



## **AMA Policy on Non-Vocationally Registered General Practitioners - 2013**

### **Background**

The Government introduced vocational registration in 1989 to recognise general practice as a discipline in its own right, to improve professional standards and to reward high-quality practice.

Between 1989 and 1995, medical practitioners already practising in general practice who met the eligibility criteria could apply to be grandfathered on to the Vocational Register (VR). The grandfathering period for the Vocational Register ended in November 1996.

As in other specialist areas, VR medical practitioners are now seen as the norm in general practice. In July 2010, a national registration system managed by the Australian Health Practitioner Regulation Agency (AHPRA) commenced that recognises general practice as a medical specialty accessible through Fellowship of the RACGP (FRACGP) or ACCRRM (FACRRM); or on the General Practice Vocational Register.

The introduction of the Vocational Register effectively created two classes of GPs: those who were vocationally registered (VR GPs) and had access to higher A1 Medicare rebates, and those who were not (the Non-VR GPs) and only had access to lower value A2 Medicare rebates. The A2 rebates were set initially at 93 per cent of the A1 rebates but have never been eligible for annual indexation and so are proportionally worth much less than A1 rebates over time.

There are programs available that offer Non VR GPs access to the A1 rebate, such as the Medicare Plus for Other Medical Practitioners (MOMPs) Program, which requires Non VR GPs to practice in Districts of Workforce Shortage. After being in the program for five years, Non VR GPs are able to continue to attract the higher rebate regardless of where they subsequently practice.

Non-VR GPs currently have the option to become vocationally registered either by applying to the General Practice Recognition Eligibility Committee (GPREC) for certification of eligibility for vocational registration or by undertaking, with either the Royal Australian College of General Practice (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM), a pathway to Fellowship for Non VR GPs that take into account their commitment to the profession, their past experience and their involvement in continuing professional development. The RACGP offers a Practice Eligible Route to Fellowship, which is open to doctors who have at least four years of fulltime general practice experience with at least one of these years in Australia. Doctors following the Practice Eligible Route do a three-part practice-based assessment of their skills before being awarded FRACGP. Likewise, ACCRM offers an Independent

Pathway to Fellowship for experienced GPs, which is delivered to doctors enrolled in the Remote Vocational Training Scheme.

### **Key issues for patients**

The difference in rebates coupled with non-indexation means that patients who attend Non-VR GPs now receive a significantly reduced Medicare rebate, in comparison to patients who attend VR GPs. These patients also potentially face higher out-of-pocket expenses, making access to their GP less affordable.

For example, the rebate for a 15-minute consultation for the patient of a Non-VR GP is \$21, compared to that for a similar (Level B) A1 consultation of \$36.30.

### **Key issues for the Government**

The Government should act on the recommendations of the 2005 Biennial Review of the Medicare Provider Number Legislation, which were reiterated in the Report on the 2010 Review of the Medicare Provider Number Legislation (Recommendation 3) and provide one more opportunity for doctors who meet the necessary criteria to be grandfathered on to the Vocational Register. This is particularly important given that a number of these medical practitioners, while eligible, were excluded from the Vocational Register because at the time of their application they were on maternity leave, raising a family, undertaking further training, or overseas, and missed the opportunity to apply.

Recommendation 3 of the 2010 review of the Medicare Provider Number Legislation also states that, if grandfathering is not possible because of the establishment of the national registration system, Non VR GPs should be allowed to access A1 rebates for a defined period whilst working towards Fellowship with RACGP or ACRRM.

Having recently increased the number of GP training places to help address shortages in the GP workforce, the Government could further enhance the immediate availability of experienced medical practitioners to the GP workforce by addressing the longstanding anomalies that exist in funding and recognition of Non-VR GPs.

### **AMA POSITION**

Non-VR GPs should be recognised for their considerable experience in both general practice and other areas of medicine. Grandfathering these practitioners will help retain and increase their numbers in the general practice workforce and encourage them to increase their hours.

Specifically, the AMA calls for a final round of grandfathering for all of the Non-VR GPs who had access to GP Medicare rebates prior to 1 November 1996 and have predominantly been in general practice for a minimum of five years since that date.

In addition, in order to further reduce the inequity in rebates for any remaining Non-VR GPs, after this grandfathering opportunity, the A2 rebates should be increased to reflect the differential that existed when the vocational recognition structure was introduced. For those practitioners who are not eligible for grandfathering to the vocational register, A2 rebates should be increased to 93 per cent of the A1 rebates and indexed appropriately on an annual basis. This would address the inequity in these fully qualified medical

practitioners receiving a rebate similar to, and in the future potentially less than, that received by lesser-trained health providers such as nurse practitioners.

According to the Department of Health and Ageing's general practice workforce statistics, there are around 2,000 full-time equivalent Non VR GPs, two thirds of whom access A1 rebates through workforce programs. Those already having access to A1 rebates will not represent any increase in expenditure for the Government. Of the remaining Non VR GPs (approximately 700), the AMA estimates that fewer than 30 per cent would qualify for the final round of grandfathering, with the rest eligible for rebates at 93 per cent of A1 rates. This would represent a \$54 million total increase in expenditure for the Government.