



## COMMUNITIES OF PRACTICE

# CHRONIC CONDITIONS

Brisbane South PHN is creating a new Community of Practice (CoP) to support health practitioners that are managing patients with chronic conditions, or have a keen interest in learning more.

As a member of the chronic conditions CoP, you will determine the type of support you would most value from Brisbane South PHN e.g. personalised education and training.

*A community of practice is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly  
(Wenger-Trayner, 2015)*

### BUSY PRACTITIONERS NEED A ONE-STOP-SHOP FOR:

- Building your knowledge and expertise, while meeting other like-minded practitioners
- Further developing your referral networks and relationships with other practices
- Knowledge sharing between service providers and finding out about the latest evidence, resources and programs for your patients
- Bringing any local issues/challenges/concerns to the table and having a group of peers to workshop ideas and advocate for change

## QUICK STATS:

One in five Australians is affected by multiple chronic diseases, and around 40% of Australians over 45 years have two or more chronic diseases (e.g. cardiovascular disease, cancer, chronic kidney disease, type 2 diabetes, and mental health conditions). \*

An important factor in supporting patients with chronic diseases within the Brisbane South PHN region is the improvement of integration and coordination of services across the health sector, including supporting GPs and AHPs with complex disease management, and improving communication between health services and between health professionals. \*

\* Brisbane South PHN Whole of Region Needs Assessment 2016

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BRISBANE SOUTH  
An Australian Government Initiative

# COMMUNITIES OF PRACTICE CHRONIC CONDITIONS

## REGISTER YOUR INTEREST VIA THE BRISBANE SOUTH PHN WEBSITE [www.bsphn.org.au](http://www.bsphn.org.au)

or complete the form and return to Marina, your Brisbane South  
PHN Area Account Manager.

Name: .....

Practice address: .....

Email address: .....

Phone number: .....

Practice/organisation name: .....

Profession: .....

Please email this completed form to: [alliedhealth@bsphn.org.au](mailto:alliedhealth@bsphn.org.au)