WA GP ADVISORY PANEL

MEETING COMMUNIQUE

TUESDAY 28 MARCH 2023

RACGP Royal Australian College of General Practitioners

RURAL HEALTH WEST

WA Primary Health Alliance
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TOPIC ONE

Current GP experience with Telehealth

The most recent Australian Healthcare Index Pulse Check surveyed consumers around Australia and revealed that:

- 57% of respondents said they had had a telehealth consultation online or via phone in the last 6 months
- Most chose telehealth for convenience, due to chronic illness preventing them from coming into the practice or not wanting to leave home
- Majority of telehealth appointments were conducted via phone rather than video
- With regards to telehealth and rebate access, 14% indicated that the lack of telehealth rebate access prevented them from using telehealth while 69% indicated that it didn't prevent them from telehealth uptake

Given the recent expansion and ongoing uptake of telehealth consultations, members were asked to provide feedback on how well telehealth was integrated into the core business of their practice and on the benefits (if any) for a GP locum service to be delivered by telehealth.

Key discussion points from Panel members included:

> Telehealth is essential for regional and remote areas and has positively impacted preventable hospital presentations

> Telehealth has now become a core part of GP business since the increased use during the pandemic - particularly for follow up discussions, changing medication doses, medical certificates and repeat scripts rather than initiating consultations

> Phone telehealth consultations seem to be the most preferred and common mode of telehealth as video is more difficult for patients to use

Across the board patients appear to appreciate the convenience of telehealth appointments although concerns were raised about the potential risk of missing critical information if not supplemented with in person appointments

Telehealth appointments are also useful for doctors who can't come into the practice but can work from home

A telehealth GP locum service was noted as being largely unworkable due to the following factors:

- The GP relationship and continuity of care is critical to patient outcomes and that is missing from a locum service
- Difficulty in trying to get an accurate assessment of a patient's health, particularly if their health literacy is low and the potential risk of compromised quality of healthcare for patients
- Increased need to manage patient expectations and educate patients on services available and parameters

Q: Do telehealth appointments have to be patient initiated?

A: The consensus from members was yes, patients need to either request a telehealth appointment or agree at an in-person appointment that results can be communicated via telehealth; and such agreement should be clear in the patient notes.

COMMENTS FROM CHAT

"I think patients also prefer telephone rather than video for convenience. Many people I call are at work or out and about and it is more private to duck into a quiet place to have a phone call, but video is less private."

"Telehealth cannot replace face to face and is not all encompassing but when used appropriately can be very useful - the overall sentiment from the group appears to be to advocate for its continued use, with a Medicare rebate and potentially a longer consult & out of hours Medicare rebate if I've read the room right."

"I prefer video when it can be used as it allows an easier connection and ability to visually assess situation."

TOPIC TWO

WAPHA Multicultural Cultural Competency Framework

WAPHA is working with communities, primary health care providers and partners across the health system in WA to improve cultural safety for Western Australians. To that end WAPHA is developing a Multicultural Cultural Competency Framework with detailed actions and responsibilities over a 3-year period for both WAPHA and primary care providers.

To support development of this Framework and associated resources, members were asked to provide feedback on **what is working well in their practice in the delivery of culturally safe care to people from Culturally and Linguistically (CaLD) communities** and **ways the three lead agencies could best support members to deliver health services to people from CaLD communities.**

Comments from members included:

- Some practices have a culturally diverse representation of GPs and practice staff who not only speak different languages but understand cultural nuances which is important.
- Having this information included on a practice website is useful but there's no resource that collates this information for all GPs
- Lack of access to culturally appropriate resources is gap and would help to make practices safer and more inclusive, particularly where practitioners or practice staff only speak English
- Some doctors refuse to accept patients who need interpreters as the consult takes longer and is more time consuming due to different communication needs which may be addressed by incentivising these consults
- Interpreters need basic training in medical interpretation as this can directly impact the length and complexity of the consult

Lead agencies can support GPs by:

- Providing a list of specialists and other health professionals who speak languages other than English which would help with inter-referrals as well as specialist referrals
- Development of an optional culturally safe assessment tool was flagged as something that practitioners could use to assess themselves against and create a plan to improve their practice. RACGP is working on releasing one next year.

QUOTES FROM CHAT

"I found it very difficult as a community GP to access services for CALD patients experiencing domestic violence or who are refugees. Once I could also link them with multicultural services and some of the refugee services, it was easier, except that the agencies aren't always great at communicating back to the GP as to what progress is being made so we feel excluded from the team. Most of us are still happy to provide care but need the support, we don't need the entire task taken out of our hands when we refer a patient. [Lead agencies could support by] communicating this to the relevant agencies and [advising] that it's difficult to work out what to put in a search engine if we are trying to source information as to best supports. "

"It would be nice to have a list of local translators in the regions if the patient would prefer to have a face-to-face translator to always relying on Translation and Interpretation Service. APHRA have this information...[as] they ask that on our annual registration payment."

TOPIC THREE

CPD Changes

Recent CPD changes introduced by the Medical Board in January 2023 now require GPs to have a CPD home, undertake 50 hours of CPD annually, complete a professional development plan each year and refresh skills in CPR every three years. RACGP WA has an ongoing campaign to communicate these changes and members were asked **how they were currently feeling about the changes** and **what impact the changes will have on their practice**.

Key points from Panel members included:

If GPs are maintaining their activities and scope, they are meeting their CPD requirements. However these activities often go unrecorded as people are busy so being diligent about keeping track and logging activities is important

There are lot of different ways to meet the annual hours requirement via reading, after-hours activity, discussions about cases etc. and RACGP is working to identify the kinds of practices GPs are doing that meet the varying CPD requirements which will be communicated more broadly

Members were feeling largely positive about the changes across the board. However some changes (particularly the reflective practice element) were frustrating and added an extra burden for those already engaged and undertaking regular CPD while not actually targeting practitioners who aren't meeting their CPD requirements

With regards to change to an annual calendar year CPD requirement rather than the triennium it was noted that the removal of Category One activities and the cyclical nature of educational activities which may not be available each year make it harder for GPs to meet their requirements

Some of the activities such as audits are more difficult for locum GPs at small practices to complete. RACGP noted that GPs would have a few months to catch up on CPD if they fell short in the previous calendar year and suggested conducting audits on practice processes comparing how one practice differs from the other which is measuring outcomes activity. This meeting is also an example of a reviewing performance activity.

Part time GPs and those with caring responsibilities may be disadvantaged by these changes as they miss out on many of the opportunities to log CPD hours and there is no option to complete a portion of CPD hours for part-time workers.

One positive activity implemented at a practice because of the changes is a standing fortnightly one-hour meeting attended by all GPs at the practice to discuss their work, upskilling etc.

The new RACGP app was noted as being useful and easy to use across the board

RESOURCES SHARED IN CHAT

Examples of other activities for CPD can be found here: CPD Activities

Think GP was highlighted as useful resource to assist with meeting CPD audit requirements.

CPD can also be recorded over the phone and face to face to address any issues with people who may find the technology difficult to use and support is provided by RACGP.

COMMENTS FROM CHAT

"CPD is always very important. But when you look at it it's essentially more than a week of full time working hours which come at a cost. So, it's a double loss, you lose income if you are fee for service, plus you have to pay for the training courses."

"I'm finding the new RACGP CPD app useful. I'm not quite sure why the AMA is stepping into the CPD space but I guess at least there's an alternative for logging. For GPs, the CPD changes were redundant as we had a very robust CPD program with RACGP anyway."

"It's doable and logging it isn't so hard but a frustrating waste of time and being sure we've saved sufficient evidence. Sometimes activities can be difficult to know which category it fits best into."

Earlier this year members received a summary of the 12 Month Review of the WA GP Advisory Panel survey conducted late last year. Key actions arising from member feedback that WAPHA, Rural Health West and RACGP will be prioritising this year include:

- providing members opportunity to opt out of ongoing membership (complete)
- reviewing and recirculating the panel terms of reference to members for input and advice
- developing and implementing a communications plan to increase the visibility of the panel and its influence to external stakeholders
- inviting members to submit suggestions for future agenda items
- summarising resources and links shared in the chat where applicable
- continuing to give priority RSVP to members who have not engaged in previous panel sessions
- encouraging written comments out of session
- adding a written update on actions or progress from previous topics as a standing item (summary of previous actions)
- adding a section in communiques with information on how the discussion will be shared and, when possible, any immediate impact it has had on actions or decisions made by the lead agencies (next steps)

Integrated Diabetes Care Special Interest Panels Update

Members joined two optional special interest Panels in March, the first of which was convened to help inform the development of an integrated service to support both health professionals working with, and adults living with, type 2 diabetes.

The challenges and potential solutions were explored and will be consolidated in three workshops with clinicians from across the primary, secondary and tertiary sectors, and consumers, following which an outline of a service/s will be designed and presented to interested parties for review and feedback.

The second panel was established to inform the priority outcomes/actions in the Country WA Diabetes Action Plan.

Family Domestic and Sexual Violence Special Interest Panel

Members participated in an out of session opportunity to further inform the WAPHA Family Domestic Sexual Violence PHN Pilot Grant Application priority models, outcomes and actions.

Members provided feedback on the challenges in recognising, responding, and referring victim-survivors to appropriate services as well as ongoing care. There were many insights, suggestions and issues raised, to support general practice and the discussion genuinely informed our grant application.

We look forward to continuing the consultation to ensure that the WA PHN Pilot adds value/support and strengthens the links between general practice/primary care and the FDSV sector.

Next steps

This communique will be shared with key staff across the three lead agencies, in particular WAPHA's Stakeholder Engagement Officer – Cultural Safety to inform the development of the Multicultural Cultural Competency Framework; WAPHA's Training and Community of Practice team (CPD); Digital Health team (telehealth) and RACGP's CPD program Coordinator to address the points raised around CPD changes.

Please send any suggestions for future agenda topics to nicola.blacker@wapha.org.au