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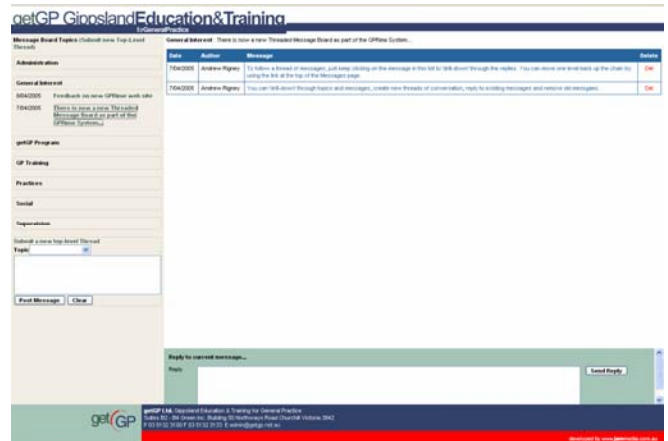
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getGP would like to welcome our Irish Exchange Registrars, Yvonne and Martin touched down in Australia on Tuesday the 3rd of May and will work in Lakes Entrance and Mallacoota respectively for 3 months as part of the program. Their arrival signifies the culmination of a lot of organisation and dedication on the part of Patrick Kinsella, Margaret Horden and Linda Kruger. Interest is still being taken for Registrars wishing to exchange to Ireland. For more information contact Patrick Kinsella on 5155 8300 or 0407 800 408 or email [patrick.kinsella@getgp.net.au](mailto:patrick.kinsella@getgp.net.au).



Martin and Yvonne Irish Exchange Registrars

Currently in development as an add-on to GPRime is a threaded message board. This message board will become a forum for all associates of getGP to communicate ideas and conduct discussions from all corners of Gippsland. Here's a sneak preview of what it will look like. Stay online for it's release expected soon.



## Educational Page

### English Language Skills

by Nansi Kunze, getGP ESL Officer

#### Denotation and Connotation

What are denotation and connotation?

“Denotation” and “connotation” both mean “meaning”! This doesn’t mean that they are the same thing, however. Denotation refers to the basic, factual meaning or definition of a word or phrase – the kind of meaning you’d find in a dictionary. Connotation, on the other hand, is the emotional meaning behind the word or expression – the feelings, beliefs and underlying inferences that are conveyed by it. We can also use the verbs “to denote” and “to connote” to talk about these two different levels of meaning. So, for example, the adjective “gaudy” denotes something bright, showy or highly decorated. But while the denotation is relatively neutral, the connotation is quite negative; we use the word “gaudy” to indicate that something is bright in a tasteless, over-the-top way.

Why are they important?

Understanding the connotations of words can prevent people from misunderstanding you or taking offence at what you say. It is not always enough to know the denotation of a word. “Robust”, “solid”, “sturdy”, “vigorous”, “hearty” and “fit” can all denote a state of good physical health, but their various connotations mean that they are not all suitable for the same situations. To describe a woman as robust or solid implies that she is perhaps overweight; it is more appropriate to describe men as sturdy, vigorous or hearty than women; and the word “fit”, besides carrying overtones of athleticism, is used in some subcultures to mean sexually attractive!

How can you improve your understanding of denotation and connotation?

It’s usually quite easy to find out the denotation of a word – look it up in the dictionary! Unfortunately, it’s somewhat harder to learn its connotations, especially since connotation sometimes varies amongst people of different cultures, ages, backgrounds or even genders. As always, the most important thing is just to be aware that connotation exists, take note of the way people use different words and phrases and ask if you think you may be missing their full meaning. Larger dictionaries often give guidance for words with particularly significant connotations, though, and some will show words in sentences to illustrate their different uses. Observing people’s facial expressions when listening and speaking can also give you clues to the “hidden” meanings they are detecting or trying to convey. And, of course, you can try the quiz on the opposite page. You’ll find the answers on page 4.

#### Clarification for GP registrars regarding RACGP training standards

Registrars have expressed concern about the possible impact of changes to RACGP standards in this training year. The Department of Health and Ageing has contracted with GPET to provide for the *RACGP Vocational Training Standards and Requirements (2001)* for all registrars in 2005. This includes the 2005 registrar intake. Accordingly, funding has been allocated in 2005 to regional training providers to meet the 2001 standards for all registrars. The 2005 and earlier cohorts will therefore be trained under the 2001 standards as per these arrangements. The standards that will apply in the 2006 training year for the 2006 entry cohort will be *The RACGP Standards for General Practice Education and Training: Programs and Providers 2005* and *Trainers and Training Posts 2005* subject to GPET and the RACGP developing and agreeing to an orderly process for implementing these standards (including level of funding) that is acceptable to the Department. This process and funding implications will be the subject of imminent negotiations between GPET and the RACGP. Subject to successful outcomes from these negotiations, it is anticipated the new standards could be funded going into 2006 for the 2006 cohort.

## Educational Page

### English Language Skills Quiz

A. The following pairs of words have similar denotations, but their connotations are quite different. Which do you think has the more positive connotation, and which the more negative? Mark each word with a + or -. Answer can be found on page 4.

1. snobby \_\_\_\_ cultured \_\_\_\_ 2. slim \_\_\_\_ skinny \_\_\_\_ 3. childlike \_\_\_\_ childish \_\_\_\_  
 4. naïve \_\_\_\_ innocent \_\_\_\_ 5. sly \_\_\_\_ astute \_\_\_\_ 6. rowdy \_\_\_\_ spirited \_\_\_\_

B. Complete each sentence with a word or phrase of your own that matches the denotation and connotation in brackets.

1. The party we went to on Saturday was pretty \_\_\_\_\_. (loud, lively – positive)  
 2. The neighbours had a party – it was pretty \_\_\_\_\_. (loud, lively – negative)  
 3. My aunt made the cake – it was really \_\_\_\_\_. (high in fat – positive)  
 4. The food they gave us was really \_\_\_\_\_. (high in fat – negative)  
 5. Johnno was there – he's such a \_\_\_\_\_. (intelligent person – positive)  
 6. Johnno was there – he's such a \_\_\_\_\_. (intelligent person – negative)

### Funding Support for Academic Activity by GP supervisors

getGP has received funding from GPET to support GP supervisors to participate in academic activity. A pool of \$6000 is available, although if there were expressions of interest beyond that amount we would consider supplementing this fund. We thought the fund could be used to assist any GP supervisor who may be interested in undertaking specific activities such as:

- preparation and presentation of a conference paper
- preparation of a journal article
- participation and reporting on practice-based research
- participation in a research methods or similar academic workshop

The funds could be used to support/subsidise:

- A period of time release to do the work
- Purchase of research assistant time
- Registration fees
- Other relevant and useful purposes.

A condition of funding is that any presentation, paper or report acknowledges the support of getGP and can be reproduced by getGP.

GP supervisors who are interested are invited to contact me.

Rod Wellard

## Educational Releases and Lunchtime Sessions

### Educational Release Dates

Baw Baw Technology Centre	5th May 2005	Basic and Advanced
getGP Office	27th and 28th May 2005	Basic and Advanced
getGP Office	16th June 2005	Basic and Advanced

### Lunchtime Sessions

12:00pm—1:00pm	5th May 2005	Conference Room 1
12:00pm—1:00pm	12th May 2005	Conference Room 1
12:00pm—1:00pm	19th May 2005	Callignee
12:00pm—1:00pm	26th May 2005	Conference Room 1
12:00pm—1:00pm	2nd June 2005	Conference Room 1
12:00pm—1:00pm	9th June 2005	Conference Room 1
12:00pm—1:00pm	16th June 2005	Conference Room 1
12:00pm—1:00pm	23rd June 2005	Conference Room 1
12:00pm—1:00pm	30th June 2005	Conference Room 1

### Cluster Groups



10th May 2005	South Gippsland Cluster
31st May 2005	Churchill Cluster
7th June 2005	East Gippsland Cluster
7th June 2005	Central-West Gippsland Cluster
14th June 2005	South Gippsland Cluster
28th June 2005	Churchill Cluster

### English Language Skills Quiz Answers

- A. 1. -, + 2. +, - 3. +, - 4. -, + 5. -, + 6. -, +  
 B. Possible answers: 1. wild 2. rowdy 3. rich 4. greasy 5. bright spark 6. smart alec

## Events and Activities

Date 2004	Topic	Time & Place	For Further Information Contact:
19th of May 2005	Cardiology - Dr James Shaw	Carino's , Leongatha, 7.00 pm	Toni Preuss SGDGP Phone (03) 56743105
19th of May 2005	Spider Bites	Sale and Barinsdale	Tiana Felmingham EGDGP Phone (03) 5153 0383
25th of May 2005	Asthma CPD	To be announced	Toni Preuss SGDGP Phone (03) 56743105
31st of May 2005	World QUIT Day Smoking Cessation	Bairnsdale	Tiana Felmingham EGDGP Phone (03) 5153 0383
6th of June 2005	Lessons Learned from Closed Claim Studies	Bairnsdale	Tiana Felmingham EGDGP Phone (03) 5153 0383
4th and 5th, 18th and 19th of June 2005	PEP SPHERE CBT Training Group 2	Sale	Tiana Felmingham EGDGP Phone (03) 5153 0383
15th of June 2005	Treatment of Resistant Depression - Dr Bruce Osborne	Inlet Hotel, Inverloch 7.00 pm	Toni Preuss SGDGP Phone (03) 56743105
21st of June 2005	Cervical Screening Update	Lunch—Lakes Entrance Evening—Bdale	Tiana Felmingham EGDGP Phone (03) 5153 0383

### Restricted Medicines and the PBS Education

The Health Insurance Commission (HIC) will be offering GP's in selected Divisions of General Practice education on restricted medicines and the Pharmaceuticals Benefits Scheme (PBS). The purpose of this education is to enhance prescriber understanding of the PBS including when and how the PBS restriction criteria apply.

For more information please see Information Sheet on GPRime (under forms and documents) or go to [www.hic.gov.au/providers](http://www.hic.gov.au/providers).

## News from the SLO

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Dear all,

The GPSLON (GP Supervisor Liaison Officer network) has recently met for a full day in Sydney. It was a great opportunity for SLO's from Tassie, WA, QLD, SA, NSW, NT and Vic to get together and share educational initiatives, as well as meet the new CEO of GPET Peter Harrison, and discuss issues of concern to all supervisors amongst ourselves. I personally felt getGP ranked highly in terms of innovation and mention of the new website and the language assessments, Irish exchange and video seemed to impress other SLO's. Peter Harrison gave generously of his time and outlined his plans for improved registrar recruitment, unpackaging of rural reg subsidies, growing diversity of training as a way of preserving smaller RTP's 'place' in the training scheme, improved IMG training, creating an 'online learning portal', and pushing support for academic GP supervisors amongst other initiatives.

An important initiative that I mentioned briefly at the Lakes residential workshop and would like all supervisors to consider further, is that of supporting the **GPTA (GP Trainers Association Inc)** by becoming a financial member.

For a small annual fee, supervisors can expect to see this independent body grow in strength to better represent their concerns ranging from vicarious liability to registrar recruitment and support them in industrial matters such as registrar / supervisor minimum terms negotiations, as well as represent them on committees as often as possible. However we haven't attracted funding from other sources at this stage and will have to rely on a robust subscription of supervisors nationally. Please send your cheque to the address on the bottom of the form I handed out at the workshop. I will send it around by email again soon, in case it is misplaced. Thank you already to Patrick Kinsella, Lloyd Waters, Paul Coughlan, Liz Fitzgerald and Jon Knaggs who have joined. Thank you to others who have put their subscription in the mail since we last spoke. Receipts will be issued in the not too distant future.

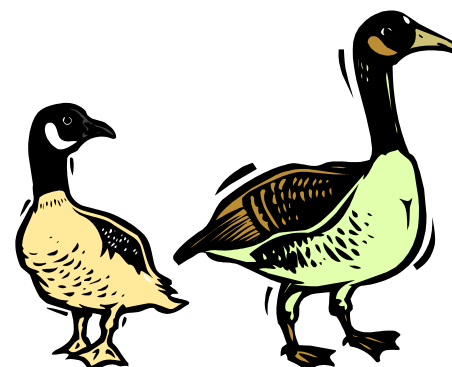
I was bowled over by the excellent supervisor workshop that Patrick et al put on at Lakes Entrance recently. This has really set the standard for future residential workshops and I would like to acknowledge getGP's generosity in providing the quality ac-

commodation and meals that we all enjoyed. As far as gossip and hijinks goes, a little birdie told me that Rakesh and Henryk did some breaking and entering (more entering than breaking), setting off the alarms on Saturday morning attempting to access the local tennis courts for an early morning game. Paul Brougham was spied leaving Nicholson River Winery staggering to his car with a boxful of wine plus an extra bottle. How do I know this, you ask? My curious nature led me to sniff out the same special-buy six bottles and get a seventh bottle free. That chardonnay really is sensational!

I expect to be knocking back the film scripts after my recent cameo on David Brockwell's new getGP video, although I think my geese/animals and children will steal the limelight (in that order) and I will have to 'keep the day job'.

I hope you all keep enjoying your day job!

Mark Bensley





## ANNUAL CONFERENCE

### SATURDAY & SUNDAY 4-5 JUNE 2005

### CENTURY INN, TRARALGON

With the theme of *"Medical Emergencies in the General Practice Setting"* - this year's Annual Conference has a diverse and stimulating program specifically designed to meet the needs of regional GPs.

As always, our Conference offers an excellent opportunity for networking and socialising with fellow GPs, Specialists and their partners. Any inquiries to Kerry 5126 2899

**PLEASE NOTE: GPs who attend this Conference are eligible to apply for reimbursement of 50% of the registration fee, 100% travel and 100% accommodation costs through the DHS CPD Subsidy Program or the RWAV Individual Clinical Skills Grant.**

<b>PRINCIPLES OF TRAUMA MANAGEMENT</b> <ul style="list-style-type: none"> <li>To teach a systematic approach to managing trauma.</li> <li>To emphasis communicating with the patient in an emergency setting.</li> </ul>	<b>MR DAVID BIRKS, GENERAL SURGEON</b>
<b>CPR</b> <ul style="list-style-type: none"> <li>To teach skills and techniques in performing CPR.</li> <li>To reinforce CPR through practice.</li> </ul>	<b>PFIZER PHARMACEUTICALS</b>
<b>UNILATERAL RED EYE AND EYE TRAUMA</b> <ul style="list-style-type: none"> <li>To identify the causes of unilateral red eye and have a systematic approach to its diagnosis.</li> </ul>	<b>MR KEN THOMAS, OPTOMETRIST</b>
<b>UPPER AIRWAY OBSTRUCTION</b> <ul style="list-style-type: none"> <li>To identify the causes of upper airway obstruction and have a systematic approach to its diagnosis.</li> <li>To teach skills in creating a patent upper airway in an emergency.</li> </ul>	<b>MR GLENN WATSON, ENT SPECIALIST</b>
<b>GENERAL SKILLS IN CRISIS RESOURCE MANAGEMENT</b> <ul style="list-style-type: none"> <li>To teach an approach to assessing patients at their initial presentation and formulate a plan of management.</li> <li>Develop skills in the simultaneous assessment and management of emergency patients.</li> </ul>	<b>DR TIM GRAY, EMERGENCY PHYSICIAN</b>
<b>ACUTE ABDOMINAL PAIN</b> <ul style="list-style-type: none"> <li>To identify the causes of acute abdominal pain and have a systematic approach to its diagnosis.</li> </ul>	<b>DR ADRIAN AITKEN, GENERAL SURGEON</b>
<b>SEVERE ALLERGIC REACTION</b> <ul style="list-style-type: none"> <li>To identify the causes of severe allergic reaction and have a systematic approach to its diagnosis.</li> <li>To teach an approach to assessing patients at their initial presentation and formulate a plan of emergency management.</li> </ul>	<b>DR PETER WRIGHT, EMERGENCY PHYSICIAN</b>
<b>ACUTE ASTHMA</b> <ul style="list-style-type: none"> <li>To identify the causes of acute asthma and have a systematic approach to its diagnosis.</li> <li>To teach an approach to assessing patients at their initial presentation and formulate a plan of management.</li> </ul>	<b>DR BRUCE MAYDOM, GENERAL PHYSICIAN</b>
<b>VASCULAR EMERGENCIES</b> <ul style="list-style-type: none"> <li>To identify the causes of vascular emergencies and have a systematic approach to its diagnosis.</li> <li>To teach an approach to assessing patients at their initial presentation and formulate a plan of emergency management.</li> </ul>	<b>DR BRETT FORGE CARDIOLOGIST</b>

**MEDICAL EMERGENCIES IN THE GENERAL PRACTICE SET-**

## Training Program Report

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It is the time of the training year for Registrars to consider their future training needs, particularly with regard to extended skills and procedural skills.

There are many Special Skills and ARSP options available within getGP. There have been long standing posts available in Obstetrics and Anaesthetics at LRH & CGHS, we also have Obstetrics & Anaesthetics ARSPs at WGH. This year Louise Sterling is piloting an exciting "Practice based ARSP in Obstetrics" at WGH / Trafalgar Medical Centre to run over the next 2 years and Kimson Vu is undertaking a Surgical ARSP at CGHS in Sale.

Both of these posts have

been set up with the extended cooperation of the DHS and the Hospitals involved.

The DHS has funded the pilot which enables us to set up supernumery procedural training positions within rural hospitals in Victoria.

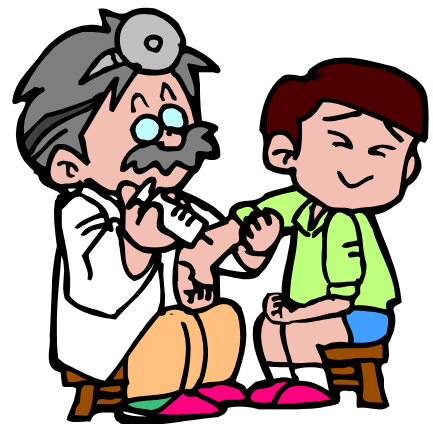
We continue to have Registrars expressing interest in the "Small Town ARSP" which can be undertaken in RRAMA 5 communities with populations of 5,000 or less.

In 2004 we piloted a "Community Psychiatry ARSP" and Keethes Thiru has undertaken this post in a combined Subsequent GP term and ARSP over the last 2 years.

We would be particularly keen to fill the Community Psychiatry and Surgical ARSPs next year.

I would love to receive your expressions of interest.

Peter Stevens  
Director of Training  
getGP




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## Report from Learning Plan Advisor

Just a reminder that all registrars are to have (evidence of) functioning Learning Plans, as required by the RACGP. Anyone who has started doing their learning planning online is likely to tell you that it is a worthwhile undertaking, not too daunting, and that it has helped structure meetings with their supervisor.

I am contacting all registrars to arrange a learning plan visit, but would very much appreciate it if instead, anyone who has not had a face-to-face session on learning plans with me contact me directly to arrange a time. This is because I am usually contactable by phone or email (03 5173 8181 or [alisdair.barnes@getgp.net.au](mailto:alisdair.barnes@getgp.net.au)) and don't like to interrupt you during your consultations.

I enjoy these sessions with the registrars as it is great to get to know you a bit better, and sometimes I can help in other ways apart from purely learning planning.

Looking forward to seeing you all,

Alisdair

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## Musings of the CEO

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Much has been happening at getGP lately. Here's a run down:

The pilot implementation of the getGP web platform.- GPrime is continuing with strongly positive response. It is fast becoming the standard method to submit reports and receive information for meetings, and it's uses don't stop there.

A successful GP supervisor residential workshop was held at Lakes Entrance 1-2/04/05. It was an thoroughly enjoyable two days with excellent attendance by our dedicated Supervisors.

The Handbook for 2005 is now published and has been distributed to Registrars and Practices. It is also available on the getGP website. In the past getGP has issued two handbooks, a education and training and a information handbook. This year these two have been combined in an effort to reduce duplication and simplify the information.

The getGP promotional CD/DVD is near completion. I have had the chance to view the current work in progress and it is encouraging to hear Registrars (both past and current), Supervisors

and other staff have had such positive experience as part of getGP and will leave the program with fond memories of Gippsland.

The Monash-getGP Liaison Committee have reviewed applications for IT Support Project funding. There were 14 applications in total. Twelve applications were approved, many for part-funding.

getGP will soon begin it's accreditation by our funding body, GPET. The accreditation will occur the week of the 9th of May 2005. During this period GPET team members will visit many practices throughout Gippsland to talk with Supervisors, Registrars and Practice Managers, to assess getGP's performance in the key areas.

There will also be a meeting of all getGP Board members and stakeholders with the GPET team at 6pm on Monday the 9th of May 2005 at Century Inn, Traralgon.

Rod Wellard, CEO

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### Combined Board – GROG Meeting

On the 19<sup>th</sup> of April 2005 getGP held its first combined Board and GROG (Gippsland Regional Operational Group) meeting. This meeting brought together all the dedicated staff that contributed to the running of the getGP program.

The purpose of the meeting was to develop a shared view about key issues facing getGP for the future. The key issues included: Marketing of General Practice and getGP Training, Recruitment, especially of Australian graduates, Extended Rural Skills Training, GP proceduralist posts.

#### SWOT analysis

There was a shared view about the strengths and weaknesses of getGP as follows:

**Strengths:** Range of expertise on the Board and among staff, Experienced GP supervisors and teaching practices, Effective structures in place.  
**Weaknesses:** Examination results, Lack of Australian graduates, Small numbers in procedural posts.  
**Opportunities:** Improved resourcing for training, Greater control over our own destiny, Well positioned in relation to enhanced rural training framework, Well positioned in relation to other initiatives.

Threats: Competitive environment re recruitment.

#### Discussion

It was commented that the strong need to recruit Australian graduates should make us reconsider our intake policy, eg. by restricting numbers through the open selection process and building up numbers with VMA registrars on rural placements. On the other hand, it was commented that this means smaller enrolment numbers and could threaten our viability as a program.

The discussion around these questions focused on the possible advantages and disadvantages of different strategies. The particular issues associated with supporting OTDs in training and the perceived conflict with workforce recruitment strategies was mentioned.

There was agreement at the meeting about the principle of a single entry point and appropriate training for all doctors wishing to enter general practice, while acknowledging that the capacity to implement this principle was an issue.

Abstract from report by  
 Rod Wellard  
 28 April 2005

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## Registrar Liaison Report

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We're now a quarter of the way through the training year and I hope you have all settled in to your new practices. For those of you in your basic term, the hardest part of GP training is probably the first few months. Not only are you seeing a lot of medicine that you won't have come across in hospitals, you also have to work out how to use your clinical software, find out who your local specialists are, get to know how a general practice works (both generally and particularly relating to your current practice), work out who all the practice staff are, work with a lesser level of supervision than you may be used to and try and cram what seems to be an infinite amount of problems in to 15-20 minute blocks. This is on top of moving house and settling you and your families in to a new town. If you've done all that, congratulations, now you can relax and enjoy the next few months! If you haven't and feel a bit overwhelmed, please talk to your supervisor or give me a call.

The start of the year has been very busy for the GPRA, your representative organisation. In early March the GPRA Advisory Council met in Canberra for the first of our two annual face-to-face meetings. Of course I had to take the opportunity to jump on the motorbike and explore some of East Gippsland's most remote bitumen on the way there! The meeting was held over 4 days. The first two days consisted of an orientation for new RLOs and a workshop focusing on conflict resolution skills hosted by Steve Trumble. We also had a grown-up scavenger hunt of sorts, where we were sent off in teams to meet with representatives from the Dept of Health and Ageing, the Divisions of General Practice, the AMA and ACRRM. They responded very well to our concerns and I think we were able to present some issues (and solutions) to all the organisations that they were not previously aware of.

The last two days were taken up with the meeting of the GPRA Advisory Council where we discussed the major issues facing registrars around Australia. Current issues that the GPRA are dealing with are the National Minimum Terms and Conditions for Basic and Advanced Registrars negotiations, the review of the RRAMA classification scheme, the delivery of the RIPS payments in a more equitable manner, the barriers facing registrars undertaking rural terms, ACRRM's application to the AMC for specialty status and the declining popularity of general practice training, especially in rural areas. For updates on all these issues see the GPRA website. ([www.GPRA.com.au](http://www.GPRA.com.au))

There are a few important events coming up in the near future. Elsewhere in this newsletter you'll find some information regarding the Registrar Research Workshop that will be held in Adelaide in July; anyone who has an interest in doing an academic year or research project should consider coming applying. Also coming up in June is the inaugural GPRA Futures Series workshop in Sydney. This workshop will focus on all the things that crop up after you have your fellowship, like practice management, future employment options, media training and health politics. The event outline and application details are on the GPRA website.

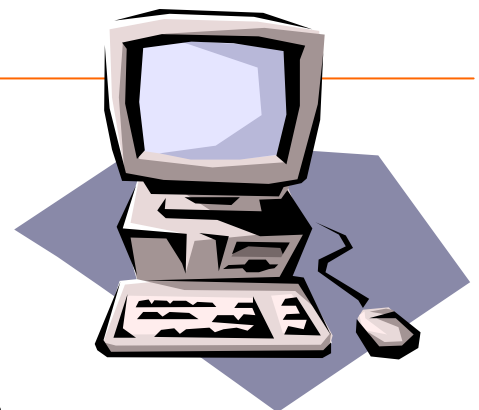
Finally, for those of you who are in the middle of the FRACGP exam, best of luck for the clinical component in May. For those like me procrastinating until Sep/Oct, time to get the heads down for some study. As always, if you have any problems give me a call or email me and I'll see how I can help.

Stuart Anderson

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## IT Audit

The first round of the IT Audit has now been completed. The IT Audit was a joint project between getGP and Monash University and was overseen by the getGP Monash Liaison committee. After a thorough survey of teaching practice the committee set an IT benchmark that all teaching practices should aspire to. They then invited applications from practices for funding to meet these requirements. The committee received 13 applications for funding. After careful review the committee has agreed to fund, either complete or partial funding, nearly all of the claims. Practices that applied for funding should have received their offer by mail; however there were applications without practice details enclosed. If you have submitted a request and are yet to hear a response please contact Naomi on 03 5132 3100.



**Brilliant News: The 2005 National Registrar Research Workshop will be held in Adelaide on the 23rd-25th July.**

The Research Workshop is an annual event for registrars interested in research and is open to ALL GP REGISTRARS, in any stage of training, and even 2 years after completion of training.

Registrars' expenses to attend the workshop, including airfare and accommodation, are funded by the Registrar Scholarship and Research Fund (RSRF) and the event is a wonderful introduction to the world of research in General Practice and Primary Care.

The contact person for this workshop is the Registrar Research and Development Officer RRADO(rrado@gpet.com.au) or Gaye Doolan (gaye.doolan@gpet.com.au)

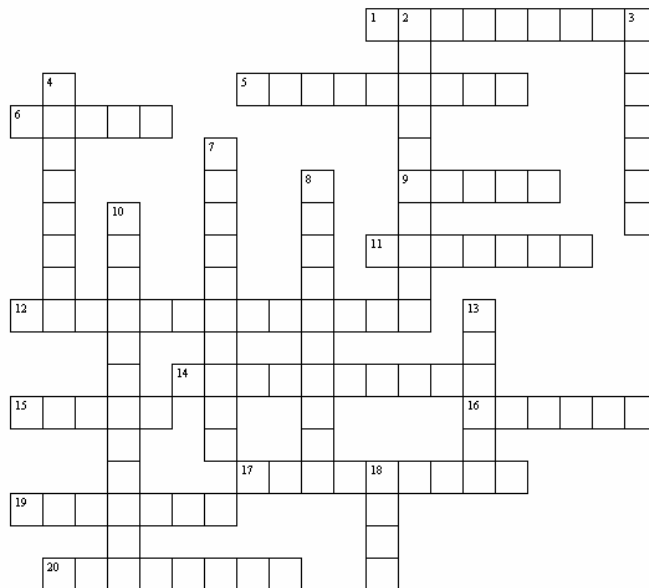
Further information and the application form are on the GPET website: <http://www.agpt.com.au/praxis.php/category/view/24>.

This year the research workshop will be held prior to the Public Health Care Research & Information Service Conference, which is to be held in Adelaide on the 26th-28th July.

Registrars are highly encouraged to stay for the Conference if possible, as it is a magnificent opportunity to be attend a quality conference and for young researchers to network, form collaborations and share ideas and work.

Please see more at the website: [http://www.phcris.org.au/events/conference\\_frameset.html](http://www.phcris.org.au/events/conference_frameset.html)

**Medical  
Crossword**



**ACROSS**

- 1 The way in an organism reacts to an internal or external stimulus
- 5 One who specialises in dietetics
- 6 A permanent discolouration of the skin due to a foreign pigment
- 9 Voluntary or reflex expulsion of air from the lungs
- 11 Any of a group of accessory food factors which are contained in foodstuffs and are essential to life, growth and reproduction
- 12 Restoration to life or consciousness of one apparently dead, or whose respirations have ceased
- 14 Incision of the abdominal wall for exploratory purposes
- 15 A redness of the face and neck
- 16 The progressive development of a living thing
- 17 Tending to become progressively worse and to result in death
- 19 The best and most favourable
- 20 A group of signs or symptoms typical of a distinctive disease which frequently occur together to form a distinctive clinical picture

**DOWN**

- 2 The process or act of pulling out
- 3 The tearing or bursting of a part
- 4 Swollen or dilated
- 7 Derived from ancestry; inherited
- 8 Indicating a condition not caused by bacteria
- 10 The act of creating immunity to disease by artificial means
- 13 A colourless, odourless gas constituting one-fifth of the atmosphere
- 18 An alternative to stitches when sealing a laceration



### Contact Details:

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