GP Connect

Keeping GPs informed in the changing primary health landscape

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An Australian Government Initiative

24 October 2024

Lung cancer update: The importance of multidisciplinary team care for improved patient outcomes

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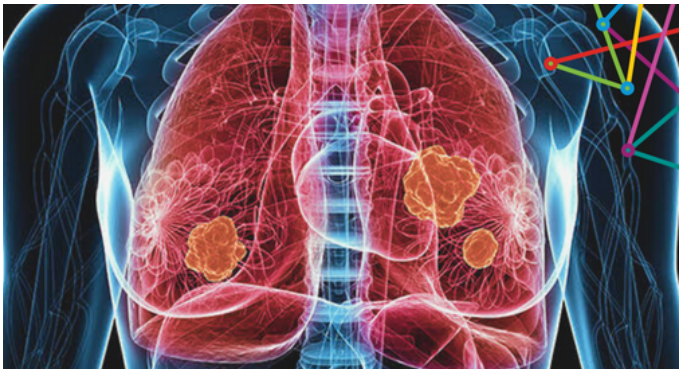
Lung cancer is one of Australia's most common cancers and is the leading cause of cancer-related death. Despite evolution in lung cancer treatment, five-year survival remains very low, at 24 percent. This reflects that most patients have metastatic disease at the time of diagnosis.

The implementation of the National Lung Cancer Screening Program in July 2025 will lead to earlier detection and improved outcomes for high-risk individuals who meet the eligibility criteria. However, clinicians must remain alert to the possibility of lung cancer diagnosis in patients who do not have a history of tobacco exposure.

Lung cancer in patients who have never smoked is the fifth leading cause of cancer death worldwide, and the importance of other risk factors including genetic risk and air pollution are increasingly recognised.

Patients with symptoms such as haemoptysis, persistent new or changed cough, chest pain, or unexplained weight loss require prompt evaluation regardless of tobacco exposure or screening eligibility.



Multidisciplinary team (MDT) care is crucial for patients with suspected or confirmed lung cancer. In the Optimal care pathway for people with lung cancer, Cancer Australia recommends referral to a clinician – in practice, usually a respiratory physician – linked to a thoracic MDT. In Perth, the three major public hospitals, as well as St John of God Midland Public Hospital and some private hospitals, have a regular Thoracic Multidisciplinary Meeting (MDM). GPs can also refer to the Multidisciplinary Thoracic Malignancy Assessment referral pathway on Clinician Assist WA for service information. Many clinicians working in private practice will be affiliated with a private hospital MDM, although their staffing may vary, as in the public system.

Lung cancer diagnosis and staging is complex and routinely requires the utilisation of multiple modalities, including Positron Emission Tomography/Computed Tomography (PET/CT) imaging (nuclear medicine), percutaneous biopsy (interventional radiology) and/or bronchoscopy (respiratory medicine). Anatomical and molecular pathology play an important role, not only in confirming the diagnosis, but performing additional tests to identify driver mutations that determine which treatment regimens are likely to be most effective. The optimal care pathway includes timelines for lung cancer diagnosis and treatment commencement, although meeting these targets is challenging.

Continued page 2

Lung cancer update – (cont)

Discussion at a thoracic MDM is vital for all patients with suspected or confirmed lung cancer. This is where cancer stage is confirmed – which may require additional testing, such as mediastinal lymph node staging – and a personalised treatment recommendation is made. MDM discussion is associated with an overall survival benefit, regardless of cancer stage. The optimal care pathway provides recommendations for minimum and extended MDM staffing; engagement of all core disciplines is required to ensure robust decision making. This includes consideration of newer treatment approaches, particularly for patients diagnosed with non-small cell lung cancer. Examples of recent advances adopted as best practice care in WA include lung-sparing approaches for select patients undergoing surgical resection; increasing use of systemic therapies in the perioperative setting, and the utilisation of Next Generation Sequencing, which may enable access to highly effective targeted therapies or clinical trials.

> *"Multidisciplinary input is essential when caring for patients with suspected and confirmed lung cancer, particularly in light of evolving treatment paradigms."*

Involvement of general practice is key to good multidisciplinary care and is important at all stages of cancer diagnosis and treatment. Ensuring that referrals for patients with suspected lung cancer contain requisite the information will assist in expediting diagnostic workup: this should include an up-to-date medical history and medication list (particularly antiplatelets and anticoagulants), details of diagnostic imaging (i.e. CT chest; chest x-ray is not sufficient) and other relevant investigations, such as echocardiogram results. GP involvement will also ensure adequate psychosocial support during diagnostic testing and prior to treatment; this period can be a time of significant uncertainty and anxiety for patients and families. Open communication between MDTs and the patients' usual GPs should include regular updates regarding diagnostic confirmation, MDM outcomes and treatment, as well as discussion of potential shared care arrangements and follow-up care. This is of particular relevance for patients who elect not to receive anti-cancer therapy and may have increased need for supportive and palliative care in the community.

In summary, multidisciplinary input is essential when caring for patients with suspected and confirmed lung cancer, particularly in light of evolving treatment paradigms. Referral to a clinician affiliated with an experienced thoracic MDT is critical to ensure best practice diagnostic testing and staging, and a personalised treatment recommendation that provides patients with the best chance of cure (where possible), or otherwise durable disease control with preserved quality of life.

Resources for GPs:

Clinician Assist WA clinical and referral pathways:

- Lung Cancer – Suspected
- Multidisciplinary Thoracic Malignancy Assessment
- Psychosocial Care in Cancer

Cancer Australia and Cancer Council:

- Optimal care pathway for people with lung cancer – 2nd edition
- Optimal care pathway for people with lung cancer – quick reference guide

Australian Government Department of Health and Aged Care:

- National Lung Cancer Screening Program information for healthcare providers

Dr. Jessica Nash is conducting focus groups exploring the best way to feedback information regarding the quality of lung cancer care. If you would like more information, or are interested in participating, please contact Jessica at Jessica.nash@curtin.edu.au.

Hospital Liaison GP Updates

King Edward Memorial Hospital

Heavy menstrual bleeding – new clinical care standard for Australia

The Australian Commission on Safety and Quality in Health Care released the updated 2024 Heavy Menstrual Bleeding Clinical Care Standard on the 13 June 2024, and GPs may have seen this publicised in the media.

Heavy menstrual bleeding (HMB) affects one in four women in Australia, and more than 60 per cent of those affected are iron deficient.

Bleeding is not normal when it is described as:

- often flooding through clothing
- changing pads/tampons every 1-2 hours
- period lasting longer than 8 days
- resulting in person being unable to do normal activities.

There are many clinical resources available for GPs relating to implementation of this updated clinical care standard, including a summary factsheet, educational webinar and patient story.

The HMB clinical care standard was released as part of the 2024 Women's Health Focus report, and contains eight quality statements describing safe and appropriate care.

GPs are well placed to manage heavy menstrual bleeding, and the clinical care standard highlights the importance of the following:

- **Assessment and diagnosis** - including detailed history, consideration of PALM-COEIN causes, iron deficiency investigations, exclusion of pregnancy, contraception needs, and impact on the affected person's quality of life.
- **Informed choice and shared decision making** – provision of evidence based resources to aid understanding and decisions.
- **Initiating medical management** – with oral treatments for symptom relief offered at the first presentation when appropriate.
- **Arranging a quality ultrasound** – preferably transvaginal, on day 5-10 of normal menstrual cycle when investigating structural causes of heavy menstrual bleeding.
- **Discussion and provision of intrauterine hormonal device** - (52mg LNG IUD) as part of management
- **Arranging non-GP specialist referral as needed** - including discussing uterine preserving alternatives to hysterectomy and referral for hysterectomy as needed.

The HMB Clinical Care Standard highlights the importance of considering risk factors for endometrial cancer in those presenting with heavy menstrual bleeding, including:

- age, with increased suspicion warranted in a woman aged over 45
- personal or family history of endometrial cancer or colorectal cancer
- use of unopposed oestrogen or tamoxifen
- obesity
- young age at menarche or older age at menopause
- nulliparity
- diabetes
- endometrial hyperplasia

The potential treatments for heavy menstrual bleeding are summarised by the ACSQH in this table.

GPs are advised to familiarise themselves with the updated HMB Clinical Care Standard and available resources.

Referrals to public gynaecology outpatient services for non- urgent referrals are made via the Central Referral Service – see Clinician Assist WA (formerly HealthPathways WA) for details.

Information regarding non-urgent referrals to general gynaecology outpatient clinics for heavy menstrual bleeding at King Edward Memorial Hospital (KEMH) can also be found on the KEMH website.

For urgent referrals, please refer to the patient's local gynaecology hospital service and make direct phone contact with the gynaecology team.

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Perth Children's Hospital

Familial hypercholesterolaemia – a treatable paediatric disorder

GPs are ideally placed to collaborate in a shared-care, risk-reduction pathway to ensure earlier detection, appropriate treatment, and improved outcomes for all children with familial hypercholesterolaemia (FH).

FH is the most common and serious cause of inherited high cholesterol and, if untreated, leads to premature atherosclerosis and coronary artery disease (CAD). The prevalence is approximately one in 250, but currently less than 5 per cent of all children in Australia with FH are diagnosed.

National paediatric FH guidelines have been published and include guidance on the diagnosis and management of FH in children.1 Diagnostic tools such as the Dutch Lipid Clinic Network Score should not be used in children under 18 years, but a phenotypic diagnosis of probable FH can be made with:

- LDL-cholesterol level >5 mmol/L in the absence of parental history of hypercholesterolaemia or premature CAD (≤55 years in males, ≤65 years in females).
- LDL-cholesterol of 4-5 mmol/L with parental history of hypercholesterolaemia or premature CAD.; or
- LDL-cholesterol >3.5 mmol/L with a parent with a pathogenic gene variant.

Genetic testing should be performed to confirm the diagnosis in children with probable FH. GPs can order FH genetic cascade testing of first or second-degree relatives of an index case with a documented pathogenic gene variant (MBS pathology item 73353)

Read the July 2023 GP Connect Clinical Feature on familial hypercholesterolaemia for more information on cascade testing.

Treatment of FH in childhood can significantly decrease cardiovascular morbidity and mortality.2 Life expectancy in untreated FH is about 20 years less than the general population, but if diagnosed and treated from childhood, individuals with FH can expect to have a normal life expectancy. Treatment consists of lifestyle interventions including a healthy, low-fat diet, regular physical activity, a lipid-lowering medication and avoidance of smoking and vaping.

Initiation of statins should be considered at eight to 10 years of age for heterozygous FH, and from the time of diagnosis for the rarer homozygous FH. Statins are very well tolerated in children and side effects are exceedingly rare.

The Perth Children's Hospital Familial Hypercholesterolaemia service has recently been expanded to include a FH nurse practitioner as well as an enhanced referral process to ensure all children with confirmed FH are offered assessment and ongoing management, either at the clinic or with their GP

GPs can contact the service on 6456 8358 or 0461393580, or by email: PCH.FH@health.wa.gov.au for further information or advice.

Further information:

- Clinician Assist WA Familial Hypercholesterolaemia (FH) clinical pathway
- Clinician Assist Cascade Screening for Familial Hypercholesterolaemia (FH) clinical pathway
- FH, my family and me – PCH Patient resource.

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Available:Monday

Sir Charles Gairdner and Osborne Park Hospital

Rapid response services to support older patients
Do you care for older patients (over 65 years of age), living in the community, at risk of deteriorating and presenting to hospital? Sir Charles Gairdner Osborne Park Health Care Group have rapid response services to support your patients at home.

Frailty Rapid Access Clinic: A geriatrician led, multidisciplinary clinic for older adults at imminent risk of presenting to hospital with geriatric syndromes (e.g. falls, pain, cognitive decline). The patients acute care needs are addressed in the clinic and the team supports access to ongoing health and community care options. Referral via: Central Referral Service: Frailty Rapid Access Clinic

RAILS Rapid Response Team: A nursing and allied health team providing a rapid response service for older adults through home visits and phone consults. This includes providing equipment, urgent nursing and allied health support and linking with services. The team aims to make contact within 48 hours. Referral via HealthLink at railsrrt

Geriatric care navigators: Available to discuss urgent (not emergency) patient concerns and link patients into the most suitable services. Available Monday to Friday, 8am-4pm on 0491 369 932.

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Royal Perth Bentley Hospital

Royal Perth Hospital respiratory outpatient referral update

Although the recently published Respiratory and Sleep Medicine Referral Access Criteria (RAC) are not yet mandatory, the East Metropolitan Health Service encourage GPs to become familiar with and start using the Respiratory RAC as soon as possible. There are long waiting times for non-urgent respiratory referrals at Royal Perth Hospital (RPH), and adequate referral information, and in some cases, spirometry, is essential to assist safe and timely triage and review.

Additional information is also available under Respiratory on Clinician Assist WA. Especially useful for spirometry is the 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 Respiratory Function Testing Pathway.

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

Adult Immunology RAC will be mandatory from 11 November 2024 so please start using these immediately also. Other mandatory RACs include:

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

More information is available at the WA Department of Health website.

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Generally available: Monday and Thursday

Clinical Updates

Changes to MBS Chronic Disease Management arrangements deferred to 1 July 2025

The commencement date for changes to the Medicare Benefits Schedule items for chronic disease management has been deferred from 1 November 2024 to 1 July 2025.

The additional time will support all practices and providers, including GPs and allied health providers, to be ready for the changes to these important services.

Read more on preparing your practice and patients in Practice Connect.

Schedule 4 monitored medicines are on their way

Schedule 4 monitored medicines (otherwise known as Schedule 4 Reportable poisons under the Medicines and Poisons legislation) are substances in Schedule 4 which are considered to have a higher risk of patient abuse, misuse and physical or psychological dependence.

Currently, the Western Australian legislation does not have a list included for Schedule 4 monitored medicines but upcoming changes to the Regulations towards the end of the year will list these medicines

They will include:

- all benzodiazepines in S4
- codeine-based preparations in S4
- gabapentin
- pregabalin
- quetiapine
- tramadol
- zolpidem
- zopiclone.

These monitored S4 medicines will be added to ScriptCheckWA so prescribers and pharmacists will have visibility of all prescribing and dispensing.

The current Schedule 8 Medicines Prescribing Code (download) will be updated as Monitored Medicines Prescribing Code. It will include requirements for prescribers to have a documented plan to mitigate potential harms from these medicines in higher risk circumstances, such as for patients who are recorded as a 'drug dependent person', patients being prescribed benzodiazepines and opioids concurrently, and patients being treated with monitored medicines by multiple prescribers.

Prescribers will also have an obligation to report a person as a 'drug dependent person' if the patient is experiencing substance use disorder associated with a Schedule 4 monitored medicine and may not prescribe Schedule 4 monitored medicines for themselves except in an emergency.

The Medicines and Poisons Regulation Branch website will be updated to reflect the new Regulations once they are in effect.

National mpox cases continue to rise – pre-exposure vaccination offers best protection

There has been a significant increase in the number of mpox cases in Australia in the past month, mainly in NSW.

As of the 24 October, there have been 1.024 Australian cases reported to the National Notifiable Disease Surveillance System in 2024.

GPs can help to prevent mpox transmission in WA by identifying and recalling people at risk who are eligible, or patients who may have only had one dose, for pre-exposure preventative vaccination.

The WA Communicable Disease Control Directorate (CDCD) continues to advise that two doses of the vaccine, administered 28 days apart provides optimal protection. The recommended route of administration is subcutaneous. See also the relevant section of the Australian Immunisation Handbook for more details.

The WA Department of Health has developed a quick guide to support primary health care providers and an FAQ document for patients.

Additionally, the CDCD issued an alert for clinicians on 23 August. Clinicians are requested to consider and test for mpox in men who have sex with men (MSM) with a clinically compatible illness. Highly suspicious cases should be notified to the local public health unit within 24 hours. Read more on clinical challenges, recommendations and resources for GPs in the September GP Connect Clinical Feature.

The RACGP have also made available a recording of their September 30 webinar on mpox and the epidemiology in NSW. Watch Stay ahead in sexual health: Navigating mpox and Doxy-PEP in your practice on demand here.

The CDCD also encourages GPs to email CDCD.directorate@health.wa.gov.au or phone 9222 2131 for more information.

Pertussis spike salient reminder to urge maternal vaccination

The continued rise in pertussis notifications in WA (particularly amongst school-aged children), is a good opportunity to urge patients to stay up-to-date with their vaccinations, in particular those planning a pregnancy or currently pregnant.

After decreasing from an average 12,280 per year in 2017–2019 to 3,457 in 2020 and just 550 in 2021, pertussis notifications in Australia have surged in 2024. Over 35,000 notifications have been recorded across Australia this year, with the highest numbers seen in Queensland and New South Wales.

Pertussis infection is a notifiable infectious disease in WA and nearly 600 cases have been recorded in WA already this year (580 at17 October 2024).

Read the Clinician Alert 7 October from the Communicable Disease Control Directorate here.

Updated Australian clinical standard for assessment and management of osteoarthritis of the knee

Knee osteoarthritis affects 1.2 million Australians, and more than 53,000 knee replacements are performed each year, most of which are for osteoarthritis (Australian Commission on Safety and Quality in Health Care (ACSQHC) 2024).

The ACSQHC has recently released a revised Osteoarthritis of The Knee Clinical Care Standard (2024) which aims to:

- Improve timely assessment and optimal management for patients with knee osteoarthritis.
- Enhance patients' symptom control, joint function, psychological wellbeing, quality of life and participation in usual activities, and lessen the disability caused by knee osteoarthritis.

Resources for clinicians and patients are also available to support implementation on the ACSHQHC website.

Diabetes Connect – new support for clinicians in Country WA

The Diabetes Connect service can support general practices and Aboriginal community controlled health services in country WA with evidenced based decision making on diabetes management.

Based at Diabetes WA in Subiaco, Consultant Endocrinologists Dr Greg Ong, Dr Seng Khee Gan and Dr Gerard Chew are available for direct advice on all diabetes types, over the phone or as part of a multidisciplinary case conference with a credentialled diabetes educator and/or Aboriginal health practitioner.

The team can also connect your patients to local face-to-face, Diabetes WA telehealth or group education services if additional patient support is required.

Choose a suitable time to book a call back from an endocrinologist or a multidisciplinary case conference via MS Teams here. To speak with an endocrinologist, please phone 9436 6270 or visit the Diabetes WA website for more information.

Syphilis clinical indicator tool

ASHM's one-page Could It Be Syphilis? clinical indicator tool for GPs and other health care workers, provides information on priority populations for testing, syphilis symptoms, who to test, and treatment of syphilis.

Download a copy on the ASHM website.

Don't fool around with syphilis – Updated campaign resources

The Australian Government Department of Health and Aged Care has refreshed it's long running Don't fool around with syphilis campaign to provide updated resources for health professionals and patients.

Along with a revised resource collection to download and share through your practice channels, a discussion guide for health professionals is also available to support conversations with the patients.

Helpline for clinical advice regarding abortion care and referrals

1800 4 Choice is an independent service connecting Western Australians to providers of abortion care and related services via their free helpline and service map.

GPs may also ring the 1800 4 CHOICE (1800 424 642) free helpline for clinical advice regarding abortion care and referrals.

The interactive service map includes:

- Medical terminations of pregnancy
- Surgical terminations of pregnancy
- Pathology
- Imaging
- Dispensing MS2-Step
- Non-directive unplanned pregnancy counselling.

Register your services
Interested clinicians can register to be included within the service map via 4 Choice Registration.

If you choose to be listed publicly you will be included on the interactive service map on 4choice.org.au. If you choose to be listed privately, your information will be held on a password protected database, accessible only to the nurses staffing the helpline.

For more information, contact the 1800 4 Choice Health Promotions Officer, Luisa Goodie at luisa.goodie@shq.org.au.

More information for GPs regarding abortion legislation and abortion care can be found on the WA Department of Health website or the Clinician Assist WA Unintended Pregnancy and Abortion pages. This includes the new WA interim guidelines for abortion care.

More medicines available for 60-day prescriptions – support resources available

Almost 300 Pharmaceutical Benefits Scheme (PBS) medicines are now available with increased dispensing quantities (60-day dispensing). A searchable table is available here.

Prescribers can use their clinical judgement to decide whether patients receiving PBS medicines are eligible. Prescribing software is automatically updated and includes medicines have an additional PBS item code for 60-day (or 56-day) prescriptions, as well as the current code for 30-day (or 28-day) prescriptions. See the updated (September 2024) Information kit for prescribers – 60-day prescriptions from the Australian Government Department of Health and Aged Care for more information.

New resource: Recommended sites for childhood vaccination

The National Centre for Immunisation Research and Surveillance (NCIRS) has developed a new resource to support the administration of childhood vaccines. The poster presents illustrated diagrams of immunisation schedule points for children aged 2 months to 4 years, highlighting recommended vaccines, administration sites and routes. It includes needle size recommendations, a vaccination preparation checklist and additional clinical guidance.

Note, the NCIRS resource specifically covers vaccines on the National Immunisation Program. Please visit the WA Department of Health website to determine which vaccines your patient requires, including WA state-funded vaccines. The WA Immunisation schedule for Aboriginal and medically at-risk children also recommends a dose of Meningococcal ACWY (Nimenrix) at two, four and six months.

Download the resource

Update to WA Handheld Pregnancy Record

The WA Handheld Pregnancy Record (HHR) has been updated to ensure it remains the most up to date source of evidence-based information for pregnant people in WA and supports them to make informed choices about pregnancy care options and place of birth.

It can support maternity care providers to make informed diagnostic and treatment decisions while upholding best practice standards of care and support continuity of care by ensuring seamless information sharing among multidisciplinary clinicians throughout the pregnancy journey. Post-birth, this record becomes a permanent part of the medical records.

Along with improved clinical record-keeping functionality, enhancements to the HHR include:

- Iron, nicotine and alcohol recommendations.
- Syphilis and serology requirements.
- Updated Safer Baby Bundle resources (including culturally appropriate information)
- Updated SIDS information to reflect the current recommendations
- QR code links to the most up to date resources to support the pregnant person, partner, support person and family.
- Additional tear-out section on the contraception page so it can be provided to patients on postnatal discharge.

Copies can be ordered through your local public maternity hospital or direct from the publisher via custservper@pmg.com.au.

East Metro healthy lifestyle program

Child and Adolescent Community Health are now accepting referrals for a new community-based healthy lifestyle pilot in eligible East Metropolitan suburbs.

The program is designed for families of children and young people affected by higher weight, who would like to make a healthy lifestyle change.

Download a copy of the information brochure for referrers or patients, or visit the Child and Adolescent Community Health website.

Updated guide to help patients understand out-of-pocket medical costs

The Australian Medical Association has released an updated guide to informed financial consent, providing patients with information that will empower them to discuss costs with their doctor before undergoing medical procedures.

Developed with the support of 30 medical colleges and associations, the Informed Financial Consent Guide provides patients with the financial health literacy they need to have discussions with their doctor about out-of-pocket costs.

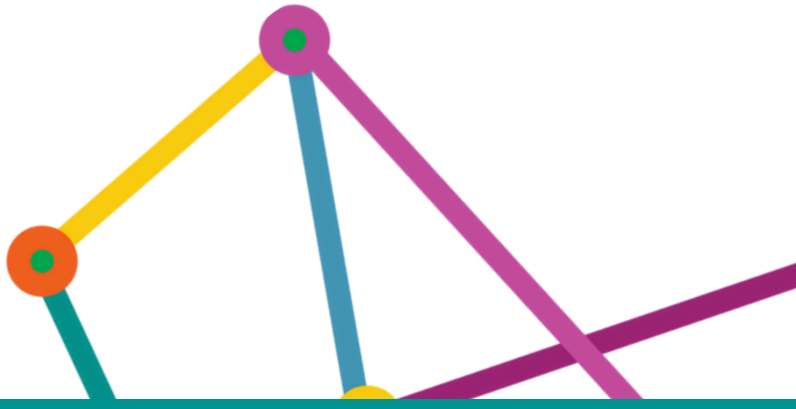
The updated guide also refers to the Australian Government Medical Costs Finder website, encouraging members to publish indicative fees and any gap arrangements for select services.

Access the guide on the AMA website.

AIHW: Dementia in Australia – 2024 update

Dementia is a significant and growing health and aged care issue in Australia that has a substantial impact on the health and quality of life of people with the condition, as well as for their family and friends.

Updates to Dementia in Australia, released last month by the Australian Institute of Health and Welfare, provides a comprehensive picture of dementia in Australia, including the latest statistics on dementia prevalence, burden of disease, deaths, expenditure, as well as the use of health and aged care services among people with dementia and information on carers of people with dementia Access the AIHW summary document here



GP Education and Events

Telehealth Clinical Skills Program 2024

Australian College of Rural and Remote Medicine
Featuring a live online workshop and exercises to complete in your own time, the program explores planning and delivering telehealth consultations with patients, including remote GP supervision, assessing patients through nursing and Aboriginal and Torres Strait Islander health staff, and family conferencing.

Find out more and register

Stay ahead in sexual health: Navigating mpox and Doxy-PEP in your practice

Webinar | On demand | Recorded 30 September 2024

This recently recorded RACGP webinar focuses on current epidemiology of mpox and its transmission risks in NSW. You'll gain insights into managing clinical presentations, differential diagnoses, and testing, along with the latest vaccination recommendations, post-exposure preventive measures and contact tracing.

Watch recording (for members and non-members)

Breathe easy: Managing chronic respiratory disease

Tuesday 29 October | 6.15pm | The Hub, Bentley Technology Park | 1.5 CPD hours

Join health care experts at this Silverchain Silver Learnings session covering evidence-based therapies for patients with respiratory conditions. Presentations will focus on bronchiectasis and chronic obstructive pulmonary disease, home services available, addressing potential access barriers and referral pathways.

Register here - 28 October (deadline extended).

WAPHA | Clinician Assist WA
Point of care decision support

Understanding and using Clinician Assist WA

Thursday 14 November | 12.30pm – 1.15pm | Online

Facilitated by a GP clinical editor, this live demonstration from the Clinician Assist WA team will show you how to maximise integration of Clinician Assist WA into your clinical practice.

Find out more and register

Immunisation Coalition - Shingles Webinar

Wednesday 20 November | 3pm to 4pm | Online

This webinar presented by the Immunisation Coalition, provides viewers with an update on shingles epidemiology, changes to the NIP schedule, and current trends in vaccination rates and advice regarding vaccination to reduce disease burden and complications associated from contracting Shingles.

Register here

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. Attendees can anticipate 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