Shire of Quairading

Special Council Meeting Agenda

16th April 2019

Notice of Special Meeting of Council

16th April 2019

Dear Councillors,

Pursuant to Section 5.5(2) of the Local Government Act 1995 and Regulations of the Local Government (Administration) Regulation 1996, notice is hereby given that a Special Meeting of Council will be held on Tuesday 16th April 2019 in the Shire Council Chambers commencing at 5.00pm.

The purpose of the meeting is for Council to consider the Medical Practice Arrangements.

GRAEME FARDON
Chief Executive Officer

Disclaimer

Members of the public should note that in any discussion regarding any planning or other application that any statement or intimation of approval made by any member or officer of the Shire of Quairading during the course of any meeting is not intended to be and is not to be taken as notice of approval from the Shire of Quairading. No action should be taken on any item discussed at a Council meeting prior to written advice on the resolution of the Council being received.

Table of Contents

Table of Contents

SHIRE OF QUAIRADING

ITEM 1 OPENING & ANNOUNCEMENTS

The Shire President opened the Meeting at _____ pm.

"Before we start our Meeting, I would like to acknowledge that we are meeting on Noongar land and we pay respect to the original custodians…past, present and future and welcome you all here today for this Meeting".

ITEM 2 ATTENDANCE AND APOLOGIES

Councillors

Cr WMF Davies	Shire President
Cr B McGuinness	Deputy Shire President
Cr LR Brown	
Cr JN Haythornthwaite	
Cr J McRae	
Cr PD Smith	
Cr TJ Stacey	

Council Officers

Mr GA Fardon	Chief Executive Officer
Mr NL Gilfellon	Executive Manager of Corporate Services

Observers/Visitor

Nil

Apologies

Leave of Absence Previously Granted

Nil

ITEM 3 PUBLIC QUESTION TIME

ITEM 4 MEETING CLOSURE TO PUBLIC

The Meeting will be closed by Council Resolution to the Public under Part 5 Division 2 Section 5.23 (2)(b) and (c) of the Local Government Act 1995 as the Item relates to "the personal affairs of any person" and "a contract entered into, or which may be entered into, by the local government and which relates to a matter to be discussed at the meeting".

OFFICER RECOMMENDATION

That Council close the Meeting to the Public pursuant to Section 5.23 (2)(b) & (c) of the Local Government Act 1995.

VOTING REQUIREMENTS – Simple Majority

ITEM 5 DECLARATIONS OF INTEREST

Councillors to use pro forma declaration of interest handed to Chief Executive Officer prior to meeting or verbal declaration of interest.

- Declarations of Financial Interest – Local Government Act 1995 Section 5.60a
- Declarations of Proximity Interest – Local Government Act 1995 Section 5.60b
- Declarations of Impartiality Interest – Administration Regulations 1996 Section 34c.

ITEM 6 CONFIDENTIAL BUSINESS – AS PER LOCAL GOVERNMENT ACT S5.23 (2)

6.1 Medical General Practice Review (Confidential Item)

Item considered Confidential under Section 5.23, 5.94 and 5.95 of the Local Government Act as information relates to a current Contract that Council has for Medical Services and future Medical Service Arrangements. Reference Section 5.23(2)(b) and 5.23(2)(c)

6.1 Medical General Practice Review

Meeting Date	11th April 2019
Responsible Officer	CEO Graeme Fardon
Reporting Officer	CEO Graeme Fardon
Attachments	Review and Options Paper (Confidential item under separate cover)
Owner/Applicant	Shire of Quairading
Disclosure of Interest	Nil.

Item considered Confidential under Section 5.23, 5.94 and 5.95 of the Local Government Act as information relates to a current Contract that Council has for Medical Services and future Medical Service Arrangements. Reference Section 5.23(2)(b) and 5.23(2)(c)

OFFICER RECOMMENDATION

1. **That Council receive the Medical General Practice Review and Options Report prepared by the Chief Executive Officer;**
2. **That Council support the Private Practice (with Council Support) Model as a basis for a Medical Practice Agreement with Dr Adenola Adeleye from the 1st October 2019 for a Term of 5 Years (with Option for Extension)**
3. **That the Chief Executive Officer be authorised to negotiate and prepare a Draft General Practice Agreement with Dr Adenola Adeleye for authorisation by Council before the 30th June 2019.**

VOTING REQUIREMENTS – Simple Majority

IN BRIEF

- Council had previously requested that a Contract Review and Options Paper be prepared and presented to Council on the current GP Medical Services and future viable Models.

MATTER FOR CONSIDERATION

Review and Options Paper prepared by the CEO (under separate cover).

BACKGROUND

Council has owned and operated the Quairading Medical Centre since 1st July 1998 following its transfer of the Practice from then Doctor, Lindsay Matthews.

This Model has been developed over the past 20 years under the Stewardship of Council's Medical Executive Committee.

Initially, Model incorporated a Salaried Doctor and in the past 4 ½ years has operated on the Contractor GP Model.

Current GP Contract (5 Year Term) terminates on the 30th September 2019.

STATUTORY ENVIRONMENT

Local Government Act 1995

Local Government (Functions and General) Regulations 1996.

POLICY IMPLICATIONS

Council's Purchasing Policy (Ref FIN.2)

FINANCIAL IMPLICATIONS

Refer to Confidential Report

STRATEGIC IMPLICATIONS – Strategic Community Plan 2017 – 2027

Social Objective: Active, healthy, safe and inclusive community

ITEM	OUTCOMES AND STRATEGIES
S2	Healthy community
S2.1	Advocate on behalf of the community for improved access to health

COMMUNITY CONSULTATION

Strategic Community Plan Summary of Community's Highest Priorities

Community Survey			Community Drop in Sessions	"30 under 30" Youth Forum	Business Forum	Noongar "Have Your Say" Workshop
Unprompted: top priorities over next 3 years	Prompted: top priorities over next 3 years	Unprompted: most important improvement	Prompted: where would you spend more?	Unprompted: make Quairading more attractive to young people	Unprompted: highest priorities	Unprompted: highest priorities
▪ Economic Development Initiatives ▪ Roads, Footpaths and Drainage ▪ Health and Medical Services ▪ Parks, Playgrounds, Ovals and Reserves ▪ Attracting and Retaining Youth	▪ Improving road maintenance ▪ Attracting new business into the Shire ▪ Keeping young people in the Shire ▪ Improved health services ▪ Attracting new residents into the Shire	▪ Roads ▪ Health Care ▪ Youth ▪ Community consultation ▪ Customer service	▪ Economic Development Initiatives ▪ Health and Medical Services ▪ Roads, Footpaths and Drainage ▪ Recreation and Community Centres ▪ Parks, Playgrounds, Ovals and Reserves	▪ Industry and employment strategy ▪ Community playground/All year-round park ▪ Ski Lake ▪ Public Transport/ Taxi service ▪ Festivals and events that appeal to locals and visitors ▪ Large community noticeboard Notes: (i) a small community noticeboard has since been installed under the town clock (ii) see also the youth survey results pp. 31/32	▪ Light industrial area development ▪ Main highway signage ▪ Wi-Fi in the Shopping Precinct/Caravan Park ▪ Childcare five days a week ▪ Professional business training	▪ Youth ▪ Cemetery ▪ Badjaling ▪ Groves Reserve ▪ Housing ▪ Tourism ▪ Schools ▪ Doctors/Health

RISK ASSESSMENT – Risk Management Policy and Risk Management Governance Framework Applicable.

Refer to Confidential Report.

MEDICAL PRACTICE

REVIEW AND OPTIONS REPORT

APRIL 2019

Current Contract

The Contract is between Council and Dr Adenola Adeleye (Kingdom Medical P/L, now Noble Medicals Investment P/L) for a Term of 5 years commencing on the 1st October 2014 and due to terminate on the 30th September 2019.

The Contract has no Formal Options for Extension of the Contract, however, has wording as follows: "The Parties may review or vary the Engagement at the expiry of the Term".

Contract is for Clinical GP Services to be provided at the Quairading Medical Practice and for Attendance and Emergency Callouts at the Quairading Hospital.

Contract Services are to be provided from 12.30 pm Monday to 12.30 pm Friday.

The Contract provides for a Set Daily/Weekly Fee for Service with only CPI increases each Year in October based on the Perth CPI Increase as at the 30th June each year. This has provided some protection against the previous requests each year or so for an increase in the Salaried Doctor's Package. This Contract was entered into at a time when there was open competition between Councils/Communities on the Packages on offer to attract a Doctor to their community.

The Contract sets down that when there is no GP in attendance there will be no payment to the Contractor. It is highlighted that the Reception Staff are still required in attendance to attend to Enquiries, Appointments and Administrative tasks.

The Contractor Model secured GP Services for the 5-year Period and also meant that Council were not employing the Doctor on a salary with the associated liabilities of Annual Leave, Long Service Leave and Personal Leave entitlements. This has greatly reduced Council's financial exposure to Staff Leave Liability.

The Contract enables Council to receive all Income generated through Consultations at the QMP, various Incentive Schemes and also all the Income from the VMP (Visiting Medical Practitioner) Arrangement between Dr Ade and WACHS.

Model also provides the opportunity for the Solo GP to employ Associate Doctors to enable a 1 Week on 1 Week off Roster for Dr Ade and for relieving Locums for Periods of Leave.

The GP Contractor is responsible for arranging all Rostering of Qualified and Accredited / Credentialed GP's including Locum Doctors. The sourcing of Locum/s had previously been the responsibility of the Shire through the CEO and Practice Manager with AMA / Rural Health West assistance and the cost being fully borne by Council.

This Contract has maintained the status quo of Council employing the QMP Staff, maintaining the Practice premises and also providing accommodation to the Doctors (Shared accommodation in the Doctor's Residence).

The current Contract provides an Annual Payment to the Contractor in lieu of providing a motor vehicle. Council previously provided and maintained a motor vehicle to the salaried Doctor. The MV payment is fixed at $15,000 per annum and paid in October each year during the Term of the Contract.

Separate to the Contract, Council has an arrangement for a visiting Female Doctor to attend 2 days per month for female specific Consultations. This is arranged through Rural Health West / RFDS and generates an Income of $600 per month. It is expected that this alternative Service will continue in the future.

As part of the Review, Patient Numbers seen and Billings have been reviewed and additional hours of Consulting have been discussed with the Principal GP and Medical Practice Staff.

As Council is aware, in the 2018/19 Year the Operating Shortfall of the Medical Practice was budgeted to be $165,000 but it is projected will be in the order of $199,000 to the 30th June 2019. This variance can largely be attributed to the loss of Government Grants and Incentives and the

absence of the Practice Nurse which attracts an Incentive Payment of $23,000 in a full year and a reduction in Consultation Fees in the order of $16,500.

The Average Operating Shortfall borne by Council over the last 3 Financial years has been $159,999 per Year.

The Current Contractor Model requires Council procuring GP Medical Services under a Contract valued at over $150,000 and therefore any future Contractor Arrangement would be the subject of a Public Tender process under the Local Government Act 1995.

I refer to the Rural Health West's Review Report (below and attached) in regard to the current recruitment market for General Practitioners in Rural and Regional Areas.

Discussions with Dr Adenola Adeleye ("Dr Ade")

As a matter of courtesy and for transparency, I have met on several occasions with Council's Contractor GP, Dr Adenola Adeleye to discuss the Contract Review process and to enable both Parties to consider improvements to the current model and to assess the merits / disadvantages and risks of the various models operating in the Region.

Council's current Contractor Dr Adeleye is extremely interested in continuing in Quairading and has indicated that he will be willing to consider the various Models that are operating in the Wheatbelt.

These Models are further explained in the Section below.

Any Private Practice Model is a Service Agreement for an Agreed Term where the Principal GP has rights to occupy and Consult from Council's Medical Centre, rather than a Contractor Model (as Council would not be procuring and paying GP Contractor Fees).

Future Contract or Arrangement discussions have also addressed an increase the number of consulting Hours as the Doctor's Appointment Books are fully subscribed with the current hours and there often occurrences where patients are having to be rescheduled due the GP having to attend emergency cases at the Hospital. The suggested variation is to have Consulting hours commence at 10.30am on a Monday (or 10.30am Tuesday, if Monday a Public Holiday) and to extend Consulting to 2.30 - 3.00pm on a Friday.

Further discussions have been held in regard to individual Doctors and I have encouraged Dr Ade to recruit a further Doctor to improve choice of Doctors and to provide further cover for periods of Annual leave and professional development.

Dr Ade has agreed to the additional Hours and seeking out additional GP in a future Model.

Dr Ade has also been receptive to the Private Practice Model with Council Support (similar to that operating in the Shire of Bruce Rock) for a minimum Period of 5 years.

Rural Health West (Attachment Rural Health West Review Report)

Current Recruitment Environment

Rural Health West have provided the following commentary on the recruitment of GP's within Rural and Regional WA.

Currently (March 2019) there are 106 GP vacancies within the rural and regional Areas.

15 GP vacancies are currently being advertised in the Wheatbelt. 13 Vacancies are seeking additional Doctors to the various Practices. Two (2) are seeking Solo GP's, these being Dalwallinu and Kununoppin.

Wheatbelt Locations seeking GP's include:-

- Beverley
- Cunderdin
- Dalwallinu
- Jurien Bay
- Merredin
- Narrogin

- Northam
- York

It is highlighted that the Shire of Dalwallinu has recently been out to Public Tender and accepted a Corporate Entity to operate and provide GP Services and the Group (with the help of Rural Health West) have been unsuccessful in finding a permanent GP and are currently operating on a Roster reliant on Locum Doctors to Consult in Dalwallinu.

On the recruitment side, 29 GP's have been recruited into the Wheatbelt in the past 5 years. The average days to recruit a GP is 271 days, ranging from 42 days out to 635 days.

57.2% of GP's in Rural and Remote areas obtained their basic medical qualification overseas and 60.5% of the Overseas Trained Doctors are Fellows (with Royal Australian College of General Practitioners). This is the preferred Qualification for a Solo Rural GP.

Rural Health West provided the following commentary: -

"Each of the Models described by Rural Health West includes pros and cons for the Shire and the Community. We acknowledge and understand WALGA's Recommendation for subjecting this Service (GP Service) to a competitive process, however there are inherent risks in pursuing this Option (Contractor Model).

Our key concerns are:-

- The incumbent GP is not interested in providing services under the proposed model selected by the Shire and does not provide an Expression of Interest / Tender.
- A suitable Service Provider is not found and the incumbent GP is disgruntled by the process and Quairading is left without a GP.
- A suitable provider is identified via the process, however during the transition period the Shire does not retain the services of a dedicated GP.

The Shire's objective for the GP Practice need to be clearly defined in order to recommend the most appropriate solution. A key Priority for the Shire is to retain stable quality GP Services for the community and based on previous conversations, the Shire and Community are satisfied with the services by the incumbent GP."

Rural Health West have repeatedly commented to the CEO on "how tight" the current recruitment environment is for GP's into rural and regional areas. Further additional pressure has also recently been noted with the reduction in the number of enquiries from Overseas trained Doctors (located outside of Australia) due to uncertainty with the Migration Policy changing with the ceasing of 457 Visas and replaced with the new TSS (Temporary Skills Shortage) Visas.

Practice Models

Rural health West has provided details of various Models that operate in the Wheatbelt and has provided a Report (attached) reviewing the Operating Models and their Recommendations.

Model 1 – Practice owned by Shire and operated by Principal GP

Model 2 – Practice owned by the Shire and operated by a Business Entity.

Model 3 – Practice owned and Operated by the Shire

Model 4 – Practice owned by the Shire and outsourced to a Practice Management Service Provider

Rural Medical Practice - Comparisons

I report that the following Shires CEO's were approached requesting details of arrangements they have for the provision of GP Services: -

Shire of Beverley

Shire of Bruce Rock

Shire of Corrigin

Shire of Cunderdin

Shire of Kondinin

Shire of Narembeen

All are largely based on the Private Practice Model but with a wide range of Support and / or Subsidies provided by the Council.

Shire of Bruce Rock

Private Practice Model with Council Support

The Bruce Rock Medical Centre has been supported by the Bruce Rock Shire for more than twenty years. It was originally located in the building that is now the Bruce Rock Day Care. In the early 2000's it was relocated to its current address adjacent to the hospital.

In order to attract doctors to live and work in town, the Shire has provided a house, car and the surgery at no cost. It has also guaranteed a minimum income level for local doctors.

Initially, the doctors ran their own private practice including recruiting an employing support staff for the practice and purchasing of consumables. Over time this arrangement has changed. The current arrangement, with Dr Chow, is for the Shire to provide staff and consumables, while the doctor pays the Shire a management fee. In addition to a resident General Practitioner, other services are also available at the Medical Centre with varying availability. These include a dentist, nurse practitioner, Women's Health GP, Counsellor, Child Health Nurse, Occupational Therapist, Speech Pathologist and Exercise Physiologist.

The Shire of Bruce Rock provides;

- House
- All outgoings for the house
- Provision of car including fuel and maintenance
- Surgery building and related capex.
- Surgery outgoings
- Furniture and equipment, including IT services
- Surgery staff
- Management fee (income) of approximately $55,000
- $25,000 Locum Allowance (Payment)

Approximate annual cost of $187,807 - $55,000 (income), Net Result $32,807.

Consulting Hours

Mon – 1.30pm to 4.30pm
Tues – Off (GP in Merredin)
Wed– 9am to 12noon – 1pm to 4pm
Thurs– 9am to 12noon – 1pm to 4pm
Fri – 9am to 12noon – 1pm to 3pm

Shire of Narembeen

Private Practice Model

"Dr Peter Lines has been with us for over 18 years so we have been blessed to have a continued service for all of that time. Most recent Agreement dates back to 2009.

The Shire owns the surgery, does not charge a rental and GP runs the practice employing all the staff. The Shire pays an annual Medical Centre Management Fee currently $38,000, supply and maintain a car which the Doctor's wife drives. Council pay for the power for the surgery and for water and garden maintenance at his personal Residence".

Consulting Hours
Mon to Thurs - 8am to 4pm (1hr lunch break)
Fri - 8am to 12.30pm

Once a month GP has a meeting at the Shire on a Wednesday (bringing Wed back to a half day), GP operates for a full day Friday of that effected week to make up the shortfall

---

Shire of Corrigin

Practice owned by the Shire and operated by GP

The Shire of Corrigin provides the following support to the GP:

- 4x2 bedroom house
- Utilities at house including power, water, gas, phone and internet as well as gardening
- Car Toyota Kluger for unrestricted business and private use (Perth every weekend)
- Car operating expenses including fuel, service, tyres etc.
- Medical centre at nil rent
- Operating expenditure for medical centre including utilities, phone, internet and gardening
- Office fit out with furniture, computers, printers and some medical equipment
- Software and IT support
- Insurance for house and medical centre
- Financial incentive payment $50,000

Doctor works 4 days per week and goes back to Perth on weekends.

GP has admitting rights to the Hospital

GP pays the Staff but Council provide financial incentive and also practice support.

The approximate costs to Council are:-

- Surgery $40,000
- Medical Support $170,000
- Vehicle $7,000
- House $30,000

Total Cost $247,000

Consulting Hours
Mon – 10am to 5pm (1hr lunch break each day no designated time)
Tues – 9am to 4.30pm
Wed – 9am to 4.30pm
Thurs – 8.30am to 3.30pm
Fri – Nil

Shire of Beverley

Private Practice Model with Shire Support (Minimal)

Council provides the following:

- Cullen House (Surgery) Free of charge. Council maintain office equipment, furniture and general medical equipment
- Motor Vehicle. Council are responsible for running costs excluding fuel. (licensing, insurance, servicing – Council's responsibility)
- Doctor's Residence. Free of charge. Council responsible for furniture, insurances, utilities

The practice is run by the Doctor, so Council has very little involvement in this side of the operation.

Beverley Shire currently budget as follows,

- Surgery Maintenance - $11,205.00.
- Capital cost for Medical equipment / computer hardware $20,000.00
- Motor Vehicle Operating Expense - $1,607.00.
- Capital cost for new vehicle $10,000.00
- Residence - $7,008.00

Consulting Hours
Operate with 3 GP's (sounds like a job share arrangement) but they have at least 1 GP on-site at all times for 5 days a week 9am to 5pm (no stipulated lunch break, just whatever they can get).

Lesser Shire Contribution can be attributed to the larger population and patient base in the Quairading District.

Shire of Cunderdin

Private Practice Model with Shire Support

Private Practice Agreement with GP who bears all Operating expenses of the Medical Practice and retains all Income derived.

In the first two years of the Agreement (2014-2016) Council agreed that in the event that the Practice Income minus Practice Expenses is less than $180,000 per annum Council would pay the GP the balance to achieve $180,000.

This required the GP to submit their Annual Profit and Loss Statements to Council to substantiate the Claim for the Salary Guarantee.

The GP has free use of the Surgery and Doctor's Residence is provided rent free.

The GP is required to maintain the premises.

Council provides and maintains a Motor Vehicle for the GP. All operating Costs including fuel and servicing are borne by Council.

Consulting Hours
Mon to Wed – 9am to 5pm (1hr lunch)
Thurs – 9am to 1pm
Fri – Nil

Shire of Kondinin

Shire owned Practice and Shire employ the GP Model

- Kondinin has an agreement where Council pay the Doctor an agreed daily rate directly and provide his car and accommodation. Kondinin also runs the medical centre and is responsible for its running costs. This is a shared service with Shire of Kulin.
- Shire of Kondinin receive all income for Consultations and Pharmacy.
- Shire Contact uncertain if WACHS / Hospital Payment made to Council or direct to the Doctor.
- Unable to ascertain the Total Costs of the GP service to both Councils.

Consulting Hours – solo GP across 3 Towns

Mon – Kondinin 9am to 4pm (no provision for lunch breaks on any day)
Tues – Kulin 9am to 3pm
Wed – Kondinin 9am to 4pm
Thurs – Hyden 10am to 3pm
Fri – Kulin 10am to 3pm

Advice from WALGA Procurement Team

If the current Contractor Model was to be progressed and proposed to be continued with into the future, WALGA recommends that "Best Procurement Practice" is to test the Market on a regular basis and every 5 years is considered reasonable timeframe. Testing of the market is via "Public Tender" provisions under Section 3.57 of the Local Government Act.

Strategic Implications

Community Survey			Community Drop in Sessions	"30 under 30" Youth Forum	Business Forum	Noongar "Have Your Say" Workshop
Unprompted: top priorities over next 3 years	Prompted: top priorities over next 3 years	Unprompted: most important improvement	Prompted: where would you spend more?	Unprompted: make Quairading more attractive to young people	Unprompted: highest priorities	Unprompted: highest priorities
▪ Economic Development Initiatives ▪ Roads, Footpaths and Drainage ▪ Health and Medical Services ▪ Parks, Playgrounds, Ovals and Reserves ▪ Attracting and Retaining Youth	▪ Improving road maintenance ▪ Attracting new business into the Shire ▪ Keeping young people in the Shire ▪ Improved health services ▪ Attracting new residents into the Shire	▪ Roads ▪ Health Care ▪ Youth ▪ Community consultation ▪ Customer service	▪ Economic Development Initiatives ▪ Health and Medical Services ▪ Roads, Footpaths and Drainage ▪ Recreation and Community Centres ▪ Parks, Playgrounds, Ovals and Reserves	▪ Industry and employment strategy ▪ Community playground/All year-round park ▪ Ski Lake ▪ Public Transport/ Taxi service ▪ Festivals and events that appeal to locals and visitors ▪ Large community noticeboard Notes: (i) a small community noticeboard has since been installed under the town clock (ii) see also the youth survey results pp. 31/32	▪ Light industrial area development ▪ Main highway signage ▪ Wi-Fi in the Shopping Precinct/Caravan Park ▪ Childcare five days a week ▪ Professional business training	▪ Youth ▪ Cemetery ▪ Badjaling ▪ Groves Reserve ▪ Housing ▪ Tourism ▪ Schools ▪ Doctors/Health

Figure 1: Rating of Importance of Shire Services

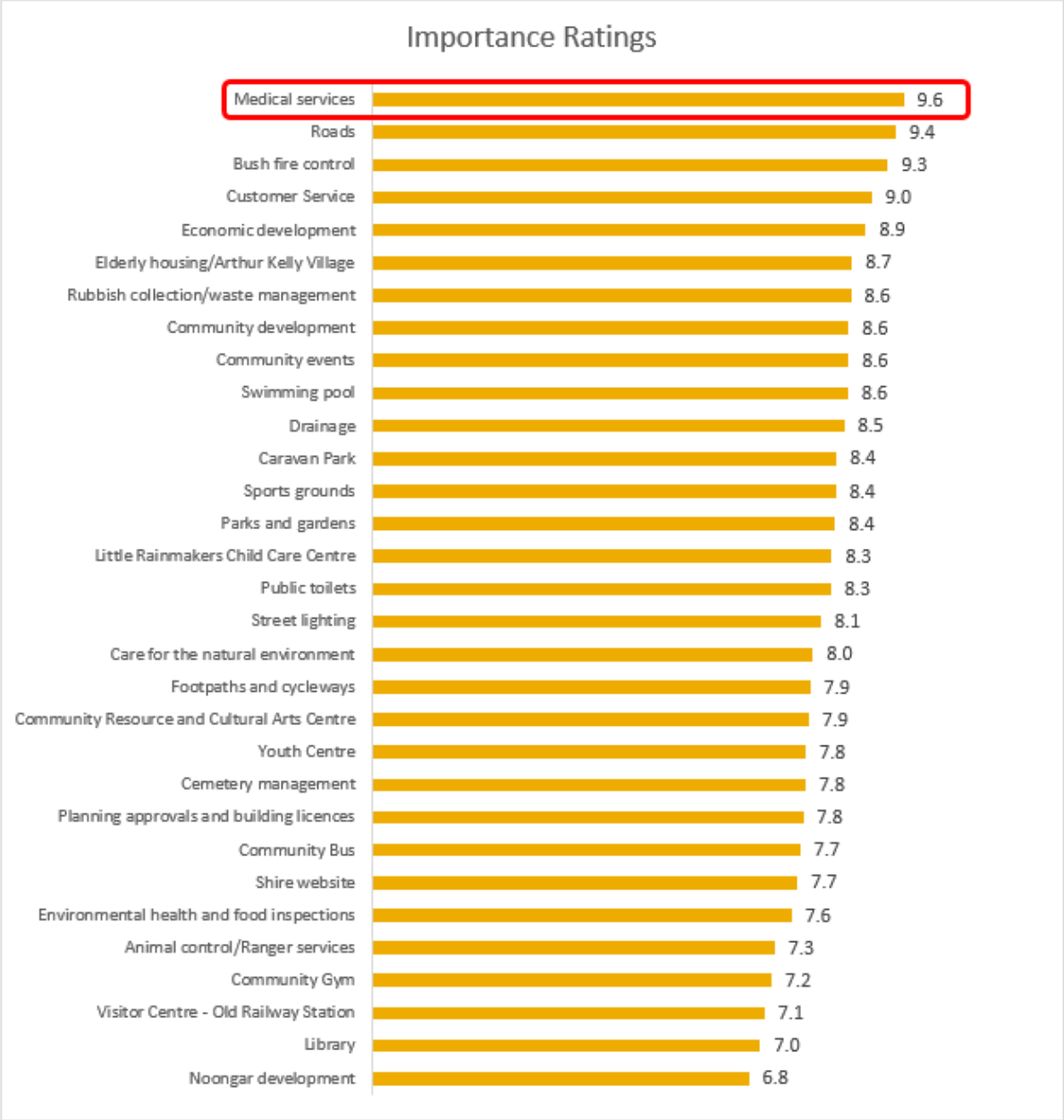


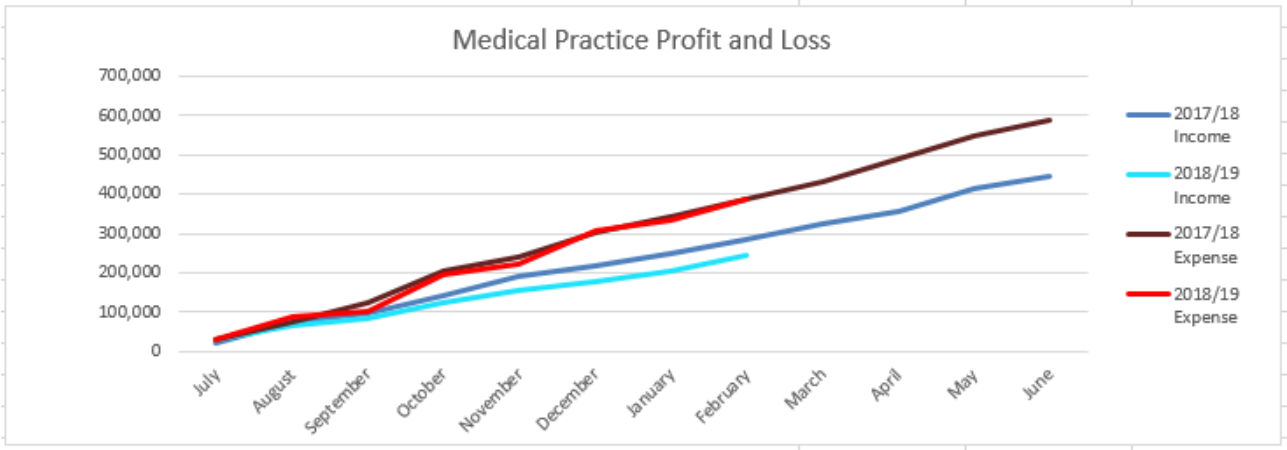
Figure 1: Importance of Shire Services from the 2017 Community Survey

Financial Implications

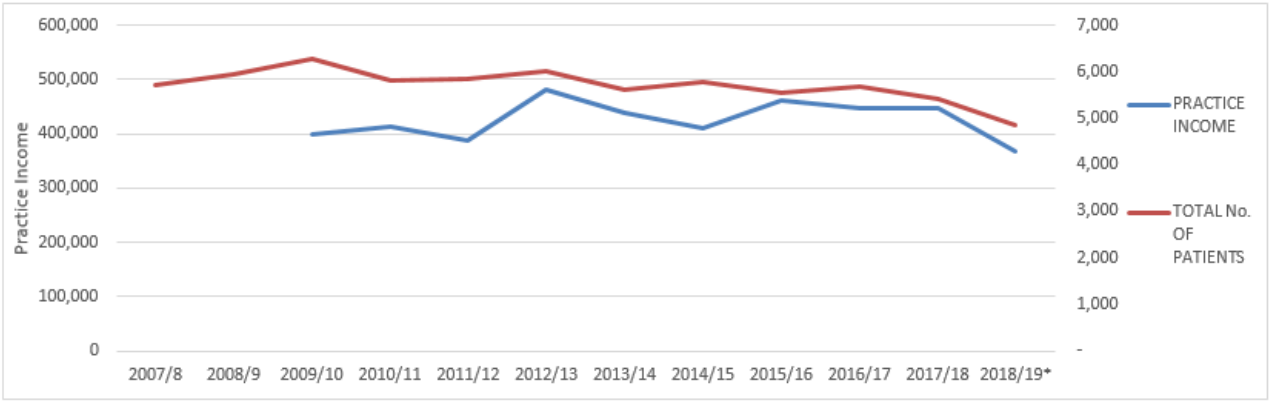
3 Year Profit and Loss and Building Costs (Table 1)

Year	Income	Operating Expense	Shortfall	Medical Centre	Doctors Residence	Cost of Buildings
17/18	443,693	604,642	- 160,949	19,850	14,372	34,222
16/17	436,954	601,669	- 164,715	19,565	18,254	37,819
15/16	442,884	597,218	- 154,334	14,263	9,163	23,426
Total	**1,323,531**	**1,803,529**	**- 479,998**	**53,678**	**41,789**	**95,467**
3 year Ave	441,177	601,176	- 159,999	17,893	13,930	31,823

Current to Previous Year Profit and Loss Comparison (Graph 1)



Long Term Patient Numbers and Practice Income (Graph 2)



*2018/19 Figures have been extrapolated based on the Figures to the end of February.

Attachment 2 shows the new Private Practice model and the detailed expense/ income of the new model for both parties.

Table 1 shows an average shortfall over the last 3 years of $159,999. The Private Practice model shows a provisional cost to Council of $165,447 (Attachment 2). This is $5,448 or 3.3% increase to the 3 year average. However Graph 1 shows the 2018/19 year to date income trending below the 2017/18 income. Additionally Graph 2 shows a 10 year timeframe of income, with the current year

extrapolation expected to be below the first year (2009/10). If inflation is included, this shows a long term decrease in the receipt of income.

A Private Practice model reduces the risk of decreasing income from larger factors such as changes to demographics. This gives it an advantage over the current model and gives the Shire a strong reduction in risk.

Under a Private Practice Model, Council will need to focus on keeping expenses under control, as under this model the only exposure to financial risk will be from the expenditure side. Over the past 3 years practice expenditure has only increased by 0.6% per year. Graph 1 shows that the current year expenditure is in-line with the previous year.

Risk Assessment

Financial – Risk Matrix Rating of Medium. The Contractor Model has provided stability of GP Service and Costs over the term of the current Contract. However this model has the risk of decreased income effecting the shortfall in future years. The Private Practice model will have the same exposure to financial risk on the expenditure side but will have greatly reduced exposure to any decreases to income of the period of the Agreement with this exposure being borne by the GP. However, some consideration may be needed to address the attractiveness of the Private Practice in the longer term, if income decreases or remains below inflation.

Health – Risk Matrix Rating of Medium. Risk Rating escalates if the Model / Contract is not reviewed in a timely and effective manner and a permanent GP Service is not secured by 30/9/2019. If Council is unable to maintain continuity of this Service in the district this will be a Major Risk and Community Members will travel to other Towns and regional Centres for GP Services.

Reputation – Risk Matrix Rating of Medium. Risk is mitigated with Council undertaking this Review and negotiation well prior to the expiration of the Term of the current Contract. Reputational Risk escalates if GP Services are not secured or completed in time to maintain a GP Service. There would be further reputational risk to Council, if Quairading Surgery patients are travelling to other Towns, which would more than likely lead to them shopping and conducting their business in the other Towns while attending the Doctor.

Operation – Risk Matrix Rating of Low. Current GP Service and associated Operational Costs are within Council's Corporate Plans and Budgets. If Council were unable to attract a permanent Doctor, there would be significant Operational Risk with Locums and also existing Medical Practice Staff being underutilised or not required. The proposed Private Practice model provides stability for the local Surgery Staff members and for Council.

Natural Environment – Risk Matrix Rating of Low.

COMMENT

Rural Health West have strongly recommended that Council negotiate a Private Practice Model with the current Doctor, Dr Adeleye to secure his continuing Clinical Services for the Surgery and Hospital. This Recommendation is based on the current very restricted environment for recruitment of GP's into the Regions.

It is recommended that the principle of a Private Practice Agreement be supported and that the CEO be authorised to negotiate with Dr Adeleye on the preparation of the Draft Private Medical Practice Agreement for presentation to and authorisation of Council prior to the 30th June 2019.

Graeme A Fardon
CEO

MEDICAL PRACTICE MODEL INCOME & EXPENDITURE - DETAILED

BASED ON 2018/2019 BUDGET

INCOME		BUDGET 18/19
INTEREST - SUPPORT PACKAGES	$	2,000
HIC PAYMENTS (PIP) & (SWWML) & (CIR)	$	20,000
RFDS PAYMENTS	$	4,800
PRACTICE NURSE INCENTIVE GRANT (To be paid to the Shire)		
RECEIPTS FROM CONSULTATIONS	$	64,200
VTA BENEFIT / M 'CARE	$	220,000
SiHi GP INCENTIVE (No longer available)	$	-
VMP PAYMENTS	$	95,000
SUNDRY INCOME	$	-
TOTAL CASH INCOME	**$**	**406,000**

EXPENDITURE		BUDGET 18/19
Wages		
PRACTICE NURSE (2 days a week)	$	29,380
PRACTICE MGR / RECEPTIONISTS - Job Share 3 Staff (1.6 FTE)	$	99,801
Super		
PRACTICE NURSE	$	2,791
PRACTICE MGR / RECEPTIONISTS - Job Share 3 Staff (1.6 FTE)	$	9,709
Insurance		
WORKERS COMPENSATION @ 2.3%	$	2,972
MEDICAL INDEMNITY/PROFESSIONAL FEES	$	990
Other		
STAFF DEVELOPMENT	$	1,000
MATERIALS		
MATERIALS - MEDICAL/OTHER	$	8,214
UTILITIES		
ELECTRICITY CONSUMED	$	1,900
PHONE	$	4,200
POSTAGES, PRINTING, STATIONERY, ETC	$	4,850
OTHER		
MINOR CAPITAL EXPENDITURE ITEMS	$	3,000
COMPUTERS - MTCE (NON CAPITAL)	$	3,000
CREDIT CARD MERCHANT FEES	$	500
OTHER SURGERY EXPENSES	$	16,140
TOTAL CASH EXPENDITURE	**$**	**188,447**

Current Model		
Current Contract Fee 7F/N@$16353.9 19F/N @$16452.00	$	427,065
Annual Payment in lieu of Motor Vehicle	$	15,000
	$	**442,065**
New Private Practice Model		
Doctor to receive all Income Generated (exc PN Incentive Scheme)	$	406,000
Allowance in lieu of Motor Vehicle	$	15,000
	$	**421,000**
Surgery and Residence remain Rent Free to the Doctor		
Shire Contribution		
Operating Expenses - Wages, Super and all Operating Costs	$	188,447
Less Practice Nurse Incentive Income	-$	23,000
Nett Cost to Council	**$**	**165,447**
Other Costs borne by Council		
Surgery Building Maintenance (exc Depn)	$	27,000
Doctor's Residence Maintenance (exc Depn)	$	16,783
Total Commitment by Shire	**$**	**209,230**

RURAL HEALTH WEST

Quairading Medical Practice

Review of Operating Models and Recommendations

March 2019

Table of contents

Introduction

Rural Health West is a not-for-profit organisation committed to ensuring people living in country communities have access to medical and health services. Rural Health West is funded by the Australian Government Department of Health and the Government of Western Australia - WA Country Health Service to deliver programs designed to attract, recruit and support medical and health professionals to work in rural Western Australia. Rural Health West is well placed to identify and implement solutions designed to address health workforce issues through our collaborative work with government agencies, private organisations and other non-government organisations at local, state and national levels.

Following a meeting with the Shire of Quairading CEO, Graeme Fardon on 8 February 2019, Rural Health West has been invited to submit a report providing an overview of:

- General practice in rural Western Australia; and
- General practice operating models

Rural Health West services and recommendations are also included in this report.

Required GPs by population

Nationally there are 36,938 GPs with 3,875 in Western Australia and 992 in rural WA. The number of GPs per 100,000 of the population decreases by 8.6 per cent for WA and a further 15.2 per cent for WA outer regional, remote and very remote locations.

2017/18 period	GP Headcount	Full Service Equivalent (FSE)	Per 100 000 population
Australia	36,938	25,149	102.2
Western Australia	3,875	2,404	93.4
WA outer regional, remote and very remote	664	266	77.9

Australian Government Department of Health, General Practice Workforce Statistics – national, state & remoteness area 2000-01 onwards

The FSE is a calculation of work days, number of services and schedule fee billings to determine a measure of GP workload. One FSE is approximately equivalent to a workload of 7.5 hours per day/5 days a week.

The national number of GPs per 1,000 is currently 1.38 FSE and the WA figure sits lower at 1.26 FSE GPs per 1 000. The current census data reports Quairading (S) (LGA) population at 1018 (Australian Bureau of Statistics, year 2017). Following the existing WA ratio, the expected number of GPs for Quairading is 1.28 FSE.

Snapshot of General Practice in rural Western Australia

Rural Health West maintains a robust database of the medical workforce in Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) 2 to 5 locations in WA. This database is updated each year through GP and practice surveys as well as ongoing workforce recruitment activity and workforce monitoring. It is the most comprehensive database of rural GPs working in WA. The data is collated, de-identified and compiled into a detailed annual report titled Rural General Practice in Western Australia: Annual Workforce Update[1]

Following is a snapshot of the data collected as of 30 November 2017. The 2018 update is due for publication in May 2019.

Number of rural GPs

As at 30 November 2017, the number of GPs known to be practising in RA 2 -5 locations was 992 (including GP Registrars). Fly-in/fly-out (plus drive-in/drive-out) represents the fastest growing GP cohort - 30.6 per cent higher than November 2016.

Age and gender

The average age of the overall rural GP workforce was 47.4 years, slightly lower than the previous year. The increasing proportion of female GPs in the workforce continued. 42.7 per cent of GPs working in rural and remote WA are female.

Location

The South-West region contained the largest number of GPs - 26.2 per cent of the rural and remote general practice workforce. It also experienced the largest increase in GP numbers. The 2017 census data for the Wheatbelt region showed 83 GPs employed in the region, an equivalent number to 2016.

Turnover

Turnover of the rural workforce between 30 November 2016 and 30 November 2017 was 11.6 per cent, a decrease of 2.2 per cent from the previous period. The Kimberley region experienced the greatest proportion of movements out (22.4 per cent of all departures), with the majority of these GPs moving interstate or to Perth. The South West region experienced the least outbound movement, with 10.3 per cent of GPs departing.

Working hours

The average self-reported hours worked in 2017 was 39.8 hours per week compared to 41.0 hours in 2016, a drop of 1.2 hours. Male GPs continued to work longer clinical hours than their female counterparts. GPs in the Wheatbelt region self-reported an average of 40.1 hours per week, higher than the state average.

[1] Rural Health West (2018). Rural General Practice in Western Australia: Annual Workforce Update November 2017. Perth: Rural Health West - https://ruralhealthwest01.blob.core.windows.net/www-production/docs/default-source/rural-workforce-data-and-information/rural-general-practice-in-wa---annual-workforce-update-2017.pdf?sfvrsn=2

Length of employment

The average length of employment in current rural practice was 7.2 years, which was 0.1 years lower than 2016. The Great Southern region had the highest proportion of long-stay GPs.

For the GPs in the Wheatbelt region:

- 39.5 per cent have worked in their current practice for greater than five years
- 40.8 per cent for one to five years
- 19.7 per cent for less than one year

Practice type

There were 935 rural GPs known to be practising in group practices and 57 GPs at solo practices as at 30 November 2017. The Wheatbelt region recorded the highest number of solo GPs 17.

Proceduralists

There were 192 rural GP proceduralists recorded as at 30 November 2017, equal to 2016. An increase was seen in GP obstetrician numbers and a decrease in GP anaesthetics. The number of rural GP proceduralists performing more than one procedure has decreased markedly in the past decade. In 2006, there were 14 GPs who practised all three procedures (obstetrics, anaesthetics and emergency), and 68 who practised two procedures, compared with two practising all three procedures and 36 practising two procedures in 2017. The GP proceduralist proportion of the overall workforce continues to decline annually.

International Medical Graduates (IMGs)

57.2 per cent of the rural and remote medical workforce in WA obtained their basic medical qualification overseas, 1.2 per cent higher than 2016 and the highest percentage recorded to date. 60.5 per cent of the IMG workforce were Fellowed, 12.5 per cent were on an accredited training program, 18.5 per cent were on a Rural Health West supported program, and 8.5 per cent were not on any specialist training program.

Recruitment background

The 'Finding My Place Report' published in 2015 identified and analysed the factors influencing the attraction and retention of doctors in rural WA. (http://www.ruralhealthwest.com.au/docs/default-source/marketing/publications/finding-my-place-for-web.pdf?sfvrsn=2)

A summary of the positive and negative factors are summarised in the table below:

Positive factors influencing the decision to go rural	Negative factors influencing the decision to go rural
• Aspiration to practice interesting, varied and challenging medicine • Previous connection with rural areas, including through under/ post graduate medical training • Desire for a flexible, relaxed and balanced lifestyle • Opportunity to practise procedural medicine • Opportunity to provide 'true' primary care, including continuity of care • Attractive remuneration package, including access to incentive programs, housing, motor vehicles and clinics in some locations • Opportunity for rural type recreational activities • Opportunity to practise with relative autonomy • Opportunity to work in two or more medical roles	• Concern about whether they and their family are suited to rural life • Concern about separation from family and friends • Concern about limited social and cultural opportunities for their family • Concern about limited access to goods and services • Concern about heavy workload, including on-call requirements at both the practice and local hospital • Concern that their clinical skills and experience are not broad enough for rural practice • Concern about limited access to professional development activities • Perception that rural general practice is less professionally respected than metro general practice or specialist practice • Concern about harsh environment

Finding My Place: Factors influencing the attraction and retention of doctors in rural Western Australia, volume 1 – feedback from rural doctors (2015)

The '*Finding My Place'* report indicates that some of the negative factors highlighted above are amplified for those GPs working in a solo practice. Solo GPs reported:

- Professional isolation
- Chronic heavy workload
- Lack of targeted professional support from the health system
- Increasing red tape and bureaucratic processes
- Difficulties managing local relationships
- Difficulty getting locum cover at reasonable rates
- Perception of inequitable hospital on-call rates from town to town
- Limited access to professional development
- Frustration at restrictive medical registration requirements
- Poor social and cultural fit with host community
- Concerns about having to manage a major trauma on their own

Wheatbelt additional recruitment background

Rural Health West currently has 106 GP vacancies advertised within rural and regional WA.

There are currently 15 GP vacancies in the Wheatbelt. All but two of the vacancies are seeking additional doctors to the practice. The vacancies in Kununoppin and Dalwallinu are currently seeking solo GPs. The average days the vacancies have been advertised is 443, ranging from 15 to 1,055 days.

Town	Number of vacancies
Beverley	1
Cunderdin	1
Dalwallinu	1
Jurien Bay	1
Kununoppin	1
Merredin	2
Narrogin	5
Northam	2
York	1
Total	**15**

29 GPs have been recruited to the Wheatbelt from 1 January 2014 to 13 March 2019. The average days to recruit these GPs is 271.32, ranging from 42 to 635 days.

Town	Number of Recruited GPs
Bindoon	1
Boddington	1
Corrigin	1
Kununoppin	2
Lake Grace	2
Lancelin	1
Merredin	2
Narrogin	2
Northam	9
Southern Cross	2
Toodyay	3
Wyalkatchem	2
York	1
Total	**29**

Quairading Medical Practice – background information

The Quairading Medical Practice is located at 19 Harris Street, Quairading WA. Quairading is classified as the following for health professional standards, incentives and various programs.

- Modified Monash Model 5
- Australian Bureau of Statistics: Australian Standard Geographical Classification - Remoteness Area (ASGC-RA) 3 – Outer Regional
- Australian Government Department of Health: District of Workforce Shortage

The practice is owned and operated by the Shire of Quairading. The Shire employs all staff and is responsible for accounts payable, payroll, public liability insurances and the overall coordination of the practice. All account receivables, including consultations, various Incentive Schemes and the income from the Visiting Medical Practitioner Arrangement between the doctor and WA Country Health Service (WACHS) are paid directly to the Shire. The current contract is between Dr Adenola Adeleye (Kingdom Medical P/L) and is due to expire on the 30 September 2019. The contract allows for Dr Adeleye to employ Associate Doctors to enable a one week on/off roster.

A visiting female GP visits the practice two days per month for female specific consultations. This is arranged through the Royal Flying Doctor Service.

The Quairading Medical Practice is usually open for appointments on the following days:

Monday	**12:30pm to 1:30pm and 2:00pm to 4:15pm**
Tuesday	**9:00am to 12:30pm and 1:30pm to 4:15pm**
Wednesday	**9:00am to 12:30pm and 1:30pm to 4:15pm**
Thursday	**9:00am to 12:30pm and 1:30pm to 4:15pm**
Friday	**9:00am to 11:30am**

The practice averages 98 patients per week, with 15 minute appointment intervals. The current GP is also contracted for attendance and emergency call-outs at Quairading Hospital.

General practice operating models

Generally, Shire GP practices are operated and managed using one of the four models. The selection of the most appropriate model must consider the specific demographics, services and resources available and required by the location. An overview of the four main models is detailed below.

Model 1 - Practice owned by a Shire and operated by Principal GP

A single GP enters into a contract with a Shire to operate the practice as their own business. This is often with support from the Shire which may include all or some of the following:

- Fully maintained practice premises
- Software and hardware for the practice
- A fully maintained house
- A fully maintained vehicle
- Payment of utilities expenses for the house and/or practice
- A cash 'top-up'

The amount of support depends on the Shire's financial position and the level of income that the practice is able to generate.

The GP will generally pay the cost of practice staff such as practice manager, receptionist and practice nurse, as well as the cost of consumables, practice insurances, telecommunications and other incidental costs.

All profits generated by the practice are retained by the GP. Income streams include:

- Medicare billings
- Private billings
- Incentive payments such as General Practice Rural Incentive Payment (GPRIP), Practice Incentive Payments (PIPs) and Country Health Innovation (CHI)
- Medical Services Agreement with WA Country Health Service (WACHS) payments for hospital work

To successfully operate the practice under this model the GP must:

- Have full vocational registration with the Medical Board of Australia
- Be a permanent resident of Australia

This model has proven successful when the practice and hospital billings do not generate sufficient income to cover the GP's salary and meet the practice running costs.

Benefit to Shire	Risks to Shire
• Long-term contract agreement, ensuring ongoing clinical services to the community • Day-to day running of practice and operating costs outside of Shire remit	• Challenges in recruiting and retaining suitably-qualified GPs • Significant financial support is required from the Shire to maintain the service

Model 2 - Practice owned by a Shire and operated by business entity, who supplies GPs

This occurs when a private or corporate business enters into a contract with the Shire, to operate the practice and supply their own GP to service the town. The revenue generated is the same as Model 1 and is retained by the entity. Shire support is often provided in this model for items described in Model 1.

Model 2 can work successfully if the entity is able to source and provide a high quality GP(s) who remain in the location for a reasonable length of time. However, it does not always guarantee continuity of care, as it leaves the entity with the freedom to supply multiple GPs working on a rotational basis. This also gives the entity the option to place GPs who are not yet fully qualified in solo practices, as remote supervision can be provided by other GPs within the entity, satisfying the supervision requirements of AHPRA. Success of this model is dependent on a reliable, quality entity providing reliable, quality GPs.

Benefit to Shire	Risks to Shire
• Long-term contract agreement, ensuring ongoing clinical services to the community • Day-to day running of practice and operating costs outside of Shire remit	• Mitigating community concern regards potential disruption of continuity of care • Significant financial support is required from the Shire to maintain the service in the community

Model 3 - Practice owned by a Shire and operated by Shire

Typically this model will see a GP enter into a contract with a Shire to deliver medical services to the community. All incomes generated are paid directly to the Shire and the GP is paid a set daily/weekly fee for service. As this is a contractor arrangement, the Shire is not bound by annual leave, long service leave or personal leave entitlements. The Shire is responsible for all operating costs.

Benefit to Shire	Risks to Shire
• Long-term contractor agreement, ensuring ongoing clinical services to the community	• Since GPs are paid a set fee for service there is the risk that the GP may not be incentivised to generate Medicare income to its full potential • Challenge in recruiting and retaining suitably-qualified GP • Day-to day running of practice and operating costs the responsibility of the Shire • Significant financial support is required from the Shire to maintain the service

Model 4 - Practice owned by a Shire and out-sourced to a practice management service provider

Typically this model will see a practice management service provider enter into an agreement with a Shire to manage the day to day administration of the practice. The benefit of this model is that the practice management service is responsible for:

- Training of practice staff
- Developing collegiate and support networks between health professionals and practice staff
- Maintaining and managing IT systems and medical software
- Managing appropriate insurances and risk mitigation strategies
- Managing Medicare billing compliance and training
- Streamlining practice processes and procedures to maximise efficiency

Alongside this model, Model 1 or 3 can also be applied as employing entities for the GP and practice staff. The decision to adopt this model is focussed on optimisation of the GP practice and reducing the administration and compliance risks associated with the practice. This model requires less involvement by the Shire in the day-to-day management of the practice.

Benefit to Shire	Risks to Shire
• Long-term contractor agreement, ensuring ongoing compliant and efficient management of the practice • Improved IT, processes and systems which positively impacts the viability of the practice • Collegiate networks which extend outside the town are developed and support the retention of staff • Training needs and requirements for staff are identified and managed	• Costly service provider management fees • Requires the adoption of Model 1 or 3 to employ the GP and practice staff • Challenges in recruiting and retaining suitably-qualified GPs • Shire will need to provide financial support to the practice/ GP

Long-term this solution could be applied to improve the management, quality of care and financial viability of the practice. Improving how the practice is managed and run will ensure that when required in the future, the Shire will be more likely to attract a large group of interested parties and over time reduce the financial dependence of the practice on the Shire. Model 4 can be viewed as a transitionary model taking the Shire from its current model and moving it toward Model 2 in the longer term without any service disruption to the community.

Recommendations

Each of the models described above includes pros and cons for the Shire and community. We acknowledge and understand WALGA's recommendation for subjecting this service to a competitive process; however, there are inherent risks in pursuing this option. Our key concerns are:

- The incumbent GP is not interested in providing services under the proposed model selected by the Shire and does not provide an expression of interest
- A suitable service provider is not found and the incumbent GP is disgruntled by the process. Quairading is potentially left without a GP
- A suitable provider is identified via the process, however during a transition period the Shire does not retain the services of a dedicated GP

The Shire's objectives for the GP practice need to be clearly defined in order to recommend the most appropriate solution. A key priority for the Shire is to retain stable quality GP services for the community and based on previous conversations the Shire and community are satisfied with the services provided by the incumbent GP.

The table below details further recommendations which need to be considered in the adoption of each model.

Model	Recommendations
• Model 1 - Practice owned by a Shire and operated by a principal GP	• Rural Health West recommends sourcing a GP who is Fellowed with specialist registration. It is less desirable to source a GP with limited registration to a solo location due to supervisory requirements. Likewise, GPs with general registration may be restricted with full access to the Medicare rebate, impacting out-of-pocket expenses paid by private patients. See GP Registration – explanatory notes below
• Model 2 - Practice owned by a Shire and operated by a business entity	• Rural Health West recommends entering into an agreement with a business entity with experience in managing general practices in rural Western Australia
• Model 3 - Practice owned by a Shire and operated by a Shire	• Rural Health West recommends engaging a third party to explore the operations of the general practice to identify opportunities for improvement, particularly in the area of revenue enhancement and utilising the Practice Incentives Program to its upmost

Model	Recommendations
• Model 4 - Practice owned by a Shire and out-sourced to a practice management service provider	• If the Shire would like to improve the financial viability/ profitability this model would be recommended. This will provide a period of transition and adjustment to a more commercially viable model without risking the existing GP service to the community • Rural Health West recommends entering into an agreement with a service provider experienced in managing general practices in rural Western Australia

Further Considerations

Consideration 1

It should be noted the current GP at Quairading Medical Practice may not express an interest in the proposed model or may not be the successful candidate. The Shire should be prepared for mitigating community concern if there is a loss of a long-term GP or a period of transition.

Consideration 2

House provided and car (or car compensation) is a typical benefits provided to GPs and their families living in a rural community.

Rural Health West support and services

Rural Health West is committed to supporting shire-run and shire-supported general practices in a range of ways, including recruitment, sourcing locums, providing orientations for new staff and developing unique solutions to address local health workforce issues. Should the Shire of Quairading proceed with expressions of interest from individuals/ groups we can assist in the following ways:

Recruitment support

- Advertising expression of interest on Rural Health West website and social media platforms
- Promoting expression of interest to known contacts, including suitable entities who provide GPs and practice management services to rural GP practices
- Advertising costs up to $4,000 to publicise in medical recruitment publications
- Screening expressions of interest
- Participation in interview panels
- Creating and distributing projected income and expenditures for potential principal GPs, business entities or service providers

On-boarding of new GPs

- We can provide a comprehensive orientation to GPs commencing work in rural Western Australia

Locum support

- Through our locum doctors placement service we can provide support with securing locum GPs should there be a transition between departing and commencing GPs

Practice Assist

Practice Assist is a jointly funded practice support service operated by WAPHA and Rural Health West. The service provides a range of materials and support services designed to support GP practices across the State. Shires and practices have free access to a telephone help-desk, practice support visits and practice management resources. More information and support is available on the Practice Assist website www.practiceassist.com.

GP Registration – explanatory notes

- Fellowed GP with specialist registration (granted by the Australian Health Practitioner Regulation Agency (AHPRA)) able to work unsupervised anywhere in Australia, unless still bound by the ten year moratorium. Can claim 100 per cent of the Medicare rebate
- GP with limited registration (granted by AHPRA) will require supervision. Supervision may be granted at level 1 to 4, with four allowing off-site supervision. Unless on a formal workforce or training program, GP cannot claim 100 per cent of Medicare rebate
- GP with general registration (granted by AHPRA) will not require supervision. Unless on a formal workforce or training program, GP cannot claim 100 per cent of Medicare rebate

Abbreviations

AHPRA – Australian Health Practitioner Regulation Agency

CHI – Country Health Innovation

FSE – Full Service Equivalent

GP – General Practitioner

GPRIP – General Practice Rural Incentive Payment

IMG – International Medical Graduate

MMM – Modified Monash Model

PIP – Practice Incentive Payment

SIHI – Southern Inland Health Initiative

VMP – Visiting Medical Practitioner

WACHS – WA Country Health Service

WAPHA – West Australian Primary Health Alliance

Contact: Rural Health West Workforce Solutions

Phone: 6389 4500

ITEM 7 CLOSURE

There being no further business, the Chairperson closed the Special Council Meeting at _____ pm.