



GP association of Geelong

- GP Peer Groups –
How to run them successfully
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The Geelong Situation



- *Geelong 1 hour's drive from Melbourne*
- *250 GPs & 65 Practices*
- *EFT 1 GP to 1600 patients (Ideally 1 GP to 1200 pts)*
- *Population 224,000*
- *3500 sq kms area*
- *Area of GP workforce shortage*
- *GPs are therefore stressed*
- *Peer groups set up in 2002 (DoHA)*

Purpose of Peer Groups

- To support GPs
- To prevent high levels of burnout
- To ameliorate stress
- To reduce suicide rates amongst GPs
- GPs have a higher rate of suicide than the general public *Ref(1)

Method re GPs

- Not paid for attendance
- 8 meetings per year reap 30 group 1 RACGP CPD points
- Reminders sent out (phone)
- Same GPs and Psychiatrist meet each time
- Division core funding supports

Meeting Format

- Psychiatrists paid as facilitators (determine rate after consultation with your local division of General Practice)
- Monthly 1 hour meetings, avoid school holidays, busy times for GPs
- Catering provided
- Confidential setting
- Word “support” removed – attendance doubled



Method (cont)

- 84 GPs in groups (1/3 of Division GPs)
- 11 GP Peer groups
- 1 Family friendly group (GPs receive educational updates with childcare facilities)
- 3 rural area groups
- 9 Geelong city groups
- One Balint type* (Ref 2) group meets fortnightly
- 6 – 8 GPs per group



Method (cont.)

- Psychologist in 1 group
- Peer group suits the needs of GPs – two have evolved into gender specific groups
- Facilitator choice and group mix key elements to GP retention
- Diversity & choice are key issues
- Plans to involve GP registrars

Method (cont.)

- Marketing – surgery visits, newsletter, phone, weekly fax
- Yearly needs analysis of GPs to inform GP requirements
- Socialisation – Christmas party organised for all peer members to meet across groups

Results

- Good attendance and retention rates
- Positive feedback from GPs
- High % of solo practitioners & rural GPs attend due to targeting

GPs attend for:

- Opinion and expertise of psychiatrist
* (Ref 3)
- Collegiate debriefing
- To de-stress and share laughter
- To share strategies that work in general practice

GPs value

- Choosing their own topics – GP health, stress, burnout
- Discussing psychiatric medication in a non-biased environment * Ref (3)
- Psychiatrists as facilitators e.g. the value in discussing difficult mental health patients or difficult patients!

GP Quotes

- “I am much more aware of self-care”
- “As a solo practitioner I value sharing with other GPs”
- “Invaluable opportunity – others in group can pick up when you’re struggling and supportively help you work through things – I will be forever grateful”
- “I used to be a cynic and now I’m a convert”
- “I always leave smiling”
- “It’s good to see other GPs feel exactly the same way as I do”

Choice of Facilitator – why psychiatrist?

- GPs state they do not want a GP facilitator – they like specialist involvement
- “I feel psychiatrists are extremely valuable as facilitators especially as GPs are now being asked to handle more in the way of psychiatric problems”
- GPs find psychiatrists empower them, revalue them as clinicians
- Our local GPs want to be participants not facilitators

Why Psychiatrist? (cont.)

- Psychiatrists develop greater understanding of General Practice, enhance linkages with the local area mental health teams
- Psychiatry was one of the first disciplines to embed peer support within its specialty
- Psychologists (optional expert facilitator) also valued by GPs as provide a different type of psychological perspective

Conclusion re success of GPAG Peer Groups

- GPs value what our peer groups offer
- Psychiatrists are valued facilitators
- GPs are able to share concerns and worries helping to reduce burnout, suicide and stress in a confidential caring environment

Final Comment From A GP

- “ I love my peer group breakfast. It is the shining light in my working fortnight. If anything bad or difficult happens to me, or anything fantastic; my first thought is “I must take this to my peer group”

“and you can quote me!!”

References

- 1. Clode "The Conspiracy of Silence – Emotional Health among Medical Practitioners"
- 2. Balint, M (1957) *The Doctor, his patient and their illness*. London. Churchill Livingstone
- 3. Andersson, S Lindberg, G Troein, M
"What shapes GPs work with depressed patients? A qualitative interview study"