A Stronger Rural Health Strategy

This package focuses on improving the health of people living in rural, regional and remote Australia and will provide opportunities for Australian doctors through better teaching, training, recruitment and retention for the health workforce.

Patients across the country will benefit from improved healthcare, including access to bulk billed services, through more and higher qualified doctors and extended outreach services.

This will help address the shortages in rural, regional and remote areas, and the increasingly complex health needs of older people and people with chronic conditions requiring a multidisciplinary primary health care response.

The following measures form part of the Stronger Rural Health Strategy, and have components being administered by the Department of Human Services (the department):

- **Training** – improved access to Australian trained general practitioners and quality care
- **Training** – streamlining general practice training to produce Australian trained general practitioners where they are needed

Recruitment and retention – supporting rural and remote areas through improved targeting of rural bulk bill incentives

- **Recruitment and retention** – Workforce Incentive Program (WIP)
- **Recruitment and retention** – addressing doctor shortages across rural and remote areas by strengthening bonded programs

For further details on other measures under this Strategy please refer to the Department of Health website.

**Health – Training – improved access to Australian trained general practitioners and quality care**

This component introduces a new Medicare Benefits Schedule (MBS) fee structure and identifies non-vocationally recognised (non-VR) doctors as a distinct group for MBS General Practitioner (GP) item claiming purposes.

Non-VR doctors in Modified Monash 2-7 areas will be able to bill 80 percent of the benefit available to vocationally recognised (VR) doctors and GP trainees. Non-VR doctors in metropolitan areas will access the existing non-VR items for standard general practice services, and the 80 percent items for other services such as After Hours attendances. The
Urgent After Hours items, including the urgent unsociable hours items, will not be affected by these changes.

This will encourage non-VR doctors to obtain specialist GP qualifications.

The measure will also see the gradual closure of current Other Medical Practitioner programs (OMPs) to new participants including:

- After Hours OMPs
- Medicare plus for OMPs
- Outer Metropolitan OMPs, and
- Rural OMPs.

The changes will not affect existing practitioners for a period of five years, as existing models will be grandfathered for this period.

New doctors entering the system will be subject to the new GP item structure. Practitioners wishing to access higher specialist GP items will either need to be a recognised specialist GP or working on a recognised fellowship pathway with a General Practice College.

Complementary GP training programs will be offered by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) to support these practitioners to specialist GP status.

Encouraging and supporting non-VR doctors to attain higher VR qualifications will provide a higher quality of care for patients in areas of greatest need.

This measure also changes the definition of a GP and recognises the specialty of General Practice with the Medical Board of Australia.

**Who is eligible?**
This affects non-VR doctors and their patients.

**The date this will start and finish**
This starts from 1 July 2018 and is ongoing. There is an initial grandfathering period of five years for OMPs participants and targeted support for doctors to achieve VR status (delivered through the Training – streamlining general practice training to produce Australian trained general practitioners where they are needed measure).

Changes to the definition of a GP start from 1 April 2019.
Health – Training – streamlining general practice training to produce Australian trained general practitioners where they are needed

This component streamlines existing general practice training and qualification arrangements and, through increasing vocational recognition (VR) rates, improves the overall quality of the general practice workforce.

It rationalises the nine current pathways to specialist general practitioner (GP) status into two – the RACGP, and ACRRM. It supports non-VR doctors to qualify as specialist GPs over a five-year grandfathering period through a new government supported, College led training pathway.

This also improves the efficiency of Medicare Provider Number registrations for medical practitioners on a formal training pathway. In line with Commonwealth workforce planning mechanisms, this measure will enable the use of data feeds from third parties to automate the allocation of Medicare provider numbers.

Who is eligible?
All medical practitioners seeking to attain GP College Fellowship (GP vocational recognition, or VR) will be subject to the new streamlined pathways. Eligible medical practitioners will have access to support services to qualify as VR.

GP Registrars who need a 3GA provider number are also impacted by this component.

The date this will start and finish
This component will start on 1 January 2019 and is ongoing.

The use of data feeds from third parties to automate the allocation of Medicare Provider Numbers will start on 1 January 2022.

Health – Recruitment and retention – supporting rural and remote areas through improved targeting of rural bulk billing incentives

This component updates the geographic eligibility criteria for Medical Benefits Schedule (MBS) items 10991, 64991 and 74991 – incentives to bulk bill services for vulnerable patient groups, such as people with concession cards and children under 16 in rural and remote areas. It ensures metropolitan areas will no longer have access to incentives intended for rural and remote areas.

Who is eligible?
Rurally targeted MBS benefits will be paid to the correct rural and remote locations, ensuring patients have access to bulk billing. Doctors in these areas will have correct access to rural bulk billing incentives.
The date this will start and finish
This starts on 1 July 2019 and is ongoing.

Health – Recruitment and retention – Workforce Incentive Program (WIP)

This component provides targeted financial incentives to encourage doctors to deliver services in rural and remote areas that have difficulty attracting and retaining doctors. It also provides financial incentives to support general practices to employ nurses, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health professionals in multidisciplinary and team-based primary health care across Australia. Incentive payment levels for health professionals will be set using the Modified Monash Model geographic classification.

The new Workforce Incentive Program streamlines existing GP, nursing and allied health incentive programs, replacing the General Practice Rural Incentive Program (GPRIP) and the Practice Nurse Incentive Program (PNIP), with the new doctor and practice streams, respectively. The new streams will build on the achievements of these programs.

It will particularly benefit rural and remote communities through improving access to quality medical, nursing and allied health services. Around 5,000 practices and more than 7,000 medical practitioners will be eligible for incentive payments under the Workforce Incentive Program.

GPs and general practices currently taking part in the GPRIP and PNIP will be eligible to take part in the WIP. Current eligibility requirements for these programs will still apply under the WIP.

Who is eligible?
This will affect GPs and general practices currently participating in the GPRIP and PNIP.

The eligibility requirements in these programs will still apply under the WIP. Nurse Practitioners and allied health professionals across Australia, including non-dispensing pharmacists, will now be included in the program as eligible health professionals.

The date this measure will start and finish
The measure commences on 1 July 2019 and is ongoing.

Health – Recruitment and retention – addressing doctor shortages across rural and remote areas by strengthening bonded programs

This component will improve and simplify the current administrative arrangements of the Bonded Medical Places (BMP) and Medical Rural Bonded Scholarship (MRBS) Scheme. This will provide a medical place in a University in return for a commitment to work in a rural and remote location for a specified period, after attaining Fellowship.
The component moves doctors from individual contractual arrangements into a single legislated regulatory model and establishes a consistent three year bonding period for all Scheme participants. It will also provide a range of web-based and digital support to assist bonded students and doctors to better manage and understand their obligations.

This improves the flexibility and opportunities available to bonded doctors through simplified administrative arrangements and increased support. It also improves the ability for participants to plan and self-monitor progress through the program.

Who is eligible?
Individuals who are planning to apply for a bonded medical place at a University, and current participants, who will be able to opt in to the new arrangements.

The date this will start and finish
The component will be implemented on 30 October 2019, with new participants to these arrangements starting on 1 January 2020. Participants under existing arrangements who opt in to the new arrangements will have moved by 30 June 2020. The component is ongoing.