



**AUSTRALIAN MEDICAL ASSOCIATION**  
(SOUTH AUSTRALIA) INC.  
ABN 91 028 693 268

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Dr Michael Cusack  
Chief Medical Officer  
SA Health  
PO Box 287  
Rundle Mall ADELAIDE SA 5000

Email: [Health.ChiefMedicalOffice@sa.gov.au](mailto:Health.ChiefMedicalOffice@sa.gov.au)

Dear Dr Cusack

**RE: SA HEALTH OUTPATIENT REDESIGN WORKSTREAM – CLINICAL PRIORITISATION CRITERIA**

Thank you for the opportunity to comment on the draft Clinical Prioritisation Criteria (CPC), designed to standardise and streamline referral processes from general practitioners to public specialist outpatient services.

The Australian Medical Association (SA) (AMA(SA)) applauds the measures to improve the quality of referral communication between general practitioners (GPs) and specialists to promote timely access to outpatient services. We have long advocated for more seamless movement between general practice and specialist care, particularly in public hospitals.

Our members have responded to the draft criteria, noting that these will assist general practitioners where they are unsure about what is required by the specialist or issues to be addressed pre-referral. However, the information included in the protocols is very extensive and we wonder whether it could be condensed to enhance its use. We also believe it is important that this should not be a replacement for personal liaison about the outcome of the referral. Clear lines of responsibility for the patient, including where the referral is transferred to allied health, need to be retained.

We note the importance of ensuring the compatibility of automated systems to enable patient history and test results to be imported from practice notes, reducing the need to re-write patient information. We have been advised that existing downloadable templates are easy to use.

While it is highly desirable that general practitioners have the opportunity to speak with registrars about a referred patient, as is proposed in the protocol, this is often difficult to achieve. GPs report that registrars are rarely available to return or take calls and often registrars on new rotations do not have sufficient information to be able to assist with inquiries. In such a case, is there an option of having a referral prioritised where it is not within the boundaries of CPC criteria, but a GP believes it to be urgent? It is important that the criteria are not overly restrictive or bureaucratically applied – professional judgment on the part of the specialist and the GP must be retained.

If referrals are returned, it would be helpful for this to be done quickly with adequate explanation of the reasons, referencing the relevant CPC. We suggest the triage process should involve a review and personal follow up with the GP where the information is incomplete to ensure that the matter is quickly rectified and care of the patient is expedited.

While we support the intention to enable GPs to attend outpatient clinics as a learning experience, we anticipate this will be difficult to achieve in practise. Equally, while we appreciate the opportunity for referrals to other clinics in the Royal Adelaide Hospital, such as the Pain Clinic or to manage Body Mass Index >35, it is unclear how this will be achieved as the acceptance criteria for these outpatient services are very limited. We note that the links to health pathways and external websites are useful but patchy – particularly with respect to orthopaedics.

We commend the extensive consultation with relevant specialists that has clearly been undertaken in producing these criteria and the use of best practice exemplars from other jurisdictions. Our members note that the specialist criteria are generally appropriate, however there is some concern that the category 1 for angina in the cardiology protocol may be an overstatement with potential to overwhelm the system.

Overall, it is the association's view that the protocols have been thoughtfully constructed in consultation with relevant specialists and, with consideration to the issues outlined above, could improve outcomes for patients and doctors. We would be pleased to expand on any issue raised and warmly thank you for the opportunity to contribute.

Yours sincerely



**Dr Michelle Atchison**  
**President of the AMA(SA)**