



General Practice Representative Group (GPRG) 26 November 2003

The GPRG comprises senior elected and secretariat officers from Australian Divisions of General Practice (ADGP), the Australian Medical Association (AMA), the Royal Australian College of General Practitioners (RACGP) and the Rural Doctors Association of Australia (RDAA).

Statement

General practice issues are at the centre of community and political debate, particularly with the very recent release of the Government's revamped health package – MedicarePlus. The four GP representative groups that comprise the GPRG met in Canberra on 26 November 2003 to develop a unified response to the Government's MedicarePlus package and to discuss a range of other issues.

The Minister for Health and Ageing, Mr Tony Abbott, and senior Department of Health and Ageing staff met with the GPRG at the conclusion of its all-day deliberations.

The major issues are detailed below.

Issues raised with the Minister

The Government's recently released MedicarePlus package dominated discussion of the GPRG with the Minister.

GPRG presented its views on the specific elements of the package, consistent with its separate statement on MedicarePlus which is attached. The Minister's response on a number of these key items is outlined below:

- **MBS**

The Minister acknowledged the concerns of the profession in relation to its capacity to deliver quality medicine under the current MBS and was interested in GPRG views on the 7-tier structure developed by the Attendance Item Restructure Working Group (AIRWG). GPRG requested that the Minister meet with the Chair of AIRWG, Professor Justin Beilby, to be briefed on the proposed 7 tier structure. The GPRG made it clear that a restructured MBS remains essential for achievement of real improvements to the health system.

- **HIC Online**

GPRG raised concerns about the costing of the initiative, ongoing infrastructure and administrative costs and requested that savings derived by Government from the initiative should remain in general practice. The Minister advised that no savings had been factored into the initiative, and that the Government had invested significantly in IT in general practice spending around \$400m since 1999.

- **Overseas Trained Doctors**

GPRG welcomed the initiatives that would streamline the process for enabling Overseas Trained Doctors to practice in Australia, but emphasised the importance of strict maintenance of standards and quality. The Minister expressed his strong commitment to this principle. GPRG alerted him to

the existence of loopholes in arrangements that potentially compromise standards and quality. The Minister said he would be pleased to receive advice from GPRG on these issues and recommendations on how the loopholes could be closed.

The Minister advised that he looked forward to further consultation and discussion with the GPRG on the MedicarePlus arrangements and agreed that a good deal of the detail needed to be worked through between the profession and the Department. He noted that there were a number of areas, including some of the issues GPRG had raised, that he had not yet had time to fully consider.

▪ **Indexation**

GP leaders discussed the indexation of MBS rebates. In this context they again requested urgent consideration and further discussions on the terms of reference of the Attendance Item Restructure Working Group to allow it to undertake the essential work on indexation. The Minister advised he would consult with the Department on this matter. GP leaders indicated that the suggested briefing by Professor Beilby would be valuable to the Minister's deliberations on this matter.

▪ **General Practice Partnership Advisory Committee (GPPAC)**

GPRG requested the Minister's advice on his future plans for GPPAC. Mr Abbott said that he would seek further briefing on this issue.

▪ **General Practice Education and Training (GPET)**

GPRG raised with the Minister the importance of a "profession owned" governance model for general practice vocational training with appropriate consumer input for GPET. The Minister said he would be willing to discuss the matter further.

Other Issues Discussed by GPRG

Red Tape – Proposed PIP/EPC Statement

GP groups acknowledged that it was not possible to proceed with the proposed joint survey without consensus on options to be put to the profession. The Red Tape Taskforce will advise Government this week that the profession requires more time to work through the highly complex issues. There was concern that the profession needed to be better informed on the details of the options put forward and this needed to be the basis of a good consultation process. GPRG agreed to call for more time for the profession and Government to work together on the issues and a consultation process on options for PIP and EPC in the context of the wider MBS structure.

MediConnect

GPRG expressed its concern that no response had been received from the Department of Health and Ageing to its correspondence of August 2003 in which it expressed serious concern about key elements of contracts for doctors participating in the MediConnect field trials. GPRG had advised the Commonwealth Government that the liability and indemnity provisions in the contract were unacceptable and that the incentive/funding was inadequate.

General Practice Summit - Canberra 12 – 13 September 2003

GP leaders reaffirmed their commitment to the joint agreement that came out of the GP Summit and the need to continue to pursue the identified actions to ensure the continued viability of general practice. GPRG was pleased to note that a number of the MedicarePlus measures were consistent with the agreed joint actions that came out of the Summit.



General Practice Representative Group (GPRG) MedicarePlus Statement

27 November 2003

The GPRG comprises senior elected and secretariat officers from Australian Divisions of General Practice (ADGP), the Australian Medical Association (AMA), the Royal Australian College of General Practitioners (RACGP) and the Rural Doctors Association of Australia (RDAA).

MedicarePlus

The GPRG welcomes the recognition by Government that Australia's public health system needs a major overhaul to address the access and affordability issues currently plaguing it.

While GPRG notes the significant investment in general practice contained in MedicarePlus, it believes the package represents only the initial steps towards a range of reforms required to support high quality general practice.

At its meeting yesterday, GPRG reached a consensus on MedicarePlus and each of the measures it contains.

The Group's overriding concern is that it fails to make quality health care accessible for all people in Australia.

While GPRG welcomes additional funding to improve access to high quality healthcare for cardholders and children, this is not a long-term solution. The long-term solution is a Medicare Benefits Schedule (MBS) that also recognises and rewards high quality longer consultations when they are appropriate. Therefore, GPRG maintains its support for the 7-tier MBS structure proposed by the Attendance Item Restructure Working Group (AIRWG) with proper funding on the basis that it improves quality, patient equity and safety.

GPRG is pleased by the Government's move towards electronic claiming because this will have benefits for patients. However, it is concerned that this initiative fails to adequately address the cost of implementation, and the significant ongoing infrastructure and administrative costs. GPRG is also concerned about the increased red tape to general practice likely to result from the implementation of HIC Online. These additional costs must be borne by the Government, or it is likely that they will be passed on to patients. Savings to Government from this initiative need to remain within general practice to support patient care.

The provision of strengthened safety nets by Government for needy patients who strike barriers to access arising from the failure of the MBS fee schedule to reflect practice costs is welcomed. However, triggers for these should combine both PBS and MBS expenditure and have lower thresholds than currently proposed. Unfortunately, the changes in the safety net do little to support single people on low incomes with high healthcare needs.

GPRG is pleased the package clearly acknowledges workforce issues and includes initiatives designed to address the GP shortage.

The acknowledgement of the need for increased financial support for training practices and GP supervisors is important. Also welcome are pre-vocational terms for junior doctors in general practice, which will allow more medical graduates to experience general practice and will promote general practice as a career. Placing these graduates in outer metropolitan, rural or remote areas will not only provide more services to these regions, but also have an impact on long-term GP numbers in these areas. It is important that these places meet RACGP standards of supervision. The level of supervision required by these junior doctors

will place significant demands on participating general practices and adequate funding and support will be required.

MedicarePlus recognises the Government's commitment to ensuring that Overseas Trained Doctors meet appropriate Australian standards before they are able to practise medicine in Australia. GPRG supports measures that will reduce the bureaucratic red tape that is preventing or delaying doctors who meet the standards and quality required from practising in Australia. However, GPRG sees this as only a short-term solution. Government needs to recognise that Australia has a moral responsibility to train enough medical practitioners to meet this country's own medical workforce needs, rather than rely on medical schools in other countries to provide for its own medical workforce needs.

GPRG welcomes the initiatives supporting rural and remote GPs, especially procedural GPs. Success of this initiative will depend on a well supported and highly skilled locum workforce. We look forward to working with the Government to achieve this, through enhancing the recognition and support for locum general practitioners and the adoption of a simple and affordable national medical registration process.

Removing deterrents to doctors rejoining the workforce and helping GPs and specialists re-enter the profession is expected to have a positive impact on workforce numbers. The range of equivalent measures for specialists should be extended to GPs and all measures should be delivered through the relevant Colleges.

The GP groups do not support the idea of unfunded bonding. This measure must be replaced by appropriate incentive measures.

Keeping non-VR GPs in the workforce is also essential. Geographic location should not be a criterion for access to the vocational register. GPRG supports the concept of higher rebates for patients of non-VR GPs who were practising prior to 1996, but believes this should be extended beyond areas of workforce shortage and tied to a commitment to meet College standards for continuing professional development. These doctors need to be encouraged and supported to attain Fellowship of the RACGP.

GPRG applauds the recognition of the multidisciplinary nature of modern general practice through the introduction of a new MBS item for specified services that can be provided by a General Practice Nurse [GPN] without a GP being present. Consideration should be given to extending these items beyond immunisations and wound care and to include home visits. GPRG maintains its view that the General Practice Nurse initiative remains inadequately funded and should be extended to all general practices in order to provide access for all Australians to high quality multidisciplinary care in a general practice setting.

The Group is encouraged by the initial steps taken in support of our initiative to improve access to health care services in aged care facilities. We look forward to working with the Government to ensure that this initiative will deliver improved care to new and existing residents of aged care homes. GPRG remains committed to pursuing adequate funding to restore the viability of providing general practice services in Residential Aged Care facilities.

The recent GP summit identified several areas requiring long-term commitment from the Federal Government and a number of these have not been addressed by MedicarePlus.

These include the need for a strengthened national approach to improving indigenous health through general practice and the urgent need to establish a long-term sustainable National Primary Health Care Policy to provide vision into the future and a certainty of future direction, both for those currently in practice and those considering becoming general practitioners.

GPRG looks forward to working with the Government and consumers to ensure that GPs can continue to provide long-term, high quality sustainable care to all people in Australia.