Primary Care

Australians have access to high quality, well-integrated and cost-effective primary care.
Primary Care

Outcome 5 aims to provide Australians with access to quality, cost-effective primary care, including primary mental health care, that is evidence-based and coordinated with other forms of care, such as specialist and aged care services.

The Department helped achieve Outcome 5 in 2007–08 by supporting general practitioner training and managing initiatives that encouraged general practices to undertake targeted activities such as cervical cancer screening and asthma and diabetes management. The Department also managed programs which focused on influencing the quality and standard of services, funding research, and helping general practitioners to access best business practice.

This chapter reports on the major activities undertaken by the Department during the year, addressing each of the key strategic directions and performance indicators published in the Outcome 5 chapters of the 2007–08 Health and Ageing Portfolio Budget Statements and 2007–08 Health and Ageing Portfolio Additional Estimates Statements.

Outcome 5 was managed in 2007–08 by the Primary and Ambulatory Care Division and the Mental Health and Workforce Division. General Practice Education and Training Ltd, which produces its own annual report, also contributed to this outcome.

Major Achievements

- Increased community access to after hours general practice services through executing funding agreements for 84 after hours general practice services across Australia.
- Contributed to improving access to general practice services through the introduction of increases to the call out loading for general practitioners attending patients in residential aged care facilities; and the Medicare rebate for general practitioner contributions to care plans for aged care residents and people in the community with chronic conditions and complex care needs.
- Commenced implementation of the GP Super Clinics program, which will establish 31 clinics to provide multi-disciplinary primary care in areas with poor access to primary care services.
- Developed shared employment arrangements between government and non-government mental health services under the Mental Health Nurse Incentive Program, to better integrate services for people with severe mental illness.
- Assisted doctors who wish to pursue a career in general practice through the Australian General Practice Training Program, which provides postgraduate vocational training. Six hundred and nineteen doctors commenced in the program during the 2007 training year, and 594 of the 600 places available in 2008 were filled.

Challenges

- Merging the former Round the Clock Medicare: Investing in After Hours GP Services and After Hours Primary Medical Care programs into the new single, streamlined General Practice After Hours Program commencing from 2008–09.
- Complexities in developing program specifications meant that funding agreements were finalised with only two GP Super Clinics in 2007–08, rather than the expected six.
- Currently only around 27 per cent of Australian medical graduates seek to enter the Australian General Practice Training Program.
- Lower than anticipated up-take by eligible organisations was experienced in the Mental Health Nurse Incentive Program.
Key Strategic Directions for 2007–08 – Major Activities

Development of a National Primary Health Care Strategy

On 11 June 2008, the Minister for Health and Ageing announced that a National Primary Health Care Strategy will be developed by Government with assistance from an External Reference Group. The strategy will look at how to deliver better frontline care for families and set the future direction for primary care in Australia. By 30 June 2008, the Department had established the External Reference Group and made arrangements for its ongoing support, with a schedule for meetings through 2008–09 to consider the Minister’s priorities and provide advice and input to the development of the strategy.

Ensuring Access to Medicare-Eligible After Hours General Practice Services

In 2007–08, the Department worked to improve people’s access to doctors through initiatives that support the development of new after hours services, and help existing after hours services to enhance the care they provide. A major achievement was the execution of a further 70 funding agreements under the former Round the Clock Medicare: Investing in After Hours GP Services Program, and for 14 after hours services through the former After Hours Primary Medical Care Program. As at 30 June 2008, the total number of after hours services supported by the Department was 180 with funding agreements for a further 24 successful applicants still being negotiated.

The Department also moved to merge the former After Hours Primary Medical Care and the Round the Clock Medicare: Investing in After Hours GP Services programs from 2008–09. Under the new single program, titled the General Practice After Hours Program, up to 100 grants will be available each year to assist new and existing after hours general practice services to meet their operating costs. These grants will be for a maximum of $100,000 (GST exclusive) over two years, and will be allocated following a competitive, merit-based selection process. Funding will also be available to support existing services funded by the Department under the former After Hours Primary Medical Care Program.

Meeting Aged Care Residents’ Primary Care Needs

Changes to Medicare Benefits Arrangements

During the year, the Department implemented changes to existing Medicare benefits arrangements to better help residents in aged care facilities to obtain access to general practice services. A major achievement was the increase of the call out loading for general practitioner attendances to patients in residential aged care facilities by an additional $18.90 to $41.35 from 1 November 2007. Medicare rebates were also increased by
$18.90 to $62.30 where general practitioners contribute to the preparation of care plans for aged care residents and people in the community with chronic conditions and complex care needs. There were 8.8 per cent more general practitioner attendances to patients in aged care facilities between November 2007 and June 2008, compared with the same period in the previous year.

**Aged Care Access Initiative**

The Department also commenced work on restructuring the Aged Care GP Panels Initiative, which had the purpose of improving access to primary care services by residents of aged care facilities, into the Aged Care Access Initiative. This work followed recommendations arising from a 2007 review of the Aged Care GP Panels Initiative, which included consultation with stakeholders.

The revised program will focus on supporting direct service provision to aged care residents through incentive payments to general practitioners and the purchase of allied health services where these are not funded through Medicare or other government programs. Specifically, it will provide an incentive payment through the Practice Incentives Program directly to general practitioners who provide eligible services in aged care homes, and a payment for clinical care provided by allied health professionals in aged care homes.

**Better General Practice Management of Chronic Disease**

**Australian Primary Care Collaboratives Program**

The Australian Primary Care Collaboratives Program helps general practitioners and other primary health care providers to work together to improve patient clinical outcomes, reduce lifestyle risk factors and maintain good health for people with chronic and complex conditions. It aims to achieve this through shared learning, peer support, training, education and support systems.

The first phase of the Australian Primary Care Collaboratives Program concluded in December 2007, during which time the Department provided funding to help doctors achieve best practice in diabetes care, coronary care and waiting list management. Almost 500 general practices and 43 Divisions of General Practice participated in the national program, achieving significant improvements in patient care. For example, the first phase of the program resulted in 105 per cent improvement in the proportion of patients with diabetes whose cholesterol was recorded at the acceptable level and also 45 per cent improvement in the proportion of patients who have had a heart attack in the last 12 months who are on the appropriate medication.

Following a selection process for a national implementation organisation, the Department established the second phase of the program in early 2008, contracting the Improvement Foundation (Australia) to deliver the program interventions for people with a chronic disease, their carers and their families. The Department, in partnership with the National Health and Medical Research Council, is funding research grants to examine evidence-based chronic disease self-management techniques, with a particular focus on harder to reach population groups. Research applications were received in March 2008 and underwent a peer review process. Successful applications are likely to be announced in early 2009.

**Helping People to Self-Manage their Chronic Conditions**

The Sharing Health Care Initiative provides Australians with chronic disease information and strategies to assist in the management of their conditions. Funding was provided in 2007–08 for the development of tools to assist consumers in the self-management of conditions such as osteoarthritis and rheumatoid arthritis, as well as a number of resources on chronic disease self-management to assist health professionals.

In 2007–08, the Department sought to expand the evidence base on the effectiveness of chronic disease self-management interventions for people with a chronic disease, their carers and their families. The Department, in partnership with the National Health and Medical Research Council, is funding research grants to examine evidence-based chronic disease self-management techniques, with a particular focus on harder to reach population groups. Research applications were received in March 2008 and underwent a peer review process. Successful applications are likely to be announced in early 2009.
until June 2011. About 500 general practices are expected to participate in the second phase of the program to further spread the Collaboratives methodology. It is estimated that about 1.5 million additional patients will benefit through their general practitioners’ involvement in the program.

Improved Access to Mental Health Services in Primary Care

Mental Health Nurse Incentive Program

During the year, the Department worked to improve access to mental health services in primary care by managing the Mental Health Nurse Incentive Program – one of the Commonwealth components of the Council of Australian Governments Action Plan on Mental Health 2006-2011. The program aims to improve collaboration between mental health nurses, general practitioners and psychiatrists in the delivery of clinical support and services, to improve levels of care for people with severe mental disorders and to help reduce the likelihood of unnecessary hospital admissions. It also aims to keep people with a severe mental illness well and help them feel connected with the community.

Between April and June 2008, 4,543 people with a severe mental illness obtained more integrated care through the development of better team approaches between general practitioners, psychiatrists and mental health nurses. These people were provided with one-on-one coordinated care facilitated by highly qualified mental health nurses who worked in collaboration with doctors and other services to provide patients with the maximum opportunity to recover and fully participate in the community.

A major achievement was the introduction of shared employment arrangements between government and non government mental health services to increase integration of community based mental health services for patients. The arrangements will be monitored by the Department in collaboration with State and Territory Governments to ensure patients continue to receive the right services at the right time. The Department also commenced a pilot to include private hospitals as providers under the program, improving links between the public and private health systems.

A challenge for the Mental Health Nurse Incentive Program, however, was the lower than anticipated up-take of the program by eligible organisations due to the national shortage of mental health nurses and the reluctance of some organisations to participate due to stringent eligibility criteria required under program guidelines. A number of program enhancements have been introduced to increase uptake, including the introduction of shared employment arrangements, the transition from quarterly to monthly claims payments, and changes to the average nurse caseload from a minimum of two individual patients per session, to a minimum of two individual services to patients per session.

The introduction of the Mental Health Nurses and Psychologist Scholarships Subsidy under the 2008–09 Budget will also deliver additional nurses to work in the program.

Mental Health Services in Rural and Remote Areas

People in rural and remote areas currently have less access to mental health services than people in metropolitan areas. Access may be compounded by shortages of mental health services and professionals in rural and remote communities.

In 2007–08, the Department funded 39 services provided by non government organisations to engage allied mental health professionals and mental health nurses to provide care through the Mental Health Services in Rural and Remote Areas Program. Mental health professionals included appropriately skilled social workers, mental health nurses, psychologists, occupational therapists, Aboriginal health workers and Aboriginal mental health workers. Organisations funded, including Divisions of General Practice, Aboriginal Medical Services and the Royal Flying Doctor Service, will deliver these services to communities in rural and remote areas in all states and the Northern Territory.
Supporting Rural and Urban GP Registrars’ Training

Training through the Australian General Practice Training Program

High quality primary care is dependent on the knowledge and skills of the sector’s workforce. In 2007–08, the Department provided funding to General Practice Education and Training Ltd to deliver regional, high quality postgraduate vocational education and training to medical graduates interested in pursuing a career in general practice, through the Australian General Practice Training Program.

Six hundred and nineteen medical graduates commenced in the Australian General Practice Training Program during the 2007 training year, filling all available places. This major achievement was complemented by a strong interest in the program’s rural pathway, which saw an 8 per cent increase in applications in 2007. While this is positive, there are indications of a declining interest amongst Australian medical graduates in choosing general practice as a career, with only around 27 per cent currently seeking to enter the Australian General Practice Training Program. General Practice Education and Training Ltd is working with key stakeholders to address this through activities such as marketing strategies and expanded scope of practice.

In 2007, vocational training towards Fellowship of the Australian College of Rural and Remote Medicine was included as a second qualification under the Australian General Practice Training Program, allowing registrars broader training and career development options. This will encourage more doctors to undertake rural and procedural training, such as training in surgical procedures and obstetrics.

Registrars Rural Incentive Payment Scheme

During the year, the Department introduced a sliding scale of incentive payments for the Registrars Rural Incentive Payment Scheme, which awards registrars working in the most remote locations with the highest level of incentives and thereby encourages registrars to undertake training in these communities. The Department also extended the scheme to registrars on the general training pathway who show a commitment to rural general practice by training in rural locations for 12 months or more.

Better Access to Female General Practitioners in Rural and Remote Areas

The Department managed the Rural Women’s General Practice Service in 2007–08 to improve access to primary health care services for women in rural and remote Australia who currently have little or no access to a female general practitioner, by facilitating the travel of female general practitioners to these communities either by air or road. This involved providing funding to the Royal Flying Doctor Service to administer the initiative.

Funding allowed the Royal Flying Doctor Service to continue and expand the Rural Women’s General Practice Service to an additional 24 locations in the Northern Territory, Queensland, Western Australia, New South Wales and Victoria. This brings the total number of locations approved to be serviced to 277. As a result of this growth, women living in these locations will have the option of discussing their health needs with a female doctor.
Performance Information for Outcome 5 Administered Programs

### Administered Funding – Primary Care Programs

<table>
<thead>
<tr>
<th>Including:</th>
<th>5.1 Primary Care Education and Training; 5.2 Primary Care Financing, Quality and Access; 5.3 Primary Care Policy, Innovation and Research; and 5.4 Primary Care Practice Incentives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator:</td>
<td>Funding of high quality, relevant primary health care research.</td>
</tr>
<tr>
<td>Measured by:</td>
<td>The number of projects funded.</td>
</tr>
<tr>
<td>Reference Point/Target:</td>
<td>10 projects funded.</td>
</tr>
</tbody>
</table>

**Result:** Indicator met.

Thirteen high quality research projects were approved or funded in 2007–08 through the Primary Health Care Research, Evaluation and Development Strategy including:

- eight research grants under round two of the priority-driven General Practice Clinical Research Program, at a cost of around $4.153 million;
- three Primary Health Care Junior Scholarships at a cost of around $200,000;
- one Primary Health Care Fellowship at a cost of around $274,000; and
- one project under the Australian Primary Health Care Research Institute’s travelling fellowship (Stream 8) program, at a cost of around $15,000.

A number of small projects were also supported by the Research Capacity Building Initiative and the Researcher Development Program.

In addition, several research projects announced and reported in previous years continued to receive funding throughout 2007–08.

Research was also funded to build the primary health care research evidence base across a range of priority areas including:

- Indigenous health (including tobacco control and diabetes care);
- childhood obesity;
- advanced cancer carer support; and
- cardiovascular disease risk assessment.
Indicator: A range of primary care service delivery models are supported or implemented.

Measured by: Progress achieved towards implementation or support of models of primary care service delivery.

Reference Point/Target: The National Health Call Centre Network to provide access to health triage, information and advice to 20% of Australia’s population during 2007–08.
Up to 85 after-hours services supported or implemented in 2007–08 through the Round the Clock Medicare Program.
A range of targeted service development projects are supported through the After-hours Primary Medical Care Program.
A number of GP Super Clinics are funded each year.

Result: Indicator substantially met.

National Health Call Centre Network
The National Health Call Centre Network provided access to health triage, information and advice to 20% of Australia’s population by the end of 2007–08. Full network services were available to people in the Australian Capital Territory, the Northern Territory, South Australia and Western Australia. Network services commenced rolling out in New South Wales in August 2008.

Round the Clock Medicare Program
Ninety-four after hours general practice services had funding approved pending final negotiations or funding agreements executed under the former Round the Clock Medicare: Investing in After Hours GP Services Program funding round in 2007–08.

The Department approved 81 new applications for funding pending final negotiations of contracts following the 2007–08 (Round 3) funding round under the program. Contracts for a further 13 grant offers from previous rounds were also executed in 2007–08. Of the 81 new applications approved, a total of 57 contracts could be executed with successful applicants. Negotiations with the remaining 24 services approved for funding continue.

After Hours Primary Medical Care Program
The Department continued to fund a range of services through the former After Hours Primary Medical Care Program in 2007–08, including four regional projects covering Tasmania, the Hunter and Macarthur regions in New South Wales, and the Grampians region in Victoria. Ten service development grants in targeted areas were also funded in Queensland, New South Wales, Victoria, South Australia and the Northern Territory.

GP Super Clinics
A major achievement was the establishment of the GP Super Clinics program, which will support 31 clinics to provide multi-disciplinary primary care in areas with poor access to primary care services. The Department had expected to commission six GP Super Clinics by September 2008.

Funding agreements were finalised with two GP Super Clinics in Bendigo and Ballan in 2007–08. The Department focused on publishing the GP Super Clinics National Program Guide (April 2008), developing a fair and transparent framework for the funding processes required to establish the GP Super Clinics, and planning towards local consultation in each of the 31 localities. In 2008–09, the focus will be to continue the progressive roll out of the program, with public information and consultation sessions in the identified localities. Invitations to apply for funding to establish and operate a GP Super Clinic will then follow in most localities. The Department anticipates that a further eight GP Super Clinics will be commissioned in 2008.
### Indicator: Uptake of training places for GP registrars in rural and urban areas.

<table>
<thead>
<tr>
<th>Measured by:</th>
<th>The number of training places filled each year on the Australian General Practice Training Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Point/Target:</td>
<td>619 places filled in 2007 (558 places filled in 2006).</td>
</tr>
</tbody>
</table>

**Result:** Indicator met.

A total of 619 registrars commenced on the Australian General Practice Training Program in 2007.

### Indicator: Increase in the uptake of prevocational general practice placements.

<table>
<thead>
<tr>
<th>Measured by:</th>
<th>Percentage of prevocational general practice placements that are taken up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Point/Target:</td>
<td>It is expected that full uptake of the 280 available prevocational general practice placements will occur (this is an expected increase of 16% from 2006–07).</td>
</tr>
</tbody>
</table>

**Result:** Indicator met.

Two hundred and eighty available prevocational general practice placements were taken up through the Prevocational General Practice Placements Program compared with 210 in 2006–07. This was an increase of 33% from last year.

### Indicator: Increased number of non-vocationally recognised medical practitioners undertaking continuing professional development.

<table>
<thead>
<tr>
<th>Measured by:</th>
<th>The number of non-vocationally recognised medical practitioners accessing the Medicare A1 rebate through general practice incentive programs that require participants to undertake continuing professional development.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Point/Target:</td>
<td>An increase of 21% from the previous year of non-vocationally recognised medical practitioners undertaking continuing professional development through general practice incentive programs.</td>
</tr>
</tbody>
</table>

**Result:** Indicator substantially met.

The After Hours Other Medical Practitioners Program and the MedicarePlus Other Medical Practitioners Program provide access to the higher Medicare rebate for eligible medical practitioners delivering general practice services. By requiring program participants to undertake continued professional development, the programs aim to improve the quality of general practice services provided by these doctors.

In 2007–08, 697 non-vocationally recognised medical practitioners undertook continued professional development activities through general practice incentive programs, compared with 609 in 2006–07. This was an increase of 14%.
Indicator: Well-targeted and managed incentives and support programs for general practitioners to provide services in rural and remote Australia.

Measured by: The level and range of incentives and support for general practitioners who provide services in rural and remote Australia.

Reference Point/Target: A range of incentives and support programs for general practitioners who provide services in rural and remote Australia.

Result: Indicator met.

The Department managed a number of programs in 2007–08 that provided financial and other support to general practitioners to deliver services to rural and remote communities:

- 407 participants received payments under the HECS Reimbursement Scheme, which reimburses doctors their HECS debt when they train and work in rural areas. This is a 30% increase on the number of participants receiving payments in 2006–07;
- 1,890 doctors received payments under the Training for Rural and Remote Procedural General Practitioners Program, which provides practitioners with financial grants to maintain their procedural skills. This is a 23% increase on the number of doctors receiving payments in 2006–07;
- 2,100 doctors received financial incentives under the Rural Retention Program, which provides financial incentives to general practitioners to practice in rural and remote Australia. This was an increase of 38 over the number receiving these incentives in 2006–07; and
- seven Rural Workforce Agencies were supported by the Rural and Remote General Practitioner Program, to attract, recruit and retain doctors in rural and remote Australia.

Indicator: Divisions of General Practice demonstrate quality improvement through achieving accreditation.

Measured by: Percentage of Divisions, State Based Organisations and the Australian General Practice Network accredited by June 2008.

Reference Point/Target: 100% of all organisations funded under the Divisions of General Practice Program are accredited by June 2008.

Result: Indicator substantially met.

A total 97.6%, or 122 of the 125 Divisions of General Practice Network members (including the eight State Based Organisations and the Australian General Practice Network), were accredited by June 2008. The three network members who did not achieve accreditation were involved in amalgamations or similar processes and were granted extensions to their accreditation timeframes.
Indicator: Divisions of General Practice demonstrate commitment to quality improvement through participation in the National Quality and Performance System.

Measured by: Percentage of Divisions, State Based Organisations and the Australian General Practice Network, which meet the minimum reporting requirements of the National Quality and Performance System.

Reference Point/Target: 100% of all organisations funded under the Divisions of General Practice Program achieve National Quality and Performance System requirements.

Result: Indicator met.

100%, or all 116 Divisions, eight State Based Organisations and the Australian General Practice Network met the minimum reporting requirements under the National Quality and Performance System. This included providing Annual Plans and Budgets, six month and 12 month reports and reporting against national and local performance indicators.

Indicator: Increased percentage of general practice patient care provided by practices participating in the Practice Incentives Program.

Measured by: The percentage of general practice patient care covered by practices participating in the Practice Incentives Program.

Reference Point/Target: Increase in general practice patient care coverage from previous year.

Result: Indicator met.

The proportion of general practice patient care provided by practices participating in the Practice Incentives Program increased from 81.2% in May 2007 to 81.4% in May 2008. The number of practices participating in the Practice Incentives Program increased by 44 from the previous year to a total of 4,938.

Indicator: Increased uptake of Primary Care Medicare Benefits Schedule financing initiatives.

Measured by: Uptake of relevant Medicare Benefits Schedule items.

Reference Point/Target: Increase from previous year in uptake of relevant Medicare Benefits Schedule items.

Result: Indicator met.

Bulk Billing Incentives

In 2007–08, there were 61.4 million claims by general practitioners for services bulk billed to children under the age of 16 years and Commonwealth concession card holders. This compares with 57.7 million in 2006–07.

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1 Funding for these Medicare benefits-related activities is provided under the Medicare Benefits special appropriation under the Health Insurance Act 1973, under Outcome 3.
The national bulk billing rate for non-referred (general practitioner) attendances, excluding practice nurse items, increased from 77.4% at the end of 2006–07 to 78.5%. The total number of services claimed for non-referred (general practitioner) attendances, excluding practice nurse items, rose from 103.4 million in 2006–07 to 109.5 million in 2007–08, while the total of all Medicare services rose from 257.9 million in 2006–07 to 278.7 million in 2007–08.

Practice Nurse Services on Behalf of a General Practitioner
A total of 5.2 million practice nurse services were claimed in 2007–08 compared with 3.7 million in 2006–07.

Chronic Disease Management Items
Around 2.1 million general practice Chronic Disease Management services were claimed in 2007–08 compared with more than 1.6 million in 2006–07.

Enhanced Primary Care Allied Health Items
More than 1.3 million allied health services were claimed in 2007–08 compared with around 0.9 million in 2006–07.

Better Access Mental Health Care Items
More than 3.2 million services were claimed in 2007–08 compared with 1.2 million 2006–07 (8 months only).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Improved access to primary care for Aboriginal and Torres Strait Islander people.²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by</td>
<td>MBS benefits maintained or introduced.</td>
</tr>
<tr>
<td>Reference Point/Target:</td>
<td>Increased access by Aboriginal and Torres Strait Islander people from previous year.</td>
</tr>
<tr>
<td>Result: Indicator met.</td>
<td></td>
</tr>
</tbody>
</table>

The Department funded an increased number of Medicare-eligible Indigenous health assessment items in 2007–08. By the end of June 2008, 32,343 services had been provided, an increase of 779 services compared with the previous financial year.

A Medicare item for the provision of monitoring and support to people with a chronic disease care plan by a practice nurse or registered Aboriginal Health Worker on behalf of a general practitioner was introduced on 1 July 2007. It is not possible to identify the number of services that were provided by registered Aboriginal Health Workers from the total number of services provided under this Medicare item number.

² Funding for these Medicare benefits-related activities is provided under the Medicare Benefits special appropriation under the Health Insurance Act 1973, under Outcome 3.
Performance Information for Outcome 5 Departmental Outputs

### Output Group 1 – Policy Advice

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Quality, relevant and timely advice for Australian Government decision-making.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by</td>
<td>Ministerial satisfaction.</td>
</tr>
</tbody>
</table>

**Reference Point/Target:** Maintain or increase from previous year.

**Result:** Indicator met.

Ministers were satisfied with the advice provided by the Department for Australian Government decision-making. This is on par with ministerial satisfaction in 2006–07.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Relevant and timely evidence-based policy research.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by</td>
<td>Production of relevant and timely evidence-based policy research.</td>
</tr>
</tbody>
</table>

**Reference Point/Target:** Relevant evidence-based policy research produced in a timely manner.

**Result:** Indicator met.

During 2007–08, the Department managed the Australian Government’s Primary Health Care Research and Development Strategy which included the following research activities:

- the Australian Primary Health Care Research Institute publication of various evidence-based research papers to support primary health care workforce policy development;
- the development and launch of the *Snapshot of Australian Primary Health Care Research* publication which includes policy relevant examples of primary health care research in Australia; and
- the annual General Practice and Primary Health Care Research Conference to disseminate research and the sharing of information between researchers, policy advisors, practitioners and consumers.

### Output Group 2 – Program Management

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by</td>
<td>Percentage that actual expenses vary from budgeted expenses.</td>
</tr>
</tbody>
</table>

**Reference Point/Target:** 0.5% variance from budgeted expenses.

**Result:** Indicator not met.

Funds were overspent by 1.0% of budget due to actual expenditure being more than estimated for Program 5.1 Primary Education and Training.
<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Stakeholders to participate in program development.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by:</td>
<td>Opportunities for stakeholder participation through a range of avenues, such as surveys, conferences and meetings.</td>
</tr>
<tr>
<td>Reference Point/ Target:</td>
<td>Stakeholders participate in program development.</td>
</tr>
</tbody>
</table>

**Result:** Indicator met.

In 2007–08, the Department held formal stakeholder meetings with local community groups and health professionals to develop and implement the GP Super Clinics initiative. These meetings provided the opportunity to identify community concerns, ensuring that clinics will meet local health needs.

The Department also conducted regular meetings throughout the year with key stakeholders including the Australian Medical Association, the Australian General Practice Network, the Rural Doctors Association of Australia and the Royal Australian College of General Practitioners. These meetings provided the Department with an opportunity to identify and respond to stakeholders’ concerns and to help shape program and policy development.
### Outcome 5 – Financial Resources Summary

<table>
<thead>
<tr>
<th></th>
<th>(A) Budget Estimate 2007–08 $’000</th>
<th>(B) Actual 2007–08 $’000</th>
<th>Variation (Column B minus Column A) $’000</th>
<th>Budget Estimate 2008–09 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administered Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program 5.1: Primary Care Education and Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriation Bill 1/3/5</td>
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<td>257,908</td>
<td>12,471</td>
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<tr>
<td><strong>Program 5.2: Primary Care Financing, Quality and Access</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Appropriation Bill 1/3/5</td>
<td>258,635</td>
<td>253,547</td>
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<tr>
<td>Appropriation Bill 2/4/6</td>
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<td>100</td>
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<td>14,900</td>
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<td></td>
<td>258,735</td>
<td>253,647</td>
<td>(5,088)</td>
<td>351,741</td>
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<tr>
<td><strong>Program 5.3: Primary Care Policy, Innovation and Research</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriation Bill 1/3/5</td>
<td>27,326</td>
<td>27,391</td>
<td>65</td>
<td>25,953</td>
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<tr>
<td><strong>Program 5.4: Primary Care Practice Incentives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriation Bill 1/3/5</td>
<td>323,700</td>
<td>324,009</td>
<td>309</td>
<td>309,236</td>
</tr>
<tr>
<td><strong>Total Administered Expenses</strong></td>
<td>855,198</td>
<td>862,955</td>
<td>7,757</td>
<td>940,443</td>
</tr>
<tr>
<td><strong>Departmental Appropriations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output Group 1 – Policy Advice</td>
<td>10,299</td>
<td>10,342</td>
<td>43</td>
<td>10,490</td>
</tr>
<tr>
<td>Output Group 2 – Program Management</td>
<td>31,230</td>
<td>32,238</td>
<td>1,008</td>
<td>31,809</td>
</tr>
<tr>
<td><strong>Total price of departmental outputs</strong> (Total revenue from Government &amp; other sources)</td>
<td>41,529</td>
<td>42,580</td>
<td>1,051</td>
<td>42,299</td>
</tr>
<tr>
<td>Total revenue from Government (appropriations) contributing to price of departmental outputs</td>
<td>40,673</td>
<td>41,676</td>
<td>1,003</td>
<td>41,440</td>
</tr>
<tr>
<td>Total revenue from other sources</td>
<td>856</td>
<td>904</td>
<td>48</td>
<td>859</td>
</tr>
<tr>
<td><strong>Total estimated resourcing for Outcome 5</strong> (Total price of outputs &amp; administered expenses)</td>
<td>896,727</td>
<td>905,535</td>
<td>8,808</td>
<td>982,742</td>
</tr>
<tr>
<td><strong>Average Staffing Level (Number)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>321</td>
<td>328</td>
<td>7</td>
<td>307</td>
</tr>
</tbody>
</table>