



GP OUTREACH ASSISTANCE PROGRAM

Background

The IGPAAP Network South Australia has been convened under the auspices of the Aboriginal Health Council of SA (AHCSA), and meets regularly to work collaboratively towards improving access to appropriately trained and supported GPs for Aboriginal people of South Australia. The aims of the committee are to provide leadership, monitoring and support to programs and initiatives aimed at improving access to GP services for Aboriginal people in South Australia; and to seek opportunities for collaboration and integration between agencies to facilitate improved access to GP services.

One proposed strategy is to develop a program (GP Outreach Assistance Program), which would allow experienced GPs to provide services into Aboriginal Community-Controlled Health Services (ACCHSs).

DISCUSSION

Aim of Program

The aim of this program is to provide GP services into South Australian ACCHSs that are located outside Adelaide, by identifying experienced GPs who are unable to live and work full-time in the area serviced by the ACCHS, but could provide a regular visiting service.

There are a number of ACCHSs that at this stage do not have either population size, or resources, to have a full-time resident doctor. These include Umoona Tjutagku (Cooper Pedy), Tullawon (Yalata), Oak Valley, Nunyara in Whyalla and Pangula Mannumurna in Mt Gambier.

Other ACCHSs are currently resourced to have at least one full-time salaried doctor i.e Port Lincoln Aboriginal Health Service, Pika Wiya (Port Augusta), Ceduna-Koonibba and Nganampa Health Council on the APY Lands. There are significant challenges in maintaining a resident doctor workforce for these services. GPs who are able to develop an ongoing relationship with such ACCHSs by providing a regular visiting service can provide useful back-up support.

Evidence of need

It is well documented that the health outcomes for Aboriginal communities is significantly worse than the non-indigenous population. This gap increases when one assesses rural and particularly remote areas.

It is also evidenced that the management of chronic disease is best undertaken when there is a trust between the service provider and the client. This can only be achieved when there is a certainty of presence and the ability for the service provider to develop a relationship with the client. It is also paramount that a consistency in provider allows for clinical insight into the wellbeing of the client over a prolonged period of time.

Model

The model that is being proposed would see urban and rural GPs linked with one or more ACCHS, and would undertake to provide regular visits to that service. The regularity of the visits will depend on the availability of the GP and the affordability of the service by the ACCHS. It is envisaged that these services would be provided in the remote locations for a minimum of two days every two months (preferably for longer periods and more frequently). In this way, a relationship between the GP and the health service and its clients) will build up over time.

The GP will provide clinical sessions while on-site with the ACCHS, and depending on experience, and as negotiated between the GP and the ACCHS, may also provide advice and support for community health programs, and/or education and training for permanent ACCHS staff.

Selection

With the assistance of GPSA, a call for expressions of interest will be circulated in newsletters and e-mail lists to bring the program to the attention of relevant GPs. A selection process will then occur. Preference will be given to candidates with relevant experience in Indigenous health, and who are able to make a substantial contribution of time. Once a candidate has been selected as a potential candidate for a particular ACCHS, the ACCHS management will have the opportunity to interview the candidate and make a decision whether to proceed.

Support

The AHCSA Public Health Medical Officer will provide medical leadership for the program, GPSA will provide the logistics and program administration. Orientation and training will be provided, including training in cultural safety. The amount of training required will depend on previous experience.

It is envisaged that there will be an annual in-service training and networking event for the GPs working in ACCHSs in SA, which would include those doctors participating in the GP Outreach Assistance Program.

Funding

Travel and accommodation costs for the GPs participating in the GP Outreach Assistance Program will be funded using guidelines currently under development. In addition, a fixed per day fee will be payable to the doctors involved in the program by the relevant ACCHS. Until external funding is obtained, the funding will be the responsibility of ACCHS.

The responsibility for the GP's medical indemnity and other employee expenses would be met by the ACCHS.

The Medicare rebates generated by the GP visits would be retained by the relevant ACCHS. GPSA as part of its program administration role will promote, coordinate and receipt applications and forward list to AHCSA.