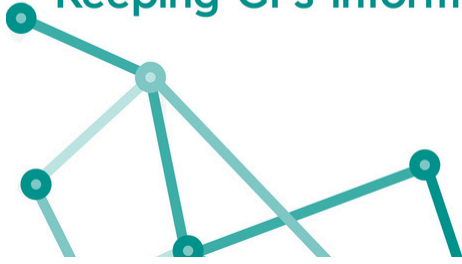


# GP Connect

Keeping GPs informed in the changing primary health landscape



21 May 2026

## Growth monitoring in children with ADHD

Dr Rona Kelly BMBS FRACP MPH, Paediatrician and GP Liaison Consultant, Child Development Service, and Dr Sapna Jessy MBBS (UK), FRACP General and Developmental Paediatrician, Medical Deputy Head of Department Child Development Service.

**Attention Deficit Hyperactivity Disorder (ADHD) continues to be the most common neuro-developmental diagnosis affecting children in Western Australia. Australian data shows seven per cent of children aged four to 17 years of age are affected by ADHD.<sup>1</sup> Symptoms of ADHD can impact upon a young person's cognitive and social development, academic achievement and daily living skills.<sup>2</sup>**

Growth faltering can be defined as inadequate physical growth for age and sex, based on serial measurements.<sup>3</sup> The risk of growth faltering is increased for children and adolescents with ADHD.

This can be for many reasons, such as:

- use of S8 stimulant medicines
- executive function difficulties
- sensory sensitivities
- co-occurring neurodevelopmental or mental health conditions.

This article aims to provide GPs with an awareness of the growth faltering risk in children treated for ADHD, and to outline a stepwise approach in management and care coordination.



Growth faltering is a concern in children and adolescents with ADHD. It has an impact on brain development, immunity and energy as well as long term consequences should it persist. Medicines prescribed for the management of ADHD symptoms, particularly stimulant medicines, are associated with dose-dependent appetite suppression. This can lead to skipped meals, altered meal patterns and reduced nutritional intake. Other medication side effects include gastrointestinal disturbance and sleep issues, which can also impact a child's willingness to eat regularly.

**Stimulant medicines:** Methylphenidate (short/long-acting), Dexamphetamine, Lisdexamfetamine.

**Non-stimulant medicines:** Atomoxetine (mild appetite effect), Guanfacine, Clonidine (weight-neutral or gain).

In addition to ADHD medicines, other factors for individuals with ADHD affecting intake include feeding behaviour difficulties, executive dysfunction (e.g. poor meal planning), sensory sensitivities (e.g. to food texture, smell or taste), increased energy expenditure and co-occurring neurodevelopmental conditions such as autism spectrum disorder (ASD) or avoidant restrictive food intake disorder (ARFID). Children at higher risk of growth faltering include those who have a starting BMI below the 5th percentile, were born preterm, have a chronic illness, have an identified eating disorder or have other environmental or family risks such as food insecurity or psychosocial complexity<sup>4</sup>

Continued page 2

## Growth monitoring in children with ADHD (cont)

Children and adolescents with ADHD, particularly those treated with stimulant medicines, must have regular monitoring of their growth at least every six months, including weight, height and BMI, with plotting on standardised growth [charts](#).

Growth faltering is identified when:

- Weight or BMI measurements have crossed down one or more major percentile lines (weight loss or failure to gain expected weight).
- There is a reduced growth trend compared with previous trajectory.
- Appetite suppression is reported with inadequate compensatory intake.

### Follow-up and relapse

Catch-up growth is common in children and adolescents after interventions such as medicine dose reduction. For all children and adolescents, it is important to maintain nutritional support and monitor closely for a rebound in weight / height trajectory. In general, BMI measurements above the 10th percentile, with normal weight gain on two evaluations, at least one month apart are reassuring for successful treatment.

Note that the risk of relapse of growth faltering is increased if the underlying aetiology is not adequately addressed. Always consider if blood tests for organic causes of poor growth are indicated at any stage, through medical and psychiatric history, family history, cultural perspectives, dietary intake, meal timing and pre-treatment appetite patterns.

In summary, children and adolescents with ADHD are at increased risk of growth faltering and require regular medical review to monitor their health and wellbeing. Appropriate recognition through growth monitoring, prompt intervention and ongoing care coordination between GPs and non-GP specialists can result in better outcomes for children, adolescents and their families.

### References:

1. Lawrence, D., Bartlett, J., Buckingham, W., Hielscher, E., Diminic, S., & Whiteford, H. (2023). Regional estimates of child and adolescent mental disorders [Data set]. Curtin University. <https://doi.org/10.25917/2JYB-PY41>
2. Biederman J, Monuteaux MC, Mick E, Spencer T, Wilens TE, Silva JM, et al. Young adult outcome of attention deficit hyperactivity disorder: a controlled 10-year follow-up study. *Psychological Medicine*. 36(2):167-79
3. National Guideline Alliance (UK). Faltering Growth – recognition and management. London: National Institute for Health and Care Excellence (NICE); 2017 Sep. (NICE Guideline, No. 75.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK458459/>
4. Hutt Vater, C., Biederman, J., DiSalvo, M., O'Connor, H., Parker, H., Woodworth, K. Y., Wozniak, J., & Faraone, S. V. (2023). Growth Trajectories in Stimulant Treated Children and Adolescents: A Qualitative Review of the Literature from Comprehensive Datasets and Registries. *Journal of child and adolescent psychopharmacology*, 33(9), 344–355. <https://doi.org/10.1089/cap.2023.0054>

### Stepwise approach for GPs in the management of growth faltering

Scenario	Actions (in primary care setting)
BMI decreases 1 centile line (starting weight $\leq$ 50th percentile).	<p>Dietary intervention:</p> <ul style="list-style-type: none"> <li>• Taking additional snacks early in the morning or late in the evening when stimulants have worn off.</li> <li>• Optimising nutrition.</li> <li>• Consider a dietitian referral (GP Chronic Condition Management Plan / NDIS / private health cover). Refer to the <a href="#">Chronic Condition Management Items</a> page on Clinician Assist WA.</li> </ul> <p>Medication adjustment:</p> <ul style="list-style-type: none"> <li>• Taking medication with or after meals, rather than before meals.</li> <li>• Drug holidays (weekend/school holiday break if clinically appropriate).</li> </ul> <p>Review:</p> <ul style="list-style-type: none"> <li>• Inform managing specialist of growth measurements and actions taken.</li> <li>• Regular review in primary care (2-3 monthly).</li> </ul>
BMI decreases $\geq$ 2 centile lines (starting weight $\leq$ 50th percentile). <b>OR</b> Any of the following: <ul style="list-style-type: none"> <li>• BMI 3rd–10th percentile.</li> <li>• Height decreases 1 centile line.</li> </ul>	<p>Dietary intervention and medication adjustment as above.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>• Refer back to managing specialist for review within three months.</li> <li>• Inform managing specialist of growth measurements and actions taken.</li> <li>• Shared care, growth monitoring and prescribing continues until managing specialist review.</li> </ul>
Any of the following: <ul style="list-style-type: none"> <li>• Height decreases <math>\geq</math> 2 centile lines.</li> <li>• Failure of growth despite interventions.</li> <li>• BMI &lt; 3rd percentile.</li> </ul>	<p>Dietary intervention as above.</p> <p>Recommend to STOP STIMULANT MEDICATION. Do NOT provide another prescription prior to specialist review.</p> <p>Review:</p> <ul style="list-style-type: none"> <li>• Refer back to managing specialist for urgent review within one month.</li> <li>• Inform managing specialist of growth measurements and actions taken.</li> <li>• It is not suitable for shared care and prescribing to continue in primary care.</li> </ul>

## Hospital Liason GP updates

### Coordinated paediatric approach throughout winter from Child and Adolescent Health Service

As of 4 May 2026, parents and carers who attend Perth Children's Hospital (PCH) can access the influenza vaccine and FluMist (for children aged from 2 to 11 years old) from the Child and Adolescent Health Service (CAHS) staff located in the PCH atrium.

CAHS has implemented a coordinated 2026 Winter Strategy to respond to anticipated increases in paediatric demand, higher patient acuity and seasonal respiratory illness across Western Australia. Aligned with the WA Health Winter Strategy 2026, the CAHS Winter Strategy delivers a suite of targeted initiatives across prevention, patient flow, bed capacity and workforce support, with a strong focus on ensuring children and families receive the right care, in the right setting, at the right time.

Preventative measures, including staff and childhood influenza vaccination programs, underpin system readiness and aim to reduce avoidable emergency presentations related to seasonal influenza.

Other key hospital initiatives include expanded emergency and inpatient surge capacity, seven-day multidisciplinary models of care within PCH, additional senior clinicians across teams, and enhanced discharge and community transition support.

CAHS acknowledges the considerable role that general practice plays in supporting families to navigate care options during winter, and in delivering safe, timely and integrated paediatric care.

To find out more about the Strategy, GPs can email [CAHS.Winter@health.wa.gov.au](mailto:CAHS.Winter@health.wa.gov.au)

Dr Claire Bowden  
Hospital Liaison GP, Perth Children's Hospital  
[PCH.HospitalLiaisonGP@health.wa.gov.au](mailto:PCH.HospitalLiaisonGP@health.wa.gov.au)

## New gestational diabetes guideline

The new 2026 Women and Newborn Health Service (WNHS) Guideline on Gestational Diabetes Mellitus (GDM) is now available on the King Edward Memorial Hospital (KEMH) public website under the [Obstetrics and Gynaecology Guidelines](#).

This new updated guideline reflects the changes following the Australian Diabetes in Pregnancy Society (ADIPS) [2025 Consensus Recommendations](#) and new diagnostic parameters for GDM.

Whilst this guideline has been written for obstetrics and gynaecology staff at WNHS services, GPs may find aspects of it useful including awareness of the care pathway of women with GDM, and the ADIPS flowchart for screening on pg.5.

The guideline also highlights the long term follow up requirements for those diagnosed with GDM on pg.17. GPs may find this helpful for auditing their current practice processes for those with diagnosis of prior GDM.

## Pregnancy Choices and Abortion Care Clinic changes

As of 4 May 2026, the Pregnancy Choices and Abortion Care Clinic (PCAC) at KEMH will transition to a referral-only service. Patients will no longer be able to self-refer to PCAC.

Patients and clinicians can call the free WA Health funded helpline on 1800 424 642 to access information on where to seek abortion care across WA, including the correct pathways for referral based on their patients' individual circumstances.

Clinician referrals to PCAC should only be made when the patient meets PCAC inclusion criteria. For guidance on eligibility and referral requirements, refer to [Clinician Assist WA](#) or the [KEMH website](#).

GPs can find further information about abortion in Western Australia and health practitioner mandated obligations at the [WA Department of Health](#) website. This page also has the link to the [WA Abortion Care Clinical Guidelines](#) released in March 2025. Information for referrers flyer is available [here](#).

Dr Sarah Smith  
Hospital Liaison GP, Women & Newborn Health Service  
King Edward Memorial Hospital  
[KEMH\\_HLGP@health.wa.gov.au](mailto:KEMH_HLGP@health.wa.gov.au)

## Clinical updates

### Free influenza vaccines for all Western Australians

From 1 May to 30 June 2026, the 2026 Free Influenza Vaccine Program enables GPs and other immunisation providers to administer state-funded influenza vaccines to people aged 12 to 64 years who are not otherwise eligible for an influenza vaccine under the National Immunisation Program (NIP) or other state-funded vaccine. It includes interstate and international visitors and those without a Medicare card.

In 2026, Fluzone is the influenza vaccine available to providers participating in the Program and can be ordered via [Onelink](#) for account holders.

A summary of government-funded flu vaccines by group is provided here: [Influenza immunisation](#).

Visit the [WA Department of Health website](#) for more information.

### New RSV vaccination programs for older adults

National and state funded RSV vaccination programs for older adults commenced 15 May and are available to order through the [Onelink](#) portal.

The National Immunisation Program (NIP) RSV vaccination program for older Australians is available to all persons 75 years of age and older, and Aboriginal people from 60 years of age.

The WA RSV Vulnerable Older Adult Vaccination Program expands the availability of Arexvy for vulnerable older Western Australians to older people aged 60 to 74 years of age and living in residential aged care homes, other congregate living settings, receiving Commonwealth Support at Home or experiencing homelessness.

For a full list of funded cohorts and information about WA RSV immunisation programs, click [here](#).

Advice about the NIP and other information is available [here](#).

## WA Health update regarding Hantavirus situation

The WA Department of Health is providing support to the national response to the repatriation of Australians following an outbreak of Hantavirus onboard a cruise ship off the coast of Praia, Cape Verde, in the Atlantic Ocean.

The Australian Government has stood up the Bullsbrook National Resilience Centre which includes onsite medical facilities. At time of publication, the Australian Government has confirmed that none of the passengers who have been repatriated to isolate here are displaying symptoms of the virus.

Hantavirus is spread by inhalation of contaminated rodent droppings and is not easily transmitted between people. For more information, see the [Australian Centre for Disease Control website](#).

### Diphtheria outbreak – booster encouraged for at-risk populations

At time of publication there have been over 70 confirmed cases of toxigenic diphtheria reported since the WA outbreak began in late December 2025.

Clinicians should consider diphtheria in patients from the Kimberley, Pilbara or Goldfields regions who present with clinically suspicious skin sores, infected wounds or upper respiratory illness.

Immunisation providers are also encouraged to ensure all children and adolescents are up to date with their scheduled diphtheria-containing vaccines under the National Immunisation Program (NIP). This includes the school-based immunisation Program, with proactive review and vaccination during health care encounters and active recalls where feasible.

Aboriginal people and patient-facing health care workers living or working in the Kimberley, Pilbara or Goldfields are encouraged to receive a state-funded diphtheria-containing booster vaccination if it has been more than five years since their last dose.

Refer to the [clinician alert](#) for testing advice and other key information for clinicians. Clinicians are required to urgently notify suspected or confirmed diphtheria cases to the local [Public Health Unit](#) by phone (or call 1800 434 122 if after hours). Do not wait for laboratory confirmation before notifying.

## Referrals to WACHS Goldfields public specialist outpatient services transitioning to CRS

From mid-2026, the Central Referral Service (CRS) will become the single intake point for most non-immediate, external referrals (from GPs, nurse practitioners and private specialists) to public outpatient specialist medical services provided by WA Country Health Service (WACHS) Goldfields, streamlining access and supporting coordination of care.

Key referrer groups have been notified and will be supported through Q&A sessions and additional resources. Training for WACHS Goldfields outpatient staff is also in progress to support the transition.

This significant milestone has been achieved through collaboration between the WACHS Outpatient Reform team, WACHS Goldfields specialists and operational staff, the Department of Health Outpatient Reform Directorate and CRS.

Refer to the [Information for GPs flyer](#) for more information and contact details for support with the transition.

## Free HIV PrEP for Medicare ineligible people in WA

Free HIV pre-exposure prophylaxis (PrEP) is now available for people who do not have a Medicare card and reside anywhere in WA. Access is via a telehealth or in-person appointment at Royal Perth Hospital Sexual Health Clinic or Fremantle Hospital South Terrace Clinic.

To support the program, GPs are asked to:

- Recommend or refer eligible patients to contact Royal Perth Hospital or Fremantle Hospital Sexual Health Clinics. Patients can check their eligibility by visiting [prepwest.com.au](http://prepwest.com.au)
- [Download](#) or order copies of the promotional poster and display in your waiting area and toilets. Posters are available to order from [QuickMail](#) – just search for HIV.
- Speak to colleagues about the program to help spread the word.

For more information about PrEP and other HIV prevention methods, visit: [Medicine to prevent HIV and syphilis](#).

## Clinician Assist WA Update

Clinician Assist WA is excited to announce that the first two resource pages have been published on the Clinician Assist WA site:

- [Measles – Resources](#)
- [Rhinitis and Rhinosinusitis in Children - Resources](#)

Resource pages are a new type of page for Clinician Assist, designed to give users quick access to carefully curated, reliable external resources on clinical topics not yet covered by a Clinician Assist pathway. They bring together reputable and locally relevant resources in one place, saving users time searching for and scrutinising the reliability of information elsewhere.

Resource pages will only be developed when there are existing high-quality succinct materials to direct users to. These pages link clinicians to useful clinical assessment and management resources, as well as other appropriate resources such as education modules, topic background information and patient information. Pages are formatted for ease of navigation, to make finding what users need as easy as possible. Resource pages, like all Clinician Assist content, will be regularly reviewed for appropriateness and currency.

To provide feedback on usability, contact the team via [clinicianassist@wapha.org.au](mailto:clinicianassist@wapha.org.au) or by clicking on the purple “Send Feedback” button on the bottom right-hand side of the page.

## New resources to support mental health care for specific populations

The General Practice Mental Health Standards Collaboration (GPMHSC) has developed five practical, population-specific resources to support culturally safe, trauma-informed mental health care.

Resources are available for:

- Aboriginal people
- refugees and asylum seekers
- LGBTIQ+ patients
- veterans
- culturally and linguistically diverse patients.

Each resource provides guidance for patient-centred consultations, along with referral pathways to support Mental Health Treatment Plans.

Access the Specific Populations Resource Hub on the [GPMHC website](#).

## Formal guidance for clinicians on the use of artificial intelligence tools

Artificial intelligence (AI) tools have the potential to support a wide range of clinical tasks. While they cannot replace GPs' work in preparing clinical documentation, they can assist by automating parts of the documentation process.

The Australian Commission on Safety and Quality in Health Care (ACSQH) has developed formal guidance and associated clinical scenarios to support clinicians, together with their patients, in using AI safely and responsibly in patient care.

[Download the guide from the ACSQHC website.](#)

The RACGP has also developed a fact sheet to assist GPs and practice teams in understanding the potential advantages, disadvantages and administrative considerations of implementing AI scribes in their practice.

[Download the fact sheet from the RACGP website.](#)

## Engaging certified interpreters to support more equitable health care

'We all deserve to be understood' is a national campaign raising awareness about the vital role of nationally accredited\* interpreters, particularly in health care settings.

It encourages patients to ask for a professional interpreter rather than friends or family, to support culturally safe and more equitable health care.

[A guide for health care providers](#) engaging interpreters is available along with a range of social media and educational resources to download and share across your practice channels.

Access the campaign resources [here](#) or through the [WA Primary Health Alliance Multicultural Competency and Capability Framework Toolkit](#).

\*The National Accreditation Authority for Translators and Interpreters (NAATI) is a not-for-profit company owned by the Commonwealth, state and territory governments. More information is available [here](#).

I'm immunised to help protect my mum.



## New state and national immunisation campaigns

The WA Department of Health has launched the 2026 'Be Wise Immunise' campaign to encourage Western Australians to protect themselves and their families from influenza (and respiratory syncytial virus (RSV) this winter.

The 'Be Wise Immunise' campaign provides timely and accessible guidance on available vaccines, eligibility and timing, supporting your patients in making confident vaccination decisions.

The campaign also marks the launch of a new, unified immunisation brand for WA, designed to create consistent, recognisable messaging that builds confidence in immunisation over time.

You can view and download the campaign materials to share through your practice channels from the [WA Health website](#).

The Australian Government Department of Health, Disability and Ageing has also launched two national campaigns to encourage vaccination among the community:

- [Childhood immunisation](#) provides essential vaccine information for parents and shares a video on losing a child to pneumococcal disease.
- [Winter vaccination](#) encourages older Australians to get vaccinated against influenza, RSV, and COVID-19.

## Formal recognition available for GPs specialising in veteran care

GPs who are passionate about caring for veterans and families of veterans can now have their skills formally recognised through the Military Medicine and Veterans' Health (MMVH) stream in the RACGP Recognition of Extended Skills program.

Launched on Anzac Day, the MMVH stream recognises GPs who demonstrate outstanding dedication in supporting the veteran community to manage ongoing and complex health challenges such as chronic pain and mental health conditions.

The Recognition of Extended Skills process formally acknowledges GPs who have advanced expertise in specific areas of general practice, thus enhancing patient care. It is not a qualification or award but recognition of professional growth. Applicants have their evidence of extended skills assessed by a panel of RACGP peers.

To learn more, visit the [RACGP website](#).

## New name for polycystic ovarian syndrome to improve diagnosis and care

A global effort led by Monash University has changed the name of a significant women's health condition that was misunderstood to be only about ovarian cysts.

After 14 years of advocacy, polycystic ovarian syndrome has been renamed polyendocrine metabolic ovarian syndrome to better reflect its complex hormonal nature. The update places less emphasis on cysts, which has led to missed diagnoses and insufficient treatment, and instead highlights polyendocrine metabolic ovarian syndrome as a long-term endocrine disorder.

While Monash-led [international guidelines](#) have advanced awareness and care, a name change was the next critical step towards recognition and improvement in the long-term impacts of this condition.

Read more about global collaboration between experts and people with lived experience in [The Lancet](#).

## Help evaluate a new online tool for endometriosis care

Researchers at Macquarie University Sydney are conducting a study to evaluate a new online decision support tool for patients over the age of 18 who have been diagnosed with, or are strongly suspected of having, endometriosis.

Eligible patients will be given access to the online tool, called EndoOptions, and need to complete four online questionnaires over six months to receive a \$50 gift voucher.

To find out more, refer to the [overview for clinicians](#), download the [waiting-room poster](#) or visit the [EndoOptions research study webpage](#).

For further information about the study, email Prof Kerry Sherman via [kerry.sherman@mq.edu.au](mailto:kerry.sherman@mq.edu.au) or Lynda Fallon via [lynda.fallon@hdr.mq.edu.au](mailto:lynda.fallon@hdr.mq.edu.au)

## WAPHA news

### Primary care funding reform will help with complex chronic disease

With chronic disease rates climbing in Australia, experts suggest a shift toward patient-centred models, ensuring those with complex needs get the support they deserve.

Hear more in our Better Health, Together video with the Grattan Institute's Health Program Director, Peter Breadon, who urges a radical shift in how primary care is funded to address the nation's rising rates of chronic disease.

[Read more](#) and watch the full [Better Health, Together video](#).



## GP education and training

### Voluntary assisted dying in general practice webinar: Legal and clinical insights

Tuesday 26 May | Online | 4pm to 5.15pm  
1 EA & 0.5 RP RACGP hours | End of Life Law for Clinicians\*

Dr Eliana Close (End of Life Law for Clinicians, Australian Centre for Health Law Research, Queensland University of Technology) and Dr Penny Burns (GP) will provide GPs and other primary care staff with core knowledge about voluntary assisted dying in clinical practice and legal obligations.

Using a clinical case study, legal and clinical aspects of voluntary assisted dying in general practice will be explored. Participants will be able to ask questions via the chat function and engage with interactive poll questions.

[Register here.](#)

\*[End of Life Law for Clinicians](#) delivers free online training for health professionals. This training program is funded by the Australian Government Department of Health, Disability and Ageing, and delivered by Australian Centre for Health Law Research at the Queensland University of Technology.

### RACGP WA Clinical Update

Saturday 6 June | 8.30am to 4.30pm | Beaumonde on The Point, East Perth

Join the RACGP WA for a full day of practical, evidence-based updates across key areas of general practice. Led by GPs for GPs, the program brings together expert speakers for short presentations and panel discussions covering updates in respiratory care, women's health, antibiotic guidelines, transgender health care, care for vulnerable populations, medico-legal issues and supporting GP wellbeing.

The event will be followed by sundowner from 4.30pm to 5.30pm to offer a relaxed opportunity to continue conversations and connect with peers.

Cost: \$99 (members and non-members).

- RACGP members [register here.](#)
- Non-members email [wa.events@racgp.org.au](mailto:wa.events@racgp.org.au) to register.



**WAPHA LEARNING WEBINAR**

### Refugee health in primary care

**Conducting a comprehensive refugee health assessment**

This webinar will provide an insight into post-arrival refugee health assessments, commonly screened-for conditions, and how the MBS can support screening and preventative health care.

**WEBINAR 3**

- 📅 Thursday 18 June
- 🕒 6pm to 7pm (AWST)
- 📍 Webinar
- 👤 For GPs, practice managers and staff

**GUEST SPEAKER**

 **Dr Grace Vivian**  
MBBS BA DCH DTMH  
VGDWH FRACGP  
GP at the Humanitarian  
Entrant Health Service

**REGISTER TODAY**

### Viral Hepatitis in Primary Care Day

Saturday 4 July | 9am to 1pm | Aloft Perth ASHM  
3 RACGP EA hours

Join ASHM for an interactive face-to-face program which will equip primary care providers with the knowledge, skills and confidence to test, diagnose, assess, manage and treat hepatitis B and hepatitis C.

Participants will explore evidence-based approaches to clinical management, treatment pathways, and ongoing support for individuals and families, with the goal of improving health outcomes and reducing the burden of viral hepatitis in the community.

A limited number of travel scholarships are also available to support attendance at this event for rural and remote health care providers.

Find out more and register [here.](#)

## National Initial Assessment and Referral (IAR) and Decision Support Tool (DST) training

May and June 2026 | Online | Australian Government Department of Health, Disability and Ageing

The [Initial Assessment and Referral \(IAR\) and Decision Support Tool \(DST\)](#) is designed to establish a national, standardised approach to conducting initial mental health assessments and support general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support.

The Australian Government Department of Health, Disability and Ageing is currently offering two options for IAR-DST training:

- A self-paced eLearning module:
  - [Click here](#) to enrol.
- Online live workshop. Clinicians can choose either of the following dates:
  - [Thursday 28 May 2026 - 8am to 10am](#)
  - [Thursday 11 June 2026 - 8:30am to 10:30am](#)

This is an RACGP CPD approved activity:

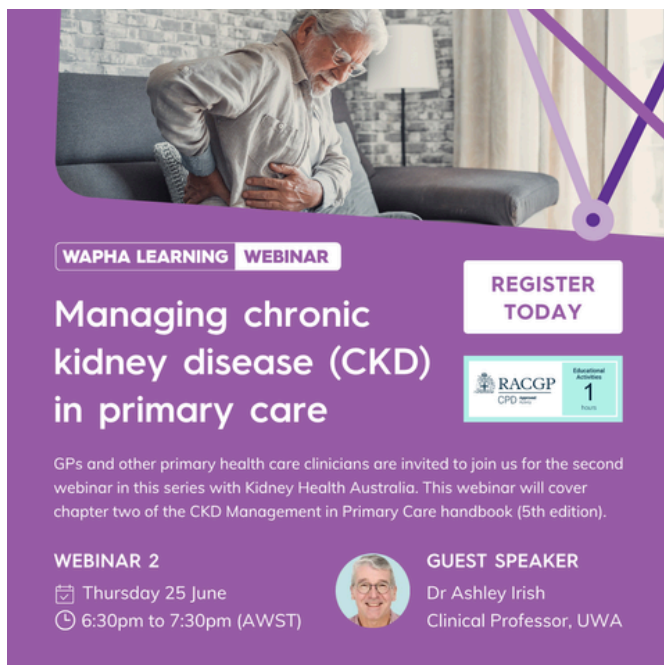
- Educational Activities: 1.5 hours.
- Reviewing Performance: 0.5 hours.

## What's deadly in infectious diseases and public health in 2026?

Friday 22 May 2026 | Online | 10am to 2pm  
Centre for Infectious Diseases and Microbiology – Public Health and the Sydney Infectious Diseases Institute, University of Sydney

Featuring leading local and international experts, this session offers timely insights into the evolving threats posed by measles, hantavirus, *C. diphtheriae*, fungal outbreaks, influenza and SARS-CoV-2, and deepens understanding of the challenges shaping local and global health in the year ahead.

[Register here.](#)



**WAPHA LEARNING WEBINAR**

### Managing chronic kidney disease (CKD) in primary care

**REGISTER TODAY**

RACGP CPD Approved 1 Hour

GPs and other primary health care clinicians are invited to join us for the second webinar in this series with Kidney Health Australia. This webinar will cover chapter two of the CKD Management in Primary Care handbook (5th edition).

**WEBINAR 2**  
 Thursday 25 June  
 6:30pm to 7:30pm (AWST)

**GUEST SPEAKER**  
 Dr Ashley Irish  
 Clinical Professor, UWA

## Free digital mental health training in WA

Thursday 4 June and Tuesday 9 June | 6pm to 8pm  
Kununurra and Broome | eMHPrac, WellMob & WAPHA

Are you based in regional or remote WA and working with Aboriginal and Torres Strait Islander communities in Broome, Kununurra or surrounding areas?

Join one of these sessions for a face-to-face digital mental health training workshop designed for GPs, allied health and health workers working in northwestern WA.

Dinner is included in both sessions. Travel support may be available for rural GPs who need to travel within the region to attend. To check eligibility, please email: [britt.crowley@gut.edu.au](mailto:britt.crowley@gut.edu.au)

Fuel reimbursement up to \$150. One night accommodation up to \$250. You will be required to provide a copy of tax invoices when submitting your claim.

The workshops can be claimed for Educational Activities CPD by self-reporting to RACGP or ACRRM.

Registrations are essential for catering:

- Kununurra 4 June 2026 - [Register here.](#)
- Broome 9 June 2026 - [Register here.](#)

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