General Practice Rural Incentives Program

Linda Holub
Director, Rural Incentives Section, General Practice Branch
Department of Human Services and Health, Canberra

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This paper reports on the current status of the General Practice Rural Incentives Program and highlights some of the issues that will be priorities over the coming year or so.

First some history and background.

The General Practice Rural Incentives Program (GPRIP) is one component of the GP reform strategy. The Strategy aims to address some specific issues facing general practice in Australia. It focuses on:

- workforce initiatives to address oversupply and maldistribution of GPs;
- support for and recognition of appropriate postgraduate training for general practice;
- the integration of GPs with the rest of the health care system through the establishment of local Divisions of General Practice;
- the development by the profession of an independent voluntary system of accreditation; and
- remuneration strategies to more appropriately reward quality care in general practice and enhance the role of GPs beyond individual patient care.

The key program elements of the GP Reform Strategy are the:

- Divisions and Project Grants Program;
- Rural Incentives Program;
- Development Program;
- Better Practice Payment Program; and
- General Practice Evaluation Program.

The Rural Incentives Program part of this strategy is designed to address certain general practice workforce issues.

It is well known that there is an oversupply of general practitioners in some areas accompanied by maldistribution. While large numbers of GPs congregate in metropolitan areas, there is an acute shortage of GPs and specialists in rural and remote Australia. Rural and remote communities experience higher levels of morbidity and mortality as well as different patterns of disease. There are also complex social, cultural and economic issues underpinning the health problems found in rural/remote areas.
The Rural Incentives Program aims to encourage suitably trained general practitioners to relocate from adequately serviced areas to rural and remote communities and assists in preparing them for the challenges of living and working in these areas. Increasing the rural and remote GP workforce and providing assistance for training and support will naturally improve the access to GP services for rural and remote residents, and in the longer term will also contribute to improving their health.

The Program was designed to address issues such as:

- undergraduate education for rural general practice;
- the acute shortage of GPs in rural and remote areas;
- the need for targeted training; and
- access to continuing medical education and locum support.

A package of grants has been developed to address both the short-term and longer-term factors influencing the relocation and retention of GPs in rural and remote Australia. The Program is funded by the Commonwealth and in 1994-95, $15.3 million (indexed) has been allocated for the Rural Incentives Program. There are five main elements to the Program.

- **Relocation grants** are one-off incentive grants of $20,000 to assist GPs in relocation from well serviced areas to identified under-serviced areas.

- **Training grants** are individually based grants of up to $78,000 for relocating GPs, or those already in rural practice, to upgrade their skills in areas necessary for rural general practice.

- **Remote area grants** of up to $50,000 per annum are for GPs practising in isolated and difficult areas where the economic base of the practice may be marginal and there are increased professional difficulties. Fifty one remote area communities have been identified in Australia.

- **CME/Locum grants** are designed to support and encourage rural GPs to maintain and increase their skills in areas relevant to rural practice and to obtain leave. These grants are being administered through Rural Divisions Coordinating Units and rural Divisions of General Practice.

- **Undergraduate grants** are a series of grants to encourage Medical Faculties to focus on rural medicine and to enable medical students to gain increased experience and understanding of rural and remote practice and thus encourage students to select a rural career.

Further details on any of these grant categories can be obtained from the Rural Secretariat of the Department’s General Practice Branch.

All five elements of the Program are now in place, the more recent being CME/Locum Grants and Undergraduate Grants. Arrangements are still being
finalised in some States although, broadly speaking, the structure is there and the money is flowing. It will, of course, be a while before we can report on the results.

Consultative structures

The GPRIP has been developed and implemented in consultation with the medical profession, State governments, other health professionals and consumers, with representation by Aboriginal people and Torres Strait Islanders on some panels.

There are State Assessment and Support Panels in each State and two in the Northern Territory. These panels provide advice and recommendations on grants to individuals in their respective States, and co-ordinate support to rural GPs and their families. Project officers are attached to each panel who assist with the administration of the Program in that State/NT. There is also a committee, the Rural Undergraduate Steering Committee (RUSC), to assist with the development and implementation of the Rural Undergraduate Support Program.

Criticisms have been directed at the Program because of its inaccessibility by other health professionals. It must be remembered, however, that the Commonwealth has certain responsibilities in relation to the provision of health services and it is therefore appropriate that its programs target those areas for which it has responsibility.

It is important to note that the General Practice Rural Incentives Program was designed to complement existing State and Commonwealth strategies and programs and supplement resources already committed to addressing medical workforce issues as well as providing a further range of options. As already mentioned, State government representatives have input into the implementation of the Program at the State level to ensure appropriate co-ordination between GPRIP and health services provided by the State. These inter-relationships are important as the GPRIP is not designed to replace existing services in the States/Territories but to address deficiencies in the current system of provision. Increasing the medical workforce in rural/remote communities will only work in co-operative partnership with other health professionals and the communities.

So where are we today? The following Table provides an update on grants to 31 December 1994.
### Summary of GPRIP grants
(to 31 December 1994)

<table>
<thead>
<tr>
<th>Grant</th>
<th>Applications received</th>
<th>Applications approved</th>
<th>Applications rejected</th>
<th>Applications pending or withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relocation and training or training only</td>
<td>278</td>
<td>132</td>
<td>58</td>
<td>88</td>
</tr>
<tr>
<td>CME/locum</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Remote area</td>
<td>27</td>
<td>20</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Undergrad. Med. School co-ord.</td>
<td>All 10 Medical Schools have submitted applications</td>
<td>9 medical schools will receive 100% funding, 1 will receive 50%.</td>
<td>Part of one application was rejected.</td>
<td>- 3 of the applications are in draft form</td>
</tr>
<tr>
<td></td>
<td>6 of the 8 co-ord. units have submitted applications</td>
<td>5 of the 6 have been approved</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

1995 and beyond

As already mentioned, since the 2nd National Rural Health Conference, much of the ground work has been undertaken. Some elements of the Program have only recently been finalised, with funding allocated through the relocation and training grants first advertised just over 2 years ago. The Program is no longer in its infancy and this year will be one of consolidation and refinement.

That is not to say that we will be resting on our laurels. While it is important to allow some time for consolidation we are nevertheless keen to learn from our experiences and from the experiences of the panels, communities and GPs involved to build on the Program's achievements in a systematic way.

The Government made a commitment to the medical profession and the wider community that the impact and value of the GP Strategy elements would be evaluated. In this context, the Rural Incentives Program Evaluation Working Group was established (commonly known as RIPE).
The first stage of the evaluation involved the development of a set of evaluation questions for the Rural Incentives Program and an evaluation framework. The process by which this has been undertaken has included a series of workshops in all States and the Northern Territory - where 2 workshops were held. RIPE chose this approach to ensure participative involvement of all the various stakeholders involved in the Program.

A report synthesising the results of the workshop is currently being finalised and will be sent to workshop participants and other interested organisations and individuals in the very near future (see the Contributed Paper in this book by Steve Clarke). The evaluation framework will then be developed based on the questions and methods identified in the workshops. Some elements of the Program (such as the longer-term components including the Undergraduate Support Grants) will of course require a longer time frame before they can be fully evaluated.

However, changes can be integrated through an iterative process ensuring the Program's success. The experience of implementation will enable modifications to the Program's policies and guidelines thereby making it more responsive to the changing needs of rural and remote communities and GPs providing services in these communities. The development of Family Support Grants is a good example of this.

An issue for the near future includes refining community needs assessment and linking this with the skills required for GPs practising in different communities. This work will be undertaken in close consultation with the State/NT panels.

Establishing better information to assess the effectiveness of the Program is high on the agenda for 1995. The demonstration of value for money and that the Program has made a difference is now integral in all Commonwealth programs. Senate Estimate Committees ensure that programs are accountable to the Parliament and public.

Later this year the Inaugural National Rural Medical Students' Conference will be held in Kalgoorlie. Its objectives will be to:

- establish formal links between all student rural health clubs and develop a national organisation;
- foster a rural medical workforce;
- formalise undergraduate input into the development of ruralised curricula for each medical school;
- enable academics to discuss the implementation of ruralised curricula;
- discuss issues not covered in the medical curriculum such as information technology, the role of aero-medical evacuation, and attitudinal factors affecting recruitment and retention of rural GPs; and
- provide feedback on the implementation of rural undergraduate initiatives.
Finally it is anticipated that a national consultative committee will be established to oversee the implementation of the Program and provide a national perspective on policy development. This will support closer linkages and co-ordination with other rural health service programs and the GPRIP Assessment and Support Panels building an even stronger Rural Incentives Program for the future.