



STRONGER RURAL HEALTH STRATEGY

Improved access to Australian Trained General Practitioners

Under the Stronger Rural Health Strategy, this initiative introduces a new Medicare Benefits Schedule (MBS) fee structure and identifies non-vocationally recognised (non-VR) doctors as a distinct group for Medicare Benefits Schedule (MBS) General Practitioner (GP) item claiming purposes. The changes:

- ensure that MBS fees payable reflect recognised levels of qualification
- reward and incentivise investment in postgraduate specialist qualifications
- encourage more doctors to work in regional, rural and remote areas.

Fee structure

Non-vocationally recognised (non-VR) doctors will be able to bill a new set of MBS items, set at 80 per cent of what VR doctors can bill, unless they are on a recognised General Practice College training program. Non-trainee doctors who choose to practice in regional and rural areas will be able to bill a standard 80 per cent of the MBS item fee to which their more highly qualified specialist GP colleagues are entitled. Other billing restrictions will apply to non-VR doctors in metropolitan areas. The new MBS items for non-VR doctors are listed under Schedule A7, and replicate the existing GP items while setting the fee at 80%.

Doctors in private practice already have the power to charge fees above the MBS rebate level, and this will not change. Ultimately, fees charged by a practice for a doctor consultation reflects the practice's business model and what can be borne by their patients. This will depend on the level of competition between doctors in a region.

Five year grandfathering of existing provisions will apply for current Other Medical Practitioners (OMPs) participants (until 30 June 2023). Relevant OMPs programs will stop taking new entrants from 1 January 2019.

The base rate for standard consultations for non-VR doctors has been increased by 20 per cent in regional, rural and remote areas. Those on a OMPs program will have five years to attain Fellowship. All non-VR doctors will be able to apply for additional assistance through new non-VR Fellowship support programs that will be run by the General Practice Colleges.

The new fee structure commenced on 1 July 2018 and applies to all services performed on and from that date.

Pathway to Fellowship

To bill 100 percent, non-VR doctors will need to be on an approved pathway for College Fellowship as a GP.

The new fee structure and access arrangements will affect all new non-VR doctors (other than those participating on approved training programs). There are no changes to the MBS fees payable to VR

GPs or to GP trainees on the Australian General Practice Training Program, Remote Vocational Training Scheme and ACRRM Independent Pathway.

Rural and remote areas

The Modified Monash Model (MMM) classification will be used to determine geographic eligibility. The MMM designation of any location can be identified using the DoctorConnect locator map at www.doctorconnect.gov.au/locator.

There are a large number of junior doctors who are not on a Fellowship program and are not able to practice under Medicare. A new workforce program commencing in 2019 will give them access to Medicare provider numbers if they practice supervised medicine in rural and regional areas. Under the changes, non–VR doctors in specified areas will be able to bill 80 per cent of the benefit available to VR doctors and GP trainees.

Non–VR doctors in MMM–1 locations will be restricted to the existing A2 and A19 items for standard GP services, with access to the new group A7 items for after hours and other general practice services beyond standard consultations.

Further information

Updates on progress of the reform and further information:

- Department of Health's website www.health.gov.au
- Modified Monash Model of geographical classification and locations: www.doctorconnect.gov.au