

UNITED GENERAL PRACTICE AUSTRALIA

Outcomes Statement for meeting held on 25 November 2015

ITEM	DESCRIPTION AND ACTIONS
1	Actions and Outcomes from meeting held on 16 September 2015
	<p><i>No further action</i></p> <p>After Hours Practice Incentive Payments (PIP)</p> <ul style="list-style-type: none"> Feedback received by organisations differs Some organisations reported unfavourable views towards all After Hours PIP tiers, while other organisations reported member support for Tiers 1 and 4, but not for tiers 2 and 3 Other concerns were raised regarding the loss of incentives for fringe towns
2	Outcomes from UGPA in 2015
	<ul style="list-style-type: none"> UGPA members agreed that it is difficult to measure the impact of UGPA statements and letters. However, it was also agreed that there was value in UGPA: <ul style="list-style-type: none"> Making joint statements, which counters politicians arguing a lack of agreement from GP organisations. By providing a forum for discussion on differences of opinions.
4	Pharmacists scope of practice
	<ul style="list-style-type: none"> Pharmacists are trained in pharmacology, not in therapeutics. AMA and PSA have made a joint proposal Any future trials conducted must have a robust mechanism for evaluation <p>ACTION: UGPA Statement:</p> <ul style="list-style-type: none"> UGPA Supports the concept of pharmacists working at part of a GP-led team Any implemented model needs to be evidence based Any proposed pilot model will need careful design and ongoing evaluation to ensure patient outcomes are improved It is important to have a separation between prescriber and dispenser <p>Draft statement to be circulated to UGPA members for consideration</p>

5	Revalidation
<ul style="list-style-type: none"> • Revalidation will likely be a combination of mandatory and self-directed components. • There is no strong evidence that a more formal revalidation process results in better outcomes. • Any model needs to be well researched and evaluated. • Colleges need to lead the revalidation process. <p><i>No action</i></p>	
6	Primary Health Care Advisory Group
<ul style="list-style-type: none"> • There is concern with some of the narrative coming from the Minister: <ul style="list-style-type: none"> ○ The Minister is seeking to reduce funding ○ PHCAG will make recommendations at a high level ○ implementation may result in less funding and UGPA will monitor due process carefully. <p><i>No action</i></p>	
7	MBS review update
<ul style="list-style-type: none"> • The percentage of bulk billing has increased. • AMA are facilitating a conversation amongst the profession via Doctor Portal. • A genuine review of the MBS should increase funding for general practice. <p><i>No action</i></p>	
8	UGPA meetings in 2016
<ul style="list-style-type: none"> • UGPA dates in 2016 to align with GPTAC meeting dates. 	