

28 May 2013

Ms Cheryl Vella  
Coroner's Registrar  
Coroners Court of Victoria  
Level 11/222 Exhibition Street  
MELBOURNE 3000



Dear Ms Vella

**Re: Court Ref. 2007 000860**

General Practice Victoria (GPV) will be happy to work with Department of Health (DH) and the Department of Human Services (DHS) to address 'Recommendation 1' in the finding of this case.

In preparing this reply we have found a suitable service that could provide on call information and support service for general practitioners (GP's) and other health professionals in Victoria. The telephone service, 1800 RESPECT, is provided nationally and is funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The contact administration number is 02 9819 7357 and the 24 hour 7 day a week counseling service is 1800 737 732. For practitioners, the service offers 24/7 access to debrief and clinical consultation.

Given funding, we suggest that it would be helpful for GPV to work with DH/DHS and FaHCSIA to ensure that the information available on the service is relevant for GPs and other health professionals.

A second stage could be for GPV to communicate the existence of the 1800 RESPECT line to past domestic violence course participants. (GPV has provided a series of workshops for GPs on responding to domestic violence, funded by the Victorian Women's Trust, with some additional funding from DHS for an additional two workshops and further course development).

A third stage could see GPV funded to work with the Victorian Medicare Locals to provide additional education courses to GPs and other health professionals to improve the coverage of trained people across the state. This would require GPV to update the course materials to include the advice line.

GPV would be very happy to work further with DH and DHS to improve knowledge of primary care practitioners about responding to domestic violence and the 1800 RESPECT line.

I can be contacted for further information on 03 9341 5209 or email [h.threfall@gpv.org.au](mailto:h.threfall@gpv.org.au).

Yours sincerely



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General Practice Victoria (GPV) model of using General Practice (GP) education to support quality practice

1. Statewide capacity working with key bodies to ensure the education incorporates best practice (clinical evidence base, clinical and practice guidelines) and is supported by service system stakeholders.
2. Presented through statewide network of Medicare Locals (17 across the state). This can be in regional groupings or if there are sufficient interested GPs, a sole Medicare Local.
3. The Medicare Local network provides a mechanism for follow-up to the education through a range of practice support activities, including referral support, practice visits and detailing etc.

GPV experience with the following topics (funded projects mostly through Department of Health Victoria, formerly Department of Human Services):

- Lymphoedema
- Bowel cancer screening
- Hepatitis C, B
- HIV
- Screening and early intervention to address alcohol problems

The model is to develop a session (GPV) which can either be incorporated into other topics, with wider appeal, or delivered as a stand-alone event. GPV is accredited to submit proposals for Quality Assurance and Continuing Professional Development (QA & CPD) points to both the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM). GPV then works with the Medicare Local network to encourage them to present the session, and resources them to engender interest in the session, think through ways to promote it, obtain suitable high profile and respected speakers. Medicare Locals are funded to present the module/session and to promote it widely through a range of methods, and to follow up with practice visits, other materials, information about referral pathways etc. All Victorian Medicare Local's are accredited to provide education that meets the standards of the RACGP, while the rural Medicare Locals also meet the standards of ACCRM.

### **Background to this particular topic:**

University of Melbourne (Dr. Kelsey Hegarty) developed an Action Learning Module a few years ago (considerable time commitment expected from GPs) but with little take-up. The key issues with the limited take-up were the time commitment expected of GPs, and the lack of resources for the network to do the groundwork, deliver the session (pay speaker costs etc) and provide the follow up. It will be important that any development of a new session/module involves the University of Melbourne, at least to the extent of obtaining permission to use their materials. It is also important to obtain RACGP and ACRRM CPD points for the work.

## Key components of model for GP education programs through Medicare Local network

Statewide (central) module development and delivery support	GP advisor/champion input	Delivery at local/regional level through Medicare Locals	Capacity for practice level and follow-up and further education
<p><b>Rationale:</b></p> <p>Individual Medicare Locals tend to invest in CPD development and delivery based on expressed needs of GP members. This favours topics that are:</p> <ul style="list-style-type: none"> <li>• high prevalence/high incidence clinical conditions/issues</li> <li>• Business support issues</li> </ul> <p>Central investment through GPV is a strategy for developing and delivering CPD that for high need, low prevalence conditions/issues.</p>	<p>Required for recognition with RACGP and allocation of QA &amp; CPD points</p> <p>Peer input and endorsement is critical to success of education</p> <p>Ensures that education is appropriately targeted</p>	<p>Medicare Locals are key providers of GP professional development</p> <p>Local delivery is required to achieve reach to General Practice as most CPD is held week-day evenings</p> <p>Achieves reach to all practice staff</p> <p>Can include local/regional service providers where suitable</p>	<p>Medicare Locals are best placed to do this</p> <p>Resources requirements need to be identified and met</p>
<p><b>Range of options:</b></p> <p>Short term Education Support Programs. Includes:</p> <ul style="list-style-type: none"> <li>• Development and design of education module and resources, based on consultation and stakeholder input</li> </ul>	<p>Essential to have involvement in development of education</p> <p>Highly preferable to have involvement as speakers/delivers</p>	<p>Can be regional – but lose reach</p> <p>Highly targeted approaches can be preferable depending</p>	

<ul style="list-style-type: none"> <li>• Sourcing and supporting expert speaker(s) for state-wide roll-out.</li> <li>• Local/regional delivery and specified activity (contract with Medicare Locals)</li> <li>• Liaison, information and contract management for state-wide response through Medicare Locals.</li> </ul> <p>Past outcomes:</p> <ul style="list-style-type: none"> <li>• 29 divisions (precursors to the Medicare Locals) delivered Bowel Cancer education and support – reach to GPs was 350 (6%)</li> <li>• 28/29 divisions delivering alcohol education – projected reach to GPs is 300-350</li> </ul> <p>Other models: (in the past, but can be adopted)</p> <p>Lymphoedema: GPV role:</p> <ul style="list-style-type: none"> <li>• Central consultation and development of case-based education module and guide for diagnosis and management</li> <li>• Liaise with service sector to identify service providers and negotiate capacity/interest to speak at local events</li> <li>• Liaise with divisions to source a GP moderator to deliver local session with local service provider</li> </ul> <p>Division role:</p> <ul style="list-style-type: none"> <li>• Schedule segment on lymphoedema into a suitable CPD session</li> <li>• Local dissemination of information sheet</li> <li>• Local liaison with speaker/service provider.</li> </ul> <p>Outcome: Small number of divisions delivered event; all disseminated information guide.</p>	<p>on need ie high case load practices for Hep B or special interest GPs only</p>	
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