

A role worthy of support

The general practitioner in Aboriginal and Torres Strait Islander health

BACKGROUND The Rural Faculty of The Royal Australian College of General Practitioners (RACGP) has received funding from the Commonwealth Department of Health and Ageing to work in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and other key organisations in supporting the professional and personal needs of GPs and general practice registrars working in Aboriginal and Torres Strait Islander health throughout Australia.

OBJECTIVE This paper highlights the support and training needs of GPs and general practice registrars and outlines a wide variety of activities undertaken to meet these needs.

DISCUSSION While the improved resources and access to training and support resulting from this work will benefit many GPs and general practice registrars, there is urgent need to continue to support GPs in order to address problems of recruitment and retention of doctors working in Aboriginal health and thus assist in improving the health status of Aboriginal and Torres Strait Islander peoples.

A lunchtime conversation with a colleague working in an Aboriginal community controlled medical service:

'He says he's had enough — he's sick of seeing doctors and wants to die in peace.'

'How old is he?'

'36 — I'll keep encouraging him to start dialysis but I can understand why he feels the way he does.'

The general practitioner working in Aboriginal health is perhaps working in the most needful area of the Australian health system. Aboriginal Australians (currently numbering between 2.2 and 2.5% of the Australian population¹) have the poorest health status of any group in Australia.

All measures of health status indicate poorer health outcomes for Aboriginal people compared to the total Australian population. Babies born to Aboriginal mothers have over twice the perinatal mortality compared to other babies² and infant mortality rates are approximately three times those of non-Aboriginal children.³ In spite of inadequate systems of identification, hospitalisation rates are documented to be twice as high for Aboriginal as for non-Aboriginal Australians.⁴ Aboriginal people are also more likely to have a wide range of chronic illnesses.⁵

The Commonwealth Government has completed a three year inquiry into Aboriginal health, making a range of recommendations in its final

report. These include exploring ways to encourage doctors to practise in indigenous health, provision of ongoing support and training for doctors working in this area, a greater focus for doctors working as part of a regional team and improved professional recognition for doctors working in indigenous health.⁶

In response to these recommendations, the Rural Faculty of the RACGP has received funding (MoU and NTA underspend) from the Commonwealth Department of Health and Ageing (formerly Department of Health and Aged Care) to work in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and other key organisations. A steering committee overseeing the planning, implementation and evaluation of the projects operating under this funding, includes representation from a range of organisations (*Table 1*).

The goal of these projects is to support the professional and personal needs of GPs and general practice registrars working in Aboriginal and Torres Strait Islander health throughout Australia, thereby facilitating the recruitment and retention of these doctors and ultimately improving health outcomes for Aboriginal and Torres Strait Islander communities. The projects embrace both GPs working in private practice and those employed in the community controlled sector.

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Table 1. Projects' Steering Committee

The Steering Committee of the RACGP Aboriginal and Torres Strait Islander Registrar Training and GP Support Projects includes representation from the following organisations:

- National Aboriginal Community Controlled Health Organisation (NACCHO) and affiliated state based organisations
- Royal Australian College of General Practitioners (Rural Faculty)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Indigenous Doctors Association (AIDA)
- General Practice Education Australia Ltd (GPEA)
- Department Health and Ageing (formerly DHAC)
- Office of Aboriginal and Torres Strait Islander Health (OATSIH).

Table 2. GP support and training needs

The support and training needs of GPs working in Aboriginal and Torres Strait Islander health have been identified as including:

- Cross cultural training including workshops, Aboriginal mentors, visits to Aboriginal community centres and language training
- Networking opportunities for GPs and others working in this area including regional initiatives such as meetings, discussion groups and national networks including web based, teleconferences, national meetings
- Enhanced collaboration including partnerships between ACCHSs and Divisions
- Workplace strategies including better resourcing for ACCHSs, general practice and cultural mentors, improved remuneration and work conditions
- Enhanced resources and improved access to these
- Access to relevant clinical information through workshops, CME activities, small groups and case studies
- Development of career pathways including postgraduate qualifications.

Table 3. Registrar support and training needs

The support and training needs of general practice registrars working in Aboriginal and Torres Strait Islander health have been identified as including:

- training in Aboriginal health for all registrars and a 'special interest training stream' available for those with a particular interest
- training developed and delivered in partnership with Aboriginal and Torres Strait Islander people
- experience in adequately resourced and supported Aboriginal health training posts
- cross cultural training and orientation before placement in Aboriginal health posts including workshops, camps, visits to Aboriginal community centres and language training
- expansion of mentoring programs including general practice and cross cultural mentoring
- enhanced resources and improved access to these programs
- access to relevant clinical information through workshops, internet discussion groups, small groups and case studies
- support from general practice mentors, discussion groups and IT links
- updated Aboriginal health curriculum

Projects supported by these funding arrangements commenced in October 2000 and will conclude in July 2002 though some may extend until December 2002.

What are the needs?

Using a combination written survey and telephone interview approach,⁷ interested GPs were consulted along with general practice supervisors from the RACGP Training Program, registrars and representatives of organisations including:

- Aboriginal Community Controlled Health Services (ACCHS)*
- Australian Indigenous Doctors' Association (AIDA)
- National Rural Health Alliance
- Australian College of Rural and Remote Medicine (ACRRM)
- RACGP Rural Faculty
- Royal Flying Doctor Service
- Rural Workforce Agencies
- Divisions of General Practice.

They were asked what they perceived to be the education and support needs of GPs and registrars working in Aboriginal health, offering a structured format for comment on specific strategies and an opportunity for free comment (*Tables 2, 3*).

General practitioners and others working in Aboriginal health attending a meeting in Sydney in 2001, were also asked about training and support needs in this sector.⁸ Their responses are included in *Tables 2* and *3* as are those of a group of medical and cross cultural educators from the RACGP Training Program who met in May 2001.⁹

Responding to the need

General practitioners working in Aboriginal health have highlighted repeatedly the importance of the primary health care team and the value of Aboriginal health workers in all training and support endeav-

* Aboriginal Community Controlled Health Services (ACCHSs), also known as Aboriginal Medical Services (AMSs), embody the principles of self determination being governed by boards that are elected by the members of the communities they serve. At state and national levels ACCHSs elect a Board of Directors to their respective state/territory affiliate and NACCHO. ACCHO (Aboriginal Community Controlled Health Organisations) refers to ACCHSs, NACCHO and the state affiliates.

ours. In response, strategies have been extended (where appropriate) to include Aboriginal health workers and other staff employed in primary health care in ACCHSs. Since the outset of the projects a wide range of support and training strategies have been offered to 419 GPs, 43 registrars and 53 other people working in Aboriginal and Torres Strait Islander health.

In September 2001, in partnership with NACCHO, a National Aboriginal Health Meeting was organised. This meeting, the first of its kind, enabled 106 participants to network, to identify and share resources, discuss relevant clinical issues and to highlight resource and support needs and means of addressing these.

General practice support and training strategies

Cross cultural training

Cross cultural and language training has been offered and a targeted series of workshops will be arranged according to the interest expressed.

Networking

A range of support strategies have been commissioned in order to meet the needs of individuals working in different practice situations and in different geographic regions. General practitioners, registrars and others working in Aboriginal and Torres Strait Islander health have been offered teleconferences, regional meetings, and the opportunity to participate in the NACCHO GP network. This general practice network will use a web based list server to provide a forum for GPs throughout Australia who are working in Aboriginal and Torres Strait Islander health.

Collaboration

In a pilot project linking Divisions of General Practice with ACCHSs, GPs are being supported in improving the prevention and management of breast and cervical cancer among Aboriginal and Torres Strait Islander women in their region.

Workplace strategies

Orientation manuals are being developed and trialled in a number of ACCHSs in New South Wales and Queensland. These have been developed to assist the new GP in learning about the local history, culture and community resources. Similarly a cross cultural handbook developed in South Australia is being distributed and evaluated for its

potential to be locally adapted in other regions.

Resources and clinical information

The Resource Centre of the RACGP has been funded to expand Aboriginal and Torres Strait Islander health resources available for loan according to the recommendations from the National Aboriginal Health Meeting. Free access has been offered to GPs and ACCHSs who would not otherwise have access to this service. Information technology support has also been provided for GPs working in remote communities in the Northern Territory.

The seminal text *Aboriginal Primary Health Care* is currently being revised. This revision will provide the basis for the development of evidence based guidelines for preventive health activities for Aboriginal peoples.

Registrar support and training strategies

In addition to the survey and telephone interview approach described above, an evaluation of general practice training in Aboriginal health was conducted at the outset of these projects.¹⁰ Through this process the strengths and weaknesses of the previous training approach were evaluated and strategies developed.

General practice registrars have been offered access to the activities outlined above. In addition a number of strategies intended to improve support and training for registrars with an interest in working in Aboriginal and Torres Strait Islander health, have been undertaken. With the move to a regionalised general practice training program, project activities have been tailored to inform and support training activities in the regions.

Cross cultural training and orientation

Cross cultural training has been arranged for GP registrars, supervisors and educators including facilitator training with the Binan Goonj team from the New England University. Workshops have been held in New South Wales for registrars with a particular interest in Aboriginal health. The orientation manuals will be particularly relevant to registrars and provide another means of meeting the need for better orientation to communities before placement.

Mentoring

In North Queensland, workshops have been conducted with educators and representatives of Aboriginal and Torres Strait Islander community controlled health services in order to develop guidelines for cultural mentoring and to promote this as a means of improving cross cultural learning and support for registrars working in ACCHSs. In Western Australia, two registrars are working with Aboriginal mentors in a trial which will evaluate the usefulness of this approach.

Resources and clinical information

Resources such as those available to GPs through the Resource Centre as well as the revised version of *Aboriginal Primary Health Care* and the orientation manuals will also assist registrars in their Aboriginal health training. Video training modules are being produced on topics including cross cultural awareness and communication.

Training approach

With the changes to general practice training it has become a priority to ensure that the lessons learned about training in Aboriginal and Torres Strait Islander health and the national support mechanisms for educators and registrars are preserved and improved upon. We have compiled a database of Aboriginal and Torres Strait Islander training posts throughout Australia and are consulting with General Practice Education and Training (GPET) to ensure registrar access to these posts.

The regular monthly teleconferences of medical and cross cultural educators working in Aboriginal and Torres Strait Islander health training provide an opportunity to share ideas from all over the country and to support these educators.

Best practice standards are being documented in Aboriginal and Torres Strait Islander health training based on the results of the needs assessment process described above and the experience of educators working with the RACGP Training Program. This is likely to include recommendations concerning the development of a special interest training framework for those registrars with a particular interest in working in this area. We have recommended review of the current curriculum with preservation of the underlying

principles of the original *Aboriginal Health Training Module*¹¹ including development and delivery of teaching in partnership with Aboriginal and Torres Strait Islander people, local adaptation and cross cultural training for all involved in this teaching. In addition, the provision of adequate resources and training of those involved in the delivery of teaching, has been highlighted as an important area for improvement in the delivery of Aboriginal health training.

Outcomes

While not all GPs or even all registrars training in Aboriginal and Torres Strait Islander health will have participated in the activities undertaken during the course of these projects, all will benefit from the learning these activities have provided. Each project is being evaluated regarding its impact on training and support for GPs and registrars working with Aboriginal and Torres Strait Islander people. On completion of this evaluation process, we will have a clear idea of what is useful in terms of support and training for GPs and registrars working in Aboriginal and Torres Strait Islander health.

In addition a range of resources will remain available for the benefit of those GPs and registrars. These include the updated version of *Aboriginal Primary Health Care*, the guidelines for well person health checks, the training video modules, orientation manuals developed for a number of ACCHSs, the expanded Aboriginal health resource collection in the RACGP Resource Centre, a manual for cross cultural mentoring in general practice training and improved IT support for GPs in the Northern Territory.

It remains a priority to identify ongoing funding and to encourage organisational support for the wide range of GP and registrar support activities which have been shown to benefit GPs working in Aboriginal and Torres Strait Islander health. Review of the Aboriginal health curriculum and development of a postgraduate qualification in Aboriginal and Torres Strait Islander health have been highlighted for urgent attention.

Changing the Aboriginal and Torres Strait Islander health story will require interventions well beyond those available to GPs, even those

which can be implemented within the health system more widely. However, the role of the GP is one which can make a difference in concert with other strategies and one which requires ongoing investment and support.

Another story...

After two weeks in a teaching hospital, a file full of sophisticated investigations, the application of a postviral label and two months of ongoing ill health, the 24 year old mother of three presents to her GP asking: 'Could it be rheumatic fever?'

The GP, considering, replies: 'Why yes, I suppose it could be. Let me look it up in this text.' 'Perhaps this printout from the internet might help' suggests the woman.

The vision: doctors working with patients and communities, each respecting and learning from the other.

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SUMMARY OF IMPORTANT POINTS

- Aboriginal and Torres Strait Islander health remains a national health priority.
- General practitioners are in a key position to make a difference in the health outcomes of these communities.
- General practitioners working in Aboriginal and Torres Strait Islander communities require ongoing support and training to enable them to contribute more effectively in that role.
- The Rural Faculty of the RACGP, in partnership with other relevant organisations has consulted widely to identify the training and support needs of these GPs including those of general practice registrars.
- A wide range of support and training strategies have been implemented nationally and evaluation of these will inform future general practice support and training initiatives.

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