

WA GP ADVISORY PANEL COMMUNIQUE

22/11/2021



Welcome



94%

50 WA GP Advisory panel members attended the inaugural meeting on Monday 22 November - a 94% attendance rate! This panel is the first of its kind in Australia and the initial meeting provided the opportunity to:

- facilitate introductions to Panel members across WA
- learn about each other and motivations for joining the Panel
- highlight the importance of the Panel to the three lead organisations (WA Primary Health Alliance, Rural Health West and the Royal Australian College of General Practitioners WA)
- outline how future meetings will run and how payments will be made
- highlight future topics for 2022 meetings and member input (input into the 10 year National Primary Health Care Plan, COVID response in WA general practice, the role of general practice in the state's outpatient reform program as examples)

Value of the WA GP Panel

→ Coordinate multiple requests for GP advice and input from WA Health, the Australian Government Department of Health and a range of peak bodies and interested agencies

→ Enables focus on our common strategic priorities: workforce maldistribution and shortage, GP education and training needs, the importance of peer support and networking, the viability and sustainability of general practice in a complex policy environment

→ Supports a positive and proactive general practice voice in solving some of the complex problems that persist in primary healthcare

→ Has diverse membership with regards to experience, location, background and expertise

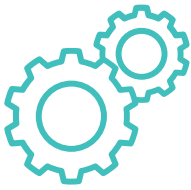
Context: Our agencies got together in the early stages of the pandemic and realised we were duplicating effort and consulting and engaging GPs for similar purposes so decided to pool resources and consider how we can bring a broader group of GPs with significant experience & expertise from across the State together in one forum to streamline requests for input.

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Panel logistics



The three lead agencies want to draw on the diversity of general practice in the conversations we facilitate with Panel members.

Future meetings will be quarterly with agendas distributed in advance. Members will be able to express interest in attending if the topics are relevant and numbers will either be capped or there will be break out sessions to facilitate discussions within a smaller group. This may mean members won't be on the Panel for all meetings and discussions.

We chose a panel format to enable diverse views and flexibility in how we draw from your expertise. Rather than feeling like members are stepping into a meeting because a meeting is being held, we want everyone to feel like they're stepping into a conversation because they've got something to give and something to take from the conversation.

- We will put out quarterly meetings in advance
- Members will be requested to hold that meeting date in their calendars
- When the agenda is circulated, members may feel like it's a discussion they want to be part of (or not), so will be asked reflect that in their response to the invitation
- Payments will be made via the RACGP PayGP system. For future meetings, agendas will advise how many hours members will be paid for inclusive of the meeting and preparation time as needed.
- Nicola Blacker, Stakeholder Engagement Officer at WA Primary Health Alliance, will be the key point of contact for Panel communications. Members can contact Nicola with any questions at any time.

There will be opportunities to participate in ad-hoc discussions or consultations outside of the quarterly Panel sessions from time to time that may be aligned with particular initiatives RHW, WAPHA or RACGP are working on. Panel sessions will focus on topics and discussions which are relevant to all three organisations.

There will be some issues that are outside of the mandate of the partners hosting the Panel, some things we will be able to advocate for and some things we can take direct action on. This is a prototype opportunity, and the next 12 months will be a time for us to test how the Panel format and structure works and for members to shape the direction of the Panel.

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Hot topics for Panel discussion in 2022



A broad range of topics for discussion at future Panel meetings were put forward by members.

The word cloud below shows the variety of proposed topics. The bigger and bolder the topic appears, the more often it was suggested by members.

COVID planning, sustainable workforce, wait times for services and raising the profile of primary care and general practice were most suggested, closely followed by Aboriginal and Torres Strait Islander health, mental health, telehealth support, GP burnout and country and city integration.

Topics suggested by members for consideration in 2022:



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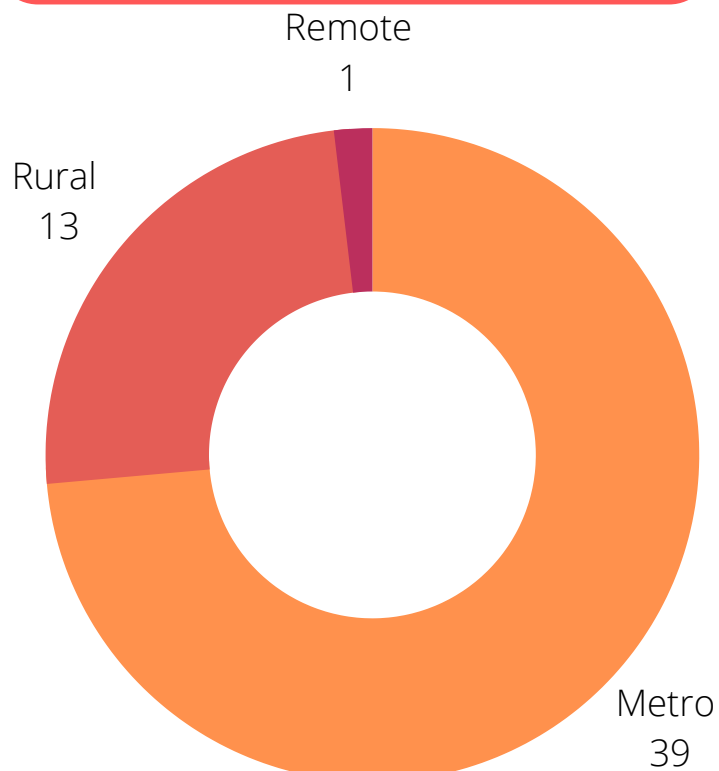
What next?



Key takeaways:

- Great to hear the diversity of experiences, backgrounds and geography of panel members
- Strong consensus regarding promoting interest and expertise of general practice as well as viability and sustainability of general practice in a complex policy environment
- It's really important that we make your involvement meaningful and rewarding and that we're accountable for achieving outcomes - that will be the focus going forward
- We will communicate a clear purpose for this group and outline what we can realistically achieve and how we will use the Panel to bring State and Australian Governments closer together

Members (current location)



WA GP ADVISORY PANEL MEMBERS

During the introductions, Panel members were asked: **Where do you live & work and why are you interested in being part of the Panel?**

A sample of responses are below

I'm a city-based GP and have previously worked in remote areas. I wanted to be on the Panel for three reasons:

1. GPs are in a really unique position to see when patients might be falling through the cracks or doing it tough and the system can't support them - hopefully we can advocate for those patients;
2. I've done a bit of intersectional work and am surprised at how people who work in policy are desperate to get GPs onto their panels/seek their advice and I'd like us to have that role; and
3. GPs have unlimited expectations on us but quite a limited voice and hopefully this provides a voice for us

I'm a recent graduate and live in and work in the Perth metro area.

I'm keen to be a shaping force and improve the experience for my patients

I'm a GP in the Great Southern wanting to help shape my career long-term

I'm originally from the UK and have worked in a range of remote & rural locations as part of my 10 year memorandum. One part of my passion is to ease that transition for international doctors coming over and help others through that process. I'm also keen on sharing rural experiences as well as teaching. Being a GP can be incredibly isolating so it's nice to meet with a group, have a voice and hopefully make some positive changes

I'm a GP in the South West. I'm keen to join the panel for patient health outcomes and to give GPs a bigger voice in WA

I live and work in the South West and I'm interested in the ongoing issue of getting GPs into remote and rural WA & keeping them there. My passion is rural general practice

I'm a city-based GP and work as a Clinical Editor for HealthPathways. I'm committed to the shaping the future of general practice – lets try and actually change things. I feel like some policies that come through lack clinical input so it's great to feel like we have a voice. Also keen to hear about others experiences across the state in general practice

I am a city-based GP practice owner, a WAGPET Registrar Supervisor and a Clinical Examiner. I would like to promote the role of GPs in our community and attract more new graduates to become GPs in rural and outer suburbs. I am also very interested in the running of and matters related to GP practice

I'm a recent Fellow who works in a remote aboriginal community. I would like to see a focus on preventative health, antenatal care to prevent chronic disease and integration with WA Health

I'm a GP practice owner in rural WA and have a good understanding of rural and remote general practice and medicine. I'm interested in training, workforce, quality care provision and a very healthy primary care system as part of the overall Australian healthcare system