

The Way Forward

Views of Deadly Doctors

2023



We acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to land, water and community. We also pay our respects to Elders past, present and emerging.

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INTRODUCTION

The Public Health Team at AH&MRC acknowledges the key contribution of Doctors working in ACCHOs in providing high quality primary health care to Aboriginal and Torres Strait Islander communities. We are committed to supporting and inspiring doctors to pursue careers working within the Aboriginal Community Controlled Health Sector and provide education so that they may become culturally responsive healthcare professionals.

The Public Health Team at AH&MRC offers support and clinical updates to these Doctors via our group titled “Deadly Doctors”.

Our annual Deadly Doctors conference provides an opportunity for doctors in the sector to meet and discuss critical issues that affect the sector.

Highlights of the two day event featured an ochre ceremony, keynote speakers including Dr Kerry Chant along with engaging interactive sessions and informal yarns.

There were over 40 doctors who attended the Deadly Doctors forum at the AH&MRC venue in Little Bay on the 11th and 12th of November 2023. The majority of doctors were General Practitioners employed by ACCHO's, three who were working as locums in ACCHO's and a few who worked in public health roles in the sector.

AH&MRC are wanting to explore multifaceted strategies to attract and retain General Practitioners (GPs) in the ACCHO sector. We therefore asked GP's currently working in the sector what factors pertaining to their role would encourage them to remain working in a NSW ACCHO.

The final session at the forum provided attendees the opportunity to share their opinion regarding the barriers they have found to providing evidence-based health care working in an ACCHO, what could improve the ACCHO's ability to improve health outcomes of the Aboriginal population to whom they provide services, and what would help them to commit to continue work in the ACCHO sector.



BARRIERS

The barriers to the provision of evidence-based healthcare encompassed issues related to health literacy, limited funding and resources, Information Technology (IT) system challenges, and accessibility concerns, particularly in rural and remote areas.

The key barriers identified by GP's included:

01

Health Literacy and Social Determinants of Health:

- Inadequate health literacy among patients, impacting their understanding of healthcare information.
 - Social determinants limiting the ability of patients to improve health e.g. access to housing, transport, food insecurity, unemployment and job insecurity, low income etc.
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02

Limited Accessibility to Services:

- Patients being requested to pay out-of-pocket fees for external allied health and specialist services.
- Expensive and complex referral pathways especially in rural and remote areas, hindering access to specialists and allied health.
- Travel required to access services in rural and remote areas incurs costs beyond transport itself such as time away from work, additional carer costs etc.



BARRIERS

03

ACCHO Limited Funding and Resources:

- Insufficient and inconsistent grant funding leading to stop-and-start programs.
 - Lack of funding for adequate infrastructure
 - Lack of funding to retain committed workforce leading to an unstable workforce reliant on Fly in Fly out (FIFO) staff who are not always familiar with working with Aboriginal communities.
 - Medicare fee for service model largely driven by GP visits is inadequate to support the comprehensive model of care provided at an ACCHO; the bulk-billing model leads to lack of time and excessive workload to try generate funds to support the service.
 - Inadequate time and resources for CQI activities which involve GP's e.g. PENCS audits, upskilling activities.
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04

ACCHO Workflow Challenges:

- Challenges with IT systems, including general IT issues (e.g. slow internet, printers not working etc.) and Patient Information Management System (PIMS) specifically limitations of Communicare.
- Limited access to up-to-date guidelines e.g. therapeutic Guidelines, Australian Medicines Handbook etc.
- Inefficient internal organisational systems which effects workflow and patient journey within the ACCHO and the broader health system
- Limited distribution for accountability of required tasks within some ACCHO's contributing to excessive workload for GP's and under-utilisation of AHPs and RNs



BARRIERS

05

Health System Issues:

- A complicated, fragmented health system which often does not provide a culturally appropriate and/ or safe model of health care and leads to non-acceptance and mistrust.
- Communication gaps between Local Health Districts (LHD), Aboriginal Community Controlled Health Organizations (ACCHO) and other health providers which includes inefficiency in sharing clinical information such as results and discharge summaries from hospitals.

Addressing these barriers would require a multifaceted approach underpinned by adequate funding to allow innovative health literacy initiatives, enhanced IT systems, workforce stability, streamline internal processes within ACCHO and better collaboration between health organisations. Additionally, efforts to reduce patient costs and improve cultural awareness within the broader health system is necessary for advancing evidence-based healthcare delivery.



OPPORTUNITIES

The identified areas with potential to contribute to GP workforce retention were in alignment with overcoming some of the forementioned barriers. The following is a list of areas identified by the delegates where improvements or strategies may help not only provide a more conducive work environment for GP's but also improve health outcomes.

01

Efficient Systems supported by policies and procedures:

IT Systems - Updated and user-friendly IT Systems:

- Regular updates and user-friendly interfaces to reduce paperwork and facilitate streamlining processes.
- Onsite IT support and access to audit tools.

Administration Support and Efficient Systems within the ACCHO:

- Implementation of streamlined administrative processes (Medicare, Workcover, Centrelink, external referrals, appointments etc.)
- Integration of efficient internal ACCHO referral systems within the PIMS.
- Clear processes for appointments including patient notifications, system for non-attendance etc.

Processes to provide Clinical Support and Access to Specialist services including Allied Health:

- Ensuring timely access to specialists and allied health professionals.
- Strengthening clinical support through specialist outreach and/or telehealth services.

Access to Public Health support to assist with auditing and data analysis for Continuous Quality Improvement activities.

OPPORTUNITIES

02

Collaborative and Supportive Teams:

ACCHO teams with clearly defined roles for which each team-member is accountable:

- AHP and/ or RN led teams for clinical services
- Front desk/ administrative staff who are upskilled to provide additional administrative support to streamline processes
- Regular opportunity for collaboration between peers working in the ACCHO and between ACCHO teams e.g. Regular staff meetings, yarning circles, constructive feedback within safe space etc.

ACCHO staff Upskilling:

- Training programs to upskill potential and current ACCHO staff, to include cultural knowledge.
- Implementation of a policy and procedure for supported Continuous Quality Improvement (CQI) and auditing processes.

Clinical Governance and Respect for Expertise:

- Recognition and respect for the General practitioner having a role as a clinical expert.
- Inclusion of GPs in the clinical governance processes enabling input for cooperative planning

External Collaboration:

- with other ACCHOs to provide opportunity for sharing and learning and,
- with external healthcare services including social services, LHD, pathology etc.; maybe face to face or virtual services; ideally as an extension of core ACCHO team.

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“The respect and understanding I have received is a daily motivator”.

OPPORTUNITIES

03 Community Engagement and opportunities beyond mainstream clinical care:

- Opportunity to collaborate with ACCHO staff to be involved in community engagement in non-clinical settings:
- Involvement in Public Health programs at the community level to assist with providing Patient Education to assist with the integration of Public Health programs with ACCHO clinical services.
- Shared appointments with other health providers and/ or participation in yarning circles
- Involvement in advocacy to address the Social Determinants of Health and system change.
- Teaching opportunities with protected time allocated to teach e.g. medical students and registrars.
- Ability to support patients access traditional healing.

04 Remuneration and Work-Life Balance:

Competitive Salaries:

- Competitive remuneration packages.
- Paid non-clinical time for patient care, and continuing professional development, self-care e.g. education days, allocated self-care time, time for CPD audits paid.

Community Involvement and Sense of Purpose:

- Engaging GPs in community-focused activities.
- Fostering a sense of purpose through providing quality healthcare to provide a community impact.

05 Sense of purpose and pride in the work:

- Feeling that quality care has been provided and proud of the ACCHO.
- Sense of positive changes being made for patients.

CONCLUSION

A comprehensive approach is vital for attracting and retaining GPs in the ACCHO sector.

Identifying and addressing inefficiencies in processes and IT systems particularly for users of Communicare are essential, together with fostering collaboration, service integration, supporting staff education and continuous quality improvement. Involvement in clinical governance and being able to provide input into processes was important to GP's as was the opportunity to be involved in community-based activities. There is no denying that competitive remuneration was identified as a factor attracting and retaining GP's working in an ACCHO, but more so was the importance of having time to participate in CPD, ACCHO focused CQI activities and self-care. There is acknowledgement that to implement change that ACCHO's need streamlined Funding and GPs were keen to participate in ongoing advocacy for a streamlined funding process.



- Addressing inefficiencies in processes and IT systems

- Collaboration
- Service integration
- Staff education
- Continuous quality improvement



- Involvement in clinical governance
- Community-based activities
- Competitive remuneration

- Time to participate in CPD, ACCHO focused CQI activities and self-care.
- Ongoing advocacy for a streamlined funding process.



There is large variability in the size, environment and maturity of individual ACCHOs, however most report challenges in attracting and retaining a skilled GP workforce to provide continuity of care and improve the wellbeing of patients. Where applicable, if ACCHOs can implement strategies to address the forementioned areas where improvements can be made, it may enhance the ACCHO work environment so that it meets the professional needs of GPs, fosters a sense of purpose and pride in the work they do at the ACCHO and subsequently be better able to support the wellbeing of patients.



Deadly Doctors 2023

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