



28 August 2024

Department of the Prime Minister and Cabinet  
Long-term Insights Briefings project  
PO Box 6500  
Canberra ACT 2600

Dear project team,

**RE: Future of government service delivery**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Department of the Prime Minister and Cabinet on the future of government service delivery, as part of the [Long-term Insights Briefings](#) project.

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

This submission focuses on the growing administrative burden in general practice, which can contribute to the ineffective delivery of government services.

**Background**

GPs are increasingly burdened with administrative tasks that detract from their core role of providing medical care to their patients. In recent years, particularly during and after the COVID-19 pandemic, GPs have been required to keep up to date regarding streams of major policy changes. These have added to the administrative burden in general practice. These issues are compounded by a lack of remuneration for tasks completed in the patient's absence, with Medicare Benefits Schedule (MBS) rebates not available for paperwork completed when the patient is not present.

Broader issues caused by an excessive administrative burden in general practice include staff burnout, a declining interest in the profession as a preferred career path, worsening workforce issues, and the unsustainability of general practice as a business. These issues have been reflected in the RACGP's [2022](#) and [2023](#) *General Practice: Health of the Nation* reports and have been reported anecdotally by members.

The [2023](#) *Health of the Nation* report found that regulatory and compliance burden plus burnout are the dominant issues leading to GPs considering a reduction to the amount of time they spend practising, or to cease practising as a GP entirely. Sixty-five per cent of GPs reported that regulatory and compliance burden has made them consider stopping practise, with 61% considering reducing the amount of time they spend working in general practice.

When asked about specific aspects of their role, 60% of GPs expressed dissatisfaction with the amount of administration associated with their work.

**Interoperability of clinical information systems (CISs)**

A lack of interoperability with general practice CISs can compromise safety and quality of care. Reliance on paper letters and outdated technologies like fax machines to transfer sensitive data increases the risk of patient privacy breaches and makes the information more difficult to use.

At present, it is difficult to navigate a patient's My Health Record through a CIS. It is not possible to download clinical information (eg current medications, immunisation history, or known allergies) from a patient's My Health Record to the CIS.

Patient information is displayed differently across general practice CISs, and the user interface is not always customisable to the individual practitioner's workflow.

The RACGP's [position statement](#) on interoperability and useability requirements for general practice CISs outlines key information on this topic, issues and recommendations.

### Examples of red tape in general practice

- Frequent changes to the MBS, adding to the complexity of the MBS and contributing to inadvertent billing errors and technical non-compliance (eg telehealth changes).
- The use of vague and ambiguous language in MBS explanatory materials, resulting in confusion around claiming rules.
- Requiring GPs to wait on the phone for a Pharmaceutical Benefits Scheme (PBS) authority script.
- Outdated legislative requirements within the [Health Insurance Act 1973](#), such as the need for a patient to assign their benefit to the GP each time they are bulk billed. The RACGP acknowledges this particular issue is being addressed following the passing of [legislation](#) to reform the process in July 2024.
- The use of forms that do not integrate with general practice clinical software and/or patient information systems (eg [assignment of benefit forms](#) for bulk billed services).
- Use of online services such as Health Professional Online Services (HPOS) and Provider Digital Access (PRODA) – it is very onerous to log in and providers need to manually transcribe details from a patient's file to the system.
- GPs encountering issues when attempting to register their practice and patients for [MyMedicare](#), the federal government's voluntary patient registration scheme.
- The continued operation of the [90 day pay doctor cheque scheme](#), which forces GPs to accept a payment delay of up to 90 days if they privately bill patients and do not receive full payment at the time of the consultation.
- Onerous payroll tax rules in various jurisdictions, requiring GPs to review employment and contract arrangements, reporting software, and obtain costly and time-consuming accounting and legal advice, to ensure the viability of their practice in the long term.
- Providers being sent Medicare compliance letters asking them to review a schedule of claims made in the past, which imposes a significant administrative burden.

### Solutions

Digital systems used by government need to be fit-for-purpose and easy to use. This will enhance productivity and free up GP time to focus on direct patient care. Changes that could reduce the administrative burden facing GPs include:

- simplifying the MBS where possible, such as through the removal of [disease-specific item numbers](#). The RACGP stresses that simplification of the MBS, whilst supported in principle, should not come at the



expense of legitimate co-claiming of MBS items (eg compliantly billing both a mental health item and general attendance)

- informing GPs in a timely manner of major policy changes (eg changes to MBS item numbers) and ensuring resources such as fact sheets are up to date. This will assist with the scheduling of appointments and give practices time to implement necessary changes to workflows
- amending the [Health Insurance Act 1973](#) to remove and/or update outdated sections that prevent efficient general practice and collaborative care
- improving usability and integration of the HPOS system
- adapting government forms used by GPs to better integrate with clinical and practice software (eg the National Disability Insurance Scheme [NDIS] Access Request Form)
- supporting research into innovative technologies that can automate administrative processes
- considering options to enable Medicare claiming channels to instantly reject claims that are non-compliant, preventing a great deal of stress and worry for GPs. This must be approached cautiously as changes that delay claims being processed could negatively impact bulk billing rates and increase the frequency of non-Medicare transactions.

The RACGP looks forward to contributing to further discussions and consultation on this topic. Please contact Shayne Sutton, Chief Advocacy Officer, on (07) 3456 8910 or via [shayne.sutton@racgp.org.au](mailto:shayne.sutton@racgp.org.au) if you have any questions or comments regarding this submission.

Yours sincerely

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President