



Invitation to enrol

Management of stable COPD and smoking cessation

Your opportunity to:

- Review your use of spirometry to diagnose and assess severity of COPD
- Update your knowledge on the role of short-acting beta₂ agonists, long-acting beta₂ agonists and inhaled corticosteroids in COPD
- Review your management of patients with COPD, including smoking cessation strategies
- Reflect on education provided to patients on the benefits and adverse effects of non-drug and drug therapies for smoking cessation
- Assess inhaler technique and adherence to medicines and provide education where appropriate
- Identify and refer patients who may benefit from pulmonary rehabilitation.

Patient inclusion criteria

- Identify 10 patients with chronic obstructive pulmonary disease, preferably current smokers.

Continuing professional development and PIP

EARN QA&CPD AND PD POINTS

This clinical activity has been approved in the 2008–2010 triennium by:

- The RACGP QA&CPD program, total points (steps 1–5): 40 (Category 1).
- The ACRRM PD Program for 30 points (extended skills).

Points are only awarded to those who complete the review phase.

This audit is recognised for the Quality Prescribing Initiative of the Practice Incentive Program (May 2010 to April 2011).



Thinking differently about medicines

Enrol before Friday 4 June 2010

To receive your free audit pack, fill out the form below and return to NPS

Enrol...



online

www.nps.org.au/clinical_audits



by fax

02 9283 2028



by post

NPS Clinical audit: COPD and smoking 2010
PO Box 1147
Strawberry Hills NSW 2012

Submit initial data collection by Friday 2 July 2010,
for completion of the clinical audit by **January 2011**.

clinical audit



» review » feedback » review «

For more information

To see a sample audit form before enrolling,
visit www.nps.org.au/clinical_audits

Phone: 02 8217 8700 (select option 2)

Email: info@nps.org.au

Participant details

 GP GP registrar Other medical specialist

(please mark relevant box)

Please use BLOCK LETTERS

Title Dr Mr Mrs Miss Ms

Family name

Given name

Postal address

Town or Suburb

State or Territory

Postcode

Phone no.

()

Prescriber no.

Fax no.

()

Provider no.

NPS consults widely with general practitioners in the development of quality assurance activities.

Yes, I am interested in participating in the development of NPS quality assurance activities.

Personal information provided on this form will be used by NPS and otherwise disclosed to health professional associations for the purpose of managing your participation in continuous professional development and quality improvement programs in which you choose to participate. For further information, please see the NPS Privacy Policy, a copy of which is available at www.nps.org.au/privacy.



National Prescribing Service Limited

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of medicines, funded by the Australian Government Department of Health and Ageing.

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