

## UNITED GENERAL PRACTICE AUSTRALIA

### Outcomes Statement for meeting held on 16 February 2016

ITEM	DESCRIPTION AND ACTIONS
1	<p><b>Actions and Outcomes from meeting held on 25 November 2015</b></p> <p><b>Discussion surrounding:</b></p> <p><b>After hours</b></p> <ul style="list-style-type: none"> <li>• GPs and general practices need to have good relationships with their after-hours provider.</li> </ul> <p><b>Revalidation</b></p> <ul style="list-style-type: none"> <li>• Two to three years away and will be led by the profession.</li> </ul> <p><b>Pharmacists</b></p> <ul style="list-style-type: none"> <li>• Clinical diplomas for pharmacists are currently being developed.</li> </ul> <p><i>No further actions</i></p>
3	<p><b>National Terms and Conditions for GP Training Practices</b></p> <ul style="list-style-type: none"> <li>• GPSA proposed that fair and reasonable National Terms and Conditions be negotiated and established for the 2017 training year that provides some consistency and stability for training practices and RTOs in confirming the partnership role GP training practices and RTOs enter into in supporting registrars towards vocational registration.</li> <li>• UGPA endorsed the proposed motion.</li> </ul>
4	<p><b>Indexation freeze on Medicare rebates</b></p> <ul style="list-style-type: none"> <li>• The Primary Health Care Advisory Group (PHCAG) report has gone to Cabinet, so UGPA will retain this item for discussion at May meeting</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>UGPA to release a combined statement on the rebate freeze, reinforcing need for lift on the freeze</b></li> </ul>

5	<b>MBS Review</b>
<ul style="list-style-type: none"> <li>• It was agreed that any savings made through the MBS Review should remain in health and health services</li> <li>• There needs to be new funding in general practice</li> <li>• Reinforce that general practice is the most efficient part of the health system.</li> </ul> <p><b>ACTION: Incorporate points regarding MBS Review in media statement on Medicare freeze</b></p>	
6	<b>Primary Health Care Advisory Group (PHCAG) update</b>
<ul style="list-style-type: none"> <li>• Discussed potential for Primary Health Network (PHNs) block funding arrangements for chronic disease</li> <li>• Fee for service needs to remain the cornerstone of funding.</li> <li>• Appears to be a push by some for an increased role of Private Health Insurance</li> <li>• Identified that some proposals for block funding will effectively transfer health funding risk for chronically ill patients from the government onto the practice</li> <li>• There needs to be risk stratification for patients, ensuring support is actually targeting the correct patients</li> <li>• Emphasis should remain that there needs to be more money, and that model needs to be piloted first.</li> </ul> <p><b>ACTION: PHCAG to be placed on May agenda</b></p>	
7	<b>Implications of eHealth Practice Incentive Payment (ePIP)</b>
<ul style="list-style-type: none"> <li>• Issues around privacy for general practice</li> <li>• In a recent audit of 12 general practices, 100% of practices failed</li> <li>• Achieving secure messaging between practices and hospitals is fundamental and would provide a suitable starting point.</li> <li>• Must fix MyHealthRecord before requiring GPs to use it</li> <li>• Questions raised as to whether the Department are incentivising general practices to break the law</li> <li>• Should invite Privacy Commissioner to May meeting to discuss privacy issues if not adequately addressed at the Practice Incentive Program Advisory Group (PIPAG)</li> </ul> <p><b>ACTION: Pending the outcome of PIPAG discussions, UGPA to invite the Privacy Commissioner to May meeting to discuss privacy issues</b></p>	
8	<b>Other Business</b>
<p><b>Co-funded training places</b></p> <ul style="list-style-type: none"> <li>• Department of Health want to do an approach to market this year, to commence in 2017.</li> <li>• Co-funded trainers need to be accredited.</li> <li>• Unclear on how Registrars will be selected</li> </ul>	

- Department have not specified whether co-funded places will be implemented through a “separate RTO” (e.g. a corporate chain), or whether the places will be part of AGPT

**POTENTIAL POSITION:**

- Cannot be their own RTO, need to be accredited training practices
- These arrangements should be available to all training practices and supervisors
- Colleges must be involved in selection of Registrars