Background Discussion Paper
GPDV Forum May 15 2005
Division-based Responses to Emergency Situations and Public Health Alerts

While some Victorian Divisions have put together excellent plans to deal with emergency situations at the local level, there is no agreement about how the DHS could communicate with the general practice workforce and/or mobilise general practice in the event of a state-wide emergency. Threats to Victorians include, but are not limited to, outbreaks of pandemic influenza and other diseases, bioterrorism, bushfires, floods, chemical spills and transportation disasters including air and train crashes.

The purpose of this event is to provide a forum for Chairs of Victorian divisions to discuss these issues with key emergency and disaster planning representatives of the DHS, with the aim of coming to an agreement about an appropriate state-wide strategy.

The present situation

DHS Policy

Medical Displan is a state (emergency) disaster response plan that aims to set out the coordination arrangements for the entire health and medical sector in the state. This plan is managed by the Emergency Management Branch in Operations Division of DHS. At present, the Branch is reviewing the Medical Displan. The existing plan is dated March 1997.

What happens in practice at DHS level?

The Victorian Government's Displan strategy engages GPs in two main ways.

(a) as Area Medical Coordinators
There are approximately 50 area medical coordinators. In rural areas, these are mainly GPs. In the city only 2 are GPs; the rest tend to be the medical directors of hospital emergency departments.

(b) as volunteers in a disaster event.
Other GPs are not involved in a disaster response in a systematic way but are called upon by the Area Medical Coordinator to volunteer their services. The 1997 plan refers to GPs in several sections [See Box].

GPs in DisPlan—1997 See sections 3.2, 3.5, 3.10, 3.11 & 4.10

Section 3.2, Activation, under 'Additional resources at the scene'
'Lengthy scene times lasting several days (as in bushfire or flood) may indicate need for general practitioner involvement to supplement local GPs

Section 3.5, Emergency Site Communications, the site medical coordinator directs GPs and reports to Central Medical Coordinator (CMC).

Section 3.10, Site Responsibilities Local doctors are listed under Ancillary Services

Section 3.11, Site Responsibilities: Area Medical Coordinator (Site Medical Commander) – Responsible to central medical coordinator for:…. (8) coordinating and registering volunteers – GPs, nurses, first aiders etc.'

Section 4.10, Functions and Responsibilities – Role of Department of Human Services. The DHS role includes overseeing the medical response to the emergency:
The provision of medical staff and supplies to the emergency site as requested by the CMC
Organising extra manpower, such as specialists, reinforcements or interstate support. This may involve anything from seconding a local GP to requesting interstate specialists…

DHS Public Health Branch communicates in a more organised way with general practice. At present Public Health uses a variety of methods to communicate with GPs – but predominantly does this through a formal agreement with GPDV under which the Branch faxes to GPDV's Population Health & Immunisation Consultant. GPDV faxes to divisions; divisions fax to GP members.

What happens in practice at division level?

In general, Victorian divisions do not have disaster plans in place. North East Victoria Division of General Practice was praised in the Annual Review 2003 of Medical Displan for its contribution to efforts in response to the bushfires but the Division still felt it necessary to develop a formal plan following the experience of the fires.

Whitehorse Division has a Disaster Plan Policy dealing with emergency response and takes seriously the need to rehearse the system. In late April, the Division tested its business hours communication response and received a 50% return from practices, 82% of which responded within 4 hours.

Mornington Division is in the process of formalising its role in communicating with GPs in the event of a disaster. The Division's proposed role has been formed in response to Peninsula Health's External Disaster Plan. Initially the response from Peninsula Health was that there was no role for GPs (e.g. the hospital was concerned to avoid GPs arriving unannounced at emergency surgery). The Division argued that if there was an external emergency where beds had to be 'emptied' earlier than expected it would be the GPs who would be taking on those patients and they would need to be communicated with and supported to do this. Peninsula Health Displan Committee will consider redrafting the plan taking into account the Division's recommendations. (Communication from Mornington Division May 2005).

Other divisions are developing plans, usually in conjunction with their local hospital.

Key issues

Defining the GP role

Mornington Division's experience shows that persuading others to understand the role that GPs can play and the value of the division of general practice as a coordinator of local GP involvement are two of the challenges in developing a satisfactory role for general practice in disaster management.

Chris Hogan, GP and Area Medical Coordinator, argues that the role and expectations of general practitioners under the current State Medical Emergency Response Plan are not well defined or agreed with the sector. He suggests that a key issue is sorting out the communication system: who communicates what to whom and when. The communication system requires a capacity to contact GPs out of hours as well as in hours; and a capacity for GPs to access vital information when communication systems are down. For example, in the Newcastle earthquake the hospital communication systems went down and GPs were suddenly isolated. The role of GPs in communicating relevant information to patients also needs to be clarified and supported. Further, there is a need to plan for the various ways in which GPs will be involved in an emergency: whether as a victim, as a responder at the site of a disaster; in their own practices dealing with victims; caring for strangers at an evacuation centre; caring for their own patients at an evacuation centre; as a responder at an overwhelmed hospital.

The role of GPDV and divisions of general practice

The role of general practitioners in responding to emergencies would be greatly enhanced if GPs, through their organisations, were more involved in the development and dissemination of plans to meet emergencies as they arise.

GPs are likely to be needed in the response to many emergencies or disasters and are eager to play their part, but have rarely been involved in the planning and preparation of emergency responses. In many cases GPs have not been informed about the roles they are expected to fill.

In the past it may have been difficult to involve GPs in the planning of emergency responses because GPs had no local organisations through which they could work with those responsible for local emergency action. This is no longer the case. Divisions of General practice are now well-established as the local structures through which to involve GPs in any kind of planning and dissemination of information. Potential divisional roles include:

- GP education for survival & response
- Divisional Volunteer GPs skills register
- Mutual aid roster to relieve other GPs caught up in a disaster.
- Rapid communication with GPs about local incidents/ disasters as they evolve.

(Source: Chris Hogan presentation to Melbourne Division of General Practice)

The 30 divisions of general practice in Victoria are evenly spread across the state, with 15 in metropolitan Melbourne and 15 in rural and regional Victoria. They have excellent planning and organisational ability and provide the most effective conduit to reach GPs in ways that will bring a positive response.

As the peak organisation for divisions in Victoria, GPDV is in a position to assist in the involvement of divisions in the development of plans and in the preparation for their use in an emergency.

What are the issues to resolve?

The forum will tackle the following questions:

In the event of an emergency,

- What are the proper roles of divisions and general practice? Are divisions a part of the strategy, or outside it?
- What are the issues for individual GPs (such as having the right equipment, transportation, and having to cancel appointments) and how can these be addressed?
- How should the DHS communicate with GPs and/or divisions?
- How do we assess what is “urgent”?
- How do we ensure that GPs and divisions have the capacity to deliver?