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AMA submission to Healthcare Management Advisors on the Streamlining and Expansion of RPGP and Procedural PIP

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The AMA welcomes the opportunity to provide feedback on the Healthcare Management Advisors (HMA) Consultation Paper 1 on the streamlining and expansion of the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments.

General Comment

Approximately 30 per cent of Australians live in rural and remote locations. Limited access to medical practitioners contributes to the lower health status and life expectancy of people who live in these areas; this issue is more pronounced the more remote the community is[1]. Ensuring rural communities have access to GPs with advanced skills is vital if health outcomes for rural communities are to be improved.

A rural doctor seeing patients in the general practice setting by day, may also provide on-call and after hours emergency services during the night and/or perform procedures at the local hospital on a regular basis. These highly skilled rural doctors provide comprehensive care to patients within their own community, enabling more timely access and reducing the need to, and associated costs of, travel to metropolitan areas for care.

Rural areas need doctors with strong skills in an increasing number of areas, such as obstetrics, surgery, anaesthesia, acute mental health or emergency medicine, to ensure that communities have access to appropriate care locally for both primary and hospital based services. In rural and remote areas there are relatively few medical specialist services available and most of the workload in hospitals is undertaken by rural GPs. These GPs must be supported to develop and maintain the skills needed to provide comprehensive care to their community.

[1] Australian Institute of Health and Welfare (2018) "5.2 Rural and remote populations" *Australia's health 2018*. Australia's health series no. 16. AUS 221. Canberra: AIHW

Over the past two decades, many rural and remote communities have found it increasingly difficult to attract and retain doctors with the right mix of skills to meet their health needs, including GPs with advanced skills training who can provide acute services in the hospital setting.

Incentives and grants play an important role in supporting GPs with advanced skills to go rural and once there to maintain, update and utilise those skills to best service the needs of their community. The AMA supports ongoing access to procedural grants and other incentive programs as means of providing financial support for doctors undertaking focussed upskilling for the purposes of maintaining procedural and other specialised skills.

CONSULTATION QUESTIONS

The AMA response to the consultation questions is as follows:

1. **The underlying objective of the RPGP is to remove a cost barrier to skills maintenance for procedural disciplines. Is this barrier relevant to undertaking continuing professional development for non-procedural advanced skills?**

   Salaried specialists are afforded quarantined time for their professional development, ie they get paid to maintain or improve their skills. Rural GPs mostly work as private practitioners, and as such, only get paid when they work. Maintaining procedural and non-procedural advanced skills requires dedicated time away from usual practice. Time spent on CPD comes at the expense of patients' immediate care needs. Without financial support, such as provided via the RPGP, rural GPs capacity for undertaking CPD would be limited. Rural doctors work longer hours particularly in very remote areas, where they work on average up to 9.1 hours more per week compared to their metropolitan counterparts[2]. Not only do they have less time for undertaking CPD activities out of work hours, but there are costs in ensuring locum coverage, travelling to educational events and associated accommodation expenses. The barrier is equally relevant to both procedural and non-procedural advanced skills

   It is essential that RPGP payments continue to go to individual practitioners and are not bundled with the PIP payments going to practices. Practitioners need this flexibility to allocate the grant to offset costs as required.

2. **The underlying objective of the PIP Procedural GP payments is to encourage general practitioners in rural and remote areas to maintain local access to surgical, anaesthetics and obstetrics services in rural and remote settings (such as hospital theatres, maternity**

[2] Rural Health Workforce Australia National Minimum Data Set (MDS), Reports 2012, 2013 and 2014, http://www.rhwa.org.au/fact-sheets--research---workforce-data.

care settings and other appropriately equipped facilities). What should be the objectives relevant to other advanced skills e.g. seeking to promote access to a broader range of advanced skills within a locality?

The objectives relevant to other advanced skills should be to recognise, reward and support practitioners with advanced skills in providing their local community with access to a broader range of services that respond to the communities needs and is within the scope of practice of individual practitioners.

3. **Across the two GP colleges (ACRRM and RACGP) the following advanced non-procedural or emergency medicine skills are offered. If the programs are expanded to include additional advanced skills, which of the following are most relevant at a national level to promoting community delivered care in rural remote areas at this point in time? Please provide a ranking of the top three and your rationale for that ranking.**

(a) Aboriginal and Torres Strait Islander Health
(b) Paediatrics
(c) Palliative care
(d) Mental health
(e) Adult Internal Medicine
(f) Remote Medicine
(g) Population Health
(h) Academic Practice

While we appreciate the need to simplify the expansion of RPGP, the AMA would prefer that the expansion be individualised to the needs of specific communities. While there will be some commonalities (e.g. the need for access to adequate mental health care), there are also some differences. For GPs in towns with a good general physician at the rural hospital there will be less need for internal medicine, but there are many parts of Australia where this is not the case. A limited expansion will therefore create a system where some skills are funded better than others. Ideally any of the advanced skills accredited by the Colleges that are used by the GP in their rural community should have access to the funding.

The AMA has included the following top three, however this was far from unanimous among our membership. Adult internal medicine and paediatrics were also strongly supported for inclusion by many GPs, noting that this was based on the needs of their own communities.

Ranking	Description	Rationale
1	**Aboriginal and Torres Strait Islander Health**	Vital in closing the gap – Indigenous Australians experience a burden of

		disease 2.3 times that of other Australians[3].
2	**Mental health**	Most commonly managed health issue by GPs[4] – plus suicide rates generally increase with rurality[5]
3	**Palliative care**	Upskilling rural GPs in palliative care is in line with the provision of comprehensive care across a patient's life cycle. With higher prevalence of diabetes, CVD and poorer cancer outcomes in rural and remote areas access to palliative care within the local community is important[6].

4. Is there any other relevant feedback that should be considered in developing options for streamlining and expanding the RPGP and the PIP Procedural GP payments?

Whilst many rural GPs provide essential services at the local hospital or health service(s) as visiting medical officers (VMOs), or through other employment arrangements such as fractionated appointments, other rural GPs have no connection or involvement whatsoever with their local hospitals. Often, this is due to stringent bureaucratic processes introduced by local hospitals or health services.

Rural GPs with advanced skills must be supported in maintaining and utilising those skills through access to working at the local hospitals as well as out of their private practices. A streamlined credentialing framework is vital to ensure rural GPs are supported in working to their full scope of practice.

Industrial arrangements and remuneration across the jurisdictions differ for the employment of rural GPs. This is often the barrier for GPs to work at the local hospitals as well as out of their private practices. A properly functioning arrangement would have rural GPs remunerated by the MBS for services provided in their private practice and by the State for services provided in their hospitals. Health services must not rely on locum medical officers to provide services at a greater financial burden than a local rural GP. Locum medical officers are not always guaranteed which may lead to servicing shortfalls.

[3] https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-2021

[4] The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2020. East Melbourne, Vic: RACGP, 2020.

[5] https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-remoteness-areas

[6] https://ruralhealth.org.au/sites/default/files/publications/fact-sheet-08-cancer-rural-australia.pdf

Ensuring Australia's rural GPs, whether employed by the State or working in private general practice, are working together in rural towns in integrated and mutually satisfying arrangements will lead to increased job satisfaction and contribute positively to retention of this workforce. These models will be also be attractive to GP Registrars and increase the likelihood of them returning to these towns at the completion of their Fellowship in General Practice, thereby strengthening the rural medical workforce in these communities.

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