

Your submission discusses a Palliative Care GP Registrar program that had successful outcomes (p.3).

a. *Can you elaborate on how this model operated, including its funding arrangements?*

The regional training provider at the time, North Coast GP Training (NCGPT), developed a model in collaboration with the local Medicare Local and LHD, to offer experience and training for two GP registrars who had expressed an interest in providing palliative care to their community.

The trial was researched against the questions – could this model of care reduce inpatient days for palliative care patients and allow those who expressed a wish to do so, to die at home rather than in hospital?

There was an intervention group, who received care from the registrars and a control group who did not, but the two groups were not randomised.

NCGPT ensured that adequate teaching, support and supervision was provided and that the time (six months) could be counted towards training, the LHD provided the support and overarching governance, and the Medicare Local provided a basic salary for the two registrars, a necessity given that the work would be fragmentary. The registrars were affiliated with a general practice and able to attract medicare billings appropriate to the services provided, as well.

In 2015 Medicare Locals were discontinued and the new entity, the PHN, did not continue with this model of care.

Although limited in its scope, the trial did show that those two outcomes were achieved as per the excerpt from the published article as below:

Results: Patients receiving standard care were twice as likely to spend ≥ 8 bed-days in hospital (OR 2.09 (95%CI 1.10-3.97); $P = 0.02$) and were more likely to have ≥ 2 admissions to hospital (OR 3.37 (95%CI 1.83-6.21); $P < 0.001$), per 100 patient-days than the intervention group after adjusting for diagnosis group (cancer or not) and residence in residential aged care. Controls were significantly less likely to die at home than the intervention group (OR 0.41 (95%CI 0.20-0.86); $P = 0.02$).

[Reducing avoidable admissions in rural community palliative care: a pilot study of care coordination by General Practice registrars - PubMed \(nih.gov\)](#)