

RACGP's CPD Solution for Addressing Health Inequities

A CPD program-level requirement

As a doctor practising in Australia, each year you are required to allocate CPD time to Addressing Health Inequities according to your scope of practice and role(s). Health inequities are systematic differences in the opportunities that population sub-groups experience to achieve optimal health, leading to unfair and avoidable differences in health outcomes.

Good medical practice: a code of conduct for doctors in Australia (the code) states that:

Good medical practice involves using your expertise and influence to identify and address healthcare inequity and protect and advance the health and wellbeing of individual patients, communities and populations.

You could explore clinical considerations for priority populations or examine ways to improve their access to care. These population sub-groups include:

- socially disadvantaged individuals and families (experiencing unstable housing and income)
- socially isolated individuals (including older people and those living in rural and remote locations)
- individuals (including children) who have been exposed to intimate partner / family violence
- individuals with disabilities, low health literacy, or severe mental health issues
- substance-using individuals and their families
- LGBTIQ+ individuals
- Aboriginal and Torres Strait Islander people and individuals from culturally and linguistically diverse communities (*for activity recommendations see Culturally Safe Practice CPD solution*)

Getting started

When planning your annual CPD we suggest that you start with the Good Medical Practice: A code of conduct for doctors in Australia (the code). The code describes what is expected of all doctors registered to practise medicine in Australia.¹

You determine your priorities and CPD hours, however, you must do at least one activity each year relating to Health Inequities. Completing the reflection as outlined in your annual Professional Development Plan (PDP) will help you meet this requirement. To complete your PDP, login to myCPD home and open the PDP tool.

This seminal AFP article Health Inequities in General Practice is as relevant to general practice today as when it was written. Reading this article and reflecting on its themes will help you meet this program-level requirement.

How do I get more information about this program-level requirement?

- Contact your local CPD team
- Contact the RACGP's rural faculty
- Connect with one of the RACGP's specific interest groups

¹ The Medical Board of Australia, 2023. <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

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- The RACGP's evidence-based resources, guidelines and standards are developed by members. To get involved, use the nomination process to participate on one of the RACGP's advisory committees.

RACGP's recommended activities

This document provides links to RACGP CPD approved activities and other suggested options to support your approach to Health Inequities. Some activities can be completed on your own, whilst others are better suited to group CPD.

This includes:

- 24 RACGP approved activities across all three activity types
- Six RACGP webinars you can watch on-demand for Educational Activities (EA) CPD
- Join one of six specific interest groups for peer connection and CPD educational activities.
- A recommended reading list of clinical guidelines for Educational Activities (EA) CPD
- 22 self-directed Reviewing Performance (RP) or Measuring Outcomes (MO) CPD activities
- A case with self-directed discussion prompts for Educational Activities (EA) and Reviewing Performance (RP) CPD

RACGP's suite of CPD Approved CPD activities available on *gplearning*

Upon completion of these activities, the RACGP will upload your CPD hours on your behalf.

<p><u>Refugee health</u></p>	<p>Refugee populations have complex and diverse healthcare needs. Learn how to approach refugee health assessment for the associated spectrum of common physical and mental health issues that may present and ways to support care access.</p>	<p>0.5EA, 0.5RP</p>
<p>Alcohol and Other Drugs Training</p> <p><u>Essential Skills</u></p> <p><u>Asking and Assessing for AOD use</u></p> <p><u>Readiness for change and motivational interviewing</u></p> <p><u>Patient assessment</u></p> <p><u>Harm minimisation</u></p> <p><u>Creating treatment plans for patients</u></p> <p><u>GP-managed withdrawal and relapse prevention</u></p> <p><u>GP-led alcohol home withdrawal and relapse prevention</u></p> <p><u>Pharmacotherapy for Opioid Use Disorders</u></p> <p><u>GP self-care and safety</u></p> <p><u>Facilitating behaviour change</u></p> <p><u>Providing trauma informed care</u></p> <p><u>Supporting people in contact with the criminal justice system</u></p>	<p>This training package was initially developed as part of the RACGP's Alcohol and Other Drug (AOD) GP Education Program delivered during 2019-2022.</p> <p>More recently these modules have been redeveloped to allow you to complete them individually at your own pace, according to your knowledge and experience.</p> <p>Each module promotes an evidence-based, whole-of-person care and therapeutic approach that is safe for you and the patient. This approach is key to reducing barriers to health care experienced by people who use alcohol and other drugs.</p> <p>The module options follow the structure of the 5'As framework to support behaviour change (Ask, Assess, Advice, Assist, and Arrange).</p> <p>Together, the modules aim to strengthen your knowledge and core consult skills so you can confidently engage and support those at higher risk of harm associated from their alcohol and other drug use.</p>	<p>18EA, 1RP</p>

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<u>Supporting Aboriginal and Torres Strait Islander peoples</u>		
<u>Family Abuse and Violence Pathway</u>	<p>This Learning Pathway is designed to equip you with the knowledge and skills to appropriately identify and respond to patients experiencing family abuse and violence. The pathway is comprised of ten modules that can be completed individually or in order.</p> <ol style="list-style-type: none"> 1. Introduction to family abuse and violence – The role of general practice 2. Family abuse and violence – Trauma-informed care 3. Intimate partner violence – Identification and initial response 4. Intimate partner violence – Risk assessment and safety planning 5. Intimate partner violence – Working with perpetrators 6. Intimate partner violence – A focus on specific populations 7. Dating violence and technology-facilitated abuse 8. Child abuse and neglect 9. Sibling abuse, adolescent-to-parent violence, and abuse of older people 10. Family abuse and violence – GP support and self-care 	6EA, 5 RP
<u>Adult preventative care: Applying the red book every day</u>	Explore population screening and use of screening tools, how to identify individuals at risk of common preventable conditions and provide opportunistic advice on healthy lifestyles and health interventions	0.5EA, 0.5RP
<u>Consultation and communication with specific groups</u>	This module explores communication and consultation with children, young people, older patients and those from culturally and linguistically diverse backgrounds	1hr EA
<u>Knee osteoarthritis in general practice</u>	This activity promotes a best practice approach to diagnosis osteoarthritis, and techniques to engage and educate the patient to develop an effective treatment plan to manage their pain.	0.5EA, 0.5RP
<u>Evaluation of mental health strategies in general practice</u>	This clinical audit aims to assist GPs in evaluating their practice in relation to patients with mental health issues to identify opportunities for practice improvement	1EA, 2RP, 4MO
<u>Antenatal and postnatal shared care course</u>	<p>This learning pathway is designed to assist GPs deliver antenatal and postnatal care in a general practice setting. The pathway includes 6 modules that you can access individually or complete as a whole package.</p> <ol style="list-style-type: none"> 1. Clinical care in the first trimester 2. First trimester screening 3. Rh incompatibility and managing early bleeding 4. Obesity and diabetes in pregnancy 5. Hypertension in pregnancy 6. Managing perinatal mental health issues in general practice. 	4.5EA, 2.5RP
<u>AJGP's clinical challenge, November 2023: Musculoskeletal</u>	This 'musculoskeletal' issue of the Australian Journal of General Practice explores a range of clinical topics pain and sports related presentations and diabetic peripheral neuropathy.	5EA, 5RP
<u>Check unit: 606, Men's Health, October / November 2023</u>	In this edition of check, experts provide cases that address issues and clinical presentations related to each of the five priority health issues identified in the National Men's Health Strategy.	6EA, 6RP
<u>Closing the gap: Addressing chronic kidney disease in Aboriginal and Torres Strait Islander peoples</u>	End-stage kidney failure and chronic kidney disease prevalence is greatly increased for Aboriginal and Torres Strait Islander peoples. Discover ways to offer timely screening and preventive activities, detection and management for Aboriginal and Torres Strait Islander people.	0.5EA, 5RP

RACGP on-demand webinars

Log the time you spend viewing these on-demand webinars as Educational Activities (EA).

Use the [RACGP's Reviewing Performance or Measuring Outcomes Tools](#) to record additional CPD where applicable.

<u>A general practice approach to the struggling child in the vulnerable family</u>	Examine the incidence and nature of child maltreatment in Australia and, taking a child-centred approach, explore how GPs can support and strengthen vulnerable families.
<u>The moments you spent with her matter: supporting women to have alcohol-free pregnancies</u>	GPs will develop a range of tools and strategies to have regular, best-practice conversations about alcohol with patients who are pregnant or trying to conceive, in line with current national guidelines.
<u>Hepatitis C treatment and the role of the GP</u>	Discover what's new in treatment of Hepatitis C and how to screen and support at-risk populations with patients who may be living unaware of their infection.
<u>Understanding obesity and how bariatric metabolic surgery and adjunct therapies fit in</u>	Learn about the different clinical presentations for people living with obesity (the 3 Ms); explore a range of medical and surgical treatment options, and the potential benefits of combining therapies to effectively manage obesity.
<u>Medicine safety in disability care</u>	Consider ways overcome the barriers people with disability face to safe medicine use such as accessing prescribers and information about medicine, inappropriately prescribed medicines, and medication management review.
<u>Rural 30th anniversary education spotlight – Pain management</u>	Dr Matthew Bryant, an expert in pain medicine, takes you through the things he wishes he knew about pain management when he was working as a GP. He explores the pain problem, how its processed, why GP's should bother in biopsychosocial and multidisciplinary management and the role of opioids.

Join one of the RACGP's Specific Interest Groups

The [RACGP Specific Interests](#) groups develop CPD educational content and offer opportunities to connect and learn from each other as part of your CPD. Specific Interest Groups are open for any RACGP member, and you do not need to have extended skills in this area of interest to join. Consider joining the following:

- Abuse and Violence in Families
- Addiction Medicine
- Deprivation and Poverty
- Disability
- Custodial Health
- Refugee Health

[Click here to join a specific interest group.](#)

Recommended reading list:

Log your reading of these resources as Educational Activities (EA) CPD.

Use the [RACGP's Reviewing Performance or Measuring Outcomes Tools](#) to record additional CPD where applicable.

AFP's <u>Health inequities in general practice</u>	This Australian Family Physician article, accessible as back-issue, explores scenarios that every GP experiences supporting patients impacted by health inequity. This article explores challenges faced as individual practitioners, on a practice-level, responsibilities for Australian population sub-groups and implications for the profession.
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RACGP's Red Book	The RACGP has published <i>the Guidelines for preventive activities in general practice</i> (Red Book) since 1989 to support evidence-based preventive activities in primary care. The Red Book is now widely accepted as the main guide to the provision of preventive care in Australian general practice
AIHW's Social Determinants of health	This web article published in July 2022 explores the factors that act together to strengthen or undermine the health of individuals and communities living in Australia.
RACGP's Snap Guidelines	This guide is designed to assist GPs and practice teams to work with patients on the lifestyle risk factors of smoking, nutrition, alcohol and physical activity (SNAP).
NHRMC's Australian guidelines to reduce health risks from drinking alcohol	These guidelines provide health professionals, policy makers and the Australian community with evidence-based advice on the health effects of drinking alcohol. They also help people make informed decisions about how much alcohol they drink, if any.
RACGP's Supporting smoking cessation: A guide for health professionals	This guideline applies to those who support people wishing to reduce or quit smoking and has recently been updated to include electronic cigarettes and nicotine vaping products. These guidelines outline strategies for promoting of smoking cessation for high-prevalence groups.
RACGP's The white book	The RACGP's <i>Abuse and violence: working with our patients in general practice</i> , 5th edition (the White Book), was developed by general practitioners (GPs) and subject matter experts to ensure that the content is the most valuable and useful for health practitioners.
RACGP's Guideline for the management of knee and hip osteoarthritis	These guideline presents the best available, current scientific evidence for OA interventions, covering all interventions other than joint replacement for the hip and knee.
RACGP's Management of type 2 diabetes: A handbook	Incidence of type 2 diabetes is rising, with obesity rates, lifestyle and dietary changes and an ageing population as likely contributors. Early identification and optimal management is essential to reduce further type2 diabetes related health issues. These guidelines give up-to-date, evidence-based information tailored for general practice to support GPs in their management.

Self-directed RP/MO options:

The hours indicated for each activity are only a guide. We recommend you record the actual time spent engaged in the activity outlined. To view these activities, please see Appendix 1.

Reviewing Performance

- RP1 Review health outcomes for rural Australians (0.5hr RP)
- RP2 Care requirements for rural Australians – procedural skills (0.5hr RP)
- RP3 Reflection, stereotypes of substance use (0.5hr RP)
- RP4 Practice discussing lifestyle behaviour change (0.5hr RP)
- RP5 Reflection, procedural skills for a trauma history or cognitive impairment (0.5hr RP)
- RP6 Prevention of vicarious trauma (0.5hr RP)
- RP7 Needs analysis - release from prison scenario (1hr RP)
- RP8 Reflection, the role of the GP for different scopes of practice (1hr RP)
- RP9 Patient reported feedback, supporting families (1hr RP)
- RP10 Practice approach to patient behaviours, managing de-escalation (1hr RP)

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- RP11 Reflection, difficult conversations (1hr RP)
RP12 Needs analysis, at-risk adolescent mental health (1hr RP)

Measuring Outcomes

- MO1 Random case analysis – the doctor/patient relationship (1hr MO)
MO2 Random case analysis – the vaccine hesitant patient (1hr MO)
MO3 Random case analysis – care for younger patients with a disability (1hr MO)
MO4 Random case analysis – supporting families requiring behaviour support (1hr MO)
MO5 Random case analysis – opioids and overdose prevention (2hr MO)
MO6 Mini audit – screening for alcohol, tobacco and other drug use (5hr MO)
MO7 Mini audit – at risk new mothers (5hr MO)
MO8 Mini audit – patients who have been in prison (5hr MO)
MO9 Quality improvement – Preventative health screening (15hr RP, 10MO)
MO10 Quality improvement – Reduce barriers to care access (15hr RP, 10MO)

Self-directed case with discussion prompts:

To view this case, please see Appendix 2.

- Case1 *Explore the 24 reflection questions for Case: Shane*
(Complete all questions and record up to 2hrs EA, and 2hrs RP)

Appendix 1. Self-directed Reviewing Performance (RP) and Measuring Outcomes (MO) CPD options

The following activities are adapted from units of the 2022 RACGP Curriculum and Syllabus. They draw on the following core and contextual units:

- Population health
- Rural health
- Addiction medicine
- Children and young people
- Justice system
- Abuse and violence

Times outlined below **are an indication only**. We recommend you log the actual time you spent on an activity as members will engage with this material differently according to your role and scope.

RP1 Review health outcomes for rural Australians (0.5hr RP)

Identify and reflect on the incidence of farm accidents, motor vehicle accidents, coronary artery disease and breast cancer health outcomes for rural Australia compared with urban Australia (the Australian Institute of Health and Welfare [website](#) will assist).

- Were you surprised by the differences?
- Why might there be such differences in health outcomes?
- What strategies could a rural GP use to reduce the incidence of these accidents and conditions?

RP2 Care requirements for rural Australians – procedural skills (0.5RP)

Consider what procedural skills would be useful for a rural GP and do a self-assessment of your competencies:

- How comfortable are you using a dermatoscope?
- Can you use a slit lamp?
- Are you able to manage simple fractures?
- Can you use the ECG machine in your practice?

Investigate and register for the [rural procedural grants program](#) to explore the CPD options that are available to you.

RP3 Reflect on stereotypes of substance use (0.5hr RP)

Have a discussion with a trusted friend or family member about stereotypes of substance-using people.

- What personal biases or prejudices do you have? What about your friend or family member? Do they have different views?

- How can your biases impact your ability to effectively care for substance-using patients? How could you challenge your perceptions?

RP4 Practice discussing lifestyle behaviour change (0.5hr RP)

Discuss as a group or role-play talking to a patient about improvements they could make to their lifestyle and behaviour. Reflect on how you can prevent a patient from “sustain talk” or remaining ambivalent to change.

- Think about times when you were able to effectively tap into the patient's motivations to change? Why did it work?
- What state of change do you find most difficult to support?
- Discuss the role of the GP as a health coach, and your experiences supporting patients who are experiencing multiple comorbid conditions.

RP5 Prevention of vicarious trauma (0.5hr RP)

GPs and other medical professionals are at higher risk of experiencing work-related vicarious trauma. Either on your own or as part of your practice team, consider:

- What are the symptoms that you or a colleague have experiencing vicarious trauma?
- How can you prevent vicarious trauma?
- How can your practice team / setting prevent vicarious trauma?
- What strategies could you use and how will you incorporate them into practice?

RP6 Procedural skills for a trauma-history or cognitive impairment. (0.5hr RP)

Discuss procedural skills for an individual with a suspected trauma history or cognitive impairment. Consider intra-aural or intranasal foreign body removal, laceration closure, catching urine, and examining ears and throat.

- What are the issues around consent for these procedures?
- What are the practical ways to conduct these procedures?
- Consider how you will accurately document these procedures in your notes, and when you will refer to a tertiary hospital for management.

RP7 Release from prison needs analysis (1hr RP)

Role-play a consultation with a new patient who has just left prison, having been discharged to your unfamiliar area as a condition of their parole. As a group, discuss potential issues a patient may face on returning to the community. Consider health, family and social networks, and social support needs. Consider the role of the GP in assisting this patient.

- What potential barriers and facilitators may people face on release from prison? What are potential barriers to healthcare? How might a GP work with the patient to increase the success of reintegration into the community? What might help improve healthcare access and engagement?
- What health problems should be anticipated and addressed?
- What are the challenges in rural and remote settings?

RP8 Reflection on the role of the GP for different scopes of practice (1hr RP)

Consider the care that is required of you to manage common and acute and chronic conditions such as myocardial infarction, diabetes, alcohol and other drug use, asthma, chronic back pain, family and domestic violence, mental illness, chlamydia infection, rheumatoid arthritis, and obesity.

- What would be reasonable for you to take on as a rural GP, locum GP, GP with an extended skill, solo GP, or a GP working in hospital or residential aged care setting?
- What are your limits? What could you take on safely, and when / how would you use the expertise of others in your practice setting / local region / state-based support?
- What resources might be helpful for a solo, locum or rural GP before setting up your practice?

RP9 Patient reported feedback – supporting families (1hr RP)

For the next five patients you see who are either children or young people, ask the parents for feedback on:

- How you handled the consultation overall?
- Did they feel like their ideas, concerns and expectations were acknowledged?
- Did you give them the information they needed to feel empowered / informed?
- Reflect on what this tells you about your strengths and areas for improvement?

RP10 Practice approach to patient behaviours, managing de-escalation (1hr RP)

As a practice explore the RACGP's AOD GP Education Program's Resource Library [whole of practice resources](#). Consider the de-escalating violence and withdrawal tools.

- What experiences have you had managing challenging behaviours?
- Do you know the difference between symptoms of intoxication or withdrawal?
- What behaviours are symptoms of a potential trauma history?

RP11 Reflection on difficult patient conversations (1hr RP)

Review a recent "difficult" conversation with a patient that didn't go well or as you expected. Maybe the patient withdrew into themselves, or became aggressive / agitated when you tried to help them?

- Why was the consultation difficult?
- What are common presentations for survivors of childhood trauma?
- Could childhood trauma or other trauma be a contributing factor as to why consultations with this patient are challenging?
- How do you feel at the end of these difficult conversations? How would you rate your current awareness and skills in trauma-informed care?
- What could you do to be more trauma informed?

RP12 Needs assessment, adolescent mental health (1hr RP)

Consider how you would conduct a HEEADSSS assessment (see [learning resources section](#)) for an adolescent who identifies as gender diverse is being bullied at school.

- How would you build rapport?
- How do you make sure the patient is safe from harm?
- Consider the issues around consent and when you might have to break confidentiality.
- If the patient has suicidal ideations, how/when would you approach engagement of other services?

MO1 Random Case Analysis – the doctor / patient relationship (1hr MO)

Reflect on the power and vulnerability that exists within the patient–doctor relationship. Identify a patient you have treated recently for a chronic condition who experiences socio-economic disadvantage and evaluate the following:

- How would you describe the doctor / patient relationship with this patient?
- Reflect on your personal response to supporting this patient. How does their life experience differ from your own? What was the patient's health literacy?
- Evaluate the impact this may be having on how the patient perceives their care. Is this affecting their engagement with you and the way you discuss their goal setting?
- Evaluate the efficacy of your joint goal setting. Do they adhere to their treatment plans? Do they make progress as you might expect? Are they trying to please you?
- What might be required to promote better health outcomes for the patient?

MO2 Random Case Analysis – providing advice to a vaccine-hesitant patient. (1hr MO)

Identify a patient who was vaccine-hesitant and where you discussed the risks and benefits of vaccination (for either COVID-19 boosters, influenza, or childhood immunisation).

- What driving the patient's hesitancy? How did you approach the discussion and address the patient's concerns? Was it effective? What worked / didn't work?
- Did you provide any educational resources to the patient?
- How did you discuss the information the patient may be exposed to from other sources
- Review the patient's biopsychosocial history and health literacy and evaluate if your approach was culturally informed and appropriate?
- Was your approach culturally informed? What is the patient's health literacy levels?
- Review the patient's biopsychosocial history and think about what other motivators you might be able to tap into to support a change in patient's perceptions and behaviour.

MO3 Random Case Analysis, Care for younger patients with a disability (1hr MO)

Review a care plan completed for a chronic condition in an older child or adolescent with autism, developmental delay or cerebral palsy. Review the notes and check if the MBS requirements for formulating the care plan have been met.

- Consider what these requirements are and how you can reduce fragmentation of care in the management of chronic conditions in young patients.
- Consider the barriers that some patients may experience to safely access prescribed medication.
- Discuss when adolescents can make informed consent regarding contraception, immunisation, access to other care services.

MO4 Random case analysis, Supporting families requiring behavioural support (1hr MO)

Identify a family who were seeking your help for their child/young person's behaviour, such as aggression, restrictive food behaviours, school refusal and sleep disturbances.

- How did you engage the patient? Do you have a complete biopsychosocial history?

- Did you screen for more serious underlying conditions? What investigations did you consider?
- What resources did you share with the family?
- How did you empower the parents?
- How did you ensure continuity of care and follow-up?

MO5 Random case analysis, Opioids and overdose prevention (2hr MO)

Use the [opioid calculator](#) to identify two patients with an Opioid prescription where the OMED dose is above 50mg, one patient being prescribed for an acute presentation, and the second for chronic non-cancer pain.

- What education was provided to the patient about the potential side-effects of this medication?
- Consider prescription of emergency naloxone and invite family members to the session to discuss its use.
- Review the treatment plan considering the patient's biopsychosocial history. Is a planned tapering of the dose appropriate?
- How skilled are you at providing advice on pain, pain management, and the role of opioids?
- Are other non-pharmaceutical options suitable for the patient's presenting pain problem?

MO6 Mini-audit – screening for alcohol, tobacco and other drug use (5hr MO)

Conduct a mini-audit of 20 patients above the age of 18. What proportion of patients that have completed information about their smoking, alcohol and drug use?

- How is information about substance use recorded in your practice? Where in the consultation is it recorded? How does your software ensure this information is recorded?
- Review the patient's biopsychosocial history and previous discussions about substance use (if any).
- How skilled are you at delivering a brief intervention for smoking cessation or problematic alcohol use?
- Are there practice policies related to recall of patients with substance use disorder for routine follow-up?
- What systems are in place to achieve equity for Aboriginal and Torres Strait Islander substance-using patients in your practice?

MO7 Mini-audit – at-risk new mothers (5hr MO)

Conduct a mini audit of up to 20 patients who are currently or were recently pregnant, and audit the notes to check for screening for abuse and violence.

- Have these patients been screened for exposure to abuse and violence?
- Do any of the patients have documented higher risk?
- For those who have disclosed abuse or violence, is there a safety assessment and safety plan documented?
- Can you sensitively present the results of this audit to your practice? What changes could you suggest to help ensure improved screening?

MO8 Mini audit – patients who have been in prison (5hr MO)

Identify 5 patients from your practice who have been in prison. Audit the content and quality of the health information that has been transferred between the prison health service and the practice and assess the patient's needs when they presented to your practice.

- What health problems have been discussed and managed at your practice?
- Are these patients returning to your practice to access care?
- What have been some strengths in the way these patients were engaged with, and the quality of care provided?
- How could you improve your practice in this area?
- What different types of health and social support needs have you identified in these patients?

MO9 Quality improvement activity, practice-wide preventative health screening (15hr RP, 10hr MO)

What practice-wide audits can be done to ensure practice population is up-to-date with age-appropriate and risk-appropriate screening?

- Inform patients at reception – normalise expectations that all GPs will be screening all patients
- Discuss trends and potential patient barriers to care access
- What role do individuals in the practice team have to support this activity?
- Utilisation of recall systems? How are patients contacted with reminders?
- How are results managed? What if the requesting doctor is away?

MO10 Quality improvement activity. Reduce barriers to care access (15hr RP, 10hr MO)

Research the health concerns in your local population or the health priorities for your practice. Identify number of patients with chronic disease conditions that are due for GP review and any population trends. Ask for patient reported feedback.

- Identify the barriers patients from areas of socio-economic disadvantage experience accessing your health care in your practice setting. Are specific priority populations adversely impacted?
- Consider out-of-pocket expenses, appointment availability and duration, opening hours, care experience through a trauma-informed and culturally safe lens.
- Consider the role of advocacy for patients who are experiencing barriers to multidisciplinary care access through your team-care arrangements
- Implement changes and monitor their impact

Appendix 2. Health Inequities Case-Based CPD

CASE 1 SHANE is a 38 year old male

The case was developed as part of the RACGP's 2022 Curriculum and Syllabus, Justice System Health contextual unit. This case offers you a comprehensive range of questions that will contribute to your Educational Activities (EA) and Reviewing Performance (RP) CPD.

- Select questions that align with your scope and role
- Reading and reflection associated with all 24 questions outlined in this case is estimated to provide you with up to 2hrs EA, and 2hrs RP CPD.
- To record as CPD, login to myCPD home via your RACGP account or myCPD app, attaching your notes or responses to this questions as evidence.



Shane, a 38-year-old man, presents requesting prescriptions. He has attended the practice infrequently over the past 10 years. The last note in his file is that a medical summary was sent to the prison health service in response to a release of information request one year ago.

You note Shane has a previous history of a motor vehicle accident, low back pain and hepatitis C. In the last consultation on file, he had received a script for opioids, a referral to the local liver clinic and was noted to have moderately high blood pressure

He tells you that his current medications are mirtazapine and a 'heart tablet', and he also wants treatment for his back pain. After further history, he confirms he was released from prison 10 days ago and has run out of his medication. He is not sure if he was given any paperwork about his health.

Questions for you to consider	
Communication and consultation skills	<ol style="list-style-type: none">1. What effects could stigma and previous life experiences have in building a relationship with Shane?2. What communication and consultation approaches may promote a therapeutic relationship?3. What factors may impact on continuity of care for people leaving or entering prison?4. If Shane was an Aboriginal or Torres Strait Islander, what else would you need to consider?
Clinical information gathering and interpretation	<ol style="list-style-type: none">5. What other information would you like to gather through history-taking and examination?6. How would you gather further information about Shane's healthcare in prison, without duplicating investigations that have already been done?

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	Questions for you to consider
Making a diagnosis, decision making and reasoning	<p>7. What are the key risks to health and wellbeing for Shane in the post-release period?</p> <p>8. What priority social support needs would you ask about during this consultation?</p> <p>9. What factors would you consider when addressing Shane's request for treatment for his back pain?</p>
Clinical management and therapeutic reasoning	<p>10. What other healthcare providers and services could you draw on in the ongoing management of this patient?</p> <p>11. If Shane was an Aboriginal or Torres Strait Islander, what specialised services or people could you include in your management plan?</p> <p>12. What role might a GP play in giving support or care to the patient's family?</p>
Preventive and population health	<p>13. What resources, including community-based services, may assist you in promoting Shane's health?</p> <p>14. How would your approach be affected if your practice was in a rural or semi-remote location?</p> <p>15. What preventive care might you consider for Shane?</p>
Professionalism	<p>16. What are your reflections on biases, professional boundaries and therapeutic relationships when working with Shane?</p> <p>17. What are the ethical considerations when providing healthcare for people in prison, including confidentiality and privacy?</p> <p>18. What are the broader systemic issues regarding incarceration in Australia? What advocacy role may exist for GPs?</p>
General practice systems and regulatory requirement	<p>19. What would Shane have experienced during his incarceration? What healthcare would he have received? What are the barriers and facilitators to healthcare delivery in prison? How may this have affected Shane?</p> <p>20. If Shane is reincarcerated three months after you have taken over his healthcare, what health information would you send to the prison health service on receiving the signed request for information?</p> <p>21. What are the privacy, confidentiality and legal requirements when managing a patient who is incarcerated?</p>
Procedural skills	N/A
Managing uncertainty	<p>22. How would you access additional support or advice with regards to managing this presentation?</p>
Identifying and managing the significantly ill patient	<p>23. How is significant illness managed in the prison environment?</p> <p>24. What if Shane advised you that he had had an overdose since leaving prison, and had already had to use the emergency rescue naltrexone he was issued on release? How would you manage this?</p>