



2010 Practice Managers and Nurses Conference

On Friday 30th July, 38 Practice Nurses and Managers took the scenic drive to “The Country Place Retreat” at Kalorama to enjoy the 4th annual DCGPA Practice Managers and Nurses Conference.



The theme for the day was “Chill in the Hills” with the focus on taking time out to ponder all the changes general practice has undergone in the last 10 years and what changes are ahead.

The first presentation by Peter Larter (DCGPA) discussed what General practice might look like in 2011 and beyond. This presentation challenged practice managers and nurses to consider their role in this process of constant change and how to position themselves and their workplace to succeed and capitalise on what lies ahead.

This was followed by a presentation from Precedence Health Care showcasing a revolutionary NEW tool for streamlining the care planning requirements of patients with chronic disease and improving efficiency and quality with these MBS item requirements.

In the session before lunch Diane Hewat (Synergy Global - Change Leadership & Effectiveness), demonstrated a coaching strategy to manage the people issues, that can often arise out of constant change in the workplace, empowering delegates with the skills to turn problems into win-win situations.



Lunch was a highlight, as was all the food provided on the day, with lots of chatter and networking. After lunch some enjoyed Tai Chi with the very talented Conrad, while others just relaxed, and ‘chilled’ by the open fire. The important message being that, to be our best at work, **we all** need to take time out for self care.

The final session of the day was hearing the story of the simple and practical ways practice manager, Anne McCormack built a positive culture and team in her workplace, with her team now ready to take on any new changes and challenges that arise in general practice.

25 delegates stayed the night as we continued to ‘Chill in the Hills’ enjoying frozen cocktails, followed by more excellent food, great music, some wholehearted singing and fun on the dance floor.

A huge thank you to the working party for their valuable contribution to the conference, namely Tonia Preyser, Rowena Mulligan, Alison Killin and Julie Shanahan. Also special thanks to all our Practice Managers and Nurses for coming along and supporting this event, our presenters, and our generous sponsor Epworth Health Care, Berwick.

Rose Griffiths



*Dandenong Casey
General Practice Association*

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Deadline for newsletter articles is 10th of each month. Dandenong Casey General Practice Association reserves the right to accept or reject all material submitted for publication. For further information please call the Association.

DISCLAIMER

The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong Casey General Practice Association.

Enclosures for Members:
Southern Health GP Liaison Unit Newsletter
ASPREE Flyer

Families and “Carers” of people with disabilities look for help....

GPs come into contact regularly with patients who are the parents, families and “carers” of people with disabilities and who are looking for assistance to manage the day to day stressors of their lives. One place GPs can easily refer their patients to is the **Commonwealth Respite and Carelink Centre Southern Region (CRCCSR)** by just calling a **24 hour number...1800 052 222**.

The people who are looking for support and access to respite services include the Riley family with parents, Jess and Frank who have 3 young children, aged 6, 3 and 7 months. Frank works long hours and weekends and Jess is struggling with the care of her children especially as their 3 year old, Max has just been diagnosed with Autism. The Rileys have recently moved into the area and do not have any family close by. When Jess brings her baby to the GP for a check-up, she is very teary and emotional, and says she does not know how she can continue. She needs emotional support and a break as all the strain is exacerbating relationship issues between Frank and herself. Along with other suggestions, the GP gives Jess information about contacting **CRCCSR’s 1800 052 222** and eventually the family is connected to the CRCCSR’s Disability Program where a variety of supports eg counselling and linkages eg. to Specialist Children Services and Council services are progressed.

Other “carers” supporting family members with a disability/chronic illness, mental illness, dementia or who are aged/frail are eligible to receive various types of assistance from the CRCCSR. A GP’s recommendation to “carers” to make a simple phone call to **CRCCSR’s 1800 052 222** can result in the provision of emotional support and a range of other connections e.g. to ACAS, Council services, community respite options and Centrelink benefits. It’s a valuable first step!

Berwick Healthcare Update

Council Planning Permit approved!

This week we received notification from the City of Casey that our application for a planning permit has been approved - another step taken along the path to construction!

Information session for local GPs

An info session was held on July 19th at the Fountain Gate Hotel, facilitated by Professor Leon Piterman. It was attended by nine local GPs, a practice nurse and practice manager, as well as a local obstetrician, and representatives from Windermere Child and Family Services, Southern Health and VMA General Practice Training.

If you were unable to attend the evening but would like further information about Berwick Healthcare, please contact Mary Mathews at DCGPA on 8792 1900.



Immunisation Update

Nurse Immunisers

Change to national registration for health professionals from 1 July 2010 - Nurses will be registered by Nursing & Midwifery Board of Australia (NMBA). Listed are some of the issues in relation to Practice Nurse Immunisers.

- Current endorsement of nurse immunisers by NBV ceased on 1 July 2010.
- NBMA will not endorse nurse immunisers
- There is no mechanism to identify qualifications in the future ie. Immunisation, CCU, ICU etc.
- Information on the Public Register is changing ie. name, suburb of employment, and criminal history.
- Renewal fee not confirmed yet.
- Professional development minimum of 20 hours. Committee membership can be counted as professional development.
- Require Professional Indemnity insurance to practise.
- Awaiting outline of requirements of professional development portfolio. Continue with current practice at this stage.

Free Hepatitis B Vaccine for people who are HIV positive.

- Hepatitis B vaccine is now available for people with HIV in Victoria.
- Engerix-B® adult & paediatric vaccine is used for this program.
- Fact sheets for clinicians and people living with HIV on immunisation website.
- Order forms for all government funded vaccine programs on immunisation website.

Extension of Boostrix® program for parents of new babies.

- Funding extended 30 June 2011
- For parents of babies born from 15 June 2009
- Promotional flyer and poster available from: www.health.vic.gov.au/immunisation
- Notifications of Pertussis continue to increase; visit link for updates: www.health.vic.gov.au/ideas/surveillance/tabulated-summaries

ACIR quarterly coverage at 31 March 2010

The 4 year old immunisations are now overdue at 4 years and 1 month. Parents are posted a reminder from ACIR at this time. If the child is not immunised by 4 years and 3 months, child care payments are stopped and not back dated when the child is

immunised. This financial incentive appears to be encouraging parents to present quickly with their child. All cohorts in Victoria are now over 90%.

Seasonal influenza vaccine program

Seasonal advice suspending the use of seasonal influenza vaccine since 23 April 2010 in children aged 5 and under has been modified.

The 2010 free seasonal influenza vaccine program for children with medical risk factors (as detailed in the **Australian Immunisation Handbook 9th Edition**) should continue as follows:

- Six months to under 5 years of age; the increased rate of fever and febrile convulsions should be discussed as part of the consent process with the parent and either Vaxgrip® or Influvac® can be administered with the dose adjusted according to age ie. 0.25ml for 6 months to under 3 years of age and 0.5ml for 3 years of age and over.
- 5 years of age and over; any seasonal influenza vaccine may be used. Updates on the young children's seasonal influenza vaccine program from the Chief Medical Officer can be found at www.immunise.health.gov.au.

Panvax® H1N1 vaccine

Vaccine with the free Panvax® H1N1 vaccine can continue to be offered to anyone over the age of 6 months who wishes to be protected against swine flu. Panvax® H1N1 is a safe, effective vaccine for prevention of pandemic H1N1 influenza. It is likely that pandemic H1N1 will be the predominant strain circulating for the 2010 influenza season.

Resources

The August Immunisation Program Newsletter is available on the Immunisation Program website. Hard copies of the newsletter are still been distributed to nurse immunisers from the Latrobe University database.

The Immunisation Program also has all current resources available through their website at: www.health.vic.gov.au/immunisation.

The Dandenong Casey General Practice Association has resources to assist in providing support in immunisation. If you would like any assistance with immunisation please contact Anne Nunan on 8792 1900 or a.nunan@dcgpa.com.au.



The Helping Hand Centre

has relocated to 14 Stuart Street, Dandenong.
(Across the road from the Library and Market)

They assist families and individuals with food parcels, clothing and material aid and are open Thursdays and Fridays 10am—4pm. For further information, call 8791 5255.

Refugee Health

Refugee Health Education Series – Refugee Paediatrics

The Refugee Health Program will be hosting an education evening on Refugee Paediatrics. The key speaker will be Dr Kirsty Walsh, Refugee Health Fellow, Royal Children's Hospital. General Practitioners, Practice Nurses and Refugee Health Nurses are invited to attend.

Date: Wednesday 8th September
Time: 6:45pm dinner
7:15pm - 9:15pm training and discussion
Venue: Afghan Masala Restaurant
247 Thomas Street, Dandenong

*Registration essential through DCGPA - 8792 1900.
(Category 1 and 2 CPD points applied for)

Dr I-Hao Cheng
Refugee Health Program Coordinator
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Pen Clinical Audit Tool



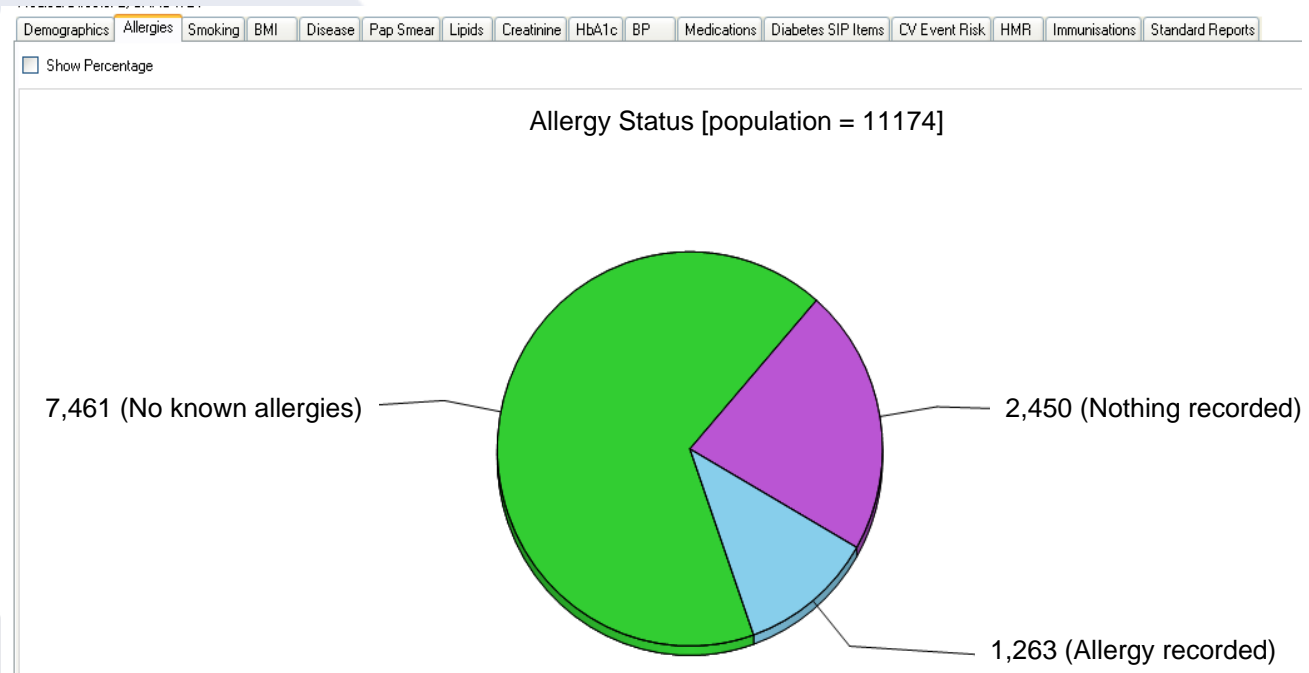
What is it and why does your practice need it?

The Pen Clinical Audit Tool (CAT) scrutinises the aggregated patient information taken from your practice's clinical software system and presents you with a snapshot in the format of easy to read colour graphs. It provides you with the opportunity to assess and improve the quality and completeness of patient information within your practice, as well as profile your population. The emphasis of the tool is to allow practices to focus on chronic disease management and prevention. However, this is not all that the CAT can do for your practice.

Other benefits include assisting with accreditation criteria, reporting requirements, mail outs for recalls and reminders, identifying opportunities to increase income from Service Incentive Payments (SIP) and Practice Incentive Payments (PIP), and identifying patients with specific needs or health risk profiles.

Here's just one example of how the CAT can assist you:

AGPAL Accreditation criterion 1.7.2A requires that 'a minimum of 90% of patient health records contain a record of allergies in the health summary'. The CAT can present for you in a simple pie chart the breakdown of precisely how many patients have allergies, how many have no known allergies, and how many do not have an allergy status recorded in their health summary. In addition to this, you can extract an identified patient list of those without an allergy status recorded so that they can be targeted in subsequent appointments to bring this criterion in line with accreditation requirements. Below is an image of the allergy status pie chart taken from the CAT:



Surname	First Name	Known As	Sex	D.O.B	Address	City	Post code	Ph. (H)	Ph. (W)	Ph. (M)	Medicare	Last Seen
Surname	Firstname	Known As	F	23/05/1983	1 Address St	Sydney	2077				1234567890	28/06/2004
Surname	Firstname	Known As	F	12/04/1945	1 Address St	Sydney	2032	5555 1234			1234567890	15/05/2005
Surname	Firstname	Known As	F	27/02/1983	1 Address St	Sydney	2005	5555 1234			1234567890	22/11/2005
Surname	Firstname	Known As	F	25/08/1988	1 Address St	Sydney	2152	5555 1234			1234567890	15/09/2006

It is easy to see from the earlier pie chart that less than the required 90% of patients have an allergy status recorded. To improve this figure, the CAT can provide you with a list of those 2450 patients with no allergy status recorded (see above table). This list can either be printed or sent to an Excel spreadsheet, and a mail merge can be created for easy follow up.

The Pen CAT is currently compatible for use with the following clinical software systems:

Medical Director 2 & 3, Best Practice, Genie and Zedmed

If you have any questions regarding the Pen Clinical Audit Tool, or if you are interested in a **FREE** installation, contact the Association on 8792 1900.

AN ACTIVE SERVICE APPROACH SUCCESS STORY

The Victorian HACC Active Service Model is a quality improvement initiative that focuses on promoting capacity building and restorative care in community care service delivery. It is based on the premise that all clients have the potential to make gains in their wellbeing and that Home and Community Care services can assist them in achieving these gains. The approach is to strengthen good practice and build capability among service providers.

The City of Greater Dandenong Community Care has experienced some wonderful successes with service recipients who have been able to realise a goal that they'd like to achieve.

One such recent experience involved a gentleman who initially contacted our service for some home cleaning assistance. During the course of the discussion with our assessment officer he related that he was no longer able to walk his dog and he really missed this. It seemed that he had simply lost confidence in his ability to do this safely.

A service plan was developed by the client with the assessment officer. Home cleaning assistance would be provided fortnightly to care for his initial concerns. In addition to this a Community Care Worker would visit him twice a week to escort him while he walked his dog. In a matter of a few weeks he regained his confidence and was able to walk his dog independently. In addition to this he realised that he no longer needed assistance with his housework. His outlook on life has changed considerably for the better and his family are delighted with this too.

Of course the story doesn't end there; he's set himself a new goal - to get back on his exercise bike.

This is just one instance where the Active Service approach is making changes to peoples lives. If you know of someone who, with just a little encouragement and support, could enhance their independence and outlook on life, then please contact our Information and Referral Officers on 8558 7902.

Membership Renewals

Membership Renewals for the 2010—2011 financial year have now been sent to all members.

Please complete these forms and return to the Association office.

If you have any queries regarding your membership, please contact Heather Simpson on 8792 1900.

Annual Surveys

The 2010 Annual Survey has been sent to all GPs and Practice Representatives.

This survey gives us valuable feedback on the services we provide and helps us plan for the future.

To thank you for your time, everyone returning a survey will receive a Myers gift card.

Annual General Meeting

Just a reminder that the 2010 AGM will be held on Thursday 18th November at Pin Oak Receptions in Hallam.

Keep an eye out for the invitation, AGM notice, voting and nomination forms coming soon.





Aboriginal and Torres Strait Islander Health



Has your practice registered for the Indigenous Health Practice Incentive payment?

This incentive aims to support general practices to provide improved health care for Aboriginal and Torres Strait Islander people. The life expectancy gap between non- Aboriginal and Aboriginal Australians begets us to take responsibility to change the current situation. The evidence is clear that general practices are able to contribute to closing the gap in health inequality by focusing specifically on identifying Aboriginal persons and working with them and other services to assess and meet their needs. We are here to provide support for you.

The Incentive targets Aboriginal and Torres Strait Islander patients aged 15 years and over with chronic disease and is part of the Council of Australian Governments (COAG) *National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease*.

The PIP Indigenous Health Incentive remunerates practices for having a focus on Aboriginal and Torres Strait Islander health:

- A one-off sign on payment of \$1000 to practices that agree to undertake certain activities to improve care for Aboriginal and Torres Strait Islander patients
- An annual payment to practices and Indigenous health services of \$250 for each eligible patient registered with the practice for chronic disease management
- Annual payments to practices and Aboriginal and Torres Strait Islander health services of up to \$250 for each eligible patient for whom a target level of care is provided by the practice.

Where to start? - A brief guide for General Practice

1. Fill in PIP Indigenous Health Incentive application form and send to Medicare.
2. Speak with DCGPA about whether your practice is 'culturally safe', and about Aboriginal-specific services available in the area (eg: mental health, dental health, housing) which you could link your patients into.

3. Identify your Aboriginal patients (there are more than 1,600 Aborigines and Torres Strait Islanders in the cities of Casey and Greater Dandenong).
4. Seek consent from your Aboriginal patients with a **chronic disease aged 15 and over to register for the Indigenous Health Incentive** and/or PBS Co-payment. The patient must have a Medicare card.
5. Offer an Aboriginal Health Check – Item 715.
6. Annotate PBS prescriptions with the letters "CTG" for Aboriginal patients participating in the PBS Co-payment
7. Establish a recall & reminder system for all Aboriginal patients with a chronic disease.
8. Actively recall patients for follow up services to ensure the needs identified in the health check are met:
 - a. The practice can be remunerated for the patient seeing the Practice Nurse up to 10 times in a calendar year.
 - b. Offer an Aboriginal health check every 12 months.
 - c. Recall the patient to see the GP as often as needed to actively manage their chronic disease.
9. Two staff from the Practice to attend cultural safety training within 12 months of registration for IHI PIP incentive (one of whom must be a GP; DCGPA also encourages receptionists and nurses to attend)

DCGPA will be holding Cultural Safety Training for practices in conjunction with Dandenong Aborigines Cooperative shortly – watch this space!

Templates for practice registration, patient registration and consent forms are available on the DCGPA website under resources in the Aboriginal Health Programs section. If you require any more information please contact Amali at DCGPA on 8792 1900. We are here to work with you as your partner!



Farewell and thanks to Tanya Heaney-Voogt

After 4 years dedicated work Tanya Heaney-Voogt has resigned from her position as Director of the GP Liaison Unit at Southern Health. She has accepted a position with The Jean Hailes Foundation for Women's Health. The Board, members and staff of DCGPA wish to express their sincere gratitude for the tireless and invaluable work Tanya has done in her role with the GP Liaison Unit.

Tanya's knowledge of general practice together with her enthusiasm and energy combined to become a powerful force within Southern Health. She represented and advocated for GPs and their patients at all levels. Her work and commitment undoubtedly enhanced the overall quality and safety of patient care. She will be missed by us all.

We wish Tanya well and look forward to remaining in contact with her in her new role.



Diabetes Prevention Case Finding Funding



Funding is still available for your practice to identify and refer patients who are over 50 years of age and at high risk of developing Type 2 Diabetes (AUSDRISK score of 12 or more) to a Lifestyle Modification Program (LMP).

For every 15 referrals your practice makes, you will receive \$560.

To date, we have 13 practices signed up to receive the funding, with one practice already on its second round of funding with 22 referrals made in the last 2 months.

All patients referred to the LMP will be offered a Diabetes Prevention Program which consists of 6 group sessions of 1.5 hours each, or a telephone based health coaching service focused on reducing the lifestyle risk factors for developing Type 2 Diabetes.

Participants in the program have said:

"I highly recommend it to others whose health may be at risk, so they may benefit from the program as I have. Prevention is much better than cure!"

If you are interested in signing up to receive the case finding funding, please contact Candice Crellin on 8792 1922 during business hours.

Referrals can be made to Lifestyle Modification Programs via:

DCAS

using the Victorian Statewide Referral Tool
http://www.dcgpa.com.au/resources/Health_Programs/Diabetes/



Referrals can either be faxed: 9793 9052 or
E-referred via Argus: dddgp_arguspgrf@dddgp.com.au
Contact DCAS on 8792 1922 for further information.

Youth Services - City of Greater Dandenong

The City of Greater Dandenong (CGD) Youth Services works with young people and their families aged between 12 - 25 who live, work, study or have a connection to Dandenong.

Youth Counselling and Support Service

All counselling and support staff are registered psychologists or social workers.

• **Youth and Family Counselling:**

CGD Youth Services provides free and confidential counselling. Young people will receive up to ten free sessions with either a psychologist or social worker and can talk about anything and everything! They can help with relationship issues, family conflict, school issues right through to mental health issues like depression and anxiety.

Costs: Free - no mental health plan required.

• **Support Service:**

Not sure where you can go, or what to do next? Stuck in a situation? Not sure which service does what? Let them help you! CGD Youth Services provides free and confidential short term case management for young people who need help accessing the services system, whether this be for financial, legal, housing or access to medical and further support services. Once the young person is referred they are allocated a support worker who will work with them on whatever they might need.

Costs: Free - no mental health plan required.

• **HEADS UP - Paying Attention to Self:**

Do you have a parent with a mental illness? Do you want to meet other young people in the same situation? Then HEADS UP is for you! Heads UP is an eight week peer support program for young people who have a parent with a mental illness. This program focuses on mental illness education, development of positive coping strategies, meeting other people who are in the same situation as you and more importantly have a whole heap of fun with interactive activities!

Costs: Free.

• **Young Mums Playgroup:**

A weekly playgroup for young mums under the age of 25. This play group has interactive activities, exciting excursions that focus on how to have fun playing with your child, lots of fun and information, healthy food and the opportunity to meet other young mums! The group also has a support worker attached so if extra support is needed, they can help you out. The group runs every Tuesday between 10am-12pm.

Costs: Free - Healthy snacks are provided.

Referral to these four programs is easy - just call youth services on 9793 2155 or drop into the YSTOP centre at 39a Clow Street, Dandenong.

Quality Use of Medicine News



Farewell and thanks to Graham Sweet

It was with great regret that we accepted the resignation of Graham Sweet, our Quality Use of Medicines Coordinator. Graham joined us in 2002 after a very successful career in community pharmacy. During his 8 years with DCGPA Graham provided excellent service, education and support to members related to the quality use of medicines, largely through the NPS program but also the Home Medication Review program. Graham consistently surpassed NPS and HMR targets providing DCGPA with a high profile on the national front. His visits to GPs were always highly acclaimed and we know he will be missed out in the practices by both GPs and practice staff.

Graham was also a very popular member of staff who contributed enormously to an overall team approach. His passion for his work along with issues such as Vitamin D and large font medication labels led to some lively and informative discussions at staff meetings and morning teas. With grandchildren located in NSW Graham and his wife Joy will be

spending more time with family interstate. We will remain in contact with Graham and hope to see him at this year's AGM in November. We all wish Graham & Joy well in the next stage of their life.

We have been very fortunate to recruit Kathryn Griffin and Keli Symons to take over the QUM Program as a job share position, Tuesdays to Fridays. Both are experienced pharmacists with outstanding track records in the field and a strong commitment to education and quality. Kath has previously worked on the NPS program at a number of Divisions, including Peninsula GP Network and the Geelong GPA. Keli is an accredited pharmacist with extensive experience in aged care and in the provision of home medicines reviews in the community. We welcome them both to the team at DCGPA.



Kathryn Griffin and Keli Symons



GP shares experience in new bowel screening resource for general practice

A rural GP is one of several bowel cancer survivors who share their experience of the National Bowel Cancer Screening Program (NBCSP) in a new DVD developed for general practice by Cancer Council Victoria.

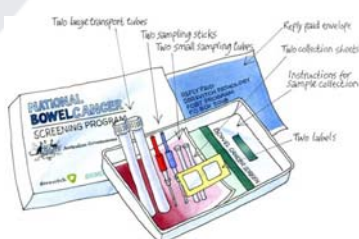
General practice is ideally placed to advise patients on the prevention and early detection of bowel cancer. Bowel cancer kills almost 80 Australians each week yet 90% of cases can be cured if found early. Faecal occult blood testing, as offered through the NBCSP, has the potential to significantly reduce deaths from bowel cancer.

The aim of the video, and the accompanying practice preparation check-list, is to guide general practice teams through their role in the NBCSP, in terms of promoting participation, reporting requirements and patient support.

The video can be viewed online at:

www.cancervic.org.au/generalpractice and hard copies are available by calling 03 9635 5049.

A complementary consumer video is also available.



Orientation Program to Nurses New to General Practice

28-29 October 2010, Arrow on Swanston, 488 Swanston Street, Carlton

This **2 day** workshop will support nurses who have been working in a medical practice for **up to 12 months**. However, some nurses that have been working in general practice for longer, often only one day per week also benefit from attending, as it gives the participant an overview of nursing in general practice.

The aim of this program is to develop the knowledge and clinical skills of the nurse to assist the GP to provide comprehensive interventions and population based primary health care within the scope of practice of professional ethical and legal responsibilities. This is a national program that has been developed through the Australian General Practice Network (AGPN).

The orientation program is sponsored AGPN which allows for the heavily discounted registration fee of \$120 (GST inc). The fee includes all course materials, morning tea and lunch on both days.

For further information regarding the course program, contact Kate Russo on 9341 5265 or email k.russo@gpv.org.au. For enrolments, please contact Nicole Toon on 9341 5243 or email n.toon@gpv.org.au.