



GENERAL PRACTICE COMPLIANCE COSTS PRODUCTIVITY COMMISSION REVIEW

OSBORNE DIVISION GP COMMENTS (ADGP SUBMISSION)

26 GPs responded to a fax survey of prompted questions and comments on 'red tape' in general practice. GPs indicated the difficulties that red tape caused them on a scale from 1 (too little) to 5 (too much) and possible solutions.

QUANTITATIVE DATA

1 Medicare, PBS, PIP, and EPC:

77% (N 20) of GPs felt there was *too much* or *far too much* red tape.

2 GPs felt the red tape required was *about right*.

1 GP felt the red tape required was *too little*.

3 GPs did not answer.

2 Centrelink Payments

85% (N 22) of GPs felt there was *too much* or *far too much* red tape.

2 GPs felt the red tape required was *about right*.

2 GPs did not answer.

3 Veterans Affairs

58% (N 15) of GPs felt there was *too much* or *far too much* red tape.

42% (N 11) of GPs felt red tape requirements were *about right*.

4 Would you participate in a focus group on this matter?

4 GPs *would* attend a focus group

9 GPs *would not* attend a focus group

13 GPs *did not* respond.

QUALITATIVE DATA

Many comments were received by GPs, the following have been condensed into similar areas of concern and according to the first 3 questions above.

1 Medicare, PBS, PIP, and EPC:

Comments

Forms for registering a new Dr to a practice are many. Can all the forms needing to be returned to one place be replaced with one form? (ie. Authority to Transmit Medication, Authority to Transmit Immunisation).

There is no excuse, other than political, for pay Dr cheques not to be deposited straight into Drs bank accounts.

PIP - nothing in this is easy, not enough time in the day to review patients with asthma, diabetes and aged care assessment. Perhaps the solution is to allow more doctors to have provider numbers. I have been a supporter of PIP but it has now got out of hand.

It is insulting to GPs to offer payments for all the sorts of activities we have been/should be doing as part of our total patient care. In 25 years the patient rebate has not increased by even 50c.

Too much paperwork and effort, Authority system tedious.

Patients bring complex forms to be completed (TDR etc) and expect them to be done regardless of time factor. It would be improper to complete the forms without seeing the patient.

I do not believe in PIP - waste of money - should be going to consultation fee

Too many unnecessary programs which have no relevance on practising quality medicine.

Government and beauracratc 'divide and conquer' schemes to confuse and fragment doctor unity.

Generally it would be cheaper for HIC and less red tape for us - if they would just increase the Medicare payments.

2 Centrelink Payments

Comments

No Medicare Item no. to claim for filling out forms.

Amount of non-paid beauracratc paper work is increasing every year, especially CentreLink. TDR forms take up far too much time.

The forms are repetitive and often the same info is required on several different forms.

The amount of paperwork is not excessive, it's just that Centrelink will not pay GP's to complete it.

I believe these forms should be completed by the Commonwealth Medical Officer

Very time intensive.

3 Veterans Affairs

Comments

Unless there is a substantial increase in DVA rates I shall be resigning as a Veterans Dr in November.

Also Centrelink staff should not send back forms where the doctor has marked 'fit for 8 hours' and ask for a new saying 'Totally unfit'.

OK.

Bring back the original D904, which had space for clinical information.

Get rid of D904 Etc.

Forms still cumbersome but less so than Centrelink ones.

Veterans can be very detailed and there is always some scheme or another the vets want access to.

Their TPI forms are a nightmare.

4 Other Comments

Accreditation - overly intrusive and a waste of time, money and sparse medical resources.

Mental Health initiatives - underpaid, condescending training, treats GPs as if they were viewers of the craft.

The 3-step program of Asthma, Diabetes and Mental Health are too much hassle to do!! They are things we are doing already but there is not enough time to do all that is required.

Once the original letters etc. have been submitted e.g. for a permanently disabled/mentally or physically handicapped person, who will be on a benefit forever, they should remain on site and not need to be resubmitted because they 'go missing' at Centrelink.

The Government is concerned with paper not with people.

Workers Compensation

Insurance related forms.

Why do we always have to do a separate referral form for the Vet as well as the letter? Surely the letter is enough.

A 40 minute Age Assessment means 3 people are not seen. Is there any evidence that these schemes improve life expectancy?

Give higher benefit for aged persons (>65) and those with chronic illness - much higher benefit!

SUMMARY

It is important that GPs on the ground are consulted in this review and have input into the design of forms. There is a need for recognition of time spent in form-filling and appropriate remuneration.