WA GP ADVISORY PANEL

MEETING COMMUNIQUE

WEDNESDAY 23 NOVEMBER 2022

RACGP
Royal Australian College *of* General Practitioners

RURAL HEALTH WEST

WA Primary Health Alliance
Better health, together

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TOPIC ONE

Regional and Rural primary care workforce issues and impact of policy changes

Recent policy changes have compounded regional and rural primary care workforce issues. From 2017 to now there has been an almost 60% increase in GP retirements. Rural Health West has seen a 30% increase in advertised GP vacancies, while the number of new GP recruits is remaining steady.

Members were asked to provide feedback on key initiatives their practice is implementing to recruit and retain staff as well as positive messages that can be promoted to stakeholders to raise the profile of general practice (both broadly and as a profession).

There was a diverse mix of attendees including rural, regional, remote and metropolitan GPs as well as practice principals and contracted GPs and this provided a breadth of perspectives.

Key discussion points from Panel members included:

The importance for all GPs to have experience with, and understanding of, the nature of rural/remote/regional general practice even if they will be practising mostly in metropolitan areas.

The importance of emergency and urgent care management skills updates for GPs working in regional, rural and remote areas as well as support with the cost of this additional training. Additional support for fellowed GPs to transition to rural, remote and regional work was also requested.

The increasing importance of innovation as new approaches are needed to attract GPs to rural, remote and regional areas. Suggestions included alternative models for work (FIFO/supportive short-term locum placements etc.), sister practices (linking city to country practices, similar to the RACGP Practice to Practice program), peer support & the ability to link with other GPs or specialists on clinical issues which is especially critical in rural and remote areas, and orientation to local landscape and services built into placement of rural and remote GPs.

Exploration of the variety of factors that make working in rural general practice a positive and attractive experience for GPs. Some of these things are within the control of the practice, such as education and training opportunities, supervision, mentorship and enabling the incoming GP to work to the top of their scope whereas other factors are outside the control of the practice, such as housing availability, access to childcare and employment opportunities for partners.

Concern over the uncertainty around, and impact of, the transition to profession-led GP registrar training, particularly the nationally consistent payment process as well as the change to CPD requirements for GPs and associated implications for country practitioners.

The disparity between remuneration for GPs working in country areas versus those working in metropolitan areas and the struggle for rural, remote and regional practices to compete with salaries and conditions provided by WA Country Health Service.

Allaying concerns over the skills needed to transition from metropolitan practice to rural, regional and remote practice, noting that the GP skills are largely transferrable, support is available and general practice is a journey where GPs are continually learning and building skills over time.

One member raised the idea of supported weekend locum placements for coastal inland hospitals for interested GPs who want to step out of their comfort zone. This would involve training and skills updates, orientation in a larger emergency department and a supported placement in a smaller hospital. While participants may be alone at times, they would have access to mentors as well as the WACHS Emergency Telehealth Service (ETS) for the duration of their placement.

COMMENTS FROM CHAT

"Attracting registrars - easier said than done. Our town is losing 3 registrars next year, and we are unable to replace them. They are all staying closer to Perth rather than moving to rural areas."

"Can also promote ETS back up support in ED- this support is awesome. But it is essential to have a solid base to feel safe in ED if something challenging happens."

"And agree [that] having a second doctor on the ground able to come in and support/ teach [would be useful]."

COMMENTS FROM CHAT

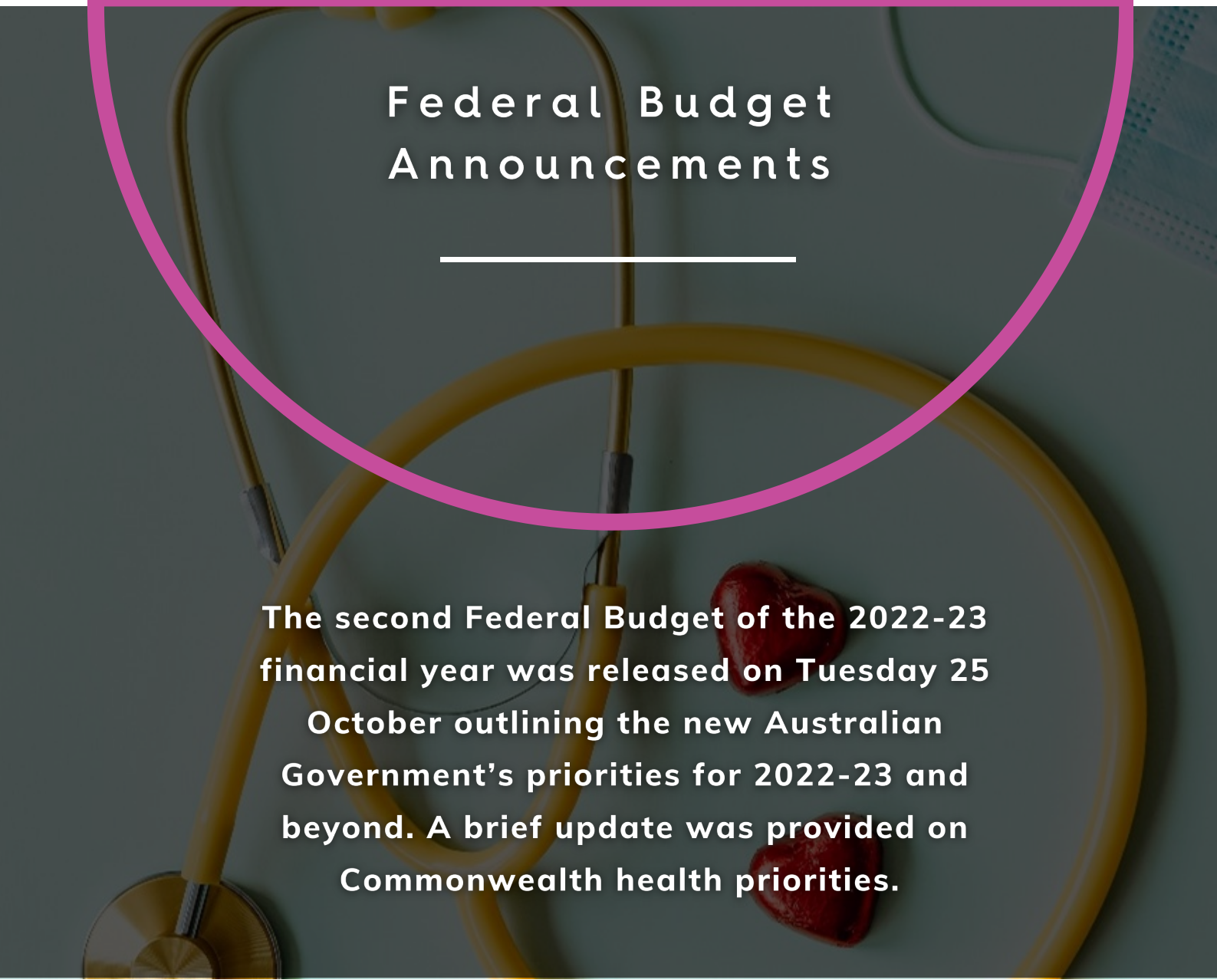
"Locum placements (especially short-term ones) also need to cover travel to make it attractive."

"Main barriers to otherwise willing GPs appear to be financial; anxiety towards skills required and lifestyle. Solutions: Identifying skills gaps and providing skills update training, colleague support in real time: video link, ongoing networking to continue accumulating skills and community support for young families."

"Could we look at creating more training positions in rural? This would of course involve significant salaried trainer positions to go with it and I would suggest that we could use the RHW databases to approach [former] country docs who have left and gone towards the city as some of our alternate trainers? We might need to campaign for some hospital access for those GPs to re-upskill in their chosen fields, and they would be salaried in their mentoring roles. It might work...and would certainly take the pressure off our rural practices."

TOPIC TWO

Federal Budget Announcements



The second Federal Budget of the 2022-23 financial year was released on Tuesday 25 October outlining the new Australian Government's priorities for 2022-23 and beyond. A brief update was provided on Commonwealth health priorities.

Key points included:

- Confirmation that Panel members' feedback had contributed to the Commonwealth policy agenda and will inform implementation of election commitments.
- WAPHA will be leading the work in WA to advise the Commonwealth and the two GP Colleges on GP workforce need and training capacity in particular areas as part of the move from WAGPET to profession-led training.
- A re-commitment to the $750 million to fund the strengthening Medicare fund. These funds are quarantined for the recommendations that will come out of the Strengthening Medicare Taskforce which is currently focused on GP led multidisciplinary team care, primary care workforce, voluntary patient registration and digital solutions.
- An announcement to fund GP endometriosis and pelvic pain clinics which WAPHA will commission. These clinics will be provided with up to $200,000 per annum over four years to provide specialised general practice services in endometriosis and pelvic pain. The application requirements are very stringent and it's anticipated there will be at least one in each WA PHN region that meets them.

Strengthening Medicare GP grants

- $230 million will be allocated to GPs to provide better care and see more patients in the form of one-off grants of up to $50 000 per practice for innovation, training, equipment and minor capital works to improve patient access. The funding is intended to recognise the additional pressures placed on general practice through COVID and funding has been allocated to allow for all general practices across Australia to apply.
- WAPHA will be required to administer the grant program which is intended to commence from March 2023 with a focus on three streams: digital health, infection prevention control and accreditation (noting that the practices can choose more than one stream).
- There is tiering in terms of the grant amount practices can apply for based on the practice's GP FTE. Individual practices can make the decisions as to what they'll spend the grant monies on within the guidance provided. However, WAPHA and some of the other PHNs across Australia are looking to support general practice by putting together some packages around IT and digital infrastructure and standards as well as CPD and quality improvement initiatives.

Medicare urgent care clinics:

- Roll out of the 50 Medicare urgent care clinics is underway with seven clinics earmarked for locations across WA.
- PHNs in some jurisdictions will be required to commission these and WAPHA is currently trying to confirm the funding arrangements, locations and proposed models for WA that have been discussed between Commonwealth and State Ministers for Health.
- A $100 million investment (separate to the urgent care clinics) has been allocated to develop and pilot innovative models with States and territories.

Comments from Panel members included:

"The focus on technology and making medications cheaper etc. doesn't address long term sustainability or the need for standardisation which is a problem in healthcare generally. Will new technology measures improve sustainability at all? And in terms of making medications cheaper, we have a big problem with overprescribing and low value care in the country. What about trying to prioritise de-prescribing?"

"A call for the lead agencies to continue to reiterate GP concerns about policies that include the requirement of no patient out of pocket expense (if that is the case then there needs to be ongoing funding for these practices because the cost is greater than providing the care) and also advocate for vaccine training written specifically for doctors rather than practice manager and nurses."

"The need for a shared approach and response to problems facing general practice such as chronic disease management/team care arrangements etc. While the funding may go to individual practices, the grants could increase efficiencies by funding common programs that address common issues so individual practices aren't trying to solve them alone."

"The lack of budget measures for salaried/contracted GPs who are often overlooked in these primary care policies and initiatives."

OTHER COMMENTS FROM CHAT

Grant FTE calculations are based on metropolitan practices obviously. Most rural practices have significantly higher costs associated with running the practice, regardless of GP FTE.

I think this was discussed previously and the feedback was that there should be tiering re: location and area of unmet need rather than GP FTE per practice. I feel like this would still be a better method.

Is there any comment on whether the grants could be applied retrospectively? A number of clinics made self-funded changes to their practices in terms of technology and PPE/areas for seeing respiratory patients during COVID.

OTHER COMMENTS FROM CHAT

I would like to see more of a focus on prevention and non-pharmacological management rather than focus on technology and making prescriptions cheaper.

I hate that the Commonwealth is pushing further division within general practice, further decreasing the public's confidence in general practice (i.e., need to go elsewhere for urgent care, elsewhere for pelvic pain, elsewhere for endometriosis...next it will be elsewhere for contraception, elsewhere for men's health, menopause, diabetes, etc. etc.). Rant over.

We need "IT Power User" and "chronic disease management" groups that can share ways GP can increase sustainability through working smarter rather than harder e.g., through efficiencies, system development, greater teamwork, standardising inter-practice cooperation and allied health coordination etc.

An old point raised before but can we please advocate more for general practice profile...we need more positive viewpoint from the public - there has been so much negative press / dumping on GP...we are always perceived as the bogey men!

Over 20 years ago the Howard government initiated and cancelled a Relative Value Study. This found a growing disparity between remuneration in GP vs Specialty medicine which has increased further. The limited budget means we are unlikely to get more financial support unless it comes with redistribution.

We are funding urgent care centers - can there be more done to fund regular GP practices after hours? [For example] incentives to open later as we know our patients well and are well placed to take burden off emergency by working a bit later.

I love the suggestion about PNHs providing leadership on quality innovation leading to long term benefit in general practice. I'm guessing PNHs are collaborating in this pool of ideas as well.

TOPIC THREE

12 month review of Panel

The WA GP Advisory Panel was established 12 months ago as a pilot project to strengthen the voice of general practice in the planning, design and policy setting for primary healthcare. The Partner organisations are looking ahead and interested in gathering member insights to inform how the WA GP Advisory Panel develops. This is our opportunity for quality improvement and this review is important to us to build on the positives to date but also implement changes where things need to be improved.

Discussions at previous Panel meetings have:

- shaped the development of WAPHA's See Your GP – Keep your health on track campaign, providing GPs and practice staff with the necessary communication tools to remind patients of the importance of looking after their health, and to understand why their care may be delivered a little differently at the moment as well as promote the benefits of telehealth (where clinically appropriate), e-prescribing, and COVID-19 and influenza vaccinations;
- informed WAPHA, RHW and RACGP WA's various submissions and representations to the Independent Governance Review of the WA Health Services Act and enabled them to provide a primary care voice into that review;
- been translated into actions for the three lead agencies to support GP wellness and self-care;
- highlighted lessons learned from the WA GP Urgent Care pilot and provided advice to inform the expansion of national Urgent Care clinics; and
- highlighted skills/knowledge gaps in the general practice workforce that the lead agencies can address to inform their training and education offerings for 2023.

Outcomes from the survey and identified actions for 2023 will be circulated to members once the results are collated mid-late December.