

# GP Connect

Keeping GPs informed in the changing primary health landscape



21 November 2024

## Addressing clinical challenges and mitigating adverse pregnancy outcomes in women from multicultural communities in Australia

Dr Janet Hornbuckle, Maternal Fetal Medicine Specialist, FRANZCOG CMFM



Early pregnancy care for women from multicultural communities in Australia requires tailored approaches due to unique clinical challenges and higher risks of adverse pregnancy outcomes within this group. GPs play a critical role in addressing these challenges and mitigating risks to ensure optimal maternal and fetal health.

Women from multicultural communities are disproportionately affected by adverse pregnancy outcomes, including higher rates of preterm birth, low birth weight, gestational diabetes, stillbirth and maternal mortality compared to the general population. These disparities are influenced by a complex interplay of socio-economic factors, cultural beliefs, and access barriers to health care services.

Five tips for GPs working with pregnant women and families from multicultural communities:

### 1. Use interpreter services and other tools to communicate effectively

Limited proficiency in English may hinder comprehension of medical instructions, exacerbating risks of adverse outcomes. Prioritise effective communication by utilising [interpreter services](#) and culturally appropriate communication tools to bridge language gaps and facilitate informed decision-making in early pregnancy care.

### 2. Be aware of different cultural beliefs surrounding pregnancy

Cultural factors also contribute to disparities in pregnancy outcomes. Cultural beliefs surrounding diet, lifestyle, and traditional healing practices may influence maternal behaviours and health-seeking patterns, leading to disparities in prenatal nutrition, adherence to medical advice, and utilisation of antenatal services. Engage women from multicultural communities in culturally sensitive discussions to understand their beliefs and preferences, tailor clinical recommendations accordingly, and promote culturally appropriate health behaviours to mitigate risks of adverse outcomes.

### 3. Utilise specific culturally and linguistically diverse resources and services

Socio-economic disparities further compound the challenges faced by pregnant women from multicultural communities, limiting access to quality health care services and exacerbating existing health inequities. Financial constraints, lack of health insurance coverage, and transportation barriers may prevent them from accessing prenatal care early in pregnancy, increasing their vulnerability to adverse outcomes.

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## Addressing clinical challenges and mitigating adverse pregnancy outcomes in women from multicultural communities in Australia (cont)

### 4. Utilise specific culturally and linguistically diverse resources and services

Clinical interventions targeted at mitigating adverse pregnancy outcomes in women from multicultural communities include early screening and management of gestational diabetes, culturally sensitive counselling on prenatal nutrition and lifestyle modifications, and proactive monitoring for complications associated with preterm birth and low birth weight, including stillbirth. Integrate these interventions into routine prenatal care, ensuring comprehensive risk assessment and individualised management plans tailored to their specific needs

### 5. Involve a multidisciplinary team

Collaboration with multidisciplinary health care teams, including obstetricians, midwives, and cultural support workers, is essential in addressing the complex clinical needs of pregnant women from multicultural communities and reducing disparities in pregnancy outcomes. By fostering partnerships with community organisations and advocating for culturally competent health care policies, GPs can improve access to quality prenatal care, promote positive pregnancy outcomes, and enhance maternal and fetal health outcomes.

### Safer Baby Bundle resources for multicultural communities

Safer Baby Bundle has developed numerous resources to assist GPs and other maternity care providers to provide culturally appropriate care aimed at reducing the rates of stillbirth:

- [Safer Baby](#): A website designed for parents.
- [Culturally adapted resources](#): Available for Arabic, Dari, Dinka and Karen speaking communities.
- [Stronger Bubba Born](#): Website for Aboriginal patients.
- [Translated resources](#) in 25 different languages.
- [Updated eLearning](#), including free and accredited CPD modules, as well as other [clinician resources](#).

Other useful resources:

- [Multicultural Health Communication Service](#): Provides resources and training for health care providers on effective communication with patients from multicultural communities.
- [Stillbirth CRE \(Centre of Research Excellence\)](#): Offers information and resources on stillbirth prevention, including culturally sensitive approaches to pregnancy care.
- [Australian Government Department of Health and Aged Care - Pregnancy Care Guidelines](#): Provides evidence-based guidelines for health care providers on pregnancy care, including recommendations for women from multicultural backgrounds.
- [healthdirect – Maternity care in Australia](#): Comprehensive overview of the maternity care system available in Arabic, Bengali, Simplified Chinese, Traditional Chinese, and Vietnamese
- [Health Translations](#): Offers a wide range of health resources translated into multiple languages, including pregnancy-related materials.

## Hospital Liaison GP Updates

### Royal Perth Bentley Hospital

#### RPH Immunology and Respiratory Outpatients Referrals update

Although the recently published [Immunology \(Adult\) Referral Access Criteria \(health.wa.gov.au\)](#) are not yet mandatory, GPs are encouraged to become familiar with, and start using the Immunology RAC as soon as possible. There are long waiting times for non-urgent Immunology referrals at RPH, and adequate referral information is essential to assist safe and timely triage and review. Additional information is also available under the Clinician Assist WA [Immunology and Allergy](#) pathway.

Similarly, GPs are encouraged to use the [Respiratory and Sleep Medicine Referral Access Criteria](#) (RAC) although these are also not yet mandatory. In some cases, spirometry is essential to assist safe and timely triage and review – additional information is also available on the Clinician Assist WA [Spirometry Testing and Evaluation](#) pathway or if you need to refer to another community provider to perform spirometry or other Respiratory function tests, see the Clinician Assist WA [Respiratory Function Testing](#) pathway.

## Royal Perth Bentley Hospital(cont)

GPs can self-log CPD hours for the time spent learning about RACs and/or reviewing referrals to ensure they comply.

Mandatory RACs include:

- Adult ENT, Gastrointestinal direct access endoscopy, Neurology, Ophthalmology, Rheumatology and Urology
- Paediatric ENT and Endocrinology and diabetes.

More information is available on the [WA Department of Health website](#).

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[jacquie.garton-smith@health.wa.gov.au](mailto:jacquie.garton-smith@health.wa.gov.au)

Generally available: Tuesday afternoons, Wednesday 10–2pm and Thursdays.

## East Metropolitan Health Service

### Co-HIVE Aged Care Service

The East Metropolitan Health Service (EMHS) Community Health in a Virtual Environment (Co-HIVE) Aged Care Service is a geriatrician-led, virtual health care initiative designed for individuals residing in residential aged care homes (RACHs) in Western Australia. Co-HIVE provides unique, comprehensive, high-quality, and coordinated clinical care to older adults, prioritising the most suitable setting for their needs.

GPs can refer older adults residing in a RACH within EMHS catchment and aged 65 or older (or 50 for consumers who identify as Aboriginal or Torres Strait Islander) if they have:

- Complex care needs requiring one or more of geriatrician led evaluation, management, or care planning, especially to avoid deterioration and/or emergency department presentation, and/or;
- Recently been discharged from an EMHS hospital, and the GP would like assistance with:
  - complex geriatric care needs
  - advance care planning
  - ongoing medication titration or analgesia management.

To make referral to this service, contact Co-HIVE Service on 08 9224 1807 between 8.30am and 5.00pm and provide the following information:

- Demographic details
- RACH details
- Reason for referral including a concise description of the consumers medical condition or reason for seeking care
- Advance Care Plan details.

Hospital staff will also arrange Co-HIVE for suitable RACH patients being discharged from EMHS hospitals.

More information is available on the [Co-HIVE service website](#) or Co-HIVE Service.

### Bidi Wungen Kaat – St James Transitional Care Unit

Prevention and Recovery program open to GP referrals GPs are now able to refer adults living in the East Metropolitan Health Service (EMHS) catchment, who require a step up from the community to manage their mental health, without the need to present to an emergency department (ED) facility.

The Bidi Wungen Kaat – St James Transitional Care Unit prevention and recovery program provides an evidence-based, innovative approach to mental health care delivered by the EMHS in St James, within the Town of Victoria Park. The 20-person Prevention and Recovery Unit is a sub-acute residential service providing contemporary staged recovery support for people experiencing complex emotional issues. Referral to the service should not be for medication adjustment or diagnostic clarification.

Please note that people in crisis or presenting as a risk to themselves or others, need to be assessed in an ED for assessment. Bidi Wungen Kaat is a sub-acute step-up/step-down service which is not set up to provide crisis admissions, or support for people requiring an acute level of mental health care. Also, patients with acute medical needs may not be admitted to the unit as the unit is not equipped with emergency medication trolley and is not supported by acute medical care teams.

For further information about the service, programs, referrer fact sheets including eligibility and brochures, please refer to [East Metropolitan Health Service - Bidi Wungen Kaat Centre](#).

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## Royal Perth Bentley Hospital(cont)

### GP referral process:

1. Please phone 08 6315 3000 to discuss potential suitability of a referral(s). Although the residential service operates 24/7, the Clinical Nurse Manager/Service Lead is only available to assess or discuss referrals Monday to Friday, 8.00am to 4.00pm. Please send a referral letter or form from your practice software to [PRU.TCUREferrals@health.wa.gov.au](mailto:PRU.TCUREferrals@health.wa.gov.au) for Prevention and Recovery Unit. If you are unable to email, fax referral to 08 6315 3024 (unfortunately secure messaging is not currently available). Once the information is faxed, please call and confirm the receipt of the referral. Include the following information:

- o Your patient's contact details including mobile phone number (and if known, Unit Medical Record Number)
- o Psychiatric/ mental health problem
- o Alcohol and substance misuse
- o Medical history and allergies
- o Medication
- o Risks - suicide/ self-harm (if yes, last episode of self-harm/ suicide)
- o Violence
- o Any other risks identified
- o Past or current community team/ private psychiatrist/ psychologist involvement
- o Expectations/ goals for admission.

2 On receipt of a GP referral, the Bidi Wungen Kaat team will discuss the referral in the multidisciplinary team meeting:

- o Based on the outcome of the referral meeting, if the service is likely to be appropriate for your patient, they will be contacted directly for further assessment by phone and/or a time made to attend the unit for a suitability assessment. If they are accepted for admission, we'll inform them of the outcome straight after the suitability assessment. We will notify the outcome to the referrer via email. Beds may not be immediately available on acceptance. Clinical responsibility remains with the GP until such time as the person is admitted to the service.
- a. If Bidi Wungen Kart is not appropriate for your patient, EMHS will inform you of the outcome in a timely manner via email.

The Bidi Wungen Kaat team look forward to hearing from GPs with further questions around this service, referral process or if GPs would like to discuss whether one of your patients may benefit from this service.

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[jacquie.garton-smith@health.wa.gov.au](mailto:jacquie.garton-smith@health.wa.gov.au)

Generally available: Tuesday afternoons, Wednesday 10–2pm and Thursdays.

## Perth Children's Hospital

### Education and collaboration forum on caring for children with sickle cell

The Perth Children's Hospital (PCH) Haematology service is inviting GPs (in person or virtually), to a unique, half-day education and collaboration forum on Friday 13 December that will bring together health professionals, patients with sickle cell disease, their families and carers.

The first 90-minute session will offer concurrent sessions for patients and parents/carers for facilitated discussion and Q&A to better understand the patient experience.

The second hour and 45-minute session is for patients, families/carers and their GP. The PCH Adolescent Haematology Department will give key information on providing the best care for children living with Sickle Cell Disease.

View a copy of the event agenda [here](#) and find out more and register [here](#).

Contact Hospital Liaison GP, Dr Claire Bowden via [PCH.HospitalLiaisonGP@health.wa.gov.au](mailto:PCH.HospitalLiaisonGP@health.wa.gov.au) if you are unable to attend and would like to view the event recording.

Dr Claire Bowden

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[PCH.HospitalLiaisonGP@health.wa.gov.au](mailto:PCH.HospitalLiaisonGP@health.wa.gov.au)

(08) 6456 3317

Available: Monday



## Clinical Updates

### Mandatory registration with ScriptCheckWA

ScriptCheckWA provides real time information about the prescribing and dispensing of monitored medicines. It allows prescribers and pharmacists to identify risks and determine the clinical appropriateness of prescribing or dispensing a monitored medicine. More information on Real Time Prescription Monitoring (RTPM) can be found at the [WA Department of Health website](#) and the [Australian Commission on Safety and Quality in Health Care](#).

With the upcoming regulatory amendments, registration with ScriptCheckWA will be mandatory for all health practitioners who prescribe or dispense a monitored medicine, including Schedule 4 monitored medicines and Schedule 8 medicines, for a patient residing in Western Australia. Pharmacists and Prescribers who work in non-clinical roles are not required to register to use ScriptCheckWA.

Patient records in ScriptCheckWA are confidential and can only be lawfully accessed by a health practitioner involved in the patient's medical care, and in the context of monitored medicines. An access log is recorded in ScriptCheckWA of all health practitioners who have viewed a patient's records. Pharmacists should be familiar with the [Terms and Conditions of using ScriptCheckWA](#).

### Mpox cases increasing in WA

The Communicable Disease Control Directorate reported five cases of mpox have recently been identified in WA, with an additional mpox case transiting through Perth while infectious. There is an increasing risk of mpox as not all contacts can be identified.

- Men who have sex with men (MSM) are at highest risk of mpox.
- Test for mpox and other sexually transmitted infections (STIs) in a sexually active person with symptoms.
- Identify and recall patients eligible for mpox vaccination. Two doses provide optimal protection.
- [Notify](#) mpox cases to [Public Health](#).

[Read the Alert for Clinicians 7 November 2024](#)

### Two cases of meningococcal disease reported in WA

WA Department of Health reported that an adult and a teenager (who are related), have been diagnosed with meningococcal serogroup B disease and both are recovering in hospital.

To date in 2024, 13 meningococcal cases have been reported in WA. Ten cases were serogroup B, two were serogroup Y and one was serogroup W. In 2023, a total of nine meningococcal cases were reported.

The National Immunisation Program and WA Department of Health provides [free meningococcal ACWY and B vaccines for eligible groups](#). The MenB vaccine is free for all Aboriginal children aged up to two years old and people of all ages with certain medical risk conditions. People not eligible for free vaccines can request them through their immunisation provider for a fee.

Read the full notification on the [WA Department of Health website](#).

### Metropolitan Perth and South West measles alert

The WA Communicable Disease Control Directorate has advised a case of measles has been identified in a returned overseas traveller.

Health professionals should be alert for [measles](#), particularly among returned overseas travellers – ensure all staff have a high index of suspicion for measles in patients presenting with a febrile rash.

Patients should be especially vigilant if they have or visited any of the [exposure locations](#) and are not immune to measles (i.e. are not fully vaccinated against measles and have not had measles previously). Free MMR vaccines are available to people susceptible to measles, even if they are not eligible for Medicare. Serology is not required before vaccinating. More information on the [state funded adult measles vaccination program](#) is available here.

Read the full alert on the [WA Department of Health website](#).

## Risk of flavivirus encephalitis following early detections in northern WA

The Communicable Disease Control Directorate reported that flavivirus activity has been recently detected through the sentinel chicken surveillance program in the East and West Kimberley regions of Western Australia (WA).

This is unusual for this time of year and indicates an earlier start to the flavivirus season and GPs are advised by WA Department of Health:

- Ask about exposure and travel history in patients with clinically compatible symptoms of encephalitis, and consider testing for flaviviruses, including Japanese encephalitis virus (JEV), Murray Valley encephalitis (MVE) virus and Kunjin virus.
- Urgently [notify](#) flavivirus cases to [Public Health](#).

[Read the Alert for Clinicians 6 November](#)

## Delay to the Immunology Referral Access Criteria mandate

Due to the current referral backlog at Central Referral Service (CRS) that is causing significant referral processing delays, the Immunology RAC mandate scheduled for Monday 11 November has been postponed.

The CRS team is responsible for applying the mandatory requirements of the RAC to new referrals and mandatory RAC require additional attention and resources to ensure requirements are met.

This decision aims to alleviate the pressure on CRS and ensure an optimised roll out of this RAC at a more appropriate time (i.e. March 2025).

In the meantime, the Immunology RAC will remain available on the [WA Department of Health RAC website](#) to provide guidance to referrers.

## What happens when a referral is rejected by the Central Referral Service?

The Central Referral Service (CRS) processes approximately 1,200 outpatient referrals daily, ensuring each referral is reviewed and allocated to the appropriate speciality and site.

To ensure accurate and timely triaging by hospital clinicians, it's crucial that referrals meet the [minimum requirements for WA outpatient referrals](#), particularly adhering to [Referral Access Criteria \(RAC\)](#).

If the CRS team were to send a referral that did not contain the required mandatory information to the hospital, the referral would be cancelled at site, and this can lead to delays in care for your patient.

The CRS has advised the following:

- If a referral lacks the necessary information or does not adhere to the RAC for that specialty, the CRS team are required to cancel the referral and return to the GP for revision.
- If a referral is sent to the clinicians at site for triaging and they do not accept the referral, a rejection letter will be sent to the referrer. Some hospital specialties send rejection letters directly to the referrer with the reason. Other hospital specialties will provide the reason and CRS will send a rejection letter on their behalf quoting the reason provided by the clinician following triage.
- Whilst CRS manages the allocation of referrals, it is not responsible for setting the RAC or performing clinical triage. These responsibilities lie solely with the specialists and clinicians at the receiving hospital.

Concerns about specific referrals can be discussed with the CRS team on 1300 551 142.

## Quick guide on available supports for veterans' post-discharge

The Department of Veterans' Affairs has released a new [one-page printable guide](#) to support transfer of care arrangements following a veteran's hospital stay. It includes information on services and programs to assist veterans returning home once they are discharged from hospital.

## Clinician Assist WA Transgender Health and Gender Diversity pathway

It's WA Pride Month this November and a good opportunity to highlight the [Transgender Health and Gender Diversity](#) pathway available on Clinician Assist. This pathway was published in 2022.

Based on national and international guidelines, this [pathway](#) outlines the assessment, management and referral pathways to [specialised services](#) for trans, gender diverse and non-binary (TGDNB) people of all ages. The pathway provides advice on creating welcoming and inclusive clinical environments for TGDNB people, provides details on available supports for TGDNB people and their families, and outlines how to assess and manage TGDNB people of all ages. It also includes a section on professional support.

Note: If you are not logged into Clinician Assist WA, clicking on the linked pathways in this article will automatically redirect you to the login page. To access the linked pathways, please [log in](#) to your Clinician Assist WA account and then [click the link to the pathway](#) within the article.

## General Practice in Aged Care Incentive - Updated MBS User Guide

The latest version of the MBS user guide for the General Practice in Aged Care Incentive has been published to support general practices to plan their delivery of care and provides examples of how to use MBS items to meet the requirements of this incentive.

This updated version of the guide removes references to Aboriginal Health Workers and clarifies that only Aboriginal Health Practitioners and Practice Nurses are eligible to claim MBS Item 10997.

References have also been removed to MBS Item number 10987 as this item is only billable following a 715 health check, which cannot be billed for residents of an aged care home.

Get your copy of the guide [here](#) and see more information on practical applications for your practice in [Practice Connect](#).



## Subsidised Rhesus D Non- Invasive Prenatal Testing now available

Rhesus D Non-invasive Prenatal Testing (RHD NIPT) screening test is now available at PathWest for pregnant women who are Rhesus D-negative (and do not already have anti-D antibodies) - and is fully covered under Medicare.

Visit the [PathWest website](#) for more information and to download the [request form](#), and [information brochure](#) (The test should be done between 20-32 weeks at a PathWest Collection Centre and requires a special collection tube).

## Online directory of outreach services for rural and remote communities

To improve access to health care for rural communities, Rural Health West supports more than 1,000 outreach health services across rural and remote WA.

GPs can search for outreach services that have been approved for delivery to 30 June 2025 on the [Rural Health West website](#). Services can be filtered by region, service provider, health professional, host facility and visit date.

Visit dates for upcoming services are added as they are confirmed and are subject to change. Rural Health West recommends contacting the service provider or host facility to confirm visit dates.

## Sexual health resources for young people and their families



Given young people may be more likely to engage in sexual activities during upcoming school leavers events, WA Department of Health is taking the opportunity to encourage GPs to discuss prevention, testing and treatment of STIs with all young people who may be sexually active or thinking about becoming sexually active.

[Research shows](#) although young people have high trust in doctors, they often do not feel confident to initiate conversations about sexual health. The highest chlamydia notification rates occur among people aged 15 to 24 years, with recent data showing that gonorrhoea rates have increased by 26 per cent compared to the previous 12-month period.

WA Department of Health resources to assist young patients and their parents include:

- [Get the Facts](#) - Website for young people offering reliable information, free STI testing, a map that shows where to find free condoms in WA, and where confidential questions can be submitted.
- [Talk Soon. Talk often](#) - Downloadable book and website to support parents to have conversations with their teens about relationships and sex.

Practices can also order hard copies of brochures via [shbbvp@health.wa.gov.au](mailto:shbbvp@health.wa.gov.au) on topics including STIs, contraception, sexting, how to use condoms, and consent

## Update to RACGP type 2 diabetes management handbook

The Royal Australian College of General Practitioners (RACGP) has recently updated [Management of type 2 diabetes: A handbook for general practice](#). Developed by the RACGP and Diabetes Australia, this comprehensive resource features up-to-date evidence and advice to support high-quality care of patients with type 2 diabetes.

Along with updates to existing sections, the latest update also contains new sections on:

- Remission of type 2 diabetes.
- Weight management interventions for type 2 diabetes.
- Sleep and diabetes.
- Disability, dementia, cognitive decline and hearing impairment.

Find out more on the [RACGP website](#)

## First national standard of care for COPD

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has recently published the first national standard to support better diagnosis and management of chronic obstructive pulmonary disease (COPD).

Endorsed by 20 peak bodies, including leading lung health organisations, the Thoracic Society of Australia and New Zealand and Lung Foundation Australia, the [Chronic Obstructive Pulmonary Disease Clinical Care Standard](#) aligns with current evidence-based Australian guidelines for COPD management, including the COPD-X Guidelines and Therapeutic Guidelines.

Recommendations include accurate diagnosis with spirometry, non-medication management strategies such as pulmonary rehabilitation, and adopting a stepwise approach to medication.

[View the highlights infographic](#) here and download the Standard and accompanying resources from the [ACSQHC website](#).



## Help for older patients to research and compare the quality of care, safety and services of aged care homes

In response to the [Royal Commission into Aged Care Quality and Safety](#), the Australian Government Department of Health and Aged Care (DHAC) introduced Star Ratings for residential aged care homes.

Star Ratings help older people to research and compare the quality of care, safety and services of aged care homes across Australia. This information can help older people and their support networks to make more informed choices about the care that best meets their needs.

Direct your patients to the [DHAC website](#) and also see the [DHAC toolkit for health professionals](#) to support your conversations with patients. Translated resources are also available.

## Free health coaching program for patients

Are you working with patients who need healthy lifestyle support?

The Better Health Coaching Service is a free health coaching program funded by WA Department of Health and designed to help adults in Western Australia prevent or manage chronic health conditions.

The program can help you to support and encourage patients to improve their habits and lead healthier lifestyles, long-term. When you refer your patients, they get access to up to 10, 30-minute sessions with a tertiary qualified health coach, whose backgrounds include dietetics, exercise physiology, and psychology.

The service can provide personalised services, motivational interviewing, wellbeing tools, online moderated forums and regular updates on the patient's progress throughout the program.

Refer your patients [here](#) or direct them to the [Better Health Coaching website](#) for more information

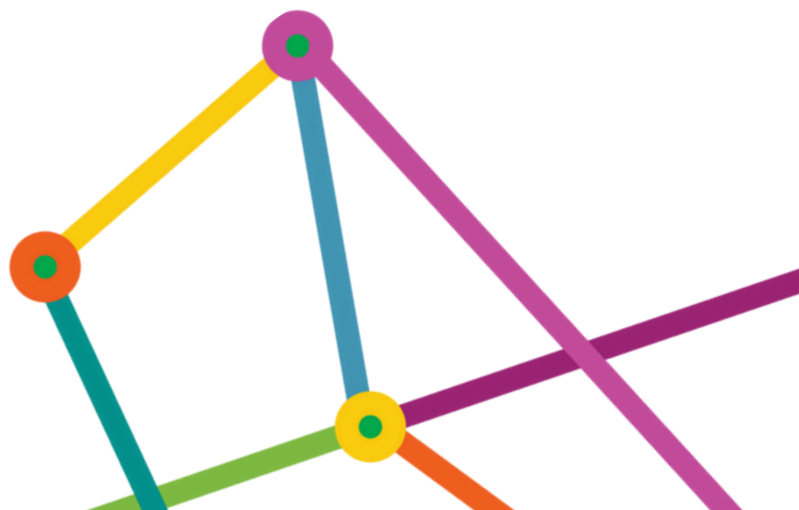
## Supporting Aboriginal people with elevated weight through yarning



To improve cultural safety in care for Aboriginal people living with elevated weight, WA Primary Health Alliance (WAPHA) has launched two videos for primary health care practitioners focused on enhancing communication and fostering trust through social yarning and management yarning.

[Yarning about weight: Building trust through social yarning](#) and [Yarning about weight: Setting goals and supporting change through management yarning](#) offer practical techniques to create a more supportive and culturally safe environment for Aboriginal people to discuss their weight-related health concerns.

Clinical yarning techniques can help support Aboriginal patients to feel comfortable discussing sensitive weight concerns, better understand the health impacts of excess weight, actively participate in developing management strategies and follow through with lifestyle changes and treatments.



## GP Education and Events

### Rural Health West Advanced Skills Support program

If you are a privately practicing, rural GP with advanced skills in emergency medicine, anaesthetics or obstetrics you may be eligible for financial support to attend events, workshops and courses relevant to your procedural skills.

Contact Rural Health West Program Coordinators - Nicole Jacobs (Obstetrics and Anaesthetics) [Nicole.jacobs@ruralhw.com.au](mailto:Nicole.jacobs@ruralhw.com.au) and Rebecca Wilson (Emergency Medicine) [Rebecca.wilson@ruralhw.com.au](mailto:Rebecca.wilson@ruralhw.com.au) for more information about the program eligibility or visit the [Rural Health West website](#).

### GP telehealth webinar

21 November | 6pm – 7pm | Online

This WAPHA webinar presented by Principal GP Plantagenet Medical, Dr Amanda Villis, will explore the benefits of using telehealth in general practice, discuss some scenarios of video-call telehealth and touch on considerations to keep in mind when conducting a telehealth appointment.

[Find out more and register](#)

### WA Mental Health Conference

26-27 November | Perth Convention and Exhibition Centre

With a new WA mental health and AOD strategy expected in 2025, the upcoming "Solutions in Motion" conference will be a catalyst for positive change. Includes a dynamic conference program combining topical and timely conversations, and practical streams on things like integration, capacity building, and workforce. [View the program and register here](#)

### Webinar series: GP training for ME/CFS and long COVID

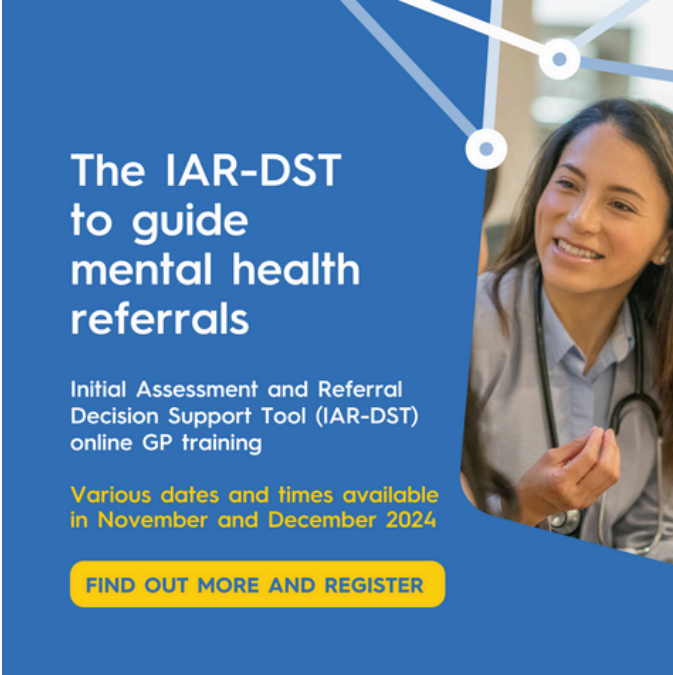
**Managing common symptoms and co-morbidities to improve outcomes,**

25 November | 3pm-4.30pm | Online

Join Dr. Mark Donohoe, GP President of The Australasian College of Nutritional and Environmental Medicine, for the second webinar in this series.

Includes practical management approaches for common symptoms and co-morbidities that present in ME/CFS and long COVID.

[Register here](#)



**The IAR-DST to guide mental health referrals**

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

Various dates and times available in November and December 2024

**FIND OUT MORE AND REGISTER**

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