

# GP LINK Lunches

**Dr Kenneth McCroary, Chair of Sydney South West GP Link series of meetings with Clinical/Political/Regional individuals or organisations to discuss issues and solutions for GPs working in South West Sydney.**

**Ken McCroary** – Hello, joining me today is Associate Professor Charlotte Hespe from the Royal Australian College of General Practitioners she is the current Chair of NSW/ACT Faculty Board and Head of General Practice and Primary Care Research The University of Notre Dame Australia.

Good afternoon Charlotte

**Charlotte Hespe** - Good afternoon Ken



**Ken McCroary** – Can you tell us who you are, a bit about you, and the organisation you are representing today please.

**Charlotte Hespe** – Hi, I am a GP and I am also a GP supervisor for medical registrars and medical students for the practice that I actually own with two others in the inner west suburb, Glebe, so I am a practice owner as well.

I have a sort of slightly complicated life I juggle a couple of balls. As well as working in clinical practice, I also have the pleasure of being the Head of General Practice at the University of Notre Dame which is located in Darlinghurst, just a couple of suburbs away from my practice. There I am also able to do primary care research, which is my area of passion, which is the real world of general practice. Today I am representing my role as the chair of NSW/ACT Faculty for the RACGP which also means I am a Director on the Board for the national organisation of the RACGP.

**Ken McCroary** – Thank you very much. Very busy life, you are right about that. Can you tell us about the organisation you represent please?

**Charlotte Hespe** – The Royal Australian College of GPs is a membership-based organisation. The role of the college is about setting the standards for what General Practice is in Australia. In setting the standards, that means we oversee the curriculum for training for all doctors who choose General

Practice as their specialty, and we oversee what the assessment process against that curriculum looks like.

We have not been in charge of education, but as of 2021 we will be transitioning into also being the overseer of the education provision for all GPs in training. That is all GPs who come through the training program itself, and any doctor who might have decided to transition across from whatever else they might have been doing into general practice, and not officially through the training program, so there are some other pathways to achieving fellowship at the moment. As an organisation, we have more than 40,000 members and that includes some medical students, all our GPs in training, as well as GPs who are at the coalface of providing general practice to all of Australia. We are a pretty big organisation, and I think it is an important organisation as a GP, because it does provide such oversight.

What I haven't talked about there is about the advocacy role the RACGP plays. This has been a bit of an emerging role because when the college was initially set up it was just about education and standards. Over time it has become increasingly important that because we do have so many members, and we have been a specialty area I think has been very poorly represented and advocated for at the highest levels of government. We have seen that, and we really had to take responsibility for members to have their voice heard. We need to absolutely be the voice so and this has been an increasingly important role - and dare I say in the last two-to-four years, that is where we have seen it starting to play out. The government is now coming to the RACGP for our opinion and our advice about how to proceed with all health issues relating to general practice, which as we know is the biggest area of healthcare provision in Australia.

And finally we are an organisation that needs to look after our members, providing all the things we as members might need. I think a lot of people don't actually know about that side of what we do. We have oversight of CPD - a lot of people know that because they see the fees they pay to the college as just being about the CPD and making sure that we can continue to get registered because as we all know you have to do your CPD in order to continue to be registered. But in fact, there is a huge amount more behind the scenes and I would invite anyone who might not know that to go and have a look, because can I say even though I am as involved as I am with the college I often don't know about some of the stuff that goes on, the things you can access.

There are all the resources you could possibly imagine in terms of as a practice owner what sort of advice about how to do that. As an employer, some of the basic stuff about how you might employ a registrar etc as well. There is all the information underlying what the standards are and how to sort of what that might look like. Everybody probably knows about the red book, but as well as the red book, there is the green book and the white book and the gold book - these are books that assist us in being able to roll things out. The red book of course being the guideline to all our preventive care at all ages for our patients, the evidence behind that, and why we do that. The green book is actually how do you do it, so it's the implementation manual, how do I as a practice owner and or GP actually make sure that I do all of the preventive care and how does that work? The white book is actually the book around domestic violence and looking at some of the issues there. There is also the silver book, the guidelines around aged care and how we can best look after our ageing populations. And then there's a handbook

which is called 'handy', which is about all of the evidenced-based non-medication advice we can give to patients, like for instance the wonderful Valsalva balloon blowing insufflation to be able to clear the eustachian tube, the sort of exercise advice for 'how do you get rid of benign positional vertigo and you do the Epley manoeuvre' so to handle all of those wonderful non-medication related treatments that we can offer our patients which are all evidence based.

There is a library so if you are actually interested in wanting to know what the evidence is you can contact the librarian and she will do the research for you. If you did not realise you could not access all of the databases and journals out there, you can just call the library. The way the college is structured we are actually on a state-based faculty thing so wherever you are living, you are automatically a member of your state faculty. That's why I am Chair of NSW/ACT because the way it's structured, NSW and ACT are put together and we have offices both in the ACT and in Sydney where we can actually deliver much more localised services.

I see my role as Chair about trying to make sure I understand what is going on for GPs across all of NSW and ACT, and we do that by actually trying to make sure we have a regional based GP in every single region across NSW and ACT. We ask them to let us know what is going on and as needed we try and meet those needs.

This year that has been huge with the bushfire disasters, and we created a bushfire response committee which was then made up of GPs all the way down the south coast of NSW who were able to really inform us about what things needed to happen so we could try and assist them and their practice managers. During COVID we have created a thing called the virtual community of practice, where we have been able to link up GP leaders all the way around NSW/ACT who we can again then have a much better communication network, with me being able to have daily conversations as needed with Dr Kerry Chant we can then feed down information from her to all of those leaders they can then feed it down to the GPs in their area in the same way they can feed information back with the problems accessing PPE, the problems with testing, the problems with getting results back, being able to access better respiratory clinic stuff etc. So all of that has been really well facilitated and the wonderfulness of it has been the really good communications that have been established with GPs all over NSW/ACT that I have never experienced before - it has been really exciting and really good.

The other things we do has been to run these regular webinars. Initially we did them weekly in partnership with NSW Health where we have been able to have Dr Kerry Chant as well as any experts we feel have been useful at the time such as infectious disease or paediatrics as a classic example, to be able to help inform us as GPs about what is going on and how to respond and to make sure we are right up-to-date with what is going on at all times - which again has been a really good relationship building. I am happy to say GP's are very much and foremost and in the conversation at all times with the response to COVID in NSW. Does that cover enough off do you think Ken?

**Ken McCroary** – I think that is fantastic Charlotte, thank you so much for that really wide ranging response. The next question is a dual hatted question both for you and your organization. I think you

have answered a fair bit of it anyway so we are keen to know what your mission is and what the mission of your organisation is and how do you, and your organization, operate in South Western Sydney?"

**Charlotte Hesper** – Ok so in terms of what is the RACGP's actual vision and mission statement?

**Ken McCroary** – Or what your interpretation of it would best summarise it.

**Charlotte Hesper** - The interpretation of it should be our vision statement and the short version is 'healthy profession, healthy Australia'. The mission has been to improve the health and wellbeing of all Australians by supporting GPs, GP registrars and medical students through education, training, research and all of those other services we have talked about.

We do actually have a shorter and more succinct mission statement but basically the vision is about ensuring the health of Australia and all of the communities within Australia are healthy through the good work of General Practice and through supporting our members to be able to do that. Which from my perspective is a great vision, and certainly how we do it is really important. But the biggest thing, and certainly a challenge at the moment, is making sure all our members are supported because as we know COVID-19 has been an extraordinarily difficult time for everybody, but really challenging for GPs. We really are at the coalface and we, as Kerry Chant has said, are pretty much key to NSW doing a good job or not in beating COVID-19 and minimising the number of deaths in our community. We are often totally under resourced, and we are just dropped into using telehealth which none of us have done before, and we didn't have the PPE that the hospitals had, and we were expected to roll out respiratory clinics testing - all sorts of rapid changes and at the same time, made to bulk bill which meant a lot of people's businesses have really suffered and the whole sustainability of being able to run a General Practice and pay and for GPs to earn a living has really been up front and foremost."

**Ken McCroary** – Great thank you again that's very interesting. Being a local organisation, we are wondering if you are aware of any particular issues and challenges that are facing GPs working in South Western Sydney?

**Charlotte Hesper** – Look I think South West Sydney at this point in time, the biggest challenge you've had is being the center of the latest outbreaks of community spread and clusters, and for that I would like to say a big thank you.

But I have also been extraordinarily impressed by how well and rapidly everybody has responded. It is quite extraordinary when I have this advantage in that I get to hear from Kerry everyday where the cases are and how the contact tracing is going and what it looks like and it is just amazing. So for instance, they found out on a Friday afternoon at 2pm there was a potential clustering from the Crossroads Hotel they had set up a testing clinic by 5pm. That is three hours from when they found out to when they had it up and running. As challenging as that was, everybody came to the party and they have really been able to quite rapidly chase and find all of the associated cases as well as the Thai Rock

restaurant and all the subsequent fallout from that which we are obviously dealing with at the moment and that has all been in your area.

So that has been a big time for you and hopefully you are feeling supported enough. If you are not, I think that is where you and I can work together because I can certainly advocate for you with both through the PHN, the College and NSW Health to try to make sure the support and supplies are there for you. And some of those issues are around getting timely results when positives come in and having access to all of the guidelines in being able to manage patients in the community, and their family and contacts and what that means regarding the advice you give them and the ongoing sequelae that will eventually emerge as people get better.

**Ken McCroary** – Thank you for that again. Last question to wrap up again I think you have attacked and answered most of these things through the previous answers anyway but just going forward, what are some things you think you can do to help support General Practices and General Practitioners in South Western Sydney?

**Charlotte Hespe** – I think again it is about knowing and understanding what the issues are. So the biggest thing I can see we can do for ourselves as GPs is to actually be part of the conversation - if there is a problem and we don't know about it, we can't solve it. But if we know there is, and understand what is going on, we can try to all work together to improve it.

Ultimately from my perspective, General Practice is the most important part of our health care system so it is absolutely essential we make sure it is sustainable - and in being sustainable, also recognizing the role we need to play as GPs so we can't just be operating as a solo healthcare provider in an island. We are actually part of a very well connected system - well it may not be as well connected as we like - but in order for it be well connected, we need to actually highlight where those connections are not working so we can work with the PHN and the LHD and bring in all of the resources we need to get it working better. For example, with programs like HealthPathways, finding out how HealthPathways then work in with the whole state's health pathways so we can see who is doing it better, then actually get it better. The other thing is really understanding the power of your data because as GPs we hold the most amazingly powerful information about the health of our community and if we actually want our patients to get better we need to harness the power of that data and learn how to read it and use it to improve what we are doing. Again that is about saying 'ok who is the best person to share it with and how can we then use that to leverage getting more funding, more support, more services etc'. So for instance you have got a whole population of diabetes patients who are unable to access any services for podiatry or eye care but if we don't know about that we can't actually get any services happening in that area. So that again is the responsibility of us being able to get that data out, share it, and then get the resources where they are needed.

**Ken McCroary**- Fantastic thank you so much I really appreciate your time today Charlotte. Again, that was Professor Charlotte Hesse from the RACGP have a great weekend and thanks for joining us today

**Charlotte Hesse** – Thanks Ken