GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

Martin Rocks
First Assistant Secretary
Health Training Branch
Department of Health

martin.rocks@health.gov.au

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Dear Martin,

Re Nationally Consistent Supervisor, Training Practice and Registrar Payment Feedback

Thank you for the opportunity to participate in the development of the Nationally Consistent Supervisor, Training Practice and Registrar Payment model.

We gave a lot of feedback during the workshops and additionally we would like to add the following for your department's consideration.

Specific feedback with regards to the Nationally Consistent Supervisor Payments:

- No Supervisor should be worse off under the new system. Payments should be lifted to the highest rate of the currently applied payments ($150/hr) on the basis that supervisor payments have never increased consistent with CPI and there is a general acceptance that supervision comes at a financial cost to both the supervisor and the practice.

- At $150 per hour, the per hour teaching rate is less than what a supervisor can generate in billings seeing 4 patients per hour and charging a private fee of $65/ patient ($260/ hr) of which they would typically retain 65% ($260*0.65 = $169/hr). The practice is also losing $91/hour at that rate from what the supervisor was billing if they were consulting as well as what they are losing from the registrar not billing at the same time.

- There should be a consistent payment for supervisors and training practices, which is reflective of the fact that supervisors and training practices are completing the same work nationally. Rather than the model example which pays supervisors differently based on MMM.

- While MMM is the best rurality measure we have in this moment it is not reasonable to treat all MMMs at the same level equally. GPSA Recommend there being a dual mechanism:

    - 1) Base/ Nationally Consistent Supervisor Payment – not less than current

Term	Dedicated teaching time	Hourly rate/ hr/ registrar Ex GST	26 Weeks/ registrar (Ex GST)	Monthly/ registrar (Ex GST)	Avg. hourly across 38 hour week/ registrar (Ex GST)	Total Cost to Government x 1500 registrars/ term in each cohort (Ex GST)
GPT 1	3hrs	$150.00	$11,700	$2785.71	$11.84	$17,550,000p.a.
GPT 2	1.5hrs	$150.00	$5,850	$1392.85	$5.92	$8,775,000p.a.
GPT 3	0.75hrs	$150.00	$2,925	$696.42	$2.96	$4,387,500p.a.
GPT4	0	$0	$0	$0	$0	$0
Total			$20,475/ Registrar			$30, 712,500p.a.

    - 2) an additional loading according to 'Hard to Recruit' to locations. Not all MMM locations are 'hard to recruit' to at the same level despite having the same MMM rating. This should be capped but discretionary to meet the specific needs of the hard to recruit locations.

- The definition of 'Hard to Recruit' should be aligned to community rather than practice need. This could be informed nationally by the colleges through stakeholder engagement processes and identification. The colleges can initially be heavily informed by RTO's during transition as to current supports and hard to fill location intelligence.

- Payments for supervision need to be made to the practice to allow the practice to distribute these in a shared, group supervision model which is the most commonly implemented strategy.

- There needs to be a Training Practice Agreement in place with the practices that articulates how these payments are to be dispersed that RACGP and ACRRM can audit as required to ensure the funds are going where they are intended and not going to the practice bottom line.

- Practices throughout the Training Practice Agreement must be required to uphold the National Terms and Conditions for the Employment of Registrars (NTCER) as this is the only requirement that ensures registrars are currently protected with a minimum income. Without this being in place practices will be at liberty to pay registrars well below current rates, which are already considered to be too low when compared with their hospital medical officer counterparts.

- The colleges have yet to reveal what their In-practice teaching and assessment requirements will be of GP supervisors. RACGP have identified progressive assessment which suggests additional paperwork/ activity to the current supervisor requirements. Will these be additionally funded or with everything be funded within the same funding envelope?

- The list of supervisor activities are not exhaustive, but nor are they all funded. So while GPSA could provide a more exhaustive list it is reticent to do so if the expectation is that the full list be used for compliance purposes without any additional funding. For the record the following is the list of funded and unfunded activities currently provided by supervisors:

What do Supervisors do?

They keep patients safe and learners learning

Funded/ Unfunded	Supervisor Activity

Currently Funded	• In practice Teaching
	  ○ Time where the supervisor provides a teaching session
	  ○ Time where the supervisor observes and feeds back on the registrar's performance
	  ○ Time where the registrar sits in with the supervisor too serve what/ how and why the supervisor
	  ○ Random Case Analysis/ Case Based Discussions
	• Supervisor time to attend Professional Development workshops
	• Supervisor Travel and accommodation to attend Professional Development
	• Orientation of registrars – Payment missing in the current model

Currently Unfunded	• Mentoring • Clinical Supervision • HR, Performance Management, Performance Remediation, Documentation • Accreditation • Commencement paperwork – Medicare Provider Numbers, Pathology/ Test ordering registration • Pastoral Care – often in hours where both the supervisor and registrar stop consulting and therefore earning or after hours during a supervisor and registrars personal time • File audits – which directly enable Case Based Discussion/ Random Case Analysis • Training Needs Assessment development and practice readiness evaluation, which can only be addressed after recruitment and commencement. • Progress Reporting/ Progressive assessment/ • Remediation • External Clinical Teaching Visits • Exam preparation support in GPT4

- There is also nothing stated in the model presented about payments for professional development, travel and accommodation that would typically be funded by an RTO.

- Whereas other disciplines continue to earn their salary while completing professional development a GP stops earning the moment they are not consulting. In order to enable Professional Development GP Supervisors must have funded Professional Development time and funding for travel and accommodation to enable their participation.

- An appropriate rate, following the no worse off rule is $150/hr of education

- Supervisors should complete a minimum of 8 hours funded training p.a. in supervisor education and this should be catered for in funding models. This would best be implemented by the colleges directly rather than Services Australia.

- Travel and accommodation reimbursed at ATO approved rates for mileage, accommodation and meals and or the prevailing rate for commercial travel and accommodation where required. This should be administered and monitored by the colleges directly.

- A Supervisor MBS Item number for consults registrars call their Supervisor into support would have broad support from the sector as Supervision is generally unfunded. This would need to be appropriately modelled to ascertain total cost of this measure to Government. This is best managed through current MBS mechanisms.

Specific feedback with regards to the Nationally Consistent Training Practice Payments:

- No training practice should be worse off under the new system. Payments should be lifted to the highest rate of the currently applied payments.

- There should be a consistent payment for training practices, which is reflective of the fact that training practices are completing the same work nationally. Rather than the model example which pays supervisors differently based on MMM.

- There is broad recognition that the current rates of training practice subsidy are a part payment and have never kept pace with inflation or the true cost of GP training. As such it is recommended that Training practice payments are lifted to $15,000 per 26 week semester in GPT1, which equates to $576.92/ week or just $15/hr based on a 38 hours week

Term	26 Weeks (Ex GST)	Weekly (Ex GST)	Hrly/ 38 hrs (Ex GST)	Total Cost to Government @ 1500/ cohort (Ex GST)
GPT 1	$15,000	$576.92/wk	$15.18/hr	$2,250,000p.a.
GPT 2	$7,500	$288.46/wk	$7.59/ hr	$1,125,000p.a.
GPT3 & 4	$0	$0	$0	
Total	$22,500/ registrar p.a.			$3,375,000p.a.

- Thereafter the application of a loading for hard to fill communities would be advisable albeit at capped rates set out by the department. This should be discretionary and determined by the colleges but informed by RTOs based on current expenditure to support training in hard to fill locations specifically, rather than arbitrarily and consistent across MMMs.

- The Training Practice Subsidy would be well suited to a PIP style payment through Services Australia.

Funded/ Unfunded	Training Practice Activity Covered by Training Practice Subsidy

Currently Funded	• **Loss of practice Income due to:**
	  ○ **Educational release** – (3.5hrs/ week in GPT 1, and 3.5hrs/ Fortnight in GPT 2) payment of registrars base salary whilst not earning and loss of practice income
	  ○ **In Practice Teaching** (3hrs/ week in GPT 1, and 1.5 hrs/week in GPT2 and 0.75in GPT 3) payment of registrars base salary whilst not earning and loss of practice income
	• **Annual leave costs** - payment of registrar's base salary while on annual leave whilst not earning and loss of practice income
	• **Personal leave costs** - payment of registrar's base salary while on personal leave whilst not earning and loss of practice income
	• **Infrastructure costs** – provision of computers, software, plant and equipment

Currently Unfunded	• **HR**, Performance Management, Performance Remediation, Documentation • **Accreditation** • **Commencement paperwork** – Medicare Provider Numbers, Pathology/ Test ordering registration • **Risk assessment and incident investigation reporting**

- **Opportunity Cost** – loss of income while a learner builds a patient base and learns how to manage time effectively and bill appropriately.
- **Orientation of registrars** – this is missing in the model up for discussion
- **Statutory Training Requirements** – Fire and Emergency, Bullying and Harassment Training, etc.

On the basis that current rates of practice subsidy don't even remotely cover the cost of all of the costly activity that practices incur as a training practice GPSA reiterates the Australian Government can ill afford to pay training practices less for their status. They also cannot afford to allow any practice to become a training practice as this will further distort the market and thwart attempts to regulate distribution in a meaningful way.

Specific feedback with regards to the Nationally Consistent Registrar Payments:

The key thing that GP registrars are concerned about is:

1) Parental and Sick and Study Leave entitlements lost when they come across to General Practice and leave the hospital system

2) Loss of income coming into General Practice particularly in GPT1

GPSA and GPRA could agreed to lift the base rates of pay immediately if the Australian Government were willing to underwrite registrars who fail to generate enough in billings to meet their base rates of pay in GPT1. A registrar's ability to generate billings in the early stages of their training is the limiting factor to lifting the base rates of pay.

Both organisations agree there is a need to lift the base rates. The key impediment is ensuring that Training Practices are not financially exposed for learners who are not yet able to bill effectively.

GPSA recommends rather than payment for registrars based on rurality a more appropriate registrar payment model would be to:

- fund parenting and sick leave accrued in the hospital system to remove this barrier to be funded via direct application to the colleges and reimbursed separate to their employ with their training practice.

- Fund a salary guarantee that any shortfall a registrar generates less than the prevailing Hospital Medical Officer Award base rates be reimbursed by Government. This would allow the NTCER base rates to be lifted immediately and would negate the need for a single employer model. It would be quicker and cheaper to implement and overcome

the industrial relations issues related to a single employer model alternative.

- Discretionary funds that are capped per registrar (perhaps as described) available to meet specific local recruitment challenges or registrar complexity such as language or remediation requirements that require additional support.

- GPSA does not have a strong view on the adequacy of the rates and mechanisms described as registrar support is not traditionally part of its remit.

- Registrar payments once capped could very adequately be administered by Services Australia if they are capped and arbitrary on the basis of MMM.

GPSA would once again like to thank the opportunity to provide feedback on the model presented during the consultation.

We would welcome an opportunity to provide further detail as required.

Sincerely,

Dr Nicole Higgins
Chair

Mr Glen Wallace
Chief Executive Officer