



TOPIC #1 - Revised Clinical Council Terms of Reference

KEY INFORMATION	<p>CC members were provided with an update to the GCPHN Clinical Council (CC) Terms of Reference. The update is proposed to simplify the categories of clinicians eligible for membership, to align with PHN Deed and simplify the CC recruitment processes.</p> <p>CC members endorsed the revised Terms of Reference.</p>
NEXT STEPS	<p>Briefing paper to be prepared for September GCPHN PQR meeting seeking endorsement.</p>

TOPIC #2 - Workforce Planning and Prioritisation (WPP) Program

KEY INFORMATION	<p>CC GP members were asked for feedback on the WPP program relating to workforce needs and training capacity for registrar placements in the Gold Coast region.</p> <p>GCPHN staff sought GP feedback about:</p> <ul style="list-style-type: none"> • initial assessment of workforce need and training capacity • prominent workforce challenges • barriers to registrar recruitment and retention • barriers to practice viability, and • prioritisation recommendations.
RECOMMENDATIONS	<p>The majority of CC General Practitioners support the:</p> <ul style="list-style-type: none"> • workforce need • training capacity assessment, and • current prioritisation recommendations.
CHALLENGES	<p>CC discussed workforce challenges including:</p> <ul style="list-style-type: none"> • A reduction in GP's consulting full time due to retirement, work life balance and burnout • Junior doctors choosing other specialties over General Practice • the complex process to engage a registrar in general practices • General practices provided with feedback on unsuccessful applications for registrar placements for future applications
NEXT STEPS	<p>Feedback is to be provided to the GCPHN project officer to include in the Gold Coast report to be submitted to the Department of Health and Aged Care for consideration.</p>

99%
positive feedback on
meeting evaluation

“The meeting was well organised and the Chair engaged members well. Thank you.”

TOPIC #3 - Health Needs of Homeless and Multicultural Communities

<p>KEY INFORMATION</p> <p>100%</p> <p>of CC members indicated an interest in participating in future local health needs prioritisation workshops.</p>	<p>CC members were provided with an overview of the proposed approach to GCPHN and Gold Coast Health (GCH) developing a Regional Health Needs Assessment (RHNA).</p> <p>CC and Community Advisory Council (CAC) members will be invited to assist with the prioritisation of the identified health needs in September or October and have recommended the following to assist prioritisation:</p> <ul style="list-style-type: none"> • background information to help inform their choices, • consider the methodology used to encourage responses considerate of actual need • the potential impacts of the choices made throughout the prioritising of needs on consumers and health services. <p>CC discussed the health needs of people experiencing homelessness including at risk of being homeless, and multicultural communities in the Gold Coast region, identifying the following key issues:</p>
<p>PEOPLE EXPERIENCING HOMELESSNESS INCLUDING AT RISK OF HOMELESSNESS</p>	<ul style="list-style-type: none"> • Chronic disease management - challenges such as maintaining an appropriate diet, cost of medications and access to a regular GP • Navigating pathways to follow up care after an acute medical episode. • Continuity of care - scheduling and attending appointments including telehealth due to intermittent internet access, digital device ownership and cost of transport. • Cost of health services i.e. GP. • People experiencing homelessness are unaware of available health services and referral pathways.
<p>MULTICULTURAL COMMUNITIES</p>	<ul style="list-style-type: none"> • Locating and accessing past medical records, often in other languages and difficult to read, requiring lengthy lead times to translate. • Alignment of overseas provided immunisations with the Australian National Immunisation Program (NIP) provides challenges with 'catch up' immunisations. • Awareness of Culturally sensitive diets to support emotional and physical wellbeing is often disregarded. • Some cultures value/seek a GP's opinion when making health care decisions in lieu of patient directed care. • Finding a culturally sensitive GP that shares the same language is challenging. • Navigating entitlements for international patients via Medicare and/or international health insurance providers can be confusing for GP's and patients. • Delays to health care due to cultural beliefs and traditions i.e. husband may not be able to accompany wife to GP appointment.
<p>NEXT STEPS</p>	<ul style="list-style-type: none"> • CC members to be invited to assist in prioritising needs (September/October) • CC feedback on multicultural populations and people experiencing homelessness will be incorporated into the GCPHN needs assessments and RHNA • RHNA working group to meet and progress development of RHNA information and then prioritise health needs

CLINICAL COUNCIL MEMBERS SUGGESTED THE FOLLOWING TOPICS FOR DISCUSSION:

- GCH discharge summaries, clinical handover and admission summaries
- Registrar Recruitment and attracting medical students to general practice
- GP Workforce retention
- Innovative models of Care - i.e. nurse practitioners to support GP's
- GP issues including GP availability in the northern growth corridor, after hours care, wait times and affordability
- Public health education initiatives promoting efficient use of existing health services