



Communiqué

General Practice Representative Group¹

The GPRG held its second meeting for 2004 on the 21st May in Sydney. It was a highly productive meeting, with agreement reached among the four GP groups on several issues of key importance. As customary, the Minister for Health & Ageing, The Hon Tony Abbott MP, joined the meeting for the final hour and a half to discuss the key issues agreed to by the GP groups. The Minister reiterated his belief that GPRG provides a constructive forum for the Government and the profession to work together. The key issues discussed included:

Implementation of the Attendance Item Restructure Working Group (AIRWG) 7-tier MBS structure

The GPRG again noted its support for implementation of the 7-tier attendance item restructure, as a means to support high quality general practice care that focuses on the needs of individual patients.

Whilst acknowledging the benefits for patients of providing incentives for longer consultations, the Minister stated he is only willing to consider an MBS restructure in a budget-neutral context, which the GPRG has rejected as unworkable.

The GPRG also sought, and was pleased to receive, the Minister's commitment to the ongoing work of AIRWG in reviewing attendance item structures, including consideration of proposals for indexation, and rebate structures for aged care and after hours care.

Red tape review

Whilst welcoming the Minister's statement concerning implementation of the recommendations of the Red Tape Taskforce for the PIP and EPC programs, the GPRG requested that the Minister give a firm timeframe for this process.

The GPRG was pleased with the Minister's direction to the Department to finalise arrangements for implementation of Option 1 (Simplify and Streamline) within six weeks and his commitment to establish a working group including GP Groups, to develop an implementation plan by October 2004 to progress reform towards Option 2 (Radical Redesign) as agreed by all GP Groups at the final Red Tape Steering Group meeting on 27 November 2003.

MedicarePlus MBS allied health and dental items

The GPRG advised the Minister that it considered the new initiative as currently conceived to be seriously flawed, with unacceptable levels of red tape for all providers and unrealistic expectations by the public regarding access to the new items. It considers that the proposed implementation options are unachievable by 1 July.

¹ The General Practice Representative Group (GPRG), consists of representatives of the Australian Divisions of General Practice (ADGP), Australian Medical Association (AMA), the Royal Australian College of General Practitioners (RACGP) and the Rural Doctors Association of Australia (RDAA).

In the context that the GPRG considered implementation of any scheme in the time frame improbable, an alternative model was suggested.

The GPRG stated that a modified *More Allied Health Services* (MAHS) process managed by Divisions, with an agreed timeframe for evaluation of the initiative to ensure the model is meeting needs of individual practices and patients may be an acceptable option in the event that other options could not be achieved by 1 July. It was agreed by the GPRG that credentialing and registration of allied health professionals under the program should be administered by the Department of Health & Ageing, and that indemnity insurance for all participating allied health professionals was essential.

The Minister agreed to consult the GPRG regarding the options for implementation to be presented by the Department within the next week.

Extended hours general practice clinics collocated with hospitals

Noting concerns about the process undertaken in WA, the GPRG sought reassurance from the Minister that any further clinics will have the full and written support of local GPs, through the local Division.

The Minister confirmed this was the case and noted that he had advised his State colleagues that agreement with the Divisions' State Based Organisations (SBO) in general terms was not sufficient and that it was up to local GPs through their local Division to work out how the clinics will operate in their local area. He also stated it was not the Government's intention to have junior hospital doctors staffing the clinics.

The GPRG agreed to a set of key principles related to the establishment of extended hours collocated clinics. The GPRG will write to the Minister advising these principles, including the need for doctors who work in the clinics to meet the standards of the RACGP, the need for the clinics to meet the RACGP standards for general practices, and the need to add value to local general practice services for the community.

Governance of General Practice Education and Training (GPET)

The GPRG sought an update from the Minister on the arrangements being made for the governance of GPET. The GPRG advised the Minister that professional responsibility and ownership must be returned to vocational training for General Practice. The GPRG conveyed to the Minister the importance of the Chair of GPET being acceptable to the GPRG.

The Minister agreed that GPET should be required to ensure that functions which interface with the professional colleges and which are defined by requirements of the AMC are met. The GPRG advised the Minister that it was keen for the external evaluation of the new general practice vocational training arrangements to proceed.

The Minister agreed that the profession would be actively involved in the review of tenders for the external evaluation of GPET, and that the evaluators would need expertise in medical education. The GPRG sought appointment of the GPET Board for one year whilst consideration is given to a new ownership and governance structure for GPET.

Department of Veterans' Affairs (DVA) rebates

The GPRG advised the Minister of the untenable situation resulting from *MedicarePlus* that general practice rebates for veterans' services had fallen relative to those for standard consultations.

The Minister agreed to look at costings to restore the differential for DVA rebates in RRMA3-7, but noted that broader increases would need to be considered as part of next year's Budget.

The Minister also agreed that the issue of GP proceduralists warranted consideration in the context of the increased funding for specialists under the DVA LMO scheme.

Pharmacy INR trial

The GPRG noted its grave concern, from a quality and safety perspective, that a trial of pharmacy-based INR testing, funded under the agreement between the Pharmacy Guild and the federal government, was going ahead, particularly in light of the significant delays in rolling out the Point of Care Testing (PoCT) trial in general practice.

The Minister noted the GPRG's view that there were significant safety concerns and undertook to seek further information on the issue.

Payments for teaching in general practice

The GPRG unanimously agreed that the Australian Government should substantially increase payments for general practice-based teaching of medical students to a level that encourages GPs and compensates them for their efforts.

The Minister noted that he had had this issue raised with him numerous times during a recent tour and he is currently looking into it.

GP re-entry program funding

The GPRG agreed that the allocation for the GP component of this measure should be commensurate with that amount provided for other medical specialties, and that relevant colleges should be directly involved in its implementation.

The Minister noted that the allocation was an indicative figure for budgeting purposes rather than limit of what could be spent and some flexibility was possible. If the measure required more resources to be successful, he would agree to find additional funding. He requested that the Department look at the issue, and that the relevant Colleges put forward proposals to develop suitable training packages.

General Practice Partnership Advisory Council (GPPAC)

The GPRG requested a list GPPAC projects and reports and a list of sub-committees and representatives current at the time of GPPAC de-funding.

The Minister agreed that the Department should provide this list and that the GPRG should be asked to provide representatives for any standing committees that have GPPAC representatives.

The AMA agreed to develop guidelines and schedules for payment of GP representatives on Government and Statutory Authority committees in consultation with the other GP groups.

MedicarePlus aged care measures

The GPRG suggested that the Department would need to revise its expectations for the program, given the amount of funding and timeframe for implementation.

The Minister agreed that guidelines for the program should be as flexible as possible. He also agreed to look at general practice nurses providing parts of the Comprehensive Health Assessments in aged care homes, as they do for the current EPC Health Assessments.

General Practice Registrars Association (GPRA) funding

The GPRG noted its support for Government funding for GPRA continuing beyond the current funding term.

The Minister agreed to consider funding the GPRA for an additional year, on the condition that GPRA develop a plan for generating income apart from such government support.

Other issues agreed by the GPRG included:

- That individual groups would follow up with the Minister on other key issues arising from the Federal Budget announcements.
- That members continue to monitor the implementation of the new arrangements for nationally consistent medical registration and ensure that doctors' concerns over privacy are recognised. It also agreed that general practice should be recognised as a speciality in those jurisdictions that do not currently do this.
- That there are a number of complex issues regarding practice nurse education and support to be addressed, with both short and long term impact. The GPRG agreed to consider the RACGP/RCNA and ADGP reports and to discuss a GPRG position at a future meeting.
- That stakeholders be invited by the GPRG to attend future GPRG meetings to discuss specific issues only.
- That the GPRG would continue to support the implementation of the RDAA's Viable Models of Rural and Remote Practice project.
- That the activity of the Australian Health Care Alliance be noted and the GPRG continue to monitor its work. An invitation will be extended to Professor John Dwyer to attend the proposed GP Summit.

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