Processes for Considering Requests for Additional Uses of General Practitioner Register (GPR)
Approved by the Board of GPDV
Friday 15 August 2003

The GPR was developed to promote GP-hospital communication in order to improve continuity of patient care. It was specifically designed to provide up to date contact details of GPs in Victoria for hospitals to use for the transfer of patient information. This may include notification of ED presentations, admissions, discharges, transfers or deaths. To have access to the GPR hospitals sign an agreement that they will use the database only for the defined purpose outlined in the agreement. This purpose is as follows:

> 'The purpose' means for the purpose of transferring information from the hospital to general practitioners about the current episode of care for their patients in the hospital and including quality assurance measures to ascertain the satisfaction of GPs with the information provided to them and the processes undertaken by the hospital using the register.

As hospitals integrate the GPR into their IT systems some have begun to request use of the GPR for purposes outside the strict purpose defined in the agreement. At the same time other non-hospital health services have begun to recognise the value of the GPR and requested access to it to transfer patient information reliably to GPs. The Board of GPDV has to date only approved two additional uses, by services whose requests were supported by all the local divisions in their service area.

The Board wishes to base its decisions about the GPR on clear, consistent criteria and processes for deciding whether any additional uses of the GPR should be approved. Because the data in the GPR was originally provided by divisions (and is updated by divisions) specifically for the purpose outlined on the agreement, the board wishes to know divisions' views on any extension. We are therefore circulating these draft principles and processes for comment.

Principles

1. All uses of the GPR should contribute to the objective of improving continuity of patient care
2. All uses of the GPR should promote the role of the GP as the medical case manager in the community.
3. All uses of the GPR should be in accordance with the purpose of divisions, ie to bring together GPs and other health service providers to improve health service delivery at the local level.
4. All uses of the GPR should be in accordance with criteria approved by divisions.
5. The GPR may only be used by agencies in accordance with the signed agreement with GPDV.
6. As the GPR was funded jointly by the Commonwealth and Victorian Governments with public funds and its ongoing maintenance is funded by DHS, any changes must deliver a public benefit, and requests by state-funded health agencies should be given careful consideration and a clear rationale for any rejection.
7. It is not practicable or desirable to ask the opinion of 4,500+ Victorian GPs in response to each request.
8. Some requests will only affect a limited geographical area. It is not desirable to ask a division to respond to a request that will not affect GPs in their catchment area.
9. If the additional use would give direct access to the GPR by the public the consent of each GP on the database will need to be sought.

Processes

A. Requests for use of the GPR by agencies other than Victorian public or private hospitals

- The agency must write to GPDV requesting access to the GPR, stating the reason it wants access and how it will use it, setting out the public benefit from its use of the GPR and showing that the proposed use will be in accordance with the principles set out above.
- If the agency has a limited or regional service area it must show that it has the written agreement of all divisions in that area. If it does the CEO of GPDV can approve the request.
- Where the agency has a statewide or very broad catchment GPDV Board will inform all divisions and will approve or reject the request after feedback from divisions.
- If the agency is located outside Victoria GPDV Board will seek the written approval of all divisions affected. If all Victorian divisions are affected GPDV Board will inform all divisions and will approve or reject the request after feedback from divisions. In addition, the agreement of DHS will be required and a contribution from the agency towards GPDV's maintenance costs commensurate with any additional workload.

B. Requests for use of the GPR for purposes outside the purpose defined in the agreement.

- The agency must write to GPDV requesting use of the GPR for purposes outside those outlined in the signed agreement and showing that the proposed use will be in accordance with the principles set out above. The agency must state why it wants to use the GPR for additional purposes and what the anticipated consequence will be for GPs, including the nature of any information to be transferred to GPs.
- If the agency has a limited or regional service area it must show that it has the written agreement of all divisions in that area. . If it does the CEO of GPDV can approve the request.
- Where the agency has a Statewide or very broad catchment GPDV Board will inform all divisions and will approve or reject the request after feedback from divisions.
- If the agency is located outside Victoria GPDV Board will seek the written approval of all divisions affected. If all Victorian divisions are affected GPDV Board will inform all divisions and will approve or reject the request after feedback from divisions. In addition, the agreement of DHS will be required and a contribution from the agency towards GPDV's maintenance costs commensurate with any additional workload.
- When a Victorian agency has a limited service area and there is a difference of opinion among divisions in that area
  - GPDV will inform the agency about the divisions' views;
  - the agency is free to present their case directly to those divisions initially unconvinced of the merits of the additional use;
  - the agency is then responsible for notifying GPDV of the outcome and advising whether it wishes to proceed with its request.

C. Validation

The current information sheet sent to newly registered GPs or GPs with changed details is *attached*. If additional health agencies apart from hospitals are approved GPDV will change the wording to tell GPs that hospitals and other approved health agencies are able to access their contact details on the GPR. If additional uses apart from those outlined in the purpose are approved GPDV will change the wording to tell GPs what the uses are. To notify all GPs on the database of such changes GPDV will include the changed wording in the annual validation process, which comprises a fax to every GP on the GPR so that each can confirm that the details are correct. No entry in the GPR is made or altered without a signed confirmation from the GP concerned.

D. Wider Use of the GPR

- Where the additional use entails the incorporation of additional information into the database the approval of all divisions must be gained and that of DHS. In addition funding will need to be approved to enable this level of reconstruction of the existing database.

Please contact GPDV if this GP is no longer at your practice.

Fax To:	Dr. Fred Aatest
Fax Number:	93481375
From:	**GPR Administrator**
Address:	General Practice Divisions - Victoria Ltd 1st Floor, 458 Swanston Street Carlton Victoria 3053
Phone:	03 9341 5219
Fax:	03 9348 1375
EMail:	admingpr@gpdv.com.au
Date:	26-05-2003
Pages Including Cover:	2

GPDV
GENERAL PRACTICE DIVISIONS
VICTORIA

General Practitioner Register (GPR)

Annual Validation of GP Contact Details Record

The General Practitioner Register (GPR) is a database of Victorian GP names and contact details. The GPR is an initiative of General Practice Divisions Victoria (GPDV), funded by the Victorian Department of Human Services (DHS) and the Commonwealth Department of Health and Ageing (DHA). It is located at and maintained by GPDV.

The GPR is available to all Victorian hospitals to be used for the purpose of "transferring information from the Hospital to general practitioners about the current episode of care for the patients in the Hospital."

The GPR contains approximately 4500 GP records and to ensure these records remain accurate GPDV conducts an annual validation. To assist us with the validation of your records please do the following:

1. **Check the particulars of your record and make corrections as necessary on the page;**
2. **Sign the record to acknowledge that they have been checked;**
3. **Fax back the validated record to GPDV on (03) 9348-1375.**

NB: Due to the volume of faxes we receive during this period the fax line is frequently busy. We appreciate your efforts and ask that you keep trying or forward the record via mail to the address listed above.

Please keep a copy of your GPR record in a safe place for future reference.

What do I do if my contact details change during the year?

Contact your division of general practice if you are a member; otherwise ring Julie Orr at GPDV on: (03) 9341 5219. This is most important to ensure patient information from hospitals reaches you.

Additional Information

* Hospitals must sign an agreement to use the database only for the purpose stated above
* It is only used by hospitals to notify GPs about their patients.
* The GPR is not available for promotional purposes.
* Changes to the GPR will be validated by GPDV before being committed to the GPR database. The process will include contacting the GP to confirm change(s) **That is the purpose of this fax.**
* The service is provided to you at no cost.
* At any stage, if you decide not to have your contact details listed on the GPR, contact GPDV and your record will be removed.

If you have any queries about the GPR, please contact Sarah Fitzgerald at GPDV on (03) 9341 5223 or via email s.fitzgerald@gpdv.com.au.