



september 2009

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Gut instincts, idioms and what ifs



I had a recent experience in clinical practice that I wanted to share. It highlights some age old idioms in general practice.

The experience revolves around a 16 week old baby called Connor*.

Connor was a special baby. He was the second child to Leanne and he was in a hurry. That is, Leanne never made it to the labor ward in time for Connor's planned birth - instead, Connor was born in the passenger front seat of Leanne's car in the hospital car park. He was affectionately named "Car park Connor".

I first met Connor when he was nine weeks old. Leanne brought Connor for review because he had been positing his breast feeds in the last three days. He was otherwise healthy, gaining weight and reaching developmental milestones.

Leanne asked if she could come and see me *now*, because the community nurses were "stressing her out". They had noted his head was a little large and had worried her by discussing possible serious causes. I took Connor's percentile measurements, which were normal except for a head circumference which was above the 95th percentile. I made a mental note that his head looked big as well. At this point I reassured Leanne that Connor looked well

and that I would need to see him in 48 hours and could she bring in his previous measurements.

As planned Connor came back two days later. The positing had not stopped and was occurring 50% of the time after feeds. I plugged the previous percentiles into the computer and noted that his head circumference had gone from the 50th percentile to the 95th in the last four weeks. His weight was tracking normally. Connor looked well, and examined clinically normal.

At this point I was unsure how to proceed.

The raise in the head circumference worried me but I was nervous to bring this up with the mum given her previous comments and it didn't fit with the rest of his clinical picture which was essentially normal.

I was desperately trying to remember some information about hydrocephalus from pediatric lectures 10 years ago but the thoughts just weren't coming. So I asked Leanne to come back again in another few days. As a safety netting action, to conclude the consult, I went through the worrying symptoms of raised intracranial pressure she should look for in which case to contact me earlier. Just as I was getting up to leave, Leanne said to me - "you know what, just in the last 24 hours he hasn't been tracking me, you know, following me across the room with his eyes".

Leanne left the consult and I saw my next patient.

You can guess that the last words Leanne said to me bore into my cortex like an iron brand. Everything about this case made me feel very uneasy, including my own lack of knowledge and confusion about what to do. But I followed two age old doctor idioms:

ALWAYS listen to the mum, and... when in doubt, phone a friend.

Well in this case my friend was thankfully working next door, and

after a brief discussion we decided the best course of action was to get some pediatric advice. After discussing the case on the phone with the registrar at the local hospital, I organised for Leanne to immediately present to the emergency department for review at midday.

Like his birth, Connor was yet again, in a hurry. By four o'clock that afternoon he was on a helicopter to Brisbane for urgent neurosurgical opinion with a suspected brain cancer. Of course the increase in positing and increased head circumference was due to acute hydrocephalus from the tumor.

My emotional state by the end of the day was fragile. I was feeling absolutely distraught for Connor and his family, who had been told to expect the worst.

At the same time I felt deep relief that I had listened to my gut feelings and followed up on my anxieties earlier in the morning. And I felt sick in the stomach whenever I allowed my mind wander to the "what if" scenario - what if I had done nothing?

I finally had a chance to see this special little boy again last week. Thankfully, the tumor turned out to be a benign growth of the choroid plexus (the place where cerebral spinous fluid is made). He courageously survived surgery and has a ventriculo-peritoneal shunt, but he may need surgery again when he is older. He is growing well with no known neurological deficit at this point.

The mother is eternally grateful.

I am eternally relieved.

I pray the next four months of Connor's life are a little less frantic!

**Article by Dr Peter Silberberg
GP and NCGPT ME**

*Names have been changed. Article used with family consent.

If you have a clinical experience that you would like to share with fellow readers, send your story to renees@ncgpt.org.au

2009 Supervisor's Workshop

"I'll Show You Mine If You Show Me Yours – the sharing of wisdom within NCGPT" was the theme for this year's August Supervisor's workshop which was held at the Novotel Pacific Bay Resort in Coffs Harbour.

Thirty-two GP Supervisors and Medical Educators participated in the sessions, which included demonstration teaching sessions by two of our medical educators, Dr Debbie Kors and Dr Nicola Holmes. However the main focus was for participants to collaboratively develop teaching plans on a variety of topics. Linked to this is the exciting development of these teaching plans being accessible via Windows Live Workspaces - an online collaborative workspace tool. It is anticipated that these teaching plans will be added to, and modified, by supervisors as they use these plans - and so wisdom can be shared within NCGPT! Access to this online workspace will be available as soon as possible as we are working through a small technical hiccup. NCGPT will provide you with access details as soon as they are available.

A highlight of the weekend was participants undertaking some fun, team building activities through Zip Circus, including many supervisors having a go at the flying trapeze! Almost certainly some supervisors would have been bragging about this in their practices on the Monday morning, the acrobatics were impressive.

On the Saturday evening, a dinner was held in conjunction with the Supervisor's Awards ceremony. Each year NCGPT holds these awards to recognise the important role that GP Supervisor's play in passing knowledge on to the next generation of general practitioners. This year, the following awards were presented to deserving recipients:

2009 Supervisor of the Year Award for Ourstanding Achievement

Awarded to Dr Bill Thompson (Keen Street Clinic, Lismore).

2009 Supervisor of the Year Award for Long Term Dedication

Awarded to Drs Jeremy Crawford (Eight to Eight Medical Centre), Joe Gambin (Main Street Medical Centre), David Gregory (CPC Medical Centre), and Peter McMahon (Main Street Medical Centre).

Congratulations to these supervisors on such outstanding achievements! Unfortunately, Peter and Jeremy were not present to receive their awards, however their achievements were duly recognised in their absence. NCGPT values and appreciates the ongoing commitment of all the practices, staff and supervisors involved in the GP training process. Once again, congratulations to these outstanding supervisor's!

The evaluation of the weekend was very positive and it is now hoped that all GP supervisors will benefit from the developing bank of teaching plans.



ABOVE: Supervisor's show us their acrobatic talents!

BELOW: Team building exercises - 101 things to build with bendy straws!



FIVE SPONSORED PLACES UP FOR GRABS!!

Would you like to attend the Senses and Sensibilities conference?

North Coast GP Training is sponsoring five places to the Senses and Sensibilities Conference being held at Salt Resort, Kingscliff, 24th-25th October 2009. To view the conference brochure visit:

http://www.tvdgp.org.au/Welcome_files/Senses_Sensibilities.pdf

Sponsorship is being offered to NCGPT registrars and supervisors and will include conference registration, conference dinner and accommodation (up to an agreed amount).

To enter, tell us in 100 words or less how attending this conference will benefit you, your practice and/or your career.

Send your entries to Denise Sheehan E: denises@ncgpt.org.au

Entries close on Wednesday 23rd September, so get in quick!

Sustaining the passion with GPET

Highlights from the 2009 annual GPET convention – “Sustaining the Passion” a stART.

The conference began with satellite meetings and I was fortunate to attend the Indigenous training meeting. It was clear that registrar training and education has a crucial role to play in “closing the gap”. Support for registrars, cultural mentors and educators was discussed. New and old resources were shared and fresh directions were outlined. It was agreed that a different model for supervision of registrars and overseas trained doctors in AMSS was needed, and a call was made to both colleges to please work on this.

Keeping in line with the conference theme, Tim Flannery 2007 Australian of the year and environmental and global warming activist gave the keynote speech on day one to open the convention. Tim was able to present his work on carbon emissions in a language the audience could grasp. He likened climate change scientists to GPs, as both professions take the separate parts and put them together in a holistic way, in order to get the complete picture. He made the point eloquently that other specialists often miss important aspects of the whole. His talk was informative, challenging and a call to action.

Professor Justin Beilby, who gave the keynote address on the second day, also challenged participants to

think outside the box when contemplating the future of primary care. He stated strongly that current models were not sustainable and also called on participants to take charge and participate in discussions to direct the changes, rather than be led.

The convention was packed full of papers, symposia and workshops and sometimes it was difficult to choose which stream to attend. I chose

- Vertical integration - perhaps a new name for an old method? For example, teaching at all levels might more aptly describe the models that are currently working in some practices. It was proposed that less paperwork and better funding would help progress this cause and prevent burnout for practices and supervisors.
- Medical educator sustainability - NCGPT collaborated on this important symposium which revealed that medical educators would like more sharing of resources across RTPs, something that is going to happen under the AMEN auspice, and a designated career pathway. The RACGP is looking at the feasibility of a faculty of medical education with its own fellowship. More networking and opportunities to cross pollinate were requested.
- Creative writing for doctors - well I can't think of one insightful thing to say so a lot of use this must have been! Actually, it provided yet again a safe and fun forum for GPs (and

one dentist) to vent their feelings and share their creative talents. Thanks Hilton, we want more!

- New developments in education - the STAR sight on GPrime was launched and explained and will provide the much needed site for the sharing of resources based on the college curriculum.
- New orientation modules for medical educators created by medical educator group with support from GPET, was launched.
- Supporting supervisors - this symposium looked at ways to support supervisors with vertical integration as well as flexible models of teaching that may involve roving medical educators. Other ideas were also proposed

The ideas market place provided a great forum for the showcasing and sharing of issues and new ideas. NCGPT hosted two stalls:

- 1. New approaches to medical student education: how vertical integration works in general practice.** This session developed into a dynamic and very constructive discussion, and the interactive DVD created by Heidi Spillane and Carol Stevenson was presented. The main themes from this discussion were captured and fed back to GPET.
- 2. Doctors as Writers.** Hilton Koppe used the stall to drum up and share ideas, enthusiasm and contributions for the future publication of Beyond the Medical Record: A Collection of

continued on next page.



Ideas stall: New approaches to medical student education.



Ideas stall: Doctors as writers.

Writing by Doctors. Participants read some of their own works as well as passages from well known doctor/writers. A lively discussion ensued on how writing can not only be a great creative outlet but also increase their enjoyment of medicine.

The conference dinner was a very special evening, with some very special people - everyone was required to dress up as something connected to the word "ART" - needless to say the evening was riotous, mostly due to the party animals from the north coast of NSW!

Yes, that was us, and you would all have been proud. (Amazing what Lesley was able to rustle up from the two dollar shop!). We came in as runners up in the best dressed to the team from Tasmania who came as *hobART*... how original. Apparently our team was stuffing their faces when the judges did their rounds, and therefore not raucous enough. Seriously, even party animals have to eat - actually, they probably need to more than others! Unfortunately there wasn't an appeals process.

The Carlton cARTon man, and a pARTly dressed man (no don't ask!) won the individual awards. Although we thought David Gregory with his tARTan, mARTian, smARTie antennae was a shoe in - they were, after all, Doc mARTens. But alas his efforts were thwARTed..

Great music, great company and great food – especially the stARTers and the tART. So apART from the pARTicularly disheARTening "upset applecART" of us not winning, due to some swARTthy upstART inAR-Ticulate, and not so smART judges whose impARTiality needs to be seriously questioned, a great night was had by all!

Overall a particularly dynamic convention, where sharing and collaboration were in evidence and passion was certainly sustained and at times ignited.

Article by Christine Ahern
NCGPT DoT.



This party animal likes dARTs: Jonathan Adams.



Donning their party wigs, Bruce Barling and Liz Degotardi.



Backseat badie party animals (L-R): Debbie Kors, John Langill, 'just' Geoff, Bruce Barling, David Gregory's antennae, Peter Silberberg and Sharon Sykes.
Mid-range party animals (L-R): Debbie Kors., Liz Degotardi, Sean O'Meara and Carol Stevenson.
Front row goodie goodie party animals (L-R): Lesley Mitchell and Sue Gramza.



David Gregory with his smARTie tARTan mARTian antennae.



party animal, Sarah-Jane McEwan.

A Situational Judgment Test

Question 1 (allow 2 minutes for this question)

North Coast GP Training has invited you to participate in a pilot multiple choice situational judgment test (SJT) that is being trialed by GPET as a new technique for selecting GP registrars for the AGPT program. You will be paid \$300 for your time. What will you do?

a) Accept immediately as you are happy to assist in developing the best possible selection technique that identifies the most appropriate doctors for entry into the AGPT program.

b) Accept mainly on the basis that \$300 will get you that groovy retro push bike you've had your eye on!

c) Accept on the reasoning that you may be faced with a SJT in the future and it will be good experience to see how they work.

d) Decline immediately as this type of testing could confirm your long held suspicions that you would be better suited to work as a florist.

e) Accept but go dressed in disguise in case any of your answers may be viewed as "questionable".

If you answered a), b), or c) we hope you can join us. If you answered d) or e) we still hope you can join us as you don't need to worry, this pilot is purely aimed at assessing the SJT model, not those participating in the pilot.

What would you do for \$300? - SJT pilot

North Coast GP Training is working with GPET to pilot the use of situational judgment tests as part of its selection process for entry into the AGPT program. We are looking for registrars, junior medical officers and medical students to help us with this pilot. Participants will be compensated for their time.

The situational judgement test, or SJT, is a multiple choice test that asks participants to consider a series of hypothetical work-related scenarios and evaluate possible approaches to responding to that situation.

The test will be administered in a paper-and-pencil format and will take approximately one and a half hours to complete. This pilot will also trial the use of participants watch-

ing videotaped scenarios, and then responding in multiple choice.

After the test, respondents will be required to participate in a focus group to discuss their reactions to the test.

The results from the pilot will be used to assess the suitability of the SJT technique for selecting GP registrars. You do not have to be considering a career in general practice to be involved in this pilot. Participant responses will in no way reflect on them individually and will have absolutely no bearing on their potential future involvement with the AGPT program or training with NCGPT - it is the SJT technique being trialed and reviewed, not the participants.

This is a unique opportunity for registrars, JMOs and medical students

to help improve the way new doctors are selected for general practice training. Situational Judgment Testing is becoming an increasingly common technique used for personnel selection in many industries so this experience could prove very beneficial to you in the future.

The pilot is scheduled for Saturday 10th October at the NCGPT offices in Ballina. Participants will be required for approximately three hours either in the morning or afternoon. A payment of \$300 is being offered for participant involvement.

For further information on the pilot or to register as a participant please contact Sean O'Meara at North Coast GP Training
T: 02 66815711
E: seano@ncgpt.org.au



Hey there Team,

Earlier this month, Katherine and myself were fortunate to attend the GPET convention in Adelaide. Perhaps it's universal but when you get a gang of motivated registrars together, watch out world! See a report from the GPET convention on page 4 of this newsletter.

Following on from the GPET convention, Katherine and I then attended the GPRA annual general meeting. Here are a few updates that might be of interest to you...

1. Exams Exams Exams...

Yes we are very aware of the impact the recent fee increase has had on GP trainees Australia wide. Over the next few days registrars will be receiving an email or personal visit from myself to discuss the way these changes have impacted on you both in a good and bad way.

We will be attending the RACGP general meeting in Perth later this month to voice your views as a convocation item to express our concerns to the fellows of the college we are hoping to be a part of. I urge you to either fill in the survey and the written submissions or to talk to either Katherine or myself to ensure your voice is heard as a future member of the RACGP.

For those that have just sat we wish you well and hope the waiting for results has not been too nerve wracking.

To help all people sitting the OSCE exam become comfortable with timing, format and intricacies of the OSCE exam we will be holding practice OSCE stations at the NCGPT offices. Once we have the times and date nailed down you will be contacted.

These sessions are very valuable and I strongly suggest attending it if you can.

2. Changes to the RRMA classifications

With the new changes from RRMA to RA there are new exciting opportunities for all registrars and OTDs training in the north coast region. With the exception of one small pocket of the region, the rest is marked as rural. For those under the 10 year moratorium, this now means you will be able to do your training in almost anywhere in the region.

GPRA is currently looking into what will happen to doctors under the moratorium after they finish their training and we hope that the government will be working toward keeping highly qualified doctors like us in the regions not only where we trained, but also have connections with the community, and established relationship with family and friends. More news as it evolves.

3. Education for registrars both pre GPT1 and post GPT2

Currently we are hammering out a plan to help increase the business savvy of GP registrars both with contract negotiation for doctors about to do their first GP term but also for registrars doing their subsequent terms. With all the training we have done at medical school sometimes we forget that there is a business in medicine and we hope that by up skilling each other we will be able to create confidence in GP's to negotiate contracts both now and in the future. Again we are currently working out the best people to hold these training sessions, so more news soon.

Well it's an exciting month ahead! Looking forward to catching you round the traps.

George

How will the RRMA changes affect NCGPT registrars?

Under the new Remoteness Area (RA) system, the north coast region will mostly be classified as RA2 (rural). With the exception of a small pocket in the north which will be classified as RA1 (non-rural), and a small pocket in the middle which will be classified as RA3 (rural). Highlights from the changes relating to all registrars include:

- 📧 The RA classification system will be phased in from 1 July 2009.
- 📧 Medicare payments and bulk billing - at this stage, there are no plans to move the incentive payments program to the RA classification system. Bulk billing incentive payments will continue to use the existing RRMA system, and will continue to apply to practices in the RRMA 3-7 locations.
- 📧 PIPs - At this stage PIPs will remain using RRMA classifications. Transition to the RA classification system will be considered as part of the normal program review process.
- 📧 General Practice Rural Incentives Program - the current Registrars Rural Incentive Payments Scheme (RRIPS) and Rural Retention Program (RRP) will be consolidated to simplify, improve and streamline the payment and eligibility requirements of rural incentive (retention) grants. In a nutshell, the immediate financial incentives will be reduced, but will increase as training is achieved and continue at a flat rate after training is completed for those in rural locations. The new incentives program commences on 1 July 2010 at which point the existing RRIPS will cease to exist.
- 📧 RA does not alter the determination of Districts of Workforce Shortage.

For OTDs, changes to the RA classification also include a reduction in the current 10 year moratorium:

- 📧 Those working in an RA2 location will have the moratorium reduced to nine years.
- 📧 Those working in an RA3 location will have their moratorium reduced to seven years.

RSO report from Sue Gramza

Hi All

Firstly, I would like to thank the registrars who attended our first social day outing for this term: a beautiful lunch at the Tweed Regional Art Gallery in Murwillumbah with the northern group. I hope you enjoyed the afternoon as much as I did!

Next Sunday the Coffs crew are meeting for their social day at the Pet Porpoise Pool and staying on after the show for lunch - looking forward to seeing you all there!

Moving on to a more serious topic of practice allocations. All GPT1 (basic) registrars must move to a different practice for GPT2 (advanced). It is a long process to obtain provider numbers, and with 70 odd registrars to place, the allocation process is often a difficult juggling act. For this reason, practice preference forms are sent out early on in GPT1.

In order to assist in the allocation process, it would be greatly appreciated if registrars could start to consider their practice preferences early and send through the completed practice preference forms as soon as possible. If both a registrar and practice wish to resume or continue a previous work arrangement then both the registrar and the practice manager are required to inform NCGPT well before the practice allocation process begins.

Practice allocation forms for term two 2009 placements were due in to our office on Monday 7th September. There are still some of these outstanding. If you are yet to send your preferences in, please send them through as soon as possible to F: 02 6681 5722

Don't forget, if you need to contact me for any reason, I can be reached at T: 02 6681 5711 E: sueg@ncgpt.org.au



RLO report from Katherine Dent

Hello fellow registrars!

This month has been busy for both George and I, with both of us taking holidays to the USA - and loving everything the country had to offer. If anyone is keen to find out about travel there, feel free to contact either of us. I'm sure I have talked everyone's ear off about how great it was!

Well done to all the registrars who sat their written exam in August. We heard there were some obscure elements to this one. Feedback regarding this was filtered back to GPRA at their recent AGM, and the issue will hopefully be raised with the RACGP. Good luck in the coming weeks for the results and also with powering on with your study groups for the clinical.

The interview process for 2010 first round offers has also been completed. There was a great group of applicants again this year, and positions have been offered. We look forward to meeting them soon in Sydney and in other locations.

George and I were lucky enough to attend the GPET annual convention (along with some other lucky NCGPT registrars). Following on from the GPET convention, we both attended the GPRA annual general meeting. See George's full report from the GPRA AGM on page 6 of this newsletter.

Your practice allocations should have been sent in by now. If you have any negotiation issues or contract concerns once you receive your allocations for this term please do not hesitate to give us a bell or email us.

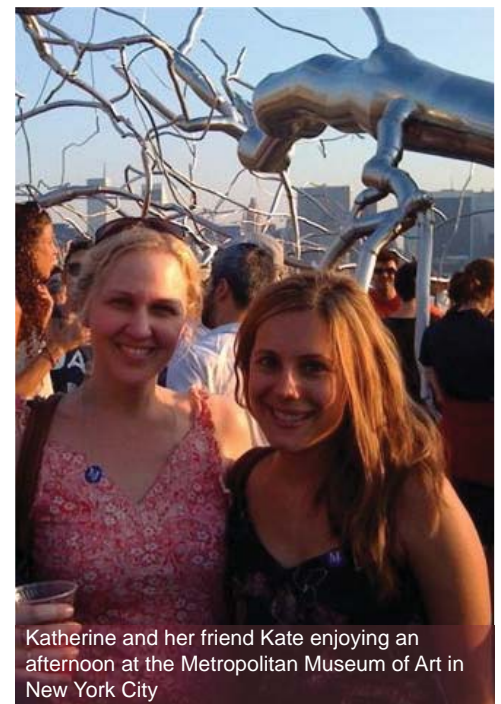
Cheers, Katherine

George

T: 0408 159 418 E: gefsmith@mac.com

Katherine

T: 0417 429 653 E: katdent10@hotmail.com



Katherine and her friend Kate enjoying an afternoon at the Metropolitan Museum of Art in New York City

ME update from Christine Ahern

Hello again!

August was another busy month on the NCGPT calendar with the basic workshop and OTD Support towards Fellowship exam workshop as mentioned in the last Post.

Paediatric half day releases were held across the nodes, and last minute cramming for the RACGP exams no doubt. Nine registrars and several of our OTD cohort sat the written component and will be expecting results towards the end of this month. Under the new exam format, candidates will need to have passed the AKT (multi-choice) component before proceeding to the OSCEs. Good luck to all.

The annual two day Supervisor's Workshop was held in Coffs Harbour at the end of August with a total of 32 attendees including medical educators. Supervisors of OTDs also attended this year. Highlights included

- Introduction of the new Workspaces tool for supervisors
- Demonstration of some death defying trapeze by supervisors and staff
- Sharing of teaching methods between supervisors and medical educators and
- Presentation of the NCGPT Supervisor Awards

Thanks to all who came and participated so enthusiastically in the activities and sessions at the Supervisor's Workshop. We look forward to the development of the Workspaces site and the further sharing of teaching ideas and resources. (Also see page 3 for a full report on the 2009 Supervisor's Workshop).

In August we also held interviews using the MMI (Multi Mini Interview) format again. Candidates were of a very high standard, and we are confident that the candidates who have been offered places are highly suitable and will make a smooth transition into general practice. We have three rural places to fill in our second round of interviews.

Many of our educational and administration staff as well as eight registrars, four wearing "official" RTP or GPET hats, attended the recent 2009 GPET Convention in Adelaide. Unfortunately, apart from our Chairperson, David Gregory, no supervisors were able to take up our offer to attend. The theme was "Sustaining the Passion" and passionate participants, papers and posters were in abundance. Not a panaphobe in sight! (Thought I'd just throw that in to see if anyone reads this). Suffice it to say that many new ideas were presented and a great spirit of sharing and cooperation was evident at all levels. The training environment remains an exciting and growing field and the future is bright for general practice training in Australia. (Also see page 4 for a full report on the 2009 GPET Convention).

Remember if you have any questions regarding the NCGPT training program please do not hesitate to contact me.
T: 02 6681 5711 E: christinea@ncgpt.org.au



NCGPT's Hilton Koppe to present at the Arts and Health Australia conference Port Macquarie, 10-13 November 2009

The Art of Good Health and Wellbeing conference is an Australian first, offering unprecedented access to international and local luminaries who specialise in the relationship between creativity and health. Doctors are invited to attend this event being held in Port Macquarie from 10-13 November 2009. Join over 70 speakers from Australia and overseas to discuss, inform, debate, network and share expertise in the important field of arts and health – across primary care, community health, health promotion, research and education. This conference also offers a valuable professional development opportunity for your practice manager and allied healthcare colleagues.

People constantly seek your solace, but who is looking after you and your emotional needs? Arts and Health is now, more than ever, recognised as a legitimate, cost-effective approach to improving wellbeing, and can be a salve for medical practitioners frequently at risk from burnout and compassion fatigue.

As a decision maker, learn from best-practice policy, landmark programs and imperial research. As an individual, take away techniques to improve your practice and help you lead a more fulfilling and balanced life; hone your communications skills; discover your creative talents; have fun!

EXCLUSIVE OFFER FOR DOCTORS

In recognition of doctors' time constraints, you are offered an exclusive opportunity to attend specific sessions of interest, at special half day rates, subject to availability. To enquire further, please contact Gabbie Carroll T: 0405 916 555 or E: gabbie@artsandhealth.org

For the conference program and speaker profiles, visit the conference website:

<http://www.artsandhealth.org/events/the-art-of-good-health-and-wellbeing-port-macquarie-2009.html>

Conferences and workshops

Don't miss the opportunity to attend an RACGP CEMP workshop

Brisbane (Advanced 28–29 November)

Perth (Intermediate 30 September; Advanced 5-6 October)

Sydney (Intermediate 30 October; Advanced 31 October-1 November)

Melbourne (Intermediate 12 November; Advanced 16-17 November)

The one-day Intermediate and two-day Advanced Clinical Emergency Management™ Program workshops have been designed to build the knowledge, skills and confidence of participants when responding to medical emergencies. For more information, visit www.racgp.org.au/cem or contact the RACGP T: 1800 284 732 or

E: gpeducation@racgp.org.au

NSW Rural GPs Clinical Meeting, Port Macquarie, 26-27 September 2009

For more information please contact Anna Richardson at Servier T: 03 8823 7333 E: conferences@au.netgrs.com

Family Medicine at Sea World, Gold Coast, 30 September - 4 October 2009

Aimed at GPs this conference will provide an update on cutting edge principles of assessment and management of family medicine. For further information visit http://www.learningandleisure.com.au/index.php?option=com_content&view=article&id=42

AMA workshop, Ballina, 13 November 2009

This workshop will clarify the details of the incoming industrial relations regime addressing the timeline for changes, what to expect in 2010 and what the changes mean for your practice.

For further information visit http://www.nswama.com.au/media/ballina_education_workshop.pdf

RACGP conference: GP'09, Perth, 1-4 October 2009

The conference for General Practice hosted by RACGP. For further information visit <http://www.gpevents.com.au/>

The National Men's Health Gathering 2009, Newcastle, 6-9 October

Consist of 3 events; the 5th National Aboriginal and Torres Strait Islander Male Health Convention 6-7 October

The 8th National Men's Health Conference 7-9 October

The 4th National Men and Family Relationships Forum 8- 9 October

For further information or to register visit www.workingwithmen.org.au

The AMA (NSW) Clinical Conference, 3-8 October 2009

For further information contact AMA (NSW) T: 02 9439 8822 E: susan@nswama.com.au W: www.nswama.com.au

Child and Adolescent Bipolar Disorder Conference for Health Professionals, Sydney, 8 October 2009

For further information visit www.blackdoginstitute.org.au

RACGP North Coast Refresher Weekend, Fraser Island, 10-11 October 2009

For further information visit http://www.racgp.org.au/facultyeventlinks/QLD0910_04.pdf

Australasian Integrative Medicine Association (AIMA) Holistic Health Conference, Melbourne, 9-11 October 2009

For further information visit http://www.aima.net.au/page.jsp?p_id=333

Think GP Workshop, Sydney, 24 October 2009

The workshop will cover 24 topics key to general practice focusing on background, key diagnostic features, key management features and key summary points.

For further information visit http://www.thinkgp.com.au/sharpen/workshop_invitation

Rural Medicine Australia '09: Healthy careers...Healthy communities, Melbourne, 29 October - 1 November 2009

Rural Medicine Australia '09 is the annual conference of the Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDA). The conference sessions and workshops will include emergency medicine, mental health, emergency dental, emergency ultrasound, cancer care, dermatology, anaesthetics, palliative care and stroke management. For further details visit www.acrrm.com.au

GP Mental Health Training

Don't forget, if you do not wish to lose the right to claim full rebates for drawing up mental health care plans, you need to complete mental health training. GPs have until 1 January 2010 to complete level one mental health training before the compensation reductions come into place. The RACGP offers online training through the GP Learning website, visit www.gplearning.com.au ACRRM also offers the training online through the RRMEO website, visit www.rrmeo.com/rrmeo/dls_rrmeo.pl?a=welcome

date claimer: your training calendar



24 September	9.00am	Musculoskeletal Medicine Half day release GPT1 and GPT2 registrars	Ballina
25 September	9.00am	Musculoskeletal Medicine Full day release GPT1 and GPT2 registrars	Coffs Harbour
30 September	9.00am	Mental Health (2) Half day release GPT1 and GPT2 registrars	Port Macquarie
21 October	10.00am	Sexual Health Half day release GPT1 and GPT2 registrars	Port Macquarie
22 October	9.00am	Aboriginal Health Full day release GPT1 and GPT2 registrars	Ballina
25 October		2009.2 RACGP clinical exam	Brisbane/Sydney
28-30 October		Combined Sydney Workshop NCGPT GPT1 and GPT2 registrars	Sydney

free podcasts

Musculoskeletal

RACGP

<http://www.racgp.org.au/gpessentials/25350>

Musculoskeletal Report

<http://www.mskreport.com/podcasts.cfm>

Aboriginal Health

ABC News Radio

<http://www.abc.net.au/health/minutes/stories/s1732019.htm>

The University of Melbourne

http://www.mdhs.unimelb.edu.au/knowledge_transfer/podcasts/the_knowledge_economy_and_aboriginal_health_development

The Australian National University

http://www.anu.edu.au/discoveranu/content/podcasts/aiatsis_and_the_support_of_indigenous_studies/

ABC Indigenous, Speaking Out Stories

<http://www.abc.net.au/speakingout/stories/s64333.htm>

General medical podcasts

My Medical Podcasts

www.mymedicalpodcasts.co.uk





Looking for an exceptional doctor.

The Western Desert Kidney Health Project is an exciting and innovative project based in the Goldfields of Western Australia.

Are you a doctor who is interested in Indigenous Health?
Have you ever thought of working in a third world setting?
Are you adventurous and creative?
This could be the job for you!

You will be working with a team of Aboriginal health and arts workers, spending time living in Aboriginal communities and working across disciplines of health, health promotion, research and the arts.

It is a challenging, exciting job that will really make a difference - maybe the job for you!

We have piloted this exciting project in three communities - now we plan to expand the project to the 10 Goldfields communities and need a very special Doctor to be part of our team. The Doctor will need to be registered in Western Australia.

If you are interested contact us:
The Western Desert Kidney Health Team
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T: 0407 387 602
E: Geoffstokes@bigpond.com