



# Information bulletin – A consultation and design process to streamline and expand the Rural Procedural Grants Program and the Practice Incentives Program Procedural GP payment

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## CONTEXT

As part of the 2021-22 Budget, the Government announced a consultation and design process would be undertaken to explore options to streamline the RPPG and the PIP Procedural GP payments programs. A new program will have a broader scope that seeks to support rural generalist GPs to expand the recognition and maintenance of their range of advanced skills (AS), including greater recognition of non-procedural ASs. It is envisioned that a streamlined and expanded program would better align with the National Rural Generalist Pathway.

The current programs provide financial assistance for eligible rural GPs and locums through two different mechanisms:

- (1) Practitioner-based support of GPs providing procedural (obstetrics, anaesthetics, surgery) or hospital-based emergency services for relevant continuing professional development (CPD) activities through the RPPG, and
- (2) Practice-based support on a per procedural GP basis, with payment levels tiered according to service levels and rurality through the PIP Procedural GP payment.

The project will also consider the relationship of the General Practitioner Procedural Training Support Program (GPPTSP) with respect to a new model.

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) in collaboration with Kris Battye Consulting (KBC) Australia to:

*‘undertake a consultation and design process to streamline and expand the Rural Procedural Grants Program (RPPG) and the Practice Incentives Program (PIP) Procedural GP Payment’.*

In undertaking this work the project will consider the agreed definition of a Rural Generalist as a guide to the scope of practice relevant for expanding program eligibility to non-procedural AS areas. The project’s design approach will be informed by the Collingrove Agreement, which says that, *inter alia*:

*‘A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.’*

## PROJECT OBJECTIVES

The project aims to inform the Department on how to incorporate the objectives of the existing programs and combine the most efficient and effective features into a single administrative model, which will account for service delivery, skills and community need, while also expanding the scope of the existing programs.

The objective of the project is that GPs with ASs will be better supported by a new model with a broader scope, resulting in better access to health care for rural communities. Additionally, consolidation of the existing programs supporting procedural GPs will result in administrative efficiencies and a more streamlined experience for participants.

As this project is for a consultation and design process only, these broader objectives will not be realised until a model is developed and implemented (subject to budget considerations).

## PROJECT METHOD

To undertake the project, the following six project stages will be undertaken by HMA and KBC Australia:

- (1) **Stage 1: Project initiation** to further define the project scope, clarify roles and responsibilities and formulate a detailed project management plan (August 2020).
- (2) **Stage 2: Situation analysis.** A summary of current RPGP, PIP Procedural GP payment and GPPTSP arrangements, policies will be developed through a review of documentation and consultation with the Australian College of Rural and Remote Medicine (ACCRM) and the Royal Australian College of General Practitioners (RACGP). A discussion paper will also be developed for broader consultation (August 2021).
- (3) **Stage 3: Stakeholder consultation** (September – October 2021). This stage will be conducted in two concurrent phases.
  - (a) Broad stakeholder consultation: The discussion paper developed in Stage 2 will be distributed to a broad range of stakeholders prior to interviews to seek input around the new model design.
  - (b) GP consultation: Up to 24 individual interviews will be undertaken with GPs with ASs practicing in rural and remote areas as identified with ACCRM and the RACGP to further explore the implications for the expansion of these programs and how they may be best delivered. Jurisdictional representation will be sought.
- (4) **Stage 4: Costings model development** (September – October 2021): The project team will develop a costings model incorporating the existing variables of the current programs and impact of the redesign and expansion of the model.
- (5) **Stage 5: Program design and final consultation** (October - November 2021): HMA & KBC Australia will triangulate data from the stakeholder consultations, program data, and available costing model data to inform options for a new program. A discussion paper for final consultation will be developed and distributed to enable further stakeholder input.
- (6) **Stage 6: Final report with program design and costings model** (November 2021). HMA & KBC Australia will bring together the project in a final report, incorporating project finding and responses to consultation, the proposed program design and costings model.

## CONTACT INFORMATION

If you would like further information about the streamline and expansion of the RPGP and PIP Procedural payment project, please contact HMA or the Department of Health using the details provided below.

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