



RACGP

Supporting GPs working with patients affected by domestic and family abuse and violence

Response to 2022 Convocation item

RACGP Specific Interests
Abuse and Violence in Families

April 2024

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2022 Convocation item

In 2022 the following Convocation presented by Wei May Su, Chair RACGP Specific Interests Abuse and Violence in Families was voted the highest priority by the members of Convocation:

We the undersigned members of the RACGP Specific Interests Abuse and Violence in Families wish to propose the following to RACGP Convocation in 2022.

We are asking the RACGP to continue their input and support for general practitioners (GPs), primary care nurses (PNs) and Aboriginal Health Workers (AHWs) who work with patients affected by domestic and family abuse and violence (DFAV). This includes victim and survivors, children, and people who use DFAV. We know this sensitive area can be challenging and time-consuming work and that DFAV escalated during the COVID-19 pandemic.¹

The World Health Organization has outlined a clear role for general practices to identify DFAV and provide a first line response, including assessing safety, identifying those at high-risk, and, when appropriate, linking patients with other services.²

It is proposed that the RACGP:

1. Continue to deliver training and support for GPs, PNs and AHWs to enable them to work effectively with patients and families affected by DFAV, and with the people use abuse and violence in families.
2. Continue to support general practices to be trauma-informed workplaces. Continue to support GPs, PNs and AHWs to provide trauma-informed care.
3. Support practices to be better remunerated for this complex DFAV work and acknowledged for the training they have done.
4. Continue to support whole of practice training and encourage the linking and working with other specialist services in the community who work with DFAV. Continue to work with groups such as Safer Families Centre, Primary Health Networks, Blue Knot, and other agencies involved in DFAV training and research.
5. Encourage GPs to use the World Health Organization Clinical Handbook guidance on first line response (LIVES), the RACGP White Book, including understanding the legislation in various states that encourages and allows sharing of patient information across services. Support the use of documentation forms for GPs, PNs and AHWs that assist in documenting risk assessment, safety planning, and referral information. These forms may need to be confidential due to safety issues.

It was signed by other members of the Abuse and Violence in Families Specific Interest group (AVF-SIG).

At the time, the then CEO Mr Paul Wappett said, 'The highest priority item will see the College continue the important work of supporting GPs providing trauma-informed care to people experiencing family abuse and violence, through ongoing education and training.'³

The AVF-SIG has prepared the following response to ensure the RACGP will build on its current activities and further policy and advocacy, and education and training to reflect the recommendations of the Convocation.

RACGP actions towards Convocation proposal 1

Regarding Convocation recommendation:

1. *Continuing to deliver training and support for General Practitioners (GPs), Practice Nurses (PNs) and Aboriginal Health Workers (AHW) work effectively with patients and families affected by DFAV, and with the people who are using abuse and violence in families.*

Please note that this is not an exhaustive list of resources but focuses on RACGP contributions and collaborations. You can find more information on additional resources on the AVF-SIG *gplearning* space.

Resources

RACGP guidelines and resources

- [Abuse and violence: Working with our patients in general practice](#). 5th Edition (the White Book). 30 November 2021. East Melbourne. (The White Book was published prior to Convocation however has relevance to further discussions.)
- Contributions within the [RACGP National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#). (The fourth edition will be released in 2024).
- Contributions within the [Guidelines for preventive activities in general practice](#) (the Red Book). (Updated 8 December 2021).
- AVF-SIG *gplearning* space (available to AVF-SIG members).
- [RACGP Family Violence Toolkit](#) (published prior to Convocation but relevant resource)

Modules, webinars, and audits

- [Intimate Partner Violence Identification \(IPV\) and Initial Response](#). The RACGP and the Safer Families Centre has developed a clinical audit CPD activity for GPs. The activity aims to provide a better understanding of IPV and how to identify and ask patients about it. You will also strengthen your capacity to identify barriers to asking about IPV and how to overcome those barriers. Two versions are available:
 - a mini audit – 7 CPD hours consisting of 1 educational activities (EA) CPD hour, 5 measuring outcomes (MO) CPD hours, and 1 reviewing performance (RP) CPD hour
 - a full audit – 13 CPD hours consisting of 1 EA CPD hour, 10 MO CPD hours and 2 RP CPD hours.
- Mental bites – 30-minute presentations developed by RACGP Specific Interests (RACGPSI) Psychological Medicine available to watch on demand:
 - [Depression – Is it family abuse or violence?](#)
 - [Sense of safety: A key element of trauma informed care](#)
 - [Interpersonal therapy \(IPT\): A practical guide using a trauma lens](#)
- [A general practice approach to the struggling child in the vulnerable family](#) – A webinar presented by Abuse and Violence in Families, Child and Young Person’s Health and Psychological Medicine SIGs
- [The Readiness Program](#) – A collaboration between the RACGP, Safer Families, and the Blue Knot Foundation that includes:
 - [On-demand webinars](#)
 - [Self-directed online learning modules](#)
- [RACGP Family Violence GP Education Program](#) offers a mix of peer group and self-directed learning. It also delivers:
 - [‘Lunch and Learn’ series](#) – monthly lunchtime case-based discussions
 - [‘Dine and Discuss’ series](#) – monthly evening case-based discussions.
- [Train the Trainer sessions](#) offered through the Safer Families Centre where you can learn to co-deliver domestic and family violence practice-centred training program in primary care settings.
- [Supporting registrars on trauma-informed care: A practice centred approach](#) – A 30-minute presentation produced in collaboration between the AVF-SIG and GP Supervision Australia.

Abuse and Violence in Families Specific Interest group (AVF-SIG)

- Holds bi-monthly 90-minute meetings which focus on practical and pragmatic skill development for the first hour of the meeting. The final 30-minutes meetings comprise the working actions of the SIG. Attendees receive 1 EA CPD hour and RP CPD half-hour, submitted by RACGPSI
- Facilitates peer group learning, which attracts 1 RP CPD hour.
- Invites members to contribute to RACGP education, guidelines, and publications as subject matter experts.
- Invites members to contribute to RACGP policy and advocacy.
- Supports research in family and domestic abuse and violence.

RACGP actions towards Convocation proposals 2 and 4

Regarding Convocation recommendations:

2. *Continue to support General Practices to be trauma informed workplaces. Continue to support GPs, PNs and AHWs to provide trauma informed care.*
4. *Continue to support whole of practice training and encourage the linking and working with other specialist services in the community who work with DFAV. Continue to work with groups such as Safer Families Centre, Primary Health Networks, Blue Knot, and other agencies involved in DFAV training and research.*

Resources

Trauma-informed support and training

- Pathways to Safety provides whole of practice training to ALL staff working within primary practice, recognising that the first step can be anyone
- External collaborations:
 - [The Readiness Program](#)
 - [Safer Families Centre](#)
 - Primary Health Networks
 - [Blue Knot](#)
 - [Insight Exchange](#)
 - [Emerging Minds](#)
 - The National GP Collective
 - Australian Awards Fellowship program – *Accelerating sexual and reproductive healthcare progress in the Pacific in pregnancy and postpartum*
 - [Doctors Against Violence Towards Women](#)

RACGP actions towards Convocation proposal 3

Regarding Convocation recommendation:

3. *Support practices to be better remunerated for this complex DFAV work and acknowledged for the training they have done.*

The AVF-SIG continues to work with the RACGP regarding this issue, including contributions towards policy and advocacy.

RACGP actions towards Convocation proposal 4

Regarding Convocation recommendation:

4. *Encourage GPs to use the World Health Organization Clinical Handbook guidance on first line response (LIVES), the RACGP White Book, including understanding the legislation in various states that encourages and allows sharing of patient information across services. Support the use of documentation forms for GPs, PNs and AHWs that assist in documenting risk assessment, safety planning and referral information. These forms may need to be confidential due to safety issues.*

Incorporation of the [World Health Organisation Clinical Handbook](#) guidance on first line response (LIVES) in education and training.

What still need to be done

Education and support

We require a focus on dissemination and implementation for education and support:

- We have identified that we have existing education.
- We need to identify areas gaps in training, for example:
 - Topic areas or issues which may require update / review
 - Registrar education
 - The AVF-SIG would like there to be a continuation of compulsory training for registrars including identification and management for urgent issues as well as trauma-informed care.
 - We would recommend a basic education on this would involve a minimum of 1.5 to 2 hours of training by expert facilitators.
 - We would recommend registrars are directed to further resources to allow ongoing upskilling.
- We need to identify cohorts which are not accessing appropriate training. Factors that may impact include:
 - Some GPs and support staff may not identify or prioritise or have the capacity to access training.
 - We may continue to identify where GPs mostly access support and training, including outside of SIG activities and embed current training within this. It may include training within topic areas not associated with abuse and violence.
 - Collaborations with other organisations may also assist with this eg Primary Health Networks (PHNs)
 - Geographic area of practice
 - There may be regional access to training.
 - We may need to call upon state and territory-specific resources for further implementation, as well as identify specific demographic / population areas with particular needs.
 - Dissemination and promotion of for existing programs.

Policy and advocacy

We would like the RACGP to maintain and strengthen their education role and be stronger in their advocacy role for the following:

- acknowledge the importance of the role of GPs in addressing abuse and violence in families
- advocate for embedding this importance within general practice culture and scope of practice

- acknowledge that GPs and other healthcare workers can, like the community, also be affected by and use family abuse and violence
- advocate for training in abuse and violence within undergraduate medical school curriculum.

Funding

Some of our current programs require ongoing and /or renewal of funding to continue:

- The current collaboration with the Readiness Program is funded until 2024. We have a number of existing education and support provided through this program and would like to be able to continue and update these programs.
- The RACGP Guidelines have been developed with Department of Health and Aged Care funding. They will require an ongoing process of update and review.

GP remuneration / Medicare

Continue to work with the RACGP regarding improved remuneration and systems for working for practitioners working in abuse and violence.

This is a greater issue than just the AVF-SIG, and is a current advocacy issue for the RACGP, not just about this issue, but for all of general practice. We need to continue to work with the RACGP to ensure that abuse and violence specific needs in the discussion are kept front of mind.

We recognise that being affected by abuse and violence is a barrier to access better reimbursed care. This is independent of the socioeconomic background to which the patient may identify.

The Medicare changes in November 2023 do not sufficiently address the needs of people affected by abuse and violence to access appropriate care.

Collaborations

Continue to build on collaborations, external and internal and within Australia and internationally.

This includes internally ongoing communication with membership, identifying member needs and concerns, and potential contributions.

References

1. Neil J. [Domestic violence and COVID-19: Our hidden epidemic](#). Aust J Gen Pract. 2020;49:10.31128/AJGP-COVID-25. doi:10.31128/AJGP-COVID-25
2. World Health Organization. [Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook](#). Geneva: WHO, 2014.
3. Liotta, M. [Convocation items finalised](#). *newsGP*. 16 December 2022.