



Streamlining and Expansion of the RPGP and PIP Procedural GP payment – Consultation Paper #1

BACKGROUND

As part of the 2021-22 Budget, the Government announced a consultation and design process to explore options for streamlining and expansion of the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments. These programs serve to incentivise and remove the barriers to delivery of procedural (obstetrics, anaesthetics and surgery) and emergency medicine advanced skills by general practitioners in rural and remote areas of Australia. Budget-related commentary on the process was included as part of expenditure announced for the Rural Health Strategy, which stated there was an allocation of:

*‘\$0.3 million to develop a new model and streamline the Rural Procedural Grants Program and the Practice Incentives Program procedural GP payments into a new rural generalist GP support program for GPs with advanced skills’
(Department of Health, 2021)*

Under this project, it is planned to examine the scope for a broader range of advanced skills involving non-procedural clinical care such as paediatrics.

It is envisaged the design of a streamlined and expanded program will ensure better alignment of incentives with the objectives of the National Rural Generalist Pathway (the Pathway). The aim of the Pathway is to attract, develop and retain students and trainees into rural medicine training pathways, and ultimately to provide a wider range of medical services and improved health for rural and remote communities including for Aboriginal and Torres Strait Islander peoples. Further detail about this project is provided in the accompanying Information Bulletin (see Attachment A).

This project is for a consultation and design process only. A preferred model will be brought back for the Government's consideration to inform the 2022-23 Budget.

PURPOSE OF CONSULTATION

This consultation paper is the first of two documents that seeks the views of peak body stakeholders to inform the development of options for the expansion and streamlining of RPGP and PIP Procedural GP payment. It represents Stage 3a of the project in the attached Information Bulletin.

HMA & KBC Australia are seeking input into this process from a broad range of stakeholders who have an interest in the support of advanced skills practice in rural and remote areas (see Attachment B for a list of which organisations have been forwarded a copy of this paper). This initial consultation round is focused on understanding stakeholders' views on the benefits and challenges in expanding and streamlining these programs, to inform the new model design.

Organisations receiving this paper are invited to provide a written response to the questions presented on page 4 of this paper. Recipients are encouraged to seek the input of relevant internal stakeholders with an interest in the RPGP, PIP Procedural GP payment, and/or recognition of and support for development of additional advanced skills in rural and remote areas. Written responses are requested for submission to hma@hma.com.au by **8 October 2021**.

A second consultation paper incorporating feedback from this process will present options for the new program design. This second paper will be distributed in late October with written submissions invited. This consultation will be open for two weeks over the period 25 October 2021 to 5 November 2021.

PROGRAM CONTEXT

Rural Procedural Grants Program

The RPGP aims to ‘*improve rural and remote healthcare service delivery and workforce retention by supporting procedural General Practitioners (GPs) to undertake Continuing Professional Development (CPD) to maintain or enhance procedural skills.*’¹. These costs may include course costs, locum relief and travel expenses. This helps ensure that procedurally trained GPs are maintaining their skills and are up-to-date with current and new clinical practices. The outcome supported by this program is maintenance of procedural service delivery capacity in rural and remote communities and ensuring safe and high-quality procedural and emergency services.

The RPGP offers practitioner-based support of CPD under two components:

1. Rural procedural GPs practising in surgery, anaesthetics and/or obstetrics; and
2. Rural GPs practising emergency medicine (including emergency mental health services)

The support offered is up to \$20,000 per annum for the procedural component, while a maximum of \$6,000 is available for emergency medicine CPD with an additional \$6,000 if emergency mental health services are also provided by the eligible GP.

The program is administered through the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). The colleges are responsible for assessing GP eligibility for the program, determining course suitability for CPD recognition, and providing the payments directly to practitioners once a claim is lodged.

The RACGP and ACRRM are responsible for assessing the eligibility of the GP and the training activities that will attract grant support under the RPGP. Training activities must be for skills maintenance and/or enhancement, not for attainment of advanced skills.

Eligibility for the RPGP includes:

- Vocational recognition as a general practitioner (VR GP) or enrolment in a Fellowship pathway with either ACRRM or RACGP
- Location of the principal clinical practice in a Modified Monash Model (MM) category 3-7
- Unsupervised clinical privileges in an eligible discipline (surgery, anaesthetics and/or obstetrics or emergency medicine) at a nominated hospital located in MM3-7
- Participation in a regular roster or general on-call roster
- Providing clinical care for emergencies in MM3-7 (emergency only)
- Requiring on-going training to maintain skill level (emergency only).

Expansion of the program to include non-procedural advanced skills will need to consider which additional skills should be supported and if these other advanced skills also require incentivisation for ongoing practice in that skill area.

Currently credentialing of procedural GPs eligible for the RPGP is provided through their employment in the local hospital. An expansion into largely non-hospital provided advanced skills will need to consider appropriate mechanisms for assessing ongoing involvement in service delivery.

PIP Procedural GP payment

The PIP Procedural GP payment is an incentive under the Practice Incentives Program (PIP), which encourages general practice to continue to provide quality care, enhance capacity and improve access and health outcomes for patients. The PIP Procedural GP payment is part of the rural support stream of the PIP, and specifically encourages GPs in rural and remote areas to provide services that maintain local access to surgical, anaesthetic and obstetric care. It is a practice-based incentive payment administered by Services Australia through a biannual payment period.

¹ Australian Government Department of Health. Rural Procedural Grants Program Guidelines. 2021 Available at: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/A46F25754A8D6B12CA257BF000209C09/\\$File/FINAL%20RPGP%20Management%20Guidelines%20March%202021.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/A46F25754A8D6B12CA257BF000209C09/$File/FINAL%20RPGP%20Management%20Guidelines%20March%202021.pdf)

For practices to be eligible for the PIP Procedural GP payment the practice must:

- Participate and meet PIP eligibility criteria (largely associated with registration and accreditation as a general practice with relevant insurance)
- have at least one procedural GP registered with the PIP for the entire reference period, providing one or more eligible procedural services
- meet the activity requirements for claiming the relevant payment tier
- be in a Rural, Remote and Metropolitan Area (RRMA) 3–7 location, and
- ensure the GP providing the services has a level of professional indemnity insurance that indicates they are covered to perform procedural services.

Eligible procedural services are:

- obstetric delivery
- general anaesthetics
- major regional blocks
- abdominal surgery
- gynaecological surgery requiring general anaesthetic, and
- endoscopy.

The procedural service must:

- use facilities and resources which are centralised
- involve a team of health professionals, and
- be done by a GP who participates in an appropriate skills maintenance program in the relevant procedural areas.

The payments are based on a tiered system related to activity levels (as per the table below).

Tier	Activity required for payment
Tier 1 \$1,000 per procedural GP per 6-month reference period	A GP must provide at least 1 of the following procedural services in the 6-month reference period: <ul style="list-style-type: none"> • obstetric delivery • general anaesthetic • major regional blocks • abdominal surgery • gynaecological surgery requiring general anaesthetic • endoscopy.
Tier 2 \$2,000 per procedural GP per 6-month reference period	A GP must both: <ul style="list-style-type: none"> • meet the Tier 1 requirements • provide afterhours procedural services on a regular or rostered basis - 15 hours per week on average, either on call or on a roster, throughout the entire 6-month reference period, except for the first reference period when they apply.
Tier 3 \$5,000 per procedural GP per 6-month reference period	A GP must both: <ul style="list-style-type: none"> • meet the Tier 2 requirements • provide 25 or more eligible surgical, anaesthetic, or obstetric services in the 6-month reference period.
Tier 4 \$8,500 per procedural GP per 6-month reference period	A GP must both: <ul style="list-style-type: none"> • meet the Tier 2 requirements • deliver 10 or more babies in the 6-month reference period. If a sole GP in a community delivers less than 10 babies, but meets the obstetric needs of the community, the practice may qualify for a Tier 4 payment.

Source: PIP Procedural GP Payment guidelines. Available at: <https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/what-are-individual-incentives/procedural-general-practitioner-payment>

GP Procedural Training Support Program (GPPTSP)

The GPPTSP aims to improve access to obstetric and anaesthetic services for women living in rural and remote communities by supporting VR GPs, practicing in MM 3-7 regions, to attain procedural skills in obstetrics or anaesthetics. This support program is different to the RPGP and the PIP Procedural GP Payment in that it supports the attainment of advanced skills, not the ongoing delivery of those skills. However, the program does have a requirement for the demonstration of community need for the skills in which the GP is training.

The obstetrics component of the program is managed by Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the anaesthetics component is managed by ACRRM.

This program provides up to \$40,000 to eligible GPs to gain either the Advanced Diploma of RANZCOG, or a statement of satisfactory completion of Advanced Rural Skills Training in Anaesthesia through ACRRM².

This program is also being considered in the context of the new model for the support of advanced skills in rural practice.

CONSULTATION QUESTIONS

- (1) The underlying objective of the RPGP is to remove a cost barrier to skills maintenance for procedural disciplines. Is this barrier relevant to undertaking continuing professional development for non-procedural advanced skills?
- (2) The underlying objective of the PIP Procedural GP payments is to encourage general practitioners in rural and remote areas to maintain local access to surgical, anaesthetics and obstetrics services in rural and remote settings (such as hospital theatres, maternity care settings and other appropriately equipped facilities). What should be the objectives relevant to other advanced skills e.g. seeking to promote access to a broader range of advanced skills within a locality?
- (3) Across the two GP colleges (ACRRM and RACGP) the following advanced non-procedural or emergency medicine skills are offered. If the programs are expanded to include additional advanced skills, which of the following are most relevant at a national level³ to promoting community delivered care in rural remote areas at this point in time? Please provide a ranking of the top three and your rationale for that ranking.
 - (a) Aboriginal and Torres Strait Islander Health
 - (b) Paediatrics
 - (c) Palliative care
 - (d) Mental health
 - (e) Adult Internal Medicine
 - (f) Remote Medicine⁵
 - (g) Population Health⁴
 - (h) Academic Practice⁵
- (4) Is there any other relevant feedback that should be considered in developing options for streamlining and expanding the RPGP and the PIP Procedural GP payments?

Please submit responses to hma@hma.com.au by 8 October, 2021.

² General Practitioner Procedural Training Support Program Anesthetics. Application Guidelines 2021

³ While we recognise there may be local issues that impact the priority of these areas, we are seeking a national perspective.

⁴ Offered by ACRRM; RACGP may prospectively approve when requested.

⁵ Offered by ACRRM only



Attachment A: Information Bulletin

A consultation and design process to streamline and expand the Rural Procedural Grants Program and the Practice Incentives Program Procedural GP payment

CONTEXT

As part of the 2021-22 Budget, the Government announced a consultation and design process would be undertaken to explore options to streamline the RGP and the PIP Procedural GP payments programs. A new program will have a broader scope that seeks to support rural generalist GPs to expand the recognition and maintenance of their range of advanced skills, including greater recognition of non-procedural advanced skills. It is envisioned that a streamlined and expanded program would better align with the National Rural Generalist Pathway.

The current programs provide financial assistance for eligible rural GPs and locums through two different mechanisms:

- (1) Practitioner-based support of GPs providing procedural (obstetrics, anaesthetics, surgery) or hospital-based emergency services for relevant continuing professional development (CPD) activities through the RGP, and
- (2) Practice-based support on a per procedural GP basis, with payment levels tiered according to service levels and rurality through the PIP Procedural GP payment.

The project will also consider the relationship of the General Practitioner Procedural Training Support Program (GPPTSP) with respect to a new model.

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) in collaboration with Kris Battye Consulting (KBC) Australia to:

‘undertake a consultation and design process to streamline and expand the Rural Procedural Grants Program (RGP) and the Practice Incentives Program (PIP) Procedural GP Payment’.

In undertaking this work the project will consider the agreed definition of a Rural Generalist as a guide to the scope of practice relevant for expanding program eligibility to non-procedural advanced skills. The project’s design approach will be informed by the Collingrove Agreement, which says that, *inter alia*:

‘A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.’

PROJECT OBJECTIVES

The project aims to inform the Department on how to incorporate the objectives of the existing programs and combine the most efficient and effective features into a single administrative model, which will account for service delivery, skills and community need, while also expanding the scope of the existing programs.

The objective of the project is that GPs with advanced skills will be better supported by a new model with a broader scope, resulting in better access to health care for rural communities. Additionally, consolidation of the existing programs supporting procedural GPs will result in administrative efficiencies and a more streamlined experience for participants.

As this project is for a consultation and design process only, these broader objectives will not be realised until a model is developed and implemented (subject to budget considerations).

PROJECT METHOD

To undertake the project, the following six project stages will be undertaken by HMA and KBC Australia:

- (5) **Stage 1: Project initiation** to further define the project scope, clarify roles and responsibilities and formulate a detailed project management plan (August 2020).
- (6) **Stage 2: Situation analysis.** A summary of current RPGP, PIP Procedural GP payment and GPPTSP arrangements, policies will be developed through a review of documentation and consultation with the Australian College of Rural and Remote Medicine (ACCRM) and the Royal Australian College of General Practitioners (RACGP). A discussion paper will also be developed for broader consultation (September 2021).
- (7) **Stage 3: Stakeholder consultation** (September – October 2021). This stage will be conducted in two concurrent phases.
 - (a) Broad stakeholder consultation: The discussion paper developed in Stage 2 will be distributed to a broad range of stakeholders prior to interviews to seek input around the new model design.
 - (b) GP consultation: Up to 24 individual interviews will be undertaken with GPs with procedural and non-procedural advanced skills practicing in rural and remote areas as identified by ACCRM and the RACGP to further explore the implications for the expansion of these programs and how they may be best delivered. Jurisdictional representation will be sought.
- (8) **Stage 4: Costings model development** (September – October 2021): The project team will develop a costings model incorporating the existing variables of the current programs and impact of the redesign and expansion of the model.
- (9) **Stage 5: Program design and final consultation** (October - November 2021): HMA & KBC Australia will triangulate data from the stakeholder consultations, program data, and available costing model data to inform options for a new program. A discussion paper for final consultation will be developed and distributed to enable further stakeholder input.
- (10) **Stage 6: Final report with program design and costings model** (November 2021). HMA & KBC Australia will bring together the project in a final report, incorporating project finding and responses to consultation, the proposed program design and costings model.

CONTACT INFORMATION

If you would like further information about the streamline and expansion of the RPGP and PIP Procedural payment project, please contact HMA or the Department of Health using the details provided below.

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Attachment B: Stakeholders

The consultation process aims to enable all relevant and interested stakeholders to provide their views on the key issues for the project '*Streamlining and Expansion of the RPGP and PIP Procedural GP payment*'.

HMA & KBC Australia have undertaken initial discussions with:

- Australian College of Rural and Remote Medicine (ACCRM)
- Royal Australian College of General Practitioners (RACGP)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- representatives of the Rural Workforce Agencies (RWAs)
- the National Rural Health Commissioner (NRHC)

HMA & KBC Australia is seeking feedback to this consultation paper from the following organisations:

- Rural Doctors Association of Australia (RDAA)
- Australian Indigenous Doctors Association (AIDA)
- Australian Medical Association (AMA)
- Australia and New Zealand College of Anaesthetists (ANZCA)
- Jurisdictional health training and education services
- Royal Australian College of Physicians (RACP) and relevant societies including:
 - Australian Paediatric Society
 - Australian and New Zealand Society for Geriatric Medicine
 - Australian and New Zealand Society of Palliative Medicine
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Australian College for Emergency Medicine (ACEM)
- General Practice Training Advisory Committee (GPTAC)
- General Practice Supervisors of Australia (GPSA)
- General Practice Registrars of Australia (GPRA)

We welcome stakeholders to share the consultation paper with individuals within your organisation or other organisations that you feel have an interest in these programs, and their expansion and streamlining.

HMA & KBC Australia will also undertake a separate consultation process with the Procedural Medicine Committee (PMC) and the Practice Incentives Program Advisory Group (PIPAG).

As noted in the Information Bulletin, HMA & KBC Australia will be undertaking individual interviews with GPs with procedural and non-procedural advanced skills.