

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



Communique

## National Council of Primary Care Doctors

13 September 2022

### GP Peaks say recent tax changes further threaten viability of General Practice care

The National Council of Primary Care Doctors\* (NCPCD) met to discuss key issues affecting general practice across Australia, including payroll tax, the pharmacy scope of practice trial, the move to Voluntary Patient Enrolment and transition to College-led training.

#### Payroll Tax

NCPCD Chair Professor Karen Price said that efforts in some states to extend the reach of payroll tax in general practice is potentially a looming crisis for the sector.

“Service arrangements are a common feature of general practice where a self-employed General Practitioner (GP) purchases services like administration from the practice. These arrangements have been recognised by the ATO as being perfectly legitimate and, until recently, payroll tax has not been applied.

“Should the states decide to apply payroll tax to general practice, it will lead to increased patient costs, increased ramping and hospital presentations, increased costs to patients and ultimately a reduction of the GP workforce through practice closures and less doctors wanting to train in general practice – an essential field of medicine that is already struggling to compete with other non-GP specialties.

“NCPCD will write to the Federal Minister for Health Mark Butler to ask the Commonwealth to work with the states to resolve this issue for general practice. Advice assuring this position is essential to stabilise the sector as further disruptions will have a significant impact on viability of general practice.”

#### North Queensland Community Pharmacy pilot

“We remain deeply concerned about the North Queensland Community Pharmacy Scope of Practice pilot that increases the scope of practice for pharmacists,” Dr Price said.

“There is no proper evaluation of the outcomes and the potential risk to patients, with this risk extending beyond general practice and into areas of other specialist care as well.

“We continue to monitor this ongoing issue and will engage with all the medical colleges to seek their support for access to actual data on patient outcomes, as well as an assessment of community risk as a result of enabling pharmacists to act in lieu of doctors without sufficient training, knowledge, expertise or integration into the health care team.”

### **Voluntary Patient Enrolment**

Voluntary Patient Enrolment, a program that could support better coordination and treatment of chronic and complex conditions, continues to be an area of concern for the peak bodies, with little detail of the initiative having been made available to the sector.

“Voluntary Patient Enrolment design will be a focus of the Strengthening Medicare Taskforce in the coming weeks. However, members of NCPCD stressed the need for Voluntary Patient Enrolment to be used as a mechanism to support access to care. At the end of the day, Voluntary Patient Enrolment will only work if it includes more resourcing to support prevention, early intervention, and chronic and complex conditions,” Prof Price said.

“Voluntary Patient Enrolment should form part of a hybrid model which will result in better patient outcomes through continuity of care. It is also important to note that it is ‘voluntary’ and that both patients and practices may choose to participate, but should not be either directly conscripted or be forced to participate due to the removal of funding if they don’t.”

### **Transition to College-led training**

NCPCD members were encouraged by the progress being made towards transition to College-led training, and acknowledged the Australian College of Rural and Remote Medicine (ACRRM) on its successful early transition of registrars in NSW and ACT and impending transition in Tasmania, which is scheduled to be completed by 30 September.

<Ends>

*\*The National Council of Primary Care Doctors (NCPCD) represents the interests of general practice and primary care in Australia, comprising leaders from the Australian Medical Association (AMA), Royal Australian College of General Practitioners (RACGP), Rural Doctors Association of Australia (RDAA), Australian College of Rural and Remote Medicine (ACRRM), General Practice Supervisors Australia (GPSA), General Practice Registrars Australia (GPRA) and Australian Indigenous Doctors Association (AIDA).*

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