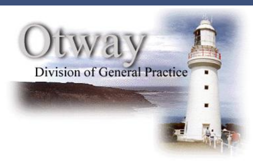
Inside the Lighthouse

Otway Division of General Practice Newsletter December 2011



EXECUTIVE OFFICER'S REPORT
OTWAY DIVISION ANNUAL GENERAL MEETING

Otway Division's 18th Annual General Meeting was held on Wednesday 23rd November 2011 at the Division's Warrnambool office.

The Division's Annual Report including the audited financial statements for the year ending 30th June 2011, was presented for the final time by Chairman, Dr Tony Brown. Tony expressed his regret at leaving the Division, having served a total of 11 years as a Board member and 8 years as Chair. He said that during this time, he had enjoyed the support of the Board, CEOs and Division Staff and believed that the membership had appreciated the Division's efforts. He thanked everyone for sharing the journey with him and said that he will miss being a part of it, wishing the Division good luck in its future transition to Medicare Local.

Medical Director, Dr Dale Ford said that the Division owed a debt of gratitude to Tony Brown who has lead us through both periods of expansion and contraction. He believed it was now important to focus on the aims of the Medicare Local which are about expanding the services currently provided by the Division, to allied and other health professionals in our community. He was optimistic that the Medicare Local's primary aim to improve the health of our community can be achieved in the same way the Division has done, through direct support rather than through bureaucratic structures and urged the Board and Staff to look forward, not back!

According to the two year rotation, the following Directors were due to retire but have been renominated for 2011-12:

Dr C de Kievit (Hamilton)
Dr P Hall (Warrnambool)
Dr M Garde (Portland)

A new nomination was received on behalf of Dr Dale Ford. Dale has resigned as ODGP's Medical Director and the position has been revoked by the Board. In the absence of any other nominations, all four candidates were deemed to be elected.

Elected Directors who are serving a second term in 2011-12 are:

Dr Brendan Condon (Terang)
Dr Joseph Ngui (Colac)
Dr Tim Lowe (Colac)

Appointed Directors who are serving a second term are:

Mr Robert Wallis
Ms Judith Nichols

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DR BRENDAN KAY

Dr Brendan Kay has announced his retirement from the ODGP Board on which he has served since its inception in 1994. We wish to recognise his contribution over the past 16 years to the Board's governance and strategic direction, as well as his service for many years as GP Program Consultant, providing a clinical perspective to the planning, development, implementation and evaluation to the Aged Care GP Panel, Practice Nurse/Aboriginal Health Worker and Palliative Care Programs. In addition, he has:

- Acted as Chair of the Aged Care GP Panel from 2004 to 2008, which aimed to improve access to primary medical care by residents in RACFs and encourage collaboration between the Division, GPs and RACFs in quality activities.
- Served as a GP member of the Combined Medication Advisory Committee from 2005 to 2010, being involved in education, policy and procedure development and quality activities.
- Acted as the GP supervisor and Chair of the Executive Committee for the Rural Palliative Care Program 2008 to 2011. This program bridged the gap between specialist palliative care and primary care providers by increasing knowledge of the Palliative Approach, the establishment of a network of primary care professionals with an interest in palliative care, the education/up-skilling of these professionals, and collaboration with existing palliative care services.

On behalf of the Board and Staff, I would like to thank Dr Kay for his dedicated service to the Division over the past 16 years.

GREAT SOUTH COAST MEDICARE LOCAL UPDATE

Representatives of Otway Division of General Practice, South West PCP and Southern Grampians Glenelg PCP met on 17th November 2011 with the Department of Health and Ageing (DoHA) regarding the region's application to become a Medicare Local, and after receiving feedback, identified a few issues which required further clarification.

From these discussions it was clear that the proposed Great South Coast governance and operational model, which has a strong emphasis on the whole primary care sector, is supported by DoHA.

The partnership between ODGP, SWPCP and SGGPCP will work with an independent consultant, appointed by DoHA, over the coming months to clarify the issues raised and we anticipate that the Great South Coast Medicare Local will be part of the 3rd tranche of Medicare Locals, due to be established from 1st July 2012.

Marilyn Lynch
EXECUTIVE OFFICER

XMAS CLOSE-DOWN

Division Office	Close	Re-open
Camperdown Office	23rd December 2011	9th January 2012
Warrnambool Office	23rd December 2011	3rd January 2012

We wish all of our members and their staff a safe and happy festive season!

PROGRAM UPDATES

Limited Adverse Occurrence Screening (LAOS) Clinical Risk Management Program

The Limited Adverse Occurrence Screening program (LAOS) is a partnership between rural hospitals, their attending visiting medical officers – the local general practitioner (GP), the Divisions of General Practice and the Department of Health to improve patient safety. Funded by the Department of Health since 2001, LAOS provides small rural hospitals with an independent GP peer review program that issues recommendations for system improvement. Patient records are selected and sent for review to trained, experienced rural GPs in different geographical areas across the state.

Record Selection

1. **Patient death:** The discharge summary states that the patient has died.
2. **Unplanned return to theatre within 7 days**: If it was necessary for a further operation due to complication(s) related to a previous operation/procedure in the operating room.
3. **Unplanned re-admission within 28 days:** All re-admissions within 28 days are counted unless clearly proposed as part of the documentation of the previous admission. With this criterion the reviewer is looking to see whether an adverse event occurred in the first admission resulting in re-admission to hospital.
4. **Transfer to another health service:** when the discharge summary states that the patient was transferred to another acute care facility for more specialised treatment.
5. **Patient's length of stay greater than 35 days:** If from the time of admission to the time of discharge of the patient, their stay was greater than 35 days. This conforms to the current Acute/NHT classifications.
6. **Any record which has been recommended by a doctor or other health professional for review:** A general practitioner or other health professional may request that a patient's medical record be submitted for peer review.

Statutory Immunity
Statutory immunity for LAOS has been approved by the Minister of Health under Section 139 of the Health Services Act 1988. This enables full and open discussions of quality issues. The term statutory immunity refers to the devices in section 139 which aim to ensure that confidential information generated by approved quality assurance bodies cannot be disclosed to persons outside Quality Assurance Committees and is not admissible in court proceedings.

To Qualify as a GP Peer Reviewer
To become a medical reviewer the GP must attend a formal training session and review at least one training medical record.

Continuing professional education points are available from the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine for participation in the training program.

RACGP CPD and ACRRM PDP points
LAOS attracts up to 40 Category 1 and four Category 2 Clinical Audit points for the Royal Australian College of GPs (RACGP) and 30 Professional Development Programme (PDP) points for Australian College of Rural & Remote Medicine (ACRRM).

All modules have been re-accredited for the triennium 1 January 2011 – 31 December 2013.

Points are available for GP reviewer training; reviewing of patient records for adverse events; participation in reference panel meetings and participation in quality forums.

Continued next page

PROGRAM UPDATES

Limited Adverse Occurrence Screening (LAOS) Clinical Risk Management Program

Comments about the LAOS peer review program

"Being involved in a peer review process helps me be mindful of my daily practice which in turn improves my quality of care"

"A good starting point and comparator as to what other GPs are doing and are up against"

"A very worthy program"

"I expected to be of help to rural GPs as a reviewing peer. I really wasn't expecting to have my own clinical practice improved as well. So now I'm involved for both professional support AND selfish reasons."

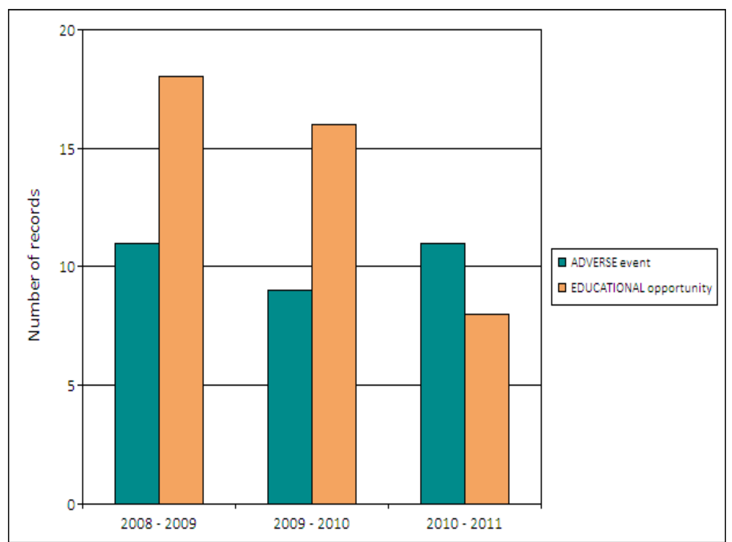
"Excellent program for doctors – especially in isolated areas"

"Cannot overestimate the usefulness and relevance that meeting and interacting with colleagues doing the same type of medicine is both reassuring and motivating"

"Always provides good opportunity to discuss examples of cases entirely relevant to our practices, especially in the context of small, isolated hospitals"

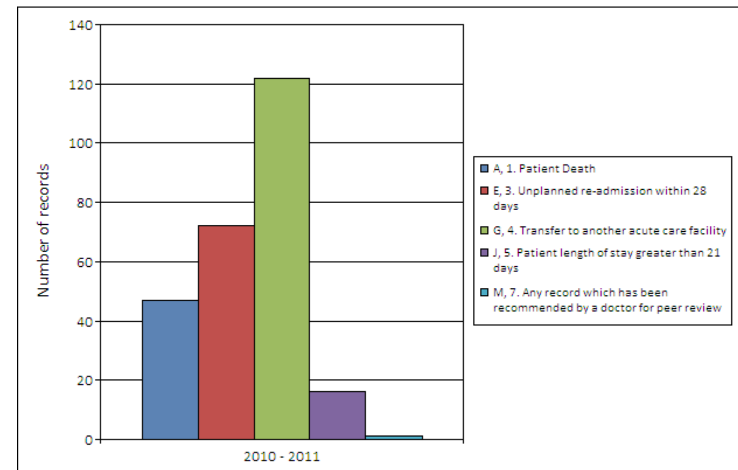
Across the Otway Division 10/11

- 258 records were received from the 12 participating hospitals
- 325 records were reviewed by 17 reviewing GPs
- 73% of Treating GPs responded and returned files
- 13 of the records reviewed were considered to be Adverse Events
- 9 were categorised as Educational Opportunities.
- Two Reference Panels took place during this period
- 11 Recommendations have been distributed to the 12 participating hospitals and all GPs within the Otway Division of General Practice.
- Feedback has been received from 8 of the participating hospitals, and 4 GP Quality Forums regarding actions taken from the recommendations distributed.



The dominant screening criteria during 2010 2011

- Transfer to another health service 47%
- Unplanned readmission within 28 days of discharge 28%
- Patient death 19%



I would like to thank the very dedicated group of GPs who continue their involvement in this peer review project for their support and encouragement and I look forward to continuing this challenging role.

If you have any enquiries regarding the LAOS program please contact Irene Hobley on 55645810, 0438 614 649 or ihobley@otway.asn.au

Irene Hobley
HEALTHCARE INTEGRATION TEAM LEADER

PROGRAM UPDATES

PIP Indigenous Health Incentive (PIP IHI) - Cultural Awareness Training

The 25 Practices in the Division who have registered for the PIP IHI are reminded that as part of the requirements for registration under the PIP IHI, at least two staff members from the practice (one of whom must be a GP), must have completed an endorsed cultural awareness training program in the 12 months before the practice signing onto the PIP IHI or within 12 months of joining the PIP IHI.

The exemptions to this are:

- Practices/services under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives, are exempt from this requirement.
- A GP who works in these practices/services on a regular basis will be considered to be equivalent of one GP staff member having undertaken cultural awareness training.

Training options:
Local face to face accredited training is still being developed. Information will be provided when it is available**.**

Endorsed Online Training is available from Gplearning – The Cultural Awareness course is free for practices to sign up and complete.

Gplearning Online Training www.gplearning.com.au

- Cultural Awareness Training - Cultural Safety Training
- Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice
- Category 2 - 12 pts. GPs and Practice team - all attendees welcome

For further details go to: www.otway.asn.au/practice-capacity/cat-gplearning.pdf

For further assistance regarding Closing the Gap contact Trevor White on 5564 5803.

Trevor White
PROGRAM DEVELOPMENT AND CLOSING THE GAP COORDINATOR

ODGP Practice Managers Practice Nurse and Aboriginal Health Workers Education Network

The final meeting for 2011 was a combined Practice Managers/Practice Nurse and Aboriginal Health Workers Education Network meeting held on Tuesday 29th November 2011 in Warrnambool.

28 people attended and enjoyed the evening of networking with colleagues from throughout the Division.

After the networking session, Dr Eric Fairbank gave an informative and entertaining presentation on "A Different Look at Team Building".

Trevor White
PROGRAM DEVELOPMENT COORDINATOR

Bowel Cancer Screening Program

The Bowel Cancer Screening Program is a Victorian Government funded project aimed to increase GP awareness of bowel cancer and to achieve a sustained increase in ordering of Faecal Occult Blood Tests (FOBT).

Bowel cancer is second highest in mortality for both males and females. However, 90% of bowel cancers can be cured if detected early. Evidence supports population screening for bowel cancer of people aged 50 and over by bi-annual FOBT to reduce the burden of disease in the community. Research has also identified the lack of GP endorsement as a significant factor in people's decision not to participate in bowel screening.

This project is distinct from the National Bowel Cancer Screening Program, while aiming to compliment it. Medical clinics that use either Best Practice or Medical Director are being invited to participate. The Pen CAT Audit tool will be used to extract the data – only de-identified data will be used in the report. GPV in conjunction with Cancer Council Victoria will provide a 2 hour educational event where CPD points will be available to participants. The event for this Division will probably occur on 1st February 2011. GPs can also use the Sidebar as a prompt for suitable patients – this is entirely optional.

For further information please contact Mabel Mitchell on 5564 5811 (after 9th January 2012) or Robert Moore on 5564 5808.

PROGRAM UPDATES

Eating Tips for Christmas

In this era of plenty and with festivities extending to months rather than a day, we are surely more prone to be tempted to overeat. But Christmas should be a time to enjoy food, not to indulge. It is also a time to socialise, relax and enjoy the company of those close at heart.

What does it mean to ENJOY food?
Many times we eat for reasons other than liking our food such as time, other family preferences, its presence, boredom, stress, sadness etc...It is very important that we take time in our daily busy schedule to think about our food and whether we are enjoying what we really want to eat. So why rush? Eat slowly and enjoy every mouthful!

The Meal
In Australia, the Christmas season is full of tasty fruits and vegetables such as strawberries, nectarines, mangoes, grapes, tomatoes, basil, beetroot, avocado; all tastier and better value for money than many biscuits, cakes and chips. These are your key ingredients in preparing your Christmas meal.

Entree platters don't have to be just cheese, crisps or biscuits. Healthy options to also include on your platter are: dried fruits, unsalted nuts, raw veggies with home-made dips, smoked salmon and cherry or grape tomatoes, orange, pineapple slices.

Turkey which is a Christmas favourite for many is low in saturated fat and can be accompanied by roasted vegetables. Make sure to use fresh/dried herbs, garlic which adds great taste. Cooking from fresh is your best bet for a healthy meal instead of take-away. Also think about foods that can be prepared the day before to minimise the meal preparation time on the day.

Dessert can be a beautiful Christmas fruit cake with low fat custard rather than shortbread biscuits. Frozen yoghurt can replace ice-cream for a change and why not try those fancy icy-poles for the kids.

A good habit is to put the food in the centre of the table rather than dishing it out for your guests. This means each person can have the serving they actually want and no one will feel obliged to "clean their plate".

What About Drinks?
A nice punch for the hot summer can be as simple as a jug of water with orange or lemon slices and fresh mint as an alternative to soft drinks. Fresh orange juice tends to be a favourite amongst kids especially if they are involved in pressing the oranges.

Be careful with the amount of alcohol you drink as too much can make you eat more than you might intend. Be careful also not to drink alcohol when you are thirsty. Satisfy your thirst with water first and drink alcohol slowly, enjoying the taste of every sip.

Eating Out
The challenge when eating out is you have less control on what is in the meal and how much you are given. Make sure you are not starving or skip meals on that day otherwise you are more likely to eat more and want more. Avoid buffet meals if you can be picky and choose the foods you will eat before starting to pile up your plate. Keep in mind to eat slowly and enjoy the food.

When choosing from the menu, ask for rich sauces to be served at the side, ask for entree size meals if you know that will be enough and share dessert with others. The aim is not to feel stuffed after you leave the restaurant!

Most importantly ENJOY your meals! Every mouthful counts in the pleasure it provides!

On that note, I wish you all a Merry Christmas

Valerie Lam
DIETITIAN A.P.D

PROGRAM UPDATES

Practice Nurse Incentive Program (PNIP)

The Australian Government has revamped the way in which nursing in general practice is to be funded. This initiative will support an expanded and enhanced role for practice nurses with a new, simplified and streamlined financing arrangement. Current funding for practice nurses through the Practice Incentives Program (PIP) Practice Nurse Incentive and six of the Medicare Benefits Schedule (MBS) practice nurse items (10993, 10994, 10995, 10996, 10998 and 10999) will be redirected to this simplified, single funding stream to be administered by Medicare Australia from 1st January 2012. Accredited general practices across Australia will be eligible for an incentive to offset the costs of employing a practice nurse, Aboriginal Health Worker or allied health professional where applicable. There is also an incentive to encourage non-accredited practice to undergo accreditation.

PNIP Resources: (All links are on the ODGP web site)
The APNA have developed resources to help with the transition to the PNIP - available from the PNIP section on the APNA website – www.apna.asn.au/pnip

Creating Opportunity is a short film and booklet, showcasing the diversity of nursing roles in general practice and how nurses can successfully navigate this dynamic and challenging setting.

Creating Opportunity (online PDF)
www.apna.asn.au/lib/pdf/News/Issues/PNIP/Creating_Opportunity_PDF_Booklet_online.pdf
Creating Opportunity (print ready PDF)
www.apna.asn.au/lib/pdf/News/Issues/PNIP/Creating_Opportunity_PDF_Booklet_online_PRINT.pdf
Creating Opportunity (short film – online)
www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageId=11529

Developing a Business Case for an enhanced practice nurse role under the Practice Nurse Incentive Program (PNIP) – a guide for General Practices on Business Case development
Developing a Business Case for an enhanced practice nurse role under the PNIP
http://www.apna.asn.au/lib/pdf/News/Issues/PNIP/Developing_a_Business_Case_under_the_PNIP.pdf

The ODGP hosted an AGPN workshop on 17th November 2011. 23 people attended – a mix of practice nurses and managers. Julieanne Crow facilitated an interesting and informative presentation. This, like all change brings threat and opportunity. The evaluation of the evening revealed a lack of confidence in both the adequacy of the new funding and the impact on the nurse's role.

Below is a summary of the presentation from Medicare Australia that was given at the last Practice Manager's meeting by **Ray Barnard – Business Development Officer Medicare Australia**

- Practice Nurse Incentive Program (PNIP) starts on 1 January 2012
- Practices have from 1 October 2011 to 31 January 2012 to submit their PNIP application form to be assessed as eligible in order to receive the February 2012 payment.
- Applications for the Practice Nurse Incentive Program (PNIP) are now being accepted.
- Application forms are available from www.medicareaustralia.gov.au/pnip
- Practices wishing to apply for the PNIP, grand-parenting, top-up or accreditation assistance will need to fill out the application form and provide the requested documentation to Medicare.
- Practices already participating in the Practice Incentives Program, Practice Nurse Incentive are also required to apply for the PNIP.
- Medicare will advise practices in writing of receipt on their application form.
- All applications received will be assessed for eligibility from 1 January 2012.
- For more information about the PNIP see www.medicareaustralia.gov.au/pnip
- Or email pnip@humanservices.gov.au or call 1800 222 032 (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time (ACST).
- **Ray Barnard has also offered his assistance and can be contacted on 0423 824 121**

Information was requested at the PNIP workshop on the Mental Health Nurse Incentive**.** Please see this link: http://www.medicareaustralia.gov.au/provider/incentives/files/2111-0811-mental-health-nurse-incentive-program-guidelines.pdf

The RACGP Standards for General Practices: 4th Edition

Criterion 2.1.2
Patient feedback

Our practice seeks and responds to patients' feedback on their experience of our practice to support our quality improvement activities.

Indicators

A. Our practice has a process for seeking and responding to feedback from patients and other people and our practice team can describe this process.

B. Our practice has a complaints resolution process and makes contact information for the state/territory health complaints agencies readily available to patients if we are unable to resolve their concerns ourselves.

C. At least once every 3 years, our practice actively seeks feedback about patients' experiences of our practice by:

- using a validated patient experience questionnaire that has been approved by the RACGP, or
- developing and using our own individual practice specific method that adheres to the requirements outlined in the RACGP *Patient feedback guide: learning from our patients* (questionnaire or focus group or patient interviews).

D. Our practice can demonstrate improvements we have made in response to analysis of patient feedback.

E. Our practice provides information to patients about practice improvements made as a result of their input.

This standard requires all practices to seek patient feedback either using an RACGP accredited survey or to develop their own and get it approved by RACGP. The requirement is 30 completed questionnaires per GP every 3 years.

The only 2 validated questionnaires approved by RACGP are:

1. CFEP Surveys – www.cfepsurveys.com.au/products/practice-accreditation/Default-aspx
2. UltraFeedback – web.ultrafeedback.com/products/psi

Comparison:

- Both provide information sheets, the questionnaires and method of collecting and returning the completed survey
- Both suggest that the patients completes the questionnaire in the waiting room
- Both will analyse the questionnaires and provide a comprehensive electronic report
- Both, at an extra cost, can provide a report specific to an individual practitioner. This enables the GP to claim RACGP or ACRRM CPD points
- One difference is the cost – the difference appears significant.

There is a Patient Feedback Guide available from RACG web site. Go to www.racgp.org.au/standards/fourthedition/patientfeedback and follow the link to the "Patient Feedback Guide."

INDEMNITY

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PRIVACY POLICY

If General Practitioners, Practice Staff, Members of the Public wish to view the privacy policy of the Otway Division of General Practice, please contact the Executive Officer, Marilyn Lynch on 5593 2684. They may also contact the Office of the Federal Privacy Commissioner (on 1300 363 992)

PLEASE NOTE: ODGP does not use or disclose information we collect without consent or for commercial purposes.

COMPLAINTS MECHANISM

Policies regarding complaint/grievance processes are contained in our Policy & Procedure Manual and can be viewed by General Practitioners, Practice Staff and members of the public by contacting our Executive Officer Marilyn Lynch. Telephone: 03 5593 2684. Complaints against staff of the Otway Division of General Practice may be lodged with Marilyn Lynch or the Office of Federal Privacy Commissioner. Telephone: 1300 363 066.

Plan, Do, Study Act Model for Improvement Project - Evaluation Results

The Victorian Department of Health's PDSA Model for Improvement Project is nearing completion. With a lot of data already analysed with fantastic results. Participants of the PDSA Model for Improvement project included 49 state-funded community health services, 19 Primary Care Partnerships and 18 divisions of general practice. The divisions of general practice leveraged their relationships with their GP members to support the community health services who were the lead in this project.

To promote and support a culture of quality improvement in Victorian primary healthcare services and enhance skills in the improvement model to drive continuous quality improvement activities, particularly related to chronic disease management.

The two areas of improvement that were chosen as the focus for the project were:

1. Improving communication (including feedback) with general practice
2. Improving care planning practice (particularly with general practice as part of a Team Care Arrangement).

The key results from this project are summarised as:

State wide improvement in communication with general practice through:

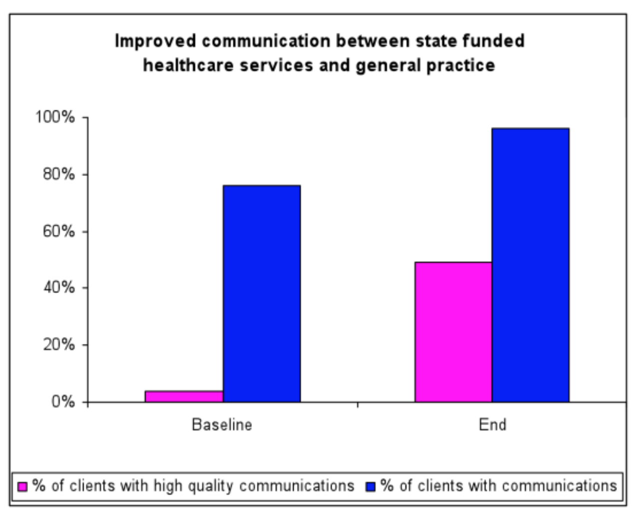
- Improved acknowledgement of GP referral
- Improved quality feedback to general practice
- Improved processes of care for shared clients with complex needs
- 96% of clients now have their GP contact details recorded
- 62% of clients now have an 'acknowledgement of referral' sent to their GP
- 71% of clients now have an 'initial assessment report sent to their GP.

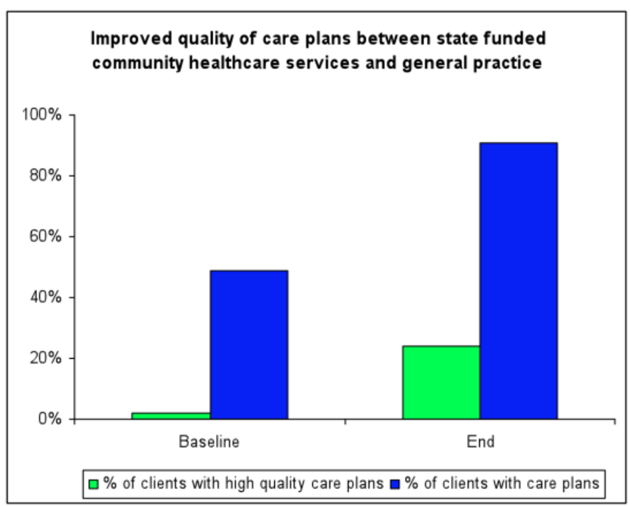
The key results that are most relevant to General Practice are depicted in the charts on the right.

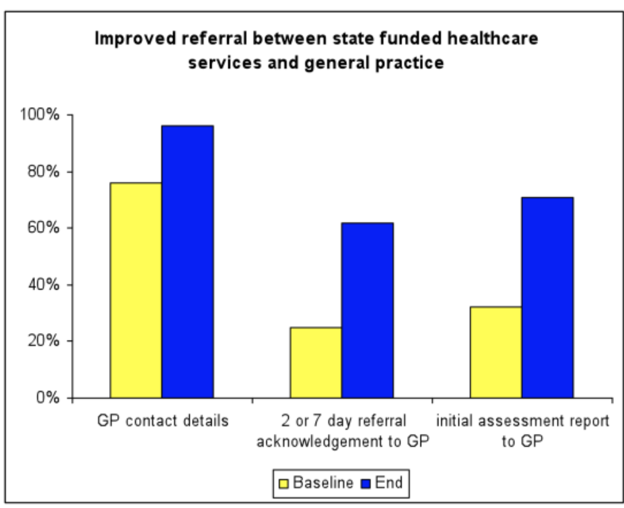
Otway Division staff contributed to the five projects undertaken in our area.

Four projects focused on "*Improving communication (including feedback) with general practice*:"

- Moyne Health Services and Port Fairy Medical Clinic
- Timboon and District Healthcare Service and Timboon Clinic
- Heywood Rural Health and Winda-Mara Aboriginal Corporation
- South West Healthcare - Warrnambool Community Health (Diabetes Programs) and Hopkins Medical Clinic.







One project focused on "*Improving care planning practice*"

- Western District Health Service and Hamilton Medical Group.

These projects were funded by Victorian Department of Health.

For further information contact Trevor White on 5564 5803.

Prevenar 13® Supplementary Program Information

The Government funded 13vPCV (Prevenar 13) supplementary program, commenced on 1st October 2011. Children aged between 12 months and 35 months who have completed a primary pneumococcal vaccination course with 7vPCV (Prevenar) are eligible to receive the supplementary dose free. The 13vPCV program has been has been introduced so children can benefit from protection provided by the additional six serotypes covered by 13vPCV. This includes serotype 19A which is becoming increasingly predominant. This single dose program is expected to provide the same benefits as primary series vaccination with 13vPCV both in terms of direct effects and accelerating herd effects.

This time-limited program will cease on 30th September 2012. The guidelines for health professionals is available at www.immunise.health.gov.au

Children with underlying medical conditions who have received a booster dose of 7vPCV at 12 months of age are also eligible to receive a supplementary dose of 13vPCV. This should be given at least 2 months after the fourth dose of 7vPCV was given. Children with underlying medical conditions should also receive a dose of 23vPPV (Pneumovax 23) between 4 and 5 years of age.

Prevenar 13 can be safely administered at the same time as other vaccines on the National Immunisation Program. However, there may be a small increased risk of fever/febrile convulsions with the co-administration of trivalent influenza and pneumococcal conjugate vaccines in children 12–35 months of age. Australian Technical Advisory Group on Immunisation advice is that these vaccines may be given together and that providers discuss this risk with parents prior to administration of 13vPCV. If there are strong parental concerns, these vaccines may be administered separately using an interval of at least three days between each vaccine.
The parents/carers of children eligible for the program will have received a letter from the Australian Childhood Immunisation Register (ACIR) notifying them of their child's eligibility for the time-limited program.

Further information about 13vPCV vaccine is available from Rick Porteous, Portfolio Specialist, Pfizer Australia, on 0408 476 931 or email rick.porteous@pfizer.com

Cold Chain Audits and Vaccine Management Update

Cold chain audits are currently being conducted across the Division. Practices are being audited to ensure they comply with the Department of Health and Ageing National Vaccine Storage Guidelines.

The Division's Immunisation Program Coordinator is available to provide education and support to practices in relation to the accreditation component of vaccine and cold chain management. With the warm weather approaching, practices are reminded that the Division offers a data logging service and can provide support to practices in the event of cold chain breach.

If you require assistance please contact Alison Elliott on 0488 318 899 or email aelliott@otway.asn.au

Above: Practice Nurse, Maria Zerbe, and Immunisation Program Coordinator, Alison Elliott, discuss vaccine storage at the Warrnambool Medical Clinic – Target branch.

Helping Patients Getting back to Work After Injury and Illness
Have Your Say

As a general practitioner you play a central role when it comes to ill or injured people getting back to work after they've had time off.

The Health Services Group (HSG) – a collaboration of the TAC and WorkSafe Victoria – know this, and that's why they've been in partnership with General Practice Victoria (GPV) since 2010 to explore and implement ways to support the GP's role in returning injured Victorians to the workplace.

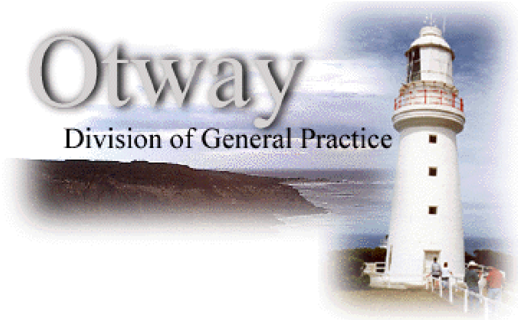
Right now GPV and HSG are seeking to better understand doctors' knowledge about and experiences with injured workers and TAC clients returning to work. Part of this includes a survey that will be conducted by independent research company Sweeney Research.

The results of the survey will help to inform the work GPV and the Divisions of General Practice/Medicare Locals are doing with HSG, including the development and implementation of a 12 month GP Professional Development Pilot Program.

In the coming weeks you may receive a phone call from a Sweeney Research representative asking you to participate in the survey. If you agree to participate, you will be sent a link to an online survey. The survey will take about 20 minutes for which you will receive a $120 cheque on completion. Medical Practitioner contact details will be sourced from the Human Services Directory.

If you have any queries please contact Dan Miles at GPV on 9341 5252 (Tues-Thurs) or d.miles@gpv.org.au

*HSG was established in **October 2007** to simplify processes and implement initiatives that support healthcare providers to achieve optimal rehabilitation and return to work outcomes for injured Victorians. HSG believe that working together with health care organisations provides a solid foundation for the development of necessary health and disability services to ensure injured Victorians receive the best health care treatment available to maximise their recovery*



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Deputy Chairman
Dr Craig de Kievit
Elected Directors
Dr Dale Ford
Dr Phillip Hall
Dr Brendan Condon
Dr Marg Garde
Dr Tim Lowe
Dr Joseph Ngui
Appointed Directors
Robert Wallis
Judith Nichols

Staff
Executive Officer
Marilyn Lynch

Program Support Services
Program Development Coordinator
Trevor White
Information Management Program Coordinator
Robert Moore

Allied Health Team
Team Leader
Graeme McDonald
Program Intake Worker
Elaine Peake
Diabetes Educator
Bernadette O'Brien
Dietitians
Valerie Lam Thuon Mine
Aneill Kamath

Medical Workforce Team
Team Leader
Vicky Hunt
CPD Program Coordinator
Kaylene Lucas

Health Integration and Practice Support Team
Team Leader
Irene Hobley
Immunisation Program Coordinator
Alison Elliott
Practice Support Coordinator
Mabel Mitchell

Administration
Administrator
Julie Simmonds
Finance Manager
Lynn Scott
Administrative Assistant (Finance)
Maree O'Brien
Administrative Assistant
Natalie Hall

Camperdown Office
P O Box 287, Camperdown 3260
Phone: 5593 2684 Fax: 5593 2860
Email: admin@otway.asn.au
Web: www.otway.asn.au

Warrnambool Office
150A Liebig Street, Warrnambool 3280
Phone: 5564 5888 Fax: 5564 5800