Special Council Meeting

21 September 2022

Minutes

To: The President and Councillors.

Here within are the Minutes of the Special Council Meeting of the Shire of Toodyay held on the above-mentioned date in the Shire of Toodyay Council Chambers, 15 Fiennes Street, Toodyay WA 6566.

The Special Meeting was convened in accordance with section 5.4(a)(ii) of the *Local Government Act 1995* for the purpose of considering the following report:

6.1.1 GP and Allied Health Services at Alma Beard Medical Centre

and other matters related thereto.

Suzie Haslehurst

CHIEF EXECUTIVE OFFICER

Our Vision, Purpose and Values

The Shire of Toodyay works together with the community to obtain the best possible social, economic, and environmental outcomes for the people of Toodyay.

Vision: We are a vibrant rural community that respects our environment, celebrates our past and embraces a sustainable future.

Purpose: Local Government and community working together to obtain the best possible social, economic, and environmental outcomes for the people of Toodyay.

Community Values: We value highly:

- Our sense of community support and spirit;
- Our natural environment and healthy ecosystems;
- Our rural lifestyle;
- Our historic town; and
- Our local economy built on agriculture and emerging tourism, arts and cultural opportunities.

Shire Values: To progress the community's aspirations, the Shire is guided by:

Integrity: We behave honestly to the highest ethical standard.

Accountability: We are transparent in our actions and accountable to the community.

Inclusiveness: We are responsive to the community and we encourage involvement by all people.

Commitment: We translate our plans into actions and demonstrate the persistence that produces results.

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 Toodyay during the course of any meeting is not intended to be and is not to be taken as notice of approval from Council. 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. Any plans or documents contained in this document may be subject to copyright law provisions *(Copyright Act 1998,* as amended*)* and the express permission of the copyright owner(s) should be sought prior to reproduction.

Availability of Meeting Agenda and its Attachments

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http://www.toodyay.wa.gov.au/Council/Council-Meetings

Agendas & Minutes are located under the heading "Council Meetings" at

http://www.toodyay.wa.gov.au/Council/Council-Meetings/Agendas-Minutes-and-Notes

Public copies are available by contacting the Shire on (08) 9574 9300.

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Preface

When the Chief Executive Officer approves these Minutes for distribution they are in essence "Unconfirmed" until the following a Special Meeting of Council, where the Minutes will be confirmed subject to any amendments made by the Council.

The "Confirmed" Minutes are then signed off by the Presiding Person.

Attachments that formed part of the Agenda, in addition to those tabled at the Council Meeting are put together as a separate attachment to these Minutes with the exception of Confidential Items.

Confidential Items or attachments that are confidential are compiled as separate Confidential Minuted Agenda Items.

Unconfirmed Minutes

These minutes were approved for distribution on 27 September 2022.

Suzie Haslehurst

CHIEF EXECUTIVE OFFICER

Confirmed Minutes

These minutes were confirmed at a meeting held on 28 September 2022.

Signed: .....

Note: The Presiding Member at the meeting at which the minutes were confirmed is the person who signs above.

1 DECLARATION OF OPENING / ANNOUNCEMENT OF VISITORS

Cr R Madacsi, Shire President, declared the meeting open at 1.43pm and read aloud an Acknowledgement of Country:

"*I acknowledge the Ballardong Noongar people, the traditional custodians of the land where we meet today and the Yued and Whadjuk people, who are traditional custodians of respective lands within the wider Shire of Toodyay. I pay my respect to their Elders, past, present and emerging.*"

The Shire President read through other preliminaries.

2 RECORDS OF ATTENDANCE

Members

Cr R Madacsi	Shire President
Cr B Ruthven	Deputy Shire President
Cr C Duri	Councillor
Cr S McCormick	Councillor
Cr M McKeown	Councillor
Cr S Pearce	Councillor
Cr D Wrench	Councillor (via zoom)

Staff

Ms S Haslehurst	Chief Executive Officer
Mr J Augustin	Manager Infrastructure and Assets
Ms T Bateman	Manager Corporate and Community Services (via zoom)
Mr H de Vos	Manager Development and Regulation
Mr W Sutton	Community Development Officer
Mrs K Hardie	Economic Development Coordinator
Mrs M Rebane	Executive Assistant

Visitors

Nil.

2.1 APOLOGIES

Cr P Hart	Councillor

2.2 APPROVED LEAVE OF ABSENCE

Nil

3 DISCLOSURE OF INTEREST

The Chief Executive Officer advised that no disclosures of interest in the form of a written notice had been received prior to the commencement of the meeting.

4 PUBLIC QUESTIONS

4.1 PUBLIC QUESTION TIME

Nil.

5 PUBLIC SUBMISSIONS

Nil.

6 OFFICER REPORTS

6.1 EXECUTIVE SERVICES

6.1.1 GP and Allied Health Services at Alma Beard Medical Centre

Date of Report:	21 September 2022
Applicant or Proponent:	Shire of Toodyay
File Reference:	LEG024
Author:	S Haslehurst – Chief Executive Officer
Responsible Officer:	S Haslehurst – Chief Executive Officer
Previously Before Council:	N/A
Author's Disclosure of Interest:	Nil
Council's Role in the matter:	Executive
Attachments:	1. Wheatbelt Health Network lease expiration; ⇩ 2. Media Release August 2022 - GP services; ⇩ 3. Rural Health West - General Practice Models; ⇩ 4. Incentives available for GPs. ⇩

PURPOSE OF THE REPORT

To provide information and seek Council's direction following the decision of the Wheatbelt Health Network not to renew the lease of the Alma Beard Medical Centre.

BACKGROUND

The CEO of the Wheatbelt Health Network (WHN) briefed Council at a Concept Forum on 18 May 2022 in relation to the services provided at the Alma Beard Medical Centre (Medical Centre).

It was acknowledged that the Shire and WHN were in discussions regarding the renewal of the WHN's lease of the Medical Centre which expired in 2017. The lease has continued based on implied agreement in accordance with Clause 7(c) of the expired lease which provides for the conditions of the lease to continue by mutual agreement.

In June 2022, Council approved a request for support (in the form of a letter of approval) to enable Clinipath to continue to operate a pathology collection centre on a month-by-month basis until the lease negotiations with WHN could be finalised.

Following a Council workshop on 13 July 2022 to discuss lease conditions, Officers prepared and issued a draft lease and a proposed sponsorship agreement to address the rent subsidy offered by the Shire for consideration by WHN.

At a meeting held at the Shire office on 28 July 2022, WHN advised that the Board had determined not to renew the lease of the Medical Centre due to economic pressures and the difficulty in attracting and retaining medical practitioners (GPs). At the request of WHN, this information was kept confidential until the CEO of WHN returned from leave in mid-August to allow her to inform affected staff and contractors. It was agreed that the WHN and Shire would work together to provide consistent public messaging to the community and continue to advocate for GP services in regional and rural areas.

On 15 August 2022, the Shire received confirmation in writing of this decision **(Attachment 1)**. Officers subsequently met with WHN staff to discuss the timing and content of the announcement. A media release was prepared and approved by the Shire President and the WHN to form the basis for all communications regarding the announcement **(Attachment 2)**. This was released on 24 August 2022.

Since then, the Shire President and CEO have met with local politicians, service organisations and interested individuals, raising awareness, and collecting information about possible options. Several interviews have been conducted with media outlets including ABC Radio, 6PR, Triple M, The West Australian and 7 Regional News. The Toodyay Herald ran the story on the front page of its September edition.

On 5 September 2022, a letter was sent to WHN to seek an extension until February 2023 for cessation of services. Correspondence received from WHN on 9 September confirmed that clinic services in Toodyay would be ceased on 30 November 2022.

COMMENTS AND DETAILS

The Alma Beard Medical Centre was purpose built in 1991 at a cost of $450,000 funded by a Lotteries Commission grant, municipal funds and community donations. The centre is named after Toodyay nurse Alma Beard who was killed in the Banka Island massacre during World War II.

The Wheatbelt Health Network has provided general practice medical services at the Medical Centre for ten years, commencing in 2012. To make the provision of these services more sustainable, the Shire has provided a rental subsidy to WHN during the term of the agreement. This was valued at $38,500 per annum.

The Shire also provided fit-out costs at the commencement of the lease and has maintained and paid outgoings on the building during the term.

WHN has separately leased physiotherapy rooms in the Medical Centre at a cost of $6,600 per annum. WHN has sublet room(s) to Clinipath for pathology collection services.

There are several issues to consider in determining what action to take. These include:

Provision of a GP and allied services for the local community

40% (108 respondents) of the Shire that responded to the Shire's last health survey in 2018 wanted to see local health services improved.

- 24% wanted improved doctor wait times at the medical centre
- 16% wanted to see a permanent doctor at the medical centre
- 10% wanted a physio to be more available
- 6% wanted more doctors at the medical centre
- 4% wanted the medical centre open on weekends.

103 respondents also wanted additional health services provided within the Shire.

The recent announcement that GP services may cease to be available for Toodyay residents has caused significant community concern.

The presence of pathology collection and physiotherapy services is also at risk, and the effects on local businesses such as the pharmacy have not been quantified.

General practice operating models

Rural Health West (RHW) is a health workforce agency operating in Western Australia that provides a range of support to rural health professionals. Funded by the Australian Government's Department of Health and the Government of Western Australia's WA Country Health Service, RHW delivers programs designed to attract, recruit and support medical and health professionals to rural Western Australia. RHW has provided information to assist the Shire to assess its options (**Attachment 3**) outlining the following general practice operating models.

Model 1 General Practice owned by the Shire and operated by a Principal GP;

Model 2 General Practice owned by the Shire and operated by a business entity that supplies GPs;

Model 3 General Practice owned by the Shire and operated by the Shire;

Model 4 General Practice owned by the Shire and outsourced to a practice management service provider.

The Shire's previous arrangement sat outside these models with the practice owned and operated by the WHN and the building and outgoings provided by the Shire. Officers have sought information from other Wheatbelt local governments regarding their arrangements. Most of the more remote local governments that responded operate under Model 1 with varying amounts and types of subsidies. The Shire of York does not provide any subsidy or support for GP services and the Shire of Chittering provides minimal support in the form of rental subsidy, as does the Shire of Northam for the Wundowie service.

Incentives for GPs in Rural Areas

RHW also provided information about the incentives that are available to GPs in regional areas. This is available at **Attachment 4**.

Patient Records

WHN retains all patient records but has agreed to assist in the transfer of records to a new GP free of charge. Ownership of patient records should be considered during negotiations with a new service provider.

Financial impost on the local government

While the provision of doctors is a federal government responsibility, it is apparent that the cost of attracting and retaining GPs in regional areas has increasingly fallen to the local government sector.

One Wheatbelt local government employs a GP directly and pays for all costs, generating a loss of between $30,000 to $150,000 per annum.

Others provide a building, equipment, car, housing, utilities as well as a cash subsidy ranging from $80,000 to $250,000 per annum which is dependent upon the remoteness of the local government.

Options

Officers propose the following options for Council's consideration:

1. *Do nothing and allow the market to adjust itself*

   This option allows for interested parties to approach the Shire on an ad-hoc basis. This is the least favourable option as it carries the most risk to the Shire. With an older demographic but with younger families moving into the town, the availability of medical services is a key factor in determining the liveability of an area. The absence of such services affects the ability to attract new residents and/or businesses. The Shire's inaction would be perceived negatively by the community.

2. *Negotiate an arrangement with one or more of the parties that have expressed interest*

   Officers have been contacted by a number of interested parties already, including:

   - 3 x GPs – one of whom is interested in taking on the practice as a private business with significant support from the Shire. Two are residents in Toodyay and are interested in contributing to the provision of GP services within the Shire.
   - Allied health service providers including physiotherapy, clinical psychology, and Bowen therapy.
   - Corporate medical service providers.

   Council could choose to enter a lease and/or contract with one of the parties that have already expressed interest. However, while allowed under the *Local Government (Functions and General) Regulations 1996,* this option precludes any further options that may be explored by a public expression of interest process.

3. *Public advertising seeking proposals for provision of GP and allied health services at the Alma Beard Medical Centre*

   Officers propose that the Shire works with industry service providers such as Wheatbelt Primary Health Network (WPHN) and Rural Health West to develop a scope to invite proposals for the provision of GP and allied health services at the Alma Beard Medical Centre. WPHN has offered to assist with assessment of GP credentials and proposals.

IMPLICATIONS TO CONSIDER

Consultative:

Wheatbelt Health Network

Wheatbelt Primary Health Network

Rural Health West

Private practitioners

Corporate service providers

Strategic:

Shire of Toodyay Strategic Community Plan 2028

O1: Maintain and develop services that meet the requirements of our diverse community

O2: Facilitate community safety and well-being

Policy related:

Disposal of Property

Instrument of Delegation ES12.

Financial:

The Shire has not budgeted to provide support for GP services above the existing subsidy arrangement.

The valuation of the Alma Beard Medical Centre indicated a current rental value of $28,000 per annum plus outgoings. Fees to prepare a lease agreement are approximately $2,000. It is likely that these costs will need to be covered by the Shire.

Dependent upon the proposals received, Council may need to consider; a) a budget amendment or, if significant subsidy is required, a rate increase. If a rate increase is contemplated to cover the costs of medical services, it is recommended that consultation is undertaken to determine the broad community appetite for the provision of medical services.

Legal and Statutory:

***Local Government Act 1995* - Section 3.58. Disposing of Property**

Local Government (Functions and General) Regulations 1996

30. Dispositions of property excluded from Act s. 3.58

(1) A disposition that is described in this regulation as an exempt disposition is excluded from the application of section 3.58 of the Act.

(2) A disposition of land is an exempt disposition if —

(f) it is the leasing of land to a person registered under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession to be used for carrying on his or her medical practice;

Risk related:

Should Council choose not to take action on this matter, the primary risk to the Shire is reputational (rated High 15).

There is also a risk in relation to continuity of service. Given the short timeframe, it is unlikely that any new arrangements for GP services will be finalised by 30 November 2022.

Workforce related:

Officers' time will be required to advertise and administer the expression of interest process and bring a report to Council.

VOTING REQUIREMENTS

Simple Majority

Cr McCormick moved the Officer's Recommendation.

Clarification was sought.

The motion was put.

OFFICER'S RECOMMENDATION/COUNCIL RESOLUTION NO. SCM196/09/22

MOVED Cr S McCormick

That Council:

1. Authorises the Chief Executive Officer to:
   (a) work with industry service providers to develop a scope to invite proposals for the provision of GP and allied health services at the Alma Beard Medical Centre;
   (b) publicly advertise for proposals for the provision of GP and allied health services at the Alma Beard Medical Centre; and
   (c) lobby the state and federal governments to raise awareness of the increasing impost on regional local governments to provide GP and allied health services.
2. Requests the CEO to provide a report to Council by 30 November 2022 to consider the proposals received for the provision of GP and allied health services at the Alma Beard Medical Centre and determine the process to implement the decision of Council.

MOTION CARRIED 8/0

Wheatbelt Health Network

15 August 2022

Suzie Haslehurst
Chief Executive Officer
Shire of Toodyay
PO Box 96
TOODYAY WA 6566

Via email: s.haslehurst@toodyay.wa.gov.au

Dear Suzie

Re: Lease of the Alma Beard Community Health Centre

As discussed, when we met on 28 July 2022, Wheatbelt Health Network Incorporate, (WHN) will cease the provision of medical services from the Alma Beard Community Health Centre by no later than 30 November 2022.

There are two separate Lease Agreements between WHN and the Shire of Toodyay. A copy of both leases is attached.

1. Lease Agreement One - dated 26 April 2012 for the area known as the medical clinic
2. Lease Agreement Two - dated 4 August 2016 for the are known as the physiotherapy room

Noting the terms of these leases, WHN will not:

- enter into a new lease for Lease Agreement One,
- apply for an extension of a further term for the Lease Agreement Two.

WHN has been delivering the only General Practice service in Toodyay for ten years and appreciates the impact the cessation of services may have on the community.

Whilst WHN is a charity, financial governance must always be applied to ensure ongoing financial viability of the organisation. Unfortunately, WHN has not been able to provide a service in Toodyay that is financially independent and not reliant on subsidy from other WHN services.

Managing a general practice has always been difficult in any region. However, recently this has become even harder. Some of the challenges include:

- impact of reduced health professionals' migration into Western Australia,
- reducing incentives for doctors to work in regional areas,
- outer suburbs of Perth now able to access the same incentives as regional areas,

www.wheatbelt.com.au

Northam
25 Holtfreter Avenue, Northam
Ph: 9621 4444 Fax: 9621 4475

Toodyay
81 Stirling Tce, Toodyay
Ph: 9578 2500 Fax: 9578 2575

Aboriginal Health Northam
65 Wellington Street, Northam
Ph: 9690 2824

Aboriginal Health Narrogin
Williams Road, Narrogin
Ph: 9881 0385

- no increase in the Medicare rebate whilst cost of living and employee wages, continues to rise,
- community and political pressures to bulk bill,
- younger doctors not willing to work five days a week in one location,
- hospitals enticing young doctors away from general practice to work in emergency departments and
- lack of suitable housing.

Therefore, we will work closely with the Shire of Toodyay to support the community through this change.

Yours sincerely,

CMilliner

Catherine Milliner
Chief Executive Officer

www.wheatbelt.com.au

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25 Holtfreter Avenue, Northam
Ph: 9621 4444 Fax: 9621 4475

Toodyay
81 Stirling Tce, Toodyay
Ph: 9578 2500 Fax: 9578 2575

Aboriginal Health Northam
65 Wellington Street, Northam
Ph: 9690 2824

Aboriginal Health Narrogin
Williams Road, Narrogin
Ph: 9881 0385

MEDIA RELEASE

FOR IMMEDIATE RELEASE

24 August 2022

The Shire of Toodyay and Wheatbelt Health Network wish to advise that Wheatbelt Health Network will cease operating a medical general practice at the Alma Beard Medical Centre Toodyay no later than 30 November 2022.

Wheatbelt Health Network (WHN) has provided general practitioners for the community of Toodyay since 2012. Operating from the Alma Beard Medical Centre in Stirling Terrace Toodyay, services have recently included physiotherapy and pathology services in addition to GPs.

CEO of Wheatbelt Health Network, Catherine Milliner has said, "We've been delivering the only General Practice service in Toodyay for ten years and appreciate the impact of this decision on the community. We will be working hard to minimise the inconvenience to our patients and help to provide seamless transition to alternative GPs."

In acknowledging the support of the Shire, which has provided a rental subsidy over the last ten years, Ms Milliner also noted that "although managing a general practice in the regions is always challenging, this has become even harder as a result of reducing incentives for doctors to work in regional areas, and the increased cost of living and wages with no corresponding increase to the Medicare rebate."

Cr Rosemary Madacsi, Shire President said the Shire would be seeking ways to ensure that residents of Toodyay have access to adequate medical services.

"Council will consider its options regarding the Medical Centre and the provision of GPs for our community. We'll also be working in partnership with Wheatbelt Health Network to advocate for better access to medical services for those living outside the Perth metropolitan area. This is an on-going problem and needs to be seriously addressed," she said.

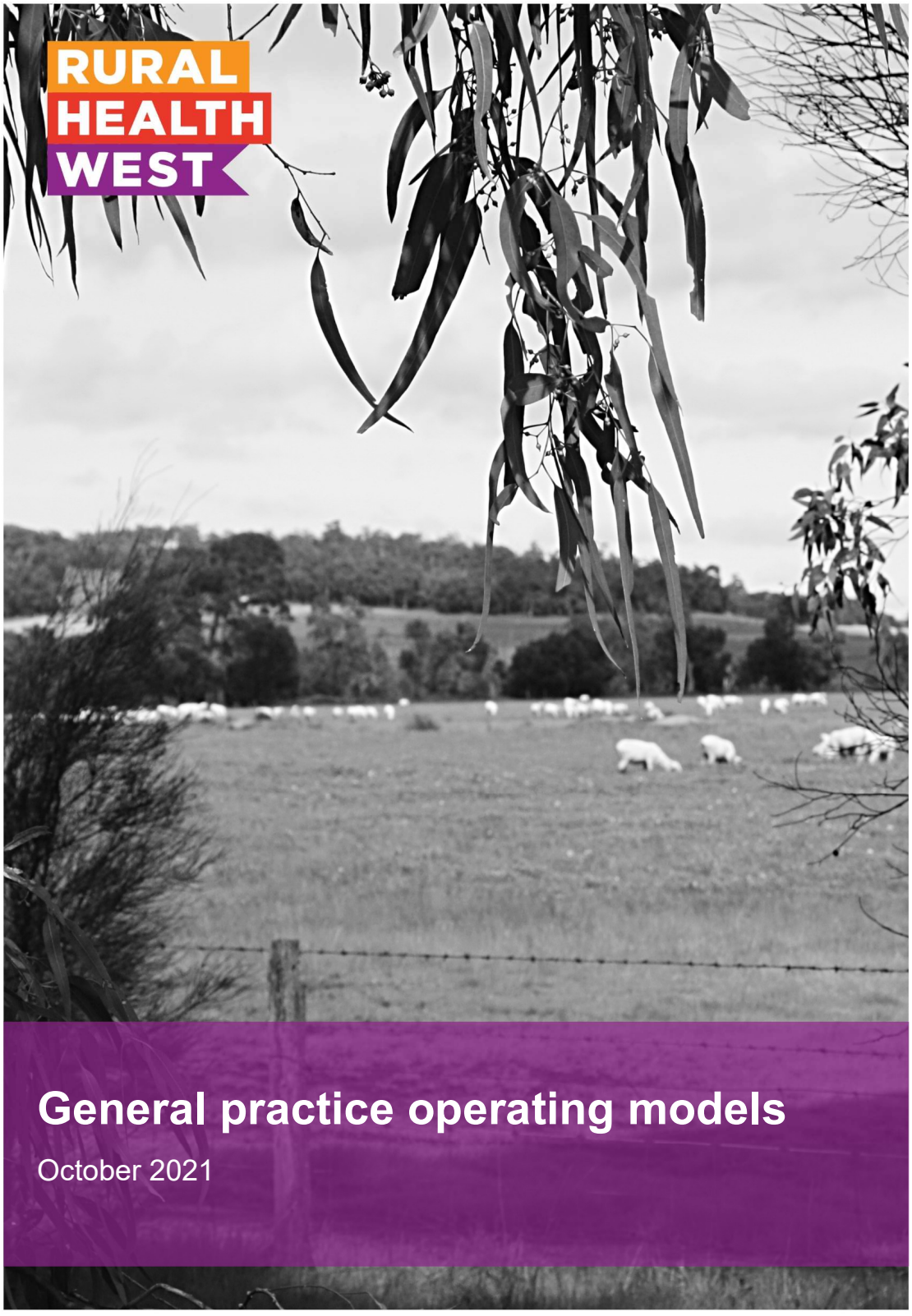
Those patients affected by this decision are advised to contact Wheatbelt Health Network on 9621 4444.

ENDS

Further Information:

Suzie Haslehurst – CEO
Shire of Toodyay
P: 9574 9300
E: records@toodyay.wa.gov.au

Catherine Milliner – CEO
Wheatbelt Health Network
P: 9621 4444
E: ceo@wheatbelt.com.au


RURAL
HEALTH
WEST
General practice operating models
October 2021

General practice operating models

Generally, Shire general practices are operated and managed using one of 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 - General Practice owned by a Shire and operated by Principal GP

A single GP enters into a contract with a Shire to operate the general 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 general practice.
- A fully maintained house.
- A fully maintained vehicle.
- Payment of utilities expenses for the house and/or general practice.
- A cash 'top-up'.

The amount of support depends on the Shire's financial position and the level of income that the general 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 or mixed 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 general 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 general 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 – General 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 remains 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 general practices, as remote supervision can be provided by other GPs within the entity, satisfying the supervision requirements of Australian Health Practitioner Regulation Agency (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 – General 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 either an independent contractor or as a Shire employee. The Shire is responsible for all operating costs. The Shire may consider providing may also provide housing for the GP or provide other incentives designed to attract and retain a GP for the community.

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

Model 4 – General 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 general practice staff.
- Maintaining and managing IT systems and medical software.
- Managing appropriate insurances and risk mitigation strategies.
- Managing Medicare billing compliance and training.
- Streamlining general 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 general 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 general 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 general practice/ GP

Model Considerations

Each of the models described includes pros and cons for the Shire and community. The Shire's long term objectives for the general practice need to be clearly defined when considering an appropriate general practice operating model and GP remuneration structure. The table below details further considerations in the adoption of each model.

Model	Other Factors to consider
• Model 1 – General practice owned by a Shire and operated by a principal GP	• Rural Health West recommends sourcing a GP who is Fellowed with specialist registration. GPs with general registration may be restricted and unable to fully access the Medicare rebate, impacting out-of-pocket expenses paid by private patients.
• Model 2 - General practice owned by a Shire and operated by a business entity	• Previous experience of the business entity successfully managing general practices in rural WA.
• Model 3 - General practice owned by a Shire and operated by a Shire	• Engage 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. Practice Assist and WAPHA can provide business operations information and advice.
• Model 4 - General practice owned by a Shire and out-sourced to a practice management service provider	• Model recommended if seeking to improve the financial viability/ profitability of the practice. • Previous experience of the business entity successfully managing general practices in rural WA.

Glossary

Modified Monash Model (MMM)

- A classification system which defines whether a location is a city, rural, remote or very remote
- Operates on a scale of MM 1 to MM 7. MM 1 is a major city and MM 7 is very remote
- Incentives and support for GPs are determined by their MM location
- Toodyay is MM5
- https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

Distribution Priority Area (DPA)

- A classification system that identifies locations in Australia with a shortage of medical practitioners
- International medical graduates work in a DPA to be eligible for Medicare
- Toodyay is a DPA area
- https://www.health.gov.au/health-topics/rural-health-workforce/classifications/dpa

Fellowed GP with specialist registration

- A specialist general practice qualification accredited by the Australian Medical Council
- Attained via either the Royal Australian College of GPs (RACGP) or Australian College of Rural and Remote Medicine (ACRRM)
- Attainment of fellowship signifies that a GP has been assessed as competent across the core skills of general practice enabling them to practice safely, unsupervised, anywhere in Australia

Registration types

- There are a range of registration categories under which a doctor can practise medicine in Australia
    - Limited registration – available to medical practitioners whose medical qualifications are from a medical school outside of Australia or New Zealand
    - General registration – granted to international medical graduates who have met the eligibility criteria of the competent authority pathway or to medical practitioners who hold an Australian Medical Council certificate
    - Specialist registration – available to medical practitioners who have been assessed by the Australian Medical Council accredited specialist college (ACRRM or RACGP) as being eligible for fellowship.

10-year moratorium

- Overseas trained doctors or foreign graduates of an accredited medical school must work in a priority area for at least 10 years to provide services covered by Medicare rebates. This is called the '10-year moratorium'.
- The moratorium must be completed in a DPA area
- https://www.health.gov.au/health-topics/doctors-and-specialists/what-we-do/19ab/moratorium

Australian Government
Department of Health

Incentives and support for GPs and general practices in MM 5 locations

The Australian Government funds a number of programs to provide incentives to encourage doctors to move to, and remain working in, regional, rural and remote Australia. Eligibility is generally based on the Modified Monash Model classification system. MM 5 encompasses small rural towns: All remaining Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas.

Name	Description	Incentives (financial and other)
Rural Bulk Billing Incentive	From 1 January 2022, the Rural Bulk Billing Incentives (RBBI) progressively increase for doctors and patients in rural and remote communities. This incentive is scaled according to the MM classification of each location in Australia. Also, from 1 January 2022, providers working in MM 1 locations are able to claim a RBBI for after-hours item when providing a bulk billed after hours service in MM 2-7 location. The rural bulk billing incentive available in MM 7 locations is approximately 190% of the standard bulk billing rate available in metropolitan areas.	MBS item: 75856 = $11.15
Approved Medical Deputising Services Program (AMDS)	The AMDS program allows a restricted non-vocationally registered workforce to provide after-hours services to the community when working for an AMDS. Participants are granted access to specific after hour's items in the MBS. This program does not provide financial incentive. The AMDS satisfies section 19AA of the *Health Insurance Act 1973*.	AMDS participants are granted access to specific after-hours items in the MBS.
Health Workforce Scholarship Program	Provides postgraduate/ continuous professional development scholarships targeted to GPs, Nursing and Allied Health Professionals. Eligible locations include: ▪ Qualified health professionals providing primary health care in MM 1-2 locations only if employed by an Aboriginal Medical Service or Aboriginal Community Controlled Health Organisation; or ▪ Qualified health professionals providing primary health care in rural and remote locations in MM 3-7 locations	Scholarship - Students receive $10,000 per year for 2 years Bursary - Covers the cost of training, accommodation, travel or course fees and/or cover or partially cover training related expenses.
Medical Outreach Indigenous Chronic Disease Program	Incentives are payable to health professionals providing chronic disease outreach services for Aboriginal and Torres Strait Islander people in MM 1-7 locations where the relevant State/Territory fund holder has identified a gap in services.	Costs associated with delivering outreach services are payable to eligible health professionals to remove a range of financial disincentives (e.g. travel, meals and accommodation).

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Name	Description	Incentives (financial and other)
Rural Locum Assistance Program (RLAP)	The RLAP provides targeted locum support in MM 2-7 locations. It enhances the ability of nurses, allied health professionals, general practitioners (GP obstetricians and GP anaesthetists), and specialists (obstetricians and anaesthetists) to take leave for recreation or to undertake continuing professional development (CPD). Support includes the costs of travel, accommodation, travel allowance and incentives for locums.	Support includes the costs of travel, accommodation, travel allowance and incentives for locums. GPs can take planned leave and undertake CPD.

Rural Locum Assistance Program (RLAP) Aged Care	The Rural Locum Assistance Program (RLAP) Aged Care program provides rural and regional aged care providers with access to a highly skilled surge workforce to ensure continuity of care and strong clinical leadership. It also delivers an incentive scheme for permanent aged care placements to increase staff retention in regional and remote areas.
	
	Aged Care Locum Relief Support eligibility includes:
	• an aged care service in Modified Monash (MM) locations 4-7:
	  ○ operated by an approved residential or home care provider (as defined under the Aged Care Act 1997); or
	  ○ that received funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program or the Multi-Purpose Services (MPS) program; or
	• an aged care service in MM 6-7 operated by an approved Commonwealth Home Support Program (CHSP) provider.
	
	The Incentive Scheme for Permanent Aged Care Placements covers immediate and direct costs associated with relocating an approved clinician from MMM zones 1 - 3 to MMM zones 4 - 7.
		Aged care service locum support includes the costs of travel, accommodation, travel allowance and incentives for locums.
		
		The Incentive Scheme for Permanent Aged Care Placement include:
		• one-off relocation payment to cover immediate and direct costs associated with relocating an approved clinician from MMM zones 1 - 3 to MMM zones 4 - 7. Payment will be capped at $16,500 per relocation per person. If the individual leaves the regional/remote facility within 2 years, they are liable for reimbursement of the relocation payment fee;
		• an additional retention bonus payable to approved clinicians working in approved facilities on an annual basis for two years following their permanent relocation:
		  ○ an annual retention bonus of up to $3,700 for clinicians in MMM zone 4, and up to $6,000 for those working in MMM zones 5 – 7;
		clinicians are not eligible to apply for these payments if they have received the payment through another workforce program.

Healthy Ears - Better Hearing, Better Listening	Incentives are payable to health professionals, including medical specialists, allied health professionals, aboriginal health workers and GPs, providing outreach ear and hearing health services to Aboriginal and Torres Strait Islander children aged 0-21 years in MM 2-7 locations.	Costs associated with delivering outreach services are payable to eligible health professionals to remove a range of financial disincentives (e.g. travel, meals and accommodation).

Name	Description	Incentives (financial and other)
More Doctors for Rural Australia Program (MDRAP)	Supports non-vocationally recognised (non-VR) doctors to gain general practice experience in rural and remote communities prior to joining a college fellowship pathway. The MDRAP also supports junior doctors and locums providing services in rural and remote communities.	The MDRAP Support Package provides funding to support supervision and education for eligible MDRAP participants: - Up to $500 reimbursed to doctors who complete foundation general practice training modules; - Up to $13,600 per participant for approved learning and development activities; and - Up to $30,000 per fulltime participant annually in quarterly supervision payments.
Rural Health Outreach Fund (RHOF)	The RHOF aims to improve access to medical specialists, GPs, allied and other health providers in regional, rural and remote areas of Australia by supporting outreach health activities. There are four health priorities under the RHOF: maternity and paediatric health, eye health, mental health and support for chronic disease management.	The RHOF works by removing barriers such as the cost of travel, facility hire and equipment leasing, to enable a range of health professionals to provide outreach services.
Eye and Ear Surgical Support	Incentives are payable to health professionals providing expedited access to eye and/or ear surgical support services to Aboriginal and Torres Strait Islander people who reside in MM 3-7 locations.	Costs associated with delivering outreach services are payable to eligible health professionals to remove a range of financial disincentives (e.g. travel, meals and accommodation).
Rural Health Workforce Support Activity	Rural Workforce Agencies in each State and the Northern Territory are funded to deliver a range of activities aimed at addressing the misdistribution of the health workforce through the following program elements: Access; Quality; and Sustainability. Grants to health professionals can include: ▪ Recruitment costs or as incentives ▪ Orientation expenses ▪ Relocation expenses to move to a rural area) ▪ Locum support ▪ Assist with access to continuing professional development opportunities. For further information go to: Rural Health Workforce Support.	Specific grants to health professionals not exceeding $25,000.00 per annum, and capped at $50,000.00, in totality.

Name	Description	Incentives (financial and other)
Remote Vocational Training Scheme (RVTS)	The RVTS delivers structured distance education and supervision to doctors to support them in gaining fellowship of the Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine while they provide general medical services. Supervision is facilitated remotely and delivery caters to the unique needs of doctors working in remote communities by supporting them to achieve Fellowship through a distance education model. It allows training to be completed in an accredited post, without leaving your community. It has two trainee streams: ▪ The Aboriginal Medical Service Stream, providing training for doctors working in Aboriginal Community Controlled Health Services (MM 2-7). ▪ The Remote Stream for doctors working in rural & remote Australia (MM 4-7).	Fully Government funded. The provision of distance education and supervision to doctors to support them in gaining fellowship without travelling long distances or relocating. Being on a College-approved training program will be mandatory before sitting Fellowship exams from 2022.
Remote Vocational Training Scheme (RVTS) Extended Targeted Recruitment Pilot	The RVTS Extended Targeted Recruitment pilot commenced early 2021 and aims to improve the attraction of GP trainees in rural and remote areas by providing salary incentives to doctors as they train towards GP fellowship. The pilot will recruit up to 10 doctors, focusing on Aboriginal and Torres Strait Islander communities and rural and remote locations with high medical workforce need (MM 5-7).	Salary support per placement by training year: Year 1 - $200,000 Year 2 - $200,000 Year 3 - $100,000

Name	Description	Incentives (financial and other)
Practice Incentives Program (PIP)	The PIP incentives are available to support general practice activities that encourage continuing improvement and quality of care, enhance capacity and improve access and health outcomes for patients. It is administered by Services Australia on behalf of the Department of Health. There are currently eight incentives under the PIP: ▪ eHealth (e-PIP); ▪ Teaching; ▪ Indigenous Health (IHI); ▪ GP Aged Care Access (ACAI); ▪ GP Procedural; ▪ After Hours; ▪ Quality Improvement (PIPQI); and ▪ Rural Loading; the PIP rural loading is added as a total to PIP incentive payments (except for ACAI, as this is a GP payment not a practice payment) for practices located in Rural Remote and Metropolitan Areas (RRMA) 3-7. An additional/temporary incentive under the PIP is the COVID-19 In-reach Vaccination Payment, which does not attract a rural loading. This temporary incentive supports general practices that undertake in-reach COVID-19 vaccination services for residential aged care and disability support workers in their workplace. This payment is only available for COVID-19 vaccine suitability assessment services (including vaccinations) that are administered via an in-reach COVID-19 vaccination clinic for residential aged care or disability support workers from 29 April 2021 until 30 June 2022.	PIP loading for each Rural, Remote and Metropolitan Area (RRMA) category: • RRMA 1 - 0% • RRMA 2 - 0% • RRMA 3 - 15% • RRMA 4 - 20% • RRMA 5 - 40% • RRMA 6 - 25% • RRMA 7 - 50% COVID-19 In-reach Vaccination Payment
Workforce Incentive Program (WIP) – Practice Stream	The WIP Practice Stream provides financial incentives to support general practices to engage the services of nurses, Aboriginal and Torres Strait Islander Health Practitioners and Health Workers, and eligible allied health professionals. Practices in MM 3-7 locations are eligible to receive a rural loading on top of their incentive payment. The rural loading is applied in recognition of the difficulties rural and remote communities face attracting and retaining health professionals.	Up to $125,000 per annum for a single practice. Eligible for an additional 30% rural loading.

Name	Description	Incentives (financial and other)
Workforce Incentive Program (WIP) - Doctor Stream	The WIP - Doctor Stream aims to encourage medical practitioners to practise in regional, rural and remote communities (MM 3-7) and to promote careers in rural medicine through the provision of financial incentives. Incentive amounts are dependent on the MM classification and the amount of time spent working in the location. To be eligible for the WIP - Doctor Stream, medical practitioners must: ▪ Provide a minimum amount of eligible primary care services in eligible locations and/or undertake eligible general practice (GP) training under an approved training pathway ▪ Meet the required number of active quarters for payment ▪ Have an eligible current Medicare provider number ▪ Have provided current bank details to Services Australia specifically for the WIP - Doctor Stream in the required timeframe.	Year 1 – $0 Year 2 – $12,000 Year 3 – $17,000 Year 4 – $17,000 Year 5 plus – $23,000
Rural Procedural Grants Program (RPGP)	The RPGP supports procedural GPs in rural and remote areas to attend relevant continuing professional development (CPD) activities, focused on both skills maintenance and upskilling for procedural skills and emergency medicine. Support is provided in the form of grant payments which are designed to assist with the cost of attending CPD activities, including course costs, locum relief and travel expenses. Grants are calculated on the number of training days. Current COVID-19 amendments are in place to reduce the daily payment for all categories to $1000 per day for online CPD (normally $2000 and restricted to face to face CPD activities).	Procedural skills - up to $20,000 per year Emergency medicine - up to $6,000 per year Emergency mental health - up to $6,000 per year.
General Practitioner Procedural Training Support Program (GPPTSP)	The GPPTSP is an optional, competitive scholarship program that provides $40,000 (GST exclusive) to up to 10 GP Fellows to gain a statement of satisfactory completion of Advanced Rural Skills Training in Anaesthesia, and up to 10 GP Fellows to achieve the Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology. Payments are in instalments with completion required within two years of commencing training.	$40,000 per applicant who completes training.

Name	Description	Incentives (financial and other)
Premium Support Scheme (PSS)	The PSS is an Australian Government scheme that helps eligible medical practitioners with the costs of their medical indemnity insurance. Eligible medical practitioners continue to see the benefit of the PSS through reductions in the level of premiums charged to them by their medical indemnity insurers. The Australian Government makes payments to medical indemnity insurers for the PSS. Eligibility for the PSS: ▪ A medical practitioner whose gross medical indemnity costs exceed 7.5% of estimated gross income from private billings; or ▪ A procedural general practitioner in a rural area (MM 3-7); or ▪ A medical practitioner who has applied for and has been deemed to be eligible for a subsidy under the Medical Indemnity Support Scheme (MISS) for a premium period ending 1 July 2021, i.e. former MISS participants.	The PSS is designed to ensure that if a medical practitioner's gross medical indemnity costs exceed 7.5% of his or her gross private medical income, he or she will receive a Government subsidy of 60% towards the cost of the premium beyond that threshold limit. Procedural GPs working in rural areas are eligible for the PSS regardless of whether they meet other PSS eligibility criteria. The PSS will cover 75% of the difference between premiums for these doctors and those for non-procedural GPs in similar circumstances (i.e. same location, same income, and same insurer).
5 Year Overseas Trained Doctor Scheme	The Five Year Scheme encourages overseas trained doctors (OTDs) and Foreign Graduates of Accredited Medical Schools (FGAMS) to work in regional, rural and remote locations by allowing a reduction of moratorium time (i.e. the time they must work in a DPA or DWS location). The time reduction increases the more rural or regional the doctor practices in. Doctors on the Scheme are required to complete a "return of service" of between 3-5 years in an eligible rural or remote community, in agreed locations. To qualify for a non-location specific exemption (i.e. time "off" their moratorium), each Five Year Scheme participant must: ▪ Complete a return of service of between three and five years in an eligible regional or remote DWS community; ▪ Obtain Fellowship of either the Royal Australian College of General Practitioners or Australian College of Rural and Remote Medicine during the return of service; and ▪ Become an Australian permanent resident (make a permanent commitment to Australia).	Non-location specific exemption for the agreed period of their remaining moratorium time.

7 CLOSURE OF MEETING

The Shire President declared the meeting closed at 1.48pm.