

SH&FPA Certificate in Sexual and Reproductive Health 2010

The SH&FPA Certificate in Sexual and Reproductive Health is recommended for medical practitioners who wish to increase their knowledge and clinical skills in sexual and reproductive health.

The certificate is particularly suitable for GP registrars; rural or other GPs who frequently deal with women's health; doctors undertaking the DRANZCOG and those who wish to work in primary health, sexual health or family planning clinics.

Course Objectives

- expand knowledge of sexual and reproductive health and contraceptive techniques
- further develop communication skills, in areas such as contraceptive choice, STI's, common gynaecological problems, pregnancy issues and sexuality
- develop clinical skills that complement the theoretical aspects of the course

Course Structure

The course consists of three learning modules:

- a six day theoretical component
- an assessment session (MCQ & OSCE) that takes place on the final day of the theory
- a clinical component involving a minimum of seven sessions, flexibly arranged to suit the practitioner at one of the six FPQ clinics throughout Queensland

CPD points available

RACGP & ACCRM points are awarded for the 2008-2010 triennium (Women's Health points apply)

- Module 1 (theory) & Module 2 (OSCE) = 40 category 1 points
- Module 3 (clinical training) = 40 category 1 points

To complete the clinical attachment doctors must be registered with the Queensland Medical Board and have medical indemnity cover.

Participants may be eligible for Rural and Remote Procedural Grants.

For further details visit our website: www.fpq.com.au/training/clin_courses_doctors.php or phone (07) 3250 0240. To register, complete registration form below and fax to 07 3250 0294.

Location:	Course dates:	Select (Please tick)	Early bird registration:	Payment options:	
1. Brisbane	14 - 19 March 2010	<input type="checkbox"/>	29 January 2010	Full Certificate	\$1500
				Early bird & GP registrars	\$1400
				Theory only	\$1000
2. Brisbane	22 - 27 August 2010	<input type="checkbox"/>	10 July 2010		

Name _____ RACGP QA&CPD No. _____ ACCRM No. _____

Organisation _____

Address _____ Post code _____

Contact No. W _____ M _____ Email _____

Paying by: Cheque (enclosed) Purchase Order No. Bankcard/Visa/Mastercard (circle) \$ _____

Card number _____ Expiry Date _____ 3 digit security no. _____

Cardholder's Name _____ Signature _____

