



WA GP ADVISORY PANEL

MEETING COMMUNIQUE

WEDNESDAY 25 MAY 2022

TOPIC ONE

GP Wellness and Self-care

Rural Health West, WAPHA and RACGP WA have been considering the topic of GP wellness and self-care for some time, particularly given the COVID-19 pandemic and recent national and world events. The ensuing discussion focused on where Panel members currently get support, gaps in services and resources and identifying how Rural Health West, WAPHA and RACGP WA can best provide support to GPs in wellness and self-care.

SYSTEM CHANGES AND CAMPAIGNS



Run a joint campaign [similar to 'See Your GP'] promoting wellness and self-care for GPs "put your oxygen mask on first" etc.

Improving communication between GPs and the WA Department of Health. For example, GPs received communication about antivirals on Friday and were expected to implement a new process on the following Monday which caused significant stress due to the short timeframe.



Advocating for, highlighting the value of and publicly supporting the [general practice] profession.



Addressing system-level issues (under-payment, under-resourcing and under-valuing of GPs) and education about what GPs actually do in terms of scope and expertise.

Advocating for changes to Medicare rebates to ensure GPs have a viable and sustainable income source and can prioritise their wellbeing.



Addressing allied health workforce shortages (particularly for psychological services) which put increasing pressure on GPs to manage complex mental health presentations outside their scope.

Panel members discussed the business imperatives and moral dilemmas associated with a shift away from bulk billing to private billing options:

"With COVID we have converted to a lot of Telehealth which is simply not as well remunerated as a private consult - which we are trying to move towards. The cost of living is going up all around us, yet our wages are not. We cannot weight the balance by simply privately billing when we work in low socioeconomic areas and elderly populations - so something needs to happen to raising the baseline bulk bill charge."

"There was a Sustainable Health Review at the State level. Should we have a GP Sustainable Health Review? Unless we look after GPs and create a culture and environment where GPs can look after themselves, we and the primary care we provide, will become increasingly compromised."

"Provide early formal training on how to create a workplace and put systems in place to reduce burnout (make gaps in your day, ensure you're not double booked, learn how to respectfully set boundaries etc.)"

"Doctors for Doctors and EAP via RACGP have been useful supports."

"Ensure junior doctors are aware of the importance of maintaining their health and wellbeing and supported through the initial pressure and challenges that come with starting their GP careers."

"Face to face events, particularly in rural and remote areas, to debrief with colleagues are important to overall wellbeing."

"The value of the Balint Groups model (where GPs come together in a Community of Practice type format) to discuss clinical interactions with their patients with a focus on the doctor-patient relationship was highlighted. Formal peer support groups funded/promoted by RACGP or WAPHA would be valuable."

"Finding services (such as exercise classes) that aren't run or attended by patients can be difficult in remote and rural areas. Online provision of these would be really helpful."

TOPIC TWO

Living with COVID

Primary care is central to the ongoing COVID-19 response. In light of the move to learning to live with COVID, members were asked about what living with COVID in our communities means; and what Rural Health West, WAPHA and RACGP can do more of, or less of, to provide support in this context.

Living with COVID challenges

Lack of consistent services available in remote communities when there's a COVID outbreak and concerns over continuity of care when doctors and practice staff are unable to work due to illness and furloughing.

Complexity involved in prescribing antiviral medications, particularly in the case where a patient is on multiple medications (one pathway rather than two would be helpful). Additionally, a 10 minute consultation is insufficient to manage a patient's requirements for antivirals.

Timeliness and inconsistency of information with regards to COVID guidelines (changes in close contact guidelines cited as an example).

Mixed messaging regarding COVID-19 booster vaccinations. Mixed messaging and last minute policy changes that have been delivered to GPs on timing undermines the credibility of general practice.

Support RHW, WAPHA and RACGP can provide



Advocate for GP access to COVID-19 vaccinations and PPE as a priority as well as improved supply/access to antiviral medications.

Prompt clear communication about diagnostic criteria of new or associated conditions related to long COVID.



Guidelines for patients requesting an exemption from vaccination.

Reinforce and promote public health messaging around the importance of letting a practice know if a patient has a potentially infectious disease upon arrival and staying home when sick.



Highlight that people don't need to see a GP for a COVID-19 instigated medical certificate as statutory declarations are an acceptable alternative.

Consistently formatted, concise and systematic updates containing important information.




Continued advocacy for embedding a non-dispensing pharmacist in general practice which is very useful in the current pandemic.

"I looked up the HealthPathways info on prescribing recently and still found it really confusing. I think I need a flow chart, or better yet a click through aid where you answer questions about your patient's health and medications and it tells you what you should give and where to source it."

"WAPHA pathways, educational sessions re: COVID-19 have been useful and the COVID-19 weekly updates are good."

"Guidelines on diabetes / cardiovascular risk checks following COVID-19 would be helpful."



TOPIC THREE

Independent Governance Review of the Health Services Act 2016

The Independent Governance Review of the Health Services Act 2016 was recently opened for public consultation. To assist our agencies in our further engagement with the Review Panel, members provided feedback in relation to the system's ability to manage, plan and implement key health reforms and workforce requirements; respond to emergency situations and other related matters.

What are the key areas for feedback?

These discussion notes will be used by RACGP, Rural Health West and WAPHA to inform ongoing engagement with the Review Panel.

ADDRESSING THE SIGNIFICANT ASYMMETRY

between how [GPs] are resourced and treated compared to hospital staff and systems. WAPHA, RACGP and RHW should insist that this inequality is addressed – general practice should be afforded the same input into decision making and protection and access as other health professionals.

EMBEDDING THE MEANINGFUL INCLUSION

of general practice in the WA health system, particularly at the beginning of a project or initiative.

INCREASED COMMUNICATION

between GPs and the Health Service Provider (HSP) Board members and implementing a clear process for the WACHS Emergency GP representatives to communicate with private practice GPs.

HIGHLIGHTING THE PRESSURE

an inefficient public outpatient system puts on GPs managing issues that are outside their remit and funding source.

ISSUES WITH INTEGRATED PATIENT CARE

and communication between GPs and Tertiary Specialist Teams. Current workaround is suboptimal – i.e. printing updates and requesting that the patient provide a copy to the specialist or consultant at their appointment.

Key areas for feedback continued**LOOK AT
SIMPLYIFYING**

and improving communication pathways between GPs, WA Health and the HSPs.

**HAVING AN
UP-TO-DATE**

list of visiting specialists to regional, rural and remote areas would be very useful.

INCREASED FOCUS

on primary care, more GP engagement and GP involvement in agenda setting for WA Health Clinical Senate debates.

**ADDRESSING
CHALLENGES**

with the Central Referral Service when GPs send patient update letters which bounce back and GPs cannot directly communicate with their patient's specialist whom they have been seeing over a long period of time.

**CONSIDER
DEVELOPMENT**

of a central register containing details of GPs with special interests for colleague referrals.