

17 June 2014

Ms Maxine Robinson  
Pharmaceutical Benefits Division  
Department of Health  
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Canberra ACT 2601

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Dear Ms Robinson

**Re: RACGP submission to review of PBS authority listings**

The Royal Australian College of General Practitioners (RACGP) writes to the Pharmaceutical Benefits Advisory Committee (PBAC) regarding the inefficiency of the current authority prescribing system.

The RACGP has previously written to the PBAC in December 2009 regarding:

- the need for further streamlining of PBS authority medications
- the issue of the authority prescribing in residential aged care facilities (RACFs)
- procedural reforms that could reduce red-tape and the administrative burden on general practitioners (GPs).

The RACGP commends PBAC and the Department of Health on the streamlining of Cephalexin and Trimethoprim.

However, as stated previously, GPs continue to face substantial red tape and delays in prescribing certain medicines that require an authority under the current PBS authority system. The RACGP has received member feedback indicating that the current system is in need of significant reform, as it is currently inefficient and imposes unnecessarily onerous obligations on already time poor GPs.

The RACGP is therefore advocating for reforms to the current authority system to reduce red tape and improve efficiencies in the general practice. It is recommended that telephone authority be removed for increasing the quantity of the following after initial authority has been obtained for the following treatments:

- antidepressants
- antipsychotics
- anticonvulsants
- antibiotics
- antihypertensives
- anti-reflux medications
- antiemetics

The RACGP believes that these changes will be beneficial for patients, the profession and the Government and believes that:

1. The current authority prescribing system is unnecessarily bureaucratic
2. GPs are responsible prescribers
3. Residential Aged Care Facilities (RACFs) will significantly benefit.

#### **1. Authority prescribing is unnecessarily bureaucratic**

The introduction of the 'streamlined authority' system in 2007 meant that doctors no longer had to seek telephone or written approval from Medicare before prescribing a particular PBS medication. These arrangements are limited to those medicines treating chronic and stable long-term conditions, with stable dosage requirements and those that are less at risk of misuse and over-prescription.

Currently, streamlining applies to around 200 out of the 450 items on the PBS with the number of applicable medications increasing each year.<sup>i</sup> The system was implemented to reduce the administrative burden for prescribers so that more time could be dedicated to patient care, without compromising the integrity or aims of the authority system.

A 2009 review of the streamlined authority system indicated that the introduction of the system had not changed prescribing patterns and GP prescribing rates.<sup>ii</sup> The RACGP believes this is strong evidence that the newly streamlined system giving GPs easier access to PBS authority items, did not result in inappropriate or over-prescribing.

GPs and their staff report that obtaining an authority is a burdensome task and that the time could be better spent directly on patient care. Frustration is centred upon the high level of red tape and the requirements for validation using this process. A survey conducted by the RACGP in August 2013, indicated that 69% (500/720) of respondents believed that the authority prescribing system is inefficient.<sup>iii</sup>

A Productivity Commission report (2003) found that an estimated \$228m in 2001-02 spent by GPs on administrative costs resulting from Commonwealth policies and program, nearly 6% was attributed to PBS authorisations.<sup>iv</sup> This is a significant investment, given that out of 6.4 million calls made in 2008-2009 only 2.8% resulted in an authority being denied.<sup>v</sup>

A later Productivity Commission Review in 2009 identified the PBS authority system as an unnecessary administrative burden for medical practitioners and has recommended it be removed.<sup>vi</sup>

An AMA survey conducted in July 2013 found that of 1096 doctors, 14% reported spending 10-19 minutes a day seeking permission to prescribe authority with up to 25,000 consultations lost per month due to time spent on the phone awaiting prescription authorisations.<sup>vii</sup>

RACGP members have reported that the current system is onerous, time consuming and results in increased frequency of consultations for some patients simply to obtain authorisation for repeats or a change in prescription dosage to manage chronic conditions. Members have also reported that they have experienced major delays in phone responses and have lost many scripts in the postal system, which can be unreliable.

## **Recommendation**

The RACGP recommends that further review of the authority prescribing is undertaken and that consultation with general practice is conducted to identify medications that are appropriate to be listed as streamlined authorities.

### **2. GPs are responsible prescribers**

The RACGP believes that the authority system is unnecessary as there are already established quality control measures in place to monitor and regulate responsible GP prescribing. Recent studies indicate over 90% of Australian general practices use electronic prescribing software, with in-built indicators of any authority listing and associated warnings.<sup>viii</sup>

The RACGP also supports responsible prescribing through standards and clinical guidelines which support safety and quality of clinical care, including prescribing.<sup>ix</sup> The National Prescribing Service is another support to GPs in their prescribing practices, aiming to improve the health of Australians through Quality Use of Medicines (QUM). The QUM principles assist GPs to select medication management options wisely; choose suitable medicines; and use medicines safely and effectively.

The introduction of an online portal to facilitate easier access to obtain authority approval would substantially reduce red tape and increase efficiency.

## **Recommendations**

The RACGP recommends that an online portal is considered in place of, or alongside the current phone authority system. The RACGP is well placed to consult and provide advice to PBAC and Government regarding this proposal.

The RACGP also recommends that to meet current and future demands for medication audit and safety, improved medication auditing processes be introduced into general practice. This can range from simple computerised auditing processes in small practices, to dedicated staff in larger environs to implement and monitor drug utilisation and safety patterns.

### **3. RACFs will significantly benefit**

Recent data indicates that 265,698 people used residential aged care facilities for permanent and respite care between 2012-2013.<sup>x</sup> Due to Australia's fast growing and ageing population, there will be increasing demand for RACF places and GP care in this setting.

However, the aged care setting poses particular difficulty and frustration for GPs managing a patient's complex medication and prescription needs and obtaining authorisations for patients in RACFs. The recent BEACH report on general practice activity reveals that medications are prescribed for 94% of encounters with patients aged 65 years and older as compared with 54% for patients aged 25 or younger.<sup>xi</sup> This is reflective of the increased prevalence of chronic illness amongst elderly patients in RACFs and further emphasises the need for additional streamlining of common medications used in aged care settings.

## Recommendation

The RACGP recommends streamlining all prescription medications commonly used in RACFs, including S8 drugs, as a means to reducing the red-tape and high cost and administrative burden on GPs. Particularly as this is discouraging many GPs from providing services to RACFs.

The RACGP would welcome the opportunity to meet with the Minister and/or any relevant parties to further discuss this submission and work towards a coordinated solution to the inefficient current authority prescription system.

I look forward to receiving your response and encourage you to contact Ms Michelle Gonsalvez, Program Manager - Policy and Practice Support via email at [michelle.gonsalvez@racgp.org.au](mailto:michelle.gonsalvez@racgp.org.au) or by calling (03) 8699-0574 should you have any queries.

Yours sincerely

A handwritten signature in black ink that reads "Liz Marles".

Dr Liz Marles  
President



<sup>i</sup> Medicare Australia. PBS Authorities. Information sheet for prescribers. Accessed 26 February 2014. Available at: <http://www.medicareaustralia.gov.au/provider/pbs/doctor/authorities.jsp>

<sup>ii</sup> Pharmaceutical Benefits Scheme. Streamlined Authority Initiative Review. Accessed 26 February 2014. Available at: <http://www.pbs.gov.au/reviews/streamlined-authorities/streamlined-authorities-12-month-review-2009.pdf;jsessionid=jsdcm8w02kwwg69zg019sn9lq/>

<sup>iii</sup> Royal Australian College of General Practitioners. Accessed 26 February 2014. Available at: <http://www.racgp.org.au/yourracgp/news/fridayfacts/13-09-2013/>

<sup>iv</sup> Productivity Commission. General Practice Administrative and Compliance Costs 04/2003. Accessed 26 February 2014. Available at: <http://www.pc.gov.au/projects/study/gp-compliance/docs/finalreport>

<sup>v</sup> Australian Medical Association. PBS Authority Prescriptions. Accessed 26 February 2014. Available at: <https://ama.com.au/pbs-authority-prescriptions-0>

<sup>vi</sup> Productivity Commission. Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services 09/2009. Accessed 26 February 2014. Available at: <http://www.pc.gov.au/projects/study/regulatory-burdens/social-economic-infrastructure/report>

<sup>vii</sup> Medical Observer. Scrap authority scripts. Accessed 26 February 2014. Available at: <http://www.medicalobserver.com.au/news/scrap-authority-scripts>

<sup>viii</sup> Sayer et al., G.P., Use of Electronic Patient Management Systems and the Impact of Drug Interaction Warnings: The General Practice Research Network, 19-21 August 2009, National Health Informatics Conference, Canberra, ACT.

<sup>ix</sup> RACGP Standard 5.3. Accessed 26 February 2014. Available at: <http://www.racgp.org.au/your-practice/standards/standards4thedition/physical-factors/5-3/safe-and-quality-use-of-medicines/>

<sup>x</sup> Productivity Commission. Report on Government Services 2014. Accessed 26 February 2014. Available at: <http://www.pc.gov.au/gsp/rogs>

<sup>xi</sup> Britt, H. et al., General Practice Activity in Australia 2012-2013. Family Medicine Research Centre. General Practice Series No 33. Accessed 26 February 2014. Available at: [http://ses.library.usyd.edu.au/bitstream/2123/9365/8/9781743323779\\_ONLINE.pdf](http://ses.library.usyd.edu.au/bitstream/2123/9365/8/9781743323779_ONLINE.pdf)