

Working with general practice

Department of Human Services position statement



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Acknowledgements

The development of the Working with General Practice position statement was led by the Primary Health Branch. A working group with representation from across the department, and with co-opted membership from General Practice Victoria (GPV), provided valuable input on the structure and content of this document. The working group members were drawn from Primary Health, Rural and Regional Health Services, Aged Care, Mental Health and Drugs, Disability Services and Programs branches and GPV.

Dr Peter Waxman (deceased June 2007) was a driving force behind this position statement. He made a substantial contribution in shaping the document and was actively involved in its development.

During his time with the Primary Health Branch, Peter made a significant contribution to the department's capacity to establish partnerships with general practice, working with Divisions of General Practice and general practitioners. Elements of Peter's work spanned both relationship development and systems reform.

Peter was instrumental in promoting the perspectives of both the Department of Human Services and general practice to enhance understanding between each sector.

Foreword from the Minister



General practice is at the front line of Victoria's health care system and general practitioners (GPs) are the first point of contact for many of us into the system. Approximately 80 per cent of Victorians see their GP at least once a year, and GPs, practice nurses and other health professionals working within general practice help link people into State-funded health services every day. No matter how health services are funded, it is important to remember that all health professionals share a common interest—to achieve better health outcomes.

We are all aware that Victoria's health system is facing an increasing demand for service. The challenge of meeting this demand is driving both the Commonwealth and the State governments to develop strengthened community-based models of care with a focus on prevention, early intervention for those recently diagnosed with a chronic illness, and intensive coordinated care for those with complex care needs.

The Victorian Government recognises that successful partnerships between State-funded services and general practice are integral for the provision of coordinated care, particularly for those who need care from multiple providers, such as those in transition between acute and community settings and vulnerable groups who may find it difficult to access the required range of health services without support.

This position statement is a watershed document for the delivery of integrated health care in Victoria. It articulates the Department of Human Services' vision for a strengthened collaborative interface between the department and general practice; highlights opportunities to further align State and Commonwealth agendas; and provides a practical resource guide to assist departmental staff looking to ensure that general practice is consulted with and engaged in various state health initiatives. It will also be a useful resource for external stakeholders looking to strengthen partnerships with the general practice sector.

I would like to thank the representatives from over 40 organisations who provided feedback during the development of the position statement. Your feedback played a valuable role in shaping the statement.

Finally I would like to pay tribute to Dr Peter Waxman who made a substantial contribution during his time in the department towards the development of this statement. As a result of this work, Victoria is now well positioned to further progress initiatives that will help strengthen the integration of health services, so that together we can continue to build a healthier Victoria.

A handwritten signature in blue ink that reads "Daniel Andrews."

Hon Daniel Andrews MP
Minister for Health

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1. The purpose

This position statement:

- articulates the vision of the collaborative interface between general practice¹ and the Department of Human Services
- is developed primarily for a departmental audience and, secondarily, to serve as a valuable guide for State-funded agencies and the general practice sector
- provides a framework for a strong, coordinated and consistent approach to underpin collaborative work with the general practice sector into the future
- highlights opportunities to further align State and Commonwealth agendas for health care
- provides a practical resource guide.

Three elements that constitute the framework:

1. The set of statements that demonstrate the value the Department of Human Services places on collaboration with general practice.
2. Common expectations to shape the interaction between the department and general practice.
3. Resources and practices that can facilitate collaboration.

¹ When reading this document note that 'general practice' refers to the total service/entity including GPs, practice managers, practice nurses, receptionists and other health professionals who may operate within the practice. The acronym GP is used to describe the individual general practitioner.

2. Key messages

General practice is the primary point of health care for the majority of the community and, as such, is the gateway into the broader health system.

General practice is the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities.

Never has there been a time when the case for integration across the health care sector has been stronger.

Working in partnership is essential to meet the growing demand placed on services as a result of the increasing burden of chronic disease.

The current State and Commonwealth health reform agendas present timely opportunities for collaboration between the two levels of government.

The Department of Human Services and general practice both have an interest in achieving better health outcomes for Victorians.

Consumers want their general practitioners (GPs) to be aware of the range of health and community support services available, and they want their GPs to refer them appropriately to these services.

The State has a particular interest in strengthening access to health care for vulnerable communities.

The Department of Human Services values highly the contribution of general practice and is committed to working in partnership with the sector to achieve better health outcomes.

General practice engagement is the logical function of Divisions of General Practice. Divisions' longstanding relationships and established trust with practices creates a firm foundation for effective engagement.

In any initiative that is going to impact on general practice, ensure that Divisions of General Practice are involved at an early stage to provide input into planning and strategy.

General Practice Victoria (GPV) and individual Divisions of General Practice provide a representative role for general practice for service development at the local level. However, there are other peak organisations that also represent general practice from different perspectives.

² www.racgp.org.au/whatisgeneralpractice

³ Department of Human Services, *A Guide to General Practice Engagement in Primary Care Partnerships* Victorian Government, Melbourne, July 2001

⁴ Bensberg, M., Sutherland, J., & Crosbie, C., 'It takes more than a practice visit—effective general practice engagement', *Australian Journal of Primary Health*, vol. 13, no. 3, pp. 17–21. 2007

3. The vision

A strengthened collaborative interface between the Department of Human Services, State-funded services and general practice, resulting in more integrated service delivery and better health outcomes for Victorians.

The position statements

- As a key Victorian Government department with State level responsibilities for health and human services, the Department of Human Services recognises the centrality of general practice as the first point of contact for primary medical care in the Australian health system.
- The Department of Human Services, wherever practicable, will seek to bring departmental and general practice developments together to promote and enhance effectiveness and efficiency in the integration of health care in Victoria. General practice and State-funded services cannot provide the most effective health care in isolation.⁵
- Achieving complementarity between Victorian Government and Commonwealth Government directions in health system development is integral to achieving better health for all Victorians.
- The Department of Human Services recognises that all parties are primarily interested in the coordination of care and are committed to working in a spirit of ongoing consultation, cooperation and partnership to achieve better patient outcomes.

⁵ Australian Government Department of Health & Ageing *Future Directions: Divisions of General Practice Program. Toolkit for implementing a national quality and performance system for the Divisions of General Practice Network* Commonwealth of Australia, Canberra 2005

4. The context

4.1 The role of general practice in health care

The relationship between general practice and the State-funded health and human services sector is one of increasing significance. General practice is the primary point of initial health care for the majority of the community and, as such, is the gateway for most people into the broader health system. Eighty per cent ⁶ of Victorians visited one or more general practitioners in 2004–05.

Successful partnerships between the State-funded health care and general practice sectors are integral to coordinated patient care and critical to the successful achievement of many Department of Human Services program objectives. In various areas of the health care system work is being undertaken to develop more community-based models of care for the management of chronic disease and mental health conditions.

General practice is the primary point of health care for the majority of the community and, as such, is the gateway into the broader health system.

The form of primary health care delivery is undergoing substantial change largely as a result of the development of these new models of care.⁷ Vulnerable members of the community, who are often over-represented in chronic disease groups, are a priority for State-funded services, especially clients for whom the State has responsibility. Health assessments for people with disabilities have recently been included in the Medical Benefits Schedule (MBS). Changes in service models, service mix, revenue streams, service targets and workforce configuration are forecast. Practice nurses are becoming core members of the general practice team with a rapid escalation in the number of practices employing nurses.⁸

Defining general practice

Increasingly, the GP will be the critical member of a thriving multidisciplinary team contributing in a range of settings as a clinician, clinical care coordinator, patient advocate and gatekeeper. The role of the GP is so vast that a concise description is almost impossible to provide.

The term 'general practice' is not consistently used in international literature. In Australia, the Royal Australian College of General Practitioners (RACGP) defines general practice as follows:

General practice involves the ability to take responsible action on any medical problem the patient presents, whether or not it forms part of an ongoing doctor-patient relationship. In managing the patient, the general practitioner may make appropriate referral to other doctors, health care professionals and community services.

⁶ Medicare Australia *Annual Report 2005–06*

⁷ Department of Health and Ageing *Budget Summary May 2007*

⁸ National Practice Nurse Survey Report 2006 www.aapm.org.au (ADGP National Practice Nurse Workforce Survey Report 2006)

General practice is the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities.

General practice is the first point of contact for the majority of people seeking health care, and often therefore the first point of referral. In the provision of primary care, much undifferentiated illness is seen; the general practitioner often deals with problem complexes rather than with established diseases. The general practitioner must be able to make a total assessment of the person's condition without subjecting a person to unnecessary investigations, procedures and other treatment.⁹

The key features of general practice described by the Royal College of General Practice (UK)¹⁰ match closely general practice in Australia. These include:

- General practice has a clinical knowledge base
- GPs manage undifferentiated symptoms often at early stages in the development of an illness
- GPs simultaneously manage both acute and chronic health problems, and patients presenting with multiple chronic problems
- GPs address both individual and public health issues through their consultations
- GPs coordinate the patient's overall care, including managing the interface with other providers, and offering a strong advocacy role
- GPs offer care that is personal, focused mainly on the individual patient, and founded on mutual trust, but GPs also frequently offer family care
- General practice is the first point of entry to the health system and the entry point to many other medical services.
- General practice is focused on individually tailored services in a family and community
- GPs have expertise in risk management that reduces the need for unnecessary investigations or referral

The Commonwealth Department of Health and Ageing (DoHA) recognises that general practice cannot provide the most effective primary care isolated from other related health care providers.¹¹

The Department of Human Services acknowledges the challenge that exists for the public sector in engaging private providers. This challenge is significant in dealing with general practice as more than 90 per cent¹² of GPs work as private providers. It is noted that GPs, particularly in rural areas, can move from a private to public role on a daily basis.

⁹ <http://www.racgp.org.au/whatisgeneralpractice>

¹⁰ Royal College of General Practitioners (RCGP), *The future of general practice: a statement by the Royal College of General Practitioners*, RCGP, London (UK), September 2004

¹¹ Australian Government Department of Health & Ageing (2005) *Future Directions: Divisions of General Practice Program. Toolkit for implementing a national quality and performance system for the Divisions of General Practice Network* Commonwealth of Australia Canberra

¹² AMWAC (2005) *The General Practice Workforce in Australia: Supply and Requirements to 2013* Australian Medical Workforce Advisory Committee: Canberra

Practice nurses

Practice nurses assist GPs by contributing to a range of services, including chronic disease management and population health activities. In some practices, they also manage or contribute to nurse-led clinics into which GPs can refer patients. The practice nurse role is diverse and influenced by factors such as the practice population and location, nurses' qualifications, practice structure, professional standards and national incentives and programs.

Practice nurses remain responsible and accountable for their actions as health professionals in their own right, however in reality much of their work is delegated from or directed by GPs. GPs remain ultimately responsible for services delivered by practice nurses, which is reinforced by MBS rules which state that practice nurse MBS services are delivered on behalf of GPs, and that the GP retains ultimate responsibility for the health, safety and clinical outcomes of the patient.

Rural general practice

The important role of rural GPs in providing the majority of care in rural health services and a significant amount of medical care in district rural services¹³ is acknowledged. The interdependency in rural areas between GPs as private providers and the public hospitals is also recognised. The position statement addresses aspects of the GP role as a private provider of services to patients who have been, or are currently being, managed by the State-funded sector once they are back in the community. This position statement focuses on how this management in the community can be better integrated with services received from the State-funded sector.

General practice and community health services

A high percentage of community health services' clients come from vulnerable sections of the community. This includes, but is not limited to, groups such as refugees, people who are homeless, those with intellectual or physical disability, people with significant mental health problems, those with drug and alcohol problems, and youth at risk. A significant proportion of the work performed by GPs and practice nurses in community health services reflects the needs of these groups.

The State has a particular interest in strengthening access to health care for vulnerable communities

There are a variety of working arrangements between GPs and community health services that are operating from the same site, including income sharing agreements and co-location of private practices. Outside of community health services, private GPs are more likely to have regular involvement with State-funded primary or acute health services through the broader care coordination role for their patients, for example, referral to services.

¹³ Department of Human Services, *Rural directions for a better state of health*, Rural and Regional Health Services Branch, Victorian Government, Melbourne 2005

The Department of Human Services is committed to exploring a range of strategies that will strengthen partnerships with private GPs as well as supporting those within the community health services. Improving integration with private GPs is a priority. Local service coordination arrangements have been negotiated through Primary Care Partnerships (PCPs)¹⁴ and Divisions of General Practice and have helped build more functional relationships between community health services and private GPs.

The development of new models of care and improved integration across the State and Commonwealth sectors, including general practice, will require active collaboration. Working in partnership is fundamental to the achievement of quality health outcomes for Victorians.

4.2 Promoting collaboration between national and State directions in primary care

The World Health Organization definition of health service integration is 'bringing together common functions within and between organisations to solve common problems, developing commitment to a shared vision and goals'¹⁵

Working in partnership is essential to meet the growing demand placed on services as a result of the increasing burden of chronic disease.

The Department of Human Services and primary care service providers¹⁶ operate within a two tiered Australian health system with responsibilities divided and shared between the Commonwealth and State governments. Patients cross over the State and Commonwealth service systems on a daily basis. Consumers expect access and coordination along the continuum without needing to know which government funds each service. Delivering better patient care and improved patient outcomes (right care in the right place at the right time) is a priority for general practice, together with both levels of government, and is the driver for collaboration across the health sector.

Both Commonwealth and State government agendas are focusing on the development of more community-based models of care for the management of chronic disease and highly prevalent mental health conditions. A wide range of department programs rely on effective general practice integration to ensure successful patient outcomes. Similarly, the work of Department of Human Services funded agencies can assist general practice in its work with this client group.

Department and State funded services are unlikely to provide care in isolation from other primary health care providers, including general practice. Building partnerships between providers is essential in meeting the demands placed on services as a result of the increasing burden of chronic disease and an ageing population.

¹⁴ The Primary Care Partnership (PCP) Strategy is a major reform in the way services are delivered in the primary care and community support services sector in Victoria. The Victorian Government has committed \$45 million over four years to the reform. www.health.vic.gov.au/pcps

¹⁵ WHO Study Group. 1996. *Integration of health care delivery*. Geneva: World Health Organization.

¹⁶ 'Primary care service providers' can include health professionals working in the community health, private/public allied health, pharmacy, accident and emergency, local government and non government sectors

Never has there been a time when the case for integration across the primary health care sector has been stronger.

At the Commonwealth level there has been a policy trend to broaden the role of general practice. For example, introduction of the Enhanced Primary Care (EPC) item numbers in 1999 encouraged evidence-based care focusing on prevention and early intervention in chronic disease management. Emphasis continues to be on health care that is community-based, increasingly focused on prevention, better coordinated and directed to finding new and better ways to manage chronic illness.

The significant growth in the range of MBS items over recent years indicates the Commonwealth Government's changing approach in the primary care arena. Most recently, the Commonwealth introduced a range of MBS items to support team-based care and broaden the range of appropriately trained professionals to work together with general practice, including allied health professionals and psychologists.¹⁷

The current State and Commonwealth health reform agendas present timely opportunities for collaboration between the two levels of government. Examples of this are the National Action Plan on Mental Health¹⁸ and Australian Better Health Care Initiative (ABHI): Promoting good health, prevention and early intervention,¹⁹ which are jointly funded by the Commonwealth and State governments.

Divisions of General Practice²⁰ are well placed to identify common themes and directions of both State and Commonwealth. They are critical in optimising resources and participating in the development of a more robust integration platform.

PCPs are building a strong integration platform, particularly in the area of service coordination and more recently in integrated chronic disease management. PCPs have made significant progress and demonstrated that when providers work in partnership they can better respond to people's needs (evidence of this can be found in Case Studies 7 and 8 presented in the resource guide²¹). PCPs in Victoria have the potential to provide a useful vehicle for bringing together the shared Commonwealth and State agendas.

The General Practice Liaison (GPL) initiative in Victorian public hospitals has been an effective means of improving general practice hospital communication. A continued commitment from the department to the need for continuity of care and to partnerships between hospitals and general practice is essential in influencing hospitals' attitudes and practices.²²

¹⁷ www.health.gov.au

¹⁸ Council of Australian Governments, *National Action Plan on Mental Health 2006-2011* COAG, Canberra 2006

¹⁹ COAG *Australian better health initiative: Promoting good health, prevention and early intervention* Communique, place of publication, February 2006

²⁰ Throughout the document, 'divisions' generally refers to Divisions of General Practice. For the purpose of this document, the 30 organisations within Victoria funded by the Department of Health and Ageing under the Divisions of General Practice Program are referred to as 'divisions'.

²¹ **Case Study 7**—Joint Care Planning for SRS clients—Collaboration between Brunswick Community Medical Centre and Moreland Community Health Service **Case Study 8**—Diabetes Co-ordination & Assessment Service

²² Lippmann, L. *The role and achievements of Victorian Public Sector GP Liaison Officers*, Melbourne, January 2006. Funded by Australian Government Primary Health Care Research Evaluation Development (PHCRED) Strategy

Together with the PCP Strategy and the GPL Initiative, there is a variety of successful integration mechanisms within the department, including the Hospital Admission Risk Program (HARP) and the primary mental health teams (case studies 1, 6 and 12, presented in Resource Guide²³).

With a shared interest in patient outcomes, Divisions of General Practice—individually, collectively, or through locally-based partnerships—can draw upon both State and Commonwealth initiatives. Again this can maximise the use of resources, producing a more robust investment towards the achievement of improved health outcomes and access for consumers in Victoria, in particular disadvantaged groups.

4.3 Common drivers for collaboration

A wide range of department programs depend on effective partnerships to ensure successful patient outcomes. Understanding the differences and common expectations of the general practice and State-funded sector will assist in facilitating collaboration and closing the cultural gap.

The Department of Human Services and general practice both have an interest in achieving better health outcomes for Victorians

What are the common expectations?²⁴

- Quality, evidence-based, timely and accessible services for patients—right service, right place, right time.
- Equity of access to primary health care for vulnerable communities and people who experience health inequality.
- Easy referral processes, acknowledgement of referral and feedback, that is, communication both ways.
- Improved communication and continuity of care by linking patient data between acute, primary and community sectors.
- An adequate workforce (size, mix, capability and distribution).
- Removal of structural barriers to cooperation between general practice and other parts of the health system. An acceptable level of accountability with minimum amount of ‘red tape’.

²³ **Case Study 1**—GP collaboration with HARP programs at St Vincent’s Hospital **Case Study 6**—GP Liaison Role in the Frankston CHS Early Intervention in Chronic Disease Management **Case Study 12**—Supporting the GP role in Maternity Services

²⁴ (a) Survey of DHS program areas September 2006 (b) Centre for Development and Innovation in Health South East Primary Care Partnership Integrated Disease Management (Diabetes) GP Interviews January 2004 (c) RACGP Position Statement *The role of general practice in prevention and health promotion* 2006

- Continuity of the relationship between the GP and patient.
- Active participation by general practice as a core team member in multidisciplinary care planning.
- Input by general practice into department policy and program development.
- Engagement of general practice to effectively and proactively participate in chronic disease management programs and preventive health activities.

Expectations in perspective

Consumers want their GPs to be aware of the range of health and community support services available, and they want their GPs to refer them appropriately to these services.

- Department of Human Services' clients generally fall within a disadvantaged category, for example, the more vulnerable, those who are the responsibility of the State, clients with complex conditions and the socially disadvantaged.
- GPs work predominantly as private providers in a 'fee for service' system.
- GPs provide clinical care in the private system for individuals within disadvantaged groups and require an integrated model of care to access publicly and privately funded ancillary/allied health services. This is where the intersection is most critical and deserves closer collaboration (Case Studies 7, 15 & 18²⁵). The recently released allied health and psychology MBS items provide access to private services, however these services can be unaffordable due to gap payments. It is those who are the most disadvantaged who depend on a system that works efficiently.
- A planned, systematic approach required for chronic disease management and preventive health is contrary to the opportunistic patient-led approach that traditionally made up the bulk of consultations in general practice. General practice is now investing time and money into comprehensive preventive health care and the close monitoring of patients with chronic health care issues. The uptake of the 45 Year Old Health Check is evidence of this prevailing trend.²⁶ Other successful preventative health activities routinely carried out by general practice include immunisation, cervical screening, prostate checking, bowel cancer screening and so on.
- Although moving progressively in the direction of a planned and systematic approach, constraints remain on general practice due to workforce shortages and the need for further support via the Commonwealth (Medicare Australia through MBS) to provide the incentive for more active involvement in proactive chronic disease management as well as preventive health activities for chronic disease management.

²⁵ **Case Study 7**—Joint Care Planning for SRS clients—Collaboration between Brunswick Community Medical Centre & Moreland Community Health Service **Case Study 15**—Refugee Health Services Project—Developing a Refugee Health Kit for general practice **Case Study 18**—Docs in Schools—Youth Friendly Mental Health Program

²⁶ Uptake over 45 year old Health Checks by Division of General Practice www.medicare.gov.au/statistics/imd/forms/gpStatistics.shtml

General practitioners and their professional associations (The Royal Australian College of General Practitioners [RACGP], the Australian Medical Association [AMA], the Rural Doctors' Association of Australia, and others) are aware of this potential (to be involved in preventive health). However, their ability to fulfil this preventive role is heavily constrained by factors including the workforce shortages in many outer metropolitan, rural and remote areas, and financial incentives and arrangements that do not enhance quality service.

Evidence suggests that work pressures, lack of a supportive infrastructure and time constraints make it difficult for GPs to maintain a current working knowledge of effective and evidence based prevention. This underlies the problems of instituting early intervention strategies and utilising these strategies in daily practice.²⁷

- Given time constraints, there is often a concern of overloading the individual consultation by providing health prevention messages, from both the patient's perspective and that of the GP.
- Eighty per cent of Victorians attend general practice with approximately 11 per cent of encounters being referred to a specialist and/or allied health professional.²⁸
- The majority of patients seen by GPs do not require referral but there is acknowledgement that this is increasing and that those with chronic disease/special needs require disproportionately more time.
- GPs indicate that further improvements to the hospital/general practice interface should remain a priority if care coordination is to be enhanced.

Dr Mukesh Haikerwal, former President of the Australian Medical Association, wrote in the foreword to the Beach Report (2007):

GPs are spending more of their time caring for older patients. An increasing proportion of encounters are with patients aged 45 years and over. This group of patients is more likely to have multiple, chronic and complex illnesses and will benefit from spending more time with their doctor. This is reflected in the growing management rates of chronic conditions reported by BEACH²⁹ since 1999-00. Our health system needs to recognise this change and adapt to ensure older Australians receive the care they need and deserve, by doctors working with teams, where many disciplines are brought together to care for patients in collaboration, in a suitable setting recognising the importance of these patients.

²⁷ RACGP Online Green book www.racgp.org.au/guidelines/greenbook 2006

²⁸ Britt, H, Miller, GC, Knox, S, Charles, J, Valenti, L, Pan, Y, Henderson, J, Bayram, C, O'Halloran, J & Ng, A 2004 *General practice activity in Australia 2003-04*. IHW Cat.No.GEP 16, Canberra: Australian Institute of Health and Welfare (General Practice Series No 16) p 24 www.fmrc.org.au/divisions

²⁹ Britt, H, Miller, GC, Charles, J, Pan, Y, Valenti, L, Henderson, J, Bayram, C, O'Halloran, J & Knox, S, *General practice activity in Australia 2005-06* January 2007 A joint report by the University of Sydney and the Australian Institute of Health and Welfare AIHW cat. no. GEP 19

While General Practice Victoria (GPV) and individual Divisions of General Practice provide a representative role for general practice for service development at the local level, other peak organisations also represent general practice from different perspectives.

4.4 General practice organisations in Victoria

The Department of Human Services recognises that there is a variety of organisations with important roles in the general practice sector. It is important for the department to use a range of consultation mechanisms and build a strong working relationship with GPs, their practices, and the various general practice representative bodies. No one group has 'responsibility' for all GPs in Australia.

Divisions of General Practice are predominantly funded by the Commonwealth Government to provide services and support to general practice at the local level to achieve health outcomes for the community. GPV supports divisions in their endeavours to ensure a skilled, viable and effective general practice workforce.

Formal arrangements currently exist between the Department of Human Services and GPV. The department also successfully works with other peak organisations that represent general practice from different perspectives. For example, the RACGP has a role in education and setting standards, the Australian Medical Association (AMA) has an industrial and advocacy role.

The key general practice organisations in Victoria are listed below.

General Practice Victoria (GPV)

As the peak body for Divisions of General Practice in Victoria, GPV (previously known as General Practice Divisions Victoria) supports divisions in their endeavours to ensure a skilled, viable and effective general practice workforce, to improve the health and wellbeing of the people of Victoria.

www.gpv.org.au

Royal Australian College of General Practitioners Victoria (RACGP)

RACGP is the professional body engaged in setting and maintaining the standards of quality practice, education and research in Australian general practice. At the State level, RACGPVic (co-located with the national body in South Melbourne) has responsibilities reflecting the national body's role in training and standards, including its implementation, as well as local interests.

www.racgp.org.au/vic See also www.racgp.org.au

Australian College of Rural and Remote Medicine (ACRRM)

ACRRM is the peak professional organisation for rural medical education and training in Australia. The college has around 2,500 members, comprising fellows, registrars, practitioners and students who practise in regional, rural and remote communities throughout Australia. The college's core function is to determine and uphold the standards that define and govern competent unsupervised rural and remote medical practice.

www.acrrm.org.au

Australian Medical Association Victoria (AMA)

The AMA represents GPs and medical specialists and plays a pivotal role in influencing health policy and regulation impacting on medical practice in the State.

www.amavic.com.au See also www.ama.com.au

Rural Doctors Association of Victoria (RDV)

RDV is concerned with the needs of rural doctors and their patients. It advocates for highly skilled and motivated rural medical practitioners who are adequately trained, remunerated and supported, both professionally and socially.

www.rdav.com.au

Rural Workforce Agency, Victoria (RWAV)

RWAV was established in 1998 to overcome the shortage of rural doctors and improve access to medical services for rural Victorians.

www.rwav.com.au

Australian Practice Nurses Association (APNA)

APNA is the peak body for nurses working in general practice. It provides responsive and effective professional development, support and services, representation and advocacy.

www.apna.asn.au

Australian Association of Practice Managers (AAPM)

AAPM represents practice managers and the profession of practice management. The AAPM has a national board, state branches and regional groups.

www.aapm.org.au

Department of General Practice, The University of Melbourne

This department promotes excellence in general practice through teaching and learning, research and research training, and knowledge transfer to GPs at all stages of their careers ranging from undergraduate medical students to vocational trainees, practising clinicians, emerging researchers and experienced academics across metropolitan, regional and rural settings.

www.gp.unimelb.edu.au/about

The School of Primary Health Care, Monash University

This school incorporates the Departments of General Practice, Community Emergency Health and Paramedic Practice, Health Science, Occupational Therapy, Physiotherapy and Social Work, together with the National Research Centre for Prevention of Child Abuse (NRCPA). It provides leadership in the delivery of high quality education, research and community to GPs as undergraduates and postgraduates.

www.med.monash.edu.au/general-practice

Deakin University Medical School

This school will be established in western Victoria in 2008.

www.deakin.edu.au/giving/medicalschoool.php?print_friendly=true

Regional training providers

A regional training provider is an organisation created to deliver education and training within a specific geographical region. Funded by General Practice Education and Training (GPET), regional training providers are accredited every three years according to RACGP, GPET and, if applicable, Australian College of Rural and Remote Medicine (ACRRM) standards.

There are currently 21 accredited regional training providers throughout Australia.

Below is a list of currently accredited regional training providers in Victoria.

- Bogong Regional Training Network
Bright, VIC
www.bogong.org.au
- Gippsland Education and Training for General Practice (GETGP)
Traralgon West, VIC
www.getgp.net.au/public/getGPhome.asp
- Greater Green Triangle GP Education and Training
Warrnambool, VIC
www.ggtgpet.com.au
- Victoria Felix Medical Education
Bendigo, VIC
www.vicfelix.com.au
- Victorian Metropolitan Alliance
Collingwood, VIC
www.vma.com.au

List of Acronyms

ABHI—Australian Better Health Initiative

CDDHV—Centre for Developmental Disability Health Victoria

DHS—Department of Human Services

DoHA—Department of Health and Ageing

GPL—General Practice Liaison

GPV—General Practice Victoria

5. Putting the position statement into practice

The department is committed to translating the *Working with general practice* position statement into practice across the department. Table 1 represents the key steps that relate to the implementation of the position statement. Table 2 indicates department-wide commitment to the implementation of the position statement and demonstrates how department programs are committed to working with general practice into the future. The implementation of the position statement will be overseen by the department's GP Policy Coordination Group.

Table 1 Implementing the position statement

Action	Branch responsible	Timeframe
Facilitate a coordinated approach to general practice engagement across the department through the DHS GP Policy Coordination Group	Primary Health	Ongoing
Implement a comprehensive communication strategy across the department to promote the position statement	Primary Health—monitored via the DHS GP Policy Coordination Group	Intensive in first 4 months and ongoing
Create and maintain general practice section on the department website. This will include: <ul style="list-style-type: none"> • this position statement and the resource guide (resource guide updated regularly) • register of DHS GP activities • links to other pages relevant to general practice within DHS, including training opportunities and register of posts for recruitment • other information for general practice 	Primary Health Services and Workforce Planning	Website functioning by March 2008 Updated every 3 months or as necessary
Review the position statement	Primary Health Branch	Completed within 3 years

Table 2 Department of Human Services key commitments

Action	Branch responsible	Timeframe
<p>Strengthen GP partnerships with GPV, Divisions of General Practice and other GP organisations, particularly in:</p> <ul style="list-style-type: none"> • integrated chronic disease management • integrated health promotion • service coordination • expanded use of the Victorian Statewide Referral Form by general practice <p>Promote primary care partnerships as a mechanism for GP engagement</p> <p>Continue to work in partnership with DoHA and GPV on the implementation of the ABHI in Victoria</p>	Primary Health Branch	Ongoing
Work with DHS regions to strengthen relationships with GPs through local Divisions of General Practice	Primary Health Branch	Consult with each region within 4 months
Continue to work with the GP Liaison (GPL) Program Coordination Service (located at GPV) and health services to implement, monitor and review the three-year planning cycle for the GPL Program	Access and Metropolitan Performance Branch	2007–10
<p>Ongoing collaboration with GPV on key strategies, such as the GP Aged Care Panels, particularly to improve:</p> <ul style="list-style-type: none"> • care outcomes for older people across the acute, residential care and community interfaces • access to general practice for people in residential aged care • health information sharing, assessment and referral • condition management and sensitivity to the needs of older people • health promotion • interfacing with the health and aged care service continuum 	Aged Care Branch	Ongoing
Engage with general practice as part of the development of the Mental Health Strategy	Mental Health	Consultations completed by the end of 2007
Continue working with GPV on interface issues and areas with the potential for shared care arrangements	Mental Health	Ongoing

Action	Branch responsible	Timeframe
<p>Use the practices in the <i>Working with General Practice Resource Guide</i> to guide GP engagement to:</p> <ul style="list-style-type: none"> • promote opportunistic screening and brief intervention, referral or treatment of patients with alcohol and drug problems • support GPs in the use of pharmacotherapy to treat opioid dependence • collaborate with general practitioner professional organisations to assist GPs to better identify and appropriately manage prescription drug-seeking individuals 	Drugs Policy and Services	Ongoing
Implement a GP engagement strategy to support the Life!—Taking Action on Diabetes program being delivered by Diabetes Australia Victoria (DAV)	Public Health	Funded until 2010–11
Collaborate with GPV, GPs and the general practice team to support their role in cancer prevention	Public Health	Ongoing
Continue to work with GPV and CDDHV to improve the interface between general practice and Disability Services	Disability Services Division	Ongoing
Maintain a focus on training, retention, recruitment and support for GPs, student GPs and overseas trained doctors especially in rural, regional and outer metro areas.	Services and Workforce Planning	Ongoing

6. Making it happen

Collaborating with general practice and other private primary care providers requires a number of steps, including strengthening:

- awareness of how general practice operates across the department and State-funded services
- coordination internally across the department and among State-funded services
- collaboration with Divisions of General Practice and other key general practice organisations where State and Commonwealth programs have common goals.

Working with general practice sets the framework for a strong, coordinated and consistent approach to general practice sector engagement across the department. It clarifies the department's commitment to working in partnership with general practice and outlines practical strategies to achieve grounded and effective integration.

The Department of Human Services values highly the contribution of general practice and is committed to working in partnership with the sector to achieve better health outcomes.

