



A Progress Report On The General Practice Rural Incentives Program Evaluation Strategy

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Abstract

This paper briefly outlines the process and outcomes of the first phase of the General Practice Rural Incentives Program evaluation strategy. The report from which this paper has been extracted, was commissioned by the General Practice Rural Incentives Program Evaluation Working Group and funded by the Commonwealth Department of Human Services and Health.

Introduction

The first part of this paper describes the context for the General Practice Rural Incentives Program Evaluation Framework. It includes an overview of:

- The General Practice Rural Incentives Program;
- The Evaluation Strategy; and
- The Workshop Plan.

The second part of the paper presents workshop outcomes. It includes information on:

- Recurring Themes; and
- Key Evaluation Questions for the Program overall and each Program component.

Part 1

General Practice is widely regarded as the cornerstone of Australia's health care system. Each year around 80% of Australians visit a general practitioner (GP). In 1993/94 GP services and other unreferral services accounted for 52.5% of services funded under Medicare and cost \$2 billion.

Structural changes to general practice have been underway since the introduction of vocational registration (VR) for general practitioners in 1989.

In 1991 and 1992, the Commonwealth Government announced a range of initiatives related to general practice that will affect the entire health care system and may lead to lasting improvements in the efficiency and effectiveness of health care in Australia. One of these initiatives was the introduction of the General Practice Rural Incentives Program

The objectives of the General Practice Rural Incentives Program are;

- to improve access of rural and remote communities to general practice services;
- to assist in the delivery of high quality general practice services by supporting appropriate training; and
- to foster recruitment and the retention of rural and remote GPs;

by provision of grants for the five components of the Program.

The five components of the General Practice Rural Incentives Program, to which \$15.3 million has been allocated in 1994/95, are described below.

Relocation Grants

\$20,000 each is allocated for GPs willing to move to rural and remote areas that have difficulty in attracting GPs. These grants are an incentive, not taxable and provided in recognition of the one-off costs associated with the move. Most applicants seek to practise in rural areas because they want greater patient contact and scope to use their skills, as well as the attraction of a new lifestyle.

Training Grants

Relocating GPs, or those already in rural and isolated areas, may be assisted to acquire the skills necessary to provide services to the community. The training grant is up to \$50,000. In exceptional circumstances, the grant may be extended up to \$78,000 for a full twelve months' training. Some additional support for relocation and locum support costs is also available. Training grants are regarded as income and are therefore taxable.

Continuing Medical Education and Locum Relief

Funds are available to assist rural GPs to access continuing medical education and locum support which is provided on a needs basis and is administered through Rural Divisions of General Practice and the Rural Divisions Co-ordinating Units.

Remote Areas Grants

Fifty remote communities have been identified based on a number of variables including the hardship and isolation experienced by their members. To assist these communities in attracting or retaining GP services, GPs practising in them may be eligible for grants of up to \$50,000 per year. The grant is regarded as income and is therefore taxable.

Support at the Undergraduate Level

Medical undergraduates who come from rural areas or have positive rural work experiences are more likely to be attracted to practise in rural and remote areas once qualified. Recommendations about how best to provide support at the medical undergraduate level have been developed by the Rural Undergraduate Steering Committee chaired by Professor John Hamilton, Dean, Faculty of Medicine, University of Newcastle. Funding will be available to enable students to gain increased experience and understanding of rural practice and thus encourage students to choose a career in rural medicine.

Consultative And Support Structures

The General Practice Rural Incentives Program is being developed and implemented in consultation with the medical profession, State Governments, other health professionals, consumers and Aboriginal and Torres Strait Islander representation on some panels. There are Assessment and Support Panels in each State and two in the Northern Territory which assess applications for relocation grants, training grants and remote area grants. One of the panels' roles is to provide support to families of GPs and up to \$15,000 is available to each panel to co-ordinate the funding for the establishment of the Rural Family Support Grants' communication strategy. An additional \$10,000 for national initiatives is available to the panel of which the President of the Rural Doctors' Association of Australia Spouses Committee is a member.

The General Practice Rural Incentives Program is not a stand alone program, and is a part of the GP Reform Package which includes the Divisions and Project Grants Program and the Better Practice Program.

Evaluation Strategy

The Commonwealth Government made a commitment to the medical profession and the wider community that the impact and value of the GP reform initiatives would be evaluated. In this context, the General Practice Rural Incentives Program Evaluation (GPRIFE) Working Group was established.

This Group is an expert evaluation group whose membership includes:

- Professor Peter Mudge (Chair), Clinical Dean, North Queensland Clinical School;
- Dr Ray Power, Assistant Director, Western Australian Centre for Remote and Rural Medicine;
- Dr Michael Mira, Central Sydney Area Health Service;
- Ms Linda Holub, Director, Incentives Section: General Practice Branch (formerly Ms Margaret Norington); and
- Ms Sue Elliott, Director, Evaluation Section: General Practice Branch.

The Terms of Reference for the GPRIPE Working Group are listed below.

In consultation with all interested parties and the Commonwealth-funded State Assessment and Support Panels, the Group is to:

- devise an evaluation strategy, including the structure, process and outcome, for the General Practice Rural Incentives Program and each component - Relocation Grants, Training Grants, CME/Locum Grants, Remote Area Grants, Undergraduate Grants - covering the period 1994 to 1997;
- oversee the implementation of that strategy; and
- provide regular reports to the Rural Incentives Reference Group (RIRG), to the Evaluation Steering Group (ESG), to the State Assessment and Support Panels and to the General Practice Co-ordinating Group (GPCG) on the development and implementation of the evaluation strategy.

This report relates to the first term of reference (the development of an evaluation plan) based on a traditional evaluation cycle.

In the present phase of the cycle, evaluation questions relevant to interested parties are determined. From this data, the specific information required to evaluate the Program is identified and the methodology of data collection developed. Data is collected from new and existing sources and analysed against the goals of the Program. At that stage, policy guidelines are reviewed and amended as appropriate before being re-implemented.

To ensure broad participation in the development of the evaluation framework, the GPRIPE Working Group contracted a consultant to initiate workshops in each State and the Northern Territory. The contractor's brief outlined the following two workshop aims:

- to provide background information on the General Practice Rural Incentives Program rationale and the need for evaluation; and
- through a process of consensus involving all participants, to develop a set of key evaluation questions to guide the evaluation of the General Practice Rural Incentives Program. Also, as far as practical, to develop an evaluation framework to provide a comprehensive and co-ordinated approach to the evaluation.

Workshop Plan

Workshops were held in Townsville, Alice Springs, Perth, Launceston, Adelaide, Sydney, Melbourne, and Gove, (to cover the Territory's Top End).

The Townsville workshop, being the first, was used as a pilot to trial the workshop process. As a result, several changes suggested by participants were incorporated into the other workshops.

Workshops were structured to be interactive and flexible depending on the needs and expectations of participants. Attendance ranged from 10-28 participants with a mean of approximately 15.

Submissions were also invited from selected people who could not attend a workshop for professional reasons. This was the case for many practising GPs, including recipients of Program grants, who could not get away from their practice commitments.

The process used to facilitate the eight workshops was replicated at all venues with only minor alterations depending on the number of participants available for small group work. The process contained the following five major steps:

- background to evaluation and explanation of GPRIP;
- contextual challenges and strengths of GPRIP implementation for each State and the Northern Territory;
- key questions for the whole program and each component;
- synthesis of key questions into themes; and
- principles of methodology.

For each of the components of the General Practice Rural Incentives Program, and for the Program as a whole, key questions were sought for the **content** or structure, the **process** of implementation, and the **outcomes** that were desired. Workshop participants were asked to formulate key questions in response to the following:

- What is the Program or component about? How well has it been structured?

Content Questions: How well has the Program been implemented and managed?

Process Questions: What has been achieved or should be achieved?

Outcome Questions

Following the delineation of key questions, workshop participants were divided into three groups. Group one received a collaged set of content questions, group two a collated set of process questions and group three the outcome questions. Each group was asked to extract the **themes** or common elements from each set.

Part 2 WORKSHOP OUTCOMES

Recurring Themes

The process facilitated in each of the eight workshops gathered information for each cell in Table 1. From an analysis of that combined data, eleven major, recurring themes were identified.

Communication and consultation: a process of communication and consultation that clearly articulates the flow of information to all interested parties was identified as a high priority.

Program flexibility: GPRIP implementation guidelines that are nationally- focused, and also sufficiently flexible to cater for State and Northern Territory contextual differences, were two of the main criteria suggested to increase the flexibility of the Program.

Promotion and marketing: the need for both national and state advertising campaigns that target the general community and the cohort of urban-based general practitioners was identified.

Community focus: the principle that community participatory decision making be embedded in GPRIP was strongly supported. Community input throughout the structural delineation of the components, as well as in the process of implementation, was of great significance.

State/Commonwealth relations: the need was expressed for State programs to link into national goals in order to have a co-ordinated approach to improving community access to general practice services.

Access and definitions of 'rural' and 'remote': an equitable, quantifiable system of classification that differentiates community access to general practice services was viewed as preferable to the current system of classification. Improved access to health services, including medical specialist and non-medical health services, was also identified as a priority.

Health status: although primarily unstated in GPRIP literature, the underlying goal and motivation for the existence of the Program is an improvement in the health status of rural and remote residents. Workshop participants were idiosyncratically creative in the process by which health status could be improved.

Relevance to Aboriginal and Islander communities: the integration of GPRIP components with initiatives aimed at addressing the health needs of indigenous populations was highlighted. More specifically, the articulation of GPRIP with models of health care delivery, including private general practice, multi-disciplinary primary health care, and Aboriginal health services, was identified as a priority.

Family support: the need for rural general practice incentives to include support for GP families was clearly identified. In addition, GP spouse support was expressed as a related and distinct issue.

Recruitment and retention: workshop participants questioned the balance of program components in regard to recruitment and retention issues. An increased emphasis on the retention of existing and relocating doctors was supported. In addition, the effectiveness of long term undergraduate strategies and the provision of locum services require ongoing monitoring.

Exclusivity: workshop participants supported an expansion of the exclusive GP focus of GPRIP. Presently, specialist medical practitioners, non-medical health personnel and public-salaried general practitioners are excluded from the Program.

Key Evaluation Questions

Key evaluation questions for the overall General Practice Rural Incentives Program precede key evaluation questions for each component.

Content Questions

Communication/consultation: how relevant is the overarching consultative framework in contributing to meet the goals of the Program?

Program flexibility: is the balance between components appropriate? Is there sufficient flexibility within the program to meet State and Northern Territory needs? Are the funding proportions allocated for each section and grant appropriate? Should these be weighted formulas?

Community focus: how well are community needs reflected in the elements of the Program?

State/Commonwealth relations: how appropriate is the relationship between State, Northern Territory and the Commonwealth regarding GPRIP initiatives? Is the structure of GPRIP appropriate across different health care delivery models? How well does GPRIP mesh with other Commonwealth and State/Northern Territory rural medical workforce initiatives?

Family Support: to what extent is it appropriate to provide ongoing family support as part of the GPRIP structure, and how effective has it been?

Aboriginality: to what extent does integration exist between GPRIP and other initiatives to address the health needs of Aboriginal communities?

Recruitment and Retention: how appropriate are the components to address recruitment and retention of rural GPs?

Exclusivity: to what extent is the Program's focus on private general practitioners appropriate to meeting the Program's goals?

Process Questions

Communication/consultation: do the Assessment and Support Panels provide the most suitable mechanism for the implementation of the Program? How appropriate and relevant to individual State needs is the membership and role of Assessment and Support Panels?

Program flexibility: to what extent is the Program responsive to monitoring and feedback?

Promotion and marketing: to what extent is the co-ordination and marketing of the program adequate?

Community focus: to what degree are community and consumer interests and needs adequately represented?

State/Commonwealth relations: are the consultative structures sufficient to ensure co-operation and co-ordination?

Outcome Questions

Access: has the access to quality GP services improved for residents in rural and remote areas?

Health Status: have the health outcomes of rural and remote residents improved with increased access to GPs? Has the quality of rural general practice services been improved through the Program?

Recruitment and retention: how many GPs have been recruited as a result of the Program? How many GPs have been retained? How much money has it cost?

Exclusivity: what impact has the restriction of the Program to private general practitioners, etc., had on the delivery of rural health services?

Relocation Component Questions

Content Questions: how does the relocation grant contribute to the recruitment of rural GPs? Is the two year service requirement applicable to the level of the grant? Is the level of the grant equitable and sufficient to act as an incentive to relocate? How well do the selection criteria assist in matching GPs and communities?

Process Questions: to what extent is appropriate community liaison and support provided to a relocating GP? Are the guidelines for relocation grants sufficiently flexible to meet local needs?

Outcome Questions: what impact have the relocation grants had on recruitment to government and non-government positions in rural and remote areas? What effect does the relocation grant have on the retention of rural GPs? How do the retention rates of doctors receiving a relocation grant compare with retention rates of other relocating GPs?

Training Component Questions

Content Questions: how does the availability of training grants contribute to the recruitment and retention of GPs? Are the level and elements of the training grant sufficient to encourage GPs to undertake training? How effectively are the needs of the community matched to the skills and training needs of the doctor? Is the requirement for three months' service commitment for every month of training appropriate?

Process Questions: is the range of training opportunities available for training grant recipients adequate and appropriately utilised? Are there sufficient processes in place to ensure the training is of a high standard? To what extent is support provided to training grant recipients by Assessment and Support Panels?

Outcome Questions: what impact has training grant availability had on recruitment and retention of rural GPs? How have the services available in the community been affected by the increased skills of training grant recipients?

Remote Areas Component Questions

Content Questions: to what extent do Remote Area Grants contribute to the recruitment and retention of GPs in remote areas? Is the level of Remote Area Grants sufficient? How appropriate is the twelve month service commitment requirement?

Process Questions: was the method of identifying the remote area communities appropriate? How well do the selection criteria assist in matching GPs to communities? To what extent have the identified remote area communities participated in the selection and matching of Remote Area Grant recipients?

Outcome Questions: what impact have Remote Area Grants had on recruitment and retention of GPs in rural and remote areas? What is the profile of Remote Area Grant recipients?

CME/Locum Component Questions

Content Questions: to what extent does the CME/Locum component contribute to the recruitment and retention of GPs in remote areas? Is the level of CME/Locum support sufficient?

Process Questions: was the initial allocation of grants appropriate? To what extent has the devolution of funds within Program guidelines to States/Northern Territory been effective in meeting local needs?

Undergraduate Component Questions

Content Questions: have the most effective and efficient methods of enabling undergraduates to experience medical practice in rural communities been identified and implemented? Is the level of funding appropriate? How has the undergraduate component contributed to the recruitment and retention of GPs?

Process Questions: was the method of allocating funds appropriate to meeting the funding objectives? To what extent has the allocation of funds addressed the needs of the stakeholders? To what extent have the rural undergraduate grants' initiatives influenced selection of medical students? To what extent have rural medical practitioners contributed to curriculum development and implementation?

Outcome Questions: how have the undergraduate initiatives impacted on the career choice of medical students?

In the next phase of the evaluation process, data sources and research methodologies will be matched with key evaluation questions.

The challenge now is to complete the evaluation framework and to develop a comprehensive strategy for the evaluation of the General Practice Rural Incentives Program.