

GP LINK Lunches | SWSPHN Clinical Council

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 Hamshi Singh



Dr Ranessa Sebastian



Dr Ken McCroary

Ken McCroary – Focusing on engagement and succession for GPs in South West Sydney. In line with corporate governance, organisations such as South Western Sydney Primary Health Network maintains various working committees with membership that has limitations on timing which calls for regular rotations.

Recently the Primary Health Network’s Clinical Council underwent significant membership changes with a number of retirements of long-term GP members and we were fortunate to have multiple local GPs apply for a role in the council and have welcomed half a dozen new general practice members.

This rotation got me thinking about engagement and succession for our local GP members particularly in leadership positions and advocacy roles. I thought it might be worthwhile to have a chat to some of the newer members of South Western Sydney PHN Clinical Council about this issue.

I was lucky to be joined by Dr Hamshi Singh. Hamshi is a GP Practice Principal and supervisor of the RACGP and ACRM registrars. She has been a fellow of the RACGP since 2014, opened her practice in Bargo in 2019. She’s experienced with registrar medical education as a medical educator at WentWest. Through Hamshi’s time as a registrar and as a GP she has enjoyed being involved in various committees such as the GPRA Advisory Council, Australian Medical Education Network Executive Committee, Board Member NSW RACGP New Fellow Rep, Get Healthy in Pregnancy Clinical Governance Committee, GP Synergy Registrar Wellbeing Committee, South Western Sydney PHN Education Group, South Western Sydney PHN Suicide Prevention Working Group. While finding clinical work very fulfilling, she has always loved being a part of committees, seeing herself as being able to contribute to the greater landscape of general practice and medicine. Hamshi’s practice in Bargo is a small family practice that has a loyal patient base. She has been able to attract and retain doctors and patients through their commitment to continuity of care, evidence-based medicine and getting to know their patients.

I’m also pleased to be joined by Dr Ranessa Sebastian. Ranessa is a GP with a special interest in women’s and children’s health. She works as a GP at the Liverpool Women’s Health Centre and at Karitane.

Thanks so much for joining me today guys. I look forward to hearing your thoughts on GP engagement and succession.

Ken McCroary: Thanks for joining us Hamshi and Ranessa. Now my first question is do you mind just giving us a bit of background about your journey to becoming a GP?

Hamshi Singh: I started in pharmacy and then I moved onto medicine after. I guess when I was going through the hospital system.

I didn't have a lot of exposure to general practice as a lot of medical students and doctors don't. I did a term in my third year I think called PD Triple P which is no longer around which is a travesty but that is what exposed me first to general practice and even though I'd gone through these terms at the hospital I really liked the variety of general practice and I really liked being able to follow up in the long term. Because I did a PD Triple P term in the Blue Mountains and I was working at Nepean Hospital I actually ended up following up some patients who I'd seen in hospital in the general practice setting and realised, I got this whole different perspective on I'd been treating these people in hospital like they were in this silo whereas then they got out into the community and I realised they had all these other factors that affected their health and not just what I could sort of control in the hospital setting. I really enjoyed that and that's sort of why I started thinking about general practice and then I think also having a variety of different medical conditions to treat just appealed to me more than specialising in something. So it was a pretty direct route to general practice. I did two years in hospital and then started the training program.

Ken McCroary: Thank you.

Ranessa Sebastian: I went to medical school in Adelaide, I went to the University of Adelaide, so we had to do quite a lot of rural terms. My first exposure to general practice was working in a GP practice as a student. I was a student in Clare, which is two hours from Adelaide and I think in the three months I stayed there I learnt more than the 12 months prior. I had a great supervisor and I really enjoyed just some of the practical aspects of general practice. I had my own patients, I got to follow them up over the three months, I got to see the changes and the difference I could make in their lives so that was really appealing to me. Basically, I knew from there that I wanted to do general practice as my long-term career option.

Ken McCroary: Excellent and we're glad to have both of you. Now what about your current roles in clinical practice and any positions you hold in leadership or outside of clinical practice?

Ranessa Sebastian: I've got two main jobs. I work as a GP at the Liverpool Women's Health Centre so it's unique in the sense that I am dealing with women only for women's related health issues obviously. I work there two days a week at the moment. My other role is as a GP for Karitane. We're moving to Campbelltown Hospital next week but I was at the Camden Residential Unit doing the inpatient, so the family, their admissions. I also work for Healthdirect - I do the After Hours GP service. I started that after I had my two kids so it's a really great role I can do at home and I do that just for a couple of hours a day in the morning, just providing after hours GP services.

Hamshi Singh: I currently only have one role, I'm the Practice owner at Bargo Doctors so I do both the admin side of managing a business while still seeing patients three days a week. In terms of other leadership positions at the moment nothing really, I was on the Wellbeing Committee for GP Synergy before they finished up last year and hopefully will have a bit more to do with the RACGP with theirs. In terms of others, there's not really anything else I'm involved in at the moment, it's just running the business.

Ken McCroary: Okay. So we work in a pretty unique region in South Western Sydney with various claims to fame – socioeconomics, cultural diversity, Aboriginal and Torres Strait Islander, refugee health, mental health and all the other stuff. What are your thoughts and feelings re the role of GPs in South Western Sydney?

Hamshi Singh: I think general practice in South Western Sydney, so I've been working in this area for about four years now, we opened the practice four years ago, there are definitely challenges in those things that you said so in terms of socioeconomics and patients and health literacy but I think we just have this place in the community, particularly in Bargo, it is a small community, we're not right in the middle of a big city, we're technically MMM5, we're the kind of pathway between Campbelltown and Bowral but we are sort of this cornerstone of the community.

We do make a big difference in people's health. It's a community I think doesn't always get the attention it deserves in terms of health and I think it's somewhat to do with health literacy, I think people don't actually realise the level of health care they have a right to. When I first started here we still see major diseases in age groups where they shouldn't be, like they shouldn't be having NSTEMIs and things in their 30s, amputations at 50. I still don't feel like I'm making as big a difference as I could but I'm glad that we're picking up these things a lot earlier and they're realising there are GPs around who will look after their health long term.

In our area there is quite a high proportion of people with an Aboriginal background, not a lot of diversity otherwise. I just think there's so much more we can do if we were given the opportunity to do it but we are just inundated. Every time I put another doctor on, they're full so there's clearly a need for more doctors and more long-term care rather than this sort of piecemeal care we're currently offering between EDs and General Practices and then things like clinics that pop up. It's a really unique place, I've never worked in a place like this before.

Ranessa Sebastian: My main sort of GP role would be in Liverpool and I did mention the patients we see, some of the stories they tell are just the worst in terms of DV and just the socioeconomic situations. I feel like the role of a GP in that setting I find particularly is not just in relation to health but almost like a case worker, being able to refer them to different services, just helping them with the day-to-day sort of stuff and that's the great thing about being in a centre like that I do have access to other people and case workers and things like that. It's just unique in the sense that I think it's particular to South Western Sydney I don't think you would find these types of things, maybe I'm wrong, but I don't know if you would find the health conditions, the socioeconomic situation of people in other areas of Sydney. I guess GP wise, unfortunately I'm the only doctor there at the moment and it's like some ridiculous long waiting time to see me but there's definitely a need for GPs as well locally.

Ken McCroary: Thank you. Ranessa, what interested you in applying for a role on the Clinical Council for the South Western Sydney Primary Health Network?

Ranessa Sebastian: I felt like there was more I could bring, what I'd seen in practice you know, the struggles we have as GPs in practice I felt like it was something that I really wanted to change and make better. I guess when I saw the advertisement asking for GPs I felt like that was something that I could potentially do to maybe make a difference to the area and to highlight the need for GPs. To also hear about the other issues that could be going on in the South Western Sydney area besides what I've seen in practice.

Ken McCroary: Okay thanks. And Hamshi?

Hamshi Singh: I applied because on a daily basis I come up against challenges getting my patients access to different things, getting them access to me even and also feeling undervalued as a GP. I don't know if it was because of the pandemic or just generally the history of the Medicare rebate freeze, I guess monetarily being valued, also politically I think we get forgotten because no one realises or they chose to ignore how we actually prevent serious illness, and it's really hard to measure that so I understand, how do you measure the prevention of a heart attack rather than how many turn up with a heart attack to the ED? I think it was just that want to have a voice in changing how things are done. I've always actually enjoyed, I've been on a few committees through my time as a registrar and then as an early fellow and then I had kids and didn't really have time for it but now they're a bit older I've got time to sort of do that as well as running the practice and seeing patients. I just always loved it and I also just love the connectiveness with other practitioners, GPs and allied health or specialists and just seeing how they work. I don't know, I'm just innately curious, I just like to make those connections with people.

Ken McCroary: Excellent. So Hamshi if you could contain in that vein do you have internal drives for advocacy and bringing about change?

Hamshi Singh: Yeah I think so. I can't explain it. I think I just naturally do so sometimes I'll have registrars come to me and go "I can't get the patient access to this" or "this is not happening and I really need my patient to do this" and usually my response is "okay this is how we can do it but also you need to make this know that you're not the only GP facing this issue so change something". I just feel like I'm in a position to make a change and why not if you can.

Ken McCroary: Well said. And Ranessa?

Ranessa Sebastian: I think my internal motivation comes from the fact that, so prior to my current role I was working in what I would say was a typical general practice, medical centre type setting as a contractor and I would do my four hours, it was just four hours at the time cause I had other stuff going on, but it would burn me out. I would find it so draining and I felt like it was so much responsibility and so many decisions and so much advocating and so much to do and at the end of the day the pay was just not good enough for the time and the effort you put in and it would leave me worried. It would leave me thinking had I done this, there was always a sense of dread going into work the next time and I just realised that that enjoyment of general practice had definitely faded and it was such a shame. And looking back the reason why I got into general practice was because I really enjoyed it, I enjoyed the relationships you make with patients, their families, seeing them go through their journey and I just had to take a step back from it and try something different because it was just, I wasn't enjoying it anymore. I think that's my internal motivation to try and I suppose that was the reason I wanted to go onto Clinical Council as well, just to try and change something about how general practice is viewed and run and paid and all those sorts of things.

Ken McCroary: Okay. Can you tell what expectations you had of the council before you actually became a member?

Ranessa Sebastian: I don't think I had any expectations to be honest. I was interested to see what it would offer and what it was about, but I didn't really have any expectations.

Ken McCroary: Okay and how about you Hamshi?

Hamshi Singh: Yeah, no real expectations I have to say. I think I wanted it to be something that would link me in with other health professionals around me because I did feel quite isolated during the pandemic cause we had no time really to talk to anyone else. I just wanted to part of a community again I guess.

Ranessa Sebastian: Yeah I think that's true. Just being a part of a network and meeting other doctors and GPs.

Ken McCroary: Now that you have joined with little expectation preceding, do you have any specific goals or things you would be really keen to achieve Hamshi?

Hamshi Singh: That's a hard one. I realise that this is the South West Sydney PHN so I realise the reach of this is quite small. I think there's things we can advocate for in our area that can spread further because there are people like you Ken who have influence elsewhere. I don't have any particular agenda, it's more just making sure GPs are not left out of things cause I think we get left out a lot in consideration of say like these pelvic pain clinics and things like that. I mean Ranessa you deal with that all the time but I deal with that on a daily basis, that's not hard for me, they just have to find me and get in. I think it's so easy to silo patients into different places and I already find it so hard to find out what's happened to them in other services they access, which of course they have to but I fear for the future of general practice as in it will become just an entry to a specialist, a gateway to see somebody else, rather than the coordination of care. I guess that's a bigger picture not a specific agenda.

Ken McCroary: Okay thank you. Ranessa?

Ranessa Sebastian: I think I agree I don't really have a specific agenda, I just wanted to gauge obviously the last few meetings what Clinical Council was about. Obviously coming in with no expectations I didn't really know what it was about but it's just interesting to see the different issues and concerns that arise in the South West Sydney area and to see what other people's opinions are on these issues but no nothing specific really.

Ken McCroary: Okay. You both mentioned isolation and you both mentioned the need for networking. One of the challenges I've always found is to engage some of our practitioners and some of our practices particularly in this diverse melting pot of a region we work in. Do you have any tips or suggestions how we can engage our colleagues?

Ranessa Sebastian: Do you mean other GPs, like GPs working together? Is that what you mean?

Ken McCroary: You both mentioned at times there's been feelings of isolation in the profession, there's been a need for networking, collegiality and if we've got colleagues that are out there feeling that way how do you think we could help them?

Ranessa Sebastian: It's really difficult because if I use myself as an example, working part time, having 100 other things to do, I find that a lot of the meetings when we engage with others like CPD type things are in the evening which are just impossible to get to and the whole idea of a lunch time session often doesn't happen cause no one has a set lunch time. I wonder if just like promoting a general meet up sort of thing, not necessarily like the event you had breaking down the silos where we invite GPs and specialists to get together, if we just did one for just GPs I think that would be great. If that was a regular sort of thing, I couldn't get to the last one because of illness but it would definitely be something I would be interested in.

Ken McCroary: Thanks for that. Hamshi?

Hamshi Singh: I agree. It is really hard to get to these things. Like I had every intention of coming to that one and then just didn't, I don't even know what happened but something happened. I think it is really hard to get together face-to-face because people are working long hours and they need to do that in order to support themselves and then the last thing you want to do is go and hang out with people you don't know. I think that's hard. I don't think I actually have an answer for you. I wonder whether even smaller groups, like say you work in Bargo, Thirlmere, Tahmoor, that's sort of our region, Wilton, even if those GPs met, like in a much smaller area cause we are so far flung. South Western Sydney is really big and me meeting up with Ranessa, who I already know, would not be that helpful cause she's in Liverpool whereas I would actually like to meet up with GPs around me but I haven't even got the time or energy to organise it so maybe something more localised would be good but also maybe a bit of guidance on how to do that cause it is hard for a GP that hasn't done that before to suddenly contact all the other doctors in their area and go "let's meet up". And the CPDs and the other things that we have to do you end up doing with a lot of GPs you don't know. I think it's just time. I think time is the constraint.

Ken McCroary: Yeah, we're all very short of that aren't we? Now we talked about engagement of our colleagues, I'm also interested in, you guys are now involved with council, I'm also concerned about how we encourage more engagement with leadership in our region like looking at succession plans and things like that. Any thoughts Hamshi?

Hamshi Singh: Yeah so I do try and do this with my registrars like I mentioned, so I will encourage them, even if they are only in the region for a little bit of time, to join things. And I think people don't realise how easy it is to actually do these things. I mean I think for Clinical Council we had to submit a resume but a lot of things you don't actually have to have much experience in.

So after one of the Clinical Council meetings, I actually went and joined the Suicide Prevention Working Group because we'd had a talk from I think Jade from the PHN and I didn't have to do anything, they were happy to just have me, and the amount of difference, I've had "Oh my goodness, it's a GP" because they hadn't had that. I felt very valued because it was something I could have done even if I wasn't on the Clinical Council and the contribution I've been able to make and the contribution they have made to me is immense. In such a short amount of time I found out about all these services I can then pass on and they're coming to visit me at the practice now but this is sort of one-on-one. I think once you get the taste for that, that you can make a difference, it's actually easier jumping onto other things where you can make a difference. And the time commitment there is not a lot, it's probably an hour every month but I think that is always a barrier. I think people think you have to be accomplished and know all this stuff and done this before, been on other committees to do something but you really don't.

Ranessa Sebastian: I think it's also getting people passionate about general practice again. I think it's the drudgery of going to work and having to do all these things and see all these patients and I think it's easy to lose, well I'd call it passion, for general practice and why it's so unique and why it's so great. And I think it's an ongoing issue, like we hear about the numbers of students and the numbers of students and doctors wanting to go into general practice decreasing every year and I think the idea of general practice now is just, I don't think we promote it enough, I don't think all the benefits of it, how great it is, I just don't think we do enough to hear about how wonderful it is. So, I think it's hard to get people excited about it and want to go into positions of leadership when it's just a job.

Ken McCroary: Yeah, again well said guys. We talked about the trepidation that people have, you both mentioned about joining but you've also said it wasn't that onerous to get involved and once you were involved it snowballs along and you become more involved, without more pressure, without more stresses, did you have some other secret encouragement that made you take that step to apply for council or how do you think it came about? Ranessa?

Ranessa Sebastian: No not really. I think it was more just innately, I think both Hamshi and I, we were both academic registrars so I wasn't surprised to see your face. I think it's just something we have always innately been passionate about, being really passionate about general practice so it's good we still have that fire within us. It's so sad to see a lot of other doctors, I feel may not have that and certainly when I was working in a medical centre with other GPs I just don't think that's there anymore which is really sad.

Ken McCroary: Yeah watching that spark go out with what our colleagues have been through particularly over the last years, but even the decades leading up to that with, you've mentioned, devaluation of the specialty and everything else. Hamshi, what do you think?

Hamshi Singh: I think Clinical Council came along at the right time for me. It was actually just a period of time where I got over managing policy changes each week because of the pandemic, you know things had settled down a little bit and I was just ready to get back into something and be more connected again with everyone else, more connected with the community, more connected with other doctors. But I have always been, I have always wanted to advocate, I've been on other committees and things in the past like RACGP the NSW committee as a registrar rep and then being a medical registrar educator it was kind of a bit snowball. Like someone said you should be teaching, and then literally from there it just kind of went on through the advocacy pathway and then medical education. So no, I don't think there's anything secret about it, I think it was just the right thing at the right time for me more than anything.

Ken McCroary: Thank you. What else comes across listening to you both is your passion and your drive and your commitment to your own practices and your patients and the wider GP community as well. Where do you think, Hamshi, that drive and passion comes from and why?

Hamshi Singh: Oh gosh, this is like a psychology session. I feel, I might get a bit deep and meaningful now, but I feel very privileged to be in this country, I wasn't born here, I was born in Sri Lanka. I've got opportunities here that I would not have got in my own country for various reasons and I think when you're bought up if you've got an opportunity you should use it, you should take it with both hands and run with it. I think that's where it comes from, I was always raised that if something comes along you take it and make the most of it. And when I saw that, so I'd had some experience in South Western Sydney area working but not owning a practice, so when I had the opportunity to open something here I thought it was a really good opportunity to actually create something I could be really proud of and also to have a practice where I could, not dictate, but practice the way I wanted to, which is long appointments, seeing things through, diagnosing things, I just enjoy diagnosis, I hate referring and you know training registrars in that mould as well. So I can't explain more than I've just been raised if you've got an opportunity and you've got a voice that you can be heard, you should be and if you can make a change for other people, who can't, then that's something that you should not let go of.

Ken McCroary: Thanks. Ranessa?

Ranessa Sebastian: So going back to the reason why I wanted to do general practice, so when I did that rotation through university the one thing that really stuck with me was the difference that GP made in the lives of the community, sorry, in the people of the community. Everyone knew the doctor and was liked by everyone and wasn't just there as a doctor but as a friend, as someone they would confide in and that really sat with me as something that I would hope to have with my patients. The reason I continue to work in this area is because it's so close to home. I grew up here so it's come full circle. I see that even though I grew up here I had the opportunity to become a GP and go to university and those sorts of things and I always wonder what was the difference between me and the next person? Why, even growing up in this area you can still have the same opportunities, you can still go and do great things so I think fundamentally I wanted to make a difference in the lives of people who live in this area and so that's why I chose to work at the Women's Health Centre.

Ken McCroary: I know you need to get out of here so just a last question. We work on wellbeing a lot and I was just wondering if you've got any words for us, mainly directed towards our GP colleagues in our region, about wellbeing and advice for them? Ranessa?

Ranessa Sebastian: Take a break, don't burn out. I think it's really easy to take on too much, to have too many patients to see, to be pressured by the number of people that sit in that waiting room so I think it's okay to say no and it's okay to say I'm not going to see more than three or four patients an hour, that's all I can do because I won't do a good job. I think saying no is really important.

Hamshi Singh: Wellbeing is something I'm really quite passionate about, that's why I was on the GP Registrar Wellbeing Committee, and something I try to instill in my registrars coming through. After the pandemic, well during the pandemic as I said it was very isolating, I keep bringing it up because it really was, I felt like I was alone managing a practice and although I wasn't alone it was quite an isolating time and it really made me reflect on my own wellbeing. I think even though we talk about doctors, and we have crazy socks day we are seeing doctors having mental health issues and there are prominent doctors and specialists that come out and talk about this, the thing you don't see is when you are actually going through it. You always get the story on the other side of this happened to me and now I'm better or now this has happened or you hear the opposite of something really horrible happening but we just don't see when someone is going through it and I think we all do at some stage in varying levels. I don't know how we get over that, there's still stigma of that even though we're trying to reduce it, we're still just people, we're not robots, we're not machines, we still feel the same things that our patients feel. I think in terms of wellbeing there's a lot that can be done I think in the practice, in the way we see patients and the way we talk about patients and the way we debrief about patients as well.

For example, we had a really horrible case recently of palliating a baby, under one year old, we didn't talk so much about the clinical stuff but as a practice we talked about the trauma that everyone was going through from the receptionist to the doctor who was looking after this baby and everyone else who came into contact with this family. All these things that we see, it's not normal to see this much sadness and death but we're somehow, we're raised in hospitals to think that that's okay and we should be able to deal with it. My registrar was saying to me "I thought I was stronger than this" and it's not to do with being strong. Strong doesn't mean anything. Being vulnerable and realising that this is affecting you is more important and I could sort of see the effects of the stress on her. I could see it building. She was getting more "I need to have more breaks between patients", just little signs, I could tell, until it all sort of came to a head and then it really did affect her. But I think just talking about these things. It's not just the clinical stuff about how do I manage osteoarthritis, it's also how did this patient affect you? How are you coping with this? Let's debrief about this and the emotional side of it, not just the clinical side. I think is really important. And then there's all the other wellbeing stuff that we kind of have to do which I think it's important to get across to people wellbeing is not just a transactional thing, it's not getting a massage, it's not going away on a holiday, it's actually a daily practice that you have to do actively to maintain your mental health.

Ken McCroary: Thank you.

Ranessa Sebastian: It just came to me when you were saying that, you know a good way you might actually get GPs together would be not just to meet to talk about this topic, it could be something simple like going for a fun walk around whatever park or meeting up for a BBQ lunch on a weekend, bring your family kind of things. I would definitely attend that sort of thing. And again that might be a good way to focus on wellbeing, getting out, exercising, having a coffee. I don't know just something really fun. I think we focus so much on the clinical and medical side of things. Or even if they are in regions, just the practices around your area having like a journal club or a coffee meeting, like a breakfast thing, something before work that might be a good way to get GPs together and talking.

Ken McCroary: Wonderful, wonderful comments. Thank you so much for joining me. I really appreciate it. Your insights have been fascinating and really, really impressed with the values and commitment you have to your patients and the community and the GPs in general as well. Yeah, congratulations to both of you on that. Don't forget the divisions, we try and get our local GPs together, we represent Bankstown, Fairfield, Campbelltown, Camden, Wollondilly and we look forward to seeing you both at events and hopefully we improve our networking and decrease isolation. Thanks for stepping up on the council, the council also appreciate it and we look forward to working in the future and good outcomes for everybody. Thanks guys.

Hamshi Singh: Thank you.

Ranessa Sebastian: Thank you.

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