

GP Connect

Keeping GPs informed in the changing primary health landscape



19 June 2025

Collection of forensic evidence after a disclosure of sexual assault

Dr Rosemary Stroud, GP, Sexual Assault Resource Centre

Sexual assault is common, and patients often present to primary care before they consult any other provider. Patients should be offered a forensic examination after any serious medical needs have been addressed. This article aims to update GPs on the forensic services currently available in WA so that patients can be directed to the most appropriate service.

Key points for GPs:

- All GPs are encouraged to discuss recent cases of sexual assault with the Sexual Assault Resource Centre (SARC) duty doctor.
- SARC has clinicians available 24/7 for advice and guidance.
- If a patient is based in Perth, a full forensic exam may be offered by SARC if the assault occurred within the previous two weeks.
- If a patient is living in remote or regional WA, local emergency departments (EDs) can facilitate a full forensic examination with the support of SARC.
- Early Evidence Kits can be used in the first 48 hours to allow collection of time sensitive forensic evidence that may otherwise be compromised before a full forensic examination can be arranged.
- EEKs are available through most EDs or WA Police.
- Forensic Toxicology Kits are available in most EDs and can be used in cases where drug facilitated sexual assault is suspected.
- Drink spiking test kits are only available at WA Police stations (24-hour metropolitan and all country stations).



What is an Early Evidence Kit?

An Early Evidence Kit (EEK) is used to collect time-sensitive forensic specimens before a full forensic examination. EEKs were originally known as 'comfort' packs as they allow a patient to eat and drink or to pass urine without losing forensic evidence. Most of the specimens are self-collected by the patient. An EEK is not a direct substitute for a full forensic examination.

What is a full forensic examination after sexual assault?

A full forensic examination is a detailed examination with collection of multiple types of evidence such as non-genital photographs and comprehensive injury documentation. It may include collecting swabs, urine and/or blood, and the collection of clothing. Medical and psychological care is normally offered at the same time.

Who performs a full forensic examination?

In the Perth Metropolitan Area, a full forensic examination is completed by SARC doctors. SARC is based in Subiaco but can attend metropolitan hospitals if required. A full forensic examination may be considered, even if the patient is unsure about reporting to police.

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Collection of forensic evidence after a disclosure of sexual assault (cont)

In rural and remote areas, full forensic examinations can be completed by a doctor or a SARC-trained nurse. SARC is available 24/7 to provide telephone guidance. In most regional and remote areas, there is no or very limited capacity to store evidence if police are not involved, and a report must be made to the police before a full forensic examination is undertaken.

Where can patients access an EEK?

Most WA EDs stock EEKs. Police are also able to collect early evidence with a similar kit which may negate the need for the patient to attend ED. General practices are not expected to stock or administer EEKs.

Most EDs also stock Forensic Toxicology Kits which can be used if drug facilitated sexual assault is suspected. This involves collecting blood and urine samples. WA Police cannot collect forensic toxicology specimens.

What are the timeframes for collecting forensic evidence after a sexual assault?

EEKs are only used in the first 48 hours post sexual assault.

Full forensic examinations are guided by DNA persistence guidelines, and each case is considered on an individual basis. The cut off for a full forensic exam is generally 14 days post assault but may be earlier, depending on the nature of the assault.

What are drink spiking test kits?

Drink spiking test kits are available in 24-hour metropolitan and all regional WA Police stations. They can be used if there is concern of a drink spiking, independent of a report of a sexual assault. Patients can decide if they wish to proceed with a criminal offense report if the test shows a positive result. EDs do not currently administer drink spiking test kits.

Further support for GPs

WA GPs seeing patients after a recent sexual assault are encouraged to access 24-hour phone advice from SARC duty doctors. Contact SARC on (08) 6458 1820 during office hours, or the King Edward Memorial Hospital switchboard on (08) 6458 2222 out of hours.

The SARC website provides an extensive range of support and information for patients, carers and health care professionals.

This includes a recently produced guide and checklist for GPs to aid history taking and basic management:

- [Responding to sexual assault as a GP](#)
- [Sexual Assault Checklist](#)

GPs are encouraged to provide patients who disclose a recent sexual assault with the following SARC resources:

- [Important information after sexual assault](#)
- [What is a forensic examination and specimen collection?](#)

SARC regularly update a comprehensive list of support services:

- [Support services in Western Australia](#)

Hospital Liaison GP Updates

Royal Perth Hospital Ambulatory Unit open seven days a week

The Royal Perth Hospital Ambulatory Unit (RPH AU) is now open seven days a week, 8am - 6pm, including public holidays.

The RPH AU clinical nurse manager or consultant is available to discuss patient suitability for RPH AU with GPs on 0421 939 335 between 8am- 4pm.

Information about the RPH AU GP referral process, eligibility and exclusion criteria is available from the Ambulatory Unit drop down at [Royal Perth Hospital - Contacts for GPs](#)

Hospital Liaison GP Updates

Initiatives to improve emergency department patient care at Joondalup Health Campus

Joondalup Health Campus (JHC) continues to support one of the busiest emergency departments (EDs) in WA. There are several initiatives in place aiming to improve patient care including:

- **Encouraging GP ED duty consultant phone handover prior to referring patients** - This allows for a clearer handover and can facilitate timely review. It also allows redirection if JHC is unable to provide a service such as urgent paediatric general surgery, emergency gastroenterology, alcohol detoxification or ophthalmology. Contact the ED duty consultant on 9400 9066 or via the switch on 9400 9400.
- **Ambulatory ED** - Recently relocated to an independent clinical area in which dedicated ED consultants attend Triage Category 3 to Triage Category 5 patients. This aims to improve flow and quality of care for all triage categories.
- **Paediatric Rapid Review Clinic** - This new clinic allows, in most cases, for next day paediatrician review. Currently, this is for patients initially assessed in JHC ED, allowing for safe and timely follow up.
- **Early Pregnancy Assessment Clinic** - This is the best referral option for early pregnancy concerns such as bleeding (less than 20/40) if the patient is stable. Usually seen for review and ultrasound within 24 hours (Monday to Friday). Fax referrals to 9400 9382 or email Suite105Admin.JHC@ramsayhealth.com.au
- **Urgent Gynaecology Assessment Clinic** - A public clinic, separate to the Gynaecology Clinic that aims to provide an alternative to ED for urgent presentations. Updated referral criteria will soon be available on the JHC website. Fax referrals to 9400 9955 or email gynaeoutpatient.jhc@ramsayhealth.com.au (clearly indicate the referral is for the Urgent Gynaecology Assessment Clinic).
- **ED communication review** - JHC is seeking feedback on ED communication with GPs – email Hospital Liaison GP, Dr Belinda Russell Smith at russellsmithb@ramsayhealth.com.au with your comments.

ARIA asthma trial opportunity

JHC has an active clinical trials unit and is looking for participants aged 12 to 17 years of age, who have been diagnosed with asthma and have been taking a combined preventor (such as Seretide or budesonide), for at least 12 weeks. Irrespective of their inclusion in the trial, all applicants will be provided with detailed lung function assessments and review by an Asthma WA respiratory paediatrician. More information is available by emailing Dr Desiree Silva via ClinicalTrialsJHC@ramsayhealth.com.au

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

Improving Perth Children's Hospital Emergency Department communication with general practices

As of 28 May, Perth Children's Hospital (PCH) Emergency Department (ED) has commenced using the Notifications and Clinical Summaries (NaCS) application for all episodes of care including admissions, short stay PCH ED admissions and PCH ED discharges.

The preferred method of delivery of these summaries is via secure messaging. If your practice is registered with HealthLink but does not currently receive electronic hospital discharge summaries, please send through updated practice information to cahs.nacs&ereferrals@health.wa.gov.au

Any difficulties or feedback associated with this new process can be directed to PCH Hospital Liaison GP, Dr Claire Bowden.

Dr Claire Bowden
Hospital Liaison GP, Perth Children's Hospital
PCH.HospitalLiaisonGP@health.wa.gov.au
(08) 6456 3317
Available: Mondays

Clinical Updates

ScriptCheckWA registration now mandatory

As of 12 June, registration with ScriptCheckWA is now compulsory for all prescribers who prescribe monitored medicines for patients in Western Australia. Registering is a simple four step process that will take about 10 minutes to complete. You will require your AHPRA number, date of birth and a unique email address only accessible to you. Register [here](#).

Use of ScriptCheckWA is strongly encouraged and provides prescribers with real-time information about current use including overuse.

More information is available at:

- [Clinician Assist WA » Schedule 8 and Other Monitored Medicines](#)
- [WA Department of Health - Real time prescription monitoring](#)

Evidence-based, patient-approved resources supporting safe opioid use

The [Routine Opioid Outcome Monitoring \(ROOM\) Tool](#) is a quick, validated resource to support regular review of opioid use. Patients can complete it themselves [on paper](#) or [online](#) in under five minutes, and it helps assess pain, function, dependence risk, mood and other key outcomes.

It's part of a new [Opioid Safety Toolkit](#) funded by the Australian Government. Within the toolkit, patients can also build a personalised [safety plan](#) to understand their risks, overdose signs, and how to respond using [naloxone](#), a free, easy-to-use, medicine [recommended](#) for everyone on long-term opioids.

The toolkit is a collaboration between Monash University, the Burnet Institute, the Pharmaceutical Society of Australia and Pain Australia.

Contact Prof. Nielsen at opioid.safety@monash.edu or visit saferopioiduse.com.au for more information.

Secure messaging rollout at Armadale, King Edward Memorial and Sir Charles Gairdner Hospital Emergency Departments

Armadale, King Edward Memorial and Sir Charles Gairdner Hospital EDs are scheduled to commence securely messaging ED discharge summaries on Wednesday 25 June 2025.

During the first few hours of the transition, some summaries may be duplicated and sent by secure messaging and fax. Printed summaries will continue to be given to patients as usual and faxed to practices not registered for secure messaging.

To update your secure messaging details or current GP list, or to register to receive public hospital discharge and outpatient summaries by secure messaging, contact the tertiary hospital your adult patients most commonly attend:

- Fiona Stanley Hospital: Email FSH.HIMSHISS@health.wa.gov.au or see [Fiona Stanley information for GPs](#) on the Fiona Stanley Fremantle Hospitals Group website.
- Royal Perth Hospital: Email RPH.GPN.Coordinator@health.wa.gov.au, telephone 9224 3673, fax 9224 2348 or see [Communication](#) on the Royal Perth Hospital website
- Sir Charles Gairdner Hospital: Email SystemsSupportMailbox.SCGH@health.wa.gov.au, telephone 6457 3331 or fax 6457 3067.

Once updated, your new practice contact details will be available to other public hospitals in WA excluding some public-private hospitals which use different systems.

COVID-19 vaccine support items cease from 1 July 2025

The Medicare Benefits Schedule (MBS) items for COVID-19 vaccine suitability assessments will end on 1 July 2025. In line with arrangements for other vaccinations, GPs can use general attendance items when assessing a patient's suitability for a COVID-19 vaccination. More information is available in the [MBS Factsheet - Cessation of COVID-19 vaccine support items](#).

Increase in COVID-19; prepare for influenza and RSV

The WA Communicable Disease Control Directorate issued an Infectious Diseases Health Alert for Clinicians on 9 June in relation to COVID-19, influenza and RSV:

- COVID-19 cases, hospitalisations and wastewater indicators are increasing in WA.
- Influenza has been circulating above the seasonal threshold for most of the year, with evidence of an increase in activity over recent weeks.
- RSV notifications remain at interseasonal levels but are expected to increase soon.

Health care workers are reminded to:

- Vaccinate eligible patients and aged care residents against COVID-19, influenza and RSV.
- Test patients and aged care residents who have symptoms of an acute respiratory infection.
- Consider antiviral medications for eligible patients and residents with COVID-19 or influenza.

Read the full alert [here](#)

Three new WA mpox cases

Mpox is an urgently [notifiable infectious disease](#) in Western Australia with the Communicable Disease Control Directorate (CDCD) advising of three notified mpox cases (clade II) in WA in the week commencing Monday 19 May 2025.

Testing and diagnosis

Please continue to test all patients presenting with a clinically compatible illness, irrespective of travel history.

- Refer to the [Mpox quick guide for primary healthcare workers](#) for testing guidance, including specimen collection and PPE requirements.
- Provide the [Mpox – Information for people awaiting a test result](#) factsheet to all patients who have been tested for mpox.

Vaccination for eligible people

Please continue to encourage and promote mpox vaccination. Visit the [mpox immunisation page](#) for a list of people recommended and eligible to receive the mpox vaccine in WA.

Empowering and supporting clinicians to provide chronic hepatitis B care



The WA Department of Health and Royal Perth Hospital have launched a new Hepatitis B (HBV) service to empower and support primary care clinicians in WA. The service aims to help clinicians to safely manage and care for people living with HBV in their practice through access to the following key services:

1. **Outreach HBV clinics:** Available to metropolitan general practices and primary care health services, with the provision of on-site clinical support in managing and treating HBV patients. This includes access to a mobile liver-scan (Fibroscan®) to guide treatment.
2. **Hep B Hub WA:** A state-wide clinical advice service (covering all tertiary catchments), providing GPs and primary care nurse practitioners with online and in-person support, education, and advice on HBV management. This includes diagnostics, therapeutics, referrals and hepatocellular carcinoma (HCC) surveillance.

Experienced Hepatology Nurse Practitioner, Adam Gregson specialises in the assessment and management of HBV and HCC surveillance, as well as the operation and interpretation of transient elastography (Fibroscan®). Adam is available to provide expert clinical advice and education through Hep B Hub WA and to work with you to establish an HBV outreach clinic within your practice.

To set up an outreach HBV clinic at your practice, email Adam.gregson@health.wa.gov.au

For clinical advice and education, email HepBHubWA@health.wa.gov.au. You will receive a response within two working days and support is provided via email, phone/video call, or in-person visits.

Become an RACGP accredited GP training provider– EOIs open

The RACGP is looking to increase GP training capacity for 2026 and beyond. As an RACGP accredited training site, your practice will have the opportunity to contribute to your community's GP workforce needs and play a key role in shaping future GP registrars in your area. You'll also have access to RACGP support and resources, as well as financial incentives in the form of supervisor and teaching payments to assist with the training of GP registrars.

The RACGP is seeking expressions of interest from practices and supervisors in identified areas of need, who are passionate about teaching and meet the following requirements:

- [RACGP Standards for general practice training](#)
- [Guide to training site and supervisor accreditation](#)
- [Codes and principles for training sites and supervisors](#)
- [National General Practice Accreditation \(NGPA\) Scheme accredited general practice status.](#)

Any MM2-7 practice can submit an EOI, but those not identified as a priority and/or that do not meet the current need will be waitlisted and contacted as needed. View the list of WA GP catchments and submit your EOI [here](#).

Express your interest to receive registrars for the start of the RACGP 2026.1 Semester.



The IAR-DST to guide mental health referrals

Initial Assessment and Referral Decision Support Tool (IAR-DST) online GP training

FIND OUT MORE AND REGISTER

WA Virtual Emergency Department now available through healthdirect

In a new partnership with healthdirect Australia, eligible adults calling the [healthdirect helpline](#) on 1800 022 222, may be offered a [WA Virtual Emergency Department \(WAVED\)](#) consultation instead of being advised to self-present to a hospital emergency department.

If a patient's emergency is deemed suitable to be assessed and treated at home, healthdirect will connect that patient to a senior emergency doctor via telehealth. The WAVED service is available 8am - 10pm, seven days per week for patients with low urgency conditions who are:

- 16 years and over
- in the Perth Metropolitan or Greater Bunbury areas.

Revised mandatory access criteria for adult urology referrals to WA public outpatient services

Revised mandatory Referral Access Criteria (RAC) for [Urology \(adult\)](#). WA public outpatient services became mandatory on Monday 19 May 2025.

RAC are now mandatory for:

- direct access gastrointestinal endoscopy
- endocrinology and diabetes (paediatric)
- ENT (adult and paediatric)
- neurology (adult)
- ophthalmology (adult)
- rheumatology (adult)
- urology (adult).

RAC soon to be mandated include immunology (adult), respiratory and sleep medicine (adult) and hepatology (adult).

RAC are clinical criteria developed by specialist heads of department, consultants and GPs. They outline the mandatory history, examination and investigations required within a referral to support safe outpatient triaging and maximise the value of your patient's first outpatient appointment. They are reviewed every three years to ensure they remain relevant and align with best practice.

Find out more at the WA Department of Health [RAC website](#) where a new search function is available.

Recent medication safety updates from the Therapeutic Goods Administration

The Therapeutic Goods Administration (TGA) periodically releases medication safety updates. GPs are encouraged to [subscribe](#) to receive same-day email updates on medication safety, shortages, recalls and advisory statements.

Two recent updates include:

- **Advice on avoiding paediatric dosing errors with risperidone** - The TGA received 22 adverse event reports in 2024 involving the overdose of risperidone oral solution in Australian paediatric patients. Most reports involved accidentally administering more than the prescribed dose, leading to adverse effects and hospitalisation of the child (no deaths were reported). To mitigate this risk, the TGA [Product Information](#) and [Consumer Medicines Information](#) for the Australian brand name Risperdal have been updated, with generics required to align theirs with similar information. The revision includes clearer dosing instructions and illustrations to help ensure correct dosing. Visit the [TGA website](#) for more information.
- **Updated for respiratory syncytial virus vaccines Arexvy and Abrysvo** - The safety information for both of these newly registered respiratory syncytial virus (RSV) vaccines has been updated to reflect the low risk of people contracting Guillain-Barre syndrome (GBS) following vaccination. Visit the [TGA website](#) for more information.

Free Heart Health Checks at the GP funded for another three years

The Australian Government has [announced](#) free Heart Health Checks provided by a GP will continue to be funded under Medicare Benefits Schedule (MBS item 699) for Australians aged 30 years and older.

The comprehensive cardiovascular disease risk assessment and ongoing management tool takes less than 30 minutes and aims to support GPs to identify the risk of heart attack or stroke in those patients who haven't previously been diagnosed with heart disease. Visit the [Heart Foundation website](#) for more information.

Free healthy lifestyle program for families in the East Metropolitan catchment

The Child and Adolescent Health Service (CAHS) offers a free, family-based program for children and young people in the [East Metropolitan Region](#) (four to 16 years of age) affected by higher weight who want to make a healthy lifestyle change.

GPs and other health professionals involved in their care can refer with the consent of the parent or legal guardian, using the [referral form](#) or via practice referral letter, provided the following details are included:

- Child/young person's name, date of birth, address, Medicare number, Indigenous status
- Details to confirm meeting above referral criteria (including weight and height of child/young person)
- Legal guardian's name, contact details (including phone number), interpreter requirement
- Any other relevant family or medical details.

Upon referral, a healthy lifestyle check is provided in the home to understand how each family can be best supported with lifestyle change. Participants will then be invited with their parent/caregiver to attend a group session in the community, once a week for around six months.

Sessions will include a mix of fun nutrition, physical activity and wellbeing activities to provide families with practical information on how to make whole-of-family healthy lifestyle changes.

Repeat in-home health checks are provided at six and 12 months before referring back to the GP.

For more information, visit the CAHS website or download [Healthy Lifestyle Program – Information for Health Professionals](#). The [Healthy Lifestyle Program – Information for Families](#) brochure is also available to provide to patients.



Free mental health and wellbeing services for children in the City of Swan

Funded by the Australian Government and the WA Mental Health Commission, the Kids Hub is now open and welcoming all children (up to 12 years of age) experiencing mild to moderate developmental, behavioural, and emotional challenges.

This friendly and safe space is completely free and offers range of mental health and well-being supports. The service can be accessed without the need for a diagnosis, referral, appointment or Medicare card.

With a multidisciplinary team of clinical psychologists, counsellors, occupational therapists, peer workers, and care navigators, the Kids Hub can help children with challenges like behaviour, emotional regulation, social skills, self-esteem, and dealing with bullying.

While not essential, referrals are encouraged to expediate triage, assessment and care planning. Referrals can be made quickly and easily [here](#).

Appointments with a care navigator are available Monday to Friday from 8am to 7pm and on weekends from 9am to 3pm.

Visit the [Kids Hub website](#) for more information or [download a copy of the flyer](#).

Australian study reveals major financial burden of chronic conditions

The cost of health care is a major burden for people living with chronic conditions and their carers, according to a new study from the Australian National University (ANU).

[The review](#), led by ANU Associate Professor Jane Desborough, looked at the experiences of more than 1,800 people aged from 0 to 96 with a range of chronic conditions, including arthritis, back pain, cardiovascular disease, mental health conditions and kidney disease.

Participants in one third of the studies reported not being able to attend specialist appointments due to the cost.

Latest healthdirect report suggests digital symptom checker is preferred channel for people with possible mental health conditions

Recent data drawn from the healthdirect Clinical Decision Support System reveals that 37,282 users of Symptom Checker and 12,566 callers to the healthdirect helpline display symptoms suggestive of a broad range of mental health conditions. This indicates a preference to use the digital channel rather than the phone – at a rate 50 per cent higher than consumers with other types of symptoms.

Read more in the [healthdirect Q3 Quarterly Report 2025](#).

Australian attitudes and perceptions towards drugs - data available by region

More than 21,000 people across the country took part in the [2022-2023 National Drug Strategy Household Survey](#) (NDSHS) about their use and opinions of licit and illicit drugs, including alcohol, tobacco, cannabis, e-cigarettes and vapes.

Although the daily smoking rate is the lowest it has ever been, the use of e-cigarettes has nearly tripled and around one in three people are still drinking alcohol in ways that put their health at risk.

NDSHS data is now available by region, revealing what people in your practice area may think about tobacco smoking, alcohol use, and the use of cannabis and other illicit drugs. The article also includes information about what policies people living in a given area most support and most oppose in relation to tobacco, alcohol and illicit drugs.

Find out more about [Attitudes and perceptions towards drugs by region](#)



GP education and training

Sepsis in primary care – resources and education

Early recognition and timely intervention are critical, but recognising and responding to sepsis in primary care can be challenging. The Australian Commission on Safety and Quality in Health Care, in partnership with The George Institute for Global Health, Sepsis Australia and Medcast, has developed an online education module for primary health professionals.

This free one hour, CPD approved course features three interactive case studies and three downloadable clinical resources to support primary health professionals recognise and respond to sepsis and post sepsis syndrome. Find out more and enrol [here](#).

Sepsis in primary care webinar

Recorded yesterday (18 June 2025), this Medcast webinar reinforces the important role of primary care in recognising sepsis early, beginning time critical lifesaving treatments and providing support after sepsis.

The webinar includes personal stories from sepsis survivors and people bereaved by sepsis.

Visit [National Sepsis Program](#) for more information and resources or contact sepsis@safetyandquality.gov.au

Navigating vaccination for immunocompromised patients: New Handbook guidance

Wednesday 25 June | 10.00am – 11.15pm | Online | NCIRS

Join the National Centre for Immunisation Research and Surveillance (NCIRS) for this timely webinar, which will provide an overview of major updates to the Australian Immunisation Handbook chapter on vaccination for people who are immunocompromised.

[Register](#)



WAPHA GP LEARNING

Syphilis Outbreak Training Webinar Series

Webinar 1: Incorporating STI testing into everyday care

DETAILS

- 📅 Thursday 26 June 2025
- 🕒 6pm to 6:15pm (AWST)
- 📍 Virtual webinar

REGISTER TODAY

OTHER WEBINARS IN THE SERIES

- 📅 Thursday 24 July 2025
Interpreting STI results and initiating treatment
- 📅 Thursday 7 August 2025
Contact tracing and other follow-up of STI diagnoses
- 📅 Thursday 21 August 2025
Hepatitis C testing and interpretation

SPEAKER

 **Dr Grace Phua**
GP and part of the Syphilis Response Team at Boorloo PHU

RACGP
CPD Approved
Educational Activities
1 Hour

CPD subsidy for focused psychological strategies

The General Practice Mental Health Standards Collaboration (GPMHSC) is offering GPs a limited number of \$200 subsidies to support completion of Focused Psychological Strategies (FPS) CPD and maintaining their FPS registration.

GPs are required to complete 6 hours of FPS CPD each triennium in order to maintain their registration. FPS CPD must educate GPs on the FPS interventions approved under the Better Access Initiative. This includes cognitive behavioural therapy and interpersonal therapy and/or the mental disorders treatable under the Better Access Initiative, such as depression or anxiety.

eligible GPs will be reimbursed \$200 once they complete an accredited FPS CPD activity.

Submit your application via the [GPMHSC website](#). For more information, contact the GPMHSC Secretariat at mentalhealth@racgp.org.au.

GP education and training

Supported by
WA Primary Health Alliance

Depression management and suicidality education courses from Black Dog Institute

Advanced Training in Suicide Prevention

This workshop aims to increase skill 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. Provides practical tools for health professionals managing the full spectrum of suicide risk presentations including the acute suicidal crisis, care after a suicide attempt and assisting families experiencing suicide bereavement.

- [26 June 2025](#)
- [18 July 2025](#)
- [10 August 2025](#)

Talking About Suicide in Practice

An online workshop that will help increase health professionals skills and confidence in recognising presentations where suicide risk is high, undertaking a detailed risk assessment, and management planning using a collaborative, team-based approach.

- [13 September 2025](#)
- [6 November 2025](#)



WAPHA GP LEARNING

Webinar Series: Dementia Demystified

Dementia Training Australia Education Sessions

Webinar 3: Immediate Post Diagnostic Management

DETAILS

- 📅 Thursday 3 July 2025
- 🕒 6-7pm (AWST)
- 📍 Virtual webinar

REGISTER TODAY

SPEAKER

Dr Rebecca Moore
Medical Educator
Dementia Training Australia

RACGP CPD 1 hour

GP engage: Peel Health Campus – what's new, and what's business as usual

Thursday 26 June | 3.30pm – 8.00pm | In-person | Peel Heath Campus | 3 self-logged CPD hours

Specifically designed for primary health care providers in the Peel-Murray region, this GP engage event will focus on how the Peel Health Campus transition from Ramsay Health Care to South Metropolitan Health Service has enhanced its ability to provide high-quality, sustainable health care services.

Late arrivals are welcome, and this event includes afternoon tea, light supper and complimentary parking.

[Find out more and register](#) by 25 June 2025.

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