



Red tape, burnout and fatigue

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When undertaking a doctor's health project for the Victorian Faculty of the Royal Australian College of General Practitioners in 2001, I was somewhat surprised to discover that the balance of the literature both in Australia and overseas, suggested that organisational stresses had a greater negative impact on morale and wellbeing for GPs than clinical stresses.¹ Organisational stresses include workload, time pressures, paperwork, practice management, after hours work, bureaucratic changes and remuneration. At the time, I assumed that clinical stresses such as dealing with death and dying, emergencies, and complex psychosocial problems would be the major source of stress. On reflection, I realised that despite these clinical problems being stressful, there is a big upside in terms of personal satisfaction for the GP. Dealing with clinical issues is what we trained to do, what we wanted to do, what we envisaged general practice was all about. Red tape, on the other hand, has no obvious upsides.

The Productivity Commission (PC) estimate of general practice administrative and compliance costs in 2001–2002 was \$228 million, equivalent to \$13 100 per GP working at least one day per week. Although there are several generalisations and assumptions in the PC methodology, and the figures are indicative only, it is clear that 'red tape' places a significant burden on general practice.

The commonwealth government has commissioned the 'GP Redtape Taskforce' to review current commonwealth arrangements impacting on general practice administrative and compliance

costs, and to develop strategies to reduce, simplify or eliminate these requirements. The taskforce is due to report to government in November 2003. The discussion papers on their website prove fascinating reading.² For instance, in 2001–2002, GPs completed over a million forms for Family and Community Services, over 570 000 for the Department of Veterans Affairs and 4.5 million forms for the Department of Health and Aged Care. Just thinking about this is enough to induce fatigue!

Interestingly, the taskforce found that few GPs taking part in the consultation process considered the administrative burden in dollar terms. The themes that appear most consistently in the draft summary of stakeholder consultations are:

- frustration at lack of coordination of programs and information gathering between departments
- the sheer volume of information flowing into practices
- the lack of recognition of the quality of care already provided by GPs when new programs are launched, and
- the lack of government awareness of the amount of unpaid work provided by GPs and the cumulative burden of government requirements.

Specific key concerns of GPs consulted were:

- the complexity, duplication of information, and poor arrangements for Centrelink forms
- concern with the number of forms and processes involved in starting a new GP, or registrar at a practice
- paperwork for the Practice Incentives Program (PIP) and Enhanced Primary Care (EPC) items, and

- information technology and management (IT and IM) concerns.

Feeling frustrated, overwhelmed and undervalued are the building blocks for fatigue and burnout. In a time of enormous change in general practice, workforce distribution difficulties and the rising cost of medical indemnity, we need to explore all avenues to maintain the collective mental health of the general practice community.

The report of the GP Redtape Taskforce and its recommendations for streamlining commonwealth information collection, support for enhanced GP use of IT/IM, ongoing monitoring of GP administration costs and review of the PIP and EPC items will hopefully be a good start.

Burnout, stress and fatigue are complex issues for the GP to sort out in their patients. They are also difficult to address in their own professional and personal lives. In considering the problem of fatigue in our patients, we need to understand the whole person, what their symptoms and illness mean to them and the complex interplay of the physical and the psychosocial in each individual. When considering fatigue and burnout in our profession and in ourselves, we also need to look broadly both outside ourselves and within.

References

1. Departments of General Practice University of Melbourne and Monash University. GP Wellbeing Project Report. Commonwealth Department of Health and Aged Care, 2001.
2. GP Redtape Taskforce website. <http://www.health.gov.au/redtape>.

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