

UNITED GENERAL PRACTICE AUSTRALIA

Outcomes Statement for meeting held on 24 November 2016

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ITEM	DESCRIPTION AND ACTIONS
1	Standing items <i>No comment or action required</i>
2	Health Care Homes <ul style="list-style-type: none"> UGPA released a media statement following their last meeting on 25 August 2016: <i>Appropriately funded Health Care Homes is an opportunity too good to miss.</i> The profession is willing and able to work with the government to develop the Health Care Homes pilot. Adequate funding for the trial is critical. Some short listed organisations have a conflict of interest (eg pathology). At this stage, the tools proposed for the pilot are not validated for the context and there is a lot of missing information, including details of support for practices in rural areas. This is a funding model, not a service delivery model – a subset (at best) of the patient centred medical home. The Health Care Homes trial needs to be right the first time, as there will not be another opportunity. <p>ACTION: Media release – Released 29 November 2016</p> <ul style="list-style-type: none"> Propose that implementation of the Health Care Homes Phase 1 be delayed by 6 months to allow additional time for consultation and finalisation of details An extension will allow time to review the instruments/tools being used, understand the information, and get the funding mechanisms right. The instruments/tools being proposed are non-valid and cannot be trusted.
3	Pathology collection centres <ul style="list-style-type: none"> There is evidence that some practices are getting substantially above market value from a co-located pathology collection centre; however, the known majority are not receiving these levels of rent. Business Council Australia is interested further exploring this issue: not just about small business, also about larger business shoring up competition. <p>ACTION: Joint letter</p> <ul style="list-style-type: none"> Write letter to the Prime Minister, Minister for Health and Department of Health noting concerns (RACGP and AMA to draft initial letter for UGPA's consideration).

4	Integrated rural training hubs
	<ul style="list-style-type: none"> • The integrated rural training hubs were an initiative that came from RACGP policy work a couple of years ago. • Not just about GPs, also other medical specialists. • From a registrar perspective, the return of the Prevocational General Practice Placements Program (PGPPP), or similar, to support junior doctors in rural areas would be welcome • ACRRM is broadly supportive of rural training hubs, but there is not a lot of funding/investment. • Good initiative, but needs to be targeted and need to make sure money gets to right place. • Funding provided is redirected, not new. • There should be additional funding for specialists practising in rural areas, but there also needs to be funding for generalists.
5	Practice Incentive Payment redesign and consultation
	<ul style="list-style-type: none"> • Consultation documentation released by the Department lacked detail, particularly around what the Quality Improvement framework will look like. • There is concern that the Government will implement changes without significant sector consultation. • All of UGPA, as individual organisations, should be frank and fearless in their individual responses to the PIP consultation paper.
6	GPTAC update
	<ul style="list-style-type: none"> • At its most recent meeting, GPTAC had general conversation around GP education, with a particular focus on Aboriginal Health. • The meeting was a general discussion, including an environmental scan, and brain storming. • The purpose of the group is still unclear. • GPTAC is not adequately informed on issues. • Policy work, for which there is not enough consultation, needs to go back on the table.
7	Other business
	<ul style="list-style-type: none"> • GPSA raised an issue regarding doctors who are working as registrars in training practices and also working for other agencies in the evenings. Multiple back-to-back shifts are creating fatigue issues, which is creating risk for patients and medical indemnity issues. Some also work unsupervised. • AMA advised they have recently released a statement on safe working hours. • RACGP is concerned regarding supervision arrangements for these services. • GPRA is also concerned regarding fatigue and safe working hours <ul style="list-style-type: none"> ◦ National Home Doctor Service (NHDS) is one of GPRA's major sponsors – and agree with sentiments around safety and supervision. • Supervisors and registrars may consider disclosure to be required in contracts, in context of next agreement. • Registrars do need to do after-hours services. • Registrars are also undertaking a range of other roles other than after-hours locum work. Delineation needs to be made between these roles and after-hours locum work. • It would be useful to see some real evidence to what extent this is happening.

8	2017 UGPA meeting
	<ul style="list-style-type: none">• UGPA agreed to two face-to-face meetings and one teleconference in 2017.• The first face-to-face meeting will be in Adelaide and coincide with GPTAC.• RACGP will seek to confirm meetings dates with UGPA members in 2017.