GP LINK Lunches | Dr Mary Beth MacIsaac

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Dr MacIsaac

Dr Ken McCroary

Ken McCroary - One of the enjoyable parts of working in a general practice advocacy organisation is the ability and opportunity to meet up with many driven, passionate and dedicated general practice advocates.

One person I often run into over the many Zoom meetings or transitioning back to face-to-face, whether it be on COVID community practices, NSW and ACT RACGP faculty meetings, NSW Administrative Health Committees or RACGP Expert Committees, is Dr Mary Beth MacIsaac.

Mary Beth MacIsaac is a Canadian-trained GP. She worked in a rural emergency department prior to moving to Australia. She worked in South Eastern Sydney for 10 years, including in general practice registrar-training with GP Synergy.

She is a graduate of the RACGP Future Leaders program. She is a member of the RACGP NSWACT Faculty Council and is the previous co–deputy chair. She is a member of the RACGP Expert Committee - Quality Care. In 2020 she moved to Broken Hill in Far West NSW and became the senior medical officer in primary care for the Royal Flying Doctor Service South East Section. She is chair of the Far West Clinical Advisory Council of the Western NSW PHN. In early 2023 she moved to Mildura in Victoria. She currently works at Coomealla Health Aboriginal Corporation in Dareton, NSW, and is the Director of Medical Education for the Mildura Base Public Hospital. She is passionate about rural health, education, and quality improvements.

In other words, she tends to keep busy, and, for that reason, I very much appreciate her time today and look forward to hearing about her experiences in the multiple GP roles she has performed.

Thanks so much for joining us today, Mary Beth, and for sharing some of your experiences with the GPs here in South Western Sydney.

So, Mary Beth how about starting with the experience of being an overseas-trained doctor: what that was like and what you can tell us about that part of your journey.

Mary Beth MacIsaac - I came to Australia from Canada in 2010. I think it was a different transition for me because I was transitioning from working in a remote rural emergency department to suburban general practice in Sydney. That was a huge learning curve for me both in terms of clinical skills of what I was doing, but also in adapting to the new system and new ways of working. I went into a small practice with another doctor, who had just moved two months before from Hong Kong, and we had to figure it all out together. He trained in Australia but spent, I think, 10 years before that overseas and, yeh, it was a whole learning-the-system together and trying to figure out who would help you and how you could find resources. It was a huge challenge.

Ken McCroary - So, did you find support, and did you have any help with navigating these new systems?

Mary Beth MacIsaac - I think where I really learned a lot was by attending as many education sessions as I could. I didn't attend the education sessions to listen to the speaker, although I did. I mainly attended the education sessions so I could meet other local GPs and ask them questions. Those poor long-suffering GPs who attended with me … during their dinner at the education session I would just absolutely pepper them with questions about how to: is there a local gastro endourology clinic and how do you get the patient into that, and how does the pathology system here work because I'm used to one centralised hospital pathology system and not totally different providers. You know things coming from different places. How do you refer paediatric patients to a particular service? I learned so much from my peers; I think that's where a bit of my interest in peer-based learning came from - the invaluable knowledge and skills and expertise I gained from those wonderful fellow GPs.

Ken McCroary - Yes, networking is such an important part of professional growth and support. One of the things we try to do at GP Link is to encourage the interaction between our GPs and our other health colleagues as well. You sound like you are pretty good at it … any secrets on how we encourage our more isolated GPs to network better and how do we encourage them to engage if they are feeling, I don't know, intimidated or whatever?

Mary Beth MacIsaac - One the things I have learned over my career is that you would be really surprised at who is willing to help you if you just reach out and ask. I've had so many people help me in so many ways, from some many unexpected sources. There is a vulnerability in asking so there is vulnerability in saying "I don't know the answer to something, can you please help me". When you ask, there are so many people all too willing to set everything aside and help you. The important thing to remember is if they are not willing to help you that's on them, it's not on you. You know that in good faith you reached out and said: "Hey, I don't know this, can you help me?". If you get an odd response it's not about you asking the question, it's about that person. You just ask somebody else. I think that's the key, to make that initial step.

Ken McCroary - That's excellent advice. Yes, ask away, don't be shy because pretty much we are surrounded by people who help people for a living, aren't we, a go-to for most of us.

Mary Beth MacIsaac - Exactly, absolutely.

Ken McCroary - You also touched on education, and I noticed that's another interest with your work with GP Synergy and the stuff you did in Mildura. Where did that come from?

Mary Beth MacIsaac - I think I was naturally curious about the Australian system and the Australian training. In 2013 I was working in a corporate practice, and the corporate area manager came to me and said, "look, we would really like to do GP registrar supervision" and I thought that sounded interesting. Later that year I did the clinical teacher training workshop and I got my first registrar. Because I didn't train in the Australian system, I got increasingly interested in how the system worked and where did the treatments come from. I wanted to learn more so I could better support my own registrars. The more I learned about it the more I got interested in, I guess, how we learn, adult learning principles and what's the best way to kind of teach, how do we learn from each other and all those sorts of things … I think it just evolved over time.

Ken McCroary - I guess I get asked for more advice so to those who are out there who have an untapped interest in teaching, educating registrars, medical students, what you would say to them?

Mary Beth MacIsaac - Reach out and ask. The general practice supervisor training is generally every year, every few months. I think applications for the 2023 registrar supervision are currently closed but keep checking back with the RACGP to see when applications might open again. Clinical teacher training is also particularly good. If you are already supervising, if there are already registrars at your practice, see if you can get added on as an additional supervisor so you can learn the ropes from someone more experienced. And you know, reach out

and see what you can offer. Similarly, a lot of the medical schools are keen to find supervisors of pre sectors from medical students; contact them and find out if there is anything in your area that's on offer to become a supervisor. It's wonderful. I think some of us are a little bit hesitant to become supervisors because we feel we have to know everything in order to supervise someone else, and I think that's the biggest myth in supervision. I can absolutely tell you I learned way more from my registrars than I think I ever taught them. You learn so much through the process of teaching someone else that you become a better GP or a better doctor as a result. The other thing is, you don't have to know the latest hypertension, diabetes or kidney disease guidelines, although that's important. You need to know where to find the information, but that's not what you're teaching your registrars. You're actually teaching them the context of general practice and that's what I say to my new registrars. I'm not going to teach you what the latest diabetes guidelines are. You can look those up and they are better than I could ever teach you in a teaching session. What I am going to teach you is how to engage your patient with diabetes: how to see what their goals are, how you can work together to get better blood sugar control, how to help them to better manage their diabetes as opposed to knowing what the latest drugs are with that sort of thing, and how to move the management of their diabetes up on their own agenda when it's already sitting behind a million other medications and a million other lifestyles things. How can you encourage them to see that that might be important. So, you are teaching them the context of general practice and the style of general practice, not necessarily the content, if that makes sense.

Ken McCroary - Absolutely and I think you are spot on; learning together, small group learning sessions, practice meetings, it's all part of it, isn't it?

Mary Beth MacIsaac - You learn so much from each other. I think that's a traditional sort of teaching in medicine. There have been the experts standing at the podium kind of giving a didactic, you know a traditional lecture teaching style. The experts are at the front and the learners are at the back and there is not much two-way communication happening. The way we learn best is by working out problems together and learning together and teaching each other - it's not necessarily this one-way interaction we have traditionally been exposed to in medical school. If you are my generation and perhaps a bit older, the expert was the holder of all the knowledge and the trainees were just absorbing things. It's quite different now.

Ken McCroary - I will disagree with one thing you said. I think you mentioned you've learnt more from the registrars, I'm sure your registrars would categorically say they have learnt a great deal from you (laughing).

Mary Beth MacIsaac - I don't know, they are pretty smart.

Ken McCroary - All right, I think they have been well looked after. I might move across now - I want to go back to rural and remote stuff later, but one of the things that fascinated me was your experience with the Royal Flying Doctor Service. I did get the remote and rural health baseline 2022 that came out from the RFDS just recently. I want to add some stats here: 57,000 Australians live greater than one hour's drive from their general practitioner, there were 34,000 retrievals in 2021 and 2022, 30% of those were Aboriginal and Torres Strait Islanders and 55% male, with 21% having cardiovascular disease. Now these guys are high risk, and they are 2½ times more likely to be hospitalised from preventable disease than the rest of the Australian population. And that reflects the significant rural life expectancy inequity - remote versus city living. Women 66.2 years compared to 85.2 in the city. That's 19 years less. Men or males: 65.7 years rural remote compared to 79.6 in the city. Rural men have 13.9 years less life expectancy, just because of where they live. Your feedback and experience with that would be great and then tell us what it was like doing this job with RFDS.

Mary Beth MacIsaac - It was an honour to be able to work with RFDS. It's such an iconic wonderful organisation, but it's also so innovative. I could be doing new things constantly, coming up with new programs, doing research … there's so much happening and there is so much recognition now in RFDS about the importance of primary care and the importance of general practice, in particular. I think I was there at a really good time when that was developing and emerging. When you look at the services and what they do for remote communities, I think it's fantastic. When you look at the patients that live in those communities, I think

they do so much to support their communities. It's remembering you are there to serve and support their health, but that's only one small part of everything they are doing and everything that's on their priority list. When you go into those communities, they are extraordinary: the publican is also the person that delivers the mail as well as supporting and helping on a station; that person's partner or wife might be heavily involved in the Country Women's Association and doing fundraising and supporting an elderly neighbour that's still working at home. They all band together and help one another when there is a problem, an issue or somebody's in need or has a problem. There is so much community spirit and community activities. If you have to pull a person out of a community to, say, have a X-ray or a test or a specialty appointment, (in the background) they are actually holding up so much of their community that it's not just an imposition to them to drive the hundreds of kilometres, it's actually removing a whole lot of services from that community while that person is out. If you look at people on stations and things, who else is going to manage their station while they are gone? They have to think about all of that in order to access what we would consider as basic health care: a chest X-ray, a pathology test or those sorts of things. We bring out our services and offer those things as much as we can, particularly pathology, chronic disease management and medication supplies, but it's so much more difficult for people to access healthcare out there.

Ken McCroary - Yes, living 19 years less just because you live in the bush; it just sounds so unbelievable, doesn't it?

Mary Beth MacIsaac - Yes, it is, although it's not surprising. Our patients, they are accustomed to it. They just get on with life. They might have a symptom, or something might happen, and they just keep going. They are very resilient and, really, it is extraordinary in a way. In another way there is inequality, where they may not receive the same level of services as people in the city do because they just don't have the access to those services.

Ken McCroary - As a GP what was your greatest experience or what did you get the best or most out of doing in your rural and remote work?

Mary Beth MacIsaac - I think, for me, when I was working for the RFDS I was in a bit of a leadership role so what I got out of it was the ability to have trainees and registrars and help support them in learning good rural and remote medicine. That's a rule that's continued in my absence because I was able to support other GPs to become supervisors and that training pathway is still there. That is important for me. What I think was important for my team were the links they developed with communities. They got to see the patients in the community, but they also got to see and respond to the needs of that community. All communities are different depending on their population and their context and what people there are doing. GPs would come back from visiting communities saying things like "we need menopause services because there are so many menopausal women that are not actually seeking medical care" or "they don't have adequate services" or "there might need to be some incontinence education". Or they'd tell me about something happening in a community. I'd love to hear what the particular health needs of that area were. Because they are such small communities you get to see that population level health that, I think, you may not get to see in the bigger centres.

Ken McCroary - It sounds really cool, the way you contribute to the communities you visit and work with. It is certainly rewarding, and I commend you on that. What about people or GPs working in the city with the thought of maybe doing a term rural or remotely, maybe getting some experience out there or even considering a move? What would you say to encourage that?

Mary Beth MacIsaac - I think a lot of people think "oh my goodness I don't have up- to-date emergency skills" or "I don't have up-to-date skills in you know whatever", and you do have the skills. You have a lot of skills as GPs you may not recognise you have, and it is those same skills you are going to use in rural communities. Yes, you will need to upskill, yes, you will need to learn, you will need to stretch, or you will need to grow. But if you can get a supportive organisation like the RFDS was for me, you will be supported to learn those skills. You will work alongside some amazing people. Rural GPs are absolutely incredible in what they know, the breadth of

what they can do, how they can just manage things and how resourceful they are. You will learn all of that and it is a wonderful adventure: visiting these places and seeing how people can make a living out of nothing and developing a community out of something that you didn't even know existed. It is courageous to make a leap, but I don't think you will regret making the leap.

Ken McCroary - The added challenges, they just contribute to increasing the reward long-term, so yes, it is something our students and registrars should all be thinking about, shouldn't they?

Mary Beth MacIsaac - Absolutely, absolutely. There is so much … it is the wide-open spaces of the rural countryside. There is so much breadth in what you can do, you can offer so much, you can do so much, you can have a special interest in something and develop that special interest and have it suit the needs of your community. There is so much to be done and there is so much you can do. You feel like you come out to places like this and it is a great big stretch - you can just stretch your arms and legs and do everything that you want to do.

Ken McCroary - It sounds worthwhile, and if anyone is thinking about it do they contact their college, I guess? There are rural faculties at each college.

Mary Beth MacIsaac - There are rural training pathways and there is a lot of encouragement around rural training pathways. Here at the Mildura Base Public Hospital, we are looking at rural generalism and pathways to develop advanced skills in rural medicine that will help serve our community. In whatever region you are working, there are various opportunities. In NSW there is the Rural Doctors Network that is supportive of the rural workforce and developing skills and things that support the upskilling of rural doctors. If you are thinking about Broken Hill there is the Help on the Hill, an organisation that looks at bringing doctors to Broken Hill itself (which is where I was working). They can look at supporting you in your training pathways and things. RFDS, just give them a call and tell what it is that you want to do and see what pathways are there for you. I am sure people will reach out and tell you what is on offer.

Ken McCroary - Thank you for that information. Moving closer to cities, our paths have crossed a lot recently on the RACGP NSWACT Faculty Council. You had experience of being co-chair during much of the COVID pandemic with a lot of extra demands on time, interviews, etc. What was that experience like and how did you cope with that?

Mary Beth MacIsaac - I was so fortunate and the best part of that experience was getting to observe and work with Charlotte Hespe, who is just incredible. To be mentored and supported by her was a wonderful experience … learning from the best in terms of going into meetings and being prepared. Part of what was really rewarding about that experience was to bring the general practice voice to the table. There are places where decisions are made, but the people around the table don't necessarily understand what happens in general practice and the impact those decisions will have on our community, outpatients and our practices. I think where I was able to make the most impact was bringing that practical voice and trying to advocate for the value of general practice, in decision-making and including us in decisions. I have to say, a lot of it was Charlotte. It was watching her, supporting her and being measured by her in terms of what to do - that was a fantastic experience.

Ken McCroary - I think she has responsibility for a lot of how we act, doesn't she? One of the things you mentioned was what I see as a lack of understanding decision-makers have about general practice and general practitioners. Did you find that as well?

Mary Beth MacIsaac - I think there's a real lack of understanding of what happens in general practice in general, if that makes sense. People seem to think of general practice as their own interactions with their own GP, but they don't understand what we do for the rest of the day. Or what about the other patients we see in a day? If you are seeing a GP for, say a hypertension management, you think all they do is manage hypertension.

You don't necessarily see those patients with complex multi morbidity or mental health concerns or all the other things we are trying to do to get through our day. There is this misconception that general practice is somehow doing the easy stuff, and I think what we are doing is all the hard stuff that nobody sees.

Dr Ken McCroary - Yes, and not getting the fair reward for standing up and taking on the difficult stuff.

Mary Beth MacIsaac - Absolutely. It's the way the MBS system is ... if we spend extra time with our patients and we do things like hospital avoidance and we manage multiple conditions in the same presentation, the fact the MBS rebate per minute goes down for that, I don't think it's a fair way to fund the system. But, I suppose, I will leave that up to the MBS Review Taskforce and others that know better to try and look at that.

Ken McCroary - There is a lot of work to do with this system, isn't there?

Mary Beth MacIsaac - Absolutely.

Ken McCroary - You have also done work with PHN clinical councils, and we worked together on the RACGP Expert Committee - Quality Care. I know you are interested in quality improvements, what challenge do you see in quality improvements and GP workforces and your ideas on how we improve that stuff?

Mary Beth MacIsaac - Quality improvements start with you and your practice and what you're interested in and what you observe. I think any good quality improvement project starts with your own personal reflections of what it is you want to do. One of the challenges in quality improvement comes when there is an external body or a top-down suggestion that we are all going to improve quality around x, y or z. I do not think a one size-fits-all approach is the right way to go about it. If you really want to improve, you must start clinician engagement with the process, and encourage engagement with whatever topic, whatever area, whatever process it is that is interesting or important to that clinician - and I then think you will see quality improvement fostering and grow.

Ken McCroary - There are so many options out there, isn't there, in terms of what we want to concentrate on and what we think our own communities would value and what our own practices would value? There are so many ways to go back in generating that change in behaviours and health outcomes, isn't there?

Mary Beth MacIsaac - Absolutely, if we can figure out a way to, I guess, support quality improvement at the call phase, support those types of activities as opposed to being prescriptive around what quality improvement looks like. I think we will probably end up with a better system as a whole.

Ken McCroary - Yes, I agree. Good point. What about the workforce and the scary news we hear about the younger doctors being less and less interested in general practice, less and less people applying for GP training, what is your feeling about that?

Mary Beth MacIsaac - It is a difficult problem to try and overcome. I know that within the organisation I work for, Mildura Base Public Hospital, there is a positive view of general practice. In the cohort I work with, the junior prevocational doctors, it is trying to encourage that positive view of general practice and say "look, there are pathways and you can have a special interest in general practice and keep that interest but also really enjoy the breadth of medicine", and highlight what we do in general practice which is that undifferentiated illness, supporting patients in their own care, supporting patient empowerment and dealing with complex multi morbidity. That's what we are actually doing in general practice. If you want to learn that and do that and enjoy the breadth that is medicine, that's what that career looks like. And then trying to make sure there are as many pathways as possible for people to really become a fellow GP while staying in their own community. My passion is rural so staying in rural communities and going through all the training in the communities, I think that is important and that's one aspect of things. But the problem of how to encourage nationwide GPs or perspective GPs into GP training, I think that is a huge area and I don't know if I am qualified to answer. But I know what I am trying to do locally.

Ken McCroary - Yes, fair call. With the change now to the colleges leading training hopefully (there will be) adjustments over time and things will become more attractive, I guess, to the undergrads and early post grads.

Mary Beth MacIsaac - I am hoping with a bit of improvement in the system that will filter down into improvement in training interests, but I think that is something probably beyond what I can offer.

Ken McCroary - We spoke earlier about how exhausting it was for me reading your short bio, and one of our main interests is GP support and help and wellbeing. I wondered, do you have time for other interests and what do you do when you are away from being a GP?

Mary Beth MacIsaac - I am a group exercise fanatic, (laughing) I love going to my group exercise class at my local gym. That sort of thing, I really love to do. Living in a rural area, as well, you get a chance to explore the small towns and highways and byways and places around from me in Mildura. My husband and I like to take little road trips to places and explore the country markets and just see what's out there. Exploring the little rural towns is important to me.

Ken McCroary - That sounds nice, and some exercise is always important. We don't do enough of that as a profession, do we?

Mary Beth MacIsaac - Not at all. I don't think most Australians follow the recommended physical activity guidelines.

Ken McCroary - Spoken like a true GP, well done. We also look at, apart from work/life balance, other ways of improving wellbeing. We have major issues with doctor burnout, through all facets really, now. It's not just young guys; it's older guys, it's middle-aged guys, struggling with that sort of issue. Do you have any advice for GPs out there and their wellbeing?

Mary Beth MacIsaac - One of the most helpful resources I've come across in terms of burnout is about managing the consultation and trying not to allow the problems of the day and the consults to go home with you. There is a podcast Genevieve Yates did with Justin Coleman … I really, really recommend listening to that. My registrars and the junior doctors I meet all get a link to that podcast after I have a chat with them, because I think it is an important philosophy to follow. That is probably my best advice in terms of dealing with burnout although I am sure there are lots and lots of people who have wonderful strategies.

Ken McCroary - That's interesting. That's a novel one too. I look forward to getting that link and hopefully I can incorporate that into our discussion today, if you don't mind.

Mary Beth MacIsaac - Yes, absolutely, I will send it through to you.

Ken McCroary - Excellent one, thank you. I am a graduate of the inaugural leader's program and I notice you have done that as well. One of the things I would like to see is more women encouraged to participate in not just that but in leadership in general in the health profession. What can we all do to help with that?

Mary Beth MacIsaac - Another wonderful initiative from Charlotte Hespe and the NSWACT Faculty Council is the Women in General Practice Leadership Committee. If you are interested in leadership you don't have to be already in a leadership role, you can join that committee and that group. We meet on Zoom regularly. You do have to be an RACGP member to join, but it is a very welcoming group and we support each other. You can hear about leaders and their leadership journey, and obstacles. It's a wonderful group to be part of. In terms of encouragement, never underestimate the power of a shoulder tap. If you see a woman you think is a potential GP leader and you think she is doing a great job, firstly tell her so because she probably doesn't think it. Imposter syndrome is rife. Secondly, make the tap on the shoulder and say "have you thought about doing this

or that or whatever" because she probably thinks she is not good enough to go into that particular role, not particularly qualified or that's a role for somebody else. She may not have even considered doing it. Don't underestimate the power of a tap on the shoulder.

Ken McCroary - That's good advice. Be on the lookout and be supportive. I have spoken to Charlotte and the women's group was happy to accept non-binary gender people as well. If there is anybody you know who is interested, it would be worth contacting the group, wouldn't it?

Mary Beth MacIsaac - Yes, contact the NSW and ACT faculty and provide your details and say you are interested in the group. You will generally get a Zoom invitation and, yes, please join us.

Ken McCroary - And don't be shy and don't underestimate your own value to the profession, because there is a lot of stuff that needs doing. Where I am our average GP age is 58 so we certainly need new faces and new people coming through, don't we?

Mary Beth MacIsaac - Absolutely, absolutely. That younger group coming through is important. There is lots to do.

Ken McCroary - Absolutely. Excellent, excellent. Now I have really enjoyed today. I think I might wrap up, unless you want to have any special diamonds of interest you are going to tell us about. Obviously, Canada's loss has been our gain. Thank you so much.

Mary Beth MacIsaac - It is funny, when I applied to study medicine I said I wanted to be a rural GP and I'm sure the Canadian Government invested a lot of money in my training. It's just I'm a rural GP in a different country.

Ken McCroary - We are all part of the same Commonwealth, aren't we?

Mary Beth MacIsaac - Exactly.

Ken McCroary - Thank you so much once again for joining us today. We appreciate all the work you do, both remotely and in the college, and with the young guys coming through and with the women in leadership. It has been tremendous talking to you, so thank you.

Mary Beth MacIsaac – Thank you Ken, thanks for your time.

Remember if you're not a member of GP Link already or you would like to learn more log onto our website at https://sswgp.link/.