Sonder

Better Care Better Health

Your local health news.

SEP/OCT 2019 EDITION

Info & contact

YOUR LOCAL health NEWS

A publication dedicated to promoting better information exchange for primary healthcare professionals and organisations in South Australia.

Produced by Sonder
Better Care Better Health

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What's inside

Welcome

There is a breathlessness to the pace of life within and outside of Sonder as we begin the long march to the end of the year.

We hosted our AGM and Annual Dinner this month but due to production deadlines, you will read more about that in the next edition of our newsletter which will also be our final one for the year. I can let on that it has been reported that this was best Annual Dinner by far. The Annual Report is now available on our website and this contains not only the stories of our performance but also the annual financial reports for the period until end June 2019.

Turning to the world outside of Sonder, two major reports were also released this month that will no doubt fundamentally affect the way the community care sector delivers services and the way these services are to be funded.

The interim report by the Royal Commission into the Aged Care system found the national system to be in a state of neglect. Years of funding cuts and market driven decision making have rendered our most vulnerable section of the population to be commodities and oftentimes their needs are discarded at the alter of a profit driven system and at the mercy of overworked and underpaid staff who lack proper training and too often lean on drugs and unsafe care to manage people who are already dislocated from what has been normal for so long.

For too long advocates have been criticising the emphasis on the transactional nature of the aged care system where often 'care' is a lottery. I am curious as to how politicians can claim to be 'shocked' at the interim findings and feign amazement at the areas for improvement - greater oversight, more funding, tighter regulations over the use of chemical restraints - these matters have been front and centre for some time now but inaction and ideology have consigned these practical measures to the dustbin. Let us hope that the final report due in a year will result in fundamental reforms.

The second major report released this month was the Productivity Commission report about Mental Health - a System that the Commission says costs Australia $180 Billion annually - the impact of suicide and mental illness is about $500 million per day.

Here again, we see the common-sense call for reform - full time teachers with responsibility for mental health and wellbeing in all schools and the creation of after hours community based alternatives to emergency departments. The almost 1000 pages will be digested over the coming weeks and I promise to keep you informed of the key findings and what these might mean for the Sonder suite of services.

I trust this busy period is also rewarding and meaningful to you - there is a period of rest and reflection just around the corner - stay strong till we talk again.

Sageran Naidoo
Chief Executive Officer

Sonder Employment Solutions.

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Join us for a networking event to celebrate the collaboration of key stakeholders and Sonder's Employment Solutions program.

When
Friday 22nd November
3:30 pm - 6:00 pm

Where
2 Peachey Road,
Edinburgh North 5113

headspace Edinburgh North
Training Room

Entry via side door

RSVP
http://bit.ly/SES_networking_event

Light food & refreshments provided.

Contact
Call us on (08) 8209 0700
or email info@sonder.net.au

Borderline Personality Disorder Awareness Week

BPD Awareness Week was kicked off in style. Around 90 health professionals, carers and consumers attended the BPD Awareness Week Opening Night at Flinders University in Victoria Square.

The event was jointly coordinated by Sonder, the Adelaide BPD Mental Health Professional's Network, the BPD Foundation SA Branch and the Òrama Institute of Flinders University.

Attendees heard from internationally recognised Professor Anthony Bateman who presented on Mentalization Based Therapy for people with BPD. Aaron Fornarino also talked about lived experience and the supports available whilst Professor Sharron Lawn presented on exciting BPD research.

The event contributed to building capacity and understanding of BPD in a local context whilst increasing community awareness of BPD issues and supports. Overall, the event received positive feedback and was a great success.

Showcasing Sonder's rural services at YP Field Days

The Allied Health Solutions Team attended the Yorke Peninsula Field Days. The three day biennial event took place from 24 - 26 September on a 30 hectare site area in Paskerville.

The event aims to showcase the latest agricultural machinery and equipment, technology, information and services available to the local community, providing a wide variety of quality displays and demonstrations designed to be of interest and appeal to both rural and urban families.

YP Field Days provided a great opportunity for the Sonder team to promote the services that Sonder delivers to community members in the Yorke Peninsula region.

Julie and Karina from the Allied Health Solutions team were able to provide attendees with free blood pressure and blood sugar checks which proved popular. The team looks forward to supporting YP Field Days in future years.

Sonder offers in-home withdrawal support for people with substance dependency

Clients are able to withdraw from alcohol or drug use in a safe, familiar and supportive home environment

The consumption of alcohol and other drugs is a major cause of preventable disease and illness in Australia. Alcohol and other drug use is associated with a range of adverse health, social and economic impacts including family and domestic violence, mental health and financial burden.

Making the decision to stop using alcohol and or drugs can significantly improve an individual's life. It can improve physical and mental wellbeing, reduce risk of permanent damage to vital organs, improve personal relationships, increase energy, improve sleep quality and help an individual to reconnect with their emotions.

When an individual chooses to reduce or stop alcohol and/or other drugs, their body goes through a withdrawal process. Patients with alcohol and/or drug dependency who wish to withdraw (detox) are often referred to over-burdened tertiary services. However it is possible to withdraw within the comfort of a home environment when the withdrawal symptoms are predicted to be mild to moderate in severity.

Sonder's new In-Home Withdrawal Service offers support for people who wish to go through the withdrawal process.

The unique program is funded by the Federal Department of Health and provides clients with continuity of care, offering support from pre-care through to after-care.

Debby Kadarusman, AOD Service Team Leader explains clients are guided throughout the entire withdrawal process by a skilled team of Senior Practitioners, Registered Nurses, Clinical Workers and Peer Workers, with the client's GP overseeing the care. In addition, clients are also supported by a family member or friend.

"**During the pre-care stage, clients take part in an**

assessment and preparation process where we try to build their confidence and readiness for the withdrawal stage through providing education and counselling."

"Clients will also have access to support from Peer Support Workers with lived experience who will be with them from the beginning of their journey," Ms Kadarusman says.

Bonnee Nash, AOD Peer Support Worker explains **"the therapeutic value of connecting with Peer Support Workers who share similar experiences and feelings has immense power for on-going recovery. Peer Support Workers can build rapport with clients quicker and easier which helps the clients to fasten their recovery journey."**

The withdrawal period lasts for 5 to 7 days with program staff providing daily in-home observation and monitoring, phone counselling and peer support in order to help clients to safely withdraw.

Withdrawal (detoxification) alone is not a cure for tolerance and dependence and without follow-up treatment, individuals are likely to relapse and start using alcohol or other drugs again.

Senior Practitioner, Sarah Short explains **"following withdrawal, the program staff support the client with aftercare. This stage is focused on relapse prevention and goal maintenance. During which, our clients are provided with counselling, scheduled GP visits for follow-up health checks, and continued access to peer support."**

Sonder's In-Home Withdrawal Service allows clients to withdraw from substances in a confidential, safe and familiar home environment with access to essential support from a skilled clinical team, ensuring a safe and successful withdrawal (detox).

How to access the program

Sonder's In-Home Withdrawal Service is a free program and getting involved is easy.

Clients can be referred into the In-Home Withdrawal Service by calling Sonder on **(08) 8209 0700** or by visiting their GP and having them complete a referral form for the service.

To be eligible for the program, individuals must:

- Be over the age of 30;
- Have low to moderate levels of substance dependence;
- Live in the Playford or Port Adelaide Enfield LGA;
- Have a supportive home environment with a support person who will live with them.
- For further information, contact Sonder on (08) 8209 0700 or visit **www.sonder.net.au**

Senator Anne Ruston vists Sonder to learn about what we are doing to help migrants & refugees into employment

Minister for Families and Social Services, Anne Ruston took time to visit Sonder and heard from clients in our Employment Solutions

Australia's population is culturally and linguistically rich and has been re-shaped over many years by migrants. In 2015, approximately 28.2% of the population was born overseas. For migrants and refugees, employment is a crucial step towards successful settlement in Australia. Finding secure and stable employment enables economic security and a positive sense of identity in their new host country.

Sonder's Employment Solutions (SES) program offers free services to support migrants and refugees to find meaningful employment to achieve economic security, experience feelings of belonging, and be empowered to fully participate in Australian society.

The program is supported by the Try, Test and Learn Fund – an initiative of the Australian Government Department of Social Services.

On Friday 11 October, Senator Anne Ruston visted Sonder's Edinburgh North site. The Minister heard from Sonder's Employment Manager, Andrew Cenuich about the success of the SES program. Since the commencement of service delivery to clients in April this year, the program has supported 98 clients clients into 52 job placements.

To facilitate these placements, the SES team engaged in 651 face-to-face employer contacts with or on behalf of clients and 749 occasions of service.

During her visit, the Senator also had the opportunity to meet with some of the clients from the program and hear first-hand how the client's Career Coaches and Wellbeing Coaches had provided invaluable support and guidance towards finding employment. The support provided to the clients included identifying potential jobs and career pathways, providing help with writing resumes and preparing for interviews whilst helping to manage their Centrelink and Job Service Providers.

Sonder Employment Solutions is a free program and getting involved is easy.

To access the program, complete the online referral form available at **sonder.net.au/employment-solutions**

For further information, contact Sonder on (08) 8209 0700 or visit **www.sonder.net.au**

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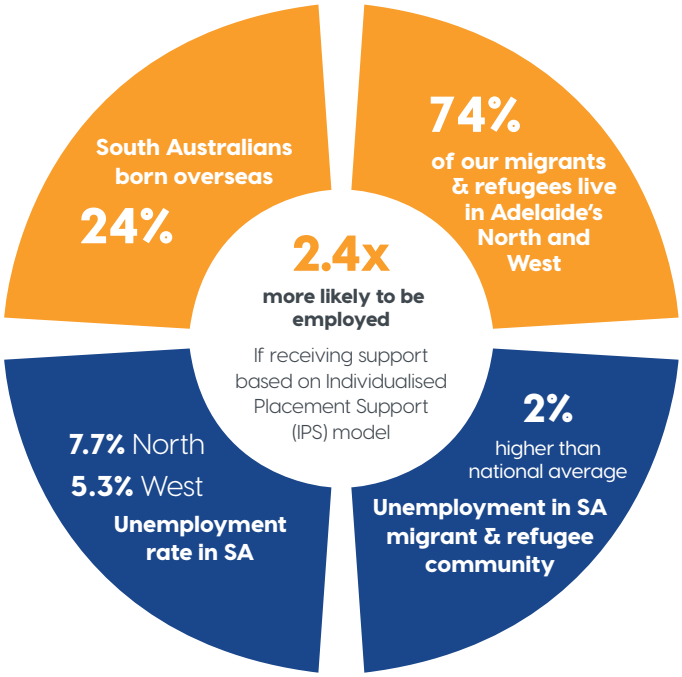
Migrants and Refugees in South Australia

Quick Facts

South Australia is home to a diverse community.

Migrants and refugees face a number of barriers in finding meaningful employment.

Currently, there is no ongoing specialised employment and wellbeing support program for migrants and refugees.



What can generating employment mean?

For the person
Finding employment can be important for personal identity and building a new life.

For the community
Initial investment in migrant and refugee employees has local business returns in innovation.

For the economy
Increasing employment reduces income support payment costs.

What are the barriers to employment?

Migrants and refugees face different challenges compared to Australian-born jobseekers and have specific needs to succeed in the workforce.

Mental health can be particularly important in finding and retaining employment.

Humanitarian migrants are

MORE LIKELY to have experienced trauma

LESS LIKELY to access mental health support

What do our migrants and refugees need?

1 **Individualised support**
While there are commonalities in the migrant and refugee community, every person comes with different needs. Every program should provide flexible, personalised support.

2 **A doorway to mental health services**
Each client meets a Wellbeing Coach with the option of ongoing sessions. An integrated wellbeing pathway allows immediate access to culturally appropriate mental health support for those not reached by the mainstream system.

3 **Sustainable employment**
Providing ongoing assistance after a job start promotes sustainable outcomes during the crucial period of adjusting to a new working role.

4 **Building early connections**
Career Coaches can help clients build professional networks by meeting employers to facilitate opportunities. Career Coaches can bridge initial workforce bias to allow migrants and refugees to showcase their skills.

What could the future look like?

Migrants and refugees equipped with **LIFELONG SKILLS** to build own careers

A community **ENRICHED** by a diverse workforce

Increased mental health **AWARENESS** across migrant and refugee communities

Sonder's Walk for Suicide Prevention

Tuesday 10 September marked World Suicide Prevention Day.

Suicide is the leading cause of death among Australians aged between 15 and 44. More than 3000 Australians end their lives each year - this is around 8 people a day. It deeply affects friends, families and communities. To prevent suicide and reduce these numbers, it is important to make sure all Australians get the support they need.

To commemorate World Suicide Prevention Day, the Sonder team arranged a walk at 6am on Tuesday 10 September.

Over 100 people gathered at the Torrens Footbridge to commence a 4.5 km route to raise awareness, support one another, remember those lost to suicide and unite in an ongoing commitment to prevent further deaths by suicide.

After a chilly start, the group warmed up with kind conversation and good coffee as they made their way through the route.

We would like to warmly thank everyone who took the time to join us for our walk.

If this event raised emotions for you and you would like someone to talk to, call LifeLine on 13 11 14.

Professionals breakfast

Sonder is commissioned to deliver a range of programs in the Port Adelaide Enfield LGA, including psychological therapy, employment services for Migrants and Refugees, as well as the Integrated Team Care Closing the Gap program for Aboriginal and Torres Strait Islander People.

These programs are delivered from our offices on Dale Street, Port Adelaide.

On Tuesday 3 September, we invited local service providers to visit our Port Adelaide offices for a Professionals Breakfast event.

Local service providers were able to network with one another and learn more about the array of programs and support that Sonder is able to provide to their clients.

Attendees had the opportunity to meet and greet Sonder's Employment Solutions team as well as the In-Home Withdrawal Service team, Mental Health Clinicians and the Closing the Gap Team.

To learn more about the range of services Sonder delivers in the Western metropolitan region of Adelaide, visit our website **sonder.net.au** or call us on **(08) 8209 0700**

Sonder Employment Solutions team on tour

Throughout the month of August, Career Coaches and Wellbeing Coaches from Sonder's Employment Solutions Team held information stalls at local shopping centres across Adelaide's northern and western suburbs.

The team promoted the program to local migrants and refugees at Parabanks Shopping Centre, Port Adelaide Plaza and Elizabeth City Centre.

The Career Coaches and Wellbeing Coaches were able to share information about how the program can help people on their journey towards their preferred career, how the programs affects Centrelink requirements and answered questions around eligibility and access.

For more information about Sonder Employment Solutions, visit **sonder.net.au/employmentsolutions** or call us on **(08) 8209 0700** and ask to speak to the friendly team.

Supporting local Aboriginal men living in Port Pirie & surrounds

Aboriginal men have a history of gathering together regularly to enable peer support and group decision making.

Sonder's Closing the Gap Team, in collaboration with Tarparri Aboriginal Health Team, facilitate a social group for Aboriginal men in Port Pirie.

"The group provides a welcoming and inclusive environment and gives members the opportunity to come together, talk to each other and get the support they need," says Brian Roden, Outreach Worker, Closing the Gap.

The group is led by the community and provides activities for local men including health programs and practical support.

"Having these groups for local men is so important, helping to relieve the pressures of everyday life and prevent more serious probems with physical and mental health down the track."

The group met on 26th October for their third meeting at Memorial Park in Port Pirie and enjoyed a BBQ feast of kangaroo meat and salads.

Port Pirie's Smelters Picnic

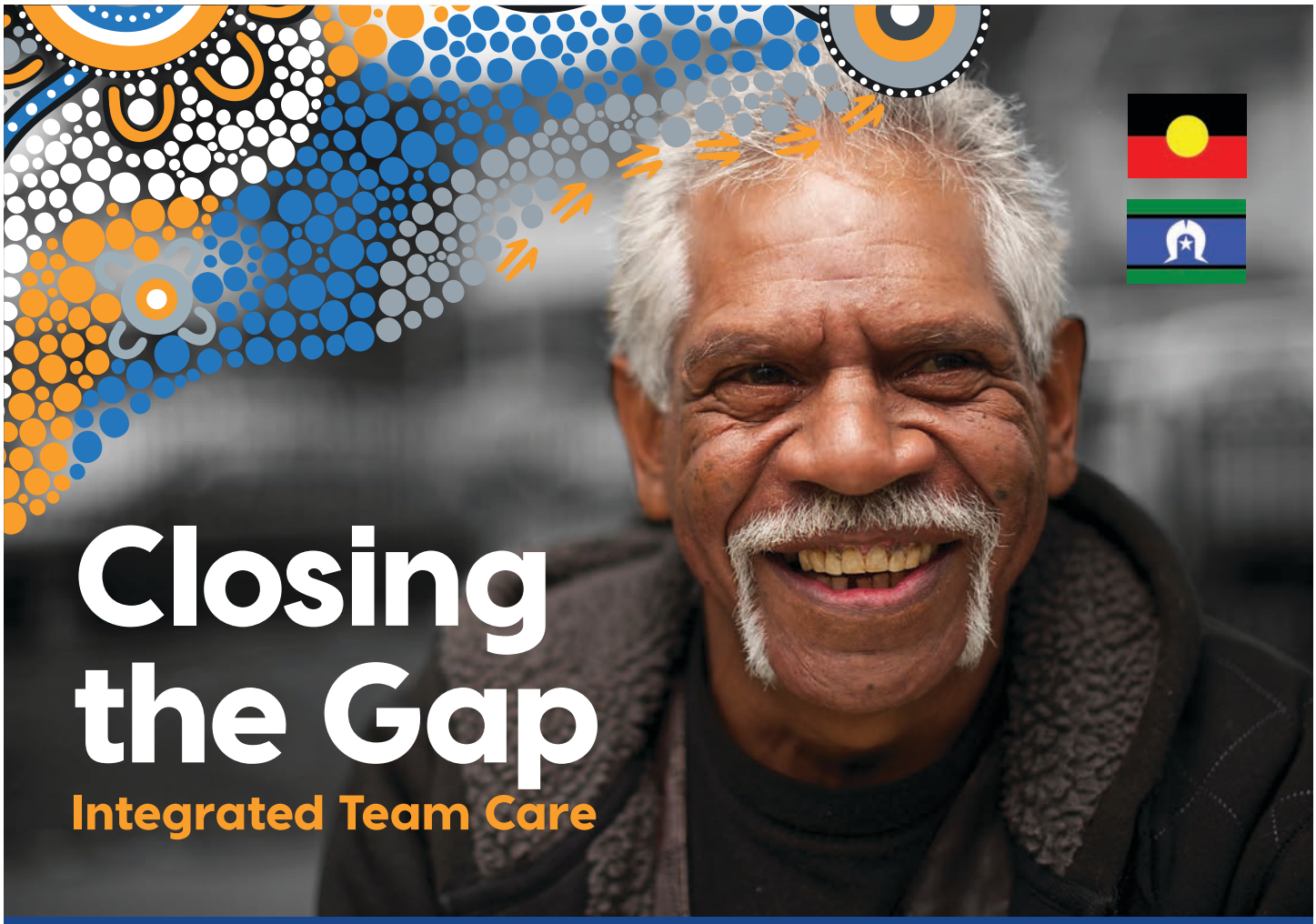
In the early 1900's, the "Smelters Picnic' was organised to provide a day's pleasure for the employees of the then BHP Company's Lead, Smelter at Port Pirie and their families. Running for over 100 years, The Smelters Picnic relies on the support of the whole community.

Brian, Cynthia and Linda from the Closing the Gap team attended the 116th Port Pirie Smelters Picnic on Wednesday 2nd October, held at Memorial Park. The event took place from 9 am to 5 pm with all local businesses closing from 12 pm – 5 pm to support the Picnic. The Picnic offered a real country show atmosphere, with sideshows, music and fairy floss.

The team represented Sonder with an information stall. Throughout the day, the stall proved popular and was well attended, receiving over 150 enquiries from both Port Pirie locals and community members from Yorke Peninsula, Port Augusta and Whyalla.

The Sonder team enjoyed beautiful weather and had a great day talking and engaging with community members about the Closing the Gap program, the importance of the 715 Aboriginal Health Check and other services that Sonder delivers to support the healthcare of individuals living in rural South Australia.

Find out more about the Closing the Gap program via our website **sonder.net.au/closing-the-gap** and explore the range of services delivered through the program to support Aboriginal and Torres Strait Islander people across our region.



Closing the Gap

Integrated Team Care

Supporting Aboriginal & Torres Strait Islander people to better manage chronic conditions.

How can the program help me?

We can provide you with support that you may need to:

- Better understand your chronic condition and what it means for you.
- Access medication and follow GP treatment plans.
- Go to your medical appointments; including help with transport and support during your appointment.
- Access recommended allied health equipment.
- Connect to ongoing community supports who can provide assistance to improve your physical health and wellbeing.

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Adelaide • Gawler • Barossa • Yorke Peninsula • Mid-North

This service is supported by funding from the Adelaide and Country SA Primary Health Networks

Youth mental health getting worse and social media could be to blame

New data released from headspace National Youth Mental Health Foundation reveals that nearly two thirds of young Australians (62%) say that the mental health of young people is getting worse , with 37 per cent of respondents saying that social media is one of the leading contributors. Expectations from school, family or community (18%) and work or study pressures (16%) were also called out.

The research was announced to coincide with headspace day – a national event run by the Foundation during National Mental Health Week that aims to support the mental health and wellbeing of all young Australians.

headspace CEO, Jason Trethowan said there are many factors that contribute the state of a young person's mental health, but as things evolve, headspace needs to ensure young people are armed with knowledge and resources to build resilience to support their own wellbeing.

"We know mental health is complex and there are many factors that contribute to a young person's wellbeing, but it's clear from the research that social media is something young people have strong opinions about and it's something that appears to be creating more pressure day to day.

"We need to raise awareness about the impacts of social media overuse, and support young people to develop the skills they need to handle these new and evolving challenges.

"There are only so many hours in the day and if time spent online is taking away from things that offer balance and a healthy mind frame, that's where we run into problems.

"The seven tips for a healthy headspace offer practical ways to support wellbeing and provide young people opportunities to support themselves through challenging times. The tips include different ways to get into life and do the things you love, how we can eat well, get enough sleep, stay active and spend time with family, friends and people in the community." Trethowan said.

In celebration of headspace Day 2019 and support for youth mental health, across Adelaide's CBD on Wednesday 9 October, prominent city landmarks were illuminated green, headspace's champion colour. These landmarks included: Adelaide Oval, Adelaide Train Station/Casino, Adelaide Town Hall, Flinders University's Tonsley Building and the Victoria Square Fountain.

Tania Manser Operations Manager, headspace Adelaide explains, "thousands of young people reach out to headspace centres in South Australia for support each year, however there is still stigma in speaking out. headspace Day is an opportunity to provide the community with tools, resources and conversation starters around mental health"

The other headspace centres operated by Sonder also engaged in a range of activities for headspace Day with headspace Onkaparinga having an open day for community members and invited guests on Friday 11th October and headspace Edinburgh North partnering with a local school in the Northern region to celebrate the day.

For more information on ways to maintain a healthy headspace visit: headspace.org.au/tips

Exploring issues facing young people at our Youth Mental Health & Wellbeing Forum

On the sunny morning of October 3, the Mawson Centre in Mawson Lakes was abuzz with over 150 health professionals, service providers, community members and a cohort of young people attending Sonder's Youth Mental Health and Wellbeing forum. Once the crowd had gathered CEO of Sonder Sageran Naidoo delivered a warm and rousing welcome.

Arman Abrahimzadeh, founder of the Zahra Foundation was the first guest speaker and shared his story of fleeing domestic violence with passion, humour and integrity. Arman also shared with the audience his strategies for self-care and answered audience member's questions with grace and kindness.

Morning tea was delivered and attendees were able to browse the various stalls that included headspace, Gender Wellbeing Services and SAPOL. Many collected an array of free goodies and information about services.

While fun craft activities were underway in the break out room, headspace Mental Health Clinician, Jennifer Riches delivered a presentation on mindfulness and relaxation, and invited members of the audience to share how they use mindfulness in their everyday lives.

Kevser Pirbudak, Coordinator of Youth Services at the Australian Refugee Association delivered a riveting presentation on the impacts of the refugee experience on young people, and led the audience in a quiz on facts about refugees that tested the audience's knowledge and perceptions.

Attendees were then able to connect over delicious wood fired pizza by Brasco's Pizzeria and enjoy some sunshine on the break.

Following lunch, two members of the headspace Youth Reference Group delivered presentations on their personal journeys with mental health. Their stories of struggle, seeking help and working toward recovery were remarked upon by many as a highlight of the day.

To conclude the forum, a lived experience panel discussion took place involving members of the Youth Reference Group, a Peer Worker from Sonder's emerge program and a Peer Worker from SHINE SA's Gender Wellbeing Service. Members of the audience engaged in lively conversation with the panellists as well as with each other and poignant topics were raised and explored.

As the crowd dispersed and debriefed, the enthusiasm was palpable. Many remarked that the day had been a success and that meaningful connections had been made.

Sonder and headspace would like to thank supporters the City of Salisbury and the Mawson Centre for making the day possible and above all, enjoyable.

SHINE SA

LGBTIQA+ YOUTH DROP IN **EXTRAVAGANZA**

A FREE event for young people aged 12-25 that identify as LGBTIQA+

Drop ins are safe, social spaces for LGBTIQA+ young people to hang out, make friends, do fun things and be themselves. The number of drop ins in Adelaide and its surrounds have been growing- so come along for a drop in extravaganza!

Come along for activities, food and to meet other queer young people. A celebration of being authentically you with our fabulous community!

→ www.feast.org.au/events/lgbtiqa-youth-drop-in-extravaganza/

Sonder Better Care Better Health

headspace Port Adelaide

QUEER YOUTH DROP IN

Feast FESTIVAL

headspace centres celebrate R U OK? Day

Thursday 12 September marked R U OK? Day, a national day of action dedicated to reminding everyone to ask, " Are you OK?" and to remember every day of the year to support people who may be struggling with life's ups and downs.

In celebrating the day, headspace Adelaide's staff and volunteers participated in The Big Issue's Street Soccer Tournament. Teams from various organisations competed throughout the afternoon and one of the centre's clients was honoured with the Best of Field medal.

headspace Onkaparinga celebrated R U OK?Day at Hallet Cove High School. headspace Onkaparinga's Community Engagement Officer, Oli Keane took part in the Q&A panel for the year 12 cohort, along with the school's Psychologist, Principle, graduate students and a SHINE SA Education Worker. The year 12 students enjoyed the opportunity to ask questions about life after school and how they can better manage their new found challenges as young adults.

After the Q&A session, students enjoyed the photo booth and giant jumping castle, both provided by headspace Onkaparinga. The centre's Youth Reference Group also coordinated a stall and provided students with access to resources and freebies whilst answering any questions about the headspace service and how access can be gained.

headspace Edinburgh North staff were invited to present at the I am Me program at the Gawler Youth Space. headspace Edinburgh North's Peer Support Worker, Nina Pearce spoke to the group's young people about how to have conversations with friends or family members that they may be concerned about and where and how they can access help.

Footy colours day

On Monday 23 September, headspace Adelaide and headspace Onkaparinga celebrated Footy Colours Day to raise money for childhood cancer research.

Fight Cancer Foundation's Footy Colours Day is a national fundraising campaign held during the month of September to support kids living with cancer. Schools, workplaces, groups and clubs across Australia are encouraged to wear their favourite footy team's colours and host an event to raise much-needed funds.

Anne Hatchard, Dual Premiership player from the AFL Crows Womens team came to headspace Adelaide to meet the staff and youth ambassadors and support the event. Staff were thrilled to hear about Anne's journey to becoming an elite athlete and her ongoing work for the Adelaide Crows by engaging young people in sport and activity.

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13SICK NATIONAL HOME DOCTOR

A brief introduction to secondary hyperparathyroidism by Dr Tiong

Secondary hyperparathyroidism is a syndrome of excessive parathyroid hormone (PTH) production due to chronic hypocalcemia. In Australia it is most commonly seen in patients with chronic kidney disease (CKD), but can also happen in patients with malabsorption syndromes, chronic lithium use or chronic vitamin D deficiency. This article will focus on secondary hyperparathyroidism as a result of CKD.

In patients with CKD there is impaired production of vitamin D, and the excretion of phosphate. This leads to a condition of chronically low vitamin D levels and hyperphosphatemia, which in turns causes hypocalcemia. Chronic hypocalcemia is the main impetus in stimulating the parathyroid glands (PTG) to produce excessive parathyroid hormone, but low vitamin D levels and hyperphosphatemia also affects the PTG directly. Recently FGF-23 has also been discovered to play an important role in the pathogenesis of secondary hyperparathyroidism.

The PTH levels in secondary hyperparathyroidism can be many times higher than those seen in primary hyperparathyroidism. Excessive amounts of PTH leads to abnormal bone and mineral disorders which encompasses osteitis fibrosa cystica and renal osteodystrophy. Patients with secondary hyperparathyroidism commonly have musculoskeletal aches/pains, intense pruritus and soft tissue calcifications (calciphylaxis is a rare but serious complication) including the cardiovascular systems. These patients are also at a higher risk of cardiovascular morbidity and mortality and is one of the main targets of treatment.

Investigations

Biochemistry

- Serum PTH and calcium – gives an indication of the severity of the condition
- Serum phosphate and vitamin D – the aim is to correct these abnormalities to as near normal as possible
- Alkaline phosphatase and serum beta-crosslaps – markers of bony metabolism and turnover

Imaging (to help plan operative approach if surgery is contemplated)

- Parathyroid sestamibi scan – to exclude the rare ectopic parathyroid glands which can be located anywhere from the angle of the mandible down to the arch of the aorta.

- Neck ultrasound scan – quite often the PTG in secondary hyperparathyroidism is grossly enlarged and can be seen easily. Ultrasound is also useful to assess for thyroid nodules.

Obviously, any abnormal thyroid nodules should be biopsied so that it can be treated at the same time as any future re-operation (e.g. thyroidectomy) carries a significant risk of laryngeal nerve injury. Ultrasound is also useful for instances when we do not find the usual 4 PTG, and if the ultrasound showed a thyroid nodule on the side of the missing PTG, we may perform a hemithyroidectomy as it could be a case of intra-thyroidal PTG.

Management

The management of secondary hyperparathyroidism in patients with CKD are closely guided by their treating nephrologists. Initial medical management aims to prevent chronic hyperphosphatemia and low vitamin D levels. The strategies include non-calcium containing phosphate binders, and calcium as well as vitamin D supplementations.

Calcimimetics (e.g. Cinacalcet) is a group of drugs which modulates the calcium sensing receptors (CASR) on the PTG. Its works by increasing the sensitivity of PTG to serum calcium, therefore reducing PTH production/secretion. Cinacalcet is very useful in reducing serum PTH levels and have been proven to reduce the need for parathyroidectomy. However, it has not been found to improve quality of life or survival. It is only available on private prescription, or through a nephrologist special access program.

Parathyroidectomy

Surgery is still the gold standard treatment with proven quality of life and survival benefits. There is no absolute indication for surgery, but patients may be considered for parathyroidectomy if they have the following despite maximal therapy:

- Worsening serum biochemistry and/or bone and mineral disorders
- Symptoms e.g. musculoskeletal aches/pains, pruritus
- Complications of soft tissue calcification e.g. calciphylaxis or cardiovascular morbidity
- Patients considered for kidney transplant

Types of surgery – dictated by local surgeon and institutional preferences

- Subtotal parathyroidectomy (a portion of the most "normal looking" gland is left in-situ; usually means 3 ½ gland resection)
- Total parathyroidectomy
- Total parathyroidectomy + auto-transplantation (the surgeon chooses the most normal looking parathyroid gland and slices it into tiny pieces and transplant them into either the sternocleidomastoid or the brachioradialis muscles)

The different surgical approaches outlined above aim to balances the risks of recurrent secondary hyperparathyroidism versus permanent hypocalcemia. The risks of surgery are similar to those with thyroid surgery and includes bleeding/haematoma, infection and laryngeal nerve injury.

Post-operatively these patients need to be observed closely in the HDU/ICU with input from both the intensivists and renal physicians as they often develop severe hypocalcemia and requires calcium infusions.

Outcomes

Surgery is very successful for the treatment of secondary hyperparathyroidism and remains the gold standard against which other treatments are compared. It is the only treatment option which improves patients' quality of life and long-term survival.

Author

Dr Leong Tiong
Breast, Endocrine & General Surgeon,
Calvary Central Districts Hospital
Calvary Wakefield Hospital

Spring into action for good asthma care

The National Asthma Council Australia is calling on healthcare professionals to mark National Asthma Week by preparing millions of Australians with asthma for pollen season

The week also marked the start of spring, which brings fresh challenges for the three in four people with asthma who also have allergic rhinitis, due to increased triggers such as grass and other pollens in the air.

National Asthma Council CEO Siobhan Brophy says it's crucial for health professionals to inform patients about the connection between allergic rhinitis and asthma, particularly as thunderstorm asthma season looms.

'People who have allergic rhinitis (either with or without known asthma), are sensitive to ryegrass pollen or have poorly controlled asthma are at heightened risk of a flare-up during storms in spring and need toproactively manage their symptoms,' says Ms Brophy.

According to the National Asthma Council's treatment guidelines, the **Australian Asthma Handbook**, prevention of thunderstorm asthma in individuals is based on:

- year-round asthma control
- preventive inhaled corticosteroid treatment
- avoiding exposure to thunderstorms on days with high ryegrass pollen levels
- ensuring appropriate access to relievers during grass pollen season.

'Health professionals can help patients keep their symptoms under control by reviewing their asthma and allergy management and making sure written asthma action plans are up to date,' says Ms Brophy.

The National Asthma Council provides a suite of evidence-based, best practice resources for health professionals including the **Allergic Rhinitis Treatment Chart**, **Thunderstorm Asthma Information Paper**, and new tool the **Allergic Rhinitis Pad**

The Allergic Rhinitis Pad helps general practitioners develop a treatment plan for managing allergic rhinitis in patients with asthma and is a handy resource for pharmacists assisting patients with treatment options.

As ryegrass pollen season hits from October to December in south-eastern Australia, carrying an increased risk of thunderstorm asthma, the National will show up-to-date national pollen forecasts on its website from 1 October.

For further information, visit **nationalasthma.org.au**

Public Health Information

New notifiable condition: carbapenemase-producing enterobacterales

25 October 2019

Following a recent marked increase in the number of cases of people colonised or infected with carbapenemase-producing Enterobacterales (CPE) in South Australia, SA Health has made CPE a notifiable condition under the South Australian Public Health Act 2011, effective immediately and until further notice.

Enterobacterales is an order of Gram-negative bacteria which includes common gut organisms such as Enterobacter, Escherichia and Klebsiella. CPE are members of Enterobacterales that are resistant to most, or even all, types of antibiotics including Carbapenems and are considered to be a significant global health threat.

Diagnostic laboratoies are required to:

- Notify all cases of CPE to the Communicable Disease Control Branch (CDCB), including suspected cases prior to confirmation from a reference laboratory.
- Advise the requesting doctor (e.g. via the testing report) that CPE, including suspected cases, must be notified to CDCB within 3 days, preferably sooner.

Doctors are required to:

- Notify all confirmed or suspected cases of CPE to CDCB within 3 days of receiving information from the laboratory.

Doctors are also advised to:

- Seek advice from an infectious diseases physician or clinical microbiologist regarding appropriate management of patients with CPE (either infected or colonised).
- Ensure transmission based precautions are in place if the patient is being managed in or to be transferred to a healthcare or residential care setting.

Carbapenems are a class of 'last resort' antibiotics including imipenem, meropenem, ertapenem and doripenem which are usually reserved for treating serious infections or when an infecting organism is resistant to commonly used antibiotics. The production of carbapenemase enzymes which inactivate these drugs means that this group of antibiotics and related cephalosporins and penicillins are no longer effective.

Often no oral antimicrobial is available, and most patients will need to be hospitalised for intravenous therapy even for otherwise uncomplicated infections.

CPE have the ability to spread rapidly, and resistance genes are easily transferred between bacterial species. Patients can be colonised with CPE or develop serious infections including urinary tract, abdominal, bloodstream and respiratory infections, which are associated with high mortality rates. While many early infections in Australia were associated with imported cases, frequently linked to medical treatment overseas, CPE are now spreading within Australia.

Last year, CPE were the most commonly identified bacteria with critical antimicrobial resistance in this country, making up >40% of all reports, with most cases reported from the eastern states. Cases are now increasing in South Australia (see Public Health Alert).

Further information is available at SA Health multidrug-resistant organisms (MRO) web page .

For all enquires please contact the CDCB on 1300 232 272 (24 hours/7 days)

Dr Louise Flood – Director, Communicable Disease Control Branch

7 tips for practice accreditation

There are few visits to a GP practice that cause as much upheaval, work and mass staff angst than the practice accreditation visit. Here, we offer the insights of two experienced AGPAL surveyors – GP Dr Scott Phipps and practice manager Gary Smith.

Tip 1

Be aware that requirements around vaccination apply to the whole practice team.

It's important to note that there is a big change in the wording of the fifth edition to 'Our Practice Team', which includes GPs, clinical and administrative staff, whether contracted or not.

If the practice includes allied health professionals, the doctor or the practice manager needs to consider whether they're part of the practice team and, if so, they will also require immunisation records.

To assist in this, the RACGP has recently released a fact sheet defining the practice team for the purpose of accreditation. See more information below.

This is particularly important when it comes to compliance with immunisation standards that require the surveyors to confirm all staff have vaccination records on file.

These records should include evidence that they are up-to-date with all recommended vaccinations and show evidence of discussion about the risks inherent to each staff member's role.

Where vaccinations are not indicated as having been provided, whether by the practice or the person's own GP, evidence of serology testing confirming immunity can be used.

Tip 2

Don't get hung up on the business operation systems' criterion and the need for a business plan.

Current indicators include the following (see C3.1 in the standards):

- Our practice plans and sets goals aimed at improving our services.
- Our practice evaluates its progress towards achieving its goals.
- Our practice has a business risk-management system that identifies, monitors, and mitigates risks in the practice.
- The essence of these indicators is more about how a practice develops, achieves, reviews and evaluates goals, and mitigates risks, rather than the need for a business plan.

Smaller practices may simply have a one-page action plan, which outlines goals that are evaluated on a quarterly basis at team meetings.

The RACGP is not prescriptive about whether a business plan is produced and how goals are measured.

The practice can determine its own goals, how they are monitored and any risks.

When it comes to risk, practices must give evidence of a basic risk-management system, showing how it plans to mitigate risks relating to information technology failure, workforce planning and occupational health and safety, and that there's a business continuity plan in case of a natural disaster.

Tip 3

Remember the importance of documentation. While the number of mandatory policies required as accreditation evidence has changed substantially in the fifth edition, it is important to recognise the value of documentation in providing evidence to surveyors.

Here's an example: Staff and doctor meeting agendas provide excellent validation of practice team discussions regarding ethical dilemmas and examples of quality improvements.

Tip 4

Be aware of state regulations around the storing and disposing of Schedule 8 medications and drug samples.

When considering the safe and quality use of medicines (see QI 2.2E in the standards), practices need to remember that S8 medications must be stored as required by their state.

Temperature-sensitive medicines must also be stored appropriately.

Expiry dates of medicines need to be observed and expired medications must be disposed of correctly in accordance with state regulations.

Sample medications also need to be dispensed in line with state regulations.

Tip 5

Perform an internal audit of patients' health summaries before the visit.

Under accreditation, current health summaries (see QI 2.1B) need to be included in 75% of active patient health records, with the active history being current (continuing) conditions, as well as significant past events that need surveillance.

This is as opposed to inactive history, which are issues that are completed and unlikely to have an impact.

The current medication list should mirror the list of current diagnoses.

The standards also require practices to show that patients' health records include records of consultations and clinically related communications (see C 7.1C).

This refers to communication with patients, as well as other providers of healthcare such as allied health, consultants and dentists.

Patient health records also need to contain notes outlining the basics of presentation, examination, any investigations and the management plan.

If the health record relates to treating chronic disease, the practice needs to show evidence of a management plan, appropriate tests, re-evaluation of the patient's progress and modifications as needed.

Tip 6

Regularly review the management of near misses and adverse events.

Practices need to have a system (and it can be simple) for monitoring, identifying and reporting near misses and adverse events (see standard QI 3.1A).

Staff need to be able to show they know how to report a near miss or adverse event from the moment they are inducted into the practice.

The practice also needs to consider who looks at the near miss/adverse events reports and provides the direction to change processes if there has been an issue.

These risks should be a standing discussion item at all practice meetings.

Tip 7

Document training plans – and don't forget the annual competency tests.

The clinical team needs to be trained to use the practice's equipment so they can properly perform their roles (see standard GP 3.1C).

It is important to note that, while not all equipment requires formal training, there will be some highly technical equipment where heightened training is required.

For example, thermometers and sphygmomanometers are simple to use, are used regularly and so will not necessarily require training in their use.

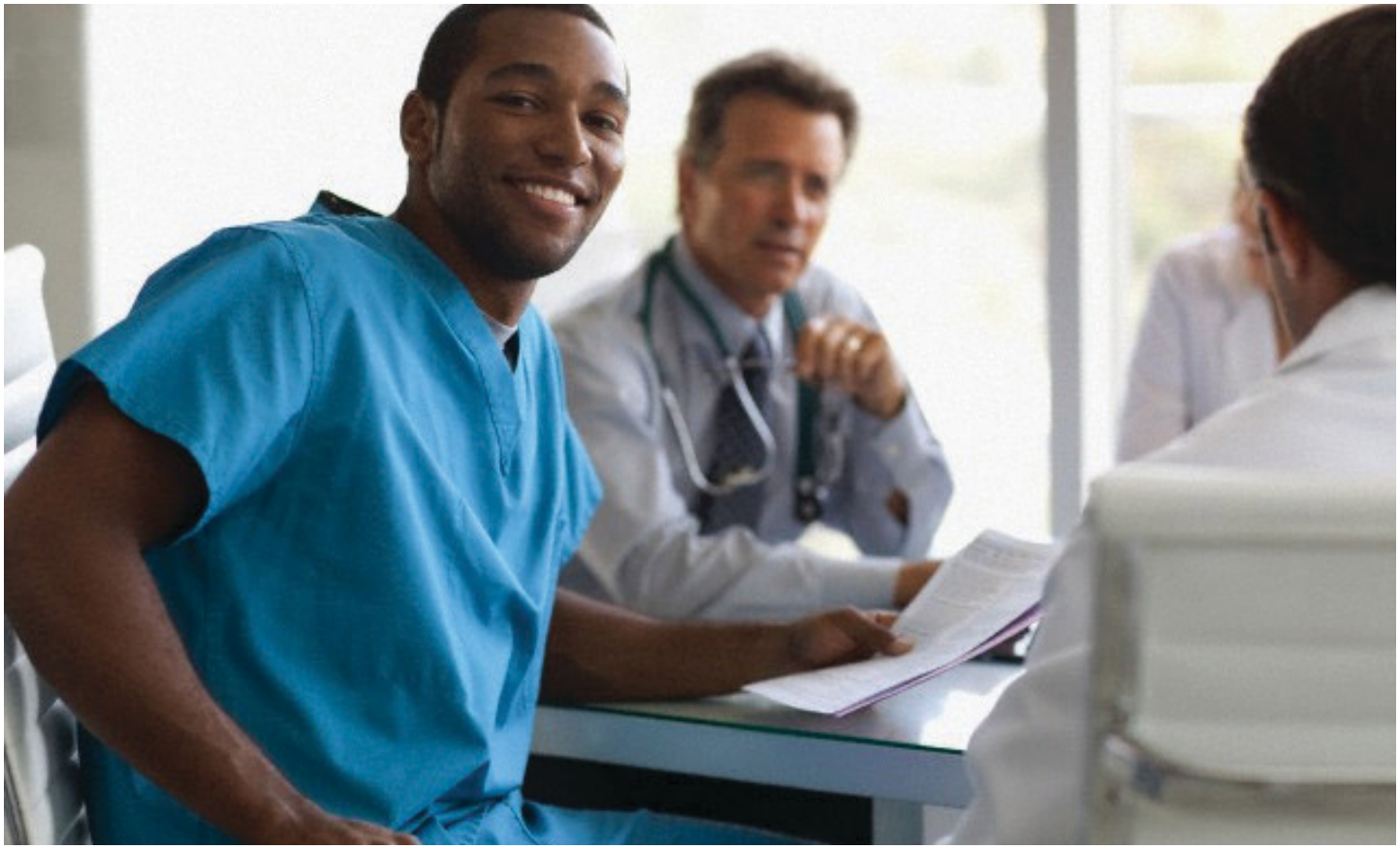
However, items such as point-of-care testing do require specialised training provided by the manufacturer or an expert user.

In preparing for the on-site accreditation survey, it's important for the practice team to consider the level of technical ability required to use each piece of equipment, and whether it would be prudent to document all the training that's taken place and make this available to the surveyors.

In some cases, describing or demonstrating how equipment is used is far more insightful than referring to documentation and, in other cases, a conversation in conjunction with documentation will be best.

Resource

AusDoc ausdoc.com.au



3 ways to maximise your practice's profit

General practice in Australia is blessed and cursed at the same time. Outsiders might see the fact that income is paid in part or in full by the Federal Government as a blessing. However, as GPs know, it is often a curse in that the general public view the bulk-billing rate as the 'appropriate fee' for primary care.

This in turn leads to undervaluing these services performed by highly trained doctors, and governments have not felt the pressure to increase the dollar amount of these items.

Along with the Medicare freeze, this means the income of many general practices has been stagnant for several years and in theory is only just starting to rise again. Unfortunately, the costs associated with running practices didn't freeze.

How's your profit looking?

One way to determine if your profit strategy is on target is to benchmark your practice against other practices. Most owner doctors will think 'benchmarking' and then immediately consider if medical supplies or electricity costs are too high.

This may be the case, but changes to these costs will have a relatively small impact on profit.

These include: the average fees of the GP; the service fee percentage charged by doctors; nurse and admin staff support levels; technology costs; and other income sources.

The obvious cost to look at is the contracting doctor fees, and while these have increased over the past 10-15 years from 60% to 65-75%, this becomes a supply and demand equation, and pressure on the contracting doctors could push them to find work elsewhere.

That leaves three options for either reducing costs or increasing income.

1. Nurse and admin staff

In a perfect world, where nurses are more involved in the patient care, the doctors would be taking less as a percentage of billings to account for the work of the nurses.

This would see both the doctor and the practice in a better financial position.

However, it is not always a perfect world.

Some practices are paying a higher percentage of billings to doctors and those doctors are fully utilising nurses, and unfortunately the practice is then paying the wages of the nurse from their relatively small percentage of the billings income.

2. Using technology to reduce costs

Practices are increasingly investing in systems and technology to assist with not only better financial data on a timelier basis, but also to assist with billing automation between practice management systems and accounting systems, automated patient booking systems, and online payroll and rostering.

This may require an investment in better technology and reporting processes.

And if this cost is less than the cost of the wages required to run these systems manually, then this can be a big benefit and a cost saving to the practice.

We see this as a big driver in medical practices in the future.

3. Other income sources

Most practices now realise that to succeed in the current environment, they need other sources of income rather than relying on billings alone.

This income will not just supplement the practice profits, but in most cases is essential to the practice turning a profit and achieving a net contribution per GP.

As well as government incentives like the Practice Nurse Incentive Program, practices are supplementing their income by renting rooms to third parties.

Historically, the most lucrative rent has been to rent to pathology or other medical services; however, this has been reduced with restrictions on new lease contracts entered into after 1 July 2018. These restrictions will have a significant impact on the other income generated by medical practices.

With the pathology and diagnostic imaging incomes potentially reducing when contracts are renewed, combined with the reduction in supplementing of rent from pharmacies a few years ago, there is much to consider. And so...

Will room rental rates to specialists and allied health increase or is there not enough demand to warrant that?

Now is the time to start considering other revenue streams and partnerships in order to maximise profit for the future.

Resource

AusDoc ausdoc.com.au

An increasing number of countries are banning e-cigarettes, here's why

To date, over 20 countries, mostly in South America, the Middle East and South-East Asia, have banned the sale of e-cigarette products.

Some countries have also banned possession of these products. Thailand has the strictest laws, while countries such as Australia, Canada and Norway have introduced many restrictions.

Research suggests that e-cigarettes may help smokers quit regular cigarettes benefiting their long-term health. But young people who have never smoked traditional cigarettes are taking up e-cigarettes, which are available in over 1,500 flavours, including bubble gum and candy floss. In a survey of US youths aged 12-17, 81% of e-cigarette users reported that the first product they ever used was flavoured and that they use e-cigarettes because "they come in flavors I like".

Because of the highly addictive nature of nicotine, there is a risk that young e-cigarette users might switch to using traditional cigarettes. Indeed, some healthcare professionals refer to e-cigarettes as a "gateway drug".

Harmful enzymes

E-cigarettes create an aerosol by heating a complex solution of chemicals, comprising oils, flavouring and nicotine. The fine particles released in the vapour are similar in size and concentration to tobacco smoke and so can reach deep into the lungs. Several of these chemicals are toxic to cells, but what makes research into their safety difficult is that each product is very different with the final composition of chemicals being determined by the temperature at which the vaping device heats them.

Researchers have found that vaping irritates and inflames the airways, leading to the production of a greater amount of mucus and an increase in tissue-degrading enzymes called proteases. High levels of proteases can destroy sensitive lung tissue and reduce the ability of our lungs to function. The resulting damage to the lungs is irreversible and over time can lead to severe lung conditions, including emphysema which is commonly found in chronic obstructive pulmonary disease (COPD). For those who already have a chronic lung disease, such as COPD or asthma, vaping has been linked to an increase in the severity of symptoms.

Another study found that proteases are stimulated by e-cigarette vapour. The vapour was prepared from different e-cigarette brands and then used to treat isolated white blood cells in the lab. Levels of the enzymes were found to be similar to or more than when the cells were exposed to an extract prepared from cigarette smoke. The increase in enzyme levels was also found with nicotine-free e-cigarette products suggesting that other components in the e-cigarette vapour were responsible.

Difficult to research

The problem with investigating the potential harm of e-cigarettes is that there is such a vast array of products, devices and flavourings that it's impossible to create a "standardised exposure".

According to a report by the US Surgeon General, 97% of young vapers used a flavoured product in the previous 30 days. Individual e-cigarette products are reported to have over six flavouring chemicals with the sweetest flavours having a significantly higher number of compounds.

Tests of 166 e-cigarette products showed that one in five (21%) contains flavouring chemicals (benzyl alcohol, benzaldehyde, vanillin) that can be toxic to the airways. Several other toxic chemicals were also found and measurable levels of tobacco-specific nitrosamines (TSNAs), an important group of carcinogens in tobacco products, were in 70% of the products tested. The effect of inhaling these complex mixtures of chemicals will be very difficult to determine.

One substance called vitamin E acetate has been identified in all the samples tested by New York state health officials, but there isn't enough evidence to say if this is the cause of disease. And so far, no cases of lipoid pneumonia have been reported outside the US.

The evidence to date suggests that vaping is not a safe alternative to smoking tobacco. This, coupled with the worrying trend of young, previous non-smokers being attracted to vaping, raises fears of yet another generation suffering from chronic lung disease. Indeed, a recent study in The Lancet estimates that in 2040, COPD will be the only disease in the top ten leading causes of death that will still be increasing. Although how much will be driven by vaping remains to be seen.

Resource

The Conversation theconversation.com

How rising temperatures affect our health

Global warming is accelerating, driven by the continuing rise in greenhouse gas emissions. Australia's climate has warmed by just over 1°C since 1910, with global temperatures on course for a 3-5°C rise this century.

Australia is ahead of the global temperature curve. Our average daily temperature is 21.8°C – that's 13.7°C warmer than the global average of 8.1°C.

Heat extremes (days above 35°C and nights above 20°C) are now more frequent in Australia, occurring around 12% of the time compared to around 2% of the time between 1951 and 1980.

So what do high temperatures do to our bodies? And how much extra heat can people and our way of living tolerate?

More scorchers ahead

Australia's summer of 2018-19 was 2.14°C warmer than the 1961–90 average, breaking the previous record set in 2012–13 by a large margin. It included an unprecedented sequence of five consecutive days with nationally averaged maximum temperatures above 40°C.

The first half of 2019 ranks as the equal second hottest since records began for the world, and also Australia.

The Bureau of Meteorology (BOM) has warned this summer will be another scorcher. Hot dry northerly winds tracking across drought-affected New South Wales and Queensland have the capacity to deliver blistering heat and extreme fire risks to the southern states, and little relief is in sight for those in drought.

Some rural Australians have already been exposed to 50°C days, and the major southern metro cities are set to do the same within the next decade or so.

How our bodies regulate heat

Like most mammals and birds, humans are endotherms (warm-blooded), meaning our optimal internal
operating temperature (approximately 36.8°C +/- 0.5) is minimally influenced by ambient temperatures.

Quietly sitting indoors with the air temperature about 22°C, we passively generate that additional 15°C to keep our core temperature at about 37°C.

Even when the air temperature is 37°C, our metabolism continues to generate additional heat. This excess internal heat is shed into the environment through the evaporation of sweat from our skin. Temperature and humidity gradients between the skin surface and boundary layer of air determine the rate of heat exchange.

When the surrounding air is hot and humid, heat loss is slow, we store heat, and our temperatures rises.

That's why hot, dry air is better tolerated than tropical, humid heat: dry air readily absorbs sweat.

A breeze appears refreshing by dislodging the boundary layer of saturated air in contact with the skin and allowing in drier air – thus speeding up evaporation and heat shedding.

What happens when we overheat?

Heat exposure becomes potentially lethal when the human body cannot lose sufficient heat to maintain a safe core temperature.

When our core temperature reaches 38.5°C, most would feel fatigued. And the cascade of symptoms escalate as the core temperature continues to rise beyond the safe functioning range for our critical organs: the heart, brain and kidneys.

Much like an egg in a microwave, protein within our body changes when exposed to heat.

While some heat-acclimatised elite athletes, such as Tour de France cyclists, may tolerate 40°C for limited periods, this temperature is potentially lethal for most people.

As a pump, the heart's role is to maintain an effective blood pressure. It fills the hot and dilated blood vessels throughout the body to get blood to vital organs.

Exposure to extreme heat places significant additional workload on the heart. It must increase the force of each contraction and the rate of contractions per minute (your heart rate).

If muscles are also working, they also need an increased blood flow.

If all this occurs at a time when profuse sweating has led to dehydration, and therefore lower blood volume, the heart must massively increase its work.

The heart is also a muscle, so it too needs extra blood supply when working hard. But when pumping hard and fast and its own demand for blood flow is not

matched by its supply, it can fail. Many heat deaths are recorded as heart attacks.

High aerobic fitness levels offer some heat protection, yet athletes and fit young adults pushing themselves too hard also die in the heat.

Who is more at risk?

Older Australians are more vulnerable to heat stress. Age is commonly associated with poorer aerobic fitness and impaired ability to detect thirst and overheating.

Obesity also increases this vulnerability. Fat acts as an insulating layer, as well as giving the heart a more extensive network of blood vessels to fill. The additional weight requires increased heat-generating muscular effort to move.

Certain medications can lower heat tolerance by interfering with our natural mechanisms necessary to cope with the heat. These include drugs that limit increases in heart rate, lower blood pressure by relaxing blood vessels, or interfere with sweating.

Core temperatures are increased by about half a degree during late stage pregnancy due to hormonal responses and increased metabolic rate. The growing foetus and placenta also demand additional blood flow. Exposure of the fetus to heat extremes can precipitate preterm birth and life-long health problems such as congential heart defects.

Won't we just acclimatise?

Our bodies can acclimatise to hot temperatures, but this process has its limits. Some temperatures are simply too hot for the heart to cope with and for sweat rates to provide effective cooling, especially if we need to move or exercise.

We're also limited by our kidneys' capacity to conserve water and electrolytes, and the upper limit to the amount of water the human gut can absorb.

Profuse sweating leads to fluid and electrolyte deficits and the resulting electrolyte imbalance can interfere with the heart rhythm.

Mass death events are now occurring during heat waves in traditionally hot countries such as India and Pakistan. This is when heat extremes approaching 50°C exceed the human body's capacity to maintain its safe core emperature range.

Heatwaves are hotter, more frequent and lasting longer. We can't live life entirely indoors with air conditioning as we need to venture outdoors to commute, work, shop, and care for the vulnerable. People, animals and our social systems depend on this.

Resource

The Conversation theconversation.com

Education reports

Sonder regularly runs free education sessions and events for health professionals in the northern and western Adelaide metropolitan region.

Visit **www.sonder.net.au/education-events** for more info and to RSVP.

For education enquiries, contact our Education Officers on (08) 8209 0700 or email **education@sonder.net.au**

Stay up to date with the latest educational workshops! Subscribe to receive our event snapshot at www.sonder.net.au/subscribe

Northern Nurse Network Meeting

Wednesday 11th September 2019

Sonder supports practice nurses in Adelaide's northern region through the Northern Nurse Network. In the latest network meeting, held at the Gepps Cross Hotel, presenter provided attendees with an insight on asthma presentations, exploring Nurrse Led Clinics in GP setting. The presenter also provided an update on using asthma devices, correct techniques and biological injections in a GP setting.region and information on Advance Care Planning for patients. This activity was supported by funding from the Adelaide Primary Health Network through the Australian Government's PHN program.

Practice Owners Network Meeting

Wednesday 4th September 2019

The latest Practice Owners Network meeting was presented by Dr Laila Tabassum, PHN Educator and Support Lead at the Australian Digital Health Agency. Dr Tabassum discussed digital solutions, like My Health Record as well as Secure Messaging. Dr Tabassum provided insight into the system's benefits as well as tips on how practice owners can embed their usage into their practices. This activity was supported by funding from the Adelaide Primary Health Network through the Australian Government's PHN program.

Multidiscipline and Collaborative Care Options for Orthopaedics Patients

Wednesday 18th September 2019

This education event, held at the Lyell McEwin Hospital provided attendees an update on the recent advances in orthopaedics, orthogeriatric care and provided information on new admission guidelines for hospitals in the NALHN region. This activity was supported by funding from the Adelaide Primary Health Network through the Australian Government's PHN program.

Suicide Response - Part 2

Tuesday 24th September 2019

Suicide response training aims to create empathy and challenge stigma by helping health professionals develop their understanding of suicidal behaviour, suicide mitigation and promotes their role in suicide prevention. Module 2 was hosted at the Gepps Cross Hotel. Presenter Mr Adam Clay covered how to develop a collaborative and transparent approach to mitigating suicide risk and how to increase a person's resilience to suicidal thoughts. This activity was supported by Asthma Australia, Lung Foundation Australia and the Adelaide Primary Health Network.

Assessing & Managing Iron Deficiency and Iron Deficiency Anaemia

Wednesday 25th September 2019

This education session was held at the Education Development Centre and presented by Dr Kathryn Robinson, Ms Joy Failer and Dr Daniel Byrne. The session provided attendees with updated information on causes and symptoms of iron deficiency and iron deficiency anaemia. The presenters also discussed how to identify the best treatment and management options for patients. This activity was supported by funding from the Adelaide Primary Health Network through the Australian Government's PHN program.

Lung Cancer Screening, Diagnosis & Treatment Options

Tuesday 1st October 2019

In this education session, held at Elizabeth Specialist Suites, Dr Shanka Karunarathne & Dr Anuk Kruavit provided an update on advances in lung cancer screening and how to diagnose and stage patients. The session concluded with a panel discussion with cardiothoracic surgeons and medical oncologists. This activity was sponsored by AstraZeneca.

Southern Nurse Network

Thursday 3rd October 2019

Sonder's Southern Nurse Network provides an avenue for Primary Health Care Nurses working in the southern and central areas of Adelaide to share ideas, network and expand their knowledge. In this latest network meeting, attendees learned basic ECG interpretation and life threatening ECG rhythms. The presenters also discussed the ways in which General Practice can work collaboratively with SAAS to enhance patient care. This activity was supported by Return to Work SA and the Adelaide PHN.

Upcoming events

Sonder is an RACGP-accredited Quality Improvement & Continuing Professional Development provider and runs regular education and training sessions for health professionals, staff and community members.

Our sessions capture a wide range of relevant and informative topics. Most sessions are provided at no cost to the participants.

If you have an enquiry about these sessions, or you are experiencing a technical problem with the download links, please email **education@sonder.net.au**

Visit our Education & Events page to view all upcoming sessions, the related details and register online for events **sonder.net.au/education-events**

Thu 14th Nov
6:00 pm - 9:00 pm

Practice Owners Network
For GPs, Practice Owners & Business Managers

Topic: What can Australian general practice learn about high performing Primary Care in the USA?
In the USA, there are many examples of primary care doctors changing how they work in order to deliver better, more sustainable care at local community level.

@313
313 Payneham Rd
Royston Park SA 5070

Register online:
bit.ly/2VWwtKg

Tue 26th Nov
6:00 pm - 8:45 pm

Connecting CKD: The Link With Diabetes
For GPs, Nurses & Pharmacists

Presenter Dr Yeap will provide information on how to timely identify major risk factors for developing chronic kidney disease (CKD). Dr Yeap will also discuss accurate interpretation of the kidney function, management of diabetic kidney disease and the importance of screening patients with a high risk of developing CKD.

Education Development Centre
4 Milner St
Hindmarsh SA 5007

Register online:
bit.ly/2BxfBA8

2018/19 annual report out now.

Sonder

Health Professionals Classifieds

General Practitioners

Martins Rd Family Medical Practice Looking for VR/Non VR doctor for 7 day bulk billing practice AGPAL accredited practice in the Northern suburbs of Adelaide. Practice nurses, pathology collection, podiatry, physiotherapy, dietitian, psychology and specialist services available. We are in a DWS area. We are offering 70% of received income or VR $150K or Non VR $125K, whichever is greater. Please contact Taryn Page Ph: 08 8283 4411 Email: tpage@martinsroadmed.com.au

Blair Athol Medical Clinic Full and part time general practitioners are required for a rapidly growing clinic. Our clinic is doctor owned and managed, purpose built clinic 7 kms from the Adelaide CBD. We are fully accredited by AGPAL. A fully computerized practice using ZedMed . We offer practice nurse support. We also have allied health practitioners including physiotherapist, podiatrist, diabetes educator, dietitian and a psychologist. Pathology laboratory and Pharmacy on site. Clinic opens day and night, 7 days a week. Flexible hours are available with attractive remuneration. Dedicated car parking. If you are interested in joining our friendly team please contact Dr Wella 08 8349 9292 or email wella@blairatholmedicalclinic.com.au

Greenacres Surgery seeking VR GPS to join dedicated team of male and female doctors. Our well established, fully accredited practice is GP owned with exceptional support staff, on site pathology. We are offering full or part time positions with flexible days. Applicants must be Australian Citizens or Permanent Residents with full AHPRA registration and medical indemnity insurance. Please email or fax resume with cover letter to greenacres@internode.on.net or fax: 8266 6899. For further information, please contact surgery on 8261 1122 and ask for Leigh Dryden (Practice Manger) or Dr Juliana Ling.

Ingle Farm Medical Centre is looking for a male/female VR/Non VR GP to cope with increasing patient load. We offer a competitive minimum salary or 70% of billings depending on qualifications. We are a DWS site and accredited by AGPAL. Please contact Dr Muazzam Rifat ,08-82652227, ADMIN@IngleFarmMedical.com.au

Salisbury Medical Clinic seek full-time/part-time GP to work in a busy, established practice. The practice is modern with young VR GPs. The practice is able to accept applications under the District of Workforce Shortage Guidelines. Hours are negotiable. Offers excellent remuneration and incentives. Fully computerised and well equipped. Friendly staff with excellent registered nurse. Practice accredited. No after horus or off-site visits. Agencies need not apply. Currently we are not accepting applications from candidates with limited registration. Our surgery currently has 2 rooms available to rent which would be ideal for a General Practitioner, Lawyer or Allied Health Professional. Contact Nick Vlahoulis on 8258 1732 or email Lynn Hannaghan on lhannaghan@gmail.com

Springback Medical Centre require a VR GP in DWS area – Burton SA. Springbank Medical Centre is a mixed billing 'Teaching Practice' practice. The centre has adequate parking and easy access from Waterloo Corner Road. Do you want to work in a practice with a great team of professionals who are committed to the care of patients within the Community? The practice is very busy and well established. The clinic provides holistic quality medical services to the local community including the usual complement of onsite Allied Health services and on site pathology collection. Remuneration depending on experience and competency of practitioner between $200,000 - $300,000 p/a. Please contact Mrs Fiona Brabender – pmanager@sbmedical.com.au

EBM Family Medical Practice is looking for caring, empathetic doctors and/or experienced RMOs to join fast growing, multicultural practice. We are located in a thriving, town which has DWS status. EBM patient base is very varied from the very young, to the elderly and with many international university students. Hours would be 6.00pm – 10.00pm with a good rate of pay on offer for the right person. Contact Raelene Fry on 0409 099 110 for further information.

Europa Medical Centre is looking for a full-time VR GP who is motivated and enthusiastic to join our busy 7-day Practice. Our team consists of 8 GP's, 4 nursing staff and our friendly admin and reception staff. Our practice is fully computerised, accredited practice with on site Pharmacy, Dental, Physio, Pathology, visiting Specialists and Allied Health Providers. We are willing to give a sign on bonus to the right applicant. If interested, please forward your CV to europamedical@adam.com.au

Madison Park Family Medical Practice URGENTLY needing VR/Non VR Doctor full registration for 7 day Bulk Billing, GPA Accredited practice in the northern suburbs of Adelaide. Once off Bonus $20,000 for VR & $10,000 NON VR. Practice Nurses , pathology collection, podiatry, physiotherapy, dietitian, exercise physio, psychologist available. We are in DWS area .VR $150K or NON VR $125K, up to 70% of receipted income whichever is greater. Contact: Miss Leticia Bugg Ph: 08 8182 5700 Email : lbugg@martinsroadmed.com.au

North Eastern Health Centre are seeking an unrestricted VR GP to join us at our exciting, new purpose built busy practice in Tea Tree Gully. We are a family friendly practice that has a team of doctors and staff who all share a passion for quality care. New, dynamic and growing practice, open 7 days, Pathology and Allied Health onsite, Mixed billing practice, flexible hours, 65%-70% billings negotiable, Contact Clinical Manager admin@gullymedical.com.au or phone 82642300

Surrey Downs Medical Centre and **Klemzig Medical Centre** have both full time and part time opportunities available for GPs to assist with large patient bases. Both centres are long established family practices, conveniently located in Adelaide's north eastern suburbs. You will be joining a strong team of Doctors and support staff and the centres also offer treatment room and CDM nurse support. Excellent Allied Health facilities are available onsite.All applicants must be currently living in Australia, and ideally should hold General or Specialist Registration with AHPRA. For further information contact Moira Fritsch on 0477 323 361 or email moira.fritsch@ipn.com.au

Modbury North Medical Centre seeking full-time VR GPs with full AHPRA registration to work in fully equipped pratice with excellent nursing and administration support. If you enjoy working in a dynamic team environment where patient care is your focus contact Practice Manager on (08) 8264 7824 for a confidential discussion or send your resume at manager@mnmc.com.au

Cross Keys Medical Centre (DWS) seeking full-time VR & non-VR GP (General Registration only) with full AHPRA registration to work in our fully equipped practice with excellent nursing & administration support. If you enjoy working in a dynamic team environment where patient care is your focus contact Practice Manager on (08) 8264 7824 for a confidential discussion or send your resume at manager@solitairemedicalgroup.com.au

Para Hills Medical Centre seeking VR GP (up to 80%). Adelaide Northern suburbs, in DWS area. 7 Days Modern Medical Centre with 7 consulting rooms, 1 treatment room. Friendly team of 6 GPs, 3 RNs, Fulltime PM. Supportive experienced admin team. On-site Allied Health and Pathology. AGPAL accredited. Large patient base Full-time GP with FRACGP/FAACRRM. 80% of receipted billings. Not suitable

for doctors under limited or provisional registration. IMGs with APHRA General Registration (unrestricted) can apply. Email adelaidemedpostions@gmail.com or 0434028703 for confidential discussion.

Salisbury Heights Surgery fully equipped, established, modern and purpose built general practice seeking male or female full-time GP. Practice open Monday-Saturday (Saturday work optional). 70% billing, AGPAL-accredited. Contact Dr Stephen Ghan on 08 82582878 or email **stephenghan@yahoo.com**

Parahills Medical Centre seeking a VR GP (up to 80%) in Adelaide Northern suburbs, DWS area. 7 Days Modern Medical Centre with 7 consulting rooms, 1 treatment room. Friendly team of 6 GPs, 3 RNs, Fulltime PM. Supportive experienced admin team. On-site Allied Health and Pathology. AGPAL accredited. Large patient base.Full-time GP with FRACGP/FAACRRM. 80% of receipted billings.Not suitable for doctors under limited or provisional registration. IMGs with APHRA General Registration (unrestricted) can apply. Email **adelaidemedpostions@gmail.com** or 0434028703 for confidential discussion.

Wellcome Medical, Dental & Specialists Centre Established Medical Practice at a prime location in Paralowie. Requires VR & non VR, full-time and part-time female & male GPs. Flexible days and session times to suit doctor. Attractive remuneration (80% of billings), unlimited long-term security with many other attractive & rewarding practice opportunities. A.O.N/DWS on application, accredited practice (AGPAL). Fully computerised with Best Practice software. Experienced & supportive Practice Nurse (RN). Pathology & allied health services on site. Large, new & modern premises. Experienced, friendly & supportive staff. Contact Sheryl on (08) 8250 1333, Joe on 0412 744 394 or by correspondence to email ahmcsa@gmail.com

Allied Health Professionals

Playford Family Medical Seeking Clinical Psychologist for weekend work at a busy and growing medical practice to work with a range of presentations in children, adolescents, adults, families and couples.Essential Criteria: post Graduate degree in Psychology, appropriate registration with the Psychology Board of Australia, full AHPRA registration.To apply, please send cover letter and resume to manager@playfordfamilymedical.com.au. If you wish to discuss the position please call Pankaj Malik on 0430 917 635

Hyde and Partners (Gawler) are seeking a Physiotherapist to work in a highly desirable clinic, 40 minutes from the CBD. Established for more than 40 years with an excellent reputation for providing high quality medicine. Hyde and Partners service a population of 70000 people and currently have wait lists of 2-3 weeks for regular appointments. We can guarantee a busy position and financial rewards from the start. Please contact our Practice Manager, Jo, on 85230689 or manager@hydeandpartners.com.au

Nurses

Resthaven is hiring Registered Nurses for both Residential and Community sites. If you have aged care experience with AHPRA registration, visit www.reshaven.asn.au for further information and details on how to apply.

Greenacres Surgery seeking an experienced Practice Nurse to join our dedicated team. Our well established, fully accredited practice is GP owned with exceptional support staff and on site pathology. We are offering a minimum of 16 hours a week with flexible days. Applicants must be Australian Citizens or Permanent Residents with current RN registration, Insurance, Police check and CPR Certificate. Experience with health assessments, care palns and childhood immunisations preferred. Please email or fax resume with cover letter to greenacres@internode.on.net or fax:8266 6899. For Further information, please contact surgery on 8261 1122 and ask for Leigh Dryden(practice manager) or Dr Juliana Ling.

Wellcome Medical Centre requries a PT/FT Registered Nurse to work in a busy GP practice in the Paralowie area. Previous experience preferred. Flexible tiems & days to suit RN. Attractive remuneration. Modern and new building and facilities. Fully computerised with Best Practice software. Accredited practice (AGPAL). Supportive and friendly staff. For more information, contact Joe on 0412 744 394 or (08) 8250 1333.

EBM Family Medical Practice looking for experienced Registered Nurse required to run specialized clinics and all general practice duties. Seeking someone who is experienced in General Practice with AHPRA registration, National Police clearance and current CPR certificate. If you have a passion for making a difference, growing a practice, love a challenge and are not afraid to go the extra mile to get things done, this could be the position for you. Please contact Raelene on 0409091110 for more information.

Practice Staff

Calvary Central Districts are looking for an experienced and motivated Infection Control Health Professional. Join one of Australia's leading health, community and aged care providers.Permanent Part time position – flexible hours available. Excellent salary packaging options available. To join our diverse, compassionate and dedicated team for a rewarding Calvary career, please submit an application to: Toni-Ann Miller, Director of Clinical Services toni-ann.miller@calvarycare.org.au

Room for Rent

SA Group of Specialists has brand new professional consulting rooms available for associate or sessional practitioners from a broad range of specialties at 480 Specialist Centre, Windsor Gardens. We have over 45 specialists and allied health providers working at 5 Adelaide metropolitan sites. To find out how we can help you succeed in private practice, contact Sylvia Andersons on 0499 974 710 or sylvia.andersons@sagroup.net.au. Visit www.sagroup.net.au for more information about us.

Northern Eye Specialists Consulting rooms available for Sale or Lease – 1/ 14-16, Hurtle Parade, Mawson Lakes. 88m2 area. Close proximity to other GP and specialist practices. Would suit specialist or allied health. Rent $24,000 per annum plus outgoings $GST. Contact Siva on 0449047905 or email siva.madike@ilmobilityequipment.com.au for arranging inspection or for more information.

North Eastern Health Centre a well-established General Practice in Tea Tree Gully which has been in the area for 50+ year's recently relocated to new purpose built building. We have the rare opportunity of room to rent suitable for visiting Specialist or Allied Health. available as a lease or on sessional basis. Contact Clinical Manager admin@gullymedical.com.au or phone 82642300

Mawson Lakes Specialist Centre in central shopping area of Mawson Lakes has a room available for rent. We have been operating for 15 years in a Multidisciplinary team of Physios, Podiatrist and Hand Specialists. Would suit a range of professionals including: Naturopath, Audiologist, Speech Therapist, Psychologist, Massage Therapist, Lawyer, Accountant etc. Please contact us on 0421489409 or email ania_helena@yahoo.com

ADVERTISE WITH US

Health organisations and services in Adelaide's north enjoy free advertising in our 'Opportunities' section. To be eligible, your advertisement must be written in text, no more than 80 words and relevant to one of the following categories:

- General Practitioners
- Nurses
- Allied Health Specialists
- Practice Staff
- Room for Rent

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