WA GP ADVISORY PANEL

MEETING COMMUNIQUE

TUESDAY 5 MARCH 2024

RACGP
Royal Australian College of General Practitioners

RURAL HEALTH WEST

WA Primary Health Alliance
Better health, together

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TOPIC ONE

Barriers and opportunities to GPs moving to regional, rural and remote areas for work

RACGP WA, Rural Health West and WA Primary Health Alliance sought to identify barriers and opportunities to GPs moving to private general practice in regional, remote and/or rural areas.

Members were asked to provide feedback on **barriers faced when considering moving from practising in a metro area to a regional/rural/remote one**; **what would make it easier to move to a country location to practise, either temporarily or permanently** and **what support or initiatives could the lead agencies provide to help make this transition?**

Key discussion points from Panel members included:

Barriers to moving from practising in a metro area to a regional/rural/remote one

> Significant upfront relocation costs and lack of housing available in country areas.

> Concern over the cost associated with upskilling when working as a solo GP.

> Challenges with not only building the skills required but being adequately prepared to be the a solo GP in a place (including when working in the Emergency Department).

> Finding appropriate childcare and school placements for children, and employment for partners.

Limitations of scope of early hospital training for GPs in areas such as ICU and surgery was noted as a barrier to developing key skills which make it hard to transition from metro to country areas later on.

The isolation as a solo GP in a small town and the inability to take time off when the only GP.

Education options for primary school aged children in country areas compared to metro was also noted as a barrier with metro schools viewed as the preferred option. Parents also noted that they would not wish to uproot their families and have their children switch schools if they were going to be in a country practice for only a short time.

What would make it easier to move to a country location to practice

Financial incentives for GPs to maintain financial security while practising in a country region.

Support with relocation in the form of packing, accommodation assistance etc.

Positioning country GP roles as a pathway to enhancing future career progression in the same way other professions benefit from rural and/or remote work.

Having a database with information on key allied health professionals such as psychologists, physiotherapists, occupational therapists etc. in each town as well as when to refer to the local hospital or to Perth, particularly for locum GPs where established networks such as the Health Professionals Networks are less accessible. It was noted that Rural Health West has access to this information.

Opportunities to explore include WACHS based employment opportunities in community care with annual leave and CPD attached, supplied housing; and incentives for private practices (or perhaps local shires/councils) to provide housing; which was noted as being much more important now with college led training intended to push more into MM3+ areas.

COMMENTS FROM CHAT

"A couple of barriers include accommodation, partner employment, (schooling perhaps), accessing CPD opportunities (particularly skills based either before or when in the rural area), possible income generation."

"For me having done locum work, the expectations of the community of country GP is too high- having to be up all night doing on call for hospital and then clinic during the day."

- *"Agree- I'd only go somewhere with two or more GPs to share the load."*
- *"Whereas I have found that, especially in smaller towns, patients actually expect to pay. It's really quite refreshing. They know that nothing is available for free and they are grateful for a GP in town."*

"As an organisation, whether RACGP or ACRRM, we really need to look at the requirements for pre-vocational trainees. If you can start GP training as a PGY3 when are you going to get the opportunities to do those higher end emergency skills you will need in rural centres?"

"I went to a semi-rural practice for a year having had experience in ED and anaesthetics and the road trauma and other serious injuries was certainly a factor in me returning to the city. I expect there is far more potential support through technology now, but it's difficult to know how to prepare for or cope with this aspect of rural medicine."

- *It was noted that The WA Emergency Telehealth Service (ETS) helps with advice but there are practical skills required by the doctor on the ground which ETS can't stand in for.*

COMMENTS FROM CHAT

"Having the rural generalist programme starting in RMO years to give prospective rural GPs the terms they need is important."

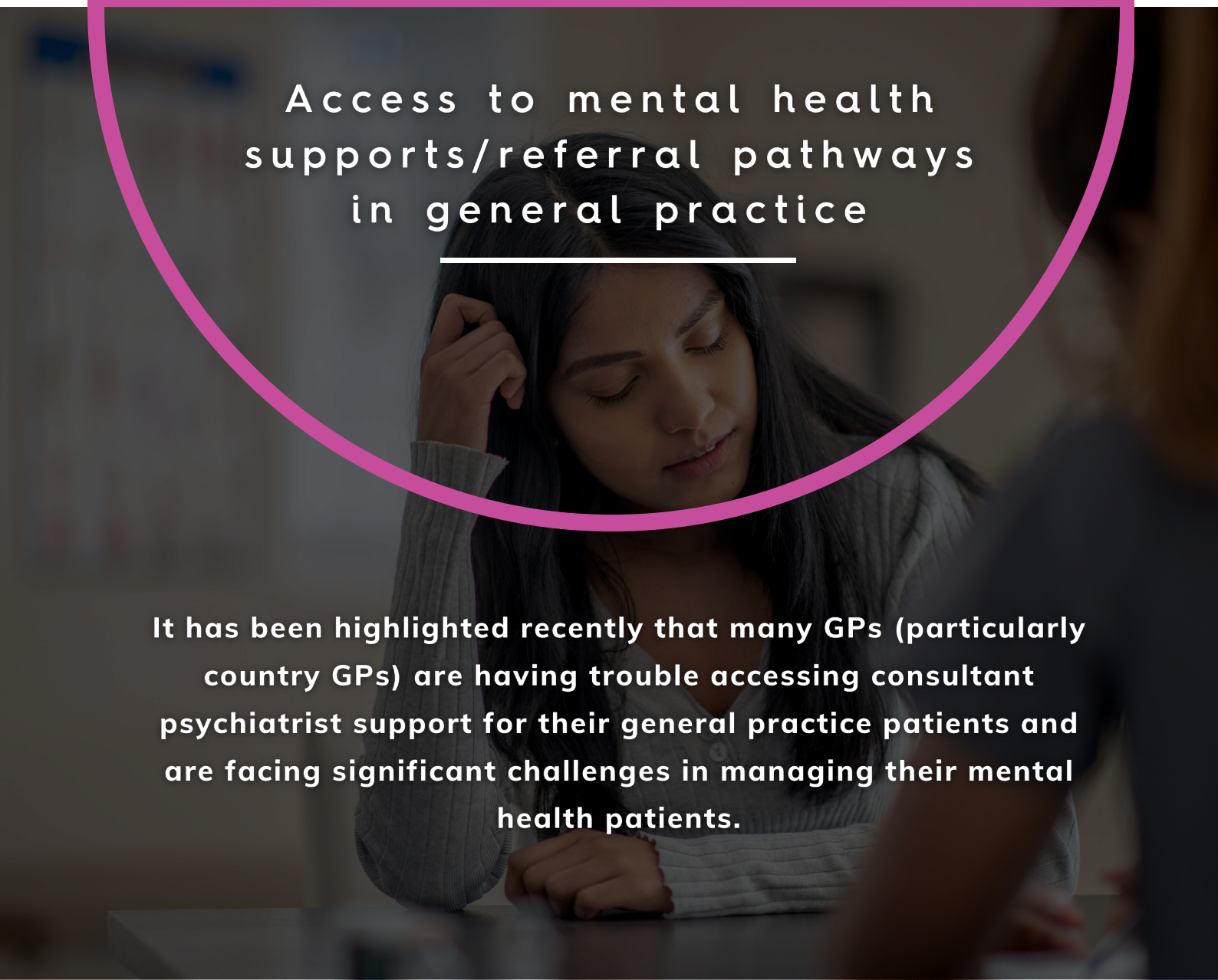
"We need to think outside the box and acknowledge it's very hard- telehealth and FIFO GPs can be an option for more sustainable care for rural communities."

"[To address] workplace isolation perhaps Balint groups setup by Rural Health West might help this?"

- *RACGP is working with WAPHA on enabling a Balint group.*

TOPIC TWO

Access to mental health supports/referral pathways in general practice



It has been highlighted recently that many GPs (particularly country GPs) are having trouble accessing consultant psychiatrist support for their general practice patients and are facing significant challenges in managing their mental health patients.

Members were asked to provide feedback to assist the lead agencies to identify what supports/referral pathways are currently available; resources they would find valuable; what's the awareness and uptake of existing supports/referral pathways (such as the GP Psychiatry Support Line and MindSpot GP) and where are the gaps/what's missing?

Comments from members included:

- The current referral process is confusing, disjointed and cumbersome and often results in referrals being returned to the GP.
- A centralised referral service would be helpful to alleviate the current time taken to try to work out where to refer an acute patient who needs help.
- The system is broken. The mental health emergency response line has been called but not been able to assist so patients have had to present to ED where they've sat for 24-72 hours before they can even get a bed, if they get a bed at all.
- The psychiatry support line is useful for medication assistance and medication interactions, or titration and changing doses. Unsure how effective it would be for both assessment and diagnosis, because a GP needs to do the assessment of the patient and then discuss it with the psychiatrist and if it's something quite complex GPs may not have the skills to actually do that, which is why GPs want psychiatry input.
- It's particularly challenging to navigate referrals between psychiatry services, and often the GP spends unpaid hours liaising with different services to ensure the patient has continuity of care.
- Getting teenagers access to psychiatrists is also very challenging as age ranges that psychiatrists treat vary between providers - leading to referrals being rejected.
- Wait times for patients to see psychiatrists were noted as a major issue, with many not taking on complex patients (putting a burden on GPs) or any new patients at all
- Community mental health was noted as largely ineffective as they won't prescribe medication for ADHD patients, necessitating the need for a private psychiatrist appointment and there are problems with continuity of care for transient patients that may move out of a particular catchment area (even temporarily).
- System failure and pressures on GPs to manage patients whose morbidity is beyond their skill set or knowledge is creating vicarious trauma for GPs.
- Issues with the public system approach of taking only acute/severe patients and then discharging them back to the GP as soon as they are less severe, resulting in another long wait to get them seen if they become acute/severe again were noted.

COMMENTS FROM CHAT

"I find eating disorder patients particularly challenging - even when meeting requirements for medical admission, they get medically stabilised then discharged with 'GP follow up'. Absolutely unable to access public psychiatry (only expensive private options)."

"ADHD referrals are topical. With waiting lists extending out 12 months. At the least we may need to review the Poisons Act when considering stimulant prescribing. Feedback from community mental health services unfortunately is quite poor. Private referral for many patients (particularly younger patients) is often financially non-viable."

"Following on from the previous conversation for us in rural settings getting psychiatry help is often very difficult. Rural-link for the families who are desperate isn't often known about until too late. The question is how we get psychiatrists to go rural when we can't even get GPs there."

"Or the referral is accepted at the time, but then they can't see the patient for 12 months and the patient is "aged out" of the referral so you start back at the beginning [with] wait times."

"Follow up is a big issue. Patients can be on antipsychotic medications for years and develop side effects. When it comes to review, there's no way to refer."

"I think there is a cultural problem with private psychiatry services. It's very rare that I get constructive shared care like I have had on occasions with a few public patients. It would be really nice if their services worked in step with general practice"

"Just having a good telehealth service would be a great start."

- "It would be interesting to know what it would take to expand this service to support GP patients: https://www.wacountry.health.wa.gov.au/Our-services/Command-Centre/Mental-Health-Emergency-Telehealth-Service"
- "currently working in a local ED where we use this service. It can be a bit slow, but overall quite helpful."

"It would be great to have something like Health Engine to find which psychiatrists have available appointments to see new patients. Rather than relying on word of mouth, rumour or Facebook GP groups."

- "apparently Doctors Box does this - I haven't used it though so can't comment on its accuracy: https://www.doctorsbox.com.au/app/p_index.php"

TOPIC THREE

Experience with expansion of pharmacy prescribing powers to treat urinary tract infections (UTIs)

Pharmacists who have undergone specific training have been able to prescribe antibiotics for uncomplicated UTIs in patients since August 2023 in WA.

Given this expansion has been in effect for a number of months, the lead agencies sought feedback on members experiences with this as well as any feedback from patients or the wider community.

Feedback from Panel members included:

Anecdotal recount of an aging relative who attempted to access the pharmacist for a UTI but was required to wait a few hours as the prescribing pharmacist wasn't available. They also were over 65 so included in the exclusion criteria and should have been referred to a medical practitioner in the first instance.

Male patients being treated for UTIs by pharmacists which is excluded from their scope.

·Feedback from patients who have tried to access a prescription from a pharmacy on a weekend only to be turned away as it's not offered unless there are two pharmacists rostered on which goes against the ethos of the pilot.

It was noted that if there is no formal evaluation of the pilot, the ability to address issues and risks such as pharmacists prescribing based on incomplete data sets from My Health Record or the patient would be a significant missed opportunity.

RACGP will continue to advocate for an evaluation.

COMMENTS FROM CHAT

"I don't have any personal experience with the pharmacy trial - but given the inappropriate prescribing of other antibiotics (e.g., chloramphenicol eye drops) I am sceptical. I feel access isn't a barrier given the availability of Medicare urgent care clinics having same day appointments so ideally should still have a proper clinical review."

"It would be interesting to know if the rate of prescribing for UTIs in the community increases - would this have been assessed by NPR?"

"We need to keep pushing for a proper evaluation. It's unacceptable to start an intervention and not evaluate it."

Outpatient and Virtual Care Delivery - Department of Health special interest panel (October and December 2023) – Sharing experiences and views on care delivery and access as part of the Human Needs Research project to shape the future of outpatient and virtual care across WA

- The WA Department of Health sought WA GP Advisory Panel member feedback to inform the Human Needs Research Project, part of the broader state-wide Outpatient Reform Program currently being led by the System Improvement Unit. The Human Needs Research Project aims to capture qualitative and quantitative data to inform evidence-based decisions related to the building and maintaining of quality, accessible virtual outpatient care services.
- In the first session (October), members were asked to share current experiences and views on care delivery and access as primary care clinicians and referrers, identify current challenges and explore opportunities for future virtual care improvements.
- The second session in December was designed to provide further input into the future of outpatient and virtual care across WA, with a focus on informing the WA Health Target State for Outpatient Services and prioritisation of the roadmap for initiatives to achieve the target state.
- Opportunities for improvement identified throughout the consultations will be used to develop a WA Health outpatient service target state blueprint and delivery roadmap

Next steps

This communique will be shared with key staff across the three lead agencies.

Please send any suggestions for future agenda topics to
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