

Senate Finance and Public Administration Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2015 - 2016, 12 February 2016

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OUTCOME: 5 - Primary Health Care

Topic: GP Registrars

Type of Question: Hansard Page 48, 12 February 2016

Senator: Moore, Claire

Question:

Dr Southern: Because the GP registrar program is very much the training program for our GPs. We still want to have a situation where we do expose as many GP registrars as possible to working in these environments. If we have large numbers of people staying on for longer periods then the opportunity to allow more people through is problematic. If part of the reason that people are staying on for longer periods is that they are filling what are effectively workforce shortages for fully qualified GPs in these situations, then, in our view, it would be better if we can look at other health workforce options to try to deal with that shortage.

Senator MOORE: Do you have any research that shows people are being stopped from having these opportunities because of the operation of the previous guidelines? Is there any evidence there is a queue of GPs out of there? I am trying to understand why the change and why the change after such a short consultation period. If you have overwhelming evidence or information about why it was urgent to do that, we would be very keen to see it. Is there evidence that the kinds of things you have just spoken about were occurring?

Dr Southern: I would have to take on notice to provide details around that, and we can certainly give you the numbers to demonstrate it. We are at a point where we have a new GP training program rolling out from 1 January this year, so the policies were going to be refreshed to take account of that change. This was one of a suite of about 18 policies, I think. Under the previous guidelines, certainly people had stayed on for longer periods, as I understand it, going back to the beginning of this program when it was introduced by the GPET, the GP education training organisation. But the original intent was that it was to support people for 12 months rather than for longer periods. But in its implementation, certainly we recognise that people were staying for longer periods.

Senator MOORE: The information we have from Aboriginal controlled medical centres, regional training organisations and GPs is that none of them pointed out that the original intent was for 12 months. They were operating, and what they saw as effectively, in a period, with it serving the need to ensure that GPs had that access to that experience but, I think, even more importantly, to provide effective medical services in remote areas because it has always been a challenge to do that. Has the department done any modelling on how the changes will impact on Indigenous workforce participation?

Dr Southern: As I say, we will take on notice for you the data that we have around this policy.

Senator MOORE: Was all that data provided to the people that you consulted with at the end of November and December?

Dr Southern: I do not believe so.

Senator MOORE: What was given to those people in consultations in November and December?

Dr Southern: The new draft policies were provided.

Senator MOORE: How long had the department been working on these new draft policies before 25 November?

Dr Southern: That, I do not know. I would have to take that on notice.

Senator MOORE: Can you take that, and who was doing it, on notice?

Answer:

The current practice of providing salary support funding for up to three years for some Australian General Practice Training (AGPT) registrars is placing considerable pressure on the program budget. It also restricts future training by limiting opportunities for other registrars to experience a 12 month training term in an Aboriginal Community Controlled Health Services (ACCHS) and/or Aboriginal Medical Service (AMS). Current data from the Registrar Information Data Exchange shows that there are almost 40 registrars in either ACCHSs or AMSs who have been there longer than 12 months and have completed their core vocational training towards Fellowship, at a cost of more than \$8.5 million (about one third of the annual Salary Support Program budget).

In 2015, a number of registered training organisations provided feedback to the Department of Health that there are registrars who remain on the AGPT program and receive Salary Support funding after they complete their core vocational training; and that this has reduced opportunities for other registrars to participate in these training placements. A further review of the Salary Support Program will be undertaken in 2016 and the data will be explored further as part of that process.

Draft AGPT 2016 Salary Support Program policy

The draft 2016 Salary Support Program policy was developed, in line with the Royal Australian College of General Practitioners standards and the curriculum of the Australian College of Rural and Remote Medicine, and supports both Colleges' requirements for training. Under these requirements, registrars are expected to develop a broad scope of practice through a range of training experiences, where training in a specialised post should not exceed 12 months. The 2016 AGPT Salary Support Program policy, which was finalised following consultation, currently does not limit registrars to a maximum of 12 months of Salary Support.