



Response to

**Review of the General Practice Rural Incentive Programme
(GPRIP)**

Submission of
Association of Medical Recruiters
Australia & New Zealand
(AMRANZ)

Member Group of

The Recruitment and Consulting Services Association (RCSA)
December 2014

Association of Medical Recruiters
Australia and New Zealand
RCSA Head Office
PO Box 18028 Collins St
East Victoria 8003
Tel: + 61 3 9663 0555
Email: amranz@rcsa.com.au
www.rcsa.com.au

Introduction to AMRANZ

The Association of Medical Recruiters of Australia and New Zealand (**AMRANZ**) was established in 2005, as a Special Interest Group, under the auspices of the Recruitment and Consulting Services Association (RCSA).

AMRANZ provides a focal point for recruitment consultancies whose business is the recruitment of medical practitioners into and within Australia and New Zealand.

All AMRANZ Members abide by the RCSA Code for Professional Conduct and Disciplinary and Dispute Resolution Procedures (DDRP).

AMRANZ has an elected Council whose role it is to represent the views of Members and to develop training and information to assist with their business growth and provision of excellent service.

Introduction to RCSA

The Recruitment and Consulting Services Association Australia & New Zealand (RCSA) is the leading industry and professional body for the recruitment and the human resources services sector in Australia and New Zealand. It represents over 3,300 Corporate and Individual members. RCSA members provide permanent full time, permanent part time, casual and on-hire workers to a range of businesses across almost all industries throughout Australia and New Zealand. On-hire workers are often referred to as 'labour hire workers', 'agency workers', 'temporary employees' and a range of other titles. The term on-hire has been incorporated into Modern Awards and will be used for the purpose of clarity.

Members of RCSA provide advice, information, support and guidance in relation to recruitment and employment matters to employers and workers from small and medium sized businesses to multinationals.

The RCSA membership is focused on ensuring the most positive outcomes for business, workers and workplace relations across Australia. The RCSA sets the benchmark for industry standards through representation, education, research and business advisory support so Members may concentrate on their core business. All RCSA Member organisations and Accredited Professionals agree to abide by the ACCC authorised RCSA Code for Professional Conduct.

RCSA members work first hand with the Fair Work Act and Modern Awards on a day to day basis. Their knowledge, understanding, interpretation and support of the aims of the Act are evident in dealings that they have with their clients and employees on a day to day basis.

RCSA Code for Professional Conduct

The RCSA has a Code for Professional Conduct which is authorised by the ACCC. In conjunction with the RCSA Constitution and By Laws, the Code sets the standards for relationships between Members, best practice with clients and candidates, and general good order with respect to business management, including compliance. Acceptance of, and adherence to, the Code is a pre-requisite of Membership. The Code is supported by a comprehensive resource and education program and the process is overseen by the Professional Practice Council, appointed by the RCSA Board. The Ethics Registrar manages the complaint process and procedures with the support of a volunteer Ethics panel mentored by RCSA's Professional Practice barrister.

RCSA's objective is to promote the utilisation of the Code to achieve self-regulation of the on-hire worker services sector, wherever possible and effective, rather than see the introduction of additional legislative regulation.

Introduction

The Association of Medical Recruiters Australia & New Zealand (AMRANZ) is pleased to provide a submission to the Independent Expert Panel to guide the redesign of the General Practice Rural Programme (GPRIP). This response follows consultation with AMRANZ members.

AMRANZ supports the changes proposed in the Modified Monash Model and the introduction of seven categories based on current population data. AMRANZ believes the GPRIP programme should focus its attention on incentives and grants that attract doctors to work in rural and remote areas.

A number of services such as the Rural Health Workforce Agency (RHWA) and the like already exist to support doctors and their families in rural and remote areas. AMRANZ believes these services require further review in order that they better address the retention of doctors and are more closely aligned to the identified *home and family* considerations which have a significant influence on the decision of a doctor to take-up a rural or remote placement.

Within the following submission we have responded to several questions we feel require further consideration in order to provide a sustainable and realistic platform for the recruitment of GP's and GP Registrars to work in rural and regional areas of Australia.

Background

Over the past decade the demand for doctors has not kept pace with a growing demand for medical services in rural and regional areas of Australia.

Introduced in 2010, the GPRIP programme provided payments and incentives to doctors who relocated to rural and regional areas. These payments were based on the level of remoteness, their level of Medicare billing and the length of time they provided services in these areas.

While the GPRIP has faced a number of criticisms since its introduction the fact remains that the distribution of medical workforce has remained uneven and has not met the growing needs and expectations of remote communities.

This may be attributed to a number of well documented factors, however in this submission AMRANZ intends to focus on commentary that we hope will contribute practically toward a sustainable programme that reflects the realities of recruiting doctors to work in rural and regional areas.

The Cycle of Life and Family: AMRANZ believes the cycle of Life and Family has a significant influence on the willingness and availability of doctors to take-up rural and regional placements.

The proposed GPRIP model needs to better recognise that while doctors, or a spouse, with a rural background is the most likely candidate to return to these areas on completion of their training, doctors who are born and educated in urban areas may undertake a placement in a rural or regional area, but are much less likely to remain in a rural or regional area.

The cycle of life and family is influenced by a number of factors including: home and work life balance, the location of family, education (primary and secondary), the opportunity for employment of a spouse or family members of working age and a number of other factors. Many of these are identified by The Australian Journal of Rural Health (2012) and in the paper *Recruitment and Retention of Rural GP's: The role of skill substitution and home and work balance* by Dr Chris Peterson, School of Social Sciences at Latrobe University.

The result of these factors is that a majority of urban based and educated doctors regard a placement in a rural or regional area as a short-term career opportunity, with a minority regarding such a placement as a longer-term lifestyle opportunity.

Incentives payments are currently based on a model of the longer you stay, the more you are paid which is counter to contemporary work practices and the desired career trajectory for a majority of doctors and healthcare workers.

The National Strategic Framework for Rural and Remote Health (2012)¹ reflects the changing demand for health services in regional and remote Australia. Objectives 3.1 and 3.2 (page 43) of the Strategic Framework also reflect the changing needs and practices of the health workforce with a greater focus on bundling financial and non-financial incentives and to promoting healthy work environments.

“The Life and Family cycle is top of mind for GP’s when they are considering any job opportunity. While the children are at primary school, rural and regional facilities are alright. Once the children reach year 5, the majority have already committed to return to the city for secondary schooling.”

AMRANZ member recruiter based in Queensland.

A substantial growth in the proportion of women in the medical workforce is also affecting the ability of programmes such as GPRIP to achieve their objectives with women rating home and family needs highly (noted McMurray et al., 2002, Ozolins et al., 2004, Roach 2002, and Wainer 2004).

Retention Payments

2. When is a suitable time to commence retention incentives?

The Australian Government has undertaken in the National Strategic Framework for Rural and Remote Health (2012) to reduce the inequalities in health outcomes and service delivery that are currently experienced by rural and remote Australians¹.

AMRANZ believes the recruitment and attraction of doctors to rural and regional areas should focus the largest proportion of incentives on attraction in the first two to three years by ‘front-end’ loading incentives in order to attract the best doctors in years one to three.

This would more closely reflect workforce and productivity cycles experienced in urban medical and hospital settings and provide a closer alignment of medical workforce strategies employed between rural and urban areas. The health workforce is a global workforce and Australia is competing with countries around the world for the same doctors.

It will however require a change in the design and management of the rural and regional healthcare workforce to refocus efforts on attraction rather than retention, and to reducing the level of incentives for a doctor with service beyond five years.

“Once a doctor has worked in a rural or regional setting for greater than 5 to 7 years they are there to stay. Those incentives have well and truly served their purpose by then, and yet they continue to be paid, tax free.”

AMRANZ member recruiter based in Melbourne

¹ [National Strategic Framework for Rural and Remote Health](#) (2012)

AMRANZ believes this will overall increase the number of doctors taking up placements in rural and regional areas and with the assistance of effective support services increase the likelihood of a greater number of doctors choosing to remain in regional and rural areas.

4. Should the current policy of scaled incentives be maintained? If scaled incentives continue, at what point should they reach a maximum?

AMRANZ supports scaled incentives. However we believe that incentives should be focused on attracting the best, and more, doctors to rural and remote areas through a higher incentive during year one to year three, followed by a reduced scaled incentive for years four and five. Incentives should further reduce for time served beyond year five and end at year ten.

Relocation Payments

1. Do you think that relocation grants encourage doctors to move to rural or remote location?

AMRANZ supports the use of relocation grants to attract doctors to rural and remote locations. This fits with our earlier commentary about refocusing the GPRIP programme to attraction of the best doctors to work in rural and remote settings, and to experience the lifestyle and benefits available in those communities.

While not all doctors will remain in a rural or remote setting in the long-term the benefits of a greater number of doctors, working in a greater number of placements will overall better serve these communities and raise health outcomes and the level of healthcare service delivery.

Conclusion

AMRANZ is currently awaiting further input from member recruiters in order to provide commentary in relation to Question 4: *Do you think the current locum rule is fair and question?*, and to Question 9 in Retention Payments: *Do you agree with current policy to determine payment rates for doctors working in multiple locations?* We will provide this to the Independent Expert Panel in early January 2015.

AMRANZ would welcome the opportunity to discuss this submission or the GPRIP programme further with the Independent Expert Panel. Please contact Simon Schweigert AMRANZ Secretariat on sschweigert@rcsa.com.au or via tel: +61 3 9663 0555.