

Attention Kate Pearson, Research Manager

Productivity Commission:

General Practice Administrative and Compliance Costs Study: Progress Report, 10 February 2003.

The level of administrative duties which impinge on general practice was already of concern to medical practitioners twenty-five years ago when I undertook research on this topic for a major thesis (copy of the thesis was submitted to the Productivity Commission on 17 January). I am pleased the topic is receiving the attention of the Commission in the above mentioned study. The following is my response to the progress report of 10 February.

#### Program Evaluation (Draft Recommendations 1, 2 and 3)

I consider it is important to incorporate these administrative costs in evaluation studies, as they represent a vital component of the program delivery system. Alternative sources of information might even be found if these costs were an unavoidable component of program evaluations.

#### What is not covered in the study (page 3 of Progress Report)

To put the administrative duties which are covered in this report in the context of GPs' wider practices, it would be useful to stress that these are but a portion of the total reports and certificates they are asked to provide when we include State/Territory and local government policies and programs, and the workplace and leisure activities of their patients. Thus the Commonwealth Government can be seen as subsidising the delivery of State and local government programs and workplace benefits, through Medicare.

#### Conflicting Priorities (Draft finding 12 and Draft recommendation 8)

There is a difference between defining eligibility as distinct from entitlement in relation to program benefits, particularly for departmental expenditure. When the information is required to decide eligibility (within the restraints of program budgets) rather than entitlement to benefits, there is greater scope for conflicting priorities. If departments wish to restrict program expenditure, it is likely to be an ineffective as well as inefficient use of GP services.

The distinction between medical evidence and medical opinion is significant. Departmental officers might benefit from training to better recognise the basis of their requests for information. Such training would need to include reference to the Privacy Act and to Freedom of Information provisions. In some instances, other service professionals might be more effective in providing individual reports (for example, Occupational Therapists are trained to assess driving ability but GPs are inappropriately asked to report on the driving ability of elderly patients).

References for the above comments are the thesis lodged with the Commission titled "The Convention of Using Medical Certificates for Allocating Non-Medical Benefits" - aspects of which were reported in the articles listed below:

"Paper Work in General Practice: A Medical Service? Who Benefits?" in Med.J.Aust., 1976, 1:200-202

"The GP – Doctor or Middleman?", in Aust Fam Physician, Oct 1976, Vol 5: 1213-1225.

"The Modern Use of Medical Certificates Part 1", The Aust GP, 1976, 9:6, 19-20.

"The Modern Use of Medical Certificates Part 2", The Aust GP, 1977, 9:8, 18-20.

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