



# WA GP ADVISORY PANEL

## MEETING COMMUNIQUE

THURSDAY 22 AUGUST 2024



**RACGP**  
Royal Australian College  
of General Practitioners



**WA Primary  
Health Alliance**  
Better health, together

**phn**  
PERTH NORTH, PERTH SOUTH,  
COUNTRY WA  
An Australian Government Initiative

# TOPIC ONE

## Rural Health West Inaugural State Budget Submission

Rural Health West is currently preparing its inaugural State Budget Submission, developed from a range of inputs including a literature review of health workforce strategies, Rural Health West surveys and feedback from health professionals.

Proposed funding requests include:

- **Allocating sustainable, long-term funding for the regional health professionals network program. [voted by Panel members as third priority]**
- Funding the development of a comprehensive support program for international medical graduates so they may effectively train and work within the Australian health care system.
- **Establishing and funding a pathway to allow GPs to upgrade and maintain their advanced/procedural skills for rural general practice. [voted top priority]**
- Alleviating the financial burden on local governments to secure essential health care services and provide targeted financial support for areas of general practice market failure.
- **Allocating funding to expand existing locum support programs to enable rural GPs to take professional and personal leave. [voted second priority]**
- Extending the current State Government higher education debt relief program to health professionals working in allied health and non-hospital settings

Members were asked to provide feedback on whether **these initiatives are priority initiatives for potential State Government funding**; if these initiatives **will support GPs and primary care service providers to deliver services in country WA**; and if there were **any key initiatives within Rural Health West's remit which should be implemented or expanded which have not been included?**

Discussion focused on the top three priorities as voted by attendees.

Being able to more easily upgrade and maintain the skills required for rural general practice would encourage more metro-based GPs to take up locum work or relocate to a regional area.



Lack of advanced/procedural skills as well as isolation and lack of professional support were noted as key barriers to attracting GPs to regional/rural/remote practice.

One member highlighted the option to get a diploma via the Australian College of Emergency Medicine which enables GPs to upskill in a larger regional hospital and fast track rotations in critical areas such as ED etc.



It was noted that while there may be the perception that GPs who upgrade their skills to take on a locum position are going to remote areas, many inland towns in the South West have little GP cover. Expanding locum support programs to give them some weekends off would be beneficial and help with attraction/retention of staff to those areas.

A system of regular locum GPs based in an area on an ongoing basis was suggested as a way to provide regular cover and continued skills development and maintenance.



### Members also noted:



The importance of adequate local support and services to make regional/rural and remote areas an attractive option for GPs to relocate to, to ensure GP stability in a region and continuity of care.

The issue with programs/incentives such as HECS relief being implemented then discontinued which impacts the viability of medicine/allied health/nursing as a career path. If someone begins a particular program of study with the incentive in place, it should be applied even if that incentive is cancelled before their studies are completed.



### Areas for action/advocacy



Investigate the State's appetite to pick up some of the burden in primary care market failure in WA, in light of other states offering significant incentives to attract a regional/rural/remote workforce.

Continue to advocate for some supervised clinical attachment placements being protected specifically for country doctors.



## COMMENTS FROM CHAT

"The budget submission is going to be very important, but we are going to need to have a very clear distinction between the funding and the new bargaining agreement in process at the moment."

"...It is very difficult as a GP to get upskilled in ED skills these days - a pathway to maintain /upskill would expand the pool for rural support."

"The South West Rural Locum Project is something we are trying to develop where an ED skilled urban GP 'adopts' a regular town to return to regularly."

"That's a really great point... about being guaranteed to get the benefits/incentives under which you started a training path/placement in case they are changed/removed by the time you complete it."

"Upskilling needs to be career long and not just the initial training in an advanced skill. There is so much competition for space in ED, anaesthetics, obs in larger centres. How are we going to be able to secure places for ongoing upskilling?"

---

# TOPIC TWO

## Firearms Act Reform – Mandatory Health Assessment

---

New gun legislation was recently passed in WA, with the stated aim of boosting community safety and taking illegal guns off the streets. Several regulatory changes will be introduced in March 2025, including the requirement for all gun owners to undergo a regular health assessment by a doctor.

Members were asked to identify: **what are your main areas of concern with the impending assessments and how can we advocate on your behalf to ensure the implementation is as seamless as possible?**

The discussion was led by RACGP's representative on the WA Firearms Health Assessment Working Group. A comprehensive overview of the Firearms Act reform and the mandatory health assessments was provided, with ongoing efforts by members of the Firearms Health Assessment Working Group to streamline the process and reduce the burden on GPs as much as possible noted.

Firearm Authority Holders will be required to undergo a health assessment every five years (or every year if over the age of 80) by a Medical Practitioner. The key question being whether there is a likelihood that the individual is able to possess and use a firearm in a safe manner. The person being assessed will need to demonstrate that they're medically fit to hold a firearm, including being competent in the skills, knowledge and experience required to use a firearm, of good character and law abiding in order to get or maintain a firearms licence.

#### **Comments from members included:**

##### **Key areas of concern**

- Medico-legal risks to GPs providing and signing off on the assessments. Assurance was given that GPs will be afforded protections under the law for any criminal or civil claims made against a GP who performs the health assessment.
- Potential for a harmful impact on the doctor-patient relationship and increased risk that patients won't disclose mental health issues if they need a firearm health assessment. This was noted as being a particular issue in rural/remote areas where there may only be one GP available.
- Lack of evidence supporting the effectiveness of medical assessments in reducing gun violence.

##### **Opportunities for advocacy**

- Seek a formal response from Medicare about whether the mandatory health assessments are eligible for a Medicare rebate.
- Request that the mandatory health assessment is not considered part of the file that a patient is entitled to have released to them.
- Follow up on the communications strategy for the Firearms Act reform and ensure it includes comprehensive FAQs for both patients and GPs.
- Investigate the possibility of setting up a helpline or support system for GPs conducting firearms health assessments.
- Ensure the firearms health assessment form is culturally appropriate for Aboriginal patients.

One member recounted their experience conducting firearms health assessments in the NT, noting that the assessments are no more onerous than driving medicals and can be a good opportunity for health assessments for people who may not regularly visit their GP.

## COMMENTS FROM CHAT

"The problem is that most suicides and murders [are] actually committed with kitchen knives, walking sticks and chairs... Do we advocate for assessments to use them or...prohibit them?"

"It's not just the fear of being sued - it's the fear of a poor outcome (gun violence, suicide, murder etc) and feeling personally responsible for it. I haven't been trained to assess someone's suitability to possess a gun. Although I'm sure many of the skills are transferable, without specific training or a very comprehensive assessment guideline and mentor support, I'm not confident I would be asking the right questions to feel comfortable with my decision making."

"You will be able to detect only something extremely obvious like advanced untreated Parkinsons or severe untreated ADHD or something like this. Everything else - useless exercise [and] harmful for the doctor/patient relationship."

"I don't see the utility of a more frequent examination. Due to laws firearms holders are either police, belong to a gun club or shoot on a rural property. And given the process of using a gun there is only a very limited range of medical conditions which would make them unsafe to use a gun (unlike driving)."

## Q&amp;A

- Q. How are current licence holders going to be called up for assessment?  
A. We anticipate a phasing-in/grace period so that there isn't a massive rush on day one.
- Q. Is there somewhere to easily report people that you have concerns about outside of the situation of doing the assessment?  
A. I'd recommend calling the non-urgent Police line on 131 444 for advice.
- Q. Do we need to have a training package & "certification" to conduct these assessment (similar to aviation DAMES, SPUMS, rail medicals etc.)?  
A. There is no plan for a certification requirement at this stage.

### PHN commissioning of multidisciplinary team care in general practice grant (May 2024)

- A grant opportunity has been released by the Department of Health and Aged Care to fund Primary Health Networks (PHN's) to commission multidisciplinary health care teams to support smaller or solo general practices within priority areas in WA, (Perth North, Perth South and Country WA) who cannot otherwise access a multidisciplinary team.
- WAPHA sought feedback from GPs regarding the ability of clinicians to access multidisciplinary care for their patients, how that impacts on chronic conditions management and what opportunities are there to address gaps.
- Discussion focused on issues and barriers with accessing allied health, nursing, and midwifery services for patient cohorts and factors influencing adoption of a multidisciplinary team-based approach and potential models for consideration.
- Feedback will be used to inform WAPHA's approach to the delivery of multidisciplinary team-based health care in general practices in WA.

### Diabetes Connect for Country WA (July 2024)

- Diabetes WA sought WA GP Advisory Panel member feedback to inform service delivery of the Diabetes Connect for Country WA service.
- Diabetes Connect will enable GPs in Country WA to speak directly with an endocrinologist to seek guidance and advice in the management of patients living with diabetes through a direct phone call or virtual multidisciplinary case conference.
- Members were asked to provide feedback on the Diabetes Connect model of care, explore clinical scenarios that could be supported by the service as well as service access pathways and upskilling opportunities, and provide advice on how best to promote the service and engage with GPs across regional WA.
- This service will be funded by WAPHA and delivered by Diabetes WA, with a planned roll out in October 2024.

### Next steps

This communique will be shared with key staff across the three lead agencies, it will also be posted on WAPHA's website and shared with external stakeholders as part of the CEO's monthly Strategic Update.

Please send any suggestions for future agenda topics to [nicola.blacker@wapha.org.au](mailto:nicola.blacker@wapha.org.au)