



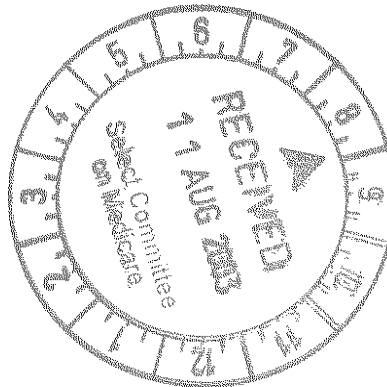
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THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

FROM THE PRESIDENT

August 6, 2003

Senator Jan McLucas,
Chairperson,
Senate Select Committee on Medicare
Suite S1 30
Parliament House
Canberra ACT 2600



Dear Senator McLucas

Re: Follow up questions from Senate hearing 24 July 2003

Thank you for providing me with the opportunity to speak with the Senate Select Committee on Medicare, on behalf of the Royal Australian College of General Practitioners (RACGP), on Monday 24th July 2003.

You and your colleagues asked that the RACGP provide you with additional information on some of the issues discussed at the hearing.

The supplementary information the Select Committee requested included:

1. A copy of the RACGP's papers on the length of general practice consultations and quality; and the intensity/complexity of general practice consultations and implications for payment

A copy of these papers is attached with this letter. As the RACGP indicated in its submission to you, the findings of the Attendance Item Restructure Working Group are very relevant to the considerations of the Select Committee, and I commend them to you. You may find it useful to discuss the findings with the independent Chair of the Working Group, Professor Justin Beilby from Adelaide University.

2. A copy of the RACGP's Private Billing Kit

A copy of the Kit is included with this letter. The materials were developed in response to consistent enquiries from members of the RACGP who were concerned that the quality of care they provided was being put at risk by their current billing practices.

3. The impact of rising medical indemnity premiums

Information provided on the effect of medical indemnity premiums has been sourced from the Australian Medical Association's (AMA) Medical Indemnity Fax-Poll. Of the General Practitioners (GPs) who responded, 17.6 per cent indicated that they will cease the provision of some services and 2.7 per cent will stop practice altogether. For procedural GPs the effect on services is worse, with 23.3 per cent ceasing providing selected services.

4. An explanation of New Zealand's 'Reducing Inequalities Contingency Fund'

A description of New Zealand's 'Reducing Inequalities Contingency Fund' has been provided in a paper available from the Ministry of Health in New Zealand. This form of supplementary funding that specifically supports innovative initiatives that aim to reduce health inequalities has merit, however, any program that adopted its approach would need to have an appropriately low administrative and compliance burden in order to be attractive to GPs.

5. Commentary on different business structures and models in Australian general practice

As I mentioned at the hearing in Melbourne, there is a wide range of business arrangements in general practice. The industry publication, *Australian Doctor*, recently released a series of business management booklets, one of which addresses a number of the relevant issues. This resource may assist you, as it provides a contemporary analysis which is concise yet covers a number of the key issues.

6. The costs of accreditation, participating in Quality Assurance and Continuing Professional Development (QA&CPD), and general practice vocational training

The costs of Accreditation and maintaining Quality Assurance and Continuing Professional Development requirements (QA&CPD) have been provided from research conducted by Campbell Research and Consulting (2003), for the Productivity Commission's recent inquiry into General Practice Compliance Costs. The costs of the current Vocational Training arrangements, which are outside the control of the RACGP, have not been able to be estimated and I advise that you request this from General Practice Education and Training Limited (GPET).

7. Evidence to support the RACGP's view that training in a rural location is likely to lead to doctors working in a rural location.

Research has been supplied from two separate surveys of past GP Registrars which supports the RACGP's view that providing funds to medical schools would be more likely to be effective than bonding medical students. A summary of the pertinent points is included with this letter.

I would be happy to provide further information to the Committee if necessary.

Please do not hesitate to contact Mr Ian Watts, National Manager – GP Advocacy and Support, in the first instance, if you require any further information. Mr Watts can be contacted at (03) 8699 0544 or ian.watts@racgp.org.au.

Yours sincerely



Prof Michael Kidd
President