

5 February 2018

Red Tape Committee
Department of the Senate
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Dear Committee Secretary

Senate Red Tape Committee inquiry into Health Services

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Red Tape Committee for the opportunity to respond to the inquiry into Health Services.

The RACGP response to this inquiry focusses on red tape issues in general practice. Red tape in general practice has consequences for patients and the wider healthcare sector due to the central healthcare coordination and management role of general practitioners (GPs). Red tape can result in delayed, fragmented and/or uncoordinated patient care.

General practices operate as small businesses and administrative tasks are often shared between a small team. As such, administrative tasks are often carried out by GPs or other clinical staff. GPs spend around 20% of their working week on management, administration and indirect patient care.¹ These tasks significantly impact on the time spent in clinical practice providing direct patient care. The removal of red tape, or streamlining processes, would reduce the amount of time GPs and other clinical staff spend on administration, allowing more time to deliver safe, high-quality health services.

Previous red tape submissions by the RACGP

In 2015, the RACGP conducted a scoping exercise to identify red tape issues in general practice. The [RACGP wrote to then Health Minister, Hon Sussan Ley](#) requesting that the following red tape issues be addressed in the immediate term:

1. Authority requirements for medications
2. Paperwork required for General Practice Management Plans and Team Care Arrangement
3. Claiming Practice Incentive Program (PIP) teaching payments
4. State and Territory red tape requirements associated with establishing and running a general practice, such as requirements of the building and construction industry, occupational health and safety regulators, and many others.

¹ The Royal Australian College of General Practitioners. General Practice: Health of the Nation. 2017. Available from <https://www.racgp.org.au/yourracgp/news/general-practice-health-of-the-nation/>

Since writing to the Health Minister in 2015, the identified areas largely remain an issue for GPs. The rectification of these issues is still a priority for general practice.

Additional red tape issues

The RACGP recently identified a number of additional issues.

1. Excessive or restrictive requirements associated with service provision

GPs often need to comply with excessive or restrictive requirements associated with providing patient care. The RACGP has [previously identified](#) issues associated with the excessive requirements for Medicare Benefits Schedule (MBS) Chronic Disease Management items. In addition to this, many MBS item descriptors are overly restrictive. For example, there are restrictions on the provision of a Chronic Disease Management Plan and a Mental Health Plan on the same day, requiring patients to book multiple appointments.

The constant introduction and/or amendment of requirements in general practice is a cause of red tape in itself. General practices are required to keep practice policies for a variety of processes (eg My Health Record, privacy policies). These policies require review and revision each time requirements are introduced or changed. Reviewing and updating practice policies can be time consuming and often involves additional training for staff.

2. Electronic systems and communication

Many processes and administrative tasks associated with providing healthcare services have not modernised with the introduction of new technologies, making red tape even more burdensome.

Secure electronic communication should be the preferred and default method of communication of all health services and government agencies communicating with general practice regarding patients.² It is often the case that this more efficient method is not prioritised, placing administrative burden onto GPs.

a. Complicated paper-based forms

GPs are often required to fill in multiple complicated paper-based forms that could be better managed by using electronic systems. The completion of these forms is time-consuming and often unpaid. Examples include:

- various forms and reports required to facilitate support for patients (for example, WorkCover, Centrelink, Transport Accident Commission, appointment of an Adult Guardian and Local Council issued disabled parking certificates)
- employing a new doctor in a practice or requesting a new Medicare provider number from the Department of Human Services when a practice moves location

² The Royal Australian College of General Practitioners. RACGP position statement: The use of secure electronic communication within the health care system. 2016. Available from <https://www.racgp.org.au/download/Documents/e-health/2017/Position-Statement-The-use-of-secure-electronic-communication-within-the-healthcare-industry.pdf>

- prescribing controlled drugs – in addition to unnecessary paper-based forms, the requirements for prescribing Schedule 8 drugs also differs between states and territories
- completing medication charts in residential aged care facilities

b. Electronic signatures not accepted

Many government and health organisations do not accept electronic signatures, resulting in GPs having to print and fax paperwork that they could otherwise send electronically, saving time and resources.

c. Lack of integration with practice clinical information systems

The majority of health services and government agencies communicating with general practice do not currently use electronic communication systems which are compatible with those existing in general practice - causing unnecessary manual processing for both parties. General practices are often required to manually transfer information from their clinical or administrative systems into paper based or online forms. This information is then sent to the relevant agency via an online upload, by post, fax, or via standard and unsecured email. Both My Aged Care and National Disability Insurance Scheme (NDIS) systems are examples of two services GPs frequently refer to that do not have means to integrate referral processes with general practice systems.

The RACGP is interested in meeting with the Red Tape Committee to discuss these issues in more detail. To arrange for a representative to attend the public hearing for this inquiry, please contact myself or Madeleine Senior - Program Manager, Advocacy and Funding on 03 8699 0524 or at madeleine.senior@racgp.org.au.

Yours sincerely



Dr Bastian Seidel
President