Australian Government
Department of Health and Aged Care

Strengthening Medicare – General Practice Grants Program
Quick Reference Guide for general practices

> **This Quick Reference Guide provides guidance on how to apply for and participate in the General Practice Grants Program. Please read this in conjunction with the Application and Grant Agreement Form.**

About the General Practice Grants Program

1. What are the program objectives and intended outcomes?

The Australian Government is investing $220 million in grants, over two years from 2022-23 to 2023-24, through the Strengthening Medicare – General Practice Grants Program (the Program), to support general practices and eligible Aboriginal Community Controlled Health Organisations to expand patient access and support safe, and accessible, quality primary care.

A single one-off grant of either $25,000, $35,000 or $50,000 (based on practice size and accreditation status) will be available for investments in **innovation, training**, **equipment, and minor capital works** – to be expended on any of the three investment streams below:

I. **enhancing digital health capability** – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards;

    Intended outcome: increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data

II. **upgrading infection prevention and control arrangements** – to support the safe, face to face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza);

    Intended outcome: increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices' capacity to treat more of these patients).

III. **maintaining or achieving accreditation** against the Royal Australian College of General Practitioners (RACGP) Standards for General Practices (5th edition), under the General Practice Accreditation Scheme – to promote quality and safety in general practice.

    Intended outcome: increase the number of accredited general practices.

2. What are the grant funding amounts available?

A general practice's grant allocation is based on their accreditation status (against the RACGP Standards for General Practices) and practice size as determined by the Department of Health and Aged Care's (the Department) Medicare GPFTE 2021-22 financial year (FY) data (refer to Question 3 – *'What is Medicare GPFTE?'*). Table 1 outlines the grant amounts available. The grant tiering approach recognises the additional efforts and investments made by general practices to achieve or work towards accreditation.

Table 1. Grant amounts for the Strengthening Medicare – General Practice Grants Program

Practice accreditation status (RACGP)	Medicare GPFTE in 2021-22 FY	Grant amount (excl. GST)
Unaccredited	Any Medicare GPFTE	$25,000
Accredited or registered for accreditation[1]	Less than 7 Medicare GPFTE	$25,000
	From 7 Medicare GPFTE to less than 15 Medicare GPFTE	$35,000
	15 Medicare GPFTE or more	$50,000

If a practice is registered for the Goods and Services Tax (GST), GST will be added to their grant.

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[1] Based on data available to the Department through the Practice Incentives Program (PIP). For any non-PIP participating practices that are accredited or registered for accreditation against the RACGP Standards for General Practices, these have been treated as 'less than 7 Medicare GPFTE' for the purposes of the Program and a $25,000 grant has been automatically applied.

3. What is Medicare GPFTE?

Medicare GPFTE is a statistical methodology used by the Department that aims to estimate the entire time that General Practitioners (GPs) spend delivering primary care services. It is not simply the standard-hours worked by employed GPs in the general practice, nor a headcount of GPs.

The method calculates a GP's primary care workload based on Medicare Benefits Schedule items claimed within a GP's scope of practice.

For each GP, the GPFTE measure provides an estimate of:

- Billable time: clinical consultations with patients
- Non-billable time: time spent in clinical care without the patient present (e.g. checking results, reading correspondence from and liaising with other health professionals)
- Non-clinical time: professional development, practice improvement activities (e.g. audit, teaching medical students or registrars)

For more information on how GPFTE is derived, see [Method Paper: General Practice Full Time Equivalent (GPFTE) – Workforce](#).

Applicants will not need to undertake GPFTE calculations or provide GPFTE information on the application/grant agreement form. Each practice's eligible grant amount is outlined in the Grant Agreement and is determined by the Department, based on accreditation status and the Department's Medicare GPFTE 2021-22 FY data.

4. What can the grant be used for?

For any of the three investment streams – the grants can be used for staff training, purchase of equipment and/or services (including consultant services), innovation, minor capital works, and the reimbursement of staff time (including contractor GPs) associated with undertaking these investment activities. The Program provides the flexibility for applicants to identify investments within one or more of the three investment streams that best address individual practice needs.

Examples of possible investment activities under each stream are provided as a guide, at **Table 2**. Please note these are examples only – the grant funding may be used for other activities in line with the three streams and objectives.

Eligibility Requirements

5. What are the eligibility requirements?

An open and operating **general practice** as per the RACGP definition for the purposes of practice accreditation against the Standards for General Practices (5th edition), that meets all the following three core criteria:

a) the practice operates within the model of general practice described in the [RACGP's definition of general practice](#)
b) general practitioner (GP) services are predominantly* of a general practice nature
c) the practice is capable of meeting all mandatory indicators in the RACGP Standards for General Practices (5th edition).

*'Predominantly' is defined by the Health Insurance Regulations 2018 (made under the *Health Insurance Act 1973*) as 'more than 50% of the practitioner's clinical time, and more than 50% of the services for which Medicare benefits are claimed, are in general practice.'

Please refer to the RACGP [fact sheet](#) to assist in determining whether a health service meets the definition of a general practice.

If you are unsure about your eligibility, please discuss with your local PHN.

6. Will my practice need to be accredited or registered for accreditation against the RACGP Standards for General Practices to apply for the Program?

No, a general practice does not need to be accredited or registered for accreditation against the Standards for General Practices in order to be eligible for the Program.

Applying for the grant

7. How do I apply for the grant?

The Government recognises how busy practices are. The application and grant agreement process has been simplified by only requiring one form to be completed. General practices will receive an application pack from their local Primary Health Network (PHN). The application pack includes the following documents:

- Letter of invitation
- This Quick Reference Guide
- A combined application and grant agreement form (includes the grant amount applicable for the practice).
  To apply, practices must complete this and submit it to their local PHN by **15 June, 2023**.

8. Do I receive a grant for each of the investment streams I choose?

No. Practices will receive a single one-off grant that can be used for any one or more of the three investment streams.

9. My general practice is part of a corporate group – do I apply separately or as part of a corporate group?

Each individual general practice can apply separately for a grant, if they meet the eligibility requirements. The corporate group (head office) is not eligible to apply.

Spending the grant

10. When will I receive the grant funding?

Following the PHN's receipt of a practice's correctly completed and signed application and grant agreement form, the grant payment will be made in accordance with the PHN's standard payment terms and the practice's indicated payment timing preferences on the form.

Practices are encouraged to submit their applications early during the application period in order to receive the grant funding quickly, to enable maximum time to undertake investment activities.

11. When do I need to spend the grant by?

Practices need to spend the grant before the end date of the Program: 30 June 2024.

12. Can I change my selected investment streams after the grant agreement has been signed?

Yes. If a practice decides to spend the grant on investment stream/s they did not originally select on the application/grant agreement form (either in addition to, or instead of, their originally selected stream/s), the practice should notify their local PHN of the changes.

13. What are 'minor' capital works and can the grant be used for major capital works?

Minor capital works are minor improvements to the practice's physical space, such as partitioning of spaces, addition of a new doorway to separate entry points for potentially infectious patients. Major capital works are out of scope for the Program.

Accreditation

14. What are the benefits of becoming accredited against the RACGP Standards for General Practices?

The RACGP's Standards for General Practices set the benchmark for quality care and risk management in Australian general practice. They are developed with the intention of protecting patients from harm by improving the quality and safety of health services. General practices that are accredited or registered for accreditation under the National General Practice Accreditation (NGPA) Scheme can access a range of financial incentives via the Practice Incentives Program (PIP) or Workforce Incentive Program (WIP).

15. If my practice is unaccredited and I invest in the 'accreditation' stream, does my practice need to become accredited against the RACGP Standards for General Practices within the next 12 months?

No, it is not mandatory for practices to become accredited within the next 12 months, if the 'accreditation' stream is selected. It is expected, however, that practices would be making active efforts within the 12 months, supported by the grant, to become accredited against the RACGP Standards for General Practices.

Reporting and compliance responsibilities

16. What are my reporting responsibilities and end of Program requirements?

We have made Program reporting requirements easy to complete. At the end of the Program, no later than 31 July, 2024, practices will need to complete a simple form listing grant funding expenditure (financial acquittal) and a short evaluation survey about the investments and improvements to their practice. Practices will not need to submit receipts but will be required to retain them in line with Australian Taxation Office record-keeping rules for business.

17. Will there be any compliance activities undertaken in relation to the Program?

Yes. Given this is a $220 million investment, the Department will undertake audits of a small (random) number of grant recipients to provide assurance about the proper use of public funding. If a practice is identified to participate in compliance activities, the practice will be required to submit tax invoices, receipts and other evidence as required (e.g. relevant staff timesheets, training certificates, relevant meeting records).

18. Will practices need to pay tax on the grants?

Grants are assessable income for taxation purposes, unless exempted by a taxation law. Practices should seek independent professional advice on their taxation obligations or seek assistance from the Australian Taxation Office. The Department and PHNs cannot provide advice on a practice's particular taxation circumstances.

Key timings and milestones for the Program

Timing	Milestone
From 21 April – 15 June 2023 *1 June 2023*	Grant opening period. Practices can submit their completed Application and Grant Agreement form to their local PHN anytime during the grant opening period. Completed forms are due no later than 15 June 2023. Practices are encouraged to submit completed forms early to allow maximum time to undertake investment activities. *For any practice that anticipates issues meeting this timeframe, or requires further information or assistance, please contact the local PHN by 1 June 2023.*
From grant agreement execution – 30 June 2024	Grantees undertake investment activities in accordance with their grant agreement.
30 June 2024	General Practice Grants Program ends on 30 June 2024. Grantees must spend the grant before the end date of the Program.
Prior to 31 July 2024	At the end of the Program, grantees return completed evaluation survey and financial acquittal report form to their local PHN.

Table 2. *Examples* **of investment activities under each investment stream: Strengthening Medicare – General Practice Grants Program**

Enhancing digital health capability

Objective: **To fast track the benefits of a more connected healthcare system in readiness to meet future standards**

Intended outcome: **Increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data**

General Practice IT systems
Hardware examples:
- Purchase of new IT equipment to support the practice (computers, digital portable devices, etc)
- Purchase of video conferencing equipment to support video telehealth services

Software examples:
- Purchase of video conferencing software to support video telehealth services
- Subscription to and/or transition to cloud-based practice management platforms or transition to the latest version of a different practice management product. This includes subscriptions to/or purchasing online booking systems, secure messaging services and data backup services where the practice does not currently have these products
- Purchase of medication management software

Internet connectivity improvements
Example:
- Purchase of, or upgrade to, hardware or infrastructure to enable better internet service reliability and high-speed connectivity

Upskilling staff in digital capability
Examples:
- Expenditure related to change in management processes for the adoption of new digital services such as ePrescribing and video telehealth
  - This could include reimbursement for staff time incurred for additional hours of training, or developing policies, processes, or training materials for practice staff
- Digital skills and literacy training courses delivered by a recognised Australian training service provider

Professional assessment of existing digital / cyber security capability and arrangements
Example:
Paying for a professional to assess existing digital / cyber security capability and arrangements, to identify improvements

Upgrading infection prevention and control arrangements

Objective: **To support the safe, face to face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza).**

Intended outcome: **Increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices' capacity to treat more of these patients).**

You may wish to consult the [RACGP Infection Prevention and Control Guidelines](#) to identify and address areas for improvements.

Professional assessment of existing infection prevention and control arrangements
Example:
- Paying for a professional to assess existing heating, ventilation, and air conditioning (HVAC) systems, to identify repair/maintenance/upgrade needs)

Infection prevention and control infrastructure
Examples:
- Improving on infrastructure to more safely manage patients with potentially transmissible infections (e.g. better separating and equipping of areas designated for potentially infectious patients)
- Upgrading infrastructure to minimise infection risk between all patients (e.g. replacement of older surfaces and fixtures with more easily cleanable ones)

Infection prevention and control equipment
Example:
- Buying new, updated or replacement high-efficiency particulate absorbing (HEPA) filters, sterilising equipment, upgrade/install air conditioning systems that minimise infection risk

Upgrading infection prevention and control arrangements

Improving infection prevention and control procedures including upskilling of staff

Examples:
- Reimbursement of staff time reviewing and updating practice protocols in relation to, for example, triage and patient flow in the context of likely further COVID-19 waves
- Paying for initial or refresher staff training on any aspect of infection prevention and control including completion of recognised training courses and/or reimbursement of in-practice training time

Maintaining or achieving accreditation against the RACGP Standards for General Practices

Objective: To promote quality and safety in general practice

Intended outcome: Increase the number of accredited general practices

You may invest in any activities that increase accessibility, quality, and safety in general practice, and therefore support your practice to become accredited within the next 12 months, or maintain accreditation, against RACGP Standards for General Practices.

For practices seeking to maintain accreditation, you may wish to identify priority investments based on areas identified in your last accreditation report.

Accessibility improvements for patients

Examples:
- Improving access for those who may have difficulties (e.g. those with communication difficulties, those with disabilities including intellectual disability):
  - improvements to infrastructure e.g. to improve wheelchair access
  - gathering information to identify priority groups (e.g. Aboriginal and Torres Strait Islander patients, patients from culturally and linguistically diverse backgrounds), to support better health outcomes and access to services
- Improvements for detection and management of development delay and disability, e.g.
  - establishing prompts to ask about child development at immunisation appointments
  - development of a system to flag patients with intellectual disability for administrative and clinical staff
  - offer health assessments/chronic disease management plans for flagged patients
  - redesign of clinic flows/waiting rooms, e.g. establishing low sensory waiting area

Quality and safety improvements for patients

Examples:
- Improving infrastructure to ensure privacy and confidentiality of consultation spaces
- Reimbursement of staff time to:
  - Review and update patient medical records including health summaries
  - Conduct quality assurance activities to improve quality and safety within the practice. Activities may include practice meetings, audits of selected patient records, developing/documenting and improving systems, training in extracting and using data from clinical information systems and may target particular accreditation areas, e.g.:
    - ensuring matters raised in previous consultations are followed up and recall of patients with clinically significant results
    - improving reminder systems
- Establishing or improving medicines storage and/or management systems
- Purchasing mandatory equipment in line with recent update to the Standards. E.g. Automated External Defibrillator and the Electrocardiogram

Supporting health and safety of staff

Example:
- Buying new, updated or replacement high-efficiency particulate absorbing (HEPA) filters, sterilising equipment, upgrade/install air conditioning systems that minimise infection risk

Improving infection prevention and control procedures including upskilling staff

Examples:
- Conducting activities that support the health and safety of practice staff
- Provision of designated professional support services and reimbursement of staff time to attend these

Consultant services to undertake the practice improvements required to meet RACGP accreditation requirements