

Guest Editorial

Glynn Kelly

THIS EDITION of the *AJGP* is timely and welcomed; I highly recommend it to all its readers.

In Australia, disasters are unfortunately a fact of life – ranging from bushfires to floods and likely future pandemics. With climate change, it is anticipated that disasters will be more frequent and potentially more severe.

In Australia, 84% of people report being directly affected by at least one climate-related disaster since 2019; heatwaves (71%), floods (45%), bushfires (43%), droughts (37%), destructive storms (35%) and landslides (8%). Most have experienced more than one disaster in the last five years; one-quarter have experienced more than one flood and one-fifth have experienced more than one bushfire.¹

Although evolving, the involvement of general practitioners (GPs) in disaster health management (DHM) is in its infancy. Yet, GPs are key health providers, supporting communities during and in the months and years after immediate disaster and emergency crises have been averted. During disasters within Australia, GPs have always stood up and responded. We need to ensure such responses are as safe as possible for our GPs, and as effective as possible. GPs who respond to disasters are often themselves directly affected by the disaster and often need support themselves. GPs have long-term connections with locals. There is high demand for primary care during and following disaster situations.

GPs and general practice are crucial to all disaster planning and response arrangements, and yet are normally not systemically included in local, state or federal disaster planning and response arrangements.

In the Royal Australian College of General Practitioners' (RACGP) submission to the Bushfire Royal Commission,² it has been advocated that effective planning and preparation for disasters would require:

- formal and permanent-funded GP representation on state/territory disaster management committees to ensure GP-led plans, responses and solutions are embedded and that GPs are involved at governance and strategic levels for state-wide responses
- the establishment of formal links between federal and state/territory jurisdictions to ensure consistent messaging and to develop a national strategy for bushfire smoke and air pollution advice
- funding for the establishment of national and state-based health disaster response round tables, with strong primary care input via the RACGP, and including other primary care organisations
- a requirement for jurisdictions to have working disaster response plans, including scenario planning, which are exercised and reviewed and updated every 12 months, and that are inclusive of GPs
- the establishment of Federal Government-legislated disaster response plans that Primary Health Networks (PHNs) must follow for identification, credentialing and workforce planning. PHNs should be required to develop a skills register of practising clinicians (eg those who have anaesthetics training) who can and will respond during disasters, local trauma cases and pandemics, both in a locum and volunteer capacity; and a mentorship program between experienced GPs and newer GPs during disasters
- formal, funded general practice representation in state/territory disaster response plans (continuous from disaster planning and mitigation)

- consistent, mandated communication and consultation with general practice from organisations/authorities that include primary care representation
- consistent messaging from federal and state/territory governments to primary care/general practice
- formal, funded general practice representation in disaster recovery planning (continuous from disaster planning, and mitigation and response) including input into appropriate distribution of resources
- the involvement of GPs in formal debriefing activities, both in the immediate aftermath and regularly during medium- to longer-term recovery
- consideration of, and support for, the financial and emotional toll that bushfires and other disasters will have on GPs, especially rural practitioners. GPs need to be able to provide quality care to those affected by bushfires while ensuring the sustainability of their businesses and their own wellbeing.

General practice and GPs are a valuable resource in disasters but they also need support to be as effective and as safe as possible.

During disasters, GPs consistently stand up and respond magnificently, often with little external system support.

I urge all GPs to lobby local, state and federal bodies to ensure that GPs are better recognised, supported and involved in disaster planning, responding and follow-up.

Author

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