



## **Australian General Practice Alliance**

### **2021 Chair's Annual Report**

The Australian GP Alliance (AGPA) was registered on the 20<sup>th</sup> October 2016, and is now five years old.

The 2020/21 year has been a busy year both for the AGPA and for many General Practices with the COVID-19 pandemic continuing to place pressure on Practice operations as lockdowns and localised outbreaks have forced Practices to continually adapt their mode of operation. Most Practices elected to participate in the COVID vaccination program and with over 50% of vaccines in Australia being delivered by General Practices this has demonstrated the faith that Australians have in GP and the capacity for General practice to deliver a critical public health program in an efficient and extremely cost effective manner.

The strategic plan of the AGPA lists four key areas where we focus our efforts: Advocacy, Practice Support, Practice Continuity, and the continued existence and viability of the AGPA.

#### **Advocacy**

As a small organisation we have learned that we must use our limited resources to focus on only a few major issues.

- Primary Care Implementation Group (PCIG)
  - AGPA achieved a major breakthrough in our ability to represent General Practices in the pandemic response when our application to join the PCIG was accepted in early 2021. Although we had been indirectly represented prior to that time by Dr Nathan Pinski our membership meant that we were able to have Dr Maria Boulton represent us directly at the PCIG. I thank Maria for her diligence and massive effort on our behalf. She has attended almost every weekly meeting of the PCIG since February, has successfully advocated for General Practice on a number of issues both within the PCIG and independently of it, and has given us regular update reports that we have been able to pass on to members through our newsletter
  - At the inception stage of the vaccination program we made representations regarding the service fee level for vaccinations and pushed for the provision of PPE and consumables. We were unable to change the fees but we were instrumental in having PPE and consumables provided.
  - As the program progressed we reported issues associated with vaccine supply and ordering, and clarified issues with staffing and MBS charging protocols. Many of the pragmatic decisions about how the MBS payments would be applied, the use of nurses and other staff to carry out tasks required in the process were the result of recommendations from AGPA made at the PCIG and through independent representation. In short much of the practicality of the program was the result of AGPA suggestions.

- As Pfizer vaccines came on-stream and it was clear that Astrazeneca/ Vaxzevria was going to be phased out we successfully lobbied for GP to be included in the Pfizer rollout.
- AGPA advocated for the no-fault indemnity scheme and is currently making representations regarding the GP COVID care program.
- Pathology Rents.
  - This continues to be an ongoing issue for us. Commencing in October 2018 there have now been multiple rounds Department of Health (DoH) Requests for Information (RFI) regarding pathology rent agreements that they apparently consider to be marginal under the Red Book provisions. Most of these request were to General Practices. There have now been over 700 Requests for Information (RFI) sent by the Department to lessors (with just over 6000 ACCs in Australia). While many Practice have received advice that they have no case to answer, this is usually stated in a manner which “encourages” them to review rents and despite lengthy delays many Practices have heard nothing.
  - In February 2021 the Commonwealth (Chief Executive Medicare) instituted civil proceedings against Specialist Diagnostic Services (SDS) in the Federal Court regarding two ACCs in NSW. Our understanding is that this case will be used to test the regulations and their interpretation. AGPA is monitoring this case.
- Submissions
  - AGPA made a submission to the Senate enquiry into the provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians including impacts of the supply of GPs and the Medicare freeze.
  - Pre-Election Submission: We are currently finalising a pre-election submission to both major political parties
- Public Advocacy –AGPA Directors have been very active in the media during the year, in particular as the vaccine program was commenced. We have successfully used this media activity to advocate for and to raise the profile of General Practice and to raise the profile of the AGPA.

## **Practice Support & Continuity**

Principal Led General Practices are small to medium sized business, and their role as the vehicle which provides the ability to deliver primary health care is critical to the success of the Australian health care system. To provide appropriate health care these small to medium enterprises must be financially viable. Accordingly our Practice Support and Continuity program is focussed on the business of General Practice.

The major vehicle for practice support is via our webinar series, The program has been interrupted in 2021 by the requirements of the pandemic response and the vaccine rollout. Webinars held in 2021 included the Vaccine Rollout, Innovative income Streams for GP and Payroll Tax (following the NSW decision).

### **Payroll Tax**

- There have now been two cases where MBS made payments made to practitioners have been deemed to be taxable payments according to the Victorian (2019) and NSW (2021) payroll tax acts. AGPA has held webinars in response to both decisions. This issue has the potential to become a major disrupter to Practice viability and may need to become an advocacy issue in the future.

It is our intention to continue this program of practice support webinars into the future. All members are very welcome to suggest topics that they would like to see covered.

### **Continuity of AGPA**

The value of AGPA to represent the interest of practice owners is becoming more apparent with each issue that arises. Without representation Principal Led General Practice will continue to be the low hanging fruit for other health related businesses seeking to improve their own business models.

The level of influence that we are able to have depends on both the number of Practices (and GPs) that we represent and the funds that we are able to use to press our case. Therefore membership numbers are a key issue for us, both as an issue of credibility and influence, and to provide the funds to allow us to operate.

We have developed a membership model which will enable small medical groups to join AGPA without allowing them to dominate the organisation and we are currently in discussion with some of these groups regarding their potential membership.

I encourage all members to use the forums they frequent to promote membership of AGPA to other Practice Principals and to contact board members to discuss issues where you would like representation, and to advise ways to improve our organisation.

### **Conclusion**

Dr Trish Baker has not re-nominated and her tenure as an AGPA Director will end at the close of the AGM. Trish has been a Director since May 2017 and has been a key person in developing the organisation to being both active and influential. Trish has led our Practice Support program for many years and it was under her leadership that the webinar series initiated and developed. Thank you Trish for your huge contribution to the success of our organisation

I also thank the ongoing board members for their efforts during the past year. Like all GPs they run busy Practices and I am greatly appreciative of their time commitments and support in progressing AGPA and confronting the issues faced by Principal Led General Practices.

Dr John Deery  
Chair,  
Australian GP Alliance  
18 November 2021