Department of Health,
P.O. Box 5013,
Wellington.
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CLINICAL SERVICES LETTER No. 171

To Medical Practitioners

Family Medicine Training Programme

The New Zealand Council for Postgraduate Medical Education, in conjunction with the New Zealand College of General Practitioners and the Department of Health, is developing a Family Medicine Training Programme to replace the General Practitioner Registrar Scheme.

The broad concept of this programme has been worked out but there is a need to ascertain whether it will be acceptable to those likely to be involved and to discover what matters of detail require resolution. To undertake this task, the Minister of Health, on the advice of the Council for Postgraduate Medical Education, has appointed Dr P. D. Hertnon, of Tauranga, to be the National Co-ordinator of the programme. Over the coming months he will be travelling extensively throughout New Zealand to hold discussions with a wide range of organisations and individuals. The extent of the Government's involvement with this programme will depend in a large part on his findings. Consequently, it is hoped that those contacted by Dr Hertnon will co-operate to the fullest extent to enable him to complete his assignment with expedition.

Practice Accommodation: Loan Assistance to Local Authorities

One of the rural practice incentives introduced in 1970 was the availability of loan finance to local authorities prepared to provide housing and/or surgery accommodation for rental to doctors in designated rural areas. The scheme has been very successful and this involvement of local authorities has resulted in practitioners being attracted to and retained in rural areas.

The Minister of Housing has now authorised extension of the scheme to urban local authorities, but only in those areas where there is a particular problem in providing primary health care facilities. The Housing Corporation or this division are able to provide full details.

Referrals to Specialists

From the many complaints received by the department it is apparent that members of the public are unaware that they have the right to request referral for a specialist opinion or special investigations at a public hospital instead of to specialists in private practice.

Where the required specialist services are available at a public hospital, patients should be so informed and given a choice of referral whenever this is appropriate or possible. This is particularly important in the case of pensioners and others who may have limited means since they form the bulk of complainants.

Accident Compensation Act and Health Benefits

The question arises from time to time about the payment of G.M.S. benefits where a patient attends for both accident and sickness at the one consultation.

Section 93 of the Social Security Act 1964 provides for a benefit in respect of "every occasion" on which services are provided. The fact that a patient is treated for both sickness and accident on the one occasion does not turn that occasion into two occasions.

The basic rule to be kept in mind is that the G.M.S. benefit is payable irrespective of whether the patient attends on account of accident, or sickness, or both.

An attendance involving both must therefore be regarded as a continuous consultation for purposes of the G.M.S. benefit. On no account are there grounds for regarding them as separate episodes, which would thereby qualify for two separate G.M.S. benefits.

Where both accident and sickness are involved, G.M.S. benefit is to be assessed on the basis of a continuous consultation. If the time taken for the complete service is more than half an hour, the doctor may then claim G.M.S. benefit according to the normal rates and conditions for an extended consultation. After deducting the basic G.M.S. benefit, plus extended time, if any, the doctor must assess time spent treating the accident and the sickness and charge the Accident Compensation Commission and the patient accordingly.

Claims for Health Benefits

It is apparent that some claims for health benefits are not being completed fully or correctly and that in some instances their legibility leaves much to be desired. Badly completed claims place an extra burden on the staff of district health offices who have to interpret them and are a significant feature in slowing down the processing of claims and their payment.

Accordingly, staff of district health offices have been advised that in future they should return for elucidation any claims which are poorly presented. In arriving at this decision, consideration has also been given to the possibility that the processing of all medical and pharmaceutical benefits may eventually be computerised. If this happens, it will be essential that all claims submitted are both accurate and legible.

Additionally, practitioners are asked to:

(i) Pay attention to the need to include brief explanatory notes for any unusual claims, including those for extended time and those where other benefits are also claimed, e.g., immunisation and maternity. This will reduce possible queries.

(ii) Include parents' initials on all claims for child patients. This is necessary for the preparation of check letters.

(iii) Show specific residential addresses wherever possible—rather than box office or rural delivery numbers. This is important with claims involving mileage as it enables the checking of distances travelled. It is also a requirement of the Social Security (General Medical Services) Regulations 1950.

The question was raised recently whether the expression "Signature of Practitioner" on claim forms requires the personal hand-written signature of the practitioner. While there is no specific requirement for this in the legislation, the details required on claims are matters peculiarly within the knowledge of the practitioner and it is therefore essential that practitioners provide a hand-written signature. This is all the more important when it is considered that these claims support the expenditure of public money. The doctor's personal signature indicates that he accepts responsibility for the claims and their accuracy; if an error should be discovered the responsibility cannot then be blamed on another person. In certain exceptional circumstances, however, such as when the practitioner is physically unable to sign the form, medical officers of health may use their discretion to depart from the principle that hand-written signatures are required.

Addresses on Prescriptions

The need for addresses on claim forms has already been mentioned. In the case of prescriptions it is even more important that an identifiable residential address be used. This can even be life-saving when a drug recall is essential, either on a national scale or following a dispensing error. Both the Social Security (Pharmaceutical Benefits) Regulations 1965 and the Poisons Regulations 1964 require that prescriptions include the address of the patient. The use of box office numbers or R.D. numbers without some supplementary information should be avoided whenever possible.

Vacancies for General Practitioners in Special Areas

There may be several vacancies in special area practices during 1978 including those in Te Araroa, Te Karaka, Whataroa, and Murchison. There is a vacancy in Ngakawau/Granity at present.

Practice in these interesting but isolated areas provides a unique opportunity for those enjoying work as solo practitioners. Apart from a basic salary, a rent-free house, some furniture, and a car allowance are provided; there is also an entitlement to annual and sick leave. Accident compensation, maternity, dispensing, and some other fees provide an additional source of income. Service in a special area in the third or fourth year after graduation counts towards the 4-year qualifying period for payment of the junior medical officers study grant of $5,850. This grant may also be payable in some cases in the form of a private practice grant, instead of a postgraduate bursary,

to eligible practitioners who have worked in a special area. After 5 year's service in a special area, a medical officer may apply for postgraduate study leave, up to a maximum of 14 weeks, on full pay.

For further information please contact the Director of the Division of Clinical Services.

D. A. Andrews. A. G. Scott.

(D. A. Andrews)
Director,

(A. G. Scott)
Deputy Director,

Division of Clinical Services.

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