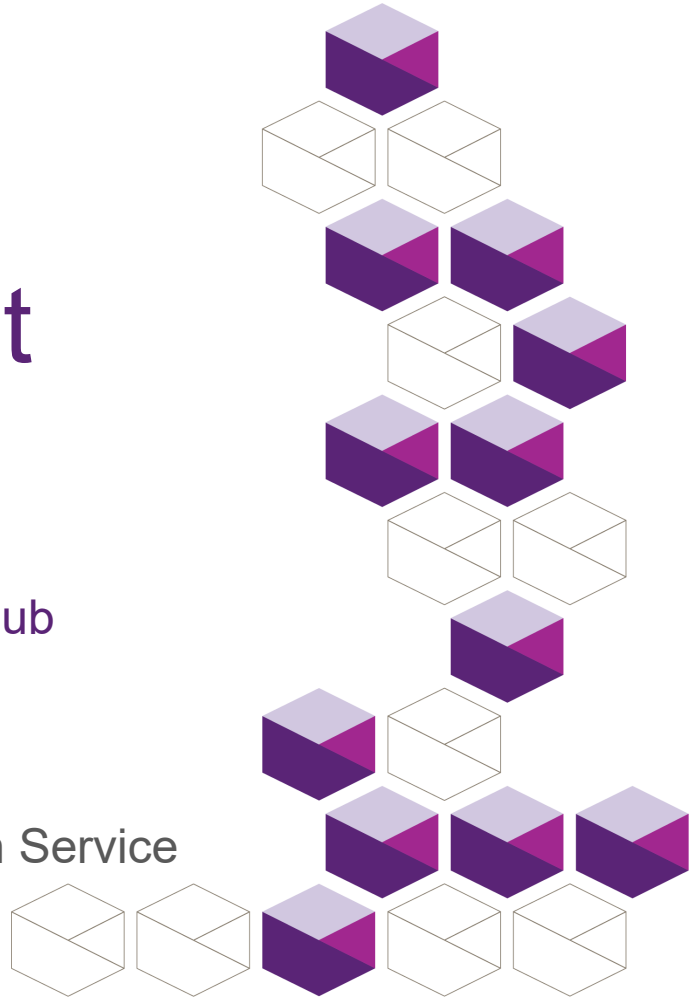
Government of **Western Australia**
South Metropolitan Health Service

GP with Special Interest (GPSI) Trial

Proposed pilot at the Cockburn Older Adult Health Hub

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What is a GPSI?

A GP who develops additional skills, knowledge and experience in a particular clinical area while maintaining their role as a generalist

- Works 1 or 2 sessions in hospital or public outpatient clinics
- Works within a clearly defined clinical scope
- Is embedded within a specialist-supported team
- Manages appropriate patients and escalates when needed
- Clinical intermediary between primary, secondary/tertiary care



Why trial a GPSI model?

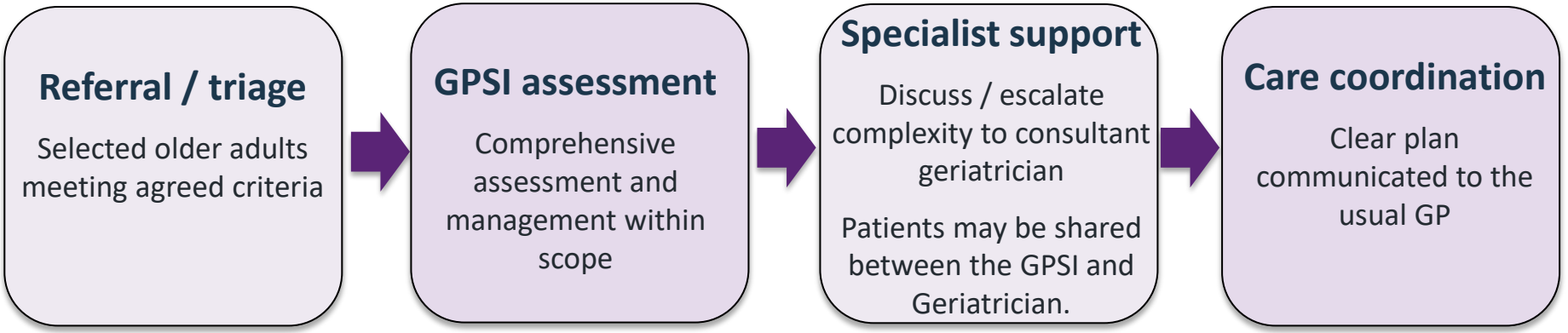
- Creates an additional pathway for patients who do not necessarily require consultant care at every step
- Studies in selected specialties have found 25-50% of hospital outpatient referrals may be suitable for GPSI management[1]
- Builds a bridge between general practice and specialist care

Why older adult care & Cockburn OAHH?

- Strong fit with GP generalist skillset
- Strong need for integrated care
- There is 0.4 FTE GP allocation within the service
- The Hub has confirmed interest in using that position as a GPSI role (intended to be split across two GPs)
- This allows SMHS to test the model on a small scale, refine it with GP and geriatrician input, and establish baseline activity as the Hub matures.



What will the Cockburn model look like?



Key principle: the GPSI complements, not replaces, the consultant geriatrician.

What could this mean for patients?

- Better continuity of care and connection between referrer and specialist services

- More appropriate and streamlined referrals in the future

What's in it for GPs?

Upskill in geriatrics

Protected exposure to older adult medicine, consultant supervision and multidisciplinary learning.

Extended appointments with patients.

Bring skills back to practice

Knowledge gained in the Hub can strengthen assessment and management of older patients in community general practice.

Closer specialist relationships

Direct working relationships with geriatricians and the MDT can make future advice, escalation and handover more effective.

Career variety & special interest

A part-time role offers a way to develop a clinical niche while remaining an active community GP.



Sunshine Coast: from pilot to BAU

Evidence that a small GPSI pilot can create system-wide value[3,4]

8 years
running

6.6 FTE
> 30 GPs

20+
specialties

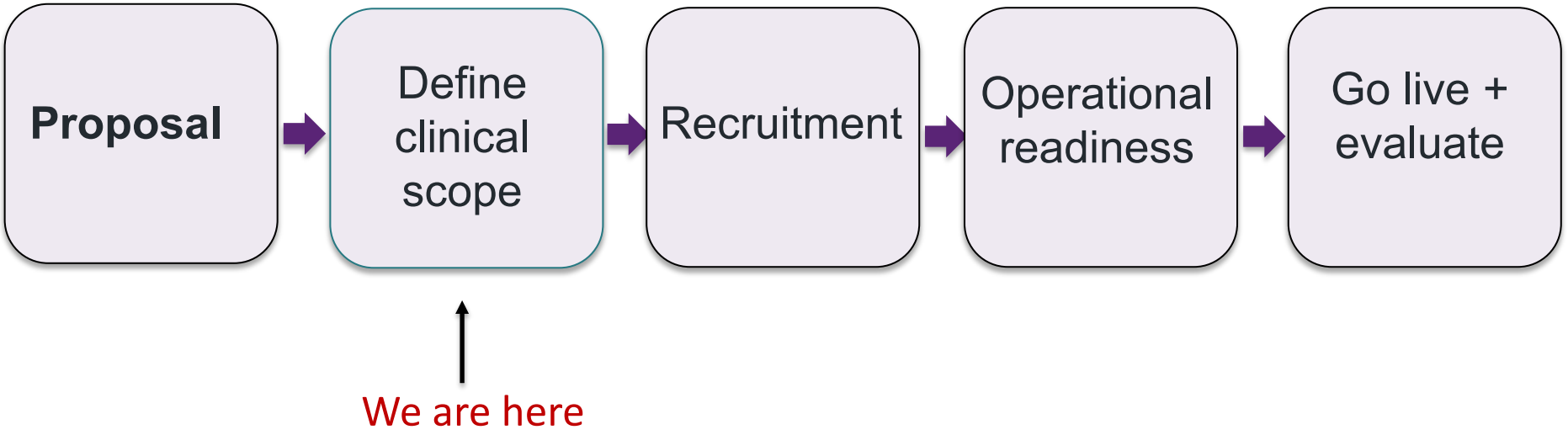
Patient & system impact

- Long wait proportions reduced in 67% pilot specialties
- More appropriate use of specialist capacity

GP & integration impact

- ~90% GPSI satisfaction
- Shared learning and upskilling
- Improved communication between primary care and hospital

Where are we now?



Interested in becoming a GPSI in older adult care?

Two 0.2 FTE positions – recruitment opening soon

Upskill in older adult medicine while continuing to work in general practice

Keep an eye out for the advertisement via:

WAPHA *GP Connect* | WA Health jobs | SMHS LinkedIn

Questions?

References

[1] Smith HE, Wade J, Frew AJ. What proportion of adult allergy referrals to secondary care could be dealt with in primary care by a GP with special interest? *Clin Transl Allergy (2016)* 6:3. DOI 10.1186/s13601-016-0091-1

[2] Kruys E, Johnston M, Pearce M. GP with a special interest in outpatient clinics: a pilot program. *InSight+*. 2019

[3] Johnston M, Willett PM, Kruys E. GP with a special interest improve connection between hospitals and primary care. *InSight+*. 2023