

Tips for General Practitioners seeing a patient of refugee background for the first time

"When the patient feels that the GP is showing an interest in them, they will trust their GP, tell them everything and accept advice. If they find a good GP they will stay there forever!"

– Burundian Community Consultant - Mater Hospital

The following suggestions are to be used as a guide, and Practices can adapt the order of assessment. All refugees should be linked to a GP within the first few weeks after arrival.

The Practice Nurse plays a vital role in the Health Assessment process, working closely with the GP.

HOW TO BOOK AN INTERPRETER:

Booking an interpreter through the Translating and Interpreting Service (TIS) is **free** to any Doctor in private practice for a consultation claimable under Medicare. Each GP will need to register for a 'TIS National Client Code' first by contacting TIS.

Immediate telephone interpreter:

The Doctors' Priority Line 1300 131 450 (24 hrs / 7 days)

Book 'on-site' interpreters online with as much notice as possible.

General enquiries: 131 450 www.tisnational.gov.au

First Visit

Book a long appointment to allow time to build trust and rapport.

Consider:

- The patient's ethnicity, preferred language and gender when booking an interpreter.
- Avoid using family members and friends to interpret.

Inform the patient about:

- Practice opening times and appointment system.
- Doctor/Patient confidentiality.
- The first visit and future health checks are recommended but voluntary and require patient consent.
- This visit is introductory and the 2nd visit will include a more complete medical history and physical examination.

Tip: Ensure that an understanding is reached about the patient's expectations of the consultation.

Failure to address expectations can result in failure of concordance with treatment and frustration for both doctor and patient.

Check:

If the patient has a copy of previous health documents or a Health Manifest which may include previous vaccinations and health concerns.

Address:

- Urgent health concerns and ask patient if they have a 'Health Undertaking' (the support person or Case Manager may know if this is the case).
- Any need for contraception or pregnancy test for women of childbearing age.

If there is time, consider commencing:

- Blood tests - ensure patient consent is obtained (see list of Key Investigations).
- Catch-up immunisation (Hep B is best after serology is arranged to exclude infection or immunity).

Key Investigations:

(These tests are recommended for all recently arrived refugees including children).

- Full blood count
- Serum electrolytes, liver function tests
- Vitamin D level – provide reason on form
- B12 level
- Serum ferritin
- Hepatitis B – both surface antigen AND surface antibody
- Hepatitis C IgG serology
- Human Immunodeficiency Virus (HIV) serology
- Syphilis testing
- Strongyloides and Schistosomiasis serology
- Mantoux testing requires referral to the TB Clinic

If clinically appropriate consider:

- Helicobacter pylori faecal Ag for indigestion
- Chlamydia and Gonorrhoea PCR for STI risk
- Faeces and urine OCP as needed
- Thalassaemia screen (if iron replete)
- TFTs

When booking the next appointment:

- Book a long appointment to allow time to build trust and rapport
- Explain that all refugee patients should have a one-off 'health assessment' with consent (Items 701, 703, 705 and 707). These items can be claimed *once* within the first 12 months after arrival
- Ask General Practice Administration to use the Appointment Reminder Translation Tool.
www.swslhd.nsw.gov.au/refugee/appointment

The Second Visit *(Needs a long consultation)*

1. Obtain a full medical history
2. Conduct a thorough physical examination
3. Explain any blood test results, even if they are normal. Multiple 'follow up' blood tests without any obvious treatment may be hard to accept.
4. Start or continue immunisation

Informed consent should be obtained for all tests.

History:

- General (weight loss, fever)
- Skin (rash, scars, wounds)
- Neuro (headache, fits, vision, hearing)
- CVS (chest pain, SOA, palpitations)
- Respiratory (SOB, cough, sputum, haemoptysis - low threshold for urgent referral to TB services)
- GIT (nausea, vomiting, constipation, bloody stool)
- ENT (dental caries, discharge)
- GUS (pregnancy, discharge, bleeding, female circumcision)
- Musculoskeletal (limp, pain, swelling)
- Psycho/social (A simple screen by asking about how they are settling in, sleeping and eating)
- Trauma (exposure to war or atrocities should be documented)
- Sexual history (as relevant)
- Developmental status (children)
- Family dynamics (a genogram can be very helpful; also consider family left behind).

Examination:

- General appearance (weight, temperature)
- Eyes - VAs
- Dental - check for caries, deformity
- Head and neck (lymph nodes, masses)
- CVS (BP, murmurs, cardiomegaly)
- Respiratory
- Abdomen (splenomegaly/hepatomegaly/hernia)
- CNS (neuropathy)
- Extremities (swelling, limp)
- Skin, scalp (scars, wounds, rashes)
- Developmental status (children)
- Clinical features of rickets
- Genital examination - if indicated

Tip: The medical history and examination can bring back traumatic memories for the patient and needs to be provided in a sensitive and culturally appropriate manner.

The Third Visit

'Health assessment' (Items 701, 703, 705 or 707), can be billed at Visit 2 or 3 once the management plan and paper work is completed.

- Ensure 'catch-up' immunisations are continued.

Consider:

- Arranging a GP Management Plan and Team Care Arrangements (Items 721 and 723) and/or Mental Health Plan (Item 2715 & 2717) as appropriate.
- Well Woman check
- Lifestyle advice - metabolic screening
- Referrals to other services (E.g. QPASTT, Dental, Optometry, Audiology, Allied Health & Specialists)
- Giving advice regarding the need for vaccinations (e.g. Yellow Fever) if returning to home country to visit family and friends.

Tip: Patient education about the need for continuing care and preventive health care even when they feel well, is an important role for the Practice.

KEY CONTACTS

Refugee Health Connect

General Practice Support - Ph: (07) 3864 7580

MDA - Key Settlement Agency (Brisbane) - Refugees and Asylum Seekers Ph: (07) 3337 5400

ACCESS Community Services Inc - Key Settlement Agency (Logan, Ipswich & Gold Coast) – Refugees and Asylum Seekers Ph: (07) 3412 8222

Australian Red Cross - Asylum Seekers QLD Ph: (07) 3367 7222

Mater Refugee Complex Care Clinic (MRCCC)

Complex refugee health needs and asylum seekers Ph: (07) 3163 2880

Qld Program of Assistance to Survivors of Torture and Trauma (QPASTT)

Ph: (07) 3391 6677

Translating and Interpreting Service (TIS)

Doctors Priority Line

Ph: 1300 131 450

Online Resources:

www.refugeehealthnetworkqld.org.au

MBS Refugee Health Assessment

- [Fact Sheets](#)
- [Questions & Answers](#)

This resource is based on 'Promoting Refugee Health: A guide for doctors and other health care providers caring for people from refugee backgrounds' (3rd Ed, 2012) and endorsed by the Partnership Advisory Group (PAG). It may not be modified without permission from PAG. It was developed as part of the Mater Refugee Health Resource Project with Brisbane South PHN funding. (Updated Feb 2017)

Download: <http://www.refugeehealthnetworkqld.org.au/health-assessment/>