



An Australian Government Initiative

# Practice Nurse Networking Night

Wednesday 4 February 2026



# Acknowledgement to Country



*Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.*

**Artist: NARELLE URQUHART, WIRADJURI WOMAN**

## Housekeeping

- Please switch mobile phones to silent during presentations
- Rest Rooms
- Evacuation procedure

phn

# GCPHN Update

**Kellie Trigger**

Director Health Intelligence Planning and Engagement

# Happy Primary Health Care Nurses Day!

Thank you to every primary health care nurse for  
your skill, care and commitment.

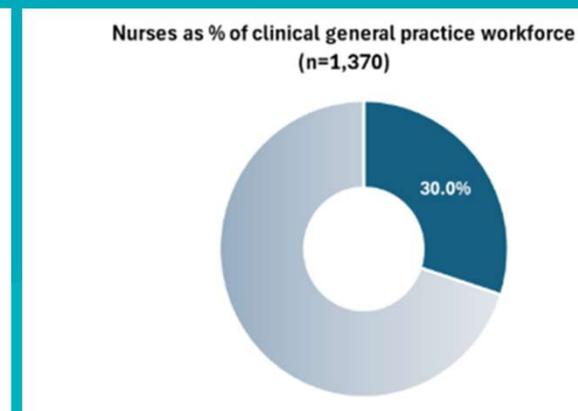
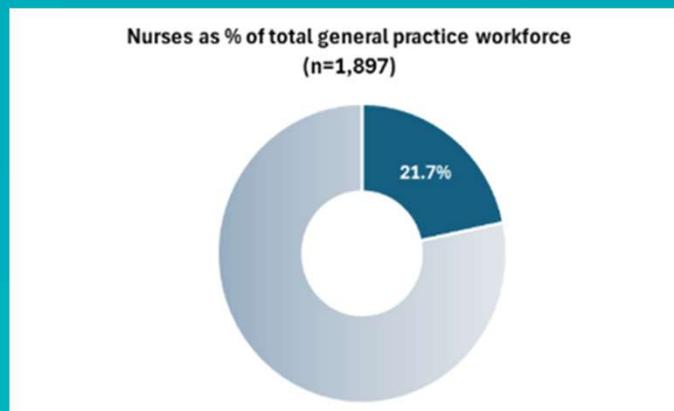
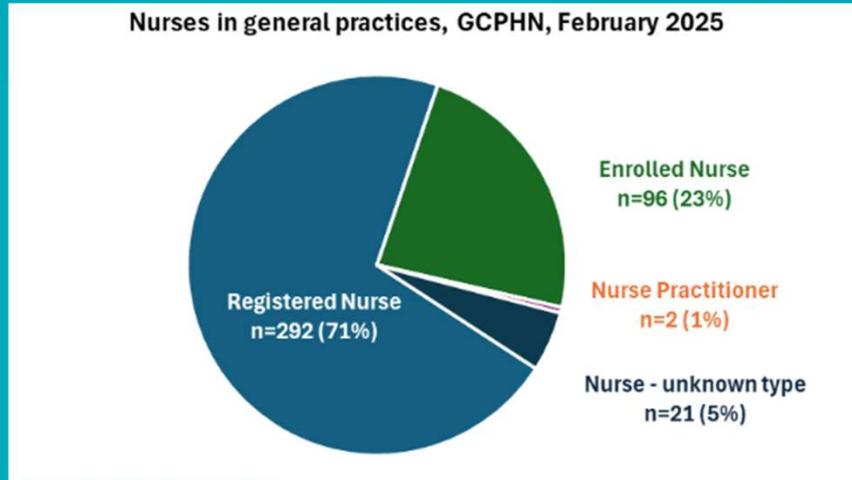
*Wednesday 4<sup>th</sup> February 2026*

**PRIMARY HEALTH  
CARE NURSES** *day*

# NURSING WORKFORCE IN GENERAL PRACTICES

## Number of general practice nursing staff

- There are currently a total of **411 nurses** working in general practices across the Gold Coast.
- Nurses account for 21.7% of the total general practice workforce / 30.0% of clinical general practice workforce in GCPHN region. Average number of nurses per practice = 2.1



Data extracted from GCPHN CRM on 2 Feb 2026.

Note: GCPHN receives information on general practice workforce through Data Collection Forms, which are typically distributed to general practices in the region every 6 months. GCPHN is currently transitioning to the use of online submission portal, which has caused some delays in updating of data. Below results should be interpreted with this caveat in mind.

## Regional distribution of general practice nursing staff

- Ormeau-Oxenford has the largest number general practice nursing staff (n=82) however, this is to be expected as this is the most populous region with the most general practices (n=41).
- Most SA3 regions have on average around 2 nurses per practice. Two outliers are Gold Coast Hinterland with most nurses per practice (3.0) and Gold Coast North with the least (1.7).
- Areas with the highest number of nurses per capita are Robina, Broadbeach-Burleigh and Southport (at 0.8 or 0.9 nurses per 1,000 residents).
- Areas with the lowest number of nurses per capita are Mudgeeraba-Tallebudgera and Nerang (at 0.3 or 0.4 nurses per 1,000 residents).

SA3 region	Number of nurses	Average number of nurses per practice	Number of nurses per 1,000 people
Broadbeach - Burleigh	56	2.1	0.8
Coolangatta	37	2.2	0.6
Gold Coast - North	38	1.7	0.5
Gold Coast Hinterland	15	3.0	0.7
Mudgeeraba - Tallebudgera	11	1.8	0.3
Nerang	31	1.9	0.4
Ormeau - Oxenford	82	2.0	0.5
Robina	52	2.3	0.9
Southport	54	2.0	0.8
Surfers Paradise	35	2.2	0.7

Data extracted from GCPHN CRM on 2 Feb 2026.  
 Note: GCPHN receives information on general practice workforce through Data Collection Forms, which are typically distributed to general practices in the region every 6 months. GCPHN is currently transitioning to the use of online submission portal, which has caused some delays in updating of data. Below results should be interpreted with this caveat in mind.

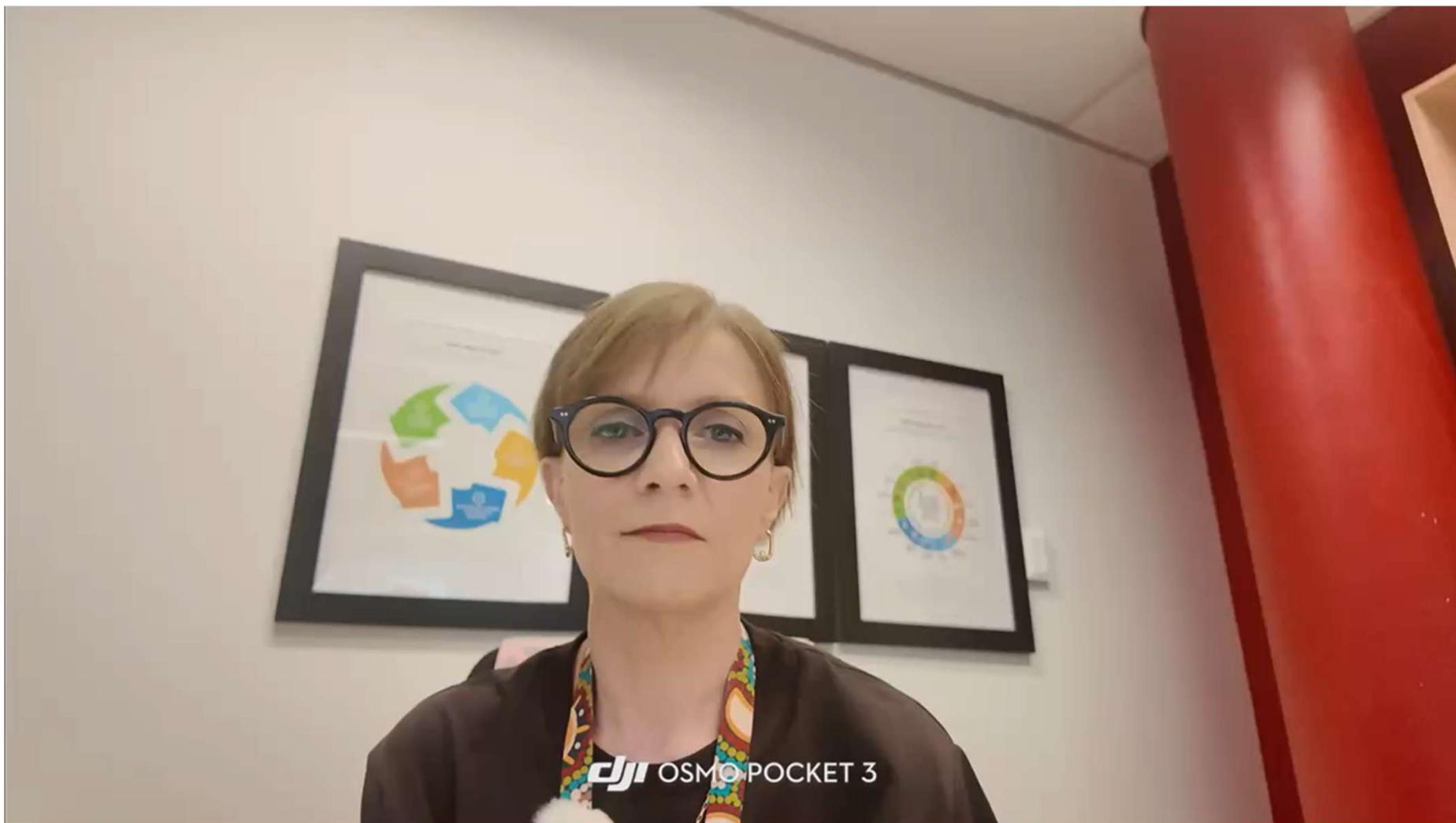


**OUR NEW CEO**

*Angi Bissell*

**phn**  
GOLD COAST

An Australian Government Initiative



# Meet your GCPHN Engagement Officers



**Ange Duncan**  
Engagement Officer

North Zone: Helensvale to Ormeau and Canungra



**Caitlin O'Reilly**  
Engagement Officer

Central Zone: Broadbeach to Surfers Paradise and Tamborine



**Lucy Westrip**  
Engagement Officer

South Zone: Coolangatta to Mermaid Beach and Robina

Gold Coast Primary Health Network (GCPHN) provides support to General Practice, the cornerstone of primary health care, to promote best practice methods and improved quality management. We provide a team of dedicated support officers ready to help answer your questions and are happy to come out to the practice or offer support over the phone. Depending on the support you require, we may connect you with a Primary Care Engagement Team member who specialise in digital health, quality improvement and development, Primary Sense or COVID-19 response. We also engage with local hospital services, other health care providers, and the community to enhance patient outcomes and reduce avoidable hospital admissions.



Digital Health



Support provided to general practices



Training events



MyMedicare



Resources to support patient care



Quality Improvement



Primary Sense



Finding local health services



Latest updates



Clinical Placements



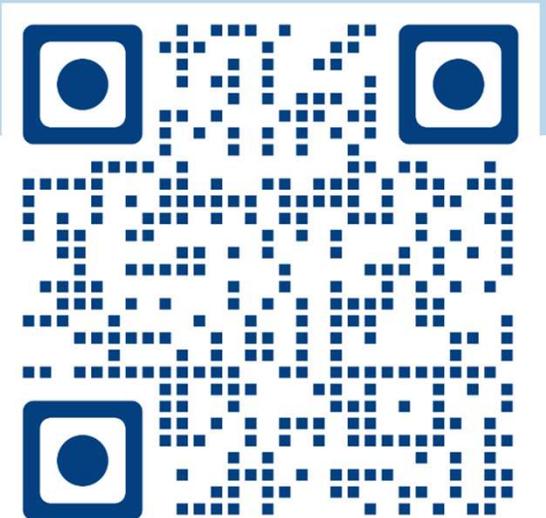
# **EXPRESS YOUR INTEREST**

## **Lead Nurse Position**

**GCPHN Practice Nurse  
Networking Night**



**Scan the QR Code for  
the Lead Nurse  
Position Description**



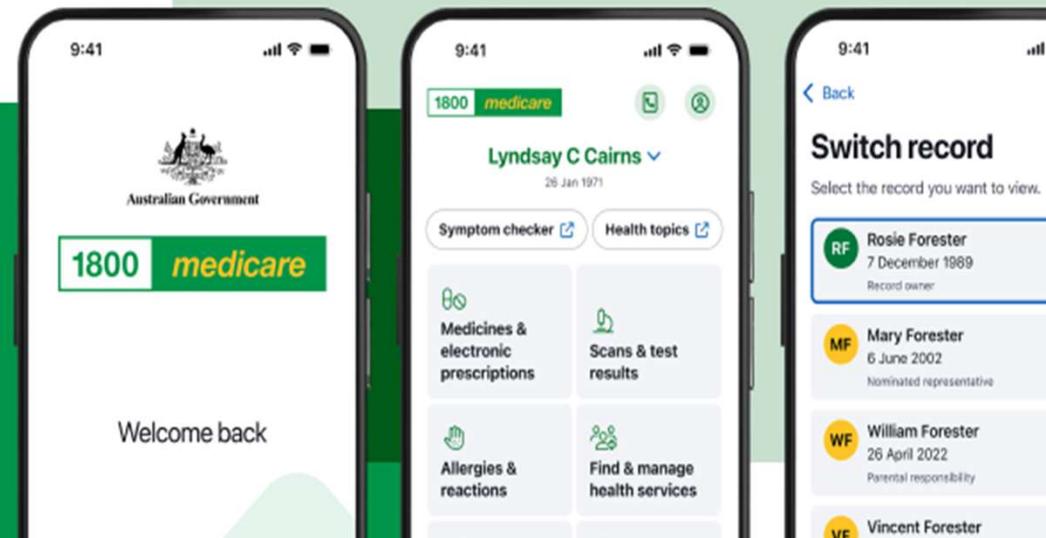
### **Responsibilities**

- Promotion and engagement
- Event attendance and facilitation
- Total time commitment est. 5 hours every 2 months
- Topic suggestions
- Advocacy

# My Health App rebranded to 1800 Medicare

App features: Electronic prescriptions, your active script list, find and book a health service, symptom checker, and access to Medicare information as well as enrolment and claiming services.

Access key health information,  
seek trusted advice and  
connect with care, all from  
the palm of your hand.



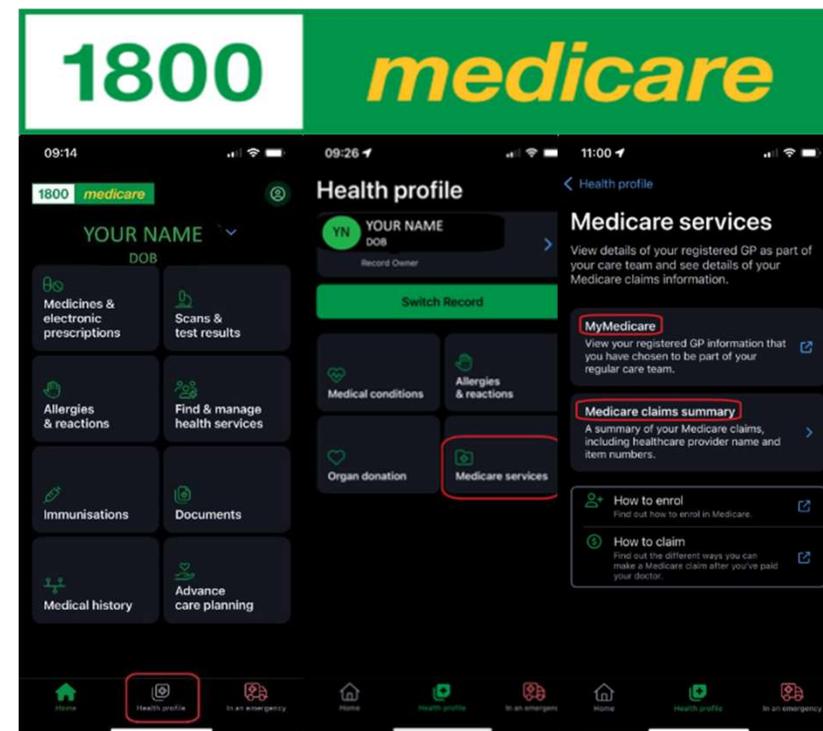
# Key information about the rebrand

- **Access:** The app continues to provide access to health information, similar to the previous version.
- **New Features:** Include notifications for test/scan reports and screening reminders.
- **Services:** The app links to 24/7 health advice, Medicare registration, and claim management.

**Action Required:** Users should ensure they have updated to the latest version, named 1800MEDICARE, in their app store.

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# Nurse Immunisation Scholarships



Applications close: 18 February 2026 - 5pm

GCPHN are seeking an Expression of Interest from General Practice nurses (Registered Nurse Division 1 or Enrolled Nurse Division 2) to complete a HESA-accredited Immunisation Course for Health Professionals

## Aim

-  **Strengthen** the capacity of nurses to deliver immunisations under the Queensland schedule.
-  **Enhance** vaccination coverage across all age groups.
-  **Acknowledge** the critical role of nurses in immunisation delivery.

## Inclusions

**Fully funded** place in the Immunisation Course for Health Professionals, delivered by the Benchmark Group.

**One-off payment of \$1,160** from Gold Coast PHN upon completion of the course.

**Dedicated support from a QI Project Officer** to implement an immunisation quality improvement activity.

**Opportunity to attend** a Gold Coast Public Health Unit (GCPHU) vaccination clinic.

Scan to learn more and apply



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# GCPHN Immunisation Strategy

*Gold Coast PHN is developing a regional strategy that aims to improve child immunisation (0-5 years) coverage.*

## Context for developing the strategy:

- Across Australia, but particularly in the Gold Coast, previously high **levels of child immunisation coverage are declining** since the COVID-19 pandemic.
- Declining rates of children aged 0-5 years who are fully vaccinated has been **attributed to a range of factors including access and acceptance barriers.**
- The regional strategy will include **recommendations and practical actions to improve immunisation coverage** for the PHN to lead and deliver.
- GCPHN has partnered with an external organisation, Beacon Strategies, to develop the strategy.

## Process to develop the strategy:

1. A **desktop review** (document and data analysis) of factors contributing to low childhood vaccination rates, including individual, social, cultural and system-level factors.
2. Identifying **priority areas** to improve vaccination and exploring potential future activities tailored to the Gold Coast.
3. Using insights from step 1 and 2 to **develop a set of recommendations** for the strategy.

We are currently at step 2, which involves engaging with key stakeholders to hear their experiences and perspectives on priorities and potential actions.

# Share your perspective

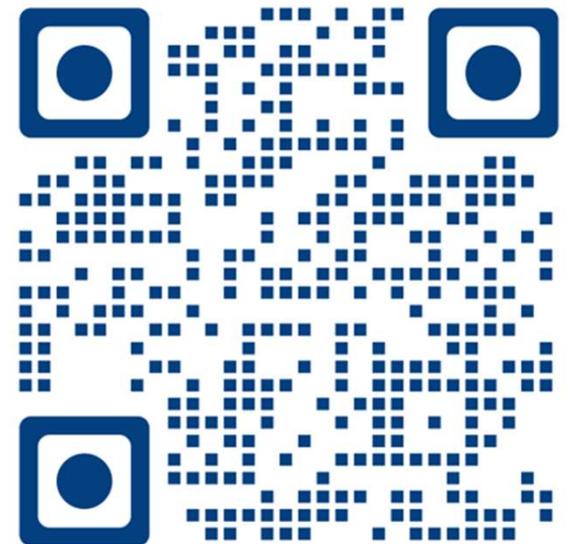
*We want to hear from you to inform what the future activities could be and how they might be implemented.*

Questions for us to explore:

1. What are the **most critical challenges** that need to be addressed to improve childhood immunisation (0-5 years) on the Gold Coast?
2. What are the **opportunities and practical actions/activities** that could be taken by GCPHN to address these challenges?
  - *What is needed to implement suggested actions/activities?*

# Upcoming Events

- **Wound Management Training for Nurses in Primary Care**  
Saturday 21 February | Register to waitlist
- **Suicide Prevention Update: A general practice education event**  
Saturday 7 March | 8:15am-1pm (GPs and Nurses)



**SCAN HERE for more  
information or to view  
the GCPHN Event  
Calendar**

# Upcoming Events

- PHASES Webinar (Preventing Heart Attacks and Stroke Events)

## General Practice Briefing Session

- Wednesday 25 February 12pm-1pm | Online



**PHASES**  
SMARTER TOOLS FOR STRONGER HEARTS

A Queensland Primary Care Initiative

**General Practice Briefing Sessions**  
Part of the 2025/2026 webinar series

**Driving Quality Improvement in General Practice**

Don't miss out on this important initiative being delivered across Queensland in 2026. PHASES is a statewide screening, recall and prevention project designed to improve cardiovascular disease (CVD). It combines practice-level quality improvement support, and a consumer campaign to drive earlier intervention, optimise care, and reduce the burden of disease on patients and the health system.

Join the next webinar in February — invite your team along — everyone plays a role in improving primary health care and outcomes for CVD patients.

**Register today!**  
Wednesday 25 February 2026  
12:00–1:00pm (AEST)  
Register today  
[phasesqld.com/webinars/feb-gcp](https://phasesqld.com/webinars/feb-gcp)

**Featured Speaker**  
Karj Lusk  
QLD Regional Manager  
Montier Health  
CPM - AAPM (Certified PM)

**Learning Objectives**

- Review the PHASES initiative and develop an understanding of the importance of prevention and management.
- Explore the latest QLD PHN developed Quality Improvement toolkit to identify, intervene and manage patients at risk of cardiovascular disease.
- Have a clear understanding of how to lead quality improvement activities to enhance cardiovascular disease prevention efforts.
- Describe and apply evidence-based strategies and tools to identify care gaps, monitor patient progress and improve cardiovascular disease prevention.

Together, we're changing cardiovascular disease management and saving lives

PHASES is being delivered by Country In-Care Queensland in partnership with Queensland Primary Health Network (PHN) and is co-funded by the Australian and Queensland Governments.

phasesqld.com

Australian Government  
Queensland Government  
phn GOLD COAST

# Start the New Year Strong: Encourage Patients to Screen for Bowel Cancer



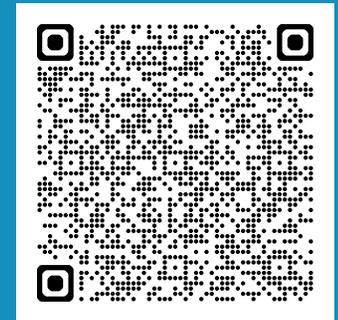
## Why it matters

- Bowel cancer is Australia's *second-deadliest cancer*, yet **90% can be treated successfully if detected early**.
- Research has demonstrated that patients are more likely to screen after discussing screening with their trusted healthcare provider.

## How you can help:

- Normalise screening discussions during routine appointments e.g., health assessments.
- Integrate your clinical software with the National Cancer Screening Register (NCSR) to access timely patient reminders.
- Bulk order kits via the NCSR healthcare provider portal and issue them during consultation (Alternative Access Model).

## Alternative Access Model Training Guide



## GCPHN Resources available:

- Practice improvement examples.
- Issuing kits via clinical software instructions (Best Practice and Medical Director).
- Toolkit and Clinical Audit



Queensland Ambulance Service

Non-Emergency Patient Transport Request System

# QAS NEPT Practice Nurse Networking



Classified as SENSITIVE

# What is NEPT?

The Non-Emergency Patient Transport (NEPT) Request System is an online platform implemented by the QAS to improve the process for Queensland Health (QHealth) and private medical facilities to request non-emergency patient transport services for eligible patients.

QAS NEPT replaces manual paper-based documents, emailing, faxing and calling 13 12 33 and will aid in reducing time lost by health care providers, when requesting non-emergency patient transport services delivered by the QAS.

The QAS NEPT solution has been developed on a ServiceNow platform and is available via a web based application.

Classified as SENSITIVE

# Benefits of NEPT

- Eliminate inefficient faxing, emailing and scanning manual paperwork
- Reduced phone calls and time spent waiting on hold
- Ability to view patient bookings from other facilities
- Visibility of current trip status *i.e. pending to confirmed*
- QAS confirmation number provided on all confirmed bookings
- Ability to modify, cancel and make a patient ready for return without needing to call QAS
- Reporting capability.

Classified as SENSITIVE

# Limitations of NEPT

## **Not utilised for:**

- Emergency requests for ambulance assistance (Categories 1 and 2)
- Urgent requests for transport (Categories 3 and 4)
- Retrieval Services Queensland (RSQ) transports; and
- Interstate patients and transports.

Classified as SENSITIVE

# Reporting

Between 03/02/2025 to 28/01/2026, 23,976 requests for non-emergency patient transport have been made across the Gold Coast health boundary area.

- 15,496 from Hospitals (both public and private)
- 5,967 Residential Aged Care Homes (RACH)
- 2,513 from Medical Practices

Classified as SENSITIVE

# Accessing NEPT

- The application is available via a secure URL:

<https://qasnept.service-now.com/>



Classified as SENSITIVE

# User Access



- There are three (3) user levels:
  - Facility User
  - Facility Validator (*Hospitals only use*)
  - Facility Administrator (*Practice Managers, Clinical Care Managers, Facility Managers etc.*)

Classified as SENSITIVE

# System Generated Notifications

- Email and/or SMS confirmation for patients 72 hours before their appointment.
- Password reset automatic generation.
- In built email notification for Private Facility doctors when they have authorised ambulance transport.



Please find details below of the forthcoming Non-Emergency Transport request.

If you have any questions regarding this request, please contact the medical facility/nursing home who organised the transport: QH ATHERTON HOSPITAL / PHYSIO or the QAS Patient Transport Service on 13 12 33.

If you need to cancel or modify this service within 2 hours of the scheduled pick-up time, please contact the QAS Patient Transport Service on 13 12 33 or follow existing processes for non-emergency ambulance requests.

Please be aware:

(i) Your personal information is being provided to the QAS for the purpose of arranging transport;

(ii) The QAS is likely to disclose your personal information to the facility to which you are transported;

(iii) You are able to gain access to your personal information by requesting it from the QAS

Further information about how the QAS handles personal information and QAS contact details are available on the QAS website - [www.ambulance.qld.gov.au/transport.html](http://www.ambulance.qld.gov.au/transport.html)

#### NEPT Trip Summary

TRIP0040483

Requesting facility/nursing home: QH ATHERTON HOSPITAL

Requesting ward: PHYSIO

#### Referring Clinician

Referring clinician name: CHIEF WIGGUM

Trip: 04/10/2021 06:00

Appointment time: 04/10/2021 08:00 Patient ready by time: 04/10/2021 06:00

Patient mobility: Can be transported in a seated position QAS Confirmation code: 00003542

To facility/nursing home: QH ATHERTON HOSPITAL To ward: PHYSIO

Address from: Residence Address to: 56 JACK ST, ATHERTON, TABLELANDS, QLD, 4883

#### Non-Clinical Escorts

None



This is a no-reply email service.

Your Queensland Ambulance Service Non-Emergency Transport is forthcoming. Be ready for collection from **08:00:00 AM on the 29/04/2024**; earlier if rural/remote. QAS can take up to 2 hours to collect you for your scheduled appointment. Ref: 00252464 For further information incl. privacy: [www.ambulance.qld.gov.au/transport.html](http://www.ambulance.qld.gov.au/transport.html) To cancel or change, contact your referring clinician. Please do not reply.

# Referring Clinicians

- A doctor's provider or registration number and email address will now be a mandatory requirement.

## Referring clinician

New Referring clinician

\* First Name

\* Last Name

Contact number

\* Email

\* Provider / Registration No

# Training and Support



Online training package



Quick reference guides and videos



Training manuals

The screenshot shows the Queensland Government website for the NEPT training page. The page includes a navigation menu with links for 'Calling an ambulance', 'First aid', 'Services', 'Health professionals', 'Careers', 'Get involved', and 'About us'. The main content area is titled 'NEPT training' and provides information about online training, user manuals, and support for the NEPT booking system. A sidebar on the left lists various resources under 'Health professionals' and 'NEPT training'. A 'Launch the training' button is prominently displayed.

health.qld.gov.au Contact us

Queensland Government | Queensland Ambulance Service

Calling an ambulance | First aid | Services | Health professionals | Careers | Get involved | About us

Home > Health professionals > Non-Emergency Patient Transport (NEPT) booking system > NEPT training

## NEPT training

Online training, user manual and support for the NEPT booking system.

**Health professionals**

- CPM: Clinical Practice Manual
- Research and data requests
- Patient management and resuscitation plans
- Non-Emergency Patient Transport (NEPT) booking system

**NEPT training**

- How to use the search options
- Create a new user NEPT profile (Private medical facilities only)
- Update a new user NEPT profile (Queensland Health only)

**On this page**

- [Online training](#)
- [NEPT facility user manual](#)
- [System enhancements and latest releases](#)
- [NEPT quick reference guides](#)
- [Training videos](#)
- [More information](#)
- [Feedback and questions](#)

### Online training

Learn how to use the NEPT booking system by doing our 90 minute online training.

[Launch the training](#)

### NEPT facility user manual

# Joining NEPT

Facilities can register by filling in the [NEPT Facility Access Request Form](#).

**Queensland Ambulance Service Website**



<https://www.ambulance.qld.gov.au/clinical/nept>

**NEPT Facility Access Request Form**



<https://qasnept.service-now.com/public/>

# Commencement Date & Communication Strategy

Facilities were requested to register and transition to the new QAS NEPT Request System from 8 September 2025.

If you'd like to arrange an online/face to face training session email [NEPT@ambulance.qld.gov.au](mailto:NEPT@ambulance.qld.gov.au) and we will forward a link for you to register your interest.

As of 1 March, 2026, the QAS will commence advising all facilities to use QAS NEPT in lieu of manual processes and phone calls.

Classified as SENSITIVE

# Questions

Scott Gill

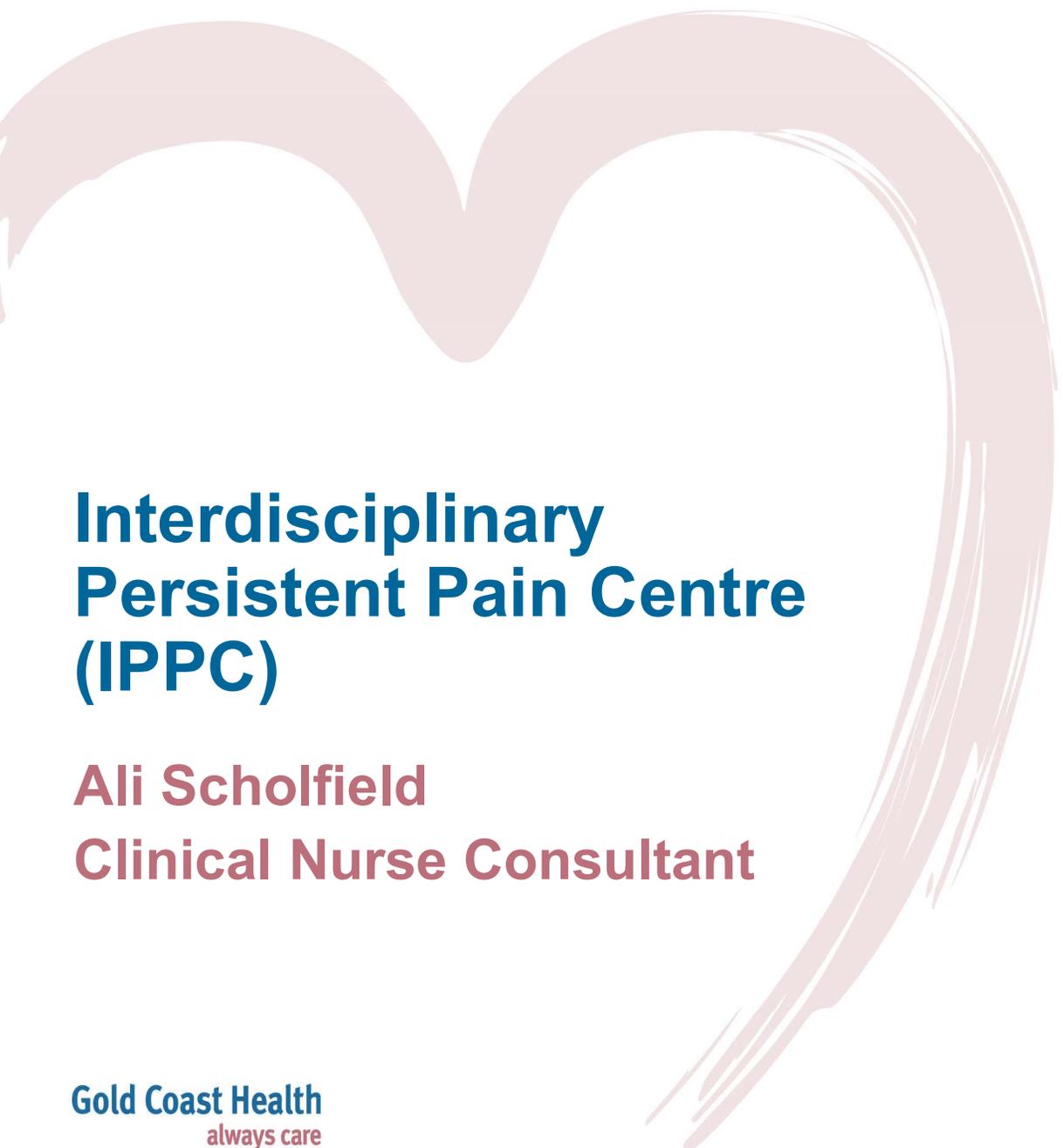
[nept@ambulance.qld.gov.au](mailto:nept@ambulance.qld.gov.au)

1300 637 843



Classified as SENSITIVE





# Interdisciplinary Persistent Pain Centre (IPPC)

**Ali Scholfield**  
**Clinical Nurse Consultant**



Jingeri.

We acknowledge the Traditional Custodians of the land in which we work, live and grow, the Yugambah Language speaking nation. We also pay our respects to Elders past, present and emerging and acknowledge other Aboriginal and Torres Strait Islander people present today.

# Agenda

- 1 What is pain?
- 2 Why does pain persist?
- 3 Shifting the focus
- 4 Key Strategies
- 5 Support

# What is pain?

Pain is defined as “...an unpleasant *sensory* and an *emotional* experience associated with **actual** or **potential** tissue damage” influenced to varying degrees by biological, cognitive and social factors

## Pain does **NOT** always mean damage

Simply.....  
Pain **PROTECTS** us from damage and promotes healing like an alarm

### ACUTE PAIN



- Short-term pain
- Results when there is obvious injury/illness
- Resolves once the injury is healed or the illness ends

### PERSISTENT PAIN



- Ongoing past normal healing time
- Ongoing for more than 3 months

# Why does pain persist?



- Persistent or Chronic pain is pain that lasts beyond normal healing time after injury or illness—generally 3 to 6 months.
- Chronic pain is common in Australia impacting our health system. "One in 5 Australians aged 45 and over are living with persistent, ongoing pain." (AIHW, 2020)
- Persistent pain is a complex condition involving many biological, psychological, and social factors and is a result of **nervous system reprogramming**.
- Following an injury or illness changes can occur within the brain/nervous system (Neuroplasticity) causing it to become overprotective/high alert. The body learns pain over time.
- Nerve cells in your spinal cord and brain change their properties to be more responsive/amplified.
- The goal of management is to help patients adopt strategies focused on **calming the nervous system**

# How can you help patients manage persistent pain effectively and reduce reliance on medication in General Practice?

# Shift the focus

Rather than focus on patient's "pain scores", shift to asking about their function (what they have been able to do) and quality of life.

**P**ain  
**E**njoyment of Life  
**G**eneral activity

## PEG Pain Screening Tool

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes

To compute the PEG score, add the three responses to the questions above, then divide by three to get a final score out of 10.

The final PEG score can mean very different things to different patients. The PEG score, like most other screening instruments, is most useful in tracking changes over time. The PEG score should decrease over time after therapy has begun.

Final Score:

Krebs, E.E., Lorenz, K.A., Blair, M.J., et al. (2009). Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. *Journal of General Internal Medicine*, 24: 733-738

# Key strategies

## Early Assessment and Intervention

- Timely assessment and early treatment help prevent persistent pain from becoming more difficult to manage.

## Biopsychosocial Approach

- Addressing physical, psychological, and social factors is essential for comprehensive chronic pain management.
- Review pain medications regularly

## Active Self-Management

- Encouraging gentle graded exercise, pacing, and relaxation techniques/mindfulness, healthy lifestyle changes empowers patients to control their pain effectively.

## Collaborative Care and Education

- Facilitate multidisciplinary teamwork and patient education to improve treatment outcomes and adherence to management plans.



# Support

**Goal: Support patients with persistent pain improve function, quality of life, empower self management and reduce reliance on medication through a biopsychosocial approach**

## GPMP

- Improve understanding of pain through education
- Improve Function/ Return to meaningful activities (Hobbies, work etc)
- Increase physical activity using a graded approach
- Thoughts/Mood
- Sleep/ Healthy lifestyle (Diet, smoking cessation)
- Consider social factors- community connection
- Consider comorbidities, red flags.
- Medications- Long term risks vs. benefits
- Flare up management plan

## TCA

- Coordinate allied health referrals (Physio, dietitian, psychologist)
- Community resources- Active & Healthy, My Aged Care, Chronic Pain Australia, IPPC, AODS
- Set SMART goals for activity and lifestyle. (Consider diary for monitoring pain, medication, activity, diet etc, PEG score)
- Plan for medication tapering and provide copy of flare up management plan.

**Review:** Consider flare up management plan review, medication review, monitor progress using diary/PEG score

# IPPC- Who we are?

Located at ground floor, Campus Alpha at Robina, the Interdisciplinary Persistent Pain Centre (IPPC) provides support, education and interdisciplinary therapy for people with persistent pain.

Our team includes

- Pain specialists
- Psychiatrists
- Physiotherapists
- Occupational therapists
- Psychologists
- Pharmacists
- Nurses

Our mission is to inspire hope and get people back to living a valued life through effective evidence-based pain management.



# Eligibility and Referrals

Patients require a GP referral for the Interdisciplinary Persistent Pain Centre.

Persistent Pain Management Services (PPMS) are for patients with complex persistent pain who require a multidisciplinary approach for the management of their pain. PPMS expect patients to take an active role in learning self-management techniques and to have a general practitioner who remains central to the supervision of their care.

Please consider if the goal of referral to a PPMS is aligned with the treatment goals of persistent pain management. These are specifically to improve management of pain, improve function and improve quality of life overall. The approach is primarily a rehabilitative approach.

PPMS are not primarily diagnostic services.

[screenrefer\\_guide\\_v2.pdf](#)

# For more information visit our website [Interdisciplinary Persistent Pain Centre | Gold Coast Health](#)

The screenshot shows the Gold Coast Health website. At the top is a navigation bar with links for Patients and Visitors, Hospitals and centres, Research, Our services, Get involved, Join our team, About us, and Health professionals. Below the navigation bar is a hero image of two healthcare workers in blue scrubs looking at a computer monitor. A blue overlay on the image contains the text 'Our Services' and 'Gold Coast Health offers a range of health services across the Gold Coast region.' Below the hero image is a sidebar menu with categories like 'A - Z Listing', 'Care and Support', 'Emergency and Trauma', 'Medical and Surgical', 'Mental Health, Alcohol and Other Drugs Services', 'Aboriginal & Torres Strait Islander service', 'Video Consultations', 'Children's Services', 'Immunisation', and 'Women's and Maternity'. The main content area is titled 'Interdisciplinary Persistent Pain Centre' and includes sections for 'Who we are' and 'What we do'. The 'Who we are' section describes the IPPC as offering comprehensive care for individuals managing persistent pain, involving a team of specialists. The 'What we do' section states that the center provides support, education, and therapy to help individuals manage their pain. To the right of the main content is a 'Contact' section with phone numbers (07) 5668 6825 and (07) 5680 9539, and an email address gcpersistentpain@health.qld.gov.au. Below the contact section is a 'Clinic details' section for 'Campus Alpha' located on the Ground Floor, with a link to 'View on Google maps'.



- **Pain Link Helpline** 1300340357 (Operating Mon-Fri 8am-1pm)
- **Chronic Pain Australia** [www.chronicpinaustralia.org.au](http://www.chronicpinaustralia.org.au)
- **Pain Australia** [www.painaustralia.org.au](http://www.painaustralia.org.au)
- **Tame the Beast** [www.tamethebeast.org](http://www.tamethebeast.org)



# Questions?

[Alexandra.Scholfield@health.qld.gov.au](mailto:Alexandra.Scholfield@health.qld.gov.au)

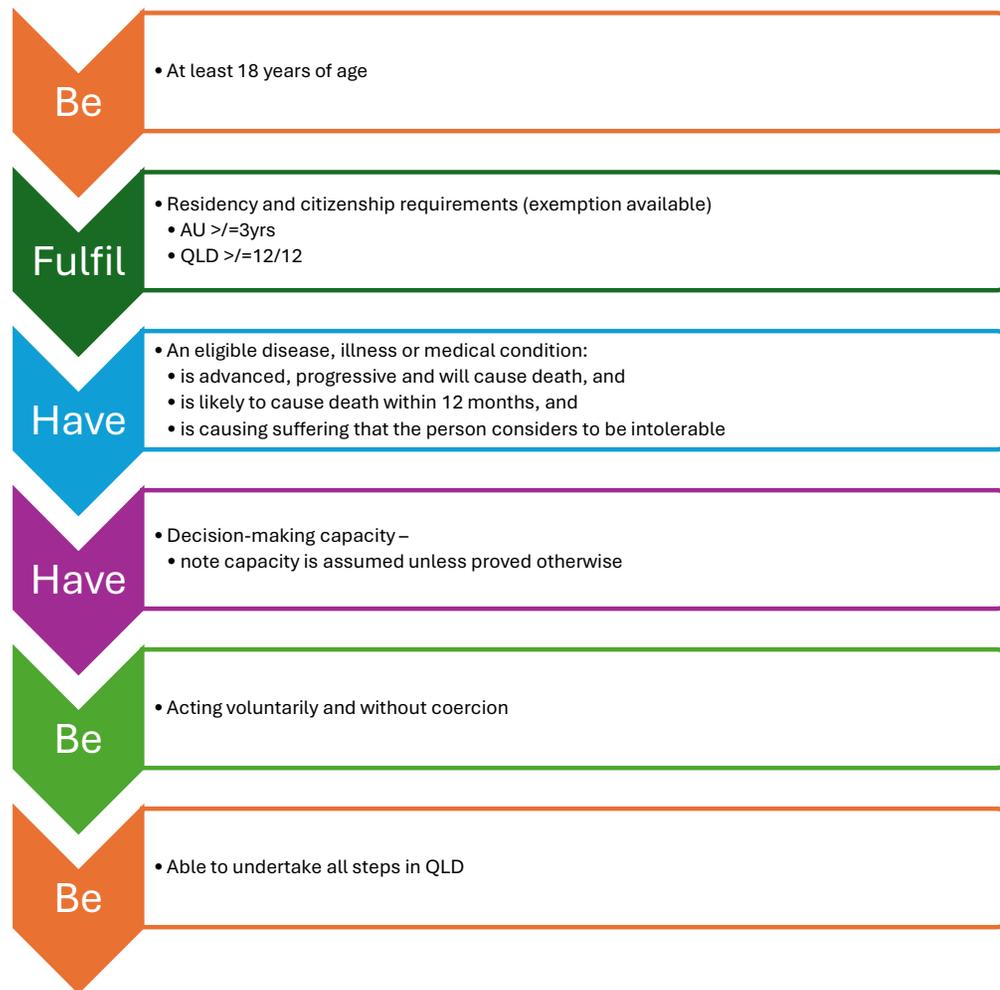
P: 07 5668 6825



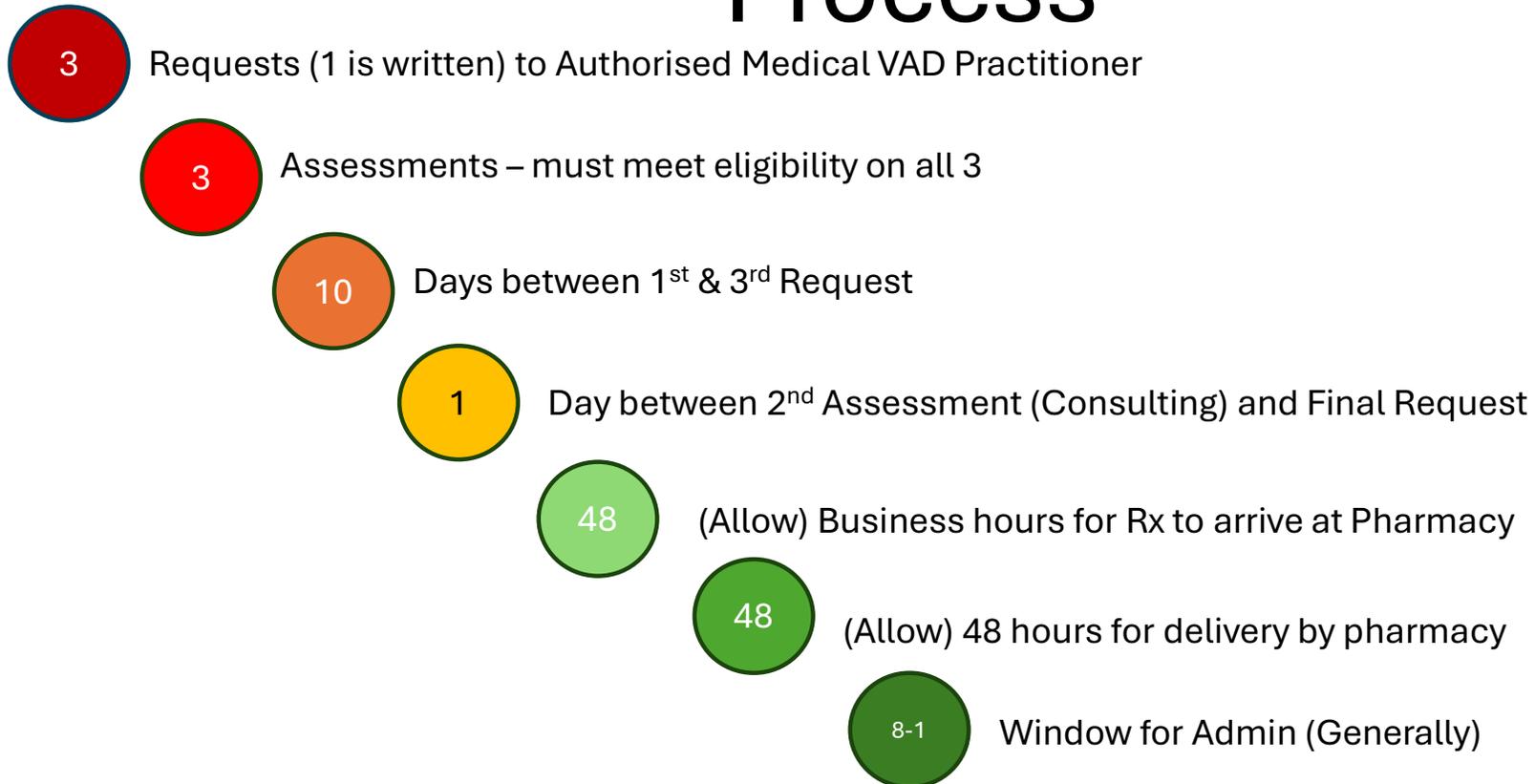
# Voluntary Assisted Dying, PHN: Feb 2026

S Keeble Nurse Practitioner  
GCHVAD Support Service

# Eligibility Criteria



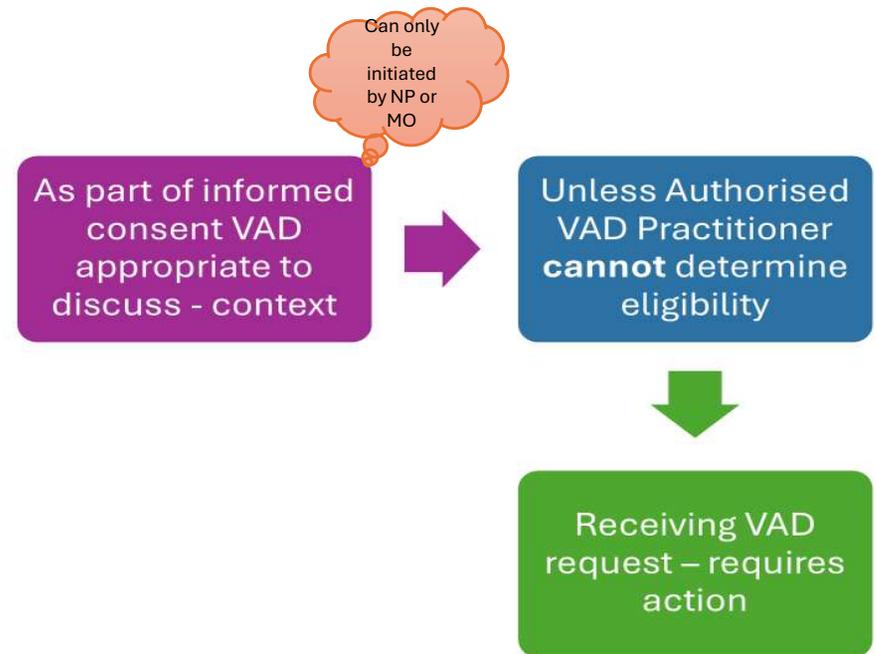
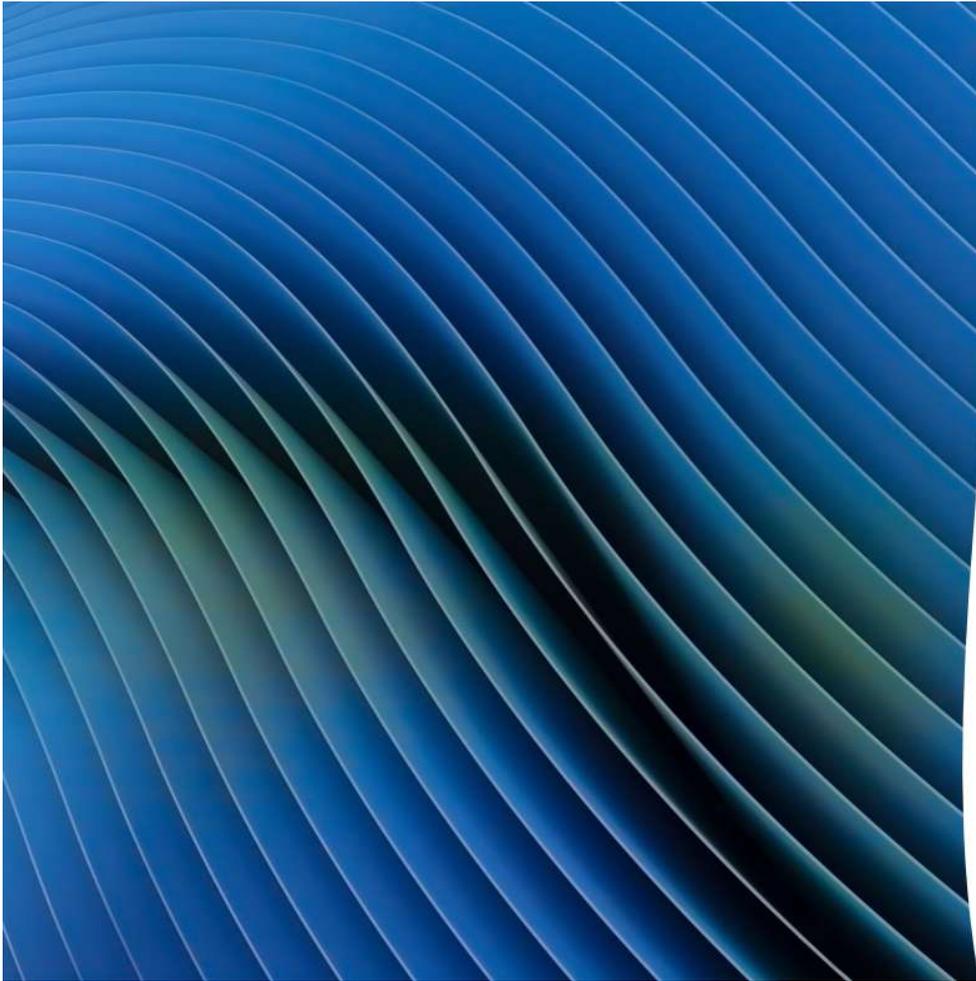
# Process



# Role of healthcare workers

Authorised  
VAD practitioners

	Medical practitioner	Nurse practitioner	Registered nurse	Other registered health practitioner	Other healthcare workers
Act as the <b>coordinating practitioner</b> (if eligible, verified, completed training)	✓	✗	✗	✗	✗
Act as the <b>consulting practitioner</b> (if eligible, verified, completed training)	✓	✗	✗	✗	✗
Act as the <b>administering practitioner</b> (if eligible, verified, completed training)	✓	✓	✓	✗	✗
<b>Initiate a conversation</b> about VAD in the course of informing about all treatment and end of life options	✓	✓	✗	✗	✗
<b>Provide information</b> about VAD to a person who has <b>requested it</b>	✓	✓	✓	✓	✓
Accept referral to determine whether the person has an eligible <b>diagnosis, prognosis</b> , is <b>suffering intolerably</b> , or has <b>decision-making capacity</b> in relation to VAD	✓	✓	✓	✓	✗
Accept referral to determine whether the person is <b>acting voluntarily and without coercion</b>	✓	✓	✓	✓	✓
Continue to <b>provide care</b> to a person and their family, knowing they are accessing VAD	✓	✓	✓	✓	✓



## Registered Health Practitioner Obligations

All registered health practitioners who refuse to participate in any part of the process due to conscientious objection must:

- inform the person that other healthcare workers, health service providers or services may be able to assist the person
- provide information about where the person can get further information or support, such as a colleague or the details of QVAD-Support
- respect their patient's autonomy, beliefs, values, and the choices they make about end-of-life care, including VAD and treatment decisions
- continue to support a person and be involved in their care

A person's access to care and treatment must not change or be compromised due to their decision to ask questions about or access VAD

## iLearn VAD Module



- VAD education for healthcare workers (including non Queensland Health employees) is now available
- 30-45 minutes
- Scan QR to access

First time here or need help?

[Register here for an iLearn account](#) | [System Check](#) | [Reset your Password](#) | [Help Centre](#)



# Resources

## Statewide Resources

The screenshot displays the Queensland Health website's resource page for Voluntary Assisted Dying. The page features a blue header with the Queensland Government logo and navigation links. A breadcrumb trail shows the path: Home > Clinical practice > Clinical guidelines and procedures > Voluntary assisted dying. A left-hand navigation menu lists various clinical topics, with 'Voluntary assisted dying' highlighted. The main content area is titled 'Voluntary assisted dying' and contains three columns of information. The first column, 'Voluntary assisted dying in Queensland', lists implementation details. The second, 'Information for authorised voluntary assisted dying practitioners', provides resources for practitioners. The third, 'Information for medical practitioners and healthcare workers', details legal obligations and roles. A right-hand sidebar offers contact information, a subscription link, and an application process for becoming a practitioner, including an education module for healthcare workers.

**Queensland Government**  
**Queensland Health**

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Public health & wellbeing Clinical practice Health system & governance Employment Research & reports News and alerts

Home > Clinical practice > Clinical guidelines and procedures > Voluntary assisted dying

### Clinical guidelines and procedures

- COVID-19 information for Queensland clinicians
- Diseases and infection prevention
- Medicines
- Clinical pathways
- Patient safety
- Voluntary assisted dying**
- Clinical staff
- Sexual health
- Guidelines for specific groups
- Service delivery
- Emergency examination authorities

### Voluntary assisted dying



#### Voluntary assisted dying in Queensland

- Implementation of voluntary assisted dying
- The eligibility criteria
- The process
- Development of the Act



#### Information for authorised voluntary assisted dying practitioners

- Becoming an authorised voluntary assisted dying practitioner
- Printable patient resources
- QVAD Review Board IMS
- QVAD Handbook
- More...



#### Information for medical practitioners and healthcare workers

- Legal obligations for all medical practitioners
- Scope of practice for medical practitioners and healthcare workers
- Participating in voluntary assisted dying
- Healthcare workers' role in the voluntary assisted dying process
- More...

### Contact us

Contact QVAD-Support

**Email:** [qvadsupport@health.qld.gov.au](mailto:qvadsupport@health.qld.gov.au)  
**Phone:** 1800 431 371 (available from 1 January 2023)

Contact the Voluntary Assisted Dying Unit

**Email:** [VAD@health.qld.gov.au](mailto:VAD@health.qld.gov.au)

### Stay informed

[Subscribe](#) to receive updates on voluntary assisted dying in Queensland.

### Apply to become a voluntary assisted dying practitioner

Learn more about the [practitioner eligibility requirements](#) and submit your application to become an authorised voluntary assisted dying practitioner.

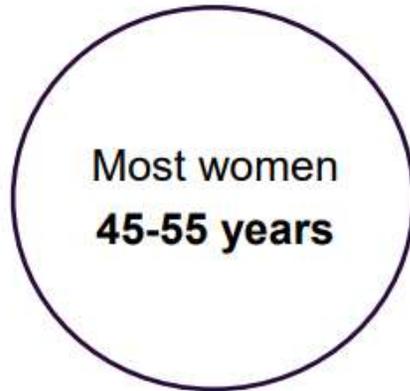
### Education module for healthcare workers

Developed in partnership with Queensland University of Technology, this short online education module is available to all healthcare workers in Queensland. It provides an overview of the voluntary assisted dying process, and roles and responsibilities of healthcare workers.

[Access the online module](#)

# Perimenopause & Menopause

Dr Yasmin Pilgrim  
Obstetrician & Gynaecologist



Most women  
**45-55 years**



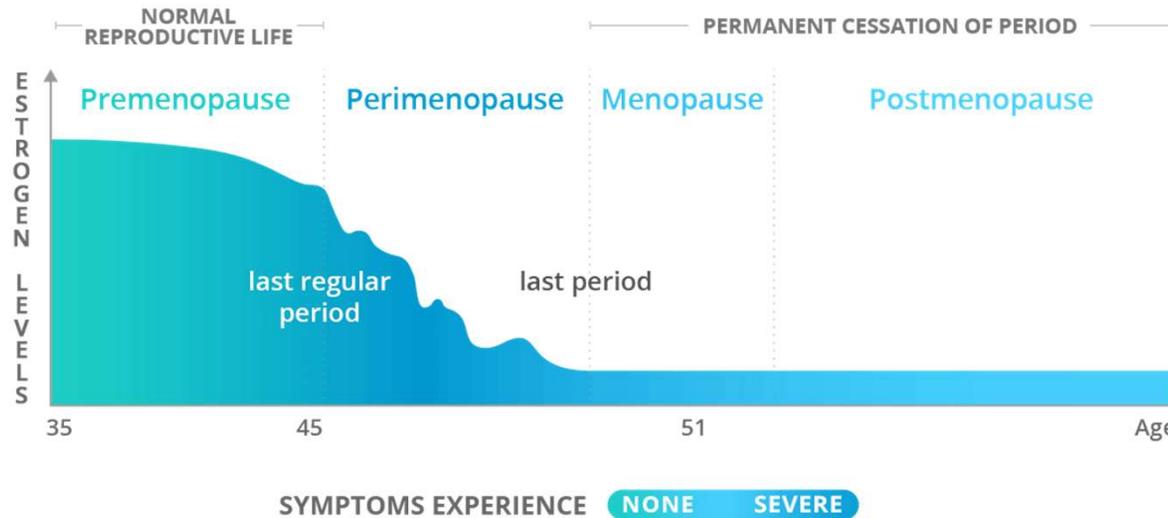
Average age  
**51**

- What is perimenopause
- What is menopause + why does it occur
- What are the symptoms + how to manage them
- What are the risks of cancer or stroke

# Outline

# Menopause transition

- Hormones – body’s chemical messengers
- Most relevant hormones: oestrogen/ FSH/ progesterone and testosterone
- Premature menopause: final menses before 40
- Early menopause – final period at 40–45-years-old
- Perimenopause
  - Erratic hormone levels including oestrogen swinging high / or and low
- Menopause – Final menstrual period



- Perimenopause is characterized by hormonal fluctuations – particularly estrogen

## Hormone changes during menopause

# How do we diagnose menopause

- Diagnose of menopause is when no periods for > 12 months
- Clinical diagnosis
- Symptom score sheet – useful way determine if treatment indicated
- FSH – not usually indicated
  - Single hormone test not a reliable indicator of perimenopause

#### SYMPTOM SCORE (Modified Greene Scale)<sup>1</sup>

This symptom score can be used to document symptoms and monitor response to treatments. It should NOT be used to diagnose perimenopause or menopause.

Perimenopause commences when menstrual cycle changes occur, with differences in length of consecutive cycles.

Menstrual cycle changes cannot be used to diagnose perimenopause or menopause for people using hormonal contraception, or who have had an endometrial ablation or hysterectomy.

	Score before MHT	3 months after starting MHT	6 months after starting MHT
Hot flushes			
Light headed feelings			
Headaches			
Brain fog			
Irritability			
Depression			
Untoved feelings			
Anxiety			
Mood changes			
Sleeplessness			
Unusual tiredness			
Backache			
Joint pains			
Muscle pains			
New facial hair			
Dry skin			
Crawling feelings under the skin			
Less sexual feelings			
Dry vagina			
Uncomfortable intercourse			
Urinary frequency			
<b>TOTAL</b>			

SEVERITY OF PROBLEM IS SCORED AS FOLLOWS

SCORE: None =0; Mild =1; Moderate =2; Severe =3

**Not all of the symptoms listed are necessarily oestrogen deficiency symptoms.**

#### References

1. Greene JG. Constructing a standard climacteric standard. *Maturitas* 1998;29:25-31

[www.menopause.org.au](http://www.menopause.org.au)

Note: Medical and scientific information provided and endorsed by the Australasian Menopause Society might not be relevant to a particular person's circumstances and should always be discussed with that person's own healthcare provider. This information sheet may contain copyright or otherwise protected material. Reproduction of this information sheet by Australasian Menopause Society Members and other health professionals for clinical practice is permissible. Any other use of this information (hardcopy and electronic versions) must be agreed to and approved by the Australasian Menopause Society. ID:2023-02-20

# Symptoms

**20%**

of women have  
**no symptoms**



**60%**

of women have  
**mild to moderate  
symptoms**



**20%**

of women have  
**severe symptoms**



- Vary for each woman – can be physical and emotional
- Symptoms can start in perimenopause and extend to post menopause
- 80% experience hot flashes + night sweats

# Symptoms

## Physical symptoms<sup>1</sup>



## Emotional symptoms<sup>1</sup>



Shared  
decision  
making –  
Model for  
treatment



# Treatment

Lifestyle

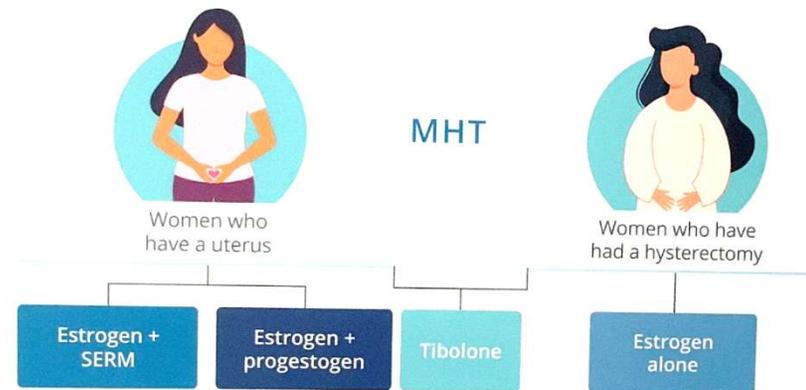
Menopausal hormone therapy (MHT)

Non hormonal treatment

Complementary therapies

Pharmacy-compounded (bioidentical) hormones are not recommended

Vaginal estrogen (safe long term)



# Natural remedies



## Maintain a healthy weight<sup>1,2</sup>

- Menopause itself does not cause weight gain – it is more likely due to aging and lifestyle changes
- Weight gain may increase the severity of vasomotor symptoms, so maintaining a healthy weight may be helpful



## Eat a balanced diet<sup>2</sup>

- A balanced diet can help maintain a healthy weight as well as improving energy levels



## Exercise<sup>1</sup>

- No evidence to show that exercise reduces hot flushes or night sweats
- Other benefits, however, include improved quality of life, cognitive functioning, depression, sleep patterns, fatigue, bone density, weight maintenance and cardiovascular disease



## Keep cool<sup>1</sup>

- Although there is no evidence for cooling interventions as a treatment for vasomotor symptoms, small increases in core-body temperature can trigger vasomotor symptoms. Therefore, lifestyle changes that lower core body temperature or prevent it from rising may be helpful



## Reduce stress<sup>2,3</sup>

- Group and individual cognitive behaviour therapy can help reduce the impact of vasomotor symptoms and improve sleep and general wellbeing



## Manage sleep<sup>2</sup>

- Lack of sleep can contribute to menopausal symptoms and make them worse

# MHT

Contains hormones

Most effective for most women

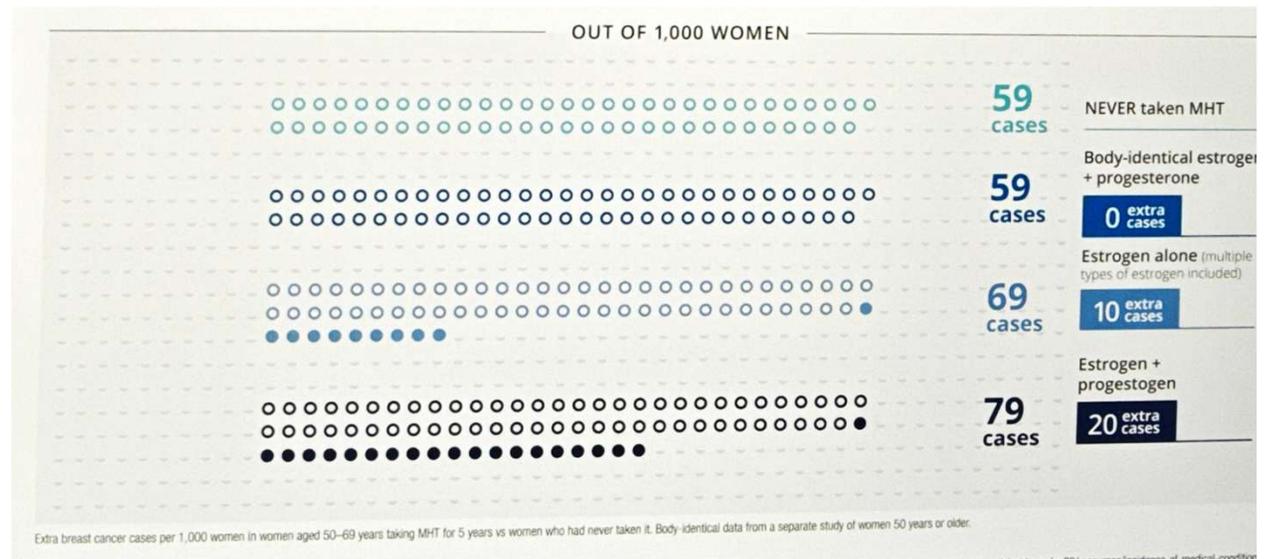
Can be taken as pills/ gels/ patches or pessaries

Can be taken in lowest effective dose for as long as needed

NOT recommended

- Past/current Breast cancer
- Endometrial cancer
- Severe liver disease
- Untreated BP
- High risk clotting

# Breast cancer and MHT – What is the actual risk



Approximate number of women developing breast cancer over the next 5 years<sup>1</sup>

OUT OF 1,000 WOMEN

Women diagnosed with breast cancer in the general population

23 cases



28 cases

Drink 2 or more units of alcohol per day

5 extra cases

Combined MHT

4 extra cases

27 cases



26 cases

Current smokers

3 extra cases

Estrogen alone

4 fewer cases

19 cases



47 cases

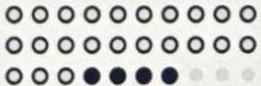
Overweight or obese (BMI 30 or higher)

24 extra cases

On combined hormonal contraceptives (the pill)

4 extra cases

27 cases



16 cases

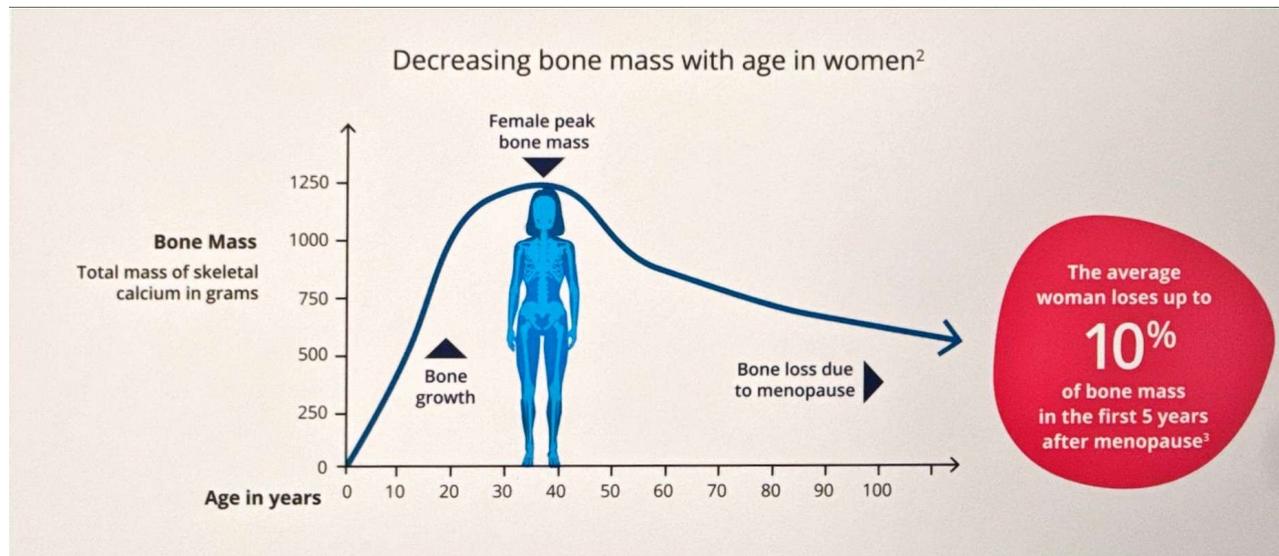
At least 2.5 hours moderate exercise per week

7 fewer cases

Data based on the UK showing the difference in breast cancer incidence per 1,000 women aged 50–59.

BMI, body mass index; MHT, menopausal hormone therapy.

Reference: 1. Women's Health Concern. Understanding the risks of breast cancer. Available at <https://thebms.org.uk/wp-content/uploads/2023/01/WHC-Infographics-JANUARY-2023-BreastCancerRisks.pdf>. Accessed June 2025.



- Estrogen plays an important role in bone strength
- After puberty → bone density rapidly rises and peak bone mass at age 30 years
- After menopause – estrogen levels drop and this results in accelerated bone loss
- Average woman loses up to 10% of bony mass in first 5 years of menopause

# Osteoporosis

Lifestyle changes to reduce the risk

Calcium

Vitamin d

Exercise

Smoking

Alcohol

# Resources

## Training for Health Professionals

Jean Hailes provides two free online courses:

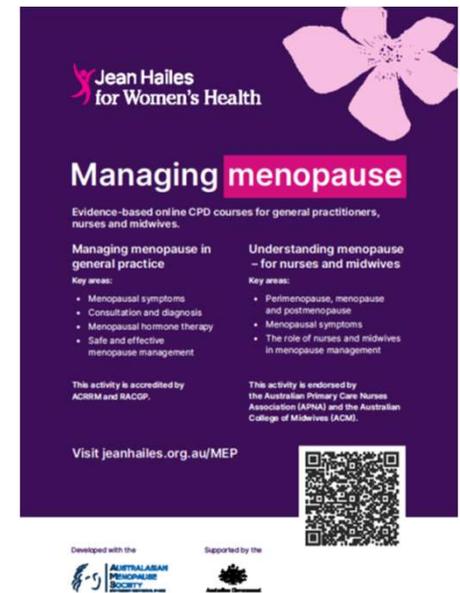
- General Practitioners: [Managing menopause in general practice | Jean Hailes](#)
- Nurses and Midwives: [Understanding menopause - for nurses and midwives | Jean Hailes](#)

**The Australasian Menopause Society also provides several resources for health professionals, including:**

- [Practitioner's Toolkit for the Management of the Menopause | Information Sheet | Australasian Menopause Society Hub](#)
- Toolkits and guidelines, factsheets, webinars - [Resources for Health Professionals | Australasian Menopause Society Hub](#)

## Upcoming work: Quality Use of Medicines (QUM) Resources

Resources from the QUM Connect Hub (QHUB) are expected to be available soon (anticipated March). These will support GPs, pharmacists, nurses, and Aboriginal Health Care Workers/Practitioners in the quality use of medicines relevant to menopause management.



**Jean Hailes for Women's Health**

### Managing menopause

Evidence-based online CPD courses for general practitioners, nurses and midwives.

<b>Managing menopause in general practice</b> Key areas: <ul style="list-style-type: none"><li>• Menopausal symptoms</li><li>• Consultation and diagnosis</li><li>• Menopausal hormone therapy</li><li>• Safe and effective menopause management</li></ul>	<b>Understanding menopause – for nurses and midwives</b> Key areas: <ul style="list-style-type: none"><li>• Perimenopause, menopause and postmenopause</li><li>• Menopausal symptoms</li><li>• The role of nurses and midwives in menopause management</li></ul>
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This activity is accredited by ACPHM and RACGP.

This activity is endorsed by the Australian Primary Care Nurses Association (APNA) and the Australian College of Midwives (ACM).

Visit [jeanhailes.org.au/MEP](http://jeanhailes.org.au/MEP)



Developed with the  **AUSTRALASIAN MENOPAUSE SOCIETY**

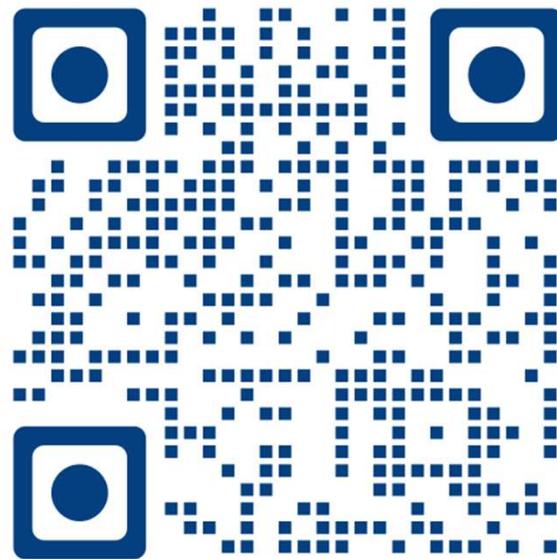
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EMPOWHER

WOMEN'S HEALTH

# Event Evaluation Survey QR code



phn

Next meeting

**Wednesday 1 April 2026**



# Questions



An Australian Government Initiative

***Building one world class health service for the Gold Coast***

Level 1, 14 Edgewater Court Robina QLD 4226

[www.gcphn.org.au](http://www.gcphn.org.au)

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