

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-11, 23 February 2011

Question: E11-196

OUTCOME 12: Health Workforce Capacity

Topic: GP INCENTIVES

Written Question on Notice

Senator Adams asked:

What effect has the so-called 'scaling' of GP incentives (by rurality, using the ASGC-RA classification system) had on use and effectiveness of the scheme?

Answer:

Scaling is used in three areas:

General Practice Rural Incentives Program (GPRIP)

The General Practice Rural Incentives Program (GPRIP) commenced on 1 July 2010. GPRIP comprises:

- GP component (previously known as the *Rural Retention Program-RRP*)
- Registrar component (previously known as the *Registrars Rural Incentive Payment Scheme-RRIPS*)
- Rural Relocation Incentive Grant (RRIG).

Grants are paid on a retrospective basis and depending on the medical practitioner's circumstances payments are made after two or four active quarters.

As at 13 March 2011, 2,333 medical practitioners have received payments under the GPRIP totalling around \$15.5 million.

In addition, 38 medical practitioners have been approved under RRIG with the first payments due after the June 2011 quarter.

As the majority of payments will not be made until after the June 2011 quarter, which is after four active quarters, it is too early in the life of the program to comment on the uptake and effectiveness of GPRIP.

Scaling incentive for overseas-trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS)

The OTD scaling initiative is a non-cash incentive offering opportunities to reduce the ten year moratorium restriction period. Eligibility for the incentive is assessed by Medicare Australia on a monthly basis. Since 1 July 2010, an average 1,910 doctors have been in receipt of the scaling incentive each month.

HECS Reimbursement Scheme

Between 1 July 2010 to 28 February 2011, 325 participants received payments totalling \$3.06 million through the HECS Reimbursement Scheme. This represents a 7% increase in payments when compared to the period between 1 July 2009 and 28 February 2010 during which the scheme made payments totalling \$2.84 million to 330 participants.

As scaled payments using the ASGC-RA system have only been in operation for less than 12 months, the modest increase is only indicative of the effect these changes have had on the scheme.