GENERAL PRACTITIONER REGISTRY (GPR)

Update
December 1999

What is the GPR?
The General Practitioner Registry (GPR) is an initiative of the Department of Human Services and Commonwealth Department of Health and Aged Care, implemented by General Practice Divisions Victoria to provide a centralised repository of accurate information about general practitioners and the contact details for the locations where they work. This is in response to a growing demand for accurate GP information for automated notifications and electronic discharge summaries.
The GPR is designed to facilitate continuity of care through faster and more accurate communications between hospitals and GPs.

The key objectives of the project are to provide:

- readily available General Practitioner information at minimum cost
- a central repository of state-wide GP information for electronic access and update
- easy access for authorised users through the Internet
- accuracy, security and integrity of data
- low on-going administrative costs.

The GPR is designed for use by hospitals to facilitate better patient outcomes. It will not be available for promotional purposes or to commercial organisations.

The project is currently in second phase - the process of selecting the successful tenderer for the construction, supply and maintenance of the GPR. Piloting at a metropolitan and a rural hospital site is planned for late March 1999.

Tender selection process
The Cardinal Group developed the technical specifications. Combined with other documents, the technical specifications formed the Request for Tender (RFT) documentation for the construction, supply and maintenance of the GPR. The RFT was advertised in *The Age*. GPDV received 35 inquiries from software developers. Six tender submissions were received on the closing date, 24 November.

GPDV convened an *Advisory Panel* to assist with the tender selection process. The members of the panel are:

- Dr John McEncroe (Deputy Chair, GPDV)
- Bill Newton (CEO, GPDV)
- Jenk Akyalcin (IT/IM Support and Training Consultant, GPDV)
- Dr John Siemienowicz (Executive Director, Mornington Peninsula Division of General Practice)
- Laurie Barrand (IT Officer, Central West Gippsland Division)
- Dora Vlamos (Business Analyst - GP Communication Project, Women's & Children's Network)
- Mark Gravell (Information Systems Manager, Alfred Hospital)

Members of the *Advisory Panel* will be consulted during the design and development phase.

For more information please contact Jenk Akyalcin at GPDV by phone (9341 5200) or e-mail <j.akyalcin@gpdv.com.au>.

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DRAFT Project Time line

Week ending	Task
26 November	• Closing date for tender submissions.
10 December	• Advisory Panel meeting to discuss short-listed tender submissions and decide on most appropriate submission. • Identify desired amendments (if any) to most appropriate tender.
17 December	• Discussion with preferred tenderer. • Meeting with DHS and DH&AC. • Notify successful tenderer and initiate contract negotiation.
7 January (approx.)	• Contract start date
17 March	• Divisions GP information forwarded to GPR Administrator.
31 March	• Piloting in metropolitan and rural hospital sites completed.
14 April	• GPR goes live (we hope!).

Divisions' Role in relation to the GPR
Thank you to those divisions who have agreed to provide GP contact information. We are aiming to have the GPR go live in April 2000. The division data received to date will be used to develop processes in the formatting of the input data. During the development phase, discussions will be held with divisions to determine the most appropriate system and format for providing ongoing GP contact information. To ensure that the database is as up-to-date as possible, prior to going live, divisions will be asked to supply their GP contact information in March.

Divisions will also be consulted regarding the hospitals' "conditions of use" of the Registry and the frequency of provision of changes to the GP contact information. To ensure that the Registry provides timely and accurate information, the *Advisory Panel* has suggested that changes to the divisions' local GP database should be forwarded to the Administrator of the GPR as soon as the information is available.

Divisions' Role in relation to the hospitals
The GPR is only intended for use for informing GPs of the admission and discharge information. To prevent GPs being inundated with other information from hospitals, divisions might like to consider having discussions with their relevant hospitals about means for GPs to receive other hospital information of relevance to GPs. In some instances this has meant that information on the hospital Web site has been advertised in the division newsletter or regular division newsletter columns have been allocated to hospital news.

The other issue of major concern to GPs is having their correct name put on the patient record at the time of admission. In some hospitals making the GP name a compulsory field on the admission record has been very helpful. Western Melbourne Division of General Practice has found that providing the GPs with business cards to give to their patients has been very effective.

More information archived at http://www.gpdv.com.au. See Other Resources - Integration Project…

Papers and documents include:
- Audit of Current Practice
- Minimum Requirements for the Transfer of Information between hospitals and GPs
- General Practitioner Registry