manage some of the current challenges, including bypass arrangements with Bunbury Regional Hospital for expectant women who go into spontaneous labour overnight. Read the full announcement [here](#)

Free healthy lifestyle programs for WA families

The WA Department of Health has supported Better Health Company to provide two free healthy lifestyle programs for WA families:

- [Better Health Program](#) - for children aged 6-12yrs who are above a healthy weight and their families.
- [The Active8](#) - for children aged 2-5yrs and their families.

Both programs provide families with free support from a dietician/nutritionist who assists with nutrition, physical activity, and behaviour change.

Programs are delivered online as a flexible and accessible option for families to start as soon as they register or in person each school term at a local community venue. Term 3 registrations are now open for in person programs.

Eligibility criteria, referral forms and contact details are also available at HealthPathways WA – [Child Exercise and Healthy Eating Programs](#).

Mpox added to the Australian Immunisation Handbook

The Australian Government Department of Health and Aged Care (DHAC) recently published a [new chapter on mpox](#) (previously known as monkeypox) in the Australian Immunisation Handbook.

The mpox chapter follows the same structure as other Handbook chapters, giving detailed clinical advice for GP and other health professionals on the safest, most effective use of mpox vaccines in their practice.

The chapter replaces previous clinical guidance on mpox vaccination previously published on the DHAC website.

New research reveals vaccinations saved around 154 million lives in the last 50 years

Researchers at Telethon Kids Institute have helped map the global impact of life saving vaccines. Recent findings published in [The Lancet](#) reveal, since 1974, vaccination has saved approximately 154 million lives – most of these, children under the age of five.

The study was funded by the World Health Organization and led by Andrew Shattock, an Associate Professor in the Intervention and Infectious Diseases Modelling Team at Telethon Kids Institute and The University of Western Australia, with contributions from researchers from around the globe.

Read *Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization* [here](#).



Head to Health sites are evolving to become Medicare Mental Health Centres



Head to Health sites are evolving to become Medicare Mental Health Centres by the end of 2024.

The enhanced model of care will enable people with more severe and complex needs to also receive the care they need from a range of mental health professionals, including psychologists and psychiatrists.

This is in addition to people with low to moderate mental health needs who are currently able to be cared for at a Head to Health site.

All current sites and services will continue to operate as usual during and after the transition, offering free mental health support with no appointment, referral or Medicare card needed.

To ensure sufficient clinical capacity to support this enhanced level of care safely and appropriately, the Australian Government is funding a new tele-psychology and tele-psychiatry service that will be available at all existing and planned sites.

Additionally, Medicare Mental Health Centre staff will be able to access free secondary consultations with psychiatrists through the national GP Psychiatry Support Line to receive advice on diagnosis, treatment and medication safety.

GPs can call [Head to Health](tel:1800595212) on 1800 595 212 for advice and a referral to the most appropriate service. This may be a referral into a Medicare Mental Health Centre, or another suitable service.

Ensuring your patients with dementia are supported to live as well as possible

GPs play a vital role in helping patients to understand their medical condition and to plan for the future. Tailored for health professionals, Dementia Australia offers an abundance of resources and information that will help patients to be able to live as well as possible.

The [GP Referrer Pack](#) has an outline of services available for pre-diagnosis, post diagnosis and ongoing care for your patient provided by Dementia Australia. It also contains information on resources available to assist with a timely diagnosis and a script pad for timely and direct referrals.

Download the resources via the [Dementia Australia website](#) or elect to receive your kit in the mail [here](#).

For more information or support, your patients can call the National Dementia Helpline on 1800 100 500, 24 hours a day, seven days a week, 365 days a year or visit dementia.org.au for advice.

New online resource to combat high rates of Human T-cell lymphotropic virus type 1 in Central Australia

Aboriginal communities in Central Australia have some of the highest rates of Human T-cell lymphotropic virus type 1 (HTLV-1) in the world, an ancient human retrovirus which affects T lymphocytes, a type of white blood cell. While current evidence suggests most people with HTLV-1 will remain well, in a small number of people HTLV-1 can cause serious illness.

Australian Indigenous HealthInfoNet has developed the [HTLV-1 Portal](#), bringing together a collation of HTLV-1 resources particularly relevant for Aboriginal people.

Most vapers want to quit – GP resources available to support

A [new survey](#) released by Quit and Cancer Council shows the majority of Australians who currently vape plan to stop or reduce the amount they vape in the next three months. This data supports the Australian Government's intentions to strengthen and streamline prescription-only access to vaping products, to end sales of non-therapeutic vapes.

The Quit Centre provides [education and tools for GPs](#) to help patients quit tobacco and e-cigarettes, and patients could be referred to the Quitline.

The [TGA's vaping hub](#) also has information for prescribers including regulation reforms, prescribing and pathways for vaping and smoking cessation.

Build parent/carer confidence to support children with their mental health and wellbeing

Build parent/carer confidence to support children with their mental health and wellbeing

A new collection of free, online resources aimed at building the confidence of parents, family members and other adults to support children's mental health and wellbeing is available from Emerging Minds.

The [Understanding and supporting children's mental health](#) collection can strengthen families' knowledge and confidence in talking about children's mental health with health practitioners by offering a shared language and understanding of key child mental health concept. The resources include factsheets, videos and podcast about:

- Understanding children's mental health.
- What shapes children's mental health?
- Understanding children's emotions and behaviour.
- Five ways to support your children's mental health.

Download resources for your practice or direct your patients to the [Emerging Minds website](#).

GP Education and Events

Free palliative care education and training

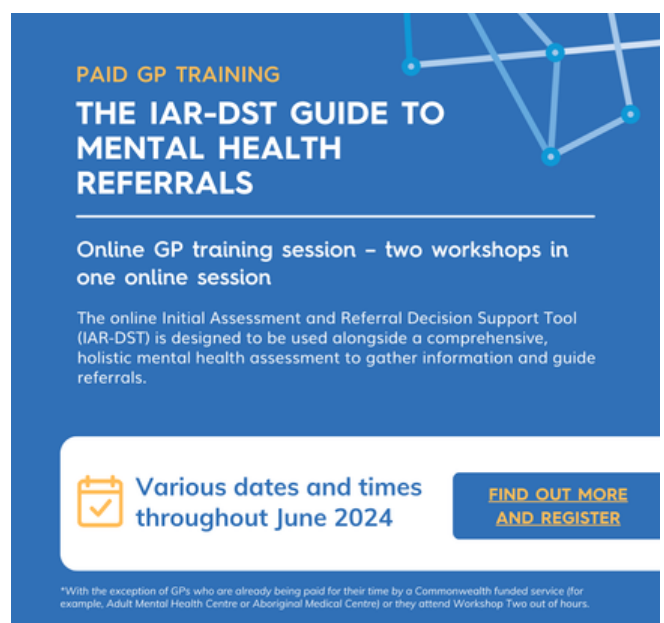
Free education and training is available from DHAC to improve the palliative care skills of primary care and aged care workers wishing to feel more confident to care for and communicate with people who have a life-limiting illness.

Find a program that is relevant to your role, scope of practice, and learning needs [here](#).

Upcoming online course in vaccinology and immunisation science

The Peter Doherty Institute for Infection and Immunity, National Centre for Immunisation Research and Surveillance and the Murdoch Children's Research Institute are running an online course in vaccinology and immunisation science. The course will take place over 8 x 1.5 hour live virtual sessions running from 5 June to 11 September 2024. Sessions will be led by internationally recognised experts and will include an interactive element, allowing participants to contribute and ask questions. For full details and to register visit the course [website](#).

Online paid training in the IAR-DST




PAID GP TRAINING

THE IAR-DST GUIDE TO MENTAL HEALTH REFERRALS

Online GP training session – two workshops in one online session

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.

 Various dates and times throughout June 2024

FIND OUT MORE AND REGISTER

*With the exception of GPs who are already being paid for their time by a Commonwealth funded service (for example, Adult Mental Health Centre or Aboriginal Medical Centre) or they attend Workshop Two out of hours.

Peel Health Forum

Saturday 15 June | 8.30-4.30pm | Mandurah

In partnership with Rural Health West, WAPHA invites Peel primary care health professionals to this opportunity to update your skills and knowledge while networking with other Peel primary care health professionals.

Cost: \$50.00 - Reimbursements are available through the [Peel CPD Support Subsidy Grant](#) Find out more and register [here](#)

Beyond the Scales – Supporting Healthy Weight Management – South West

Saturday 18 June | 6pm – 8.30pm | Bunbury

This WAPHA workshop will provide information about programs, strategies, training and resources available to GPs and health professionals that can support healthy lifestyle changes with your patients.

Find out more and register [here](#)

RACGP CPR for GPs

Wednesday 12 June 2024 | 5pm-6pm | RACGP West Leederville | 2 RACGP CPD hours

Delivered in conjunction with Medical Training Solutions, this workshop is presented in accordance with the current guidelines of the Australian Resuscitation Council and covers all aspects of resuscitation and basic life support. It provides participants with topical emergency presentations and recent changes in emergency practice, tailored specifically for GPs.

Find out more and register for dates throughout 2024 at the [RACGP Faculty Events Page](#).



Talking About Suicide in General Practice

Register for Talking About Suicide in General Practice, an online workshop that will help increase skills and confidence for GPs in recognising presentations where suicide risk is high, undertaking a detailed risk assessment, and management planning using a collaborative, team-based approach. Find out more [here](#) or register for online sessions via the link below:

- [3 August 2024](#)
- [5 September 2024](#)
- [2 November 2024](#)

Dealing with Depression

A highly interactive program providing GPs with a practical framework for diagnosing and managing depression. The program uses case based learning to explore key challenges GPs experience when caring for patients with depression. Find out more [here](#) or register for online sessions via the link below:

- [17 August 2024](#)

Advanced Training in Suicide Prevention

Develop your skills and confidence in taking a detailed suicide history and developing a collaborative management plan to increase the safety of people planning suicide and reduce the risk of suicide. The workshop provides practical tools for health professionals managing the full spectrum of suicide risk presentations. Find out more [here](#) or register for online sessions via the links below:

- [27 July 2024](#)
- [9 October 2024](#)

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