



RACGP Submission – January 2018

Australian General Practice Training (AGPT) Aboriginal and Torres Strait Islander Salary Support Program – 2018 Policy Outline

Background

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to provide commentary on the revised Australian General Practice Training (AGPT) Aboriginal and Torres Strait Islander Salary Support Program – 2018 Policy Outline.

The RACGP's initial response submitted in August 2017 can be accessed from:

<https://www.racgp.org.au/yourracgp/news/reports/20170809agpt/>

The RACGP is Australia's largest general practice organisations, representing over 35,000 members working in or towards a career in general practice. The RACGP advocates and supports GPs, general practice registrars and medical students and assists GPs with issues that affect their practice.

Feedback on the revised model and policy

The RACGP maintains its position that for the Salary support program to be effective in its aims, it needs to be flexible enough so that it can accommodate the needs of Regional Training Organisations (RTOs), Aboriginal Community Controlled Health Services (ACCHSs), GP registrars and local communities.

As such, the RACGP agrees that the RTOs are well placed to determine how the aims and objectives of the Salary support program can be met in their respective regions.

Additionally, the RACGP is pleased to see that registrars from GP1 to extended skills and in the FARGP are all eligible for support under the revised policy.

The RACGP is pleased to see that the Department has addressed many of the key issues raised by the RACGP and other stakeholders since the first consultation in August 2017.

Salary support program funding

The RACGP is pleased to see the maintenance of the current funding for the program which is capped at \$27m and looks forward to seeing this reflected in the 2018-2019 federal budget.

Hourly rates:

The RACGP is unclear on how the hourly rates have been determined (as outlined in section 8.1.1 of the revised policy) and is concerned that the rates are notably lower than what is currently offered by services. Similarly, whilst, the payments increase with rurality, the experience and seniority of the registrars are not recognised.



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Example – Under the revised policy, in MMM 1, a GP registrar in extended skills, having passed their exam would be paid an hourly rate of \$71. Anecdotal feedback suggests that the current hourly rate can vary anywhere between \$80 and \$110 depending on the service. Given this, funding through the program would only partially subsidise the GP registrar's salary as opposed to fully supporting the role.

Any reduction in remuneration for GP registrars will work against the stated aims of the program.

Noting the above, it is also suggested that the policy be revised so that it is clear that the hourly rates reflect the contribution/reimbursement subsidised by the Department as opposed to a compulsory set hourly rate to be paid to GP registrars.

Additionally, given that GP registrars are employees, it is not clear if on costs expenses (e.g. work cover and leave entitlements) have been accounted for or if services will be required to contribute to further on costs to support the employment of GP registrars.

The RACGP recommends that the Department reconsiders these rates or ensure some flexibility and latitude around them so that GP registrars can continue to receive appropriate remuneration which reflects their experience, seniority and rurality.

Lastly, it is unclear if the hourly rates and funding for the overall program will be indexed appropriately. Indexation should be reflected in the policy to ensure that salaries and program funding do not remain stagnant while the costs of delivering quality primary healthcare continues to rise.

Conclusion:

Overall, the RACGP is pleased to see that this iteration of the AGPT Salary support program provides flexibility so that RTOs will have the authority to allocate salary support placements and the ability to work closely with the services and communities in their region to direct funding appropriately.

Further consideration of how this program can be linked in with other relevant measures and programs after GP training to help attract and retain the GP workforce in ACCHSs is required.

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