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.