
General Practitioners with Special Interests(GPwSI)

Initiative Type

Model of Care

Status

Close

Added

27 July 2017

Last updated

29 October 2024

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/gpws>

Summary

The Hospital and Health Service (HHS) employs a GP with additional skills in a specific clinical area (GPwSI) to work within a clinical specialty. The GPwSI:

- Is selected by the specialist and works on a sessional basis according to agreed templates.
- Self-selects and sees patients from the Category 2 and 3 waiting lists, performing clinical

assessment and coordinating ongoing management. Many of these patients would wait much longer to be seen by a specialist due to the large volume of patients on the waiting list.

[Clinical Prioritisation Criteria](#) is in use at GCHHS

- Works in close geographical proximity to the specialist and is able to escalate/discuss care as necessary.
- Largely sees a non-operative cohort releasing specialist time that can be focused toward patients likely to require surgery or with higher levels of need/acuity.

Key success factors:

- Identification of an appropriately skilled practitioner in the area of need
- Pre-existing connection/relationship with the specialist (trust)
- Supportive consultants
- Supportive operational leadership
- Consultant availability for escalation and advice
- Strong advocate for the model
- Clarity of responsibilities/accountabilities

Key dates

Sep 2016

Jul 2017

Implementation sites

Gold Coast Hospital

Key Contacts

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Aim

To increase specialty service capacity and patient access to appropriate clinical care.

Benefits

- Increased capacity of the service - care provided by multiple health professionals at the appropriate level for the patient.
- Reduced waiting times for patients - across the clinical service
- Increased patient access – improved management of waiting list
- Increased professional satisfaction for staff

Background

Initiated by the clinical service director and the General Practitioner Liaison Officer (GPLO) in September 2016 after an approach from the ENT consultants. The consulting team had recognised that many patients on the waiting list were unlikely to be seen under the current model of care and long waits had exceeded HHS and Queensland Health key performance indicators. New solutions needed to be explored.

Solutions Implemented

The GPwSI model of care in the specialty of Ear, Nose and Throat. It has expanded to other specialties.

Evaluation and Results

The GCUH GPwSI model has impacted positively on total waiting and long wait numbers for the ENT service. Since commencing in September 2016 there has been a 48 per cent reduction in the total number of patients waiting longer than clinically recommended times and a corresponding increase in the number of patients seen within clinically recommended timeframes. The capacity of the ENT SOPD service has increased, in turn increasing patient access to the service and to consultant care for those requiring it. The surgical conversion rate has improved, indicating improved utilisation of consultant services.

Lessons Learnt

- Consultant involvement in GPwSI selection is important to secure support
- Area of need must be clearly identified and evidenced with data
- Clearly identified roles, expectations, clinic templates, reporting and escalation pathways are essential

Further Reading

Watch the [GP with Special Interests Video Clip](#)

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