GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

Healthcare Management Advisors
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Dear Colleagues,

Re Streamlining and Expansion of the RPGP and PIP Procedural GP Payment – Consultation Paper 1 Feedback

Thank you for the opportunity to participate in the development of the Streamlining and expansion of the RPGP and PIP Procedural GP Payment initiative. GPSA would offer the following responses to the questions you are seeking to answer:

No.	Question	GPSA Response
1	Is cost to maintain a non-procedural advanced skill CPD a barrier?	Yes. Professional isolation is a well-documented recruitment and retention issue for clinicians providing additional services within rural and remote communities. Often the reason for maintaining the skill is because there is a shortage of that skill and service for the rural and remote community and therefore often a lack of clinical expertise in teaching GPs with those specialist skills in that environment. It is therefore often necessary for the GP to attend training in a regional (MMM2) and or metropolitan area (MMM1) where that training occurs and where there are more GPs and or specialists with the skills being sought. Whereas many hospitalist doctors/ specialists are salaried and therefor do not lose income when they are attending education sessions, rural GPs are not. Therefore, any training they attend comes at a cost to them in lost earnings. While it would be convenient (and cheaper) to think that acquisition and maintenance of these skills can be done over zoom or equivalent in reality training in these skills still require learning over time and electronic mechanisms are not a good medium for day-long or multi-day education, nor the development of a professional network of peers to support the clinician once they return to rural and remote practice.

2	What objectives of this program expansion need to be considered?	• Improve rural patient access to relevant specialist services proximate to their community. • Reduction of rural/ remote patient care cost through the establishment of local care delivery. • Establishment and maintenance of professional networks for remote specialist service providers to maintain currency, ameliorate professional isolation and thereafter retention of doctors with the right skills in the right locations to meet population needs.
3	Which if the advanced non-procedural or emergency medicine skills offered by either RACGP or ACRRM are most relevant at the national level? (rank top 3 with rationale)	**1) Mental Health** One of the greatest challenges with patients accessing mental health services is the cost barrier to patients availing of these services when they really need to. Not only is cost a barrier to the patient, there is often poor access to psychiatrist and psychologist care in rural and remote locations. A patients own GP has a good understanding of the patients history and context. Referral without a longer term view of the patient is not likely to be immediately effective and a patient may not be able to articulate what is going on for them in terms that a psychiatrist or psychologist will immediately recognise and be able to treat from a distance. Funding rural GPs to acquire and maintain the skills to provide mental health support to their patients in rural and remote locations is therefore essential from an accessibility (financial, knowledge of patient history and distance) perspective for the patient. **2) Palliative Care** As each state in the country is progressively moving towards their own voluntary assisted dying legislation (VIC, WA and QLD so far with NSW likely to follow) there will be an increasing need for palliative care capabilities in more rural and remote communities. Whereas there will be a critical mass of clinical services and capability built up in metropolitan areas first, this will not be equal in rural areas.

		By funding palliative care and education and maintenance of skills through these mechanism will support this expected national expansion with particular capability in Rural contexts. **3) Population Health** Covid 19 has revealed gaping holes in Australia's population health capability and the reach General Practice practice has in delivering rapid national responses that can otherwise be confounded by the tension between state and federal branches of Government. It is important to future proof future events by building further capability into the general practice health care system. A focus on population health would appropriately place closing the gap for First Nations people at the top of this priority list whilst also building important strategic capability to respond to emerging public health issues like pandemics. **Why isn't Aboriginal and Torres Strait Islander Health in the top three for GPSA?** It is. Much of what ails Aboriginal and Torres Strait Islander people is understood in population health terms. By funding population health as one of the three top priority areas in the expansion of RPGP and PIP initiatives the Australian Government would continue to focus on this important First Nations group without losing an opportunity to also focus on improving the national response to emergent health crises such as Covid, obesity, etc. It would build agile and responsive national capability and capacity to the nations primary care toolkit.
4	Any other relevant feedback?	Funding GPs to teach the skill rather than simply acquire the skill would have the effect of not only maintaining their own currency but also expansion of local communities of practice through which greater capacity can be built longer term. To teach it you have to know it – be an expert at it. And funding the transfer of those skills should therefore be the priority.

Thank you for the opportunity to provide feedback on the model presented. We would welcome an opportunity to provide further detail as required.

Sincerely,

Dr Nicole Higgins
Chair

Mr Glen Wallace
Chief Executive Officer