Government of **Western Australia**
Department of **Health**

GP ASK

GP access to hospital specialist knowledge



Welcome to GP ASK

Connecting GPs with timely hospital specialist clinical advice.



Acknowledgement of Country

GP ASK acknowledges the traditional custodians of the land upon which we meet today and pay our respects to Elders past, present and emerging.

Agenda

01 What is GP ASK

02 Available specialties

03 How the service works

04 Registering and submitting an advice request

05 Explaining GP ASK to patients/ Examples

06 Feedback from GPs, CPD points

07 Registering

08 Getting started, support and Q&A

01 | What is GP ASK

Connecting GPs with timely hospital specialist clinical advice

The challenge

- GPs are managing increasingly complex patients
- Patients may need referrals to multiple specialists
- Long waits, travel and cost can add stress and inconvenience

The service

- Provides clinical-to-clinician advice for non-urgent conditions
- Connects GPs across WA with timely hospital specialist advice
- The GP remains responsible for care, guided by specialist advice

Benefits for patients

- Faster access to advice from a hospital specialist
- Care closer to home, particularly for regional patients
- May reduce hospital referrals and avoid waiting to be seen

WA GOVERNMENT ELECTION COMMITMENT

$6.9m

investment in GP ASK

Supporting rapid access to specialist advice and helping more patients receive care closer to home.

Specialist advice, without unnecessary distance or delay

Available specialties

Respiratory Medicine

Clinical Lead:

Dr Su Lyn Leong



Cardiology

Clinical Lead:

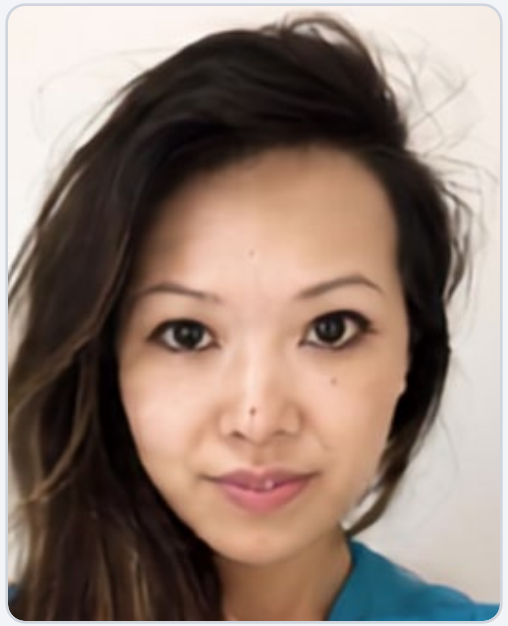
Prof Girish Dwivedi



General Paediatrics

Clinical Lead:

Dr Selina Lim



Immunology

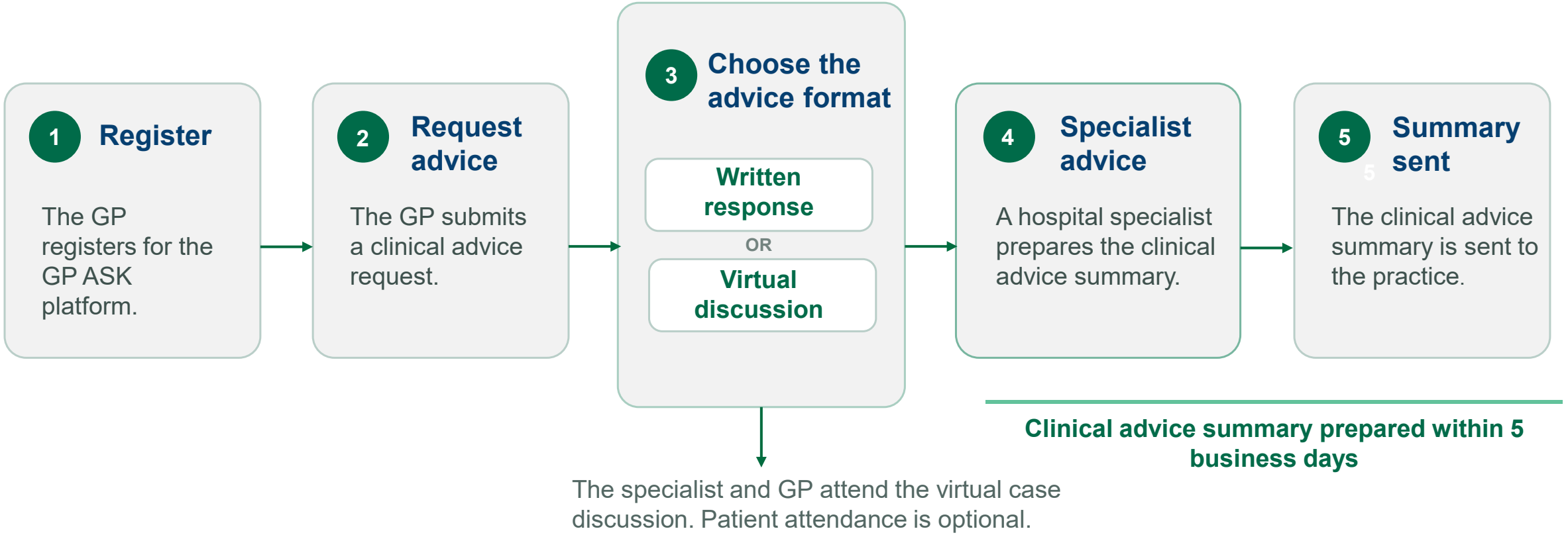
Clinical Lead:

Dr Dominic Mallon



03 | How the service works

A GP submits a request, receives specialist advice and clinical advice summary



03 | Request for advice options

There are currently two options to receive advice:

WRITTEN ADVICE



Within five (5) business days

A hospital specialist will review your advice request and prepare a written clinical advice summary, which will be sent to your practice via secure messaging (HealthLink) or eFAX, within five business days.

VIRTUAL CASE DISCUSSION



Scheduled at GP (and patient if relevant) convenience

Discussion between a GP and a hospital specialist, with the option to include the patient (with the exception General Paediatrics specialty where no patient may be present).

All VCDs are followed up with a written clinical advice summary within five business days of completing the VCD. VCDs are booked through the GP ASK platform and facilitated securely via HealthDirect.

04 | How to register

1. Visit the portal
2. Enter your details
3. Submit registration
4. GP ASK Clerk verifies your details
5. Receive approval details
6. Set up Multi Factor Authentication (MFA) details
7. Access GP ASK

You're ready to submit advice requests and book a virtual case discussion

What you need to register

- ❑ An active AHPRA registration number
- ❑ Email, mobile and provider details ready
- ❑ Multi Factor Authenticator (MFA) on your personal mobile

04 | How to submit an advice request

1

Sign in to the GP ASK portal

1

Click New Advice Request

2

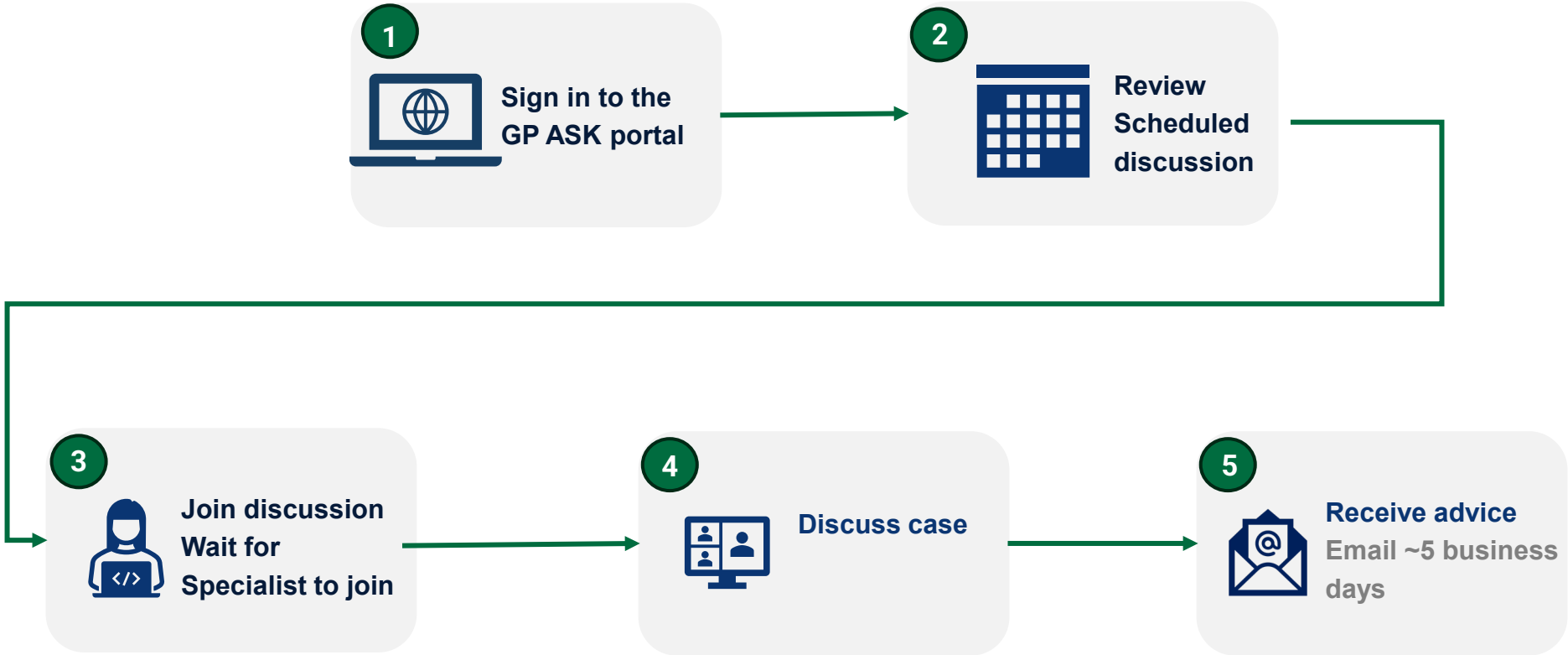
Complete Advice Request form:

- Enter the clinical question
- Include the relevant clinical question
- Attach supporting documents

3

Review your request and submit

04 | How to submit a Virtual Case Discussion



05 | Explaining GP ASK to patients

A conversation guide for introducing the service and confirming consent

01 What GP ASK is

INTRODUCE

"This service connects me as your GP to hospital specialists to seek guidance on your care."

02 What it means for you

EXPLAIN

"This advice pathway will be faster than referring you to outpatients and waiting to see a specialist in the hospital system."

03 Confirm information sharing consent

CONFIRM

"Your medical information will be shared securely through the GP ASK platform."

INFORMATION SHARING

"Do you consent to have your information shared with the GP ASK service, and to be contacted if required?"

ASK THE PATIENT

05 | Example: Respiratory Clinical Case

Example clinical scenario. Patient details have been de-identified for education purposes

Area of request : Interpreting Diagnostics

Clinical question

Significance of ?new perihilar mediastinal lymphadenopathy with ground glass opacities and granulomas to R lung and Liver

- Is suggested interval of 3 months suitable for reimaging?

Background

L nephrectomy RCC
6 months re staging CT
No local-regional recurrence concerns but CT chest not previously imaged
Reports flu like illness past 3 weeks – CT CAP taken at end of course of illness

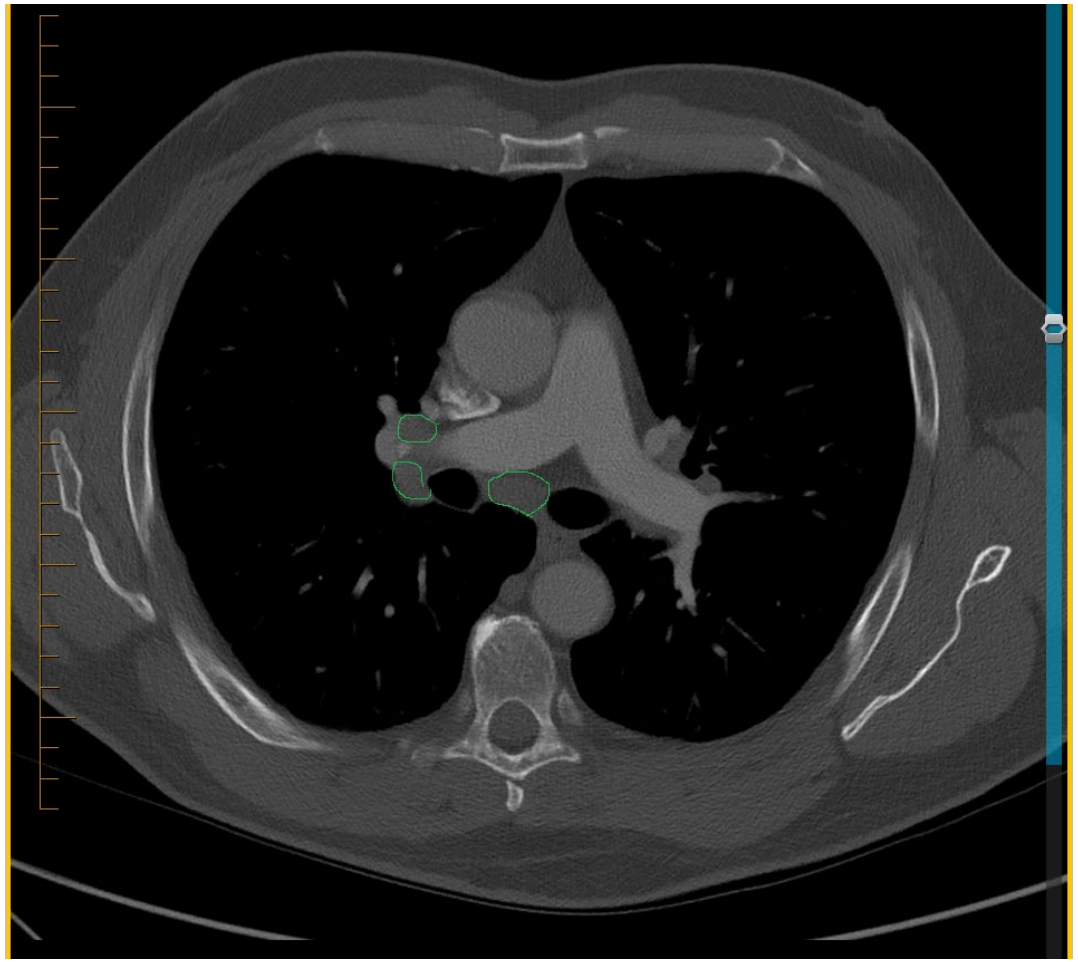
Pmh

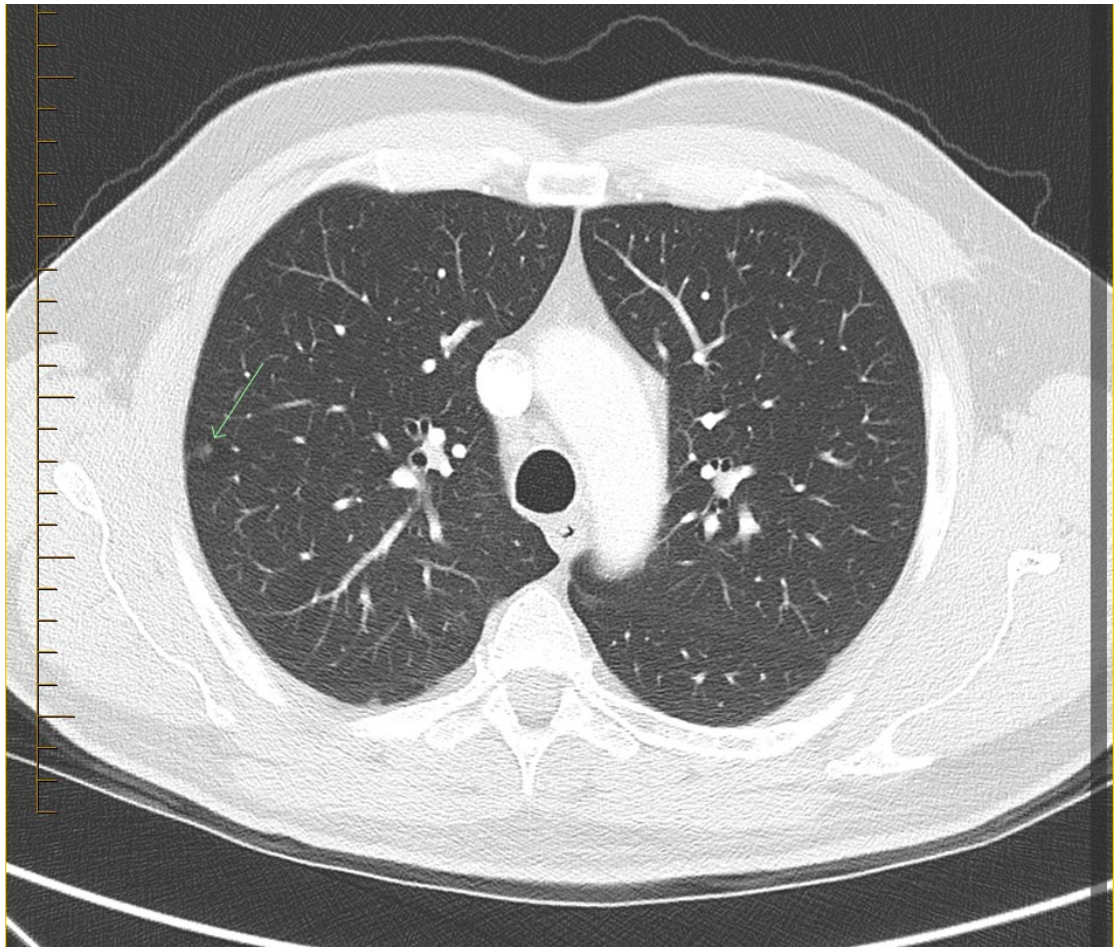
T2DM
Gout
RCC- stage 1
Melanoma – WLE 2025 – stage 1B left shoulder = no nodes
Hypertriglycerideamia
Hyper cholestorolaemia

Dh

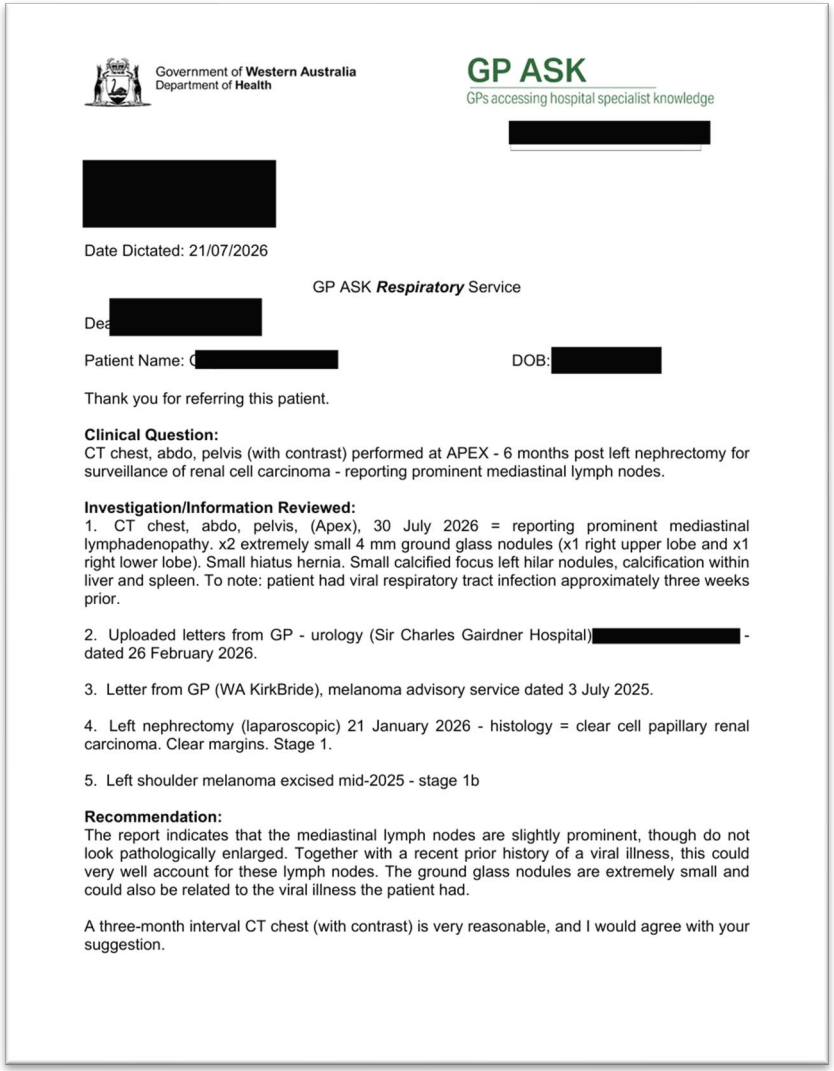
Metformin 1g BD
Rosuvastatin 5mg OD
Allopurinol 100mg OD

05 | Example: Respiratory Clinical Case





05 | Example: Respiratory Clinical Case



Government of **Western Australia**
Department of **Health**

GP ASK
GPs accessing hospital specialist knowledge

[redacted]

[redacted]

Date Dictated: 21/07/2026

GP ASK ***Respiratory*** Service

Dea[redacted]

Patient Name: [redacted] DOB: [redacted]

Thank you for referring this patient.

Clinical Question:
CT chest, abdo, pelvis (with contrast) performed at APEX - 6 months post left nephrectomy for surveillance of renal cell carcinoma - reporting prominent mediastinal lymph nodes.

Investigation/Information Reviewed:
1. CT chest, abdo, pelvis, (Apex), 30 July 2026 = reporting prominent mediastinal lymphadenopathy. x2 extremely small 4 mm ground glass nodules (x1 right upper lobe and x1 right lower lobe). Small hiatus hernia. Small calcified focus left hilar nodules, calcification within liver and spleen. To note: patient had viral respiratory tract infection approximately three weeks prior.

2. Uploaded letters from GP - urology (Sir Charles Gairdner Hospital)[redacted] - dated 26 February 2026.

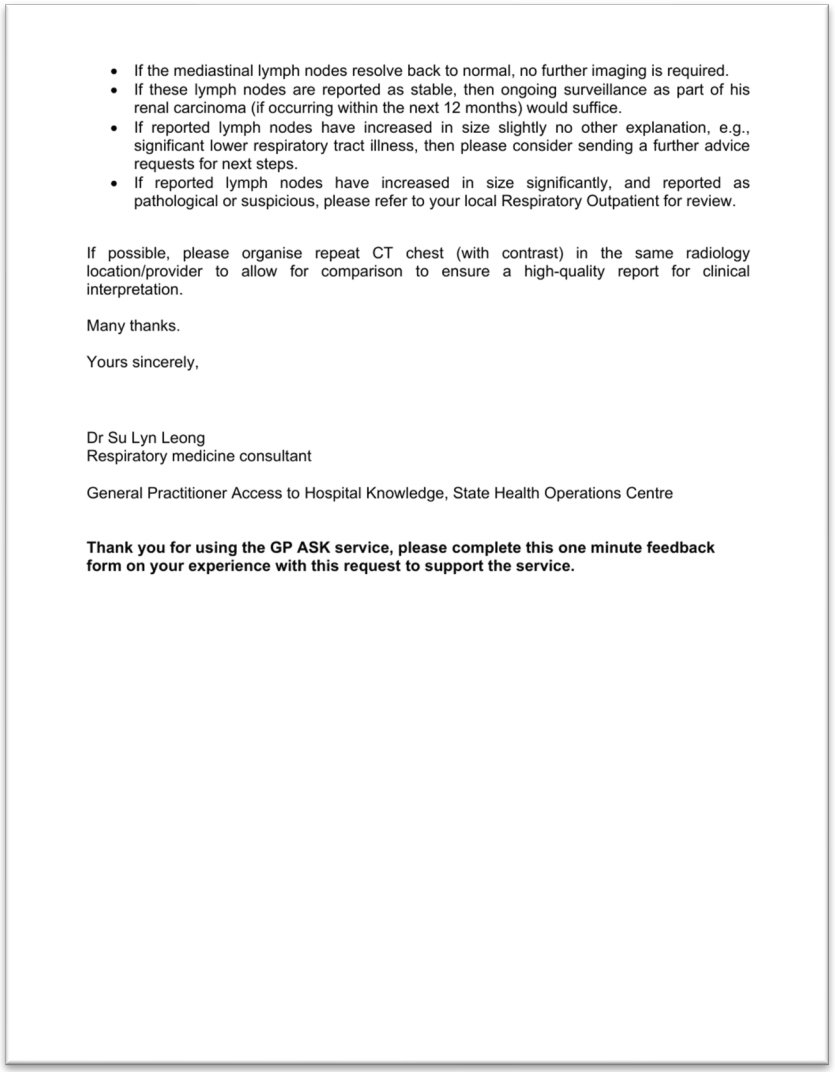
3. Letter from GP (WA KirkBride), melanoma advisory service dated 3 July 2025.

4. Left nephrectomy (laparoscopic) 21 January 2026 - histology = clear cell papillary renal carcinoma. Clear margins. Stage 1.

5. Left shoulder melanoma excised mid-2025 - stage 1b

Recommendation:
The report indicates that the mediastinal lymph nodes are slightly prominent, though do not look pathologically enlarged. Together with a recent prior history of a viral illness, this could very well account for these lymph nodes. The ground glass nodules are extremely small and could also be related to the viral illness the patient had.

A three-month interval CT chest (with contrast) is very reasonable, and I would agree with your suggestion.



- If the mediastinal lymph nodes resolve back to normal, no further imaging is required.
- If these lymph nodes are reported as stable, then ongoing surveillance as part of his renal carcinoma (if occurring within the next 12 months) would suffice.
- If reported lymph nodes have increased in size slightly no other explanation, e.g., significant lower respiratory tract illness, then please consider sending a further advice requests for next steps.
- If reported lymph nodes have increased in size significantly, and reported as pathological or suspicious, please refer to your local Respiratory Outpatient for review.

If possible, please organise repeat CT chest (with contrast) in the same radiology location/provider to allow for comparison to ensure a high-quality report for clinical interpretation.

Many thanks.

Yours sincerely,

Dr Su Lyn Leong
Respiratory medicine consultant

General Practitioner Access to Hospital Knowledge, State Health Operations Centre

Thank you for using the GP ASK service, please complete this one minute feedback form on your experience with this request to support the service.

05 | Example: Respiratory Clinical Case



Support regional patient (Kalgoorlie)



Resp advice back to GP <5 business days



GP care in community



Care in public – able to view records

05 | Example: Cardiology Clinical Case - Written

Male aged 60 y with type 2 diabetes

- Abnormal coronary artery calcium score of 300

Background

- Diabetes
- Asymptomatic
- No family history

05 | Example: Cardiology Clinical Case - Advice request



Diagnostic clarification CAD?



Guidance regarding management and statins

05 | Example: Cardiology Clinical Case - Investigations

Coronary calcium test scores



0	1–100	101–299	300+
No calcium detected	**Mildly increased** risk of heart disease	**Moderately increased** risk of heart disease	**Moderately-to-severely increased** risk of heart disease

05 | Example: Cardiology Clinical Case - Recommendations



The coronary artery calcium score of 300 is considered high – high absolute CV risk – with aggressive lifestyle and risk factor modification.



Further cardiac investigations such as stress testing or coronary angiography are not recommended as no angina.



Initiation of a statin (e.g. atorvastatin or rosuvastatin) is recommended, aiming for LDL-C <1.8 mmol/L. Addition of ezetimibe 10 mg daily may be required to reach LDL-C goal.

06 | Feedback from GPs so far

"Exceptionally helpful and very time effective - saved an outpatient specialist appointment for someone who needs it, saved my time and addressed patient concerns in appropriate and timely manner. Especially helpful for my rural patients who have a day's travel either side of a trip to Perth for OP specialist review."

"Excellent, comprehensive review of issues and questions answered - really appreciate this and exceeded my expectations. Really useful in guiding further patient care."

"Incredible service, with great utility and access to advice."

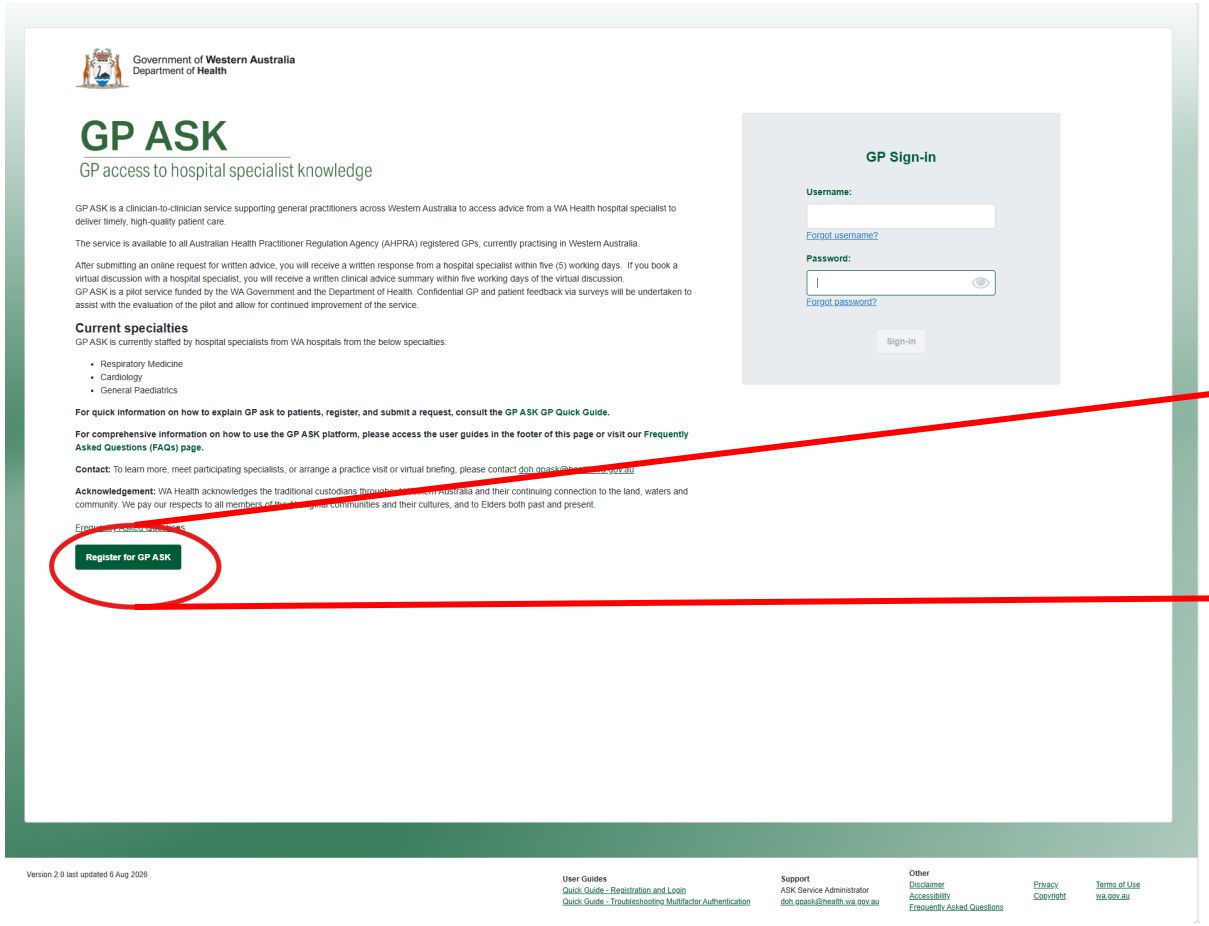
"Saved my patient a referral, very easy to use, will definitely continue to use this service."

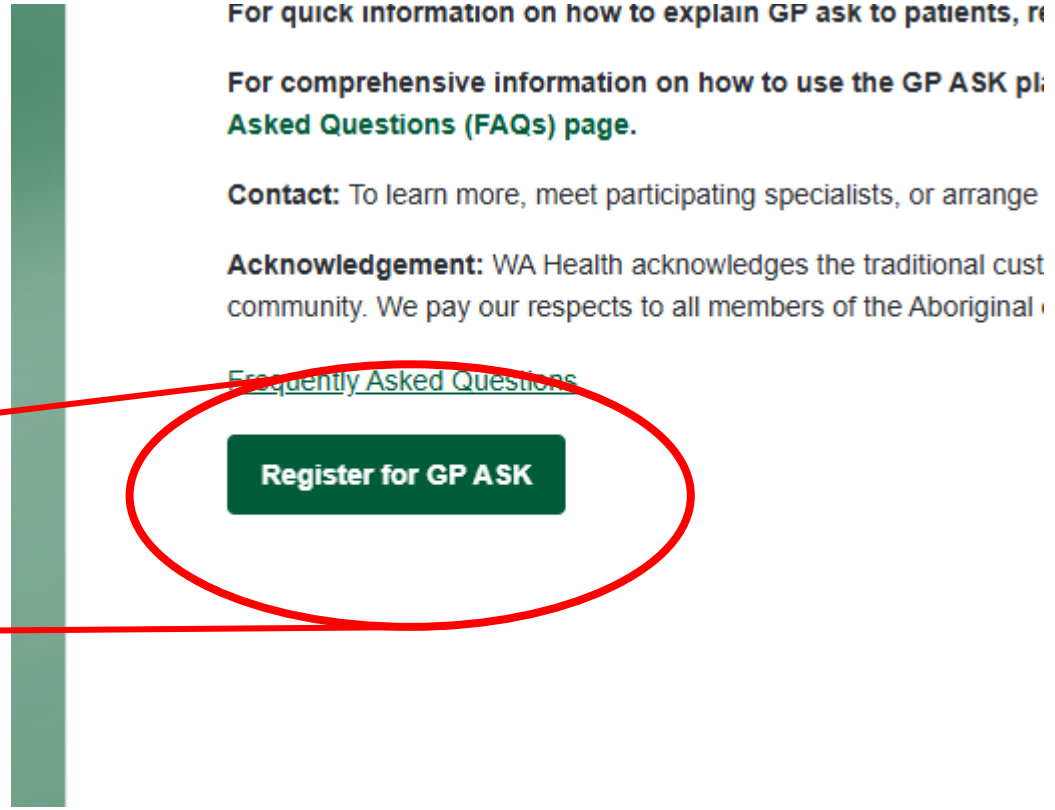
Great service. Very detailed letter back from specialist. This saved time for patient and also will reduce unnecessary outpatient time.

06 | How to claim CPD hours through GP ASK

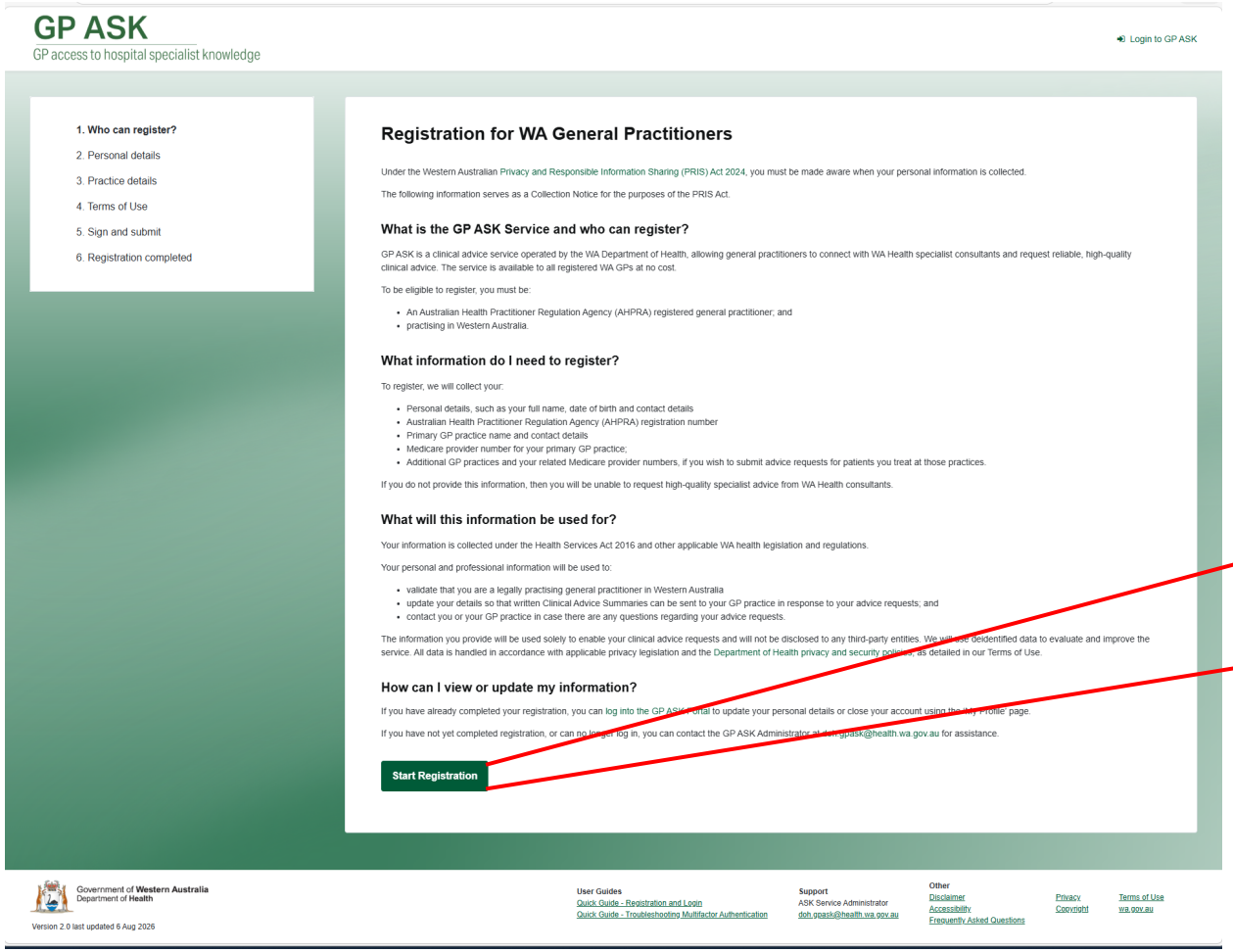
- Prepare and submit a GP ASK advice request
- Review written specialist advice received through GP ASK
- Participate in a virtual case discussion
- And reflect on how the advice will influence future clinical practice and patient care

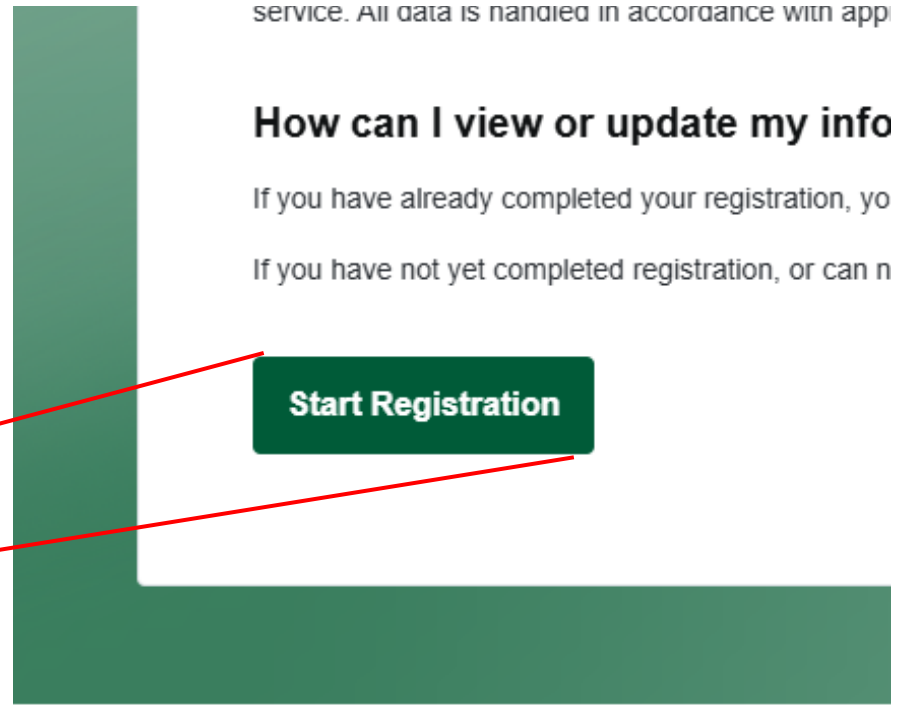
07 | Registering



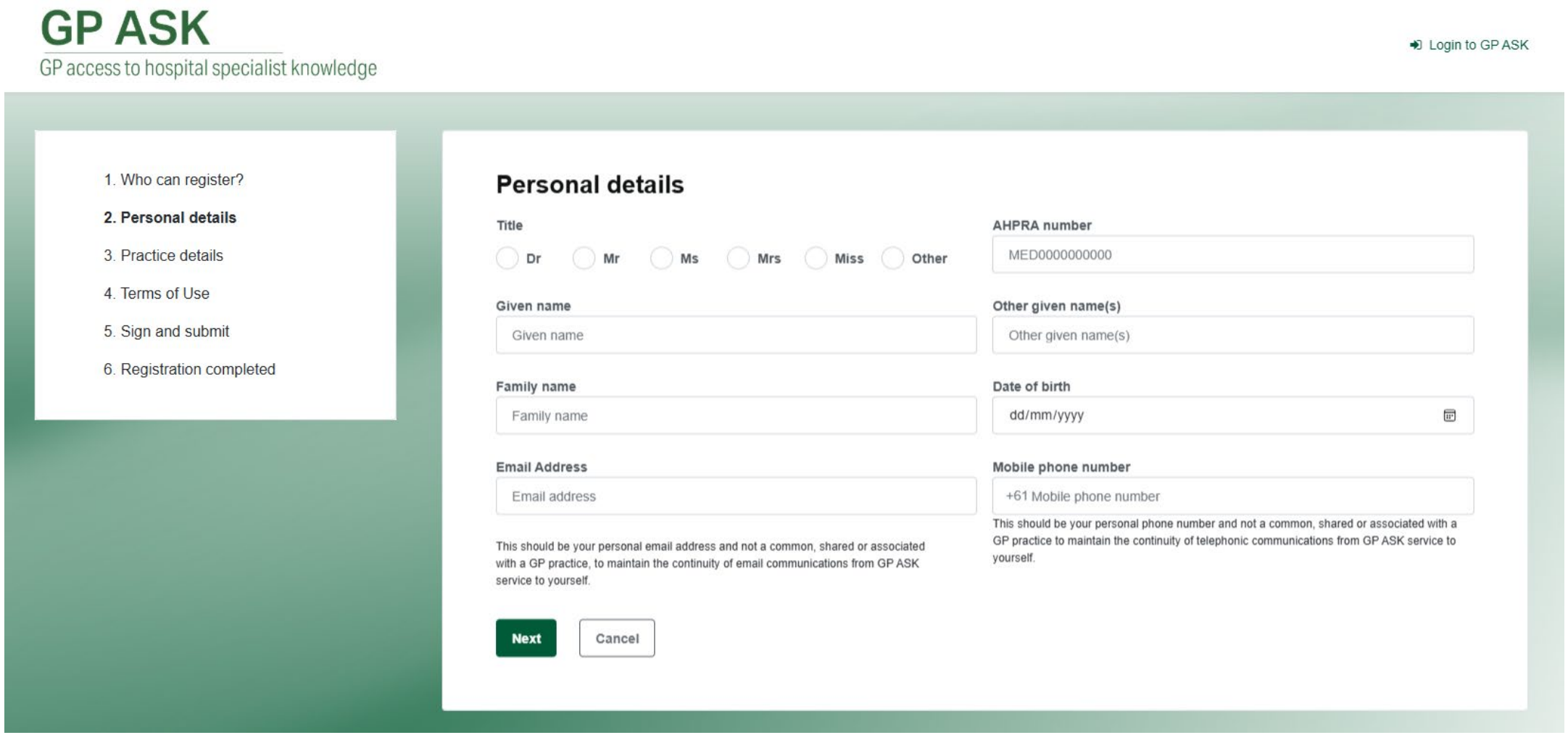


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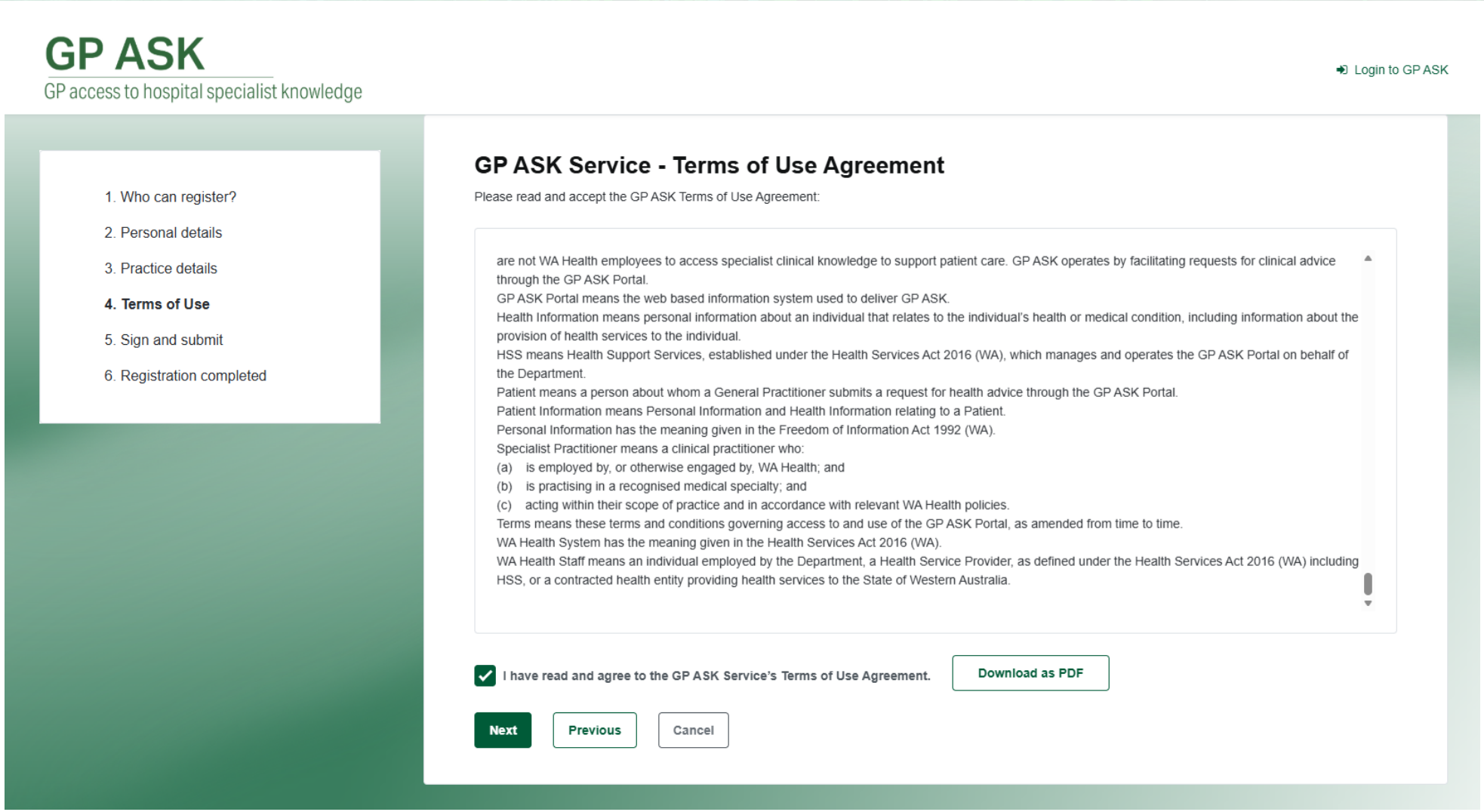




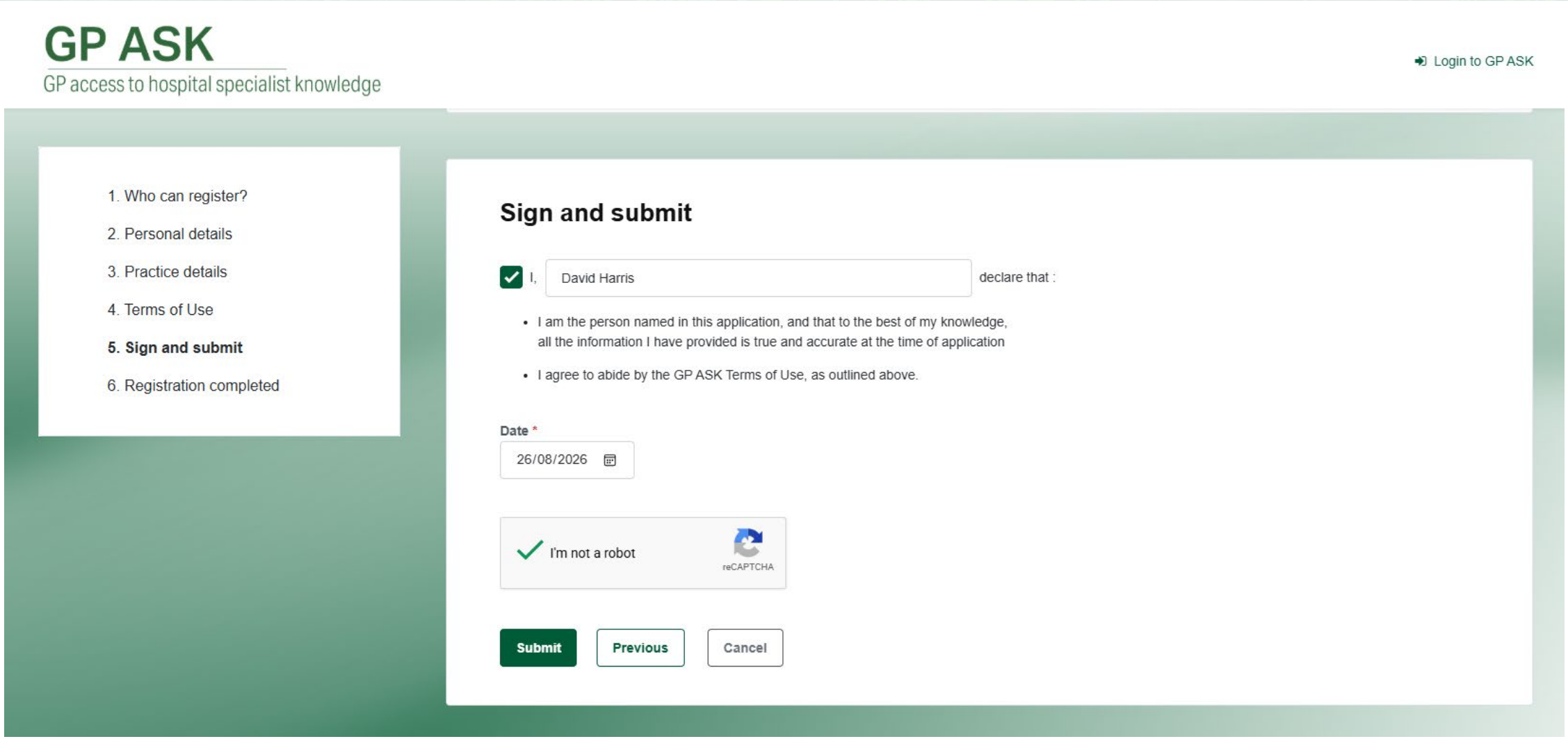
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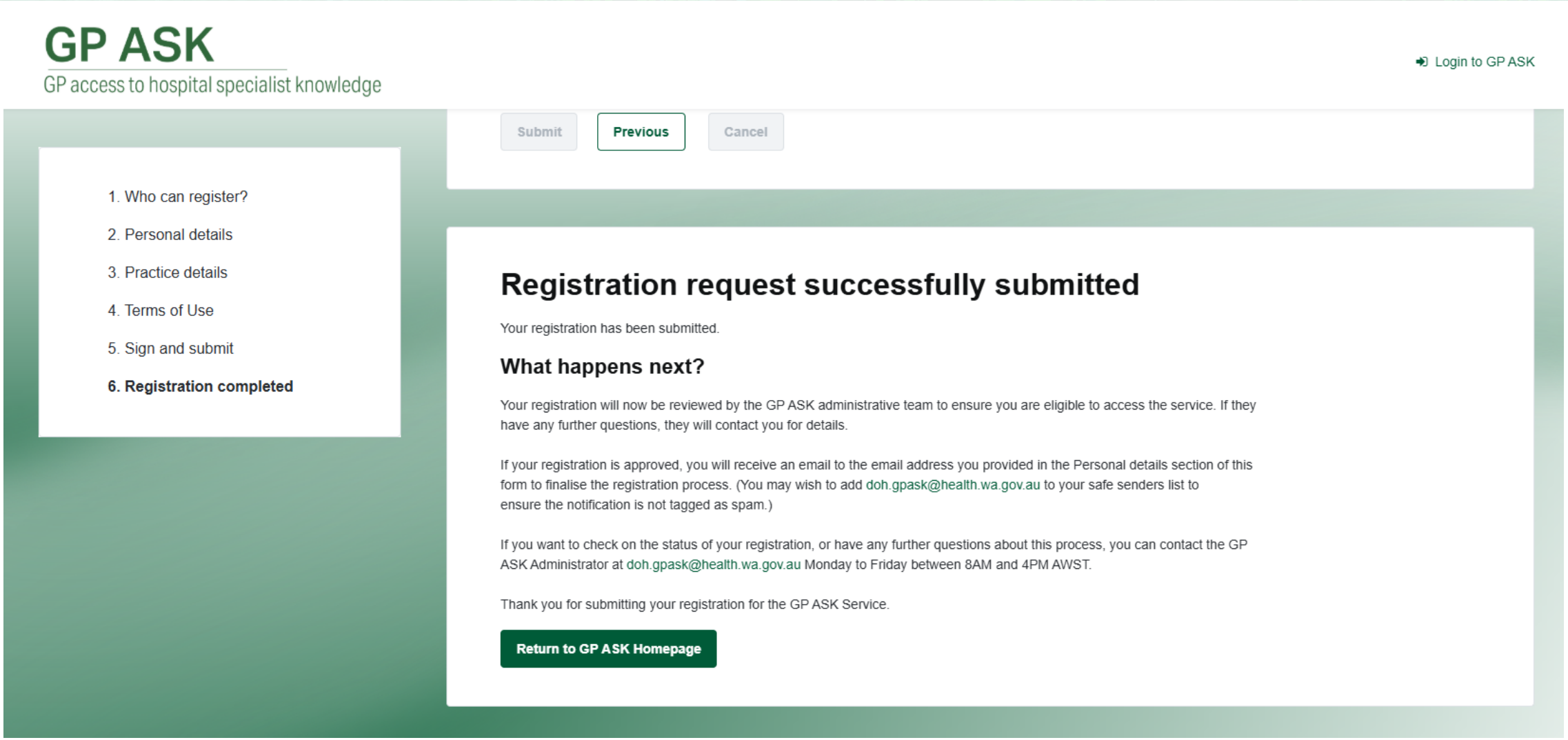
07 | Registering



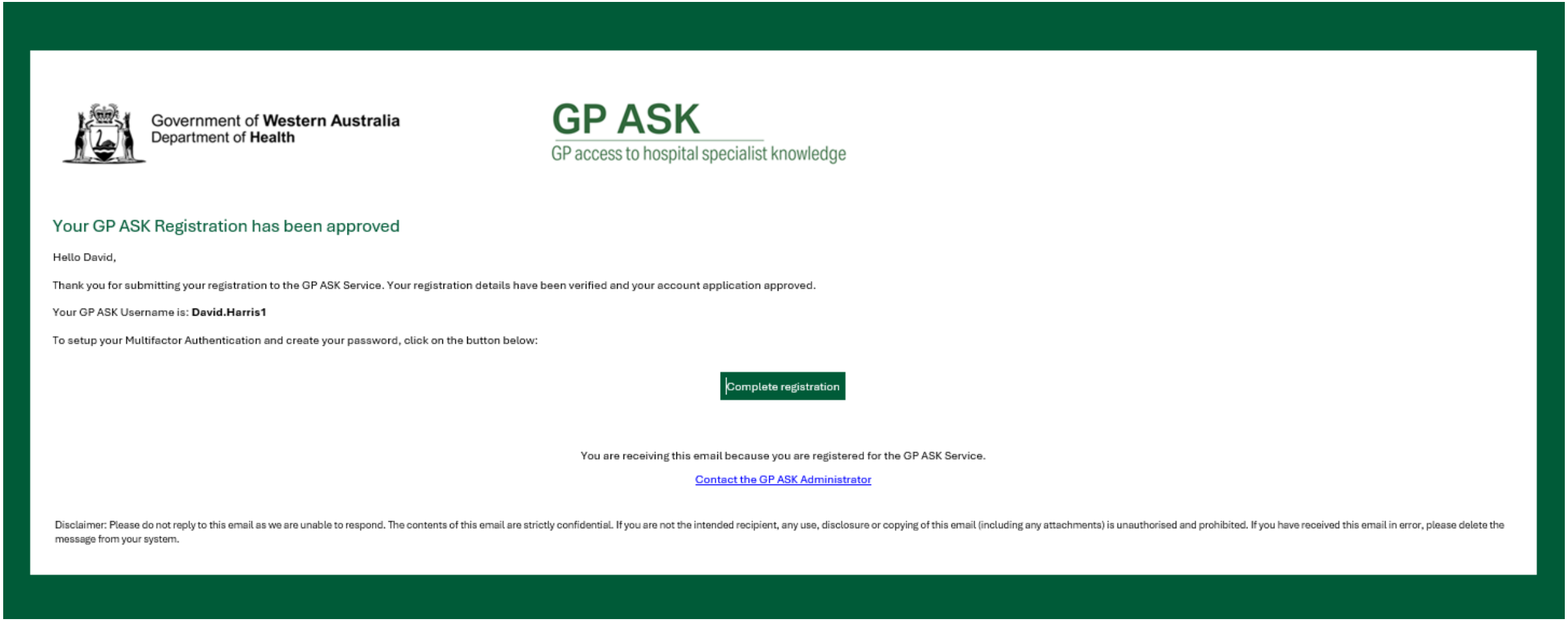
07 | Registering



07 | Registering



07 | Registering



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Department of Health

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Your GP ASK Registration has been approved

Hello David,

Thank you for submitting your registration to the GP ASK Service. Your registration details have been verified and your account application approved.

Your GP ASK Username is: **David.Harris1**

To setup your Multifactor Authentication and create your password, click on the button below:

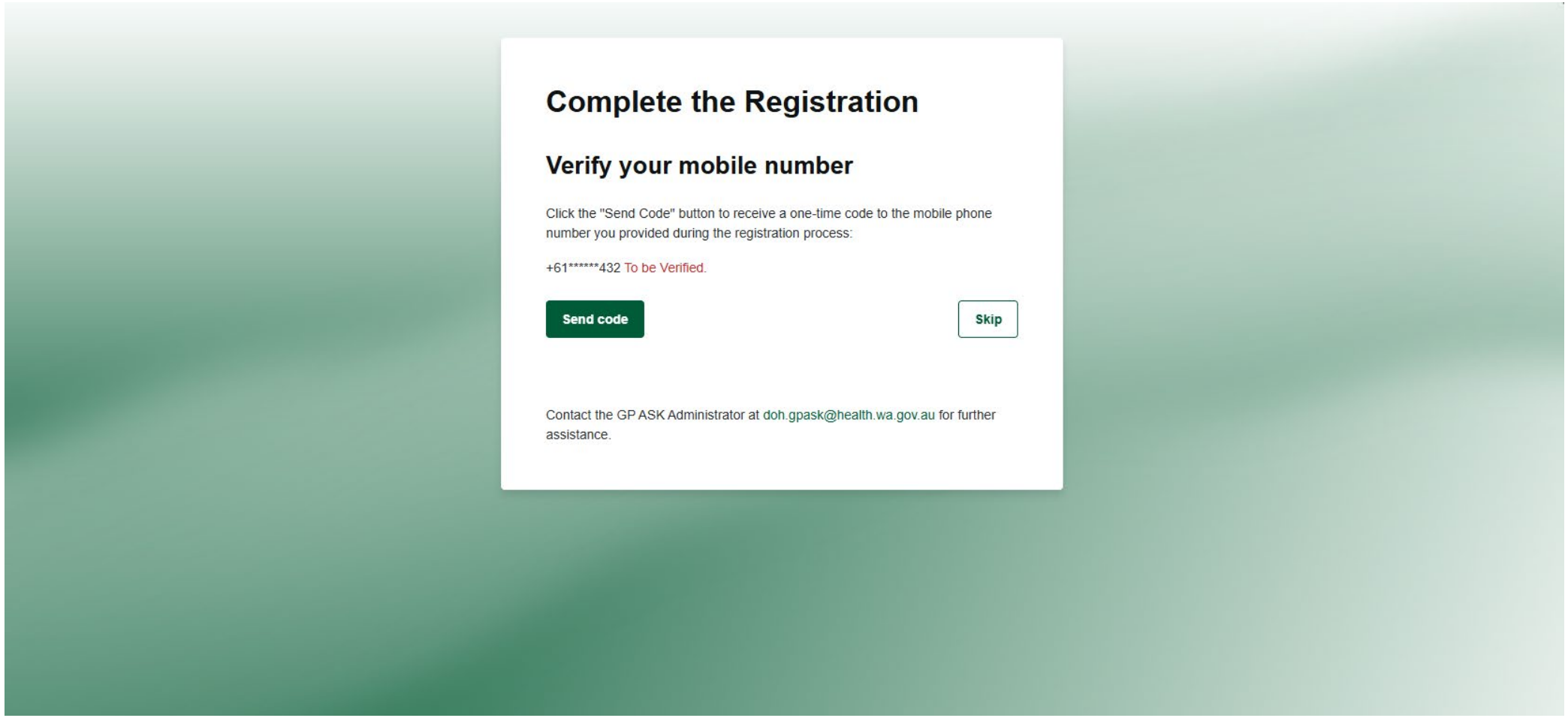
Complete registration

You are receiving this email because you are registered for the GP ASK Service.

Contact the GP ASK Administrator

Disclaimer: Please do not reply to this email as we are unable to respond. The contents of this email are strictly confidential. If you are not the intended recipient, any use, disclosure or copying of this email (including any attachments) is unauthorised and prohibited. If you have received this email in error, please delete the message from your system.

07 | Registering



07 | Registering



Complete the Registration

Set up Multifactor Authentication (MFA)

Please scan the below QR Code with your Authenticator App to set up Multifactor Authentication (MFA).
(If you don't have an authenticator app, we recommend Google Authenticator)

Refresh QR Code

Enter the OTP from Authenticator App

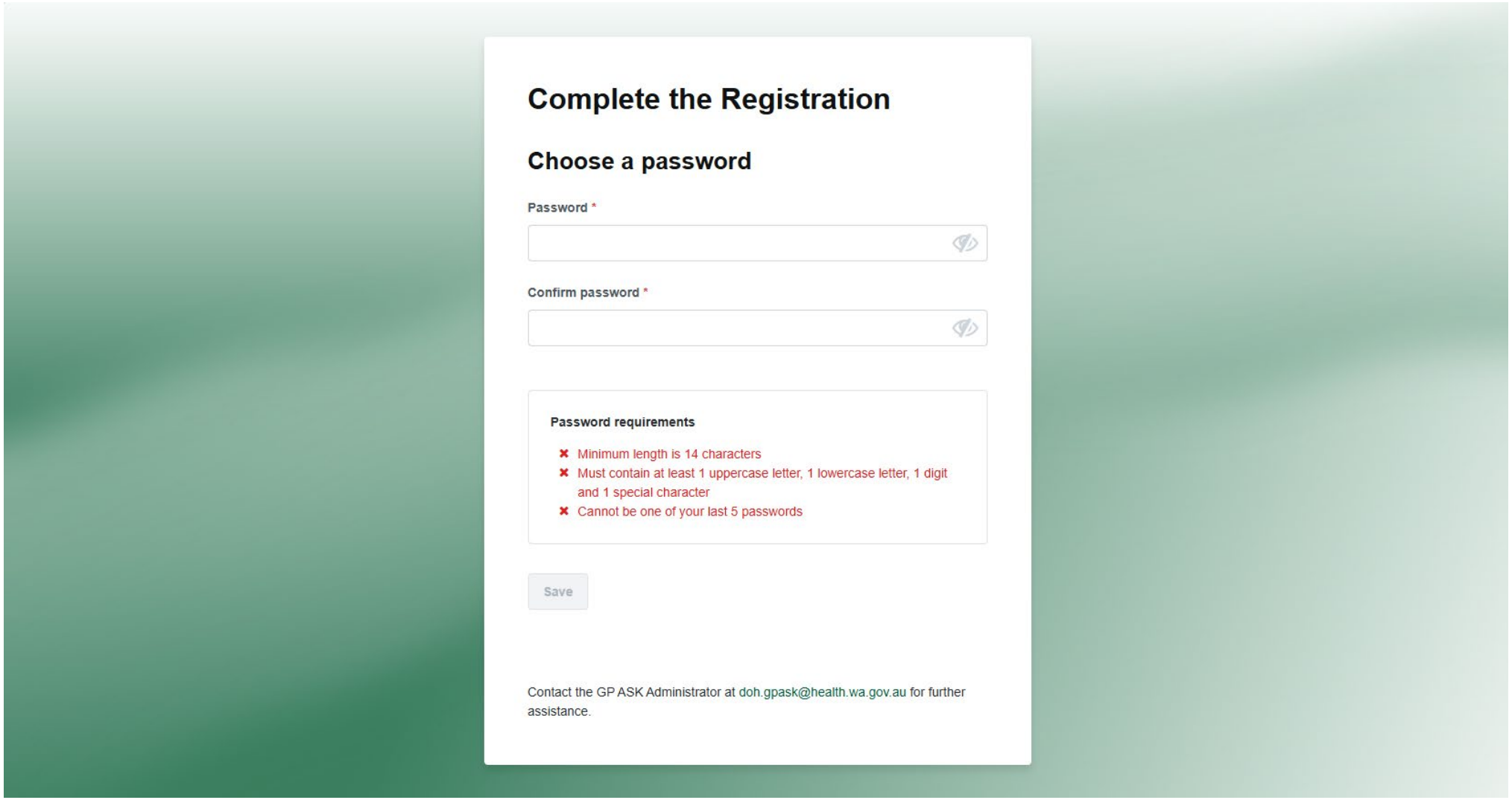
Confirm OTP Setup

Next

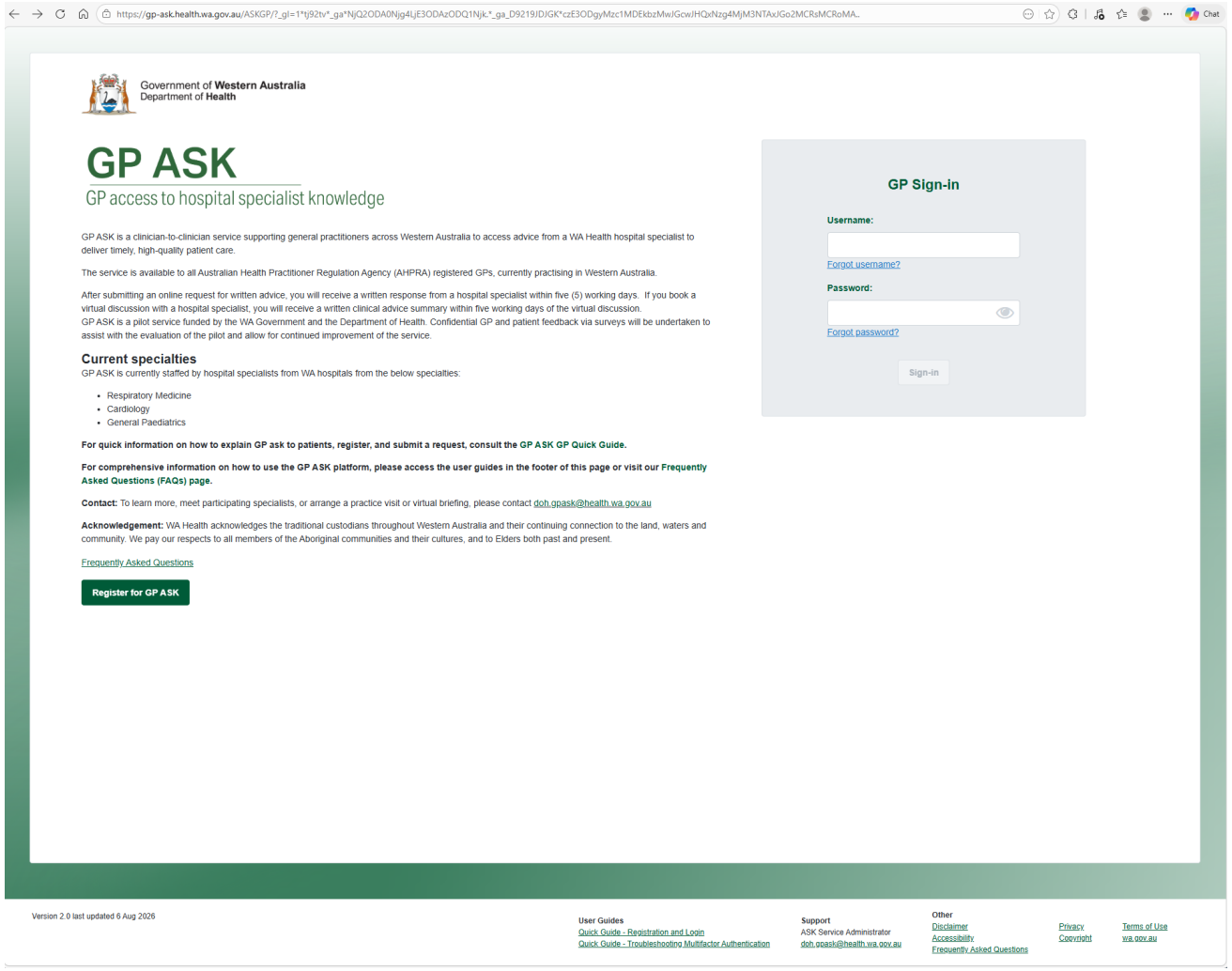
Contact the GP ASK Administrator at doh.gpask@health.wa.gov.au for further assistance.

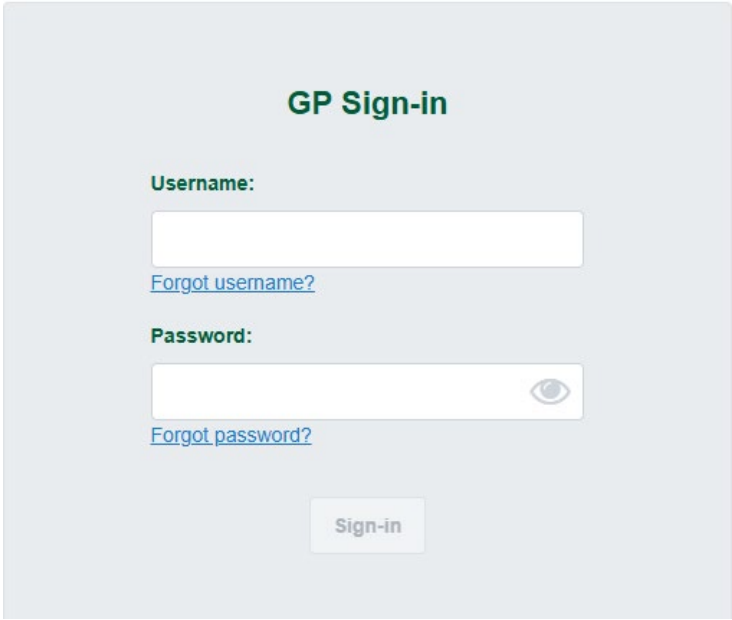


07 | Registering



07 | Registering





Submitting advice request demonstration

08 | Assistance and further information

Contact the GP ASK team

For immediate support, to find out more about GP ASK, or to arrange a briefing from the team.

CONTACT DETAILS

Email	doh.gpask@health.wa.gov.au
Hours	Monday to Friday, 8:00am to 4:00pm
GP ASK platform	https://gp-ask.health.wa.gov.au/ASKGP/
Department of Health website	https://www.health.wa.gov.au/Articles/F_I/GP-ASK

08 | Questions and answers?

GET STARTED

Register for GP ASK

Scan the QR code to register for the GP ASK platform.

Open your phone camera and point it at the code

08| Get started – register for GP ASK

GET STARTED

Register for GP ASK

Scan the QR code to register for the GP ASK platform.

Open your phone camera and point it at the code

☆ CLAIM CPD HOURS
See GP ASK FAQs for details

Respiratory Medicine

Inclusion Criteria

Non-urgent queries for:

- Asthma
- Bronchiectasis
- Chronic cough
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic fibrosis
- Haemoptysis without known lung disease
- Interstitial lung disease (ILD)
- Incidentally detected pulmonary nodules
- Occupational lung disease
- Pleural disorders
- Suspected pulmonary hypertension
- Recurrent respiratory infections without known lung disease
- Sarcoidosis (Pulmonary)
- Shortness of breath/dyspnoea without a known cause
- Sleep disordered breathing (suspected or confirmed)
- Sleep disorders excluding sleep disordered breathing

Exclusion criteria

- < 16 years old
- Cyanosis or demonstrated new SpO_2<92% on room air
- Medium to large volume haemoptysis (>30mis in 24 hours)
- Occupational fitness assessment
- Pulmonary nodules detected via national lung screening programme
- Respiratory distress
- Suspected lung cancer

Cardiology

Inclusion Criteria

- Advice regarding abnormal CAC
- Advice regarding lipid management and targets
- Chronic or unexplained dyspnoea where cardiac cause is a consideration
- HTN management optimization
- Investigation interpretation
- Management advice for heart failure
- Medication queries
- Palpitations without haemodynamic compromise
- Referral guidance on need for/urgency of specialist review
- Stable AF/arrhythmias not causing acute symptoms
- Stable chest pain with low to intermediate suspicion of CAD

Exclusion criteria

- < 16 years old
- Acute heart failure or pulmonary oedema
- Acute shortness of breath or respiratory distress
- Any patient the GP determines requires emergency department attendance or urgent specialist review
- Haemodynamically unstable arrhythmias
- Ongoing, severe, or unstable chest pain
- Suspected acute coronary syndrome (ACS) or myocardial infarction
- Suspected myocarditis, pericarditis, or other acute cardiac conditions
- Symptomatic bradycardia requiring urgent assessment
- Syncope with high-risk features (e.g. exertional, associated with palpitations or structural heart disease)

General Paediatrics

Inclusion Criteria

Non-urgent queries for

- Age 15 years and younger

Exclusion criteria

- Developmental, behavioral or primary mental health concerns
- Surgical issues
- Acutely unwell or clinically deteriorating child (eg. febrile illness, acute respiratory distress, pancytopenia, new seizure, altered consciousness or focal neurological signs, exertional syncope)
- Child protection or safeguarding concerns
- Established subspecialty condition requiring review by the treating team (ie. patient already known to a subspecialty team for current request)
- Requests primarily for school, disability, legal or funding documentation