



17 SEP 2002

GP Compliance Costs
Productivity Commission
Locked Bag 2
Collins Street East Post Office
MELBOURNE VIC 8003
Attention: Mrs Helen Owens

Dear Mrs Owens

I refer to your request for comment on the Issues Paper prepared as part of the Productivity Commission's research study into General Practice Compliance Costs. I note that the terms of reference for the overall study are principally concerned with compliance costs associated with Commonwealth policies and programs that impact on general practitioners (GPs) and on general practice as a whole.

The Tasmanian Department of Health and Human Services (DHHS) works very closely with the general practice community in our State and directly funds salaried general practices on Flinders Island, and at Clarence and Risdon Vale Community Health Centres in Southern Tasmania. The Clarence Community Health Centre is also registered as a training site for general practice registrars.

DHHS confirms that, over the last 10-15 years there has been a significant impost on the daily work of the GP in terms of money, time and impact on capacity to consult as a direct result of Commonwealth programs and policies.

One of the main concerns is the way in which information could be provided more efficiently. A significant proportion of the time and cost of compliance relates to providing the same information repeatedly for different programs or on different occasions for the same program, e.g. medication review within a Health Assessment and for a Home Medicines Review (both Enhanced Primary Care services), or requesting a PBS authorisation 6-monthly for a medication for a chronic condition for which the patient has already received a prior authorisation. This issue could be examined with a view to streamlining paperwork and reporting requirements.

Another concern for general practice, which becomes a compliance cost, is maintaining current knowledge of the different Commonwealth programs and policies and the appropriate forms, contact details and compliance requirements for each. Significant time and effort is expended in accessing these details, and at times there is double handling of work because of insufficient knowledge about a particular aspect of a program or policy. This issue could be examined with a view to developing a user-friendly package of Commonwealth programs and policies.

Finally, another issue that could be examined as a potential influence on compliance costs is the demographic categorisation of the patient population. An example of this would be age distribution, where a predominantly elderly patient population will usually mean more involvement with Commonwealth programs such as EPC services, PBS authorisations and disability services that are generally more time consuming.

Thank you for the opportunity to comment on this research study.

Yours sincerely


Linda Hornsey
SECRETARY