

## **Review of the application of the Modified Monash Classification System to the General Practice Rural Incentives Programme**

### **Terms of Reference**

#### **Background**

1. The General Practice Rural Incentives Programme (GPRIP) was introduced in 2010 to attract and retain doctors in regional and remote communities, as defined under the Australian Bureau of Statistics' Australian Standard Geography Classification system as being in Remoteness Areas 2 to 5.
2. Since its introduction, rural stakeholders have raised legitimate concerns about the delivery of incentives in accordance with the ASGC-RA system, identifying that this creates disincentives for doctors to practise in small rural communities, where doctors can receive the same incentive payments to work in larger and well-served regional centres in the same remoteness categories. The system is discouraging doctors from working in the places they are needed most – small rural communities.
3. The Senate Inquiry report on *Factors affecting the supply of health services and medical professionals in rural areas* tabled in August 2012, recognised stakeholder concern and recommended that the ASGC-RA system be replaced with a system that takes account of regularly updated geographical, population, workforce, professional and social data to classify areas where recruitment and retention incentives are required. This recommendation was further considered in the 2013 independent Review of Health Workforce Programmes. Both review reports supported an alternative classification model proposed by Professor John Humphreys and his colleagues from the Monash University School of Rural Health.
4. The Government has decided to introduce a new classification system, the Modified Monash Model, and this decision was announced on 31 October 2014. The Modified Monash Model measures differences between rural locations, rather than remoteness alone. It is based on an updated ABS remoteness model, the Australian Statistical Geography Standard (ASGS), overlayed with categories that separate inner and outer regional locations (RA2 and 3) in accordance with population size.
5. The Government is seeking advice on how the new Modified Monash Model should be applied to the GPRIP, and has established the GPRIP independent panel to consult with interested stakeholders and provide impartial advice to Government.

#### **Scope of the Review**

6. The review will provide opportunities for key rural stakeholders to provide views about the operation of GPRIP, and how it should be modified.
7. The review will consider the existing policy parameters of the GPRIP, and provide advice on how the programme should be modified to deliver effective recruitment and retention incentives, taking into account the new categories established under the Modified Monash Model.
8. The review will provide advice on streamlining and simplifying the GPRIP.

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9. The review will consider the value of providing rural exposure for junior doctors.
10. The review will not make recommendations in relation to Government expenditure levels, but should provide advice about the principles upon which Government funding would be best applied to increase the size of the rural and remote medical workforce, and the retention of the rural and remote medical workforce.
11. The review will consider changes to GPRIP in the context of other incentive programmes.
12. The review will be conducted by an independent expert panel of members appointed by the Government, with secretariat support provided by the Department of Health.
13. The review report will be provided to the Assistant Minister for Health, copied to the Prime Minister and the Minister for Health, by 16 January 2015.