

Alternative Commonwealth Capabilities for Crisis Response Discussion Paper

Response by the Royal Australian College of General Practitioners

September 2023

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a response to the Department of Home Affairs (the Department) and the National Emergency Management Agency (the Agency) discussion paper on Alternative Commonwealth Capabilities for Crisis Response.

In times of natural disaster and emergencies, the health impact on people and communities is significant. This includes physical and mental health disaster effects on Australian communities with high levels of pre-existing burdens of chronic disease.¹ GPs are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies, such as the 2019-20 Australian bushfires. GPs have a key role to play in Disaster Risk Reduction by ensuring optimisation of community healthcare prior to any incident and in promoting patient preparedness for any event.

As seen during COVID, GPs have considerable surge capacity. In a disaster this crucially involves continuity and preservation of usual healthcare, including management of chronic conditions, as well as management of new lower acuity acute disaster health effects. Building capacity of general practice to extend practice operating hours and numbers of patients seen, can significantly reduce the burden on other healthcare services.

GPs may be able to assist in disaster response by attending evacuation centres, providing home visits, and establishing temporary mobile practices. While GPs are present in the local community across the entire Prevention, Preparedness, Response and Recovery (PPRR) phases of disasters, the epidemiology of the effects of disasters on health shows a key role for surveillance. GPs are able to identify deterioration of chronic conditions and late emerging disaster health effects in the months and years after a disaster, which is a currently a gap in disaster healthcare provision.

Across jurisdictions there is lack of consistency and preparation in how general practice is considered and consulted in emergency preparedness, response and recovery and consequently, the potential of general practice is not fully utilised.

General practice is governed through federal structures and, therefore, works outside of local government structures that are typically responsible for disaster management planning in each state and territory. GPs are included in some disaster plans to varying degrees, which leads to an ad hoc approach to disaster response by individual GPs or practices in regions where GPs have not been integrated into plans. Some Primary Health Networks (PHNs, which are federally funded entities) have well established disaster response plans for their local area, which typically do include GPs, however they are not adequately or consistently funded to manage this.

The recommendations in our submission focus on how these issues can be rectified to support general practice to prepare, respond and recover from natural disasters and emergencies in order to best deliver health services to their communities during these times.

About the RACGP

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Australia's GPs see more than two million patients each week, and support Australians through every stage of life. The scope of general practice is unmatched among medical professionals.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

Summary of RACGP Recommendations

In response to the Department of Home Affairs (the Department) and the National Emergency Management Agency (the Agency) consultation on Alternative Commonwealth Capabilities for Crisis Response, the RACGP recommends:

- Include the RACGP as key national partners of the National Emergency Management Agency to ensure general practice is represented at a national level during disaster planning, response and recovery
- Formal inclusion and representation in state/territory disaster and emergency planning groups and committees or creation of a dedicated GP Disaster Management group to feed into established emergency planning committees, to allow for coordination and participation of GPs engaged in frontline responses
- Funding to support general practice to prepare, respond and recover from emergencies and disasters and remain financially viable in disaster prone areas to sustain their services through the recovery and longer term
- Recognition of general practices as an essential service for the purpose of access to emergency provisions and resources
- Creation of special Medicare Benefit Schedule item numbers for disaster affected GPs and patients to meet the change in care requirements during and following disasters
- Recognition of the role of general practice in disaster response and recovery, and support for GPs and practices in the recovery period.

RACGP response in detail

The August 2023 Alternative Commonwealth Capabilities for Crisis Response Discussion Paper posed 8 core questions to explore how to better address the challenges facing Crisis Response in Australia. The following section provides detailed response to several of these questions that support the RACGP's recommendations provided above.

What models could the Commonwealth explore to supplement support currently provided by the ADF during domestic crisis?

GP representation and inclusion in disaster planning and response

While GPs are present on site in the community when disasters occur, and therefore among initial responders², their integration into formal systems of disaster response is in varying stages of development in different regions. There is also a lack of GP representation on national, state and territory and local government disaster management committees. This creates a systemic barrier that impacts GPs ability to efficiently provide care during a disaster.

We have heard from GPs who worked in or near bushfire affected areas during the 2019-2020 bushfires who experienced a lack of consistent communication with GPs between jurisdictions, no clear coordination of GPs, and an inability to utilise GPs in the emergency response as there were no formal arrangements in place for GPs³. While there have been positive developments in disaster planning since then, more can be done to consistently include GPs in the disaster planning process and within the plans themselves.

Sustained formal, funded GP representation on state/territory and local disaster management committees is essential to ensure GP-led plans, responses and solutions are embedded in disaster management plans, and GPs are involved at governance and strategic levels for state-wide responses and appropriate inclusion of GPs in plans, and response and recovery efforts⁴. The RACGP regularly facilitates GP representatives to participate on government committees and working groups and would be happy to source GPs for this purpose.

The RACGP would like to ensure general practice is represented at a national level during disaster planning, response and recovery. This could be achieved by being included as a key partner organisation of the National Emergency Management Agency.

GP workforce preparation and coordination

GPs represent a large and underutilised workforce during a disaster. There is currently no over-arching body that is formally tasked with coordinating GPs during disasters, which has caused confusion during past disaster responses.

The RACGP is responsible for GP education, develops and sets national standards for clinical practice and general practice operation and provides national direction in GP disaster health management. The RACGP is best placed to provide national level strategic guidance regarding GP workforce preparation and coordination.

As the key organisations tasked with local primary care coordination, PHNs could be the best choice to take on an operational role to prepare and coordinate GPs responding to disasters. Located across Australia, PHNs have existing relationships with general practices and other primary care services within their footprint, and most, if not all, have their own form of disaster response plan. Like GPs, PHNs are generally not embedded in state emergency response plans, nor are they formally recognised or consistently funded to take on this emergency coordination and response role. Determining the best organisation to fulfill this role should be done in consultation with the RACGP.

Responsibilities of a disaster management preparation and coordination role could include:

- Collating and maintaining a register of local GPs and general practice's willing and able to respond to disasters
- Delivering or coordinating appropriate training for GPs to prepare for disasters
- Maintaining basic emergency supplies for GPs providing services at evacuation centres
- Activating the register in an emergency to deploy GPs where they are needed
- Directing payments to GPs and practices for services delivered, funded by federal or state and territory governments
- Facilitate mentorship between GPs experienced in disaster response and newer or less experienced GPs.

What legislative, regulatory or policy changes could be undertaken to make it financially viable for other sectors to contribute to a Commonwealth crisis response capability?

Funding for GPs in evacuation centres

There is currently no consistent funding for GPs working in evacuation centres. These GPs are usually working as volunteers as there is typically no funding allocated for this purpose. While volunteering is commendable, it is risky to rely solely on a volunteer workforce to deliver specialised healthcare.

Funding should be allocated to paying GPs for their professional services in evacuation centres. Any GPs providing services in an evacuation centre should have a formally recognised role at the centre, as part of the emergency plan that encompasses the evacuation centre.

The RACGP is currently developing guidelines for GPs working in evacuation centres which will be published later in 2023 and shared with our relevant stakeholders.

Funding to support business viability and continuity

General practice financial viability is a national issue⁵, which is exacerbated for general practices in emergency and disaster-prone areas. Practices in these areas may face both loss of income and the cost to repair or rebuild their practice premises.

Following the immediate aftermath of a disaster, practices that are able to stay open often feel compelled to bulk-bill patients at significant cost to GPs and practices, (recognising that their patients are facing extenuating circumstances and may be unable pay a gap fee). As a private business, this is not sustainable for practices that rely on gap-payments to remain financially viable. Practices that aren't able to operate due to damage or loss of their premises may not be able to reopen due to rebuilding costs.

Both circumstances impact a general practice's ability to continue servicing their local area and could force practices to close, putting more pressure on other local health services, including hospitals.

General practices affected by disasters and emergencies should have access to emergency funding to support immediate sustainability and a special bulk billing Practice Incentive Payment (PIP) in order to support patients experiencing financial hardship.

A commitment to financially supporting general practice in times of crisis may also help to retain and attract private investment in general practice, and GPs themselves, into areas that are disaster prone so they can provide ongoing patient care to those impacted by disaster. This is particularly important for individuals experiencing mental health challenges as a result of the disaster they have experienced.

Removing red-tape for general practices

There are a number of regulatory, legislative or policy changes that could occur to assist general practice when responding to disasters:

- General practice should be considered an essential service to ensure they have access to tools and consumables needed during an emergency including access to medicines and supplies through jurisdictions as required. It could also allow access to other emergency measures such as having prioritisation of power restoration, access to PPE and vaccines, and emergency funding to support general practice financial viability.
- Exemptions from Medicare audits should be granted to GPs if specific items (such as long consults and mental health items) are used in excess of their peers during disasters
- Support for the provision of longer term mental health services and additional services to communities in need through the use of technology (e.g. video consultations) and established locum services.
- GPs are required to have a provider number for each location that they work at. When an emergency is declared, GPs in that area should have automatic provider number mobility so they are able to work in evacuation centres or an alternate location if they are displaced without having the administrative burden of arranging a new temporary number.

How could the Commonwealth build community resilience and capability, so they are better able to respond to and recover from national-level crises

GP training and preparedness

As specialist health practitioners, GPs are well equipped to provide holistic, whole-of-person care and emergency care to their patients. However, GPs and general practice could be better supported to prepare, respond and recover from disasters.

GPs, particularly in disaster-prone areas, should be funded to participate in GP appropriate disaster planning education and funded to develop disaster management plans (such as the [Emergency Response Planning Tool](#)*).

Another measure to support disaster planning and preparedness into the future is to increase funding for research into GP disaster health management, including lessons learned in previous disasters.

Supporting health and wellbeing following a disaster

GPs in disaster affected areas are often providing quality care to their communities while also being affected as a community member themselves. The immense pressure and workload during and following a disaster can lead to burnout and GPs have reported that they have considered retiring or closing their practices earlier than intended due to the profound impact of natural disasters⁵.

GPs need to be supported to seek care and take time away from work to ease this pressure, avoid burnout, and recover physically and psychologically. A practical way the government could support this is in the form of funding for locum GP support to ensure local GPs are working safe hours and to provide backfill for GPs on leave.

Provision of community mental health services

GPs are inundated with mental health presentations following a disaster, often continuing for months and years after the fact. Following the 2019-2020 bushfires, GPs reported that patients faced difficulty receiving psychological care with many waiting several months after their referral to be seen by other services³.

The RACGP recommends allowing for special Medicare Benefits Schedule (MBS) item numbers to allow GPs in disaster affected areas to provide longer mental health consultations where required, and to remove the '[12 month rule](#)' (as is done for COVID patients) for patients in disaster affected areas to receive mental health care from non-local GPs, who ideally hold [Level 2 Focussed Psychological Strategies \(FPS\)** training](#), via telehealth consultations. To promote a return of care back to the patient's usual GP or practice, this arrangement should be in place for the duration of the disaster and conclude 6-12 months after the immediate disaster or emergency has subsided.

Conclusion

GPs have done an extraordinary job at responding to previous disasters and emergencies in Australia, despite the lack of integration into existing disaster response systems. The current approach is not sustainable for general practice which comes at the expense of communities when a disaster occurs.

GPs across Australia are known, and trusted professionals embedded in their communities and are a critical and accessible source of physical, emotional and social support at all times, but even more so during times of crisis.

The RACGP thanks the Department and the Agency for the opportunity provide this feedback. We are keen to discuss the issues raised in this submission and to work with the Department and the Agency on supporting general practice's capability to prepare, respond and recover from disasters and major emergencies. To arrange a time to discuss further, please contact Joanne Hereward, Program Manager – Practice Management and Technology via joanne.hereward@racgp.org.au.

* The [Emergency Response Planning Tool \(ERPT\)](#) is an online, subscription-based resource developed by Healthpoint ANZ, in collaboration with the RACGP. It is designed to help general practices prepare for, respond to and recover from bushfires and other emergencies via a series of planning templates. Some PHNs and state governments subsidise the cost of the subscription for general practices in their jurisdictions.

** *Focussed Psychological Strategies (FPS)* refers to specific mental healthcare treatments based on evidence-based psychological therapies. Under the [Better Access initiative](#), GPs who are registered FPS providers can use a range of recognised FPS that fall into the following two categories: cognitive behaviour therapy (CBT) and interpersonal therapy (ITP). GPs who are trained in FPS are able to select and use the appropriate evidence-based FPS that are relevant to patient issues and needs as outlined in the GP MHTP, incorporate the perspectives and needs of the patient, their carers and others in the patient's network as outlined in the GP MHTP, and use their practice's systems to identify local services and resources that safeguard patient safety and help to provide holistic mental healthcare to patients.

The delivery of FPS by a GP enables members of the community to receive psychological interventions where shortages or lack of access to psychologists and psychiatrists exist, particularly in rural and remote settings.

References

1. The Australian Prevention Partnership Centre. What is the burden of chronic disease? Glebe, NSW: APPC. Available at [https://preventioncentre.org.au/about-prevention/what-is-the-burden-of-chronic-disease/#:~:text=Nearly%20half%20\(47%25\)%20of,is%20more%20common%20with%20age](https://preventioncentre.org.au/about-prevention/what-is-the-burden-of-chronic-disease/#:~:text=Nearly%20half%20(47%25)%20of,is%20more%20common%20with%20age) [Accessed 7 September 2023].
2. Burns PL, Douglas KA, Hu W. Primary care in disasters: opportunity to address hidden burden of health care. *Med J Aust* 2019;2010(7):297-299.
3. Royal Australian College of General Practitioners. Submission to the Royal Commission into Natural Disaster Arrangements. East Melbourne, Vic: RACGP; 2020.
4. Burns PL, Aitken PJ, Raphael B. Where are general practitioners when disaster strikes? *Med J Aust* 2015;202(7):356-358.
5. Royal Australian College of General Practitioners. General Practice Health of the Nation. East Melbourne, Vic: RACGP; 2022.