

OLD LINTON MEDICAL PRACTICE

153 Comur Street, Yass 2582
Telephone: 02 62263697

Dr Ray Burn
R.F.D.,E.D.,B.E.,M.B.,B.S.,LL.B.,FACLM

GP Compliance Costs
Productivity Commission
Locked Bag 2
Collins Street East Post Office
Melbourne Vic 8003

Dear Colleagues,

27 August 2002

Submission

Practice detail

Located in Yass, NSW
Co-located are independent practitioners who work sessions and to whom we provide administrative services:

Lady gynaecologist
Massage therapist
Psychotherapist

The practice does not offer universal bulk billing, like others we have our favourite patients but largely we charge. A Standard Consultation fee is \$40 (Medicare rebate to the patient is \$24.45).

We have an appointment system to minimise waiting and to avoid pressure on the practitioner.

We offer primary care and often see our role as co-ordinating care in more complex cases. We have fixed practice hours with a 24 hour telephone availability, usually to me direct.

Brief CV

I graduated in Engineering in 1951 and worked in this area and in senior management for 20 years, then qualified in Medicine and have been in general practice after my internship years. I also graduated in law and had a practice at the Bar (and medicine) until a couple of years ago when I moved from inner Sydney to Yass. I am a Fellow of the Australian College of Legal Medicine.

Compliance costs

We are not involved in any PIP type activities.

I looked into several of these schemes as they came up. I did try the Immunisation one as it seemed it would help patients when their children were entering school. But the clerical system was niggling, not too much but wanting a level of attention that seemed too precious in comparison to the other things going on.

A colleague, Dr Aiden Lawrence, won a prize of some \$3500 for an article in "Medical News" about a month ago on why he had given up the PIP.

Some things must be done and they are done: death certificates, cremation certificates and Workers' Compensation certificates come to mind. Other things are done because they have to be attended for the good of the patient; an obvious instance is the Application to Prescribe a Drug of Addiction in palliative care situations. You don't hear of any hesitation in compliance in these things.

So what is the problem?

Is it really the money?

There is a culture that to get doctors to comply one has to pay them. Puzzlement arises when this does not work. Certainly the labourer is worthy of his hire but money is not the dominant motivator in medicine. The bureaucrat has lost the understanding of the altruism which is dominant in the practice of the art of medicine.

Ignored also is the intellectual stimulation in solving a difficult problem causing distress to a patient. The list goes on.

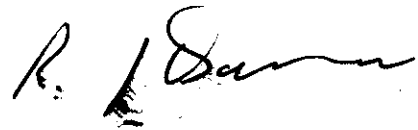
Medicine is a profession with power, privilege and prestige, as has been frequently shown (1). It remains the foremost profession in the accord of respect by the public.

It is not the time and the cost which results in non-compliance. It is the pettiness and the ever present (flawed) attempts at control.

One solution

If the government wants to achieve the ends which would be regarded as compliance then General Practice should be acknowledged, the good of the people should be the theme. Because the government is oriented to money an increase in the patient rebates, long overdue, could be contemplated. To pay for it the Divisions of General Practice could be abolished and the Health Department could rebuild its prestige.

Yours sincerely,



R. J. BURN

1. Ann Daniel (1983) *Power, privilege and prestige: Occupations in Australia*. Longman Cheshire, Melbourne