

Statement of Work

C.A.1 Key Events and Dates

This Contract commences on the Contract Start Date or the date this Contract is executed, whichever is the latter, and continues for the Contract Term unless:

- a) it is terminated earlier; or
- b) the Customer exercises the Contract Extension Option, in which case this Contract will continue until the end of the extended time (unless it is terminated earlier).

Event	Details
Contract Start Date:	
Contract Term:	This Contract will terminate on Thursday, 30 April 2020.
Contract Extension Option:	This Contract includes the following extension option(s): Subject to approval the Customer may approve a three month extension to complete Stage three if required.

C.A.2 The Requirement

The Supplier is contracted to review the clinical supervision of learners in general practice arrangements for specified Commonwealth programs. Supervision requirements and remuneration vary per level of learner (medical student, junior doctor or registrar), across programs and by different organisations who administer the programs. This variability has the potential to create inequity within the GP training system and perverse incentives for supervisors and practices to elect to train particular cohorts of learners and/or only participate in select programs and activities.

The project aims to provide the Commonwealth with:

- a greater understanding of how current supervisory arrangements operate within practices, including payment mechanisms and variability of arrangements across programs and regions;
- analysis of the support provided to GP supervisors including identification of gaps, pressures, level of current incentives compared to relative efforts required of practices and supervisors and any barriers reducing participation; and
- a range of options to improve and streamline supervisor support mechanisms that could be further investigated by the Department.

Scope

To date, General Practice (GP) supervisory arrangements for the following Commonwealth-funded programs exist:

- Practice Incentive Program (PIP);
- Rural Health Multidisciplinary Training (RHMT) Program;
- More Doctors for Rural Australia Program (MDRAP);
- Rural Junior Doctor Training Innovation Fund (RJDTIF);
- John Flynn Placement Program (JFPP);
- Australian General Practice Training (AGPT) Program; and
- Remote Vocational Training Scheme (RVTS).

The project will be undertaken in two stages

Stage One – Landscape of Current Arrangements

The Supplier will collect and analyse data and information to provide an on the ground perspective of GP supervisors including but not limited to:

- Total number of accredited GP supervisors nationally where the data is accessible/ made available;
- Current remuneration levels of GP Supervisors in practice across different programs;
- Intensity of supervisor direct activities and the amount of time spent supervising learners, supervision preparation, continuing professional development, etc.
- Examination of benefits to a practice supervising GP trainees (e.g. direct patient services, assisting in patient flow and continuity of care, future recruitment; and linkage with academic institutions);
- Information on supervisor payments made by Regional Training Organisations (RTOs) and by universities participating in the RHMT Program (where applicable), including variability across and within training regions;
- Information on practice and teaching payment arrangements and what supervisors are paid;
- If there is “in kind” work being undertaken by supervisors that is not being remunerated through current program payments;
- If supervisors are incurring additional costs for being a supervisor (e.g. increased insurance premiums for supervising learners, non- face to face supervision, continuing professional development); and
- Exploration of whether there is a perverse incentive for supervising medical students through practice incentive payments (PIP) compared with GP Registrars.

The supplier will also undertake a benchmarking exercise as part of Stage 1 to identify the range of supervisory arrangements currently in place across the following Commonwealth-funded programs:

- Practice Incentive Program (PIP);
- Rural Health Multidisciplinary Training (RHMT) Program;
- More Doctors for Rural Australia Program (MDRAP);
- Rural Junior Doctor Training Innovation Fund (RJDTIF);
- John Flynn Placement Program (JFPP);
- Australian General Practice Training (AGPT) Program; and
- Remote Vocational Training Scheme (RVTS).

Modelling

The Supplier will use macroeconomic modelling to quantify current total spending across programs. This will allow for reasonable comparison between different payment mechanisms and approaches. Modelling will identify variations and limitations as appropriate.

The Supplier will model the cost of current supervisor arrangements across all types of learners and funding arrangements. This may involve consultation with other sector stakeholders. The Supplier will provide the Department with a consultation plan should external consultation be required, and consultation processes will not commence until this plan is agreed and accepted.

Information will be presented in a comparable way (e.g. hourly rate based on level of payment and intensity of activity) to enable comparisons across learners and different training programs.

Modelling should be confined to current arrangements and programs and not the potential options identified during stage 2. The Department may choose to commission this work separately

The Supplier may subcontract modelling expertise to a third party.

Stage 2 – Alternative Models

Develop a range of alternative models designed to improve support to GP supervisors that consider the following questions:

- Do current incentives/remuneration arrangements encourage placement or employment of a particular learner or do they present a barrier for participation in training?
- Do current arrangements encourage vertical integration of training in practices? How could this be improved (e.g. principal – registrar)?
- How could benefits of supporting trainees for practices and supervisors be enhanced without additional direct costs?
- Where are incentives best placed (Supervisor level/practice level/both)?
- How are incentives best distributed amongst GPs who provide clinical supervision?
- Could the Customer have a consistent policy approach to remuneration arrangements for supervisors? What would this look like?
- How are current supervision funds distributed within different models of practice e.g. single handed practices, privately owned partnerships, corporate practices?
- How has the increase in part-time GPs and contractors affected supervision capacity and supervision payment models?
- How to build overall training capacity through better integration at the practice level, with appropriate financial incentive to encourage this approach. This should be informed by undertaking case studies of exemplar practices in a variety of settings (e.g. rural training practice, practices with multiple learners and supervisors, trainees in a hospital setting).
- How can the Commonwealth best target funding to correlate supervision input to educational and clinical needs?
- What can be improved to assist in delivering a higher quality experience for learners and GP supervisors?

In considering these questions, options should be identified for consideration, particularly cost neutral reforms to existing program structures.

Investment in this project does not bind the Commonwealth to the results and/or recommendations produced in relation to future program funding.