

COVID-19 UPDATE

PLANNING

- Planning at a state- and system-wide level continues to be a high priority to ensure WA is prepared to respond rapidly and effectively to any outbreaks of COVID-19
- This includes updating and refining the suite of outbreak response plans for high risk settings, including residential aged care facilities, secure facilities, hospitals, industrial and mining facilities, congregate living and remote aboriginal communities.
- Preparedness work also continues in the form of exercises, after action reviews, and readiness programs to ensure any lessons identified over the last 18 months are incorporated into future responses. WA Health has also planned for, and is prepared to respond to, concurrent emergencies whilst continuing to respond to the COVID-19 pandemic.

LOGISTICS

- As at 11 June 2021, 99% of the centrally procured COVID-19 medical equipment stock reserve has been received by WA Health. The equipment is centrally stored with a commissioning program to ensure equipment is ready for deployment to WA hospitals in the event of a ventilated bed space surge.

HEALTH OPERATIONS

- COVID-19 Primary Care Pathway - an exercise was conducted on the 13 May 2021 with key Primary Care stakeholders to inform the development of a Primary Care Pathway for care of the COVID-19 positive patient in the community setting. Representatives were invited from the Royal Australian College of General Practitioners (██████████), AMA, WA Primary Health Alliance (Pathway authors), Public Health, Hospital Liaison GPs, Tertiary Hospitals, Aboriginal Community Controlled Health Organisations and rural and remote primary health care. The pathway will be made available to GPs via the WAPHA online HealthPathways portal to help navigate patients through the system.
- As of 10 June 2021, 11,755 healthcare workers (HCWs) have undergone a fit test, with over 98% of these workers achieving a fit to at least one of the particulate filtration respirator models available in WA public hospitals. Fit testing is one aspect of a more comprehensive Respiratory Protection Program being developed to support and protect HCWs. Information regarding the approach to this program in public hospitals is being shared with other interested health agencies.
- As at the 6 June, there were a total of 13 GP respiratory clinics open in WA, 9 of which are reporting data to the Commonwealth, 6 of which are located in regional settings. Of the data available, these clinics have seen 32,428 patients since opening with 30,614 COVID-19 tests conducted (0.0% positive). The Chief Health Officer is supportive of all GPs being approved to conduct (take specimens) for COVID-19 testing as aligned with national and state guidelines.

VACCINATIONS

- As at 14 June 2021, WA Health has delivered 214,867 COVID-19 vaccines across Western Australia
- Both Pfizer and AstraZeneca vaccines are offered at the five Community Vaccination Clinics (Bunbury, Claremont, Joondalup, Kwinana and Redcliffe). WA Health also operates more than 70 concurrent in-reach clinics across the State.
- From 10 June 2021 the State vaccination program expanded to offer vaccinations to people aged 30-49 years and the vaccination program has received a significant boost in demand, with 95,514 bookings since the announcement.

HOTEL QUARANTINE

- Since Monday, 17 May 2021 PCR testing of hotel quarantine guests has increased from 2 tests to 3 tests. The implementation of hotel airflow and ventilation review recommendations has commenced. A seasonal worker accommodation facility is established, with the first seasonal worker flight utilising this modified quarantine arrangement since 28 May 2021. A further seasonal worker flight is scheduled for 15 June 2021. A charter flight bringing in returning Australians from India to Western Australia (WA) arrived on 2 June 2021

PHEOC

- WA Department of Health continues to provide updated information to GPs via clinician alerts and testing criteria notifications. The updates include targeted information on topics related to vaccinations, outbreaks, restrictions, patient care, testing, etc. These updates are published on the Department of Health website. Alternatively, GPs can sign up to receive the clinician alerts and updated testing criteria directly by contacting PHEOC@health.wa.gov.au.
- The Public Health Emergency Operation Centre staff continue to assist the Department of Health and Human Services Victoria with contact tracing activities. The provision of this assistance provides valuable real time staff training and testing of processes and procedures.

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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.
- [REDACTED], WACHS Board Chair recently responded to [REDACTED], RACGP President to affirm WACHS recognition of the critical importance of rural generalism and the role it will play in developing a sustainable health care model in rural WA. The Coordination Unit will be meeting with the Recognition Taskforce next week.
- 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.
- The Australian Government Department of Health has announced a transition to a college-led model for GP training by 2023.
- The WACHS Coordination Unit was established in mid 2020. 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 Rural Generalist Reference Group (governance committee) has convened twice – August 2020 and February 2021. Both governance committee meetings were well attended by state and national stakeholders, including representatives from the WA Faculty of the RACGP, with all supportive of a collaborative approach.

- WACHS has successfully applied for a grant to support up to 20 rural primary care rotations across WA in 2022 as part of the expansion of the Rural Junior Doctor Training Innovation Fund (RJDTIF) and will participate in the future John Flynn Prevocational Doctor Program.
- 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.

VOLUNTARY ASSISTED DYING

- The RACGP is working collaboratively with the WA Department of Health (DoH) as part of implementation planning, recognising that GPs are likely to be a first point of contact for many patients wanting to access voluntary assisted dying.
- On 13 April 2021 an online voluntary assisted dying webinar ‘What all medical practitioners need to know’ was hosted by RACGP and included presentations from [REDACTED] (ILT Chair) and [REDACTED] (ILT member and RACGP representative).
- RACGP representatives ([REDACTED] and [REDACTED]) have provided feedback on the content of the mandatory Western Australian Voluntary Assisted Dying Approved Training. This training was officially released to practitioners on 4 June 2021. On behalf of the RACGP, [REDACTED] has been invited to participate in collaborative meetings focused on VAD implementation in regional primary care settings. These meetings also involve representatives from WACHS, WAPHA, Rural Health West and the Australian College for Rural and Remote Medicine.
- The strong collaborative relationship between RACGP and DoH will continue beyond implementation of the Act on 1 July to support GPs who choose to be involved in the voluntary assisted dying process and ensure all GPs are aware of their obligations under the Act.

PALLIATIVE CARE

- General Practice continues to be an integral part of the program of work underway to strengthen palliative care in WA. GPs are represented on the End of Life and Palliative Care Advisory Committee and linked in to key projects such as the *End of Life and Palliative Care Education and Training Framework for Health Professionals* and the accompanying resource hub, as well as the implementation of the *National Partnership Agreement on Comprehensive Palliative Care in Residential Aged Care*.

DISTRICT WORKFORCE SHORTAGE

- In July 2019 the Distribution Priority Area (DPA) classification system replaced the Districts of Workforce Shortage (DWS) for GPs and bonded Drs.
- The DPA is linked to the Modified Monash Model (MMM) classification system. All of the Perth metropolitan area, including the Peel and Yanchep catchments, are classified MMM 1 and therefore deemed to be non-DPA.
- MMM 2-7 are classified DPA and therefore eligible to recruit International Medical Graduates (IMGs) if they are unable to source a local workforce. IMGs must be employed in a DPA to obtain a Medicare Provider Number (MPN).
- This determination is managed by the Commonwealth.
- The Office of the Chief Medical Officer (OCMO) is currently advocating with the Commonwealth to address the pressure points in outer metropolitan areas along the northern and southern corridors of Perth. General Practices that have been unable to attract and retain local medical graduates are dependent upon IMGs to provide service. Areas of note are Pinjarra, Mandurah and Madeley. With further population growth in the outer metropolitan areas it is anticipated that more issues may arise. The Commonwealth has acknowledged that there is pressure in these areas but to date have not taken action to alleviate this.
- A letter has been drafted from the Minister for Health to the Federal Minister of Health requesting support to address the concerns in WA relating to DPA classification.
- Workforce modelling by the OCMO Data & Analytics Team has identified that WA does not have a shortage of GPs, however we do have an issue of maldistribution of the GP workforce.

GP OBSTETRICS AT BENTLEY HOSPITAL:

- Maternity services are being returned to the BHS in a phased manner, subject to the availability of sufficient midwifery workforce.
- GP Obstetricians (GPOs) are part of the proposed model.
- A recent Expression of Interest (EOI) was undertaken for GPOs to join the clinical reference group (CRG) to advise on the service delivery model.
- Two GPOs responded to the EOI and were appointed to the CRG to provide clinical advice.
- Recruitment for GPOs will occur imminently.