Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
February 2023

Feedback: Report on Rural Procedural Grants Program streamline and expansion

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.*** It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 5000 rural doctor members including over 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

The College welcomes the review of options for the Rural Procedural Grants Program (RPGP) and associate programs. We note and commend the review's reflection of the rural perspective.

ACRRM was formed to train and support doctors to practise in what has become known as the Rural Generalist model of care. The ACRRM Fellowship describes the competencies for the Rural Generalist scope and is the only Fellowship program which incorporates Advanced Specialised Training as part of its Australian Medical Council (AMC) accredited curricula.

ACRRM is proud that the College and its senior members have been instrumental in establishing the RPGP and all the associated initiatives under review to support the provision of quality-assured advanced skilled services in rural and remote areas by Rural Generalists (RGs).

The RPGP was conceived in 2002 in recognition of a steep and accelerating decline in the rural procedural workforce. It was identified that a key cause of the decline was that emergent compliance and credentialing systems in Australia had substantively increased the time and cost impost on rural generalist doctors. It was recognised that provision of specific financial support to enable these practitioners to maintain and enhance their procedural skills was needed to preserve the ongoing viability of the model of care. [1,2]

Since its establishment the program has seen demonstrable success in stemming the initial workforce decline particularly in times and circumstances where it has been reinforced by supportive jurisdictional health services. The program has supported over 3,000 rural doctors annually to maintain their rural procedural practice services. It has achieved its outcomes with an exceptionally low administration overhead of around 4%.[3]

The College believes that key factors in the program's success have been:

- A low-cost administrative structure which leverages the in-kind support of ACRRM and other Colleges who have established infrastructure and networks, direct interest in its success, and understanding of its exigencies
- Administrative simplicity by which targeted funds go directly to the rural service provider
- Clarity of purpose which has allowed a clear definition of eligibility (both of practitioners and their educational requirements) and thus kept the program budget within predictable cost margins

We would highlight the exceptional success of the RPGP over the past twenty years and stress the importance that in considering future options, the Department does not lose sight of the reasons underpinning this success, nor the critical need to continue the program to continue to fill its vital role in maintaining provision of rural procedural services.

Based on our experience, the College holds some clear positions regarding the future directions for the RPGP and any other programs to support RGs that would maximise their positive outcomes.

These are summarised in the following Key Principles:

KEY PRINCIPLES

1. Maintain or increase Rural Procedural Grants funding

The RPGP has been an outstanding success in providing a line of essential support to a vital workforce at an absolute minimum of administration and cost. The College is strongly opposed to any diminution to the funding to the support available to the existing grants for rural procedural advanced skilled services. Any expansion of the program should be additionally funded, and allocations should not be made at the expense of funding to the advanced skills areas currently supported.

[1] ACRRM (2002) Barriers to Maintenance of Procedural Skills https://www.acrrm.org.au/docs/default-source/all-files/barriers-procedural-skills-maintenance.pdf?sfvrsn=b81a9feb_8
[2] Robinson M et al (2010) GP Proceduralists: 'the hidden heart' of rural and regional health in Australia. Rural and Remote Health 10: 1402. https://doi.org/10.22605/RRH1402
[3] ACRRM/RACGP Procedural Medicine Collaboration (2016) Rural Procedural Grants Program – Rural Locum Education Assistance Program Briefing Paper https://www.acrrm.org.au/docs/default-source/all-files/rural-procedural-grants-program-briefing-paper.pdf?sfvrsn=86a962ec_8

There is a need to ensure that the funding measures keep pace with the number of practising RGs and administration cost increases over time. Consideration should be given to increasing the grants available under existing RGPG programs, to reflect increased costs in accessing training and upskilling programs. Support levels have not been increased since the program commenced and practitioner costs such as locums have substantially increased.

2. Maintain RPGP management model

To maintain its exceptional record in terms of cost and outcomes efficiency, it is crucial that any expanded RPGP maintains its robustness, simplicity and focus. This will involve clear eligibility criteria, defined limitations to scope, and leveraging of established College standards and operational structures.

3. GP Colleges to arbitrate RG practice standards

The GP Colleges should set the standards for professional practice; play the key coordinating role in upholding the integrity of Rural Generalist practice standards; and facilitate alignment with national accreditation and registration structures.

Operating programs through the relevant professional Colleges confers considerable process efficiency and value-add in terms of professional expertise. The nexus between the GP Colleges and RG support programs allows the RG support programs to leverage the established networks, resources and expertise of those Colleges. It links logically with their membership, minimises administrative duplication, and enables RGs to have an absolute minimum of points of management for their professional development across their multiple disciplinary fields of practice.

4. **Maintain distinction between the various support programs and for differing program functions**

The current RPGP program has been able to be kept administratively simple, efficient and targeted, by virtue of its clarify of function and fitness for purpose. The College recommends that there is continued separation of the RPGP and other incentive and support programs including the Workforce Incentive Program and the Practice Incentive Program (PIP) so that each can remain purpose fit to their distinct objectives.

Response to Consultation Questions

1. What is your preferred option from those presented in the report?

Section A: RPGP Expansion Options

Section A. RPGP Expansion Options

Option A1a. Narrow expansion

Addition of:

- Aboriginal and Torres Strait Islander Health
- Mental Health

Option A1b. Moderate expansion

Addition of:

- Aboriginal and Torres Strait Islander Health
- Mental Health
- Palliative Care
- Paediatrics

Option A1c. Broad expansion

All defined advanced skill areas supported by ACRRM AST and RACGP AST curricula would be recognised

Option A2a. Promotion of Rural Generalist – focus on the requirement to deliver advanced skills in both community and hospital settings including emergency medicine, reducing the emphasis on individual advanced skills areas. Current credentialing requirements for enrolment into the program would be maintained, i.e. jurisdiction-based health services are responsible for the credentialling of the general practitioner through their employment processes.
This model would allow for GPs that are credentialled for non-procedural advanced skills in the hospital setting (where such positions may be available currently or in the future) to be eligible if they were also providing emergency medicine services.

Option A2b. Promotion of the Rural Generalist plus AMS, RFDS and remote enhancement
Current credentialing requirements for enrolment into the program would be maintained. That is, hospitals are responsible for the credentialling of the general practitioner through their employment processes. Additional cohorts also recognised as eligible after a minimum of two years of service in their relevant employment or location:

- RFDS employed GPs
- GPs in ACCHOs and other AMS in MM3–7
- GPs in MM6–7

The College in principle supports expanded funding for the provision of advanced skills services by appropriately qualified RGs. This would need however to involve an expansion to the total funding currently provided to the program. ACRRM does not support any reduction in the current arrangements to support procedural practice.

Any expansion would need to ensure that it can clearly define the eligibility of doctors, the relevance of their educational activities to maintaining their advanced skill, in a manner which can be administratively simple and targeted for maximal community benefit. For these reasons the College expects that of the proposals put forward, Option A1A (Narrow Expansion) is the most likely to achieve these ends at this stage.

Option 1a Narrow expansion, would result in the addition of:

- Aboriginal and Torres Strait Islander Health and
- Mental Health

This is the College's preferred option. We note that these services are in areas of especially high needs in rural and remote communities and if appropriately designed, this could ensure that funding is directed to supporting and incentivising doctors to maintain their advanced level skilled services in these important areas.

However, it is imperative that expansion of the program is supported by the necessary increase in budget, and that there is no diminution of budget on current funded skills areas. It is also important going forward to ensure that the funding measures keep pace with the number of practising RGs and administration cost increases over time. The RPGP has not been indexed over time, and funding levels for current funded skills areas should be addressed. The amount of the grant ($2,000/day) has never been increased throughout the twenty-year life of the program, yet the cost of courses, locums and travel has increased considerably (for example procedural locum cover now often costs $4,000/day).

The entry thresholds for non-procedural skills should be as rigorous as those applied to procedural skills. Currently, recognised practice/qualifications, participation on an on-call roster and unsupervised clinical privileges in a health service setting serve as thresholds for entry to the program. As the latter two will not apply for the proposed non-procedural skills, alternative criteria should seek to attain comparably high levels and standards of service.

Recommendation 1:
That there is no diminution to current funding levels to existing RPGP procedural grants. Additionally, consideration should be given to expanding funding levels for these in alignment with increased costs.

Recommendation 2:
That **Option 1 A Narrow Expansion** should be treated as the preferred of the option for program expansion

Recommendation 3:
That in all circumstances advanced skilled qualifications for RGs should be arbitrated by GP colleges in collaboration with additional bodies as appropriate.

Recommendation 4:
That the following should be adopted as principles and approaches for RPGP design for expansion into non-procedural advanced skilled areas:

That the expanded program:

- Maintains current administrative simplicity and efficiency
- Is available to general practice qualified doctors with AMC accredited advanced level training qualifications (or assessed equivalence determined by GP colleges in association with other professional bodies as appropriate)
- Funds doctors who can be shown to be providing patient access to advanced care in high needs rural communities
- Funds education activities that substantively contribute to recipients' continued provision of advanced care services in their community

Section B. PIP Procedural GP Payment expansion options

Option B1. Matched skills-based expansion

Expansion of the program to provide an incentive payment for the delivery of non-procedural services supported through an RPGP expansion

Option B2. No change

No change to the program

ACRRM supports **Option B1 – Matched skills-based expansion.**

This is supported as above, in recognition of the very high needs associated with the two proposed areas of care however, as stated previously, this is on the understanding that additional funding is made available for non-procedural services and there is no diminution of funding to current supports for procedural services.

Recommendation 5:
That **Option B1 – Matched skills-based expansions** be treated as the preferred option.

C. Streamlining Options

C1. No change

No change to either program

C2. Administrative Streamlining

Bring administration of the PIP Procedural GP Payment under the GP Colleges

C3. Redirection of PIP Procedural Payment into RPGP pool

Redirection of the PIP Procedural Payment into RPGP pool to potentially fund an expansion of support non-procedural advanced skills maintenance

C4. A new Rural Generalist Support Program

A program designed to incentivise both ongoing skills maintenance and service delivery by Rural Generalists with advanced skills in procedural or non-procedural areas.
GP directed payment for more targeted incentivisation.

ACRRM supports **Option C1 – no change to the program.**

Administration of RPGP, GPPTSP, WIP and other workforce incentive and support programs should be kept separate, given that each program has a different objective and focus. For example, GPPTSP is a skills acquisition program whereas RPGP is a skills maintenance program. Likewise, administration of the PIP procedural support payment should also be kept separate from the RPGP, given that it is provided to practices rather than directly supporting RGs to acquire and maintain their skills.

With respect to the RPGP, the current administrative arrangements have proved to be robust, transparent and cost effective. This has been due in part to the governance of the Procedural Grants Program. The Procedural Medicine Collaboration notes that the administration costs of the RPGP program is one of the lowest for the Australian Government (<5%) and therefore it is recommended present arrangements should continue.[4]

Recommendation 6:
That **Option C1 – no change to the program** should be treated as the preferred of the option.

[4] ACRRM/RACGP Procedural Medicine Collaboration (2016) Rural Procedural Grants Program – Rural Locum Education Assistance Program Briefing Paper https://www.acrrm.org.au/docs/default-source/all-files/rural-procedural-grants-program-briefing-paper.pdf?sfvrsn=86a962ec_8

2. What features are most important to you in the revised scheme (e.g. particular advanced skills, additional incentive mechanisms, flexibilities)?

The College key priorities for the revised scheme are summarised in its stated Key Principles (see above).

ACRRM believes that programs will be most successful where they are kept administratively simple, efficient and targeted while quality-assuring professional standards. We consider this has been achieved in the RPGP because it has benefited from fit for purpose design and delivery by the professional colleges of the doctors who are the intended service providers.

RGs typically provide primary care across a range of settings, including hospital, emergency and community settings and are a vital part of the continuum of care for those living in rural and remote areas. It is imperative that the RPGP continues to support RGs and has the flexibility to recognise a range of rural and remote needs, contexts, and circumstances; as well as being cognisant of the modalities in which practitioner skills maintenance and enhancement can be effectively delivered.

Recommendation 7:
That future developments with respect to strengthening support to provision of Rural Generalist advance skills provision in rural and remote areas, proceeds in alignment with the College's Key Principles at Page 1 above.

3. Are there any potential unintended consequences or barriers to implementation that the Department should address when considering changes to the scheme?

- There is risk that any expansion to the program will come at the expense of the funding to the established support provisions. It is imperative that the original intent and purpose of the program is not lost and that it continues to provide financial recognition of procedural practice (and the expansion into limited non-procedural practice) that is:
    - Often poorly remunerated
    - Requires extra skills acquisition
    - Requires extra skills maintenance due to low volumes
    - Potentially competes with commitments to private general practice and consequently can result in loss of private practice income
    - Requires after hours, on-call and other commitments that require advanced skills and not shared by usual GP duties.

- There is a risk that the expansion of the program could lead to a situation where managing access to support through credentialling, certification and processing through different organisations and professional bodies (in addition to managing their CPD) becomes prohibitively complex and onerous for rural doctors. As outlined above a key solution will be ensuring that the programs are delivered either by, or in close association with the GP colleges. This would allow doctors to minimize their administrative complexity and avoid double-handling with respect to their professional credentialing, CPD and registration.
- There is risk that funding may be spread thinly across a large number of doctors and many such doctors may be providing skilled services in areas of relatively low needs or may need relatively little financial support to maintain their advanced skills. The program should, therefore, be targeted to ensure support is directed to those practitioners whose communities most need their services, and those with limited capacity to maintain their skills without the support. Funding linked to rurality weighting would be a positive and relatively simple mechanism to help address this. Practitioners working in the more remote

areas may undertake fewer procedures/services and thus the opportunity for supported skills maintenance may be particularly important to their continuance of service in their community, and the services they do provide are especially important for those communities. We would also see as important, mechanisms similar to those in the established RPGP grants which ensure that only doctors predominantly based in rural and remote locations and able to provide in situ continuity of care, are eligible under the programs.

- There is risk of potential overlaps with other programs and incentives such as hospital salaries or course payments. This will be avoided where eligibility criteria and administrative/acquittal and reporting processes are clearly defined.

Recommendation 8:
Positive consideration should be given to incorporating:
- measures of rurality and remoteness into eligibility and scaling of payments
- eligibility requirements for recipients to be predominantly based in a rural or remote community

4. Do you have any advice for the issues discussed around credentialling or threshold qualifications?

Whichever expansion options are progressed, having the program managed in close cooperation with the general practice colleges, will confer considerable value-add for the participating doctors, and to overall program efficiency as these are the colleges with which doctors already have established links, professional networks and which are the arbiters of their professional qualifications.

From a program design perspective, there are important distinctions between the currently funded advanced skilled services and the proposed advanced non-procedural services. The latter are in areas that are not subject to the assessment structures associated with hospital appointments. As such, there is an elevated onus of responsibly on the program to define and assess program eligibility in a valid and defensible way, and the challenges of delivering the program efficiently and within relatively predictable cost parameters are significantly increased.

The College sees some challenges in setting appropriate thresholds for doctor's eligibility in terms of their training qualification. ACRRM Fellowship is the only Fellowship qualification with advanced specialised training curricula that are assessed and accredited as part of the program's AMC accreditation. For procedural skills grants to date, this distinction has been less important as both the hospital privileging process, and the respective joint consultative forums have provided additional layers of quality assurance to the AST/ARST qualifications. The College expects considerable administrative challenge to the proposed approach of assessing and ratifying the credentials of applicant doctors who do not hold College qualifications on a case-by-case basis. We note however that the Rural Generalist specialist recognition process is progressing and further clarity on these issues will evolve over time.

More generally, as the Rural Generalist specialist recognition process progresses it is likely that there will be opportunities for more streamlined certification and credentialing of skills processes to support effective programs. We anticipate a range of options for expansion arising from the work being led by the National Rural Health Commissioner to implement the National Rural Generalist Pathway, including options to value and reward delivery of expanded RG services. One approach under consideration for example is whether RG ASTs should be rewarded through a specific MBS item number or continue to be supported through a range of RG related incentive programs. The College looks forward to working with the Department and other key stakeholders to explore the new opportunities that arise on this front to strengthen support for Rural Generalist practice.

5. Any other related comments about the strengths and limitations of the RPGP

Considering the proven success of the program to date it is important that any expansion ensures the original intent is retained in the process of being expanded to meet need (mental health and Aboriginal and Torres Strait Islander Health) and recognising new circumstances, such as RG recognition.

The program must ensure that the level of funding support is realistic in terms of reflecting the actual costs to practitioners in undertaking education programs supported by these programs.

The streamlining and expansion of the program requires the continued involvement of both Colleges and the Procedural Medicine Collaboration at all stages of delivery, monitoring and evaluation.

College Details

Organisation	Australian College of Rural and Remote Medicine (ACRRM)
Name	Marita Cowie AM
Position	Chief Executive Officer
Location	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
Email	m.cowie@acrrm.org.au
Phone	07 3105 8200

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.