GP LINK Lunches | Penny Abbott

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.

Penny Abbott

Ken McCroary

Ken McCroary - One major issue with the ongoing general practice crisis in Australia, including South Western Sydney, is the considerable workforce shortage - not just the mal-distribution.

It is expected in the next decade to be a deficiency of at least 10,000 to 12,000 full-time equivalent GPs, and there seems to be no solution in sight. The attraction of general practice as a profession has steadily been declining with our undergraduate and early post graduate medical students and doctors.

I thought I'd take the opportunity to explore one of these issues, the undergraduate medical curricula and lack of interest in general practice, with Professor Penny Abbott, the new Head of General Practice at Western Sydney University.

Penny Abbott started as the Professor of General Practice at WSU in 2022. She has a particular interest in high-quality sustainable and accessible primary care. She has been a long-term visiting GP to women's prisons through Justice Health NSW and worked in the Aboriginal Community Control Health Sector in Western Sydney as a GP for more than 20 years. Her research interests include primary care, prison health, Aboriginal and Torres Strait Islander health, and ear and hearing health. She has held leadership roles in the RACGP in custodial health and research, she's a member of the General Practice Advisory Group and Agency for Clinical Innovation NSW and a board member with Justice Health NSW.

Thanks so much for joining us today, Penny. I appreciate your time to have a chat with Sydney South West GP Link.

Congratulations on the general practice professorship at Western Sydney University. Tell us a bit about that role.

Penny Abbott - It's an important role. I came into it a few months ago, after having worked at the Department of General Practice for a few years. I think it's important to be able to create a good learning environment for medical students. We need lots of well-rounded and capable doctors in the world and, of course, being in the department I particularly want a lot of them to become GPs or to be doctors who work well with GPs and who understand and appreciate primary care. I take this role seriously and I'm really pleased to have the opportunity.

Ken McCroary - It is thoroughly deserved. You've been putting in a lot of work for some time and I am really pleased you got the role. How about a bit of a background? The medical school has been around for a few years, and we're getting the students who've graduated, and they have finished their training as well, so they're working around the region and wider community.

Penny Abbott - The Department of General Practice has been going for about 13 years, so we are a young medical school and one of the few that has a five-year undergraduate degree. We haven't gone to the post graduate medical degree, and so have a cohort of younger medical students. We are also very proud of the fact we are in Western Sydney and have a cohort of students who are often the first people in their family to have gone to university. We have a group attracted by our social justice ethos and health equity, they have a bit of drive to make a difference and are quite committed to Western Sydney, South Western Sydney and the Greater Western Sydney. It's really a nice group to work in - very keen and very proud of their roles as future doctors.

Ken McCroary – You've got an interesting background as well. You've done a lot of work with Aboriginal and Torres Strait Islander people over the years, haven't you?

Penny Abbott - I first went into general practice. I've always worked in Western Sydney and I became interested in Aboriginal health, so pretty much as soon as I'd finished my training I got a job at the Aboriginal Medical Service in Mt Druitt. I worked there for more than 20 years. I was the senior medical officer for a long time, and I loved working in that environment. I left there about five years ago, but what I often reflect on is that one of the things so attractive about it, apart from working with Aboriginal people who are fantastic to work with, was – remember, this is the 90s - they were really running a patients' and a medical home. It was what we had aspired to as general practice for years, and are now starting to achieve. I believe things are moving forward in primary care in general - I know this is the way you can have a satisfying career because of my background in Aboriginal health.

Ken McCroary – You've also spent a fair bit of time working in Justice Health?

Penny Abbott - I had been at the AMS for probably about five years, and I hadn't really thought about prison health. When I was working at the AMS I had become quite interested in under-serviced people in particular, like those involved with the justice system and people who've had problems with substance abuse. When the opportunity arose, I applied to be a visiting GP with Justice Health NSW. I've worked there for about 20 years - pretty much a day or two a week over that time with female prisons. It's a multidisciplinary environment, working in a prison, and I've enjoyed, though it's terrible to say, the complexity as a doctor of treating people who come into prison as they have all kinds of health problems and generally are in very poor health.

Ken McCroary - It is a challenge, but there are rewards, too, working with people with increased needs and those who come from poorer determinants of health?

Penny Abbott - Working in a prison as a doctor is a bit different to (working in) the community where you are more engaged with the family and the community. I had that at the AMS. But in the prison, you don't have that. On the other hand, I believe when people come into prison, particularly women, it's often nothing too much has happened, they are just basically unwell people with mental health problems, substance use disorders and neglected health. It's a great opportunity to put some things in place, often quite small things, to improve people's health and allow them to leave prison healthier with more of a chance of not coming back. It is a very satisfying place to work.

Ken McCroary - You highlighted the over-representation of the vulnerable in prison … that a lot of the people are there for underlying reasons that are not their fault. It is those with vulnerabilities that maybe we are not doing enough for them before they offend.

Penny Abbott – Absolutely. The social determinants that help us are strongly linked to incarceration. I've had colleagues say we are putting our most disadvantaged people in the one place - people who've fallen outside the mould often because of poor education, childhood trauma, poverty, mental health problems, post-traumatic stress and intellectual disability. Many people who enter prison have had traumatic brain injury; we are looking at quite a group of people who are pretty unwell - not being included in our society's world and socially excluded. That's who is in our prisons in general. They are walking around among us, then they go to

prison for often very short sentences – three or six months - and they come out again; a cycle that is hard to break, often started in childhood. These are all the challenges our society faces.

Ken McCroary - It is a disheartening situation - do you have optimistic views of this problem?

Penny Abbott – We are kind of moving forward in many ways … just having an understanding that we can do something about it, both when people are in prison but also in the community. I have done research in this area and there is often a stigma attached to having been in prison, but even more so I hear stigma attached to a person who has used drugs. Often in general practice these people are not revealing themselves to us. They do not feel they can safely reveal they have been in prison. There are many opportunities to make a change in people's trajectories and I have seen, in my years in the prison system, people who have just made a change. I remember talking to one woman - she hasn't been back to prison - and she said when she came to prison this time, she was sort of taken under the wing by some of the nurses. They made her feel like she was important, she mattered and what she was saying made sense. That positive interaction with that group of nurses was enough to feel she could succeed in the community rather than relapse into drugs. We do need to break the cycle. There is a lot to be done - we need to raise the age for people coming into juvenile detention and we need to do more work with people leaving prison, so they understand that general practice is the right place to seek the care they need. We need to support GPs better, so they are funded accordingly and have the team support there. That means they can deal with these complex people. As a health system, as long you are helping the disadvantaged you are helping people who are involved in the justice system.

Ken McCroary - You also have had quite significant leadership roles in the RACGP, ACI, JH … a bit of a trailblazer really. What sort of challenges as a female have you faced in these roles over the years?

Penny Abbott - That's an interesting question. I became drawn to it (leadership roles) around the middle of my career. I love being a GP - I think it's one of the best things in the world - but it's good to also do some other things as well like getting involved in committees and try and effect policy. Those bigger picture things you can find so frustrating as a GP, you could change them if you were at the table. I've always tried to do that in multiple ways. I've always done a lot of work like that. If you're asking what it's like being a female doctor and a female in our system, it is interesting. I feel women tend to be less assertive and to be less able to get across their point. I had an experience just the other day. I had a medical student who contacted me for my email to ask if she could take on/apply for a research position. I didn't know from the name whether it was male or female, but she expressed so much lack of confidence in her ability to do this work in the introductory email that I knew immediately it must be a woman. And I thought, this is the kind of stuff we need to change.

Ken McCroary - The profession is slowly waking up to the inequality and the extra support some members of our profession require. Hopefully we will see progress in this space. Conversely, what about rewards – such as leading this group and being an example for women, and struggling groups coming through?

Penny Abbott – It would be great to think I could be an example or be someone who people thought was doing something. I don't think that way so much. I just want to make a difference - be a cog in the wheel to try and improve things in our world. I'm a GP and the things I can most improve relate to health and health equity, things like access to health care. I enjoy going to committees where I can say, when we set up our health system let's think about how we might engage with people who might otherwise find it hard to access health systems, let's make things easy for people, and let's provide care all people need, not just a select few who can navigate the system easily and pay easily and so on. That's been the path my career almost accidentally took, but which I feel has led to a successful and rewarding career. I still have that passion, I think, through WSU. That's one of the reasons I was attracted to the head of department role, because the uni has this ethos, principles, of trying to make a more just world. At our medical school, we try and give students eye-opening experiences that might make them think differently about working with underserved communities. That's what drives me, and that's what I hope I am achieving.

Ken McCroary - What about advice for people if they are having some sort of aspirations and thoughts about entering roles like you have been talking about just now?

Penny Abbott - I would just say go for it because it's not that difficult. People are always wanting a GP voice at the table and if you step up to the plate you can become part of the solution whether it be through PHNs - I find PHNs a very solid way to engage with government and with the health system - your Local Health District or community groups. There are so many opportunities. When I first started I had this aspiration, and I went to my first committee with the local health district in Western Sydney. I didn't understand half the things the people were talking about, it hadn't been part of my education to be thinking that way. I think things are different now. I ended up doing further study and that was one of my motivations. I did my Master of Public Health, which I just really loved, and I felt more educated about sitting at the table in these local health districts talking about population health and just understanding all the principles. Educate yourself - GPs love to learn, just do your ongoing learning - and put your hand up. That's the way to go.

Ken McCroary – We've mentioned GPs - and you are at the coalface. We have a massive crisis with the profession these days, made worse with equity and costs of living issues for our patients, and we have let our workforce stress. Do you have any comments about that?

Penny Abbott - As GPs we've seen this coming - we have put out lots of warnings - so it hasn't come as a surprise. I feel for GPs at the coalface, it's such an important job you are doing, and I believe the answer is team-based care. It's impossible as a GP to meet all the healthcare needs coming through our doors without support and, for me, I can work at the top of my scope when I've a team around me. I did a study tour to the US through a Churchill Fellowship about three years ago. You wouldn't think of the US as being a place where the best of primary care should happen, but it appears because primary care hasn't been great for many years they have put a concerted effort into it. Over the last 10 to 20 years, they have built up some real centres of excellence. But the keystone is team-based care where GPs are still in charge but definitely able to achieve more of their goals by having a supportive team around them and supported by data in the practice. This informs them where the needs are and to check how they are going. I feel we are the cusp of that now and quite hopeful. I might have to leave prison and go back into community general practice, to be part of this new wave of exciting advances that are going to come.

Ken McCroary - Very encouraging. As you are also aware, we are seeing a decrease in interest from students, young graduates and early graduates in general, in training as general practitioners. Has WSU come up with any solutions or anything you are trying to attempt to improve that interest and increase the number of graduates thinking about pursuing a career in general practice?

Penny Abbott – That's an important question. I think it's an important part of what we need to do and there are different ways of doing it so students don't perceive, that they see hope as a GP, they don't go into general practices and see everyone's terribly discouraged, they don't have their businesses appropriately remunerated and they are just run off their feet. That's what students see when they go to general practice. We need to improve the GP environment so students can see it is a great place to work. In recent years at WSU, we have done much better with that. On our last estimate about 30 per cent - I don't want to quote wrong figures -but we were about double the number of students choosing general practice compared to other universities, so we feel like we are doing some of the right things. I also think that is partly our cohort of student, but I am really trying to support GP supervisors so they can provide a good learning experience to our students. If anyone is listening, come and join us; we need more GP supervisors. If we can show students in their undergraduate years how great general practice is, then they will choose it. They are often already surprised … they go into general practice sessions and come away being amazed at the skills of the GP, the complexity of the problems they are managing and how well they are integrated with the community. They come away thinking this is a good place to work, but I don't want them to think "is this is too hard?". I want them to think "I can do that". I want to create positive learning experiences, particularly in our clinical placements, and be honest with the students. There are lots of problems in general practice - primary care health system problems - but we can fix that.

Ken McCroary - I was going to talk about supervisors and conjoints next … how someone who is interested can become involved, and also how would we encourage participation, more GPs, to take up this role as supervisors and training students?

Penny Abbott - I would welcome anybody not already affiliated with us. We've got a lot of supporters out there and we thank you for contacting us and expressing an interest in taking students. We have first-year students going in - that's an interesting experience for them because they are often completely new and don't know much about the health system or about primary care. They're not really there to learn about, say, how to examine a shoulder. They're there to learn about the health system. They are a group I'd like to see walk away and think "General practice, that's hard but I am going to learn a lot more and maybe one day I can be a GP". We also have placements in years two and year three where they are starting to develop in their clinical skills, and again in year five where they're getting down to the nitty gritty of wanting to learn how they can really manage patients. I think you can almost choose the type of placement you want to offer, according to the year. We have a smorgasbord of students. I think it is very satisfying, and we also want to support you guys as supervisors as well and help in any way we can. I'd really encourage that. If people have a particular interest in teaching and would value, for example, having access to the university library resources, take on our students, come and engage with us, and you can apply to become conjoints with us under the Department of General Practice, as a recognition of your time.

Ken McCroary - Even with zero experiences in the teaching space, your manuals and practice support, groups emails, newsletters and things like that, there is plenty of support the university offers, doesn't it?

Penny Abbott – Yes, and we try to have regulars GP supervisor evenings. We teach about teaching techniques, such as: what is a good consultation, how do you manage students with developing professionalism and so on. We've got so many interesting aspects - that is a nice part of a career, teaching. We've also got other opportunities if people are interested in research. Education around research - we are going to build on that as time goes on, but I think that is another big opportunity for people interested in broadening their engagement with us, and with the wider field of general practice research and teaching.

Ken McCroary - You have students who are locals - how do we encourage them to stay and work in South Western Sydney?

Penny Abbott - There is a lot of evidence that people stay if they have a good experience. Obviously, some will go far afield. But let's assume that's human nature, that if you like something you tend to hold onto it. I think it is about showing them a good experience and a comfortable environment. Liverpool, Campbelltown and Blacktown hospitals and others - all these hospitals we work with - have good reputations with the students, and with our community placement we feel we're having a lot of success. I think if you give students eye-opening experiences they don't know otherwise. I had a young student a few months ago, for example, come and do a project with me, an MD program in the prison. She interviewed people in prison about ear health, and after a couple of weeks of doing this she looked at me all wide-eyed and said "It must be really hard to get a job in this place". She though it was great. I felt like saying to her, well it's not that hard to be honest. I wouldn't say working in a prison is as highly regarded as a prestigious job but, yes, she had never thought of it before, and it opened her eyes. I feel the same about other areas. If you have a practice in another disadvantaged area, for example, you know the satisfaction you get from working there. Understanding what it is like to work in that type of community is something you would not even think of if you haven't experienced it.

Ken McCroary - There should be more kudos associated with working in a prison though, shouldn't it? We have got our priorities definitely around the wrong way. Putting your professorial cap on again now, not just as a GP, there are challenges in the university space currently, isn't there, with funding teachers' enrolments and that sort of thing? That must be a challenge for you, trying to balance that?

Penny Abbott - I think the university sector isn't resourced nearly enough. There are many things we could do but we are always scrambling for funds and through the hard times - COVID-19 with a lot of restrictions, a lot of people leaving and so on, being made redundant … but we've got some growth again, which I feel positive about. For example, WSU and several other universities have been at the forefront at working with a decrease in the casualisation of the academic workforce and bringing more people on as permanent staff. It's simple measures that need to be taken to build up the university sector. We try to do more research as well; that's very important for driving university growth. I am very interested in that side of things, and I am particularly interested in primary care research. I don't think enough of that that goes on. I know this is something that's been supported at the university level for a long time, and I think that's another thing we can work on. I work in my areas, in the places where I think I can make a difference. Universities are important to our society, and we need to support them.

Ken McCroary - They have come through a quite challenging time with the COVID pandemic as well. How would you advise people dealing with pressures and crisis, in general?

Penny Abbott - It's been a very hard time, and I think for many people it's still going on, financial losses and the challenges people have faced and continue to face. It's been a strange time. I have an optimistic nature, I always see the light at the end of the tunnel. I think we are emerging from that light, we are finding the students are coming back to campus now. It's been an empty campus up until recently. Only yesterday I was walking through looking at them all sitting around chatting with their friends, and thinking "we are back on track, we just need to keep on keeping on and not lose heart". We need to do all the things to support people, particularly social inclusion, in whatever ways we can. We do a lot of that in general practice, but we have to support our communities to come back together again.

Ken McCroary - It has been great seeing it as well, and the way people have gotten through. They are online learners and now getting an opportunity to be face to face again. The social interaction, the relationships that encourage us - it's really good, because it certainly has been tough over the last few years. One of the things you always talk about is encouraging other doctors to have their own GP. That's something, too, that we should be encouraging students to have their own regular general practitioner, shouldn't we?

Penny Abbott - I feel that's something now being recognised more and there is a lot better understanding of how important it is to have your own GP. When I talk to students, I ask about their experiences at general practice and they often say their GP is beloved by the people they care for. We need to continue on that path. I worry a little bit with the young people that there is a tendency to have a lack of inner personal continuity of care, they tend to go anywhere. I believe that's one of things that will improve in the future, with things like team-based care and potentially people signing on to a practice … these kind of strategies. We can build up not just relying on having a relationship with one person, but you can have relationships with a whole large practice. That's a way, I think, to keep people engaged. We definitely need to have our medical students engaged in looking after themselves, and one of the ways we need to do that is to have a general practice they are affiliated with.

Ken McCroary – Listening to your story … you've got a lot on but, despite that and despite facing all the challenges and overcoming these challenges, you still sound like you are a glass three-quarters full. Finally, please share some advice for our colleagues about general.

Penny Abbott – I think you've got to be a bit nice to yourself. You've got to treat yourself sometimes, whether it be going for a walk, giving yourself time to watch a movie or go out with friends. I think that's really important. In my role and in all the things I do, I could work 24 hours every day and still not get the work done. There is so much to do but it's so unsustainable. I'm not saying I am great - I don't sign off at five and then I don't do anything. I have a work/life balance, but my life and my work are intertwined. I'm doing things I enjoy as well as taking time out for myself. That's the main thing: recognise you can't be going 24/7, that you have to have to pay attention to relationships and your own needs.

Ken McCroary - As well as being kind to our network and our patients, you recommend we be kind to ourselves.

Penny Abbott - Yes, that's what I think.

Ken McCroary - Excellent. That has been so enlightening, Penny. I really appreciate your time and I've really enjoyed this conversation. Thank you.

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