



Australian Divisions of **General Practice**

3 October 2003

Senator Jan McLucas  
Chair  
Senate Select Committee on Medicare  
c/-Secretary: Elton Humphery  
The Senate  
Parliament House  
Canberra ACT 2600  
AUSTRALIA

Dear Senator McLucas,

At our hearing with the Senate Select Committee on Medicare in Brisbane on Tuesday 26 August, I undertook to investigate whether there was any evidence linking bulk billed consultations with higher referral and prescribing rates. I noted during the hearing that there is a paucity of Australian primary care research, and we were in fact unable to find any specific evidence on this subject, however a number of studies on various aspects of length of consultation may provide some clues as to a possible correlation. Further, as outlined in our submission, ADGP believes that more emphasis must be placed on ensuring access to high quality general practice services and appropriate funding of same.

An Australian study by Martin et al (1998) found that longer consultations are more likely to be bulk billed. Furler et al in 2002 found that that "GPs in more disadvantaged areas are more likely to bulk bill", however the authors also noted that "people in disadvantaged areas visit GPs more often annually, but they are less likely to have a long consultation".

There is mixed evidence regarding the relationship between longer consultations and lower referral and prescribing rates. In the Australian context, a study by Bolton et al in 1998 found no association between longer consultations and number of medications prescribed, or non-pharmacological treatments recommended, however a more recent study in the UK (Freeman et al, 2002) showed the opposite: that longer consultations lead to doctors prescribing less and providing more lifestyle/health advice, allowed for better recognition and handling of psychosocial problems, and better enablement and chronic illness care. This conclusion supported studies undertaken in the UK by Howie et al (1989, 1991).

Overall, the Royal Australian College of General Practitioners (RACGP) in work for the Attendance Item Restructure Working Group (AIRWG) in 2002 found "an increasing body of evidence from around the world...that 'longer' consultation times are associated with better health outcomes" and greater patient satisfaction. AIRWG has accordingly concluded that a seven-tier item structure for non-referred (GP)

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attendances, which shifts the weighting of rebates from the lower to the higher end of the schedule, would provide greater incentives for quality care.

I wish you luck in your deliberations. Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Rob Walters', written in a cursive style.

Dr Rob Walters  
Chair, ADGP