

Dear Helen

I was given your name by the federal office of the Australian Medical Association.

I understand that you are currently Commissioner, Productivity Commission, and that among its priorities, the Commission seeks to consider more fully, compliance and paper burden costs of regulations and small business impacts, with a view to minimising any regulatory burdens on business and the community.

My purpose in writing to you is to canvass interest in a proposal by Australian Births, Deaths and Marriages Registrars to develop the Medical Certificate of Cause of Death to the level that it can be provided to medical practitioners for completion and transmission/lodgement online.

Medical practitioners are required under state/territory laws to prepare and lodge medical certificates of cause of death with the appropriate state/territory Registrar. These certificates are then passed on to the Australian Bureau of Statistics. A major difficulty is that each jurisdiction has a different form of paper certificate and medical practitioners are required to acquaint themselves with different requirements for each jurisdiction.

Australian Births, Deaths and Marriages Registrars have formed an umbrella Council under the name of BDMOZ. The Chair of BDMOZ is the NSW Registrar, Mr Trevor Stacey, who has authorised my communication with you.

I have also written to Dr Andrew Magennis, in his capacity as President of the Medical Software Industry Association and to Dr Rob Wooding, Chief Information Officer, Department of Health (C'th). Dr Magennis was involved with the original development of "Medical Director" which is apparently the major and most widely used medical software package in the industry. However, in developing the proposal, BDMOZ is not seeking to focus on any one software developer. Dr Wooding is also concerned at the effect of 'red tape' in government information and reporting requirements.

I attach a copy of my recent letter to the President of the AMA, which is self explanatory, and would welcome any comment or suggestion on the proposal.

Regards

Andrew

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ACT GOVERNMENT
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Registrar-General's Office

Dr Kerryn Phelps
President
Australian Medical Association Inc
PO Box E115
BARTON ACT 2600

Dear Dr Phelps

MEDICAL CERTIFICATES OF CAUSE OF DEATH

I am writing on behalf of the Australasian Council of Births, Deaths and Marriages (BDM) Registrars (BDMOZ), concerning a proposal that Medical Certificates of Cause of Death be completed and lodged by medical practitioners online. BDMOZ is the representative council of Australian state/territory BDM Registrars.

All Australian states/territories have introduced uniform, template BDM legislation. BDMOZ is now seeking to implement uniform Australian policies and practices in connection with that legislation.

BDMOZ is anxious to streamline the manner in which data is collected under the uniform legislation. Significant benefits would accrue to all stakeholders, both in the private and public sectors, if electronic forms of data capture were implemented.

Media releases published on the Australian Medical Association (AMA) website on 5th and 19th July 2002, report that the AMA has recently surveyed some 700 doctors about what they see as the major benefits of information technology in general practice.

In those reports, the AMA's Vice-President, Dr Trevor Mudge stated that it is the AMA's job to continue to assist the medical profession access this technology. Dr Mudge stated that greater use of IT will help doctors better manage their workloads. Sixty percent of survey respondents reported that they rely on

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computers to communicate with other doctors. The reports also identify paperwork overload as a major concern to the AMA.

It is apparent that AMA members are comfortable using IT and Internet services, and that the AMA is anxious to improve the services it provides to members through its website.

The uniform BDM legislation provides that a doctor who was responsible for a deceased person's medical care, or who examined the body of a deceased person after death, must notify the respective Registrar of the death and cause of death within 48 hours of the death.

An approved form of certificate is presently provided by Registrars for this purpose. Registrars have consulted with peak body medical groups, the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) about the format and content of data collected by the form. Two certificates have been prepared, one each for general and perinatal deaths, and BDMOZ is anxious to ensure that Registrars adopt the uniform certificates.

The forms are presently available at BDM Registries in hard copy form, generally in three-part, non-carbon reproduction form, to registered medical practitioners only.

At a recent meeting of BDMOZ, it was agreed to write to the AMA and the RACGP to seek interest and cooperation in the development and dissemination of electronic forms of Medical Certificate of Cause of Death/Perinatal Death.

Our purpose is to canvass support for the preparation and use of electronic forms of the certificates. These forms would be available, as a pdf or for online completion and lodgment, to registered medical practitioners only. The forms could be printed from a secure site, downloaded to the practitioner's system for completion, or completed and lodged online.

It is intended that uniform forms would be provided in electronic form only and the completion of the form could be in either manual or electronic form. It is possible also that these forms could be included in proprietary medical practice software packages. Additionally, the process by which causes of death are classified by ABS has created logistical problems for Registrars.

An electronic advice may also be able to be provided to the respective Coroner, where the death is due to violence or unnatural causes.

A number of issues need to be considered.

1. **Security.** As the form is intended for completion by medical practitioners only, it should be provided in a secure manner to prevent misuse. Additionally, data can be more securely transmitted in electronic rather than hard copy form.
2. **Availability.** As the form would be intended to satisfy the needs of all states/territories, it would be uniform and available from a central point,

accessible securely by registered medical practitioners only eg AMA website or proprietary medical practice software packages.

3. **Privacy.** As the nature of the data is highly confidential, and subject to privacy legislation, it will need to bear an appropriately worded privacy statement approved by the Federal Privacy Commissioner.
4. **Consistency of reporting.** The ABS is concerned to ensure that data is collected in a uniform manner. This information includes causes of death, indigenous identification and circumstances of the death. The ABS has prepared guidelines on the preferred classification of causes of death and it is suggested that these guidelines lend themselves to automation.
5. **Simplicity.** Completion of the hard copy form would be more complex than an electronic form. An electronic form can assist the user by defaulting information, classifications, dates etc and removing the need for signatures.
6. **Uniformity.** The same certificates would be available for use in respect to all states/territories, which would benefit those practices, which deal with patients in several states/territories.
7. **Cost.** The cost of hard copy forms, eg printing, storage, lodgment, post etc would be obviated by electronic completion and lodgment.
8. **Change.** An electronic form would be simpler to change than a hard copy form.
9. **Record keeping.** Once completed, an electronic form can be printed or stored electronically by the medical practitioner.
10. **Certification.** The hard copy form requires the medical practitioner to sign the certificate and print their name and address. An electronic form could permit access from a website in a controlled manner. Participating practitioners could be provided with security access which, when filed, could authenticate the doctor and perhaps pre-fill their details on the electronic form from the AMA's register. In this sense, a signature would not be required.
11. **Specific state/territory requirements.** Notwithstanding uniformity of BDM laws, a number of inconsistencies still exist eg Coroner requirements. These can be ironed out in an electronic environment.
12. **Incremental development.** The proposal lends itself to incremental development and optional use within both the public and private sectors.

BDMOZ is not seeking an injection of funds by the AMA or by medical practitioners in the development of the electronic form, however some cooperation in making the form available from the AMA would of course be essential.

BDMOZ sees the proposal as consistent with the AMA's aim in reducing paperwork and increasing the use of IT by GPs. Technical advice suggests that such a facility would be simple and convenient to use. A major benefit and time saver would accrue from the capacity of the online form to identify the practitioner, to pre-fill data to automatically classify the cause of death at the time of completion of the form and to remove the inconvenience of posting the form. This would also obviate the need for the cause of death to be later verified by ABS through the Registrars and GPs.

BDMOZ would appreciate the AMA's views on what it sees as a highly beneficial

and worthwhile proposal, which could be developed as a partnership initiative. I have also sent a copy of this letter to the Royal Australian College of General Practitioners and the Australian Bureau of Statistics for comment. Should there be sufficient interest, BDMOZ would proceed to scope the project.

I may be contacted on ph (02) 62070450 if you wish to discuss any aspect of the proposal.

Yours sincerely

ANDREW TAYLOR
REGISTRAR-GENERAL
31 July 2002

(copied to

- Royal Australian College of General Practitioners
- Australian Bureau of Statistics)

Ms Helen Owens
Commissioner
Productivity Commission