

Report on survey results: Single-Employer Model

BACKGROUND:

- There is strong policy debate about adopting a single-employer model for GP registrars.
- It involves registrars being employed by an entity outside of the practice where they are training, on a salary.
- This may allow them to retain a salary and entitlements when they leave hospital work and move between general practices.
- This is considered important for increasing the comparability of pay and conditions between GP and non-GP registrars which could play a role in promoting the uptake of general practice.
- It also aligns with the rural generalist model of practice where GPs provide integrated services across general practice and hospitals in small communities, where independent private practices may not be viable on their own.
- However, the single-employer model is very different from the current arrangement where registrars are employed in the general practice where they are training, under National Terms and Conditions for the Employment of Registrars (NTCER) (1).
- The NTCER was jointly negotiated as fair and reasonable by GP Registrars Australia (GPRA) and GP Supervisors Australia (GPSA), given adequate patient numbers within a fee for service model (Box 1). They are updated every two years based on emerging conditions in the GP training environment.
- Whilst the base salary of the NTCER is 76-99K from AGPT1-3/4 (Box 1), registrars generally earn above this by attracting mandatory bonuses based on their Medicare billing.



BOX 1: Features of the NTCER

- The NTCER allocates a base rate of pay and gives registrars 44.79% of their billings (including billing during any period of leave taken and adding in superannuation).
- The percentages may be paid on top of the base salary if there is a positive difference between the % of the registrar's billings over the period and what the base salary is over the same period.
- If a registrar's billings are lower than their base salary, the practice does not need to pay for the additional percentage.
- If registrars are working at a loss, the practice cannot deduct this from their pay, but performance management is indicated.
- Practices pay payroll tax, workers compensation and sick leave under the NTCER, but parental leave is unpaid.

- Practices employing registrars under the NTCER, currently manage all the performance expectations of their employees. They do this through continual supervision and feedback where registers may need help or are exceeding performance expectations. This is facilitated by registrar accountability to the businesses they are employed in.
- The NTCER also recognises that practices employing registrars pay for payroll tax, workers compensations insurance, annual and sick leave, (whereas prior to the NTCER registrars could be employed as a contractor and practices did not incur these costs).
- Although the single-employer model aims to improve GP registrar pay and conditions, using this to replace the NTCER, may have implications for both **1) practice viability** (whether the business can make ends meet based on funding relative to costs of training) and **2) human resources management of trainees** (whether business can recruit, manage and retain human resources related to training).
- The AMA has highlighted the need to prioritise incremental and achievable change towards a single-employer model that will work for registrars and teaching practices.
- Mindful of this, GPSA asked its members about the single-employer model in its annual member survey in March 2021.

SURVEY FINDINGS:

- Over four hundred respondents answered the 2021 survey (Table 1).
- Respondents included those from a variety of practice sizes, ruralities and billing patterns, offering different perspectives on viability concerns (Figure 1).
- Respondents noted that their most important issue with respect to GP training reform was human resource related - managing registrars experiencing challenges (Figure 2)
- Most respondents had limited knowledge of the single-employer model at a national level, and only 18% supported it, which varied by RTO (Figure 3).
- Many noted that they needed more details about the model and its costings in order to comment on the potential impacts: "We need way more information to make up our minds..."; "I am not sure how this would impact our current model of practice and there would need to be more detail..."; "Don't know enough about how it will work to make a judgement."
- Some were completely against it, noting that the current system was working well for them: "... why fix a system that isn't broken and has worked well for years?"
- When asked who they trusted to be the single-employer, most reported, their current RTO or college, over other options like government, the PHNs or RWAs (Figure 4).
- The main benefits they thought the model could offer were getting rid of the hassle of managing registrar pay and conditions, giving them more time and helping them to attract more junior doctors to general practice. Most did not rate that the model would assist retention (Figure 5).
- Some of the perceived challenges of the model were not having direct control over registrar leave and employment, and the registrars not necessarily transitioning well into a fee for service practice system after training/engaging with the business model. Over 35% thought it would result in a loss of practice income compared with the NTCER (Figure 6).

- Members noted a range of concerns about the model when asked about its advantages and disadvantages (Table 2). Issues included whether a single-employer model could assist registrars to learn the business of private practice, whether it could accommodate employment issues like registrar insurance and registrar accountability to the practice, the potential effects on practice income, and whether it might increase red tape and administration.
- Further issues were how it could incentivise registrar performance and give autonomy for choosing a registrar suited to the practice and fitting the model to rural practices that had a range of needs (Table 2).



CONCLUSION:

- It is essential that the views of training practices and GP supervisors are included in the discussions about designing and adopting a single-employer model.
- More information is needed for teaching practices to have genuine input. They need this information to assess the impact on viability and human resources implications.
- Ongoing policy discussion should include revisiting the current NTCER and seeing areas where it could be renegotiated to achieve the same intended outcomes.
- The context in which this model may work or not, requires further discussion of a single-employer model. Including local area negotiation, rather than broad-scale national roll-out.

Table 1: Responses by Regional Training Organisation (RTO)

EVGPT	Eastern Victoria	39
GPEX	South Australia	29
GP Synergy	Incorporates New South Wales, Australian Capital Territory	156
GPTQ	Queensland	41
GPTT	Tasmania	17
JCU GPT	North West Queensland	30
MCCGPT	Victoria	54
NTGPE	Northern Territory	14
RVTS	Rural Australia	3
WAGPET	Western Australia	34
National total		417

Figure 1: Profile of respondents by RTO, rurality, size and bulk-billing

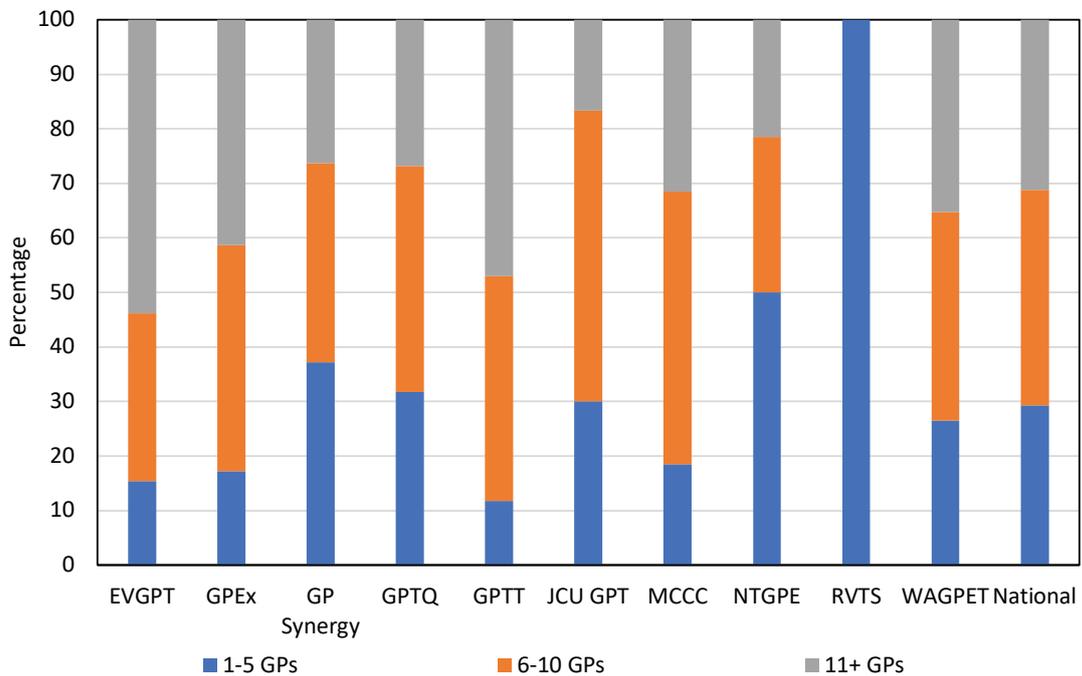
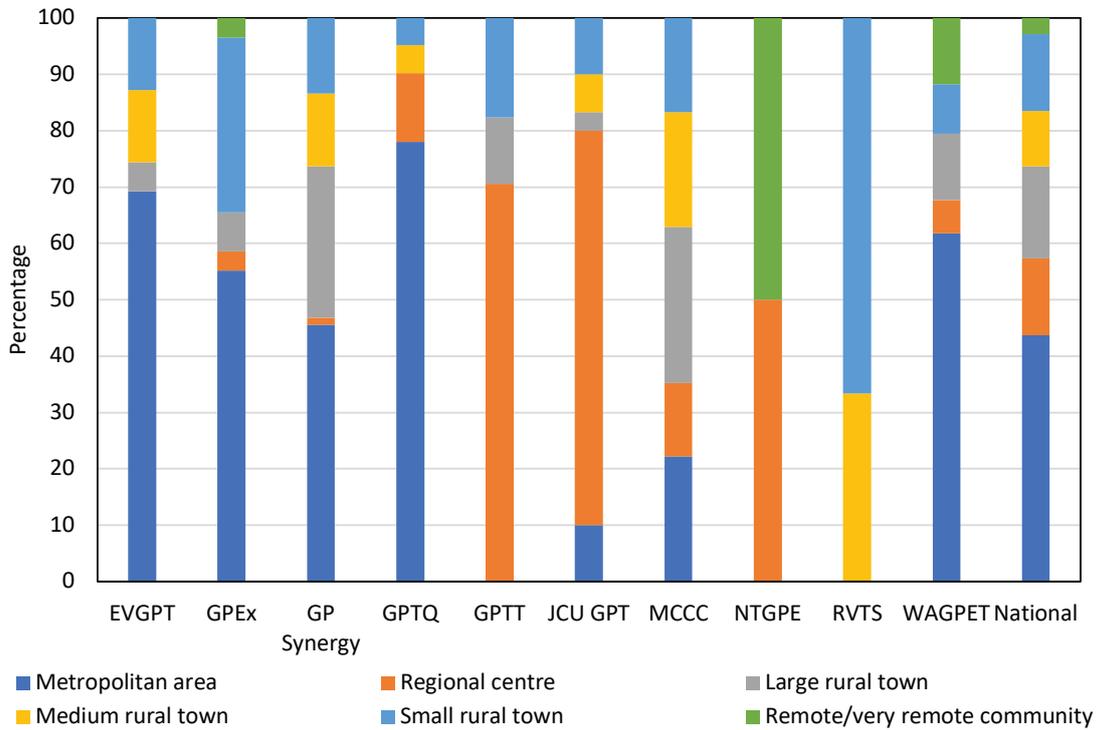


Figure 1: Profile of respondents by RTO, rurality, size and bulk-billing (continued)

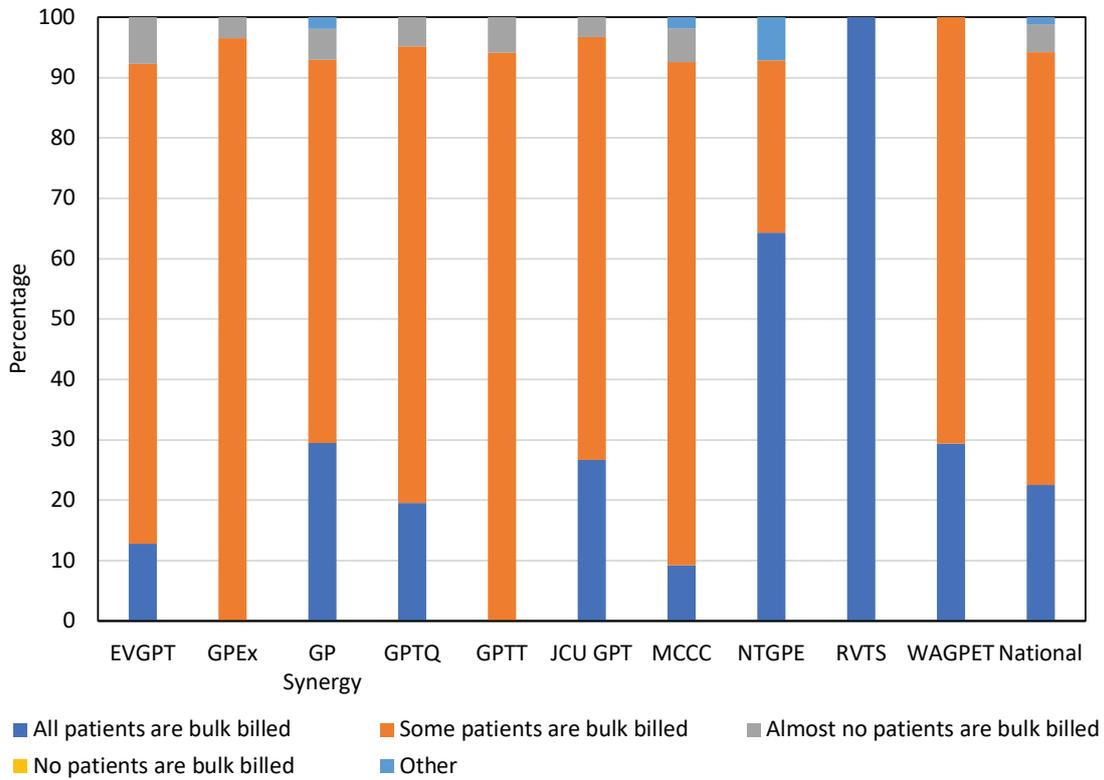


Figure 2: Importance of GP training issues to members

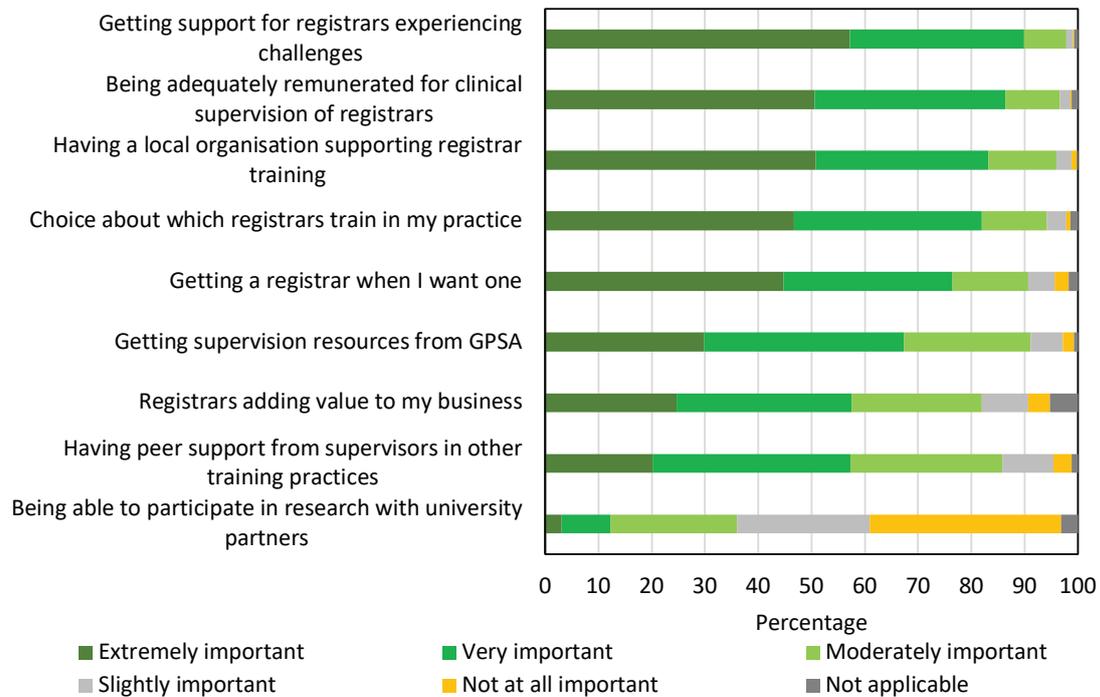


Figure 3: Self-reported knowledge of single-employer model

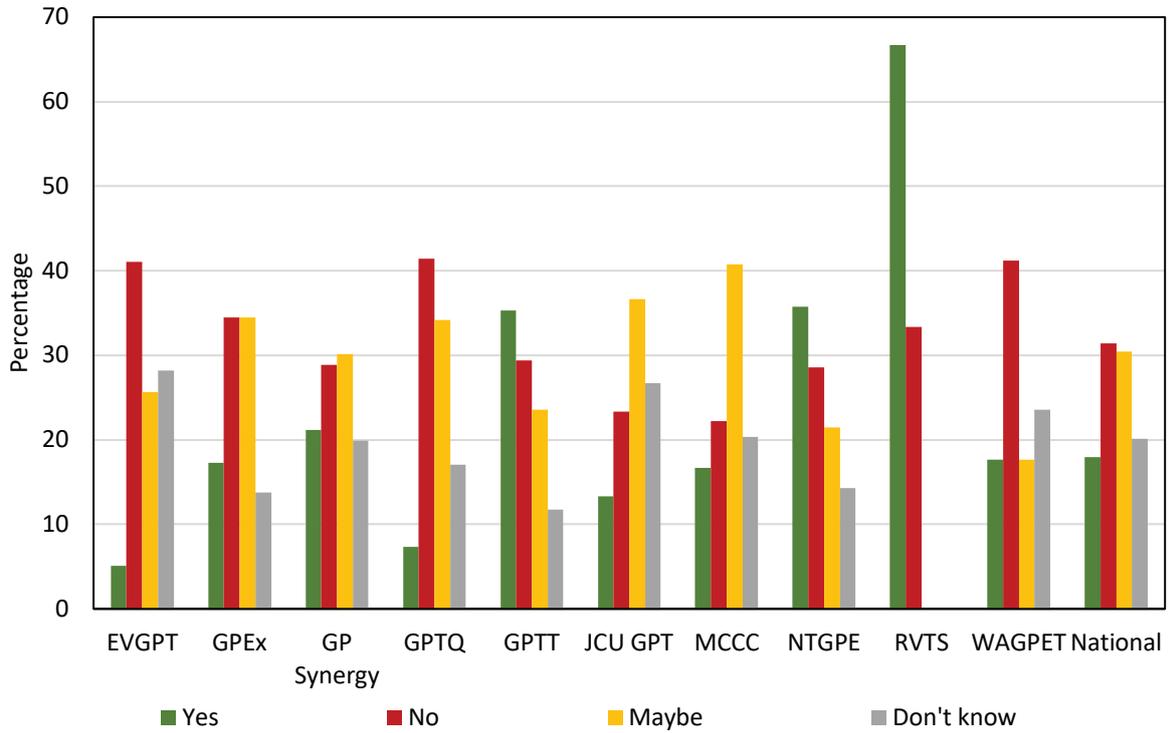


Figure 4: Preferred employer under a single-employer model

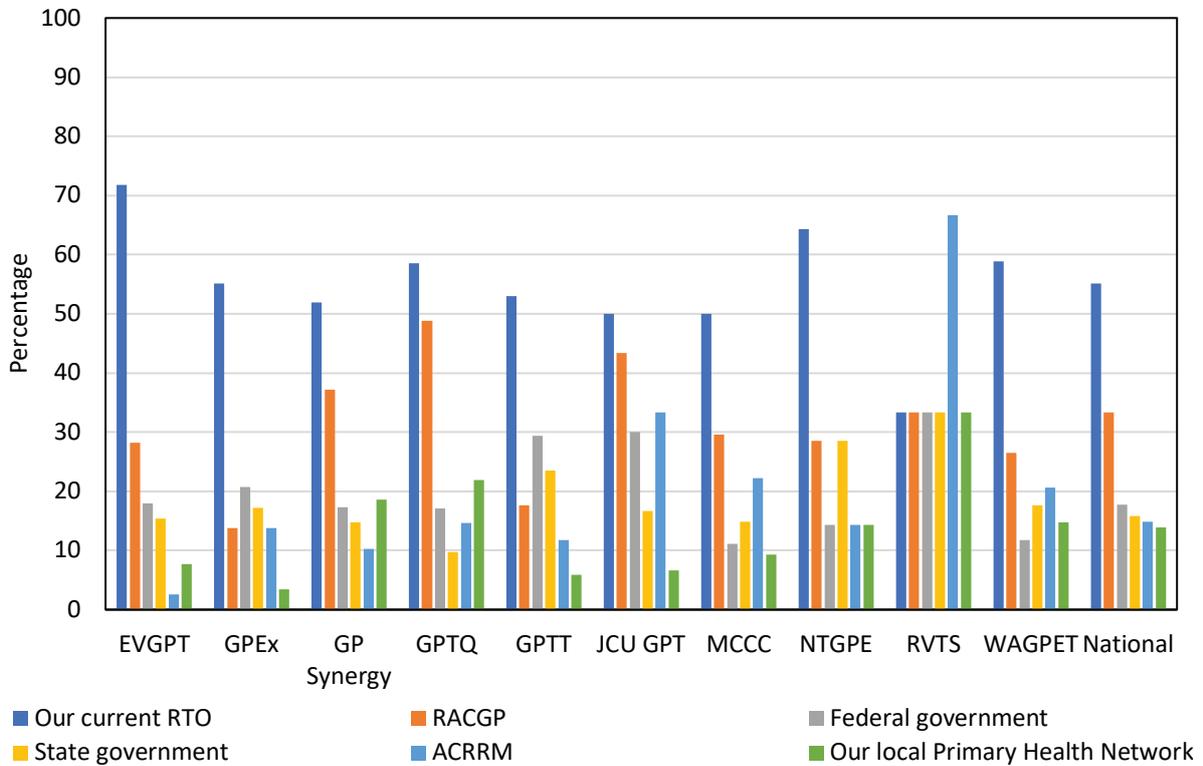


Figure 4: Preferred employer under a single-employer model (continued)

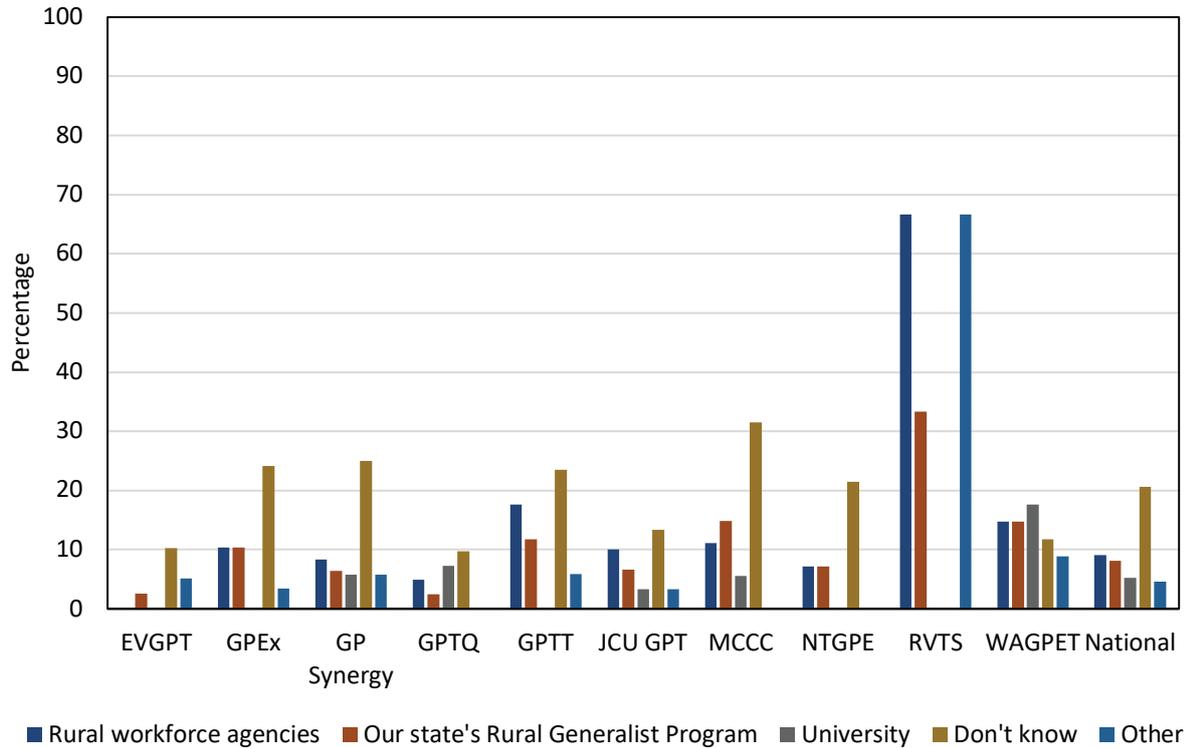


Figure 5: Perceived advantages of the single-employer model



Figure 6: Perceived disadvantages of the single-employer model

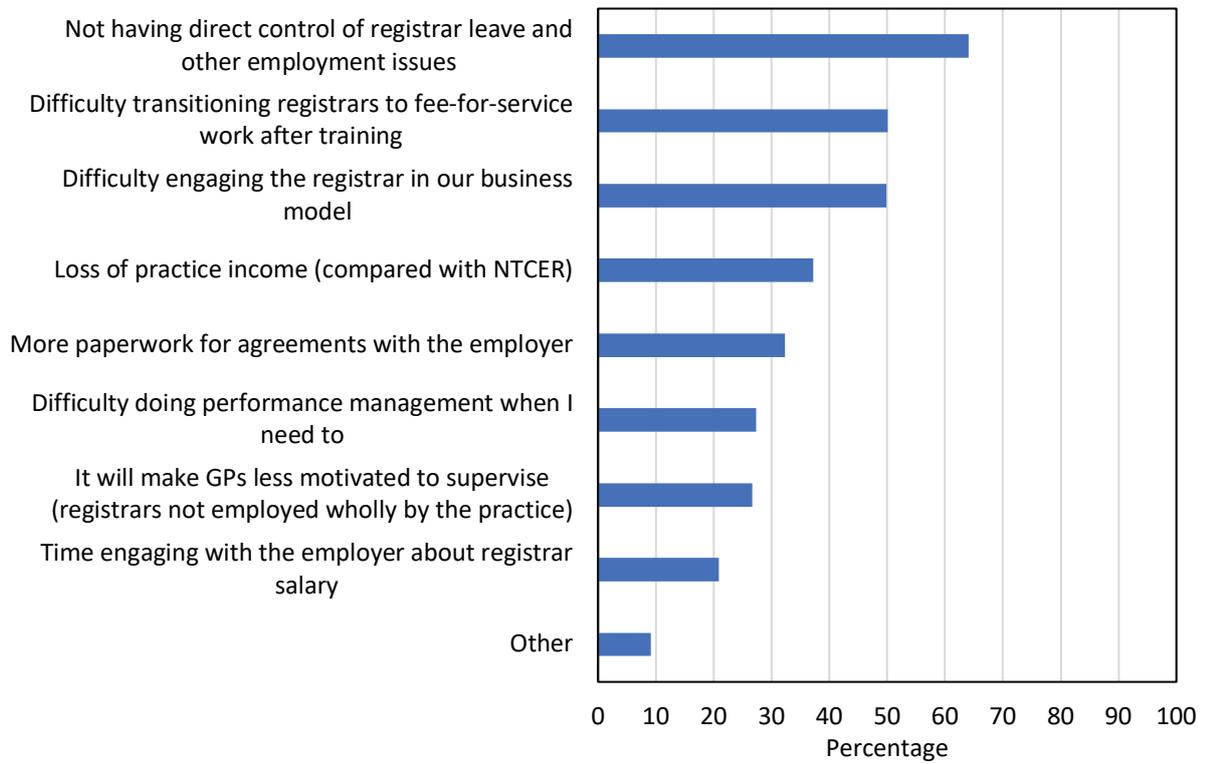


Table 2: Issues respondents noted when asked to comment on the single-employer model

THEME: LEARNING PRIVATE PRACTICE

ISSUES RAISED:

- *How is this beneficial? Employment and billings are an important lesson to learn in GP- they need to start to be comfortable negotiating contracts with individual employers. This feels like a step backwards.*
- *I feel that part of the transition to independent practice is understanding the MBS and the way that we are paid - the longer registrars are on salary, the harder it will be when they meet the challenges of Medicare benefits, private billing and trying to earn an income in Australia. A benefit is things like maternity leave, which in small business is hard to fund.*
- *Part of general practice is learning to bill/ private practice.*
- *Doesn't train registrars for the business of General Practice*
- *Getting a percentage of billings ... prepares [registrars]... for their work as a fellow. It also helps them to think about how they bill, as this contributes to practice viability.*
- *... will the curriculum support GP Registrar's learning the required skills to run their own business long term or develop in areas of key leadership such as clinical leadership, governance, training, digital health and mentoring?*
- *For registrars to start to learn about fee for service reality prior to fellowship is important.*
- *Registrars need to learn how the business of general practice works. Keeping them in an employment mindset will be counterproductive to this need.*
- *Registrars need to experience the Business aspects of their career. They have been employees of hospitals and the concept of single-employer perpetuates their concept of "them" and "us". There is a substantial difference being accountable to the practice they are training within...*
- *Registrars need to learn how to bill appropriately as registrars. Not when they finish and are working as contractors. They won't be getting maternity leave when consultants either.*
- *Of course, it is appealing because it is "easier" but hiding [private business] learning opportunity away from registrars is not enabling them to experience the life skills of being an employee of each Practice.*



THEME: EMPLOYMENT ARRANGEMENTS/ LOYALTY TO PRACTICE

ISSUES RAISED:

- *How can registrars have loyalty to my practice if they are paid by someone else?*
- *I think registrars need to feel accountable to the practice they are working in. Being paid from another entity blurs that.*
- *Also, being employed by the practice means they are also accountable to the practice. This needs to remain intact somehow.*
- *This is a ridiculous idea. Who is responsible for paying for their work cover insurance? There are a whole host of related employment/liability issues that no one at the Government level will think about.*
- *I can imagine the registrars using these contracts as a reason to take as much time off as they can - sick leave, study leave, compassionate leave, flexible hours that suit them - and state it's the funding organisation's jurisdiction, not ours when it affects rosters and staffing.*
- *As I understand it registrars are employed by the training organization. That is the same model I trained in the Netherlands and is by far more preferable than the current model.*
- *If they are fully salaried externally e.g. like Canada then yes as the cost and demand of supervision is not properly remunerated and hasn't improved over many years.*
- *Difficult if another employer who is not on site responsible for Registrar, could be difficult with approving leave and other absences, if you don't have responsibility. Believe in conditions perhaps being portable during the training period...*
- *Potentially less flexibility for us having to double check with the organisation before making roster adjustments.*
- *Ability to manage any workplace issues?*
- *Practice needs to be able to control hours of work, on call, holidays etc. I am happy if registrars can keep their leave entitlements etc, but there must be restrictions, so the practices are not disadvantaged. E.g., registrar assigned to our practice for 6/12, but then takes 3/12 leave which was accumulated in previous years.*
- *The mechanism of employment and practice allocation is not clear - will I still have rights to hire/fire/discipline if I am not the employer? What becomes the contractual relationship b/w practice and registrar; practice and employer; supervisor and employer?*
- *It would depend on the content of the contract between all parties and if the practice could negotiate options with the registrar.*
- *Practices would need to have a say in annual leave approval too. You can't have 50% of your GPs off at the same time because an outside source approved leave.*
- *This could impact practices very badly - accrued leave all being taken in GP term and so on.*
- *Much better if I employ them please.*
- *If this means distant management from bureaucrats that are not aware of local issues, then it would be counterproductive.*
- *I think the principle to provide better employment conditions for registrars is good and makes GP training more attractive, but details of who manages difficult performance issues etc. when practice is not employer need to be clear and acceptable.*
- *There's obviously a lot of devil in the detail - who is responsible in the event of an incident at work?*
- *As a sub-contractor to a corporate it does not affect me.*
- *As I am presently a salaried health dept employee doesn't make much difference individually now but when I ran a practice would have assisted greatly*
- *Entirely depends on the details of the Employment Agreement.*
- *Depends on the contractual arrangements.*

THEME: COSTS

ISSUES RAISED:

- *Depends on the numbers.*
- *All depends on remuneration ...*
- *Don't have enough info on how this works and how the finances affect my business.*
- *Don't know enough about the financial ramifications of the option.*
- *I find it a problem having registrars as employees but I don't know anything about other options.*
- *...I don't quite understand how it will work with the current Medicare model of GP and private practice mix - I am assuming like drs in schools - we get payment from PHN but then we pay back with our Medicare billings - I would think a % needs to be factored in for costs associated by the clinic hosting the registrar - clinics earn money of % billings.*
- *...costs (or lost income).*
- *What is the funding model?*
- *Would we would then be required to pay fees to the organization for employing the registrar? We are out of pocket then.*
- *I am unsure how this could impact the billing etc.*
- *Need to see exactly how the remuneration to the practice would work - is the suggestion that the practice would keep 100% of registrar billings?*
- *Takes away the financial element and so you can concentrate on training. There is a disincentive though for people like me to train (supervise) as the payment is far less than usual hourly rate for just seeing patients.*
- *It depends how the practice is remunerated.*
- *Where will the registrar income flow?*
- *Does the practice get any income from having a registrar?*
- *The old 'devil is in the detail' I think is the most relevant aphorism here. ... The reality is that any proposal single-employer model is not very well developed, and no-one has developed meaningful costings for it, particularly relating to impacts for practices. So many general practices have different finances that it is likely that any single model will result in wildly different outcomes ... This is before you even start to consider the impacts on training and learning.*
- *I am confused as to how under a single-employer model the practice could be ensured that the registrar adds rather than detracts from financial stability.*
- *It can be difficult already to ensure the registrars return sufficient funding to make it viable to have them on board, I'm afraid that the government (through their funding behaviour over the past decade) doesn't comprehend the tight profit margins of GP and will use this as an opportunity to further reduce this.*
- *There seems to be a move towards registrars demanding fewer GP sessions with VMO work cited as impacting on their hours. This makes practice viability difficult with the practice paying base salaries for longer.*
- *... looking at the big picture it is a scheme which may improve the lot of registrars in many practices. Depending on the level of remuneration it may improve uptake of general practice training places.*
- *May assist avoiding payroll tax (5.8% in NSW).*
- *I can see benefits to the single-employer model i.e. less payroll tax, when doctors are under performing practices don't have an out of pocket expense.*
- *Reduces the workload plus payroll tax and workers' compensation.*

THEME: RED TAPE/ADMINISTRATION TIME

ISSUES RAISED:

- Balance of red-tape, etc.
- It would be an administrative nightmare.
- This would vastly reduce the administrative burden for a small practice and provide consistency with pay and with leave arrangements for the GPR's.
- Leave requests and pay errors will be messy...no better-of-percentage-vs-Salary, I'm not sure that many registrars would like that model. It may make recruitment to the bush MUCH harder.
- I would need to know more about the pros and cons - eg what would this mean for things like business issues such as payroll tax, billing incentives; medicolegal issues such as vicarious liability?...what does it mean for variations in the registrars training such as taking additional leave.

THEME: HOW IT COULD INCENTIVISE REGISTRAR PERFORMANCE

ISSUES RAISED:

- How do I then pay them above the minimum if they perform well?
- Part of the training relates to billing MBS. Receiving % on receipts is an incentive for getting a clear understanding of billings. It also gives a good understanding about working as a GP once they are no longer in the training program.
- They should learn how the real world operates. Private practices almost always pay according to the number of patients seen/revenue generated for better or for worse. ... in my experience this is reflected in their patient management. Single-employer model would only make this situation even worse.
- We currently pay a relatively generous bonus scheme - not just based on income earned but on the registrars overall contribution to the practice. Salaried registrars might have less incentive to participate in practice activities as they would be paid regardless?!
- Busy practices don't have issues [with incentives under the current model].
- If it affects registrar willingness to see patients, as opposed to current model, this could negatively impact business reputation if we get a disinterested GPR who is not supportive of the practice.
- It removes the incentive for the registrar to work hard.
- It is very different to how real-life GPs are paid. Does it incentivise the registrar who works harder? What motivation does the registrar have to use appropriate item numbers?
- What motivates a registrar to see patients in this model?
- Registrar pay will compete with hospitals when Medicare rebates increase.
- I think GPT1 should be salaried as they transition. GPT1 is an educational term. My registrars earn well above the NTCER and I would hate for them to be worse off if they were on a fixed salary.
- I think that when they transition to being fellowed GPs it might be difficult to come up with a remuneration package acceptable to them.
- I think registrars need to have a percentage of billings model in addition to a base rate so that they are remunerated for their billing if their billing is higher than base.

THEME: AUTONOMY OF GETTING THE RIGHT REGISTRAR FOR THE PRACTICE

ISSUES RAISED:

- *Depends if I have the decision to employ them or not.*
- *It could create a number of difficulties including autonomy in the practice management organisation*
- *...I would think as a private enterprise it would be better for the business to manage their own staff wages, leave entitlements etc.*
- *Depends on... practice autonomy.*
- *My GP principal is able to interview and select suitable registrar to integrate well with the current model.*
- *With appropriate matching process to ensure everyone's needs are met.*
- *How might it affect our ability to attract a registrar to a less desirable location, if the salary is fixed?*
- *Would fear loss of control over selection of GPT and ability to choose the GPT that has a good organisational fit with our practice.*
- *RTOs match practices, approve applications, dictate where/when a Registrar can work etc. This seems like one more control being taken away from practices and registrars and being placed in the hands of an organisation that knows little about the practice, registrar or region.*
- *We are very registrar dependent as we are short staffed. I like being a priority practice as an ACCHO, as most of our registrars have been a good fit, but we refused one last year three days into her term, as she was unsuitable for our style of practice. We need this autonomy, and a local service allows this flexibility more readily than a large anonymous service.*
- *Supporting rural practices.*
- *Integration into a practice team is very important and in regional and rural areas requires precise allocation of physical resources to maintain continuity of care and service delivery outputs. In a single-employer model, how would this be achieved?*
- *There needs to be something in place to standardise registrar payments so that the affluent practices don't get premium access to late term registrars by offering salaries that smaller or less affluent practices can't manage.*
- *Registrars deserve to be paid equivalent salary to their hospital based specialist trainees (just like GP's do!) - same pay for same work. There does need to be flexibility for registrars doing extra work/on-call/procedural work (especially in rural/remote practice) to still have the financial benefits of this.*

REFERENCES:

1. GP Supervisors Australia. General practice training program national terms and conditions for the employment of registrars (NTCER). Bendigo: GPSA; 2020. p. 1-22.