

**ITEMS FOR INCLUSION IN BRIEFING NOTE
60-30544
MEETING – MINISTER COOK AND RACGP**

Item 1 - Aged care

- The WA Department of Health, through the State Health Incident Coordination Centre (SHICC), has engaged extensively with the aged care sector as part of their pandemic response since March 2020.
- Engagement has involved stakeholder forums, a webinar with senior Health personnel, a forum with the Minister for Health and co-development of the *COVID-19 Residential Aged Care Facility Outbreak Response Plan* ('*Outbreak Plan*').
- Three desktop scenarios involving the aged care sector have been undertaken to help support Aged Care Providers in responding to a COVID-19 outbreak in their facility.
- SHICC is currently providing free personal protective equipment (PPE) to the aged care sector for training purposes, and will deliver face to face infection prevention and control training to facilities identified as a priority through Commonwealth audit processes.
- Primary care has been engaged from the outset, mainly through the WA Primary Health Alliance.
- Areas of the SHICC COVID-19 response for aged care of pertinence to GPs may be (i) enhancements to Residential Care Line (RCL) and Outreach Service and (ii) role of the Clinical and Logistic Support Team (CLST) in the event of an outbreak

Residential Care Line (RCL) and outreach service

- This nurse-led service to residential aged care facilities has been delivering support to the aged care sector in metropolitan WA since 2004 and facilitates better care in place for residents.
- As part of the COVID-19 response, WA Health is piloting enhancements to the program to include regional WA and geriatrician telehealth advice. Both enhancements to the program are currently active.
- The advice that geriatrician's provide facilities to inform resident care will be made available to the RCL Outreach Service as well as the facility including the resident's GP.

Clinical and Logistics Support Team (CLST)

- The CLST is a key tactical component of the Outbreak Plan and comprises a range of experts such as infectious disease physicians and nurses as well as geriatricians. The team will provide on the ground support to facilities experiencing an outbreak to manage the COVID positive cohort and will lead and implement approaches to reduce the risk of further transmission.
- This team will work with GPs in various ways including by:
 - Supporting staff/GPs to provide appropriate patient-centred care and review/develop advance care plans for residents; and
 - Liaising regularly and providing clinical information and support to GPs.

Item 2 - Planning for a second wave of COVID-19

- The Planning Cell within the SHICC is responsible for developing plans to outline the coordinated multi-agency response to outbreaks in WA.
- Plans, which are approved by the SHICC Incident Controller, include the overarching '*COVID-19: WA Integrated Outbreak Containment and Response Plan*' and complementary plans to outline the response in a range of high-risk settings including:
 - Mining
 - Hospitals
 - Schools and day care
 - Congregate Living
 - Industrial facilities
 - Residential aged care facilities
 - Remote Aboriginal communities
 - Prisons
 - Vessels
- Version one of most plans were finalised in July 2020. They are 'living documents' with many recently completing their second iteration.
- Learnings from management of outbreaks including lessons learnt from other jurisdictions and internationally, are incorporated into future plans.
- Desktop scenarios are also performed to inform future versions.

Item 3 – Vaccinations – Influenza and COVID-19

- The Communicable Disease Control Directorate (CDCD) met with representatives from the RACGP, Australian Medical Association (AMA), and Western Australia Primary Health Alliance (WAPHA) in September to plan for more efficient delivery of vaccines to GPs during peak times, such as during the influenza vaccination program.
- CDCD has commenced planning for delivering a COVID-19 vaccination program in Western Australia (WA).
- A COVID-19 vaccination program in WA will be developed and implemented in partnership with key stakeholders.
- The Immunisation Program at CDCD is responsible for management of vaccines for State and Commonwealth programs.
- CDCD has managed the distribution of approximately one million doses of influenza vaccines in 2020.
- CDCD is continually seeking to improve program delivery and values feedback from key stakeholder groups such as RACGP.
- A COVID-19 vaccination program will likely occur in stages as vaccines will be manufactured and released within Australia in stages.
- The Commonwealth Government is developing a COVID-19 vaccination prioritisation matrix based on advice provided by the Australian Technical Advisory Group on Immunisations.

- High-risk populations are likely to be offered vaccination first. These may include healthcare workers, aged care workers, front line workers and older Western Australians.
- CDCD is planning for delivering a COVID-19 vaccination program in WA and will continue to meet with stakeholders during the planning and implementation of the program.
- A meeting of the Western Australian Immunisation Strategy Committee will be held on 1 October 2020. Dr Alan Leeb will be the RACGP representative at this meeting, which will also be attended by representatives of the Australian Medical Association and WA Primary Health Alliance.
- Further meetings will be held with smaller stakeholder groups such as general practice.

Item 4 - Rural Generalist pathway

- In 2020 the Australian Government funded the WA Country Health Service (WACHS) to establish a RGP coordination unit in WA as part of the National Rural Generalist Pathway (NRGP).
- Rural Generalists have an important role in the delivery of current and future rural health services.
- RACGP has a pivotal role in Rural Generalist training and are represented on the WACHS Rural Generalist Reference Group in WA.
- In January 2018 the first appointed National Rural Health Commissioner (NRHC), [REDACTED], RACGP and the Australian College of Rural and Remote Medicine (ACRRM) agreed to work collaboratively to develop a national framework for rural generalism.
- A Rural Generalist is a doctor who has training in general practice, emergency medicine and an additional skill such as obstetrics, anaesthetics, mental health or Aboriginal health.
- WACHS recognises that Rural Generalists have an important role in improving health outcomes by providing access to broad based clinical care (both primary care and within a hospital setting) consistent with WA's rural and remote community needs.
- The RACGP announced in early 2019 it would amend its Fellow of Australian Rural General Practice (FARGP) program to align with the NRG. RACGP has developed a four-year standalone curriculum which will lead to fellowship of the RACGP in Rural Generalism (FRACGP-RG) once it is accredited by the Australian Medical Council (AMC).
- In November 2019 the NRHC, RACGP and ACCRM lodged a joint application to the Medical Board of Australia (MBA) for recognition of Rural Generalist Medicine as a specialised field within the specialty of general practice. This would also allow for a protected title for Rural Generalists.
- It is expected a formal decision on the recognition and protected title will take between 18-24 months.
- In June 2020 WACHS received Commonwealth funding to establish a Coordination Unit to support the development of a rural generalist pathway in WA. The Australian Government Department of Health has advised it will extend this funding for an additional 3 years to 31 December 2023.

- The WACHS Coordination Unit is in its establishment phase. It has been working closely with key state and national stakeholders to establish a framework for rural generalist training in WA. The pathway will allow flexible entry during prevocational years through to Fellowship and ongoing professional development.
- The Coordination Unit held its first Rural Generalist Reference Group meeting on 27 August 2020. This meeting was attended by thirteen state and national stakeholders, including representatives from the WA Faculty of the RACGP, with all supportive of a collaborative approach.
- RACGP is offering 150 Australian General Practice Training (AGPT) Rural Generalist placements nationally for its 2021 intake and will play a pivotal role in AGPT for aspiring rural generalists.
- WA Health and the Australian Medical Association of WA (AMA WA) are currently negotiating the WA Health System – Medical Practitioners – AMA Industrial Agreement (Industrial Agreement) for the period 1 October 2019 to 1 October 2022.
- It is unclear if the next AMA WA Industrial Agreement will recognise rural generalism as its own specialty with associated increased remuneration.
- The topic of a single employer model has been raised in several forums and is being trialled in New South Wales. WACHS recognises that loss of entitlements during AGPT training due to changes of employer is a deterrent to GP training. In WA, WACHS is well placed to be the employer of Rural Generalist trainees from internship to post fellowship.

Item 5 – Voluntary Assisted Dying/Palliative Care

- RACGP members continue to play a key role in the Voluntary Assisted Dying Implementation Project. Members are encouraged to subscribe to program updates.
- WA Health recognises the crucial role GPs and primary care play in end of life and palliative care, particularly in relation to initiating and promoting early Advance Care Planning conversations.
- Department of Health (DOH) End-of-Life Care Program provided a written submission on 10 July 2020 and presented on 15 July 2020 to the Joint Select Committee on Palliative Care (JSC PC).
- DOH will also present to the JSC PC on 18 September 2020.
- In its submission to the JSC PC on 31 July 2020 the RACGP highlighted the following:
 - Patients are less likely to present to emergency departments and be admitted to ICU and four times more likely to die in their preferred setting, if GPs are involved in the final months of life.
 - The importance of GP-led community palliative care particularly in rural and regional areas.
 - Members' perceptions that there has been a lack of progress since the JSC EOLC and related funding announcements 2019-20. They alluded to few extra nurses in evidence and difficulty involving doctors in palliative care.
 - The need for GP Registrar Palliative Care training positions at palliative care facilities including at Joondalup Health Campus.

- As key stakeholders, the RACGP were kept informed of developments regarding the development of the *Voluntary Assisted Dying Act 2019* (the Act) and were involved in stakeholder roundtable consultations held by the MEP.
 - During the passage of the legislation, the RACGP gave the undertaking to assist in the development of the mandatory training program.

Updates related to the Voluntary Assisted Dying Act Implementation Project:

- [REDACTED], a GP and member of the RACGP, is the chairperson of the Voluntary Assisted Dying Implementation Project's Implementation Leadership Team (ILT).
- [REDACTED], OAM, is the RACGP representative on the ILT.
- The ILT continues to progress well, ably assisted by the valuable experience and expertise of [REDACTED] and [REDACTED].
- In June 2020, [REDACTED] corresponded with the RACGP regarding the intention to engage with the RACGP during the development of the participating practitioner education and training.
- ILT project updates are provided to subscribers and on the website at https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying.
- RACGP members are encouraged to subscribe to ensure they are notified of updates, webinars and consultations at <https://health.us14.list-manage.com/subscribe?u=8ec8704499f9955107930f649&id=f4e7c4e2c9>.

Updates related to the DOH End of Life Care program:

- WA Health recognises the crucial role GPs play in supporting community-based palliative care services and Residential Aged Care Facilities (RACFs). GPs are particularly well-positioned to initiate and promote early Advance Care Planning conversations.
- In May 2020, the State Government committed to matching the Commonwealth's \$5.719M for the National Partnership Agreement for Comprehensive Palliative Care in Aged Care until 2023/24. This commitment will focus on projects and services that embed contemporary models of care to support palliative care services within the aged care environment.
- Upskilling future GPs in end of life care is essential. Existing training capacity by palliative care specialists remains a constraint (nationally) that is unlikely to be overcome in the short term due to the time needed to develop the required workforce and the lack of graduates coming through the system. Accordingly, the WA DOH has focused on other ways of growing the know-how of generalists across the system.
 - The palliative care Education and Training Framework and online accessible Resource Hub (due for completion November 2020) will include a shared training continuum where palliative care specialists impart their knowledge to GPs and other members of the multidisciplinary team. This facilitates the impact of a scarce resource.
 - The RACGP was invited to participate on the online Education and Training consultation process in March 2020. [REDACTED] is the GP subject matter expert on the reference group.
- The findings of the 'Independent review of palliative care service models from the patient perspective' are due November 2020 and will inform decisions regarding consumer preferences for community-based palliative care services including the role of GPs.

- An interim community information hotline was formed by rapid upscale of an existing Palliative Care WA phone line, in response to COVID-19, to provide informed advice on local needs and resources, with specific provision for culturally diverse and Aboriginal communities. A tender for a longer-term procurement is due in October 2020 and will provide an invaluable backdrop to GP/patient interactions on End of Life Care.
- To increase service equity in rural and regional WA, teams including locally residing general practitioners, have been established. Experienced GPs work closely with the allocated WACHS palliative care physician consultants who are under the direction of the WACHS Palliative Care Medical Director, providing governance, clinical oversight and integrated care.