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Ms Louise Riley
Director, Integrated Care Section
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Dear Ms Riley,

Re: Draft Rural and Regional Teaching Infrastructure Grants Programme Guidelines

Thank you for giving the AMA the opportunity to comment on the draft *Rural and Regional Teaching Infrastructure Grants Programme Guidelines* (RRTIG).

As you are aware, the AMA has been a supporter of the Primary Care Infrastructure Grants (PCIG) program and has consistently argued that the Government should increase funding to GP infrastructure grants which have a track record in delivering real results for the community with local practices taking realistic steps to improve patient access to services as well as to support teaching activities.

For some time, the pressure has been building on medical practices across Australia to provide more clinical training places to meet the growing number of medical students and young doctors now graduating from our universities. While many rural practices are keen to provide more of these placements - given they have real potential to entice more medical students and young doctors to rural practices – the physical size of some practices means there is just not the space to do so. The RRTIG could assist these rural practices to expand their facilities with additional consultation rooms and space for teaching medical students and supervising GP registrars.

One of the criticisms of the previous government's PCIG relates to the complexity of the program – there were some concerns around the very detailed process through which practices must work in order to apply for the grants. The AMA is pleased to note that Guidelines for the RRTIG program are much simpler and the language tightened ensuring that they are more user friendly for practices to prepare their applications. The AMA anticipates this would encourage more rural practices wanting to expand their practices for teaching and training to apply for the grants.

Overall, the AMA believes the RRTIG guidelines are clear, concise and straight forward. Unlike the previous PCIG program, which some of GP practices have commented to the AMA that they had spent endless hours preparing applications (a considerable investment in the application

process considering that there were no guarantees about applications being successful), the RRTIG guidelines are more streamlined and should enable practices to spend less time in preparing for applications. However, the AMA has some comments on specific issue in the Guidelines:

Grant Programme Process Flowchart

The AMA is of the view that the Grant Programme Process Flowchart (page 3), in addition to pathway for successful application, should also include pathway for unsuccessful applications indicating processes for which applicants can appeal, dispute or make an official complaint. In this regard, the AMA believes the corresponding box for 'Decision and Notification' should be split into two arrows - pathway for successful and unsuccessful applications. This would enable not only the successful applicants to properly execute contract for the grants but also for the unsuccessful applicants to properly navigate the dispute/complaint handling process.

Eligibility

Page 6, the 2nd dot point reads "be registered with appropriate accreditation from a Regional Training Provider to be allocated GP registrars, or be in progress of applying for appropriate accreditation from a Regional Training Provider for such and achieving accreditation by completion of the Works or within 9 months of execution of a funding agreement, whichever comes first..." With the planned closure of the RTPs by December 2015, and considering funding will be available for up to three financial years from 2014/15 to 2016/17, the AMA believes this statement should be amended to reflect the new GP training arrangements announced in the Federal Budget.

The AMA is also concerned that the ASGC-RA classification system continues to underpin the grants program despite its widely acknowledged weaknesses. Its continued utilisation highlights the need for urgent reform of the ASGC-RA structure

Assessment

Assessment process

The AMA believes there is a need for the Panel to be supported by experts in the field of teaching, training and supervising doctors-in-training to ensure that the RRTIG program supports high quality training opportunities and the delivery of high quality health care.

Assessment criteria

The AMA welcomes the inclusion/disclosure of the relative weightings for the RRTIG selection criteria in the guidelines. This will help practices understand the assessment process in more detail and to guide them in preparing for applications. Relative weightings for the previous PCIG program selection criteria were not disclosed in the 2010 & 2011 Program Guidelines, making the process for preparing applications more difficult.

The assessment criteria comprising Program Objectives Selection Criteria and the Project Selection Criteria appear to be very clear, concise and easy to understand, which would make it easier for practices to respond to questions posed in each of the selection criteria. The AMA also believes higher relative weightings given to Criterion 1 (provision space for registrars or students to complete clinical placements) and Criterion 2 (increased clinical placements available for

registrars or students) are appropriate, reflecting the emphasis of the program which is to increase the capacity of practices in rural and regional areas to support teaching and training of medical students and registrars.

Decisions

While the process for approval of funding and advice (of the outcome of their application) to applicants appear to be clear, there is little information about dispute or complaints handling process for unsuccessful applicants. Rather than directing unsuccessful applicants to a website for information relating to complaints handling process, the AMA believes the Guidelines should include information about dispute/complaint handling process in more detail to enable all applicants to understand the process for lodging a dispute/complaint in the event that their application was unsuccessful. The AMA also believes that unsuccessful applicants should be provided with feedback as to why their application was unsuccessful. Section 8.2 should provide more detail in this regard.

Reporting requirement and monitoring

Red tape is an important issue for many practices and the AMA welcomes the program reporting requirement for funding recipients to provide the department with annual reports. This will allow practices to focus efforts on frontline services and on teaching and training activities rather than the burden of reporting. The four key performance indicators (KPIs) identified for monitoring purpose following the completion of the infrastructure project appear to be specific and measurable and less burdensome (in terms of reporting).

If you have any questions, in the first instance please contact Dr Moe Mahat on (02) 6270 5445 or mmahat@ama.com.au.

Yours sincerely

A/Prof Brian Owler
President

10 June 2014