

# Unexpected Consequences of a Single Employer Model



What does a single employer model mean for registrars?

Domain	Intended consequences	Unexpected consequences
Income	Income <u>base</u> has increased and is now regulated to a fixed award. The only way you now earn more than the base is by working unsavoury hours.	<p>Income is now fixed to the award (preventing you from earning more than the fixed rate).</p> <p>There are no productivity benefits to working harder. This makes it more difficult for a practice to employ a registrar over a VR doctor.</p> <p>Registrars' fixed income would have to be delivered with a funding guarantee (currently 50% of registrar billings cover administrative support and infrastructure costs) for training practices in order to keep a room available for a learner such that it made financial sense to continue training.</p>
Loadings	Your income now gives you theoretical access to loadings for shift work, weekends, after-hours, on call.	<p>General practice doesn't generally operate in shifts, after-hours or on call.</p> <p>The theoretical access, is therefore likely of little financial benefit in the long term and offset by capped earning potential which until this point was uncapped with a protected base.</p> <p>Or worse, general practice shifts to align with acute care models and commence shift work to cater for the working population.</p> <p>Consequence – Registrars may end up working late nights, evenings, on call, shifts.</p>
Patient distribution	No change <u>expected</u> .	<p>Businesses shift higher-earning activities to contractors on a percentage, because there is now no incentive to share with registrars.</p> <p>Registrars receive low-income generating activities and diminished diversity of practice and case load = poorer educational outcomes.</p>

**Grasses tend to be greener where they get watered**

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<b>Learning how to bill Medicare appropriately</b>	Interaction with Medicare no longer required. Income is guaranteed.	Registrars don't learn how to operate and bill as a general practitioner. Not learning the business of general practice while in training is likely to diminish earning capacity post fellowship.
<b>Time management</b>	Pressure to see up to four patients an hour is removed. Registrars can go at their own pace.	An underperforming registrar can now see just two patients an hour and salaried income is not impacted by productivity. Slow and expensive to the health budget and not good for learning time management and clinical reasoning where a registrar hones their clinical capability/decision-making.
<b>Employment agreement protections</b>	Registrar continues to be protected by an employment agreement.	Training practice is protected by hosting an employee of the state, which means a practice is at liberty to release a registrar they don't like, back to the primary employer without recourse. If a practice has a better financial option of a fully vocationally registered contractor available to use that consulting room, they can hand back a registrar to the state employer.
<b>Study leave</b>	Available in state medical officer awards.	The only way a registrar gains study leave is by giving up percentages, which a registrar can earn more with, than without. Expensive to state and federal government not the practice.
<b>Maternity leave</b>	Available in state medical officer awards.	Training practices realistically unaffected as this is now funded by the state/federal government.
<b>Choice</b>	Now able to choose between acute and general practice settings while income remains stable to the same award.	The ability to choose is lost because financially stretched registrars need to work shift work, evenings and weekends to achieve the income loadings they require to fund their lives. These loadings are only available consistently within the hospital on shift work – normally the type of work people choosing general practice wish to avoid for the rest of their working careers.
<b>Performance management</b>	Poor performance/behaviour and complaints are now managed by your state employer.	Your supervisor is not an employee of the state – therefore out of arm's reach if you have a complaint. If there is a registrar in difficulty or requires remediation to meet expected training standards, there is no incentive for the practice to keep that registrar. The practice can send that registrar back to their employer.

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Cost to the health care system	Rather than funding registrars via the MBS in line with their GP counterparts, government now must work with COAG to reach agreement, fund practices via PIP, pay maternity, long service leave and have reduced productivity.	Registrar employment now managed by state government is more expensive than when it was run by small businesses.
State by state variation	Awards are different in each state.	GP registrars performing exactly the same work now get paid according to what the state award is, potentially contributing to poor recruitment in some poorer states.
Registrar happiness	Registrars in the acute sector are much happier right?	Registrars end up no happier, realising all too late that the benefits they gave up, that the entire sector rallied behind them to give up, in achieving the single employer model, were actually not as valuable to them as what they had before. 😞

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