

SUPPORT FAMILY DOCTORS

the heart of health.



Five point check list

This check list has been developed through extensive contact with GPs and patients. It includes evidence gained through a major national survey of 1510 patients and the daily experience of family doctors working in communities across the country.

It provides a practical guide for the development of effective primary care policy based on the experience of more than 2 million GP consultations every week.

Family doctors are the heart of the health system. Applying this simple check list will help ensure patients and family doctors get the support they need and deserve.

Choice of doctor

Patients must retain the right to choose their own doctor.

Doctors and patients know that a trusting relationship with a family doctor is the cornerstone of quality care.

Patients need to have great confidence in their family doctor – if they don't they must have the choice to find another.

Family doctors need to earn the confidence of patients to provide the best care or risk them moving to another doctor.

Models that remove this choice are bad for doctors and patients and bad for health.

More time

National surveys show patients want more time with their doctor.

Doctors also want more time with patients. Quality care demands that doctors have the opportunity to develop relationships with their patients, and take the time to understand not just their symptoms, but the whole person.

Yet the system is designed to discourage longer consultations. The AMA proposes as two-step solution:

- Cut red tape – the average GP spends 9 hours a week on red tape that has nothing do with caring for patients, and
- Introduce a more rational MBS structure that gives patients better support to spend more time with their family doctor.

Team work

Doctors want to help patients by giving them access to fast and effective care in a team-based environment.

Working with a doctor, highly trained practice nurses can help ensure patients get the treatment they need safely, quickly and conveniently.

Having a practice nurse also allows doctors to dedicate more time to those patients who need high-level care.

The AMA has urged government to extend support for practice nurses to all family doctor surgeries and to ensure support for the full range of services nurses provide.

Infrastructure investment

The AMA has presented a strong argument to government that the best way to get rapid tangible health outcomes in primary care is to invest in the development of existing general practice infrastructure.

The AMA resisted the GP Super Clinic model only where Super Clinics were established in direct competition with existing practices. The cogent argument was that investing in existing general practices was a more efficient and effective means of improving health care services.

The AMA presented a detailed proposal showing how investment in infrastructure would rapidly expand both the capacity to deliver quality services in a multi-disciplinary environment and the capacity to train the next generation of general practitioners.

Further government investment in existing GP infrastructure is the logical extension of the government's commitment to expand GP care and train more GPs nation wide.

MBS that supports patient access to quality care

The Medicare Benefits Schedule (MBS) has not kept pace with the rising costs of delivering services. The MBS is inadequately indexed, increasing on average by only 2% per year, well below the yearly increase in the Consumer Price Index (CPI) and the Wage Price Index (WPI).

The value of the patient rebate under Medicare has progressively been eroded and it no longer reflects the quality care that patients are receiving from their GP. The Australian community want Medicare to support access to the care they need from the doctor of their choice.

The AMA therefore continues to advocate for the appropriate indexation of the MBS and for the MBS to be simplified and to reflect the services provided by modern day GPs.



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