

Y2K ALL OVER AGAIN

With all of the hype around a national leadership change and the potential for a change of government, one wonders if the whole once in a generation health reform isn't going to be a bit of a fizzer. A lot of worry and work, countless millions spent on reports and spin, statesmanship and brinkmanship, promises and threats and then..... Does anyone remember Y2K?



The safest option seems to be to maintain a listening watch and plan for the future whilst remaining focused on the job at hand. There's the old adage that by the time governments announce reforms and introduce new programs or legislation, everyone else has been there for a while. There needs to be a reasonable groundswell of activity and consensus before government catch on and have some faith that the concepts will be accepted in the electorate. And yet when it comes to implementation, consultation seems to be the hardest word. Take reform in primary care:

- New initiatives to improve diabetes and chronic disease care – been there.
- Support for and increasing practice nurses – tick.
- Increasing connectivity through secure communication - getting there.
- Increasing the integration and coordination of patient care – hold on. Let's be honest, we can't give that one a tick just yet despite the best efforts of many.

So why is this so difficult, or to put it a different way, why doesn't everyone think the same way we do and have the same priorities. Clearly this is nonsense. Our partners operate within different paradigms of service delivery, funding, cost structures, political imperatives and bureaucracies. It's surprising health practitioners are communicating as well as they currently are.

Accordingly our efforts to integrate patient care must appreciate these and develop systems that align as many of these variables as possible, incorporate some real incentives to change work practices and we're half way there.

Two GPGC projects recently concluded confirm this modus operandi. The ABHI project developed and trialled clinical and service delivery pathways and facilitated linkages between GPs and their expanded care team, through protocols and electronic referral and feedback. The Nurse Led Care Coordination project supported practice nurses to coordinate the care of patients with chronic and complex

conditions, as a part of their GP Management Plan. Participants cited the ability to better engage with allied health professionals and communicate electronically with them, as the most significant contribution to integrating care. The pathways were deemed useful for new GPs and nurses conducting chronic disease management. Nurse Led Care Coordination was able to demonstrate better health outcomes, particularly where nurses were competent in CDM and were supported to perform this role and, the practice made time for this to occur.

Plans to continue these initiatives are being developed and there will be more opportunities for practices to become involved. These projects will continue to build the evidence base for more effective and efficient care systems. We won't see all GPs using them in the next 12 months, but hopefully in the future policy makers might realise the benefits that can be delivered through enhanced systems and better incentives and indulge in some real health care reform.



Matt Carrodus
Chief Executive Officer

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BOARD HIGHLIGHTS

Matt Carrodus, CEO

The Board again discussed the national health reform agenda and the implications for general practice. Details of the proposed changes for general practice remain sketchy and many seem to be slated for introduction from 2011 and others from 2012. It remains to be seen if the recent change in political leadership will provide any further clarity. The AGM on 28 October will provide a great opportunity to discuss these with members and to celebrate the work of general practices on the Gold Coast.

Membership has continued to increase which is very pleasing. Hopefully this is a reflection on the satisfaction with GPGC's work to support practices delivering health services. Membership fees subsidise the CPD program for both GPs and nurses and greater membership means more needs can be catered for. The cost of a single attendance at CPD can be \$70 a head so the cost of membership is considered extremely good value. The Board decided to make no changes to Membership categories or entitlements of Members.

The Board finalised its Governance Policy and discussed succession planning to the Board.

The finalisation of two projects was considered. The ABHI Pathways Project, which trialled the use of agreed pathways, protocols and secure communications between practices and allied health professionals; and the Care Coordination Project which is developing practice nurse led care coordination models. Both projects demonstrated that better integrated care was achieved through enhanced engagement with allied health providers and the ability to communicate electronically with them. At its next meeting, the Board will consider more detailed project plans to develop the next stage of these service integration initiatives.

MEMBERSHIP UPDATE

General Practice Gold Coast would like to welcome the following new Financial Members.

<i>Dr Haseeb Alam</i>	<i>Ms Denise Earl</i>
<i>Dr Mark Brickley</i>	<i>Mrs Ann Finlay</i>
<i>Dr George Clegg</i>	<i>Ms Nelarda Foley</i>
<i>Dr Karen Coates</i>	<i>Ms Jenny Hart</i>
<i>Dr Daniel Hendry</i>	<i>Ms Pam Humphries</i>
<i>Dr Mohammad Hossain</i>	<i>Ms Robyn Hunt</i>
<i>Dr Joy Lim</i>	<i>Ms Vicki Lowe</i>
<i>Dr Kate McSweeney</i>	<i>Ms Donna McDonnell</i>
<i>Dr Yi-Ping Partridge</i>	<i>Ms Lorraine McLean</i>
<i>Dr Pia Peterson</i>	<i>Ms Robyn Melville</i>
<i>Dr Shahab Rafei</i>	<i>Ms Erika Newton</i>
<i>Dr Carl Rubis</i>	<i>Ms Violetta Osman</i>
<i>Dr Charulata Shah</i>	<i>Ms Pamela Palmer</i>
<i>Dr Ramin Sharifi</i>	<i>Ms Rebekah Parsons</i>
<i>Dr Kuljit Singh</i>	<i>Ms Emma Power</i>
<i>Dr Dean Stubbs</i>	<i>Ms Patricia Purcell</i>
<i>Dr Mieke Van Driel</i>	<i>Ms Marg Riley</i>
<i>Dr Max Wong</i>	<i>Ms Michelle Scherf</i>
<i>Mrs Pam Bishop</i>	<i>Ms Carli Shaw</i>
<i>Ms Kathleen Bourke</i>	<i>Ms Belinda Simes</i>
<i>Ms Vino Bunting</i>	<i>Ms Heidi Smith</i>
<i>Ms Michelle Charles</i>	<i>Ms Kathy Spier</i>
<i>Ms Katy Cleeve</i>	<i>Ms Kim White</i>
<i>Ms Chloe Cooper</i>	<i>Ms Janine Anseline-Manton</i>
<i>Ms Deb Cooper</i>	<i>Ms Rhonda Oates</i>
<i>Ms Kylie Duke</i>	

Membership is open to GPs, GP Registrars, Practice Managers and Practice Nurses.

GPGC encourages all GPs, Practice Managers and Practices Nurses to become Members. Member benefits include: access to CPD, Practice Management Forums, Practice Nurse Network Meetings and social events. It also demonstrates commitment and support to the general practice organisation on the Gold Coast working towards supporting general practice to improve health outcomes of the Gold Coast population.

Membership fees subsidise the costs of conducting CPD and Network Forums and Meetings, which cost \$55-\$75 per head depending on the venue.

In 2010/11 we are looking at conducting some of our more popular events in theatre style to avoid oversubscription disappointment.

Multicultural Communities Council Gold Coast Senior Week 2010 – International Café

*MCCGC will once again hold the International Café
Monday 16th August, 10am-12:30pm
at the Robina Community Centre*

International Café will provide an opportunity for seniors to learn and sample the latest in products and services available to them, as well as promoting better access to aged care services. The event will give a chance to experience different cultures through free and exciting entertainment.

A free multicultural morning with tea/coffee/biscuits will be provided. Various international foods can be purchased throughout the day!

For more information phone 07 5527 8011

ENHANCE YOUR PRACTICE WITH AN INFRASTRUCTURE GRANT

Matt Carrodus

GPGC has argued strenuously against the GP Super Clinic model in meetings with local members and in submissions to the health reform policy papers. It appears that our mantra “every general practice should be enhanced, not just a few” may have been heard and has certainly been supported by the collective advocacy from the GP bodies with the government announcing Primary Care Infrastructure Grants. This will provide funding for around 400 general practices throughout Australia to upgrade existing facilities. Practices that have the capacity to expand or upgrade existing facilities should review documentation at gpsuperclinics@health.gov.au.

Applications for funding close on 20 August 2010.



Are you interested in working with young people in a supportive team environment?

An opportunity exists to provide GP sessions at Headspace.

The multidisciplinary Headspace team includes GPs, psychologists, mental health nurses, youth workers, psychiatrists, occupational and vocational supports, alcohol and other drug expertise and group programs.

Interested in finding out more?

Contact Amelia at Headspace, 07 5509 5900
or Elaine at GPGC, 07 5507 7777, Ext. 2.

For Your Diary

Annual General Meeting October 26, 2010

Conrad Jupiter's Broadbeach

NEW LEASE OF LIFE CAMPAIGN

We are currently in the middle of a national marketing campaign being run on TV and radio targeting 40-49 year olds who would like a 'New Lease of Life'. The campaign is associated with the prevention of type 2 diabetes and is aimed at both men and women. This age group is not renowned for going to the doctor when they are sick let alone well and rarely seek advice from their doctor related to risk factors and lifestyle modification. Yet, they are the ideal group in which to recognise the risk of developing diabetes, as 79% of patients with diabetes are over 50 years of age.

The campaign asks, “Fit the shoes, but not the dress?” “Reached the last notch?” and “Want more energy and better health?” There is then the suggestion that patients speak to their doctor about lifestyle modification programs available if they are looking for a new lease of life. Posters are available for your surgery to raise awareness along with paper versions of the AUSDRISK diabetes screening tool for your reception areas. This tool is available electronically on the GPGC website - no login required. Best Practice has a Diabetes risk assessment in its clinical area.

TARGET 200

We are aiming to identify 200 40-49 year old patients at risk of developing diabetes in the next 6 months and refer them to one of the Lifestyle Modification Programs scheduled during that time. We are able to provide information on the AUSDRISK tool and templates for the diabetes risk evaluation health assessment, MBS Item number 701-707, 715. These time based health assessments now include the practice nurse time taken with the patient. Practice visits are underway and financial support is available for practices interested in working with us to identify patients at risk, develop a recall system for these patients, or update their software programs with referral and health assessment templates. Please call Debbie Buckley on **0412 173 033** or email debbieb@gpgc.com.au.

GPCensus

As promised in our May issue, following the very successful census held last year, the GP Census 2010 was conducted on 24th May. All GPs and Practice Managers have been forwarded a confidential survey, either electronically or hard copy via post. We have had a steady flow of surveys returning to our office, however many remain to be submitted. The GP Census is aimed at identifying current workforce issues and services which we may be of assistance with in future. If you are yet to complete this questionnaire, it would be greatly appreciated if you could devote a few minutes of your time to complete and return at your earliest convenience. If you believe you are yet to receive a copy, please contact our office.

Erin Tupou

General practitioners, practice nurses and practice staff from seven Gold Coast practices have registered to participate in the Paediatric Collaborative. The main objectives are to assist practices to:

- provide early identification to enable positive development, health and educational outcomes for children 0-7 years
- improve immunisation performance

This project follows on from the learnings of the Early Years Collaborative that was held last year. Children in participating practices will be offered milestone screening at all immunisation encounters. The practices will then develop systems to monitor and track interventions, referrals and provide timely reviews for these children.

Another focus of this collaborative is to promote adult pertussis and influenza vaccination to care givers of children less than 12 months old. Changes in overdue rules for 4 year olds (now overdue at 4 years 1 month) have impacted on many practices' immunisation rates and this will provide another area of interest.

Other health assessments that children may be eligible for will also be promoted:

- Aboriginal and Torres Strait Islander Health Checks
- 4 year old Healthy Kids Check
- Health assessment of a patient with intellectual disability
- Health assessment for refugees and other humanitarian entrants

MBS item number changes on May 1, 2010 provided practices with the challenge of how to measure the data as general health assessments are grouped into generic time based numbers. Many practices have developed coding to enable easy data collection.

This project has encouraged practices to develop a "Collaborative Plan," encouraging setting of long term goals. The "Plan Do Study Act" methodology will be utilised to assist practices in achieving these goals.

Some valuable resources have been identified and can be accessed from the links below:

Queensland Health Fact Sheets for Children's Health:

http://www.health.qld.gov.au/health_professionals/childrens_health/default.asp

Raising Children Network:

<http://raisingchildren.net.au/>



As a part of my role as Mental Health Project Officer, I am developing clinical pathways for a number of issues, the first being Eating Disorders. I have had the opportunity to meet with some amazing clinicians and workers over the past few weeks who have been kind enough to consult with me. So far, I have consulted psychiatry, dietician's, psychologists, both state based and private providers and with the coordinator of the Eating Disorders Association Queensland, Desi Achilleos.

Initially, this pathway is going to focus on Anorexia Nervosa, Bulimia Nervosa and Binge/Emotional Eating. I am using three elements for assessment of each condition, BMI, waist measurement and psychosocial factors. There will be three simple sets of questions for each disorder, intended to assist the GP in gaining a snapshot into their patient's relationship with food. At this stage, there will be two pathways for eating disorders. Within these pathways there will be provision for patients requiring emergent/acute care and guidelines for GP based management of Eating Disorders.

Eating Disorders are serious mental health conditions which involve intense anxiety and preoccupation with food, eating, weight and body shape. The DSM IV lists four categories of eating disorders, anorexia nervosa, bulimia nervosa, binge eating disorder and eating disorders not otherwise specified. It is estimated in Australia, one in one hundred adolescent girls suffer anorexia nervosa and five in one hundred suffer bulimia nervosa. Anorexia nervosa has the highest mortality rate of any psychiatric illness, with approximately 15-20% dying within 20 years. (Department of Health and Ageing, Australia, 2010)

The World Health Organisation estimates more than one billion people worldwide are overweight; four hundred million of those are obese (WHO, 2010). According to the most recent Self Reported Health Status Survey, Gold Coast, conducted by Queensland Health in 2009, 15.2% were obese (BMI 30-40) and 1.7% morbidly obese (BMI higher than 40). There is currently significant evidence to suggest simple 'diet' programs are not sufficient in treating obesity. According to Mann, T et al, 2007, 'one to two thirds of dieters regain more weight than they lost on diets.' There is little support for the notion diets lead to lasting weight loss or long term health benefits.' If a person is using food to self-soothe, or is out of control of their eating, psychological support could prove vital.

A draft of this clinical pathway will be available on the GPGC website soon. I sincerely encourage feedback from you and am happy to provide any further support to you or your patients as required.

GPGC currently developing Cultural Competence Training package

It has been identified by the General Practice community that there is a distinct need for Cultural Competence training for staff, and a need to make practices more culturally safe for Aboriginal and Torres Strait Islander patients. A collaborative recently run by GPGC indicated that non-indigenous staff working with Aboriginal and Torres Strait Islander patients considered a lack of cultural competence training to be a key barrier to engagement. Staff that reported having little cultural competence training did not feel confident in asking patients whether they were of Aboriginal or Torres Strait Islander descent. Asking all patients if they are of Aboriginal and Torres Strait Islander descent is the most effective means of increasing Indigenous identification within primary health care services.

GPGC, in conjunction with neighbouring divisions, has decided to develop a comprehensive Cultural Competence training package to suit the needs of local primary health care services. It is anticipated that this package will be ready for delivery by September 1st 2010. GPGC will be offering this training at no cost to GPGC members. The course will be submitted for RACGP points allocation and will meet the requirements for PIP - Indigenous Health Incentive participation. The training will run for approximately 7 hours, this could be facilitated as 2 x 3.5 hr evening sessions or a full-day Saturday event. **GPGC is currently calling for expressions of interest; interest can be forwarded to clintons@gpgc.com.au. Please mention the following in your response;**

- **How many staff from your practice may wish to attend Cultural Competence training facilitated by GPGC?**
- **Which of the two delivery methods (2 x 3.5hr or full-day) would best suit staff of your practice?**

For further information on any of the 'Close the Gap' initiatives including Cultural Competence Training, Clinton can be contacted at the GPGC office on telephone **07 5507 7777** or mobile **0439 908 281**



GPGC would like to acknowledge the traditional custodians of the Gold Coast and surrounding areas, the Yugambeh, Yuggera and Bundjalung peoples.

Farewell to Jill

Changes under the Fifth Community Pharmacy Agreement (5CPA) will mean that although the Home Medicines Review Program will continue, no funding has been allocated for the MMR Facilitator Program. This means all positions previously funded under this program will cease from July 1st.

Jill Hayward has fulfilled this role for GPGC and Tweed Valley General Practice Network since 2004. Jill has managed the HMR programs for both divisions extremely well, contributing to the excellent uptake of HMRs across the Gold Coast and Tweed. She will be missed by GPs, pharmacists and indeed both divisions; we wish her all the best in her future endeavours.

Support for Gold Coast Practices

From August, the support available to practices wanting assistance from General Practice Gold Coast with Home Medicines Reviews is changing. Assistance will be provided by the Practice Development Advisers, alongside support for other services for practices. If you, or your practice require assistance from a Practice Development Adviser with setting up, or expanding, a HMR service please contact **Lori Crompton**, telephone **07 5507 7777** or email loric@gpgc.com.au.

Patients missing out on the benefits of a Home Medicines Review

The Department of Health and Ageing says some groups of patients continue to miss out on the potential benefit of having a home medicines review to reduce the risk of medicines related adverse effects. One of the groups identified are patients recently discharged from hospital. Over time the home medicines review program will be modified to allow for an increased emphasis on groups of patients deemed at most risk of medicine related adverse effects, such as those patients recently discharged from hospital.



Elaine Crawt

**CHECKLIST FOR SENDING REFERRALS
TO GOLD COAST HOSPITAL**

The Gold Coast Hospital (GCH) Bookings and Referrals Centre (BARC) would like to remind you of some of the issues they are encountering with referrals for Specialist Outpatients Department clinics.

1. **Ensure your patient contact details are correct when you include them on the referral template.** Recent referrals have been received with incorrect details and patients are unable to be contacted. Referrals with incorrect details will be returned to the referring GP.
2. **Complete all pre-requisite tests before sending the referral.** Referrals without accompanying test results cannot be triaged. The centre receives over 1000 referrals per week and to match these with additional paperwork/ results coming in at variable time periods markedly increases the workload.
3. **Please communicate with BARC using the referral templates** installed in your clinical software.
4. **Please use the NEUROSURGERY referral template for back and neck consultations, NOT ORTHOPAEDICS.** The neurosurgery template outlines the need for a CT of the relevant area to accompany the referral.
5. **You are free to choose the addressee on the referral template.** By default, all referrals will be addressed to the unit Director however if you know who your patient will be seeing you can delete the Director's name and overwrite it. All consultants currently available in that clinic are listed in the Specialist Outpatient Directory on the GPGC website.
6. **If your patient requires an interpreter please also indicate the LANGUAGE on the referral** so a suitable interpreter can be available at the time of the consultation.
7. **Please include a mobile phone number where possible.** GCH is implementing an SMS reminder service to attempt to address the more than 400 NEW appointments that patients fail to attend for each month. Reminders will only be sent to patients having their first appointment for a new problem.

GPGC has just signed an agreement with DoHA to continue the provision of psychological services for Gold Coast and Tweed Valley under the ATAPS program. There will be 2 types of funding under the new agreement:

- Tier One funding will be for general ATAPS services, Divisions have been asked to analyse the gaps in service delivery and target their funds accordingly. Gold Coast and Tweed Valley have agreed to target youth up to 25 years, A&TSI, and disadvantaged (HCC Holders) patients where access to the Medicare model is difficult.
- Tier Two funding has also been allocated to all Divisions, this funding is more flexible and can be utilised for innovative funding models. For 2010 we will utilise the funding to continue the Rapid Response Program and Perinatal Depression Support Program.

To Refer to the Services

1. Go to;
 - www.gpgc.com.au
 - Programs & Services
 - Mental Health
 - ATAPS Psychological Services
2. All the information you require, including referral templates, client consent and list of current providers is on the web page.
3. Complete template and send via Medical Objects or fax to your chosen allied health professional via the method outlined next to their details. **These must be sent to Allied Health (AH), not given to patient.**
4. Once the AH provider has received the referral they will contact the patient to commence treatment
5. The AH provider will send you a [feedback form](#) to ensure you are aware of patient progress
6. Each set of six sessions will require a referral form

**The Rapid Response Program
for Suicide and Self Harm**

Use the relevant referral form for the Lakeside Rooms or headspace Gold Coast.

Perinatal Depression Group Programs

The group programs for women diagnosed with perinatal depression will continue in 2010. Please contact Elaine or Erin if you require any further details on **07 5507 7777**.

MEMBERSHIP REMINDER!

Applications/renewals for the current financial year were due 30th June. If you are yet to submit payment in full for Membership 2010/2011, please contact Simone Mutton via email, simonem@gpgc.com.au, or telephone the office on 07 5507 7777.

ADVERTISEMENTS & NOTICES

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Mudgeeraba

Join our ethical, congenial, paperless, accredited, efficient practice.

- Private billing
- No after hours
- No DWS available

For more information go to our website at www.themgp.com.au or contact Catherine on **07 5530 2822**

FOR SALE

Established, bulk billing, Gold Coast General Practice Surgery in busy shopping centre.

- 2 x Consulting Rooms + treatment room
- Plenty of parking available
- Fully accredited and computerized
- Computer/phone/fax hardware included
- Existing large local patient base
- New lease to be negotiated with centre management.

*Current Owner-Practitioner relocating.
Contact **Dr Tony Mackay 0419 758 594***

POSITION VACANT

GP VR required for family practice in Paradise Point

- Great location and facilities
- RN support every day
- Friendly, happy team
- Flexible hours

For more information, call practice, **07 5564 2744**

GENERAL PRACTICE GRANTS AVAILABLE

The Department of Health & Ageing have released Primary Care Infrastructure Grants for up to \$500,000. The funding is available to enhance existing practices by increasing space for additional providers, providing new preventative and chronic disease management services, strengthening team care arrangements, extending hours and increasing training facilities.

Applications for the first round of grants are due by 20 August 2010.

For further information and application documents go to:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/grant4360910>

Booze Shatters Babies' Brain Matters

The consumption of Alcohol during pregnancy and breastfeeding has the potential to cause significant and irreversible effects on a child's health and wellbeing. A recent survey conducted by the Alcohol Education & Rehabilitation Foundation (AER, 2010) has indicated that 30% of women surveyed admit to drinking alcohol while pregnant despite the overriding belief that alcohol should be avoided during pregnancy (90% of Australians) and breastfeeding (87% of Australians). It would appear that while women are aware that alcohol consumption has an effect they are not aware of the extent of the impact.



The Spiritus Amend Program (Assisting Mothers End the Need for Drugs) delivers an 18-session home-based relapse prevention & parenting enhancement program for pregnant and parenting women who identify problems with alcohol and other drugs. The program also provides direct counseling and support to children (0-18) affected by a parent's or other caregiver's substance use. The service is voluntary and provided free of charge to families living between Burpengary and Waterford West as well as on the Gold Coast from Runaway Bay to Coolangatta. Please contact Amend on Ph **07 3435 4380** (Brisbane) or Ph **07 5576 2768** (Gold Coast) to make a referral.



*Resource Kits available, please email
Anna Haylock, Service Manager,
Specialist Counselling Services,
ahaylock@spiritus.org.au*

POSITION VACANT

Part Time Receptionist, 10 – 15 hrs p/wk

- Coolangatta
- Experience not necessary

Phone Lynn for details on **07 5536 6771**

EATING DISORDERS ASSOCIATION (EDA)

Eating Disorders Association (EDA) provides support, information and referrals for carers and people with eating disorders across Queensland. We publish a monthly newsletter distributed to 300 people and health professionals are eligible for 12 months free membership to receive this publication and access our resource centre to learn more about eating disorders.

GPs specializing, or with an interest in eating disorders, may also wish to purchase advertising for their organisation in our newsletter or provide details via a service directory form so that we can refer people on the Gold Coast to their practice.

Finally, we publish a comprehensive information pack for GPs addressing the diagnosis, assessment, management and referral of patients with an eating disorder and these are available from the EDA via post for \$15.

Please contact EDA on 07 3394 3661 or admin@eda.org.au regarding any of the above. Anyone interested in further developing skills for supporting patients with an eating disorder, the Eating Disorder Outreach Service (EDOS) operates within Queensland Health with the mandate to assist relevant health professionals. To be notified of upcoming training and/or receive the newsletter please contact Carmel Fleming, carmel.fleming@health.qld.gov.au or **07 3114 0809**.

GPGC calendar of events



Building 3 / 5 Executive Drive
Burleigh Waters Qld 4220
Tel: 07 5507 7777
Fax: 07 5507 7700
Email: admin@gpgc.com.au
Web: www.gpgc.com.au

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Miss Simone Mutton

Community Clinical Placements Officer

RN Bev Korn

GPLO Team

Dr Kate Johnston

RN Sara Drew

General Practice Gold Coast Ltd
receives funds from the
Commonwealth Department of
Health and Ageing

Thurs July 15 APCC LOCAL LW1

Where: Conrad Jupiter's, Broadbeach
Time: 18:00 – 20:30
For: Collaborative Participants
Contact: Sara Drew on sarad@gpgc.com.au or 0422 801 875

Wed July 21 PRACTICE MANAGER'S FORUM

Where: Colonial Golf Club, Robina
Time: 18:00 – 20:30
For: Practice Managers
Contact: Kath Hinde on kathh@gpgc.com.au or 0411 987 412

Tues Aug 10 STAFF NETWORK MEETING (NORTHERN)

Where: Arundel Hills Country Club
Time: 18:00 – 20:30
For: All Practice Staff
Contact: Sara Drew on sarad@gpgc.com.au or 0422 801 875

Thurs Aug 12 STAFF NETWORK MEETING (SOUTHERN)

Where: Currumbin RSL
Time: 18:00 – 20:30
For: All Practice Staff
Contact: Chris Liu on chrisl@gpgc.com.au or 0408 244 077

Wed Aug 18 STAFF NETWORK MEETING (CENTRAL)

Where: Conrad Jupiter's, Broadbeach
Time: 18:15 – 20:45
For: All Practice Staff
Contact: Robyn Stout on robyns@gpgc.com.au or 0413 946 157

Thurs Aug 19 APCC – LOCAL DIABETES COLLABORATIVE LW2

Where: Colonial Golf Course, Robina
Time: 18:00 – 20:30
For: Collaborative Participants
Contact: Sara Drew on sarad@gpgc.com.au or 0422 801 875

Wed Aug 25 PAEDIATRIC COLLABORATIVE LEARNING WORKSHOP 3

Where: Colonial Golf Course, Robina
Time: 18:30 – 20:30
For: Collaborative Participants
Contact: Chris Liu on chrisl@gpgc.com.au or 0408 244 077

Thurs Aug 26 PAEDIATRIC ACTIVE LEARNING MODULE (ALM) No. 1

Where: Conrad Jupiter's, Broadbeach
Time: 18:30 – 21:00
For: Collaborative Participants
Contact: Elaine Crawl on elainec@gpgc.com.au or 07 5507 7777

CLOSING DATE FOR NEXT ISSUE
FRIDAY 16 JULY 2010