National Centre for Classification in Health

PROFESSIONAL RELATIVITIES STUDY

RESOURCE MATERIAL L

Consensus Group on Attendance Items (CGAI): reports of meetings 1, 2 & 3

Reports on the three CGAI meetings. The CGAI provided guidance to the MSRB on the structure and definitions for the new attendance items and, on the development of relative values for the new attendance items.

prepared for

Medicare Schedule Review Board
December 2000

Professional Relativities Study

Consensus Group on Attendance Items

Outcomes Report - Meeting No.1

Date: **Saturday 6 December 1997**

Venue: **Botany Room, Sydney Sheraton Airport Hotel**
Cnr O'Riordan and Robey Street, Mascot

Facilitator: **A/Prof Rosemary Roberts**

National Centre For Classification In Health

Consensus Group on Attendance Items (CGAI)
Outcomes Report

The meeting was opened at 9.30 am by A/Prof Rosemary Roberts.

Present: As per list of Attendees (*see Attachment 1*)

Apologies: Dr Geoffrey Duggin
(*Dr John Horvath and Dr Warwick Selby attended for Dr Duggin*)

Dr Ailsa Laidlaw
(*Dr Mukesh Haikewal attended for Dr Laidlaw*)

The following report focuses on the outcomes of the first meeting of the Consensus Group on Attendance Items (CGAI) held on 6 December in Sydney. The report consists of the following sections:

- **Introduction and background** to the Relative Value Study (RVS) and Professional Relativities Study (PRS)
- **Definitions** for the study and **attendance items**
- **Ranking and Ratings** of attendance items by the CGAI
- **CGAI recommendations** to the Board regarding attendance items
- **Attachments** including analysis of the rankings and ratings arrived at on the day

This report has been presented in draft form to give members the opportunity to comment. These comments will be incorporated into the final report along with revised results of the ranking and rating process.

1. INTRODUCTION & BACKGROUND

The Consensus Group on Attendance Items has been formed to review and develop relativities for consultation/attendance items for the Professional Relativities Study (PRS). The primary task of the group is to make recommendations to the Advisory Panel on Professional Relativities in Medical Services (APPRMS) on the professional work components (relativities) of services encompassed by the draft core structure approved by the Medicare Schedule Review Board (MSRB).

The main focus of the first meeting of the CGAI was to rank and rate attendance items developed for the PRS. Another aim of the day was to identify (for further consideration by the Medicare Schedule Review Board) areas where the current attendance item structure may not address particular circumstances. Participants were also asked to make recommendations to the Board on any other issues relating to attendance items.

The Professional Relativities Technical Committee (PRTC) recommended that the first meeting of the CGAI be held prior to the Clinician Consultants' meetings so that the CGAI could make recommendations to the specialty groups for the alignment of procedure and attendance items.

This will enable each specialty group to rank and rate the appropriate attendance items (independently) and to incorporate these data into the ranking and ratings of procedural items. This information could then be viewed by the CGAI its the second meeting.

1.1 Relative Value Study

The Task Force provided an overview of the history of the Relative Value Study (RVS). The RVS is being conducted by the Medicare Schedule Review Board comprising representatives from the Commonwealth and the AMA. The Board reports to the Minister for Health and Family Services. The Medicare Schedule Review Task Force is responsible to the Board, and is currently involved with major consultancies within the RVS, one being the PRS with the NCCH. Other work is addressing practice costs and remuneration issues.

CGAI Comments:
Discussion was held concerning how the RVU process will address the specific interests of each specialty group. Such issues will be addressed through the broad representation of craft groups on the CGPIs and in particular the APPRMS.

The issue of *after hours* loadings was raised by the General Practitioner representatives. The Task Force stated that it was not feasible to address *after hours* at this meeting, but the issue would be considered by another process which will focus on issues such as *services with a substantial management component* and *after hours*. The Task Force emphasised the need to get the basics right before considering additional loadings, modifiers etc.

Members also raised issues concerning Geriatric, Rehabilitation and Occupational Medicine services and requested that consultation services regarding these specialty areas be addressed during the RVU process. The Task Force confirmed that services with a large non face to face component would need to be considered in the further process identified above.

1.2 Professional Relativities Study

A/Prof Rosemary Roberts gave a background to the NCCH involvement in the Professional Relativities Study.

The aim of the PRS is to establish the work and relative values for the professional work components of MBS items in Categories 1-4 of the Schedule. Input from clinicians is imperative to the success of the study, which will require a complex organisational effort to bring together all specialty groups.

An overview of the methodology and outline of the processes of the PRS were provided in the background papers.

CGAI Comments:
Discussion was held regarding the allocation of MBS items and the formation of the Clinician Consultant (CC) groups and Consensus Groups on Procedural Items (CGPIs). The members noted that there were no psychiatry items included in the allocation of items to specialty groups. It was explained that these items had not been allocated prior to the CGAI to ensure that psychiatry items not covered by the new core structure could be addressed subsequently. Psychiatry items (such as ECT and group therapy) will be addressed by Psychiatrists in a separate forum. The Task Force will be contacting the College of Psychiatrists to discuss this approach.

The NCCH and Task Force reinforced the PRTC policy regarding the allocation of items to specialty provider groups. The allocation of procedural items was based on the 1996/97 classification of service provider information by the Medicare Benefits Branch.

General Practitioners queried whether general practice attendance items will be reviewed by the CGPIs. The NCCH stated that the CGPI on General Practice will address this issue (*refer also to Section 4 of this report).*

2. DEFINITIONS FOR PRS

2.1 Professional Relativities Technical Committee (PRTC)

A/Prof Rosemary Roberts spoke on the PRTC Definitions as provided in the background papers. The PRTC recommended that post service intensity ratings be evaluated for attendance items as part of the PRS process in addition to rating the intra service intensity of a consultation.

CGAI Comment and Recommendations:
The members recommended that the term 'Risk' can mean risk to the doctor as well as risk to the patient.

Psychiatrists queried whether the term 'Technical Skill' also applies to psychotherapy.

It was suggested that the cognitive skill category would be a more relevant term to use for rating the intensity of psychotherapy.

2.2 Attendance Items

The MBS attendance items have been revised by the Medicare Schedule Review Board (MSRB) into a draft core structure consisting of eight categories based on complexity and time approximations for consultations/attendances (*see Attachment 2).*

The Task Force stated that the Board has addressed attendance items in two stages:

1. A revised core structure for consultation items
2. Methodology for developing relativities for attendance items (ie PRS).

As stated in the background papers (ie Guidelines for the CGAI), the primary focus of the draft core structure is on the normal range of consultations in rooms ie. where the face to face time with the patient would be expected to have a close relationship with the total time for the service.

It has been stressed that a common attendance item structure (generic) should apply and reflect content, clinical records and approximate time references, with the content being of primary importance. The initial focus for developing relativities is to be on rooms based consultations (ie. face to face) with other consultations being addressed at a later stage. This approach is to ensure that the task of the CGAI is focussed and achievable within the framework of the PRS and will form the basis for further development of relativities for consultative services.

The draft core structure for attendance items was used as a foundation for developing proxy items (30 in all) using the modifiers and differentials (eg. referred/non referred, new/existing) identified by the MSRB for the development of professional relativities for the PRS. The proxy attendance item structure for purposes of the PRS is presented as *Attachment 3*.

CGAI Initial Comments:

The Consultant Physicians suggested that key assumptions regarding the attendance items (including modifiers and differentials) be addressed before the ranking and rating process. The Physicians emphasised the importance of identifying differences within specialties as preliminary to arriving at a common RVU.

Discussion took place concerning whether the complexity of consultation services provided by Consultant Physicians was greater than in surgical cases. The Surgeons stated that there is growing importance being placed on the consultation process for surgical patients particularly as 80-90% of surgical consultations do not lead to surgery.

Consultant Physicians proposed that their consultation services are unique (and require a higher level of cognitive skill) and that this should be recognised by an additional

attendance item (eg normal consultation of approx 20 mins, referred to a Consultant Physician). Consultant Physicians felt that there are considerable differences with regards to the care provided by them and that these are the issues which should be addressed when determining relativities.
Psychiatrists support this view and emphasised the differences between patients themselves within the same attendance item category which affect the complexity of the case.

Psychiatrists emphasised that there are major differences between child psychiatry and adult psychiatry consultations, particularly in additional time spent post service coordinating appropriate care for child and adolescent patients. Much of the work of Psychiatrists is done with groups (families) and other parties, and is not always face to face. This is particularly relevant to child psychiatry. Members requested that these issues be addressed through the CGAI process.

The Psychiatrists stated that the differentiation between new and existing patients was not as evident eg depression in an existing patient is as complex as in a new patient, as with the existing patient, issues become more complex over time. They stated that reimbursement may be disadvantageous to them as a group if relativities reflected large differentiation in this area. However, Consultant Physicians stated that the new patient involves more complexity.

Further discussion took place regarding the relationship between referred and non-referred consultations and complexity. General Practitioners noted that complexity is the issue, whether it's for General Practitioners or Specialists. A referral is considered an administrative process and does not always reflect complexity. However, the Consultant Physicians consider that referral is a proxy for complexity.

The NCCH suggested that the process of ranking and ranking may further highlight the important issues raised above and would provide the basis for informed discussion in terms of variance between professional groups and the development of relativities.

3. RANKING AND RATING OF PROXY ATTENDANCE ITEMS

3.1 Overview of Guidelines for Ranking and Rating

The PRS statistician, George Rennie advised on the ranking and rating process. The ranking process involves placing items in order from 1-N (where 1 is the highest ranked item in terms of total work value and N is the lowest). If an item is ranked above another it is important that this is justified in terms of times and ratings. In other words items ranked above another should have at least one greater time estimate or intensity rating.

Intensity ratings should be provided for attendance items using the range of 1-10 with a median of 5. It is important that ratings are spread across the range (1-10) and not clustered at either end of the scale. Therefore, it stands that if ratings of 6,7,8 are given to specific items that equivalent ratings below the median are also given (ie

2,3,4). Pre and post service times should be estimated for each item. Where there is potential for variance in times for an item, the average time should be estimated.

One of the most important aspects of the ranking and rating process is to ensure that the data are consistent. Refer to Section 3 of the background papers for details on the ranking and rating process.

CGAI Comments and Recommendations:
Rather than ranking and rating the 30 proxy items it was suggested by the Surgeons that the original eight draft core items be initially ranked and rated. Results could be extrapolated to the remaining proxy items. Although this exercise would be simpler, it would not allow for differentiation between new/existing and referred/non referred patients. On this basis it was agreed to rank and rate all of the 30 proxy items.

There was discussion about the method of rating and whether ratings should be distributed around a median of five and cover all values between 1 and 10. It was advised by the study statistician that all values should be included to obtain differentiation between ratings and consequently rankings.

Participants wished to rank only items relevant to their specialties (ie Psychiatrists preferred not to rank non referred items).

3.2 Ranking and Rating of Attendance Items by the CGAI

CGAI members provided time estimates, intensity ratings and rankings of the 30 proxy attendance items. Subgroups were formed for each professional group represented at the CGAI (ie. Consultant Physicians, General Practitioners, Psychiatrists and Surgeons) to undertake the ranking and rating process independently. This was felt to be a good approach initially, so that the members could evaluate consistencies/differences between the groups, particularly as earlier discussion focussed on differences in the 'work' undertaken for attendance items.

Following the ranking process, each subgroup presented the rankings, time estimates and ratings to the other members.

Attachment 4 shows the results of the ranking and rating process. Rankings and ratings of each professional group are presented separately in Attachment 4.1 (presented in rank order). Attachment 4.2 shows the averages of rankings, time estimates and ratings of intensity for all the professional groups. A comparison sheet showing all subgroups and averages is provided for each proxy item evaluated *(refer to Attachment 4.3*)

CGAI Comments and Recommendations:

General Practice:
The General Practitioners reported that intensity increases in consultations up to 15 minutes and tends to plateau after that time period. The rankings and ratings presented by the clinicians reflected this pattern. Ratings of 5, 7 and 10 were consistently applied to the proxy items (refer to *Attachment 4.1*).

The General Practitioners reported that new/existing patients do not always affect the intensity of intra service work. However, practitioners spent a longer time period with new patients.

Consultant Physician:
The ratings, time estimates and rankings presented by the Consultant Physicians demonstrated the emphasis on the referred patient in terms of complexity. The physicians also stated that consultation with a new patient is more complex and that the distinction between new/existing is important for developing relativities. Time was not considered to be a proxy for complexity by the Consultant Physicians (refer to *Attachment 4.1).*

Consultant Physicians felt strongly that there should be some recognition of the physician consultation in items of 15 minutes or more. This was discussed in detail, however, was not followed up by the addition of new items during the ranking and rating process.

Psychiatry:
The Psychiatrists estimated time, rated intensity and ranked 12 of the proxy items relevant to referred work. The results demonstrate that the complexity of psychiatry services is consistent with time (ie longer time equates with greater complexity) and new patient attendances (refer to *Attachment 4.1).*

Surgery:
The Surgeons commented that they were concerned about the spread of intensity from 1-10 and would prefer to be able to rate at the higher end of the scale. However, during the ranking and rating process the Surgeons followed the guidelines of spreading the ratings between 1 and 10. Time was not considered a proxy for complexity by the Surgeons (refer to *Attachment 4.1*).

Discussion

The results of the rankings and rating process undertaken by the CGAI are presented as *Attachments 4*. Weighted averages were used for the post service intensities as discussed at the meeting. These are flagged with an asterisk (*see Attachments 4.2 and 4.3).*

One of the issues revealed following the ranking and rating process was some inconsistency between the rankings, time estimates and intensity ratings. The study statistician reiterated that where an item is ranked above another it should have at least one greater time or intensity rating. Members will be asked to review the data with this in mind.

Following the presentation by the professional groups the study statistician recommended that the General Practitioner ratings of intra service intensity be adjusted to reflect a broader range from 1-10. It was suggested that the standard ratings used by the General Practitioners (ie 3, 7, 10) be adjusted as follows:

Original		*Suggested*
3	to	2
7	to	4.5
10	to	7

These changes have been applied to the general practice data and presented in *Attachment 5.1*. Averages for the groups are also presented in *Attachments 5.2 and 5.3* using these revised ratings.

There was some concern by members that the different sub-groups were approaching the ranking process from different directions, which might affect the outcome. However, the results demonstrate that rankings and ratings are similar, which shows that there is already considerable consensus between the groups represented, particularly when the General Practitioner ratings are adjusted.

Once groups have an opportunity to refine their work and review the averages presented, it is envisaged that these rankings will be a useful basis for RVU development.

As discussed in the following section, it is the intention of the NCCH to provide the CGPIs with a workable number of attendance items to rank and rate with the procedural items. This information will provide further details for the CGAI to evaluate differences between professional groups and specialty areas.

4. CGAI RECOMMENDATIONS TO MSRTF AND MSRB

4.1 Method Of Applying Attendance Items To Procedural Items

The PRTC has recommended (*refer Outcomes report in meeting papers*) that the procedural Consensus Groups review attendance items in addition to procedural MBS items.

CGAI Comments and Recommendations:
It was agreed that the CGPIs would be asked to rank and rate attendance items relevant to their specialty. However, it was decided that this process should be independent of the CGAI process so that CGPI members would be unaware of the CGAI rankings and ratings.

The CGAI further recommended that results from the CGPIs (in relation to attendance items) be referred back to the CGAI.

Note: the MSRTF and NCCH suggest that a maximum of five Attendance items be reviewed by each of the Consensus Groups on Procedural Items to minimise the workload of these groups. Items would be chosen on the basis of services provided by each CGPI.

Attachments

1. **List of Attendees**

2. **Draft Consultation/Attendance Item Structure**

3. **Attendance Item Structure for the PRS (proxy items)**

4. **Rankings and Ratings from CGAI - as at 6/12/97**

5. **Rankings and Ratings from CGAI - incorporating revised GP ratings**

Attachment 1

List of CGAI Attendees

First Meeting of the Consensus Group on Attendance Items

ATTENDEES

Clinical Members:

Dr Robert ALLAN
General Practitioner

Mr Peter BURKE
General Surgeon

Dr Colin FURNIVAL
Surgeon

Dr Donald GRANT
Psychiatrist

Dr Mukesh HAIKEWAL
General Practitioner *attending for Dr Ailsa LAIDLAW*

Dr John HORVATH (morning)
General Medicine *attending for A/Prof Geoffrey DUGGIN*

A/Prof Jerry KOUTTS
General Medicine

Dr Andrew MAGENNIS
General Practitioner

Dr Stephen PHILLIPS
General Practitioner

Dr Warwick SELBY (*afternoon*)
General Medicine *attending for A/Prof Geoffrey DUGGIN*

Dr Chris WEVER
Psychiatrist

National Centre for Classification in Health:

A/Prof Rosemary ROBERTS
Director (Facilitator-CGAI)

Ms Lauren JONES
Project Manager (Co-facilitator-CGAI)

Ms Sheelagh NOONAN
Assistant Project Manager

Mr George RENNIE
Statistician (OR Systems P/L)

Medicare Schedule Review Task Force:

Mr Col BAILEY
Director

Mr John POPPLEWELL
Director

Mr David REDDY
Assistant Director

Attachment 2

Draft Consultation/Attendance Item Structure

DRAFT CONSULTATION/ATTENDANCE ITEM STRUCTURE

(A) ALL CONSULTATIONS

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
1	**Consultation of approximately 5 minutes duration, where the clinical record demonstrates the straightforward nature of the task**		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time (b) In respect of practice costs:- . differences in levels of general overheads . consumables and technical components

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
2	**Consultation of approximately 10 minutes duration where the clinical record demonstrates that more than one of the following professional work activities were rendered:** **. taking a problem focused history;** **. a problem focused physical and/or mental examination;** **. a decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low complexity, and/or formulation and communication of a management plan;** **. a review of effectiveness of existing treatment;** **. lifestyle or other counselling of a specific nature;** **. decision on and ordering of diagnostic tests or specialist referral; or** **a consultation of approximately 10 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates that an assessment of the patient's fitness to undertake the procedure and/or an outline of the risks associated with the procedure have been undertaken.**		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time (b) In respect of practice costs:- . differences in levels of general overheads . consumables and technical components

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
3	**Consultation of approximately 15 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:** **. taking a problem focused history;** **. a detailed examination and assessment of the physical and/or mental condition of the patient;** **. decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low to moderate complexity and/or formulation and communication of a detailed management plan;** **. lifestyle or other counselling of a specific nature;** **. communication of other information commensurate with accepted clinical practice; or** **a consultation of approximately 15 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates involvement of significantly more professional effort than the type of assessment described in Item 2.**		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time (b) In respect of practice costs:- . differences in levels of general overheads . consumables and technical components

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
4	**Consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and that the consultation was of extended duration due to extenuating circumstances such as:** **. the nature of the patient's condition;** **. the tasks involved;** **. the number of problems requiring attention; or** **a consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and the nature of the service requires breaks in continuity**		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time. (b) In respect of practice costs:- . differences in levels of general overheads . consumables and technical components

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
5	**Consultation of approximately 30 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:** **. a comprehensive consultative, history taking, and/or counselling process;** **. a comprehensive physical examination of the patient;** **. detailed evaluation of the patient's condition;** **. arriving at a diagnosis, and a decision relating to the patient's need to undertake a procedure other than a minor procedure or diagnostic test;** **. a comprehensive review of the effectiveness of existing treatment regimens and decision on current and future treatment options;** **. the personal communication by the doctor of sufficient information to allow the patient to reach an informed decision on treatment or non treatment options.**		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for new patients, emergency etc. . differences in the mix of direct and indirect time (b) In respect of practice costs:- . differences in levels of general overheads . consumables and technical components

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
6	**Consultation of approximately 45 minutes duration where the clinical record demonstrates that the consultation is characterised by the application of a full range of professional consulting and other skills to the diagnosis, management and/or treatment of one or more complex conditions or problems.**		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for new patients, emergency etc. . differences in the mix of direct and indirect time (b) In respect of practice costs:- . differences in levels of general overheads . consumables and technical components
7	**Consultation of approximately 60 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.**		
8	**Consultation exceeding 75 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.**		

Attachment 3

Attendance Item Structure for the PRS (proxy items)

ATTENDANCE ITEMS STRUCTURE FOR PRS
NCCH Interpretation - based on MSRTF core structure groupings

ITEM NO.		DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	**1**	**Consultation of approximately 5 minutes duration, where the clinical record demonstrates the straightforward nature of the task**	a) normal range of consultations - referred - non referred	Normal range of consultations is defined as consultations with the specified contents where the face to face time with the patient would be expected to have a close relationship with the total time of the service ie the face to time represents the bulk of the work. The duration of a consultation means the time spent with the patient on a one to one direct face to face basis.
Proxy item for PRS	**101**	As per core item 1 description ..... **Normal range of consultations for referred patients**		
	102	As per core item 1 description ..... **Normal range of consultations for non referred patients**		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	**2 a) Consultation of approximately 10 minutes duration where the clinical record demonstrates that more than one of the following professional work activities were rendered:** **. taking a problem focused history;** **. a problem focused physical and/or mental examination;** **. a decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low complexity, and/or formulation and communication of a management plan;** **. a review of effectiveness of existing treatment;** **. lifestyle or other counselling of a specific nature;** **. decision on and ordering of diagnostic tests or specialist referral; or** **b) a consultation of approximately 10 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates that an assessment of the patient's fitness to undertake the procedure and/or an outline of the risks associated with the procedure have been undertaken.**	a) normal range of consultations - referred - non referred b) pre procedural consultation - new referred - new non referred	Pre procedural items are those where it would appropriate to raise a separate fee but will only apply where the patient is new and the only purpose is to assess the patients fitness for the procedure immediately Services covered here are pre procedural examinations by anaesthetists (where the has not already seen the patient) and other practitioners where the decision to carry out the procedure is already made. The pre consultation can occur in rooms.
Proxy item for PRS	**201** As per core item 2a description ..... **Normal range of consultations for referred patients**		
	202 As per core item 2a description ..... **Normal range of consultations for non referred patients**		
	203 As per core item 2b description ..... **Pre procedural consultation for new referred patients**		
	204 As per core item 2b description ..... **Pre procedural consultation for new non referred patients**		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	**3 a) Consultation of approximately 15 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:** **. taking a problem focused history;** **. a detailed examination and assessment of the physical and/or mental condition of the patient;** **. decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low to moderate complexity and/or formulation and communication of a detailed management plan;** **. lifestyle or other counselling of a specific nature;** **. communication of other information commensurate with accepted clinical practice; or** **b) a consultation of approximately 15 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates involvement of significantly more professional effort than the type of assessment described in Item 2.**	a) normal range of consultations - referred - non referred b) pre procedural consultation - new referred - new non referred	
Proxy item for PRS	**301** As per core item 3a description ..... **Normal range of consultations for referred patients**		
	302 As per core item 3a description ..... **Normal range of consultations for non referred patients**		
	303 As per core item 3b description ..... **Pre procedural consultation for new referred patients**		
	304 As per core item 3b description ..... **Pre procedural consultation for new non referred patients**		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	**4 a Consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and that the consultation was of extended duration due to extenuating circumstances such as:** **. the nature of the patient's condition;** **. the tasks involved;** **. the number of problems requiring attention; or** **b a consultation of approximately 20 minutes duration where the clinical record demonstrates that** **more than two of the professional work activities of the type described in Item 3 were rendered and the nature of the service requires breaks in continuity**	a) normal range of consultations - referred - non referred	
Proxy item for PRS	**401** As per core item 4a description ..... **Normal range of consultations for referred patients**		
	402 As per core item 4a description ..... **Normal range of consultations for non referred patients**		
	403 As per core item 4b description ..... **Normal range of consultations for referred patients**		
	404 As per core item 4b description ..... **Normal range of consultations for non referred patients**		

ITEM NO.		DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	**5**	**Consultation of approximately 30 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:** **. a comprehensive consultative, history taking, and/or counselling process;** **. a comprehensive physical examination of the patient;** **. detailed evaluation of the patient's condition;** **. arriving at a diagnosis, and a decision relating to the patient's need to undertake a procedure other than a minor procedure or diagnostic test;** **. a comprehensive review of the effectiveness of existing treatment regimens and decision on current and future treatment options;** **. the personal communication by the doctor of sufficient information to allow the patient to reach an informed decision on treatment or non treatment options.**	a) new patient - referred - non referred b) existing patient - referred - non referred	A new patient is: (a) a non referred patient who has not presented to that doctor or same 'group of doctors (to be defined) or at the same practice location in the last 6 months with substantially the same conditions or problems; or (b) a referred patient who with a new referral presents with one or more substantially new conditions or problems; or (c) a patient seen by an anaesthetist for the first time immediately prior to a procedure or administration of an anaesthetic.
Proxy item for PRS	**501**	As per core item 5 description ..... Normal range of consultations for **new patient referred**		
	502	As per core item 5 description ..... Normal range of consultations for **new patient non referred**		
	503	As per core item 5 description ..... Normal range of consultations for **existing patient referred**		
	504	As per core item 5 description ..... Normal range of consultations for **existing patient non referred**		

ITEM NO.		DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core Item	**6**	**Consultation of approximately 45 minutes duration where the clinical record demonstrates that the** **consultation is characterised by the application of a full range of professional consulting and other skills to the diagnosis, management and/or treatment of one or more complex conditions or problems.**	a) new patient - referred - non referred b) existing patient - referred - non referred	
Proxy item for PRS	**601**	As per core item 6 description ..... Normal range of consultations for **new patient referred**		
	602	As per core item 6 description ..... Normal range of consultations for **new patient non referred**		
	603	As per core item 6 description ..... Normal range of consultations for **existing patient referred**		
	603	As per core item 6 description ..... Normal range of consultations for **existing patient non referred**		

ITEM NO.		DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core Item	**7**	**Consultation of approximately 60 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.**	a) new patient - referred - non referred b) existing patient - referred - non referred	
Proxy item for PRS	**701**	As per core item 7 description ..... Normal range of consultations for **new patient referred**		
	702	As per core item 7 description ..... Normal range of consultations for **new patient non referred**		
	703	As per core item 7 description ..... Normal range of consultations for **existing patient referred**		
	704	As per core item 7 description ..... Normal range of consultations for **existing patient non referred**		

ITEM NO.		DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core Item	**8**	**Consultation exceeding 75 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.**	a) new patient - referred - non referred b) existing patient - referred - non referred	
Proxy Item for PRS	**801**	As per core item 8 description ..... Normal range of consultations for **new patient referred**		
	802	As per core item 8 description ..... Normal range of consultations for **new patient non referred**		
	803	As per core item 8 description ..... Normal range of consultations for **existing patient referred**		
	804	As per core item 8 description ..... Normal range of consultations for **existing patient non referred**		

Attachment 4

Rankings and Ratings from CGAI - as at 6/2/97

4.1 Individual group worksheets for attendance item rankings and ratings

4.2 Averages of CGAI rankings, ratings and time estimates (for all groups)

4.3 Group comparison of attendance item rankings and ratings

Individual group worksheets for attendance items

Attachment 4.1

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	Consultant Physicians	1	5	75	15	10	10	10	10	3	10
701	Consultant Physicians	2	5	60	15	10	10	9.5	10	3	9.5
601	Consultant Physicians	3	5	45	12	10	10	9	10	3	9
803	Consultant Physicians	4	5	75	10	10	7	8	10	2	8
703	Consultant Physicians	5	5	60	10	10	6.5	7.5	10	2	7.5
501	Consultant Physicians	6	5	30	12	10	9	8.5	10	3	8.5
802	Consultant Physicians	7	0	75	3	6.5	6.5	6	6.5	2	3
603	Consultant Physicians	8	5	45	10	10	7	8	10	2	8
702	Consultant Physicians	9	0	60	3	6.5	6.5	6	6.5	2	3
804	Consultant Physicians	10	2	75	2	4	4	4	4	2	3
602	Consultant Physicians	11	0	45	3	6	6	5.5	6	2	3
503	Consultant Physicians	12	5	30	10	10	7	8	10	2	8
704	Consultant Physicians	13	2	60	2	4	4	4	4	2	3
502	Consultant Physicians	14	0	30	3	5.5	5.5	5	5.5	2	3
604	Consultant Physicians	15	2	45	2	4	4	4	4	2	3
504	Consultant Physicians	16	2	30	2	4	4	4	4	2	3
403	Consultant Physicians	17	0	20	5	7	7	6	7	2	2
401	Consultant Physicians	18	0	20	5	7	7	6	7	2	2
404	Consultant Physicians	19	0	20	1	3.5	3.5	4.5	3.5	2	2
301	Consultant Physicians	20	0	15	2	7	7	6	7	2	2

Please Note: Short descriptors for each item will be used in final report

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
402	Consultant Physicians	21	0	20	1	3.5	3.5	4.5	3.5	2	2
303	Consultant Physicians	22	0	15	0	6	4	6	2	0	0
302	Consultant Physicians	23	0	15	2	3.5	3.5	4.5	3.5	2	2
201	Consultant Physicians	24	0	10	1	5	4	4	5	1	2
203	Consultant Physicians	25	0	10	0	5	3	3	4	0	0
101	Consultant Physicians	26	0	5	1	4	2	2	4	0	1
304	Consultant Physicians	27	0	15	0	3	2	2	3	0	0
202	Consultant Physicians	28	0	10	1	3	3	2	3	1	2
204	Consultant Physicians	29	0	10	0	3	2	2	3	0	0
102	Consultant Physicians	30	0	5	1	3	2	1	3	0	1

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	General Practitioners	2.5	1	75	6	10	10	10	7	2	5
802	General Practitioners	2.5	1	75	6	10	10	10	7	2	5
803	General Practitioners	2.5	1	75	6	10	10	10	7	2	5
804	General Practitioners	2.5	1	75	6	10	10	10	7	2	5
701	General Practitioners	6.5	1	60	6	10	10	10	7	2	5
702	General Practitioners	6.5	1	60	6	10	10	10	7	2	5
703	General Practitioners	6.5	1	60	6	10	10	10	7	2	5
704	General Practitioners	6.5	1	60	6	10	10	10	7	2	5
601	General Practitioners	10.5	1	45	6	10	10	10	7	2	5
602	General Practitioners	10.5	1	45	6	10	10	10	7	2	5
603	General Practitioners	10.5	1	45	6	10	10	10	7	2	5
604	General Practitioners	10.5	1	45	6	10	10	10	7	2	5
501	General Practitioners	14.5	1	30	6	10	10	10	7	2	5
502	General Practitioners	14.5	1	30	6	10	10	10	7	2	5
503	General Practitioners	14.5	1	30	6	10	10	10	7	2	5
504	General Practitioners	14.5	1	30	6	10	10	10	7	2	5
401	General Practitioners	18.5	1	20	6	10	10	10	7	2	5
402	General Practitioners	18.5	1	20	6	10	10	10	7	2	5
403	General Practitioners	18.5	1	20	6	10	10	10	7	2	5
404	General Practitioners	18.5	1	20	6	10	10	10	7	2	5

Please Note: Short descriptors for each item will be used in final report

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
301	General Practitioners	22.5	1	15	4	10	10	10	7	2	5
302	General Practitioners	22.5	1	15	4	10	10	10	7	2	5
303	General Practitioners	22.5	1	15	4	10	10	10	7	2	5
304	General Practitioners	22.5	1	15	4	10	10	10	7	2	5
201	General Practitioners	26.5	1	10	3	7	7	7	7	2	5
202	General Practitioners	26.5	1	10	3	7	7	7	7	2	5
203	General Practitioners	26.5	1	10	3	7	7	7	7	2	5
204	General Practitioners	26.5	1	10	3	7	7	7	7	2	5
101	General Practitioners	29.5	1	5	0	3	3	3	0	0	0
102	General Practitioners	29.5	1	5	0	3	3	3	0	0	0

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	Psychiatrists	1	15	75	30	10	10	10	6	2	6
701	Psychiatrists	2	10	60	20	9	9	9	5	2	6
803	Psychiatrists	3	7	75	15	9	9	9	5	2	6
703	Psychiatrists	4	5	60	10	8	8	8	4	2	6
601	Psychiatrists	5	5	45	15	8	8	8	4	2	6
603	Psychiatrists	6	2	45	7	7	7	7	4	2	6
501	Psychiatrists	7	5	30	15	7	7	7	3	2	5
503	Psychiatrists	8	2	30	7	6	6	6	3	2	5
401	Psychiatrists	9	3	20	5	5	5	5	2	2	3
301	Psychiatrists	10	3	15	5	4	4	4	2	2	3
201	Psychiatrists	11	2	10	2	4	3	3	2	2	3
101	Psychiatrists	**12**	**1**	5	1	4	2	2	2	2	3
102	Psychiatrists			5							
202	Psychiatrists			10							
203	Psychiatrists			10							
204	Psychiatrists			10							
302	Psychiatrists			15							
303	Psychiatrists			15							
304	Psychiatrists			15							
402	Psychiatrists			20							

Please Note: Short descriptors for each item will be used in final report

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
403	Psychiatrists			20							
404	Psychiatrists			20							
502	Psychiatrists			30							
504	Psychiatrists			30							
602	Psychiatrists			45							
604	Psychiatrists			45							
702	Psychiatrists			60							
704	Psychiatrists			60							
802	Psychiatrists			75							
804	Psychiatrists			75							

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	Surgeons	1	2	75	15	9	9	7	9	9	7
802	Surgeons	2	0	75	15	9	9	7	9	9	7
803	Surgeons	3	10	75	15	9	9	7	9	9	7
804	Surgeons	4	10	75	15	9	9	7	9	9	7
701	Surgeons	5	2	60	15	8	8	6	8	8	6
702	Surgeons	6	0	60	15	8	8	6	8	8	6
703	Surgeons	7	10	60	15	8	8	6	8	8	6
704	Surgeons	8	10	60	15	8	8	6	8	8	6
601	Surgeons	9	2	45	15	7	7	5	7	7	5
602	Surgeons	10	0	45	15	7	7	5	7	7	5
603	Surgeons	11	5	45	15	7	7	5	7	7	5
604	Surgeons	12	5	45	15	7	7	5	7	7	5
501	Surgeons	13	2	30	10	5	6	4	5	6	4
502	Surgeons	14	0	30	10	5	6	4	5	6	4
503	Surgeons	15	5	30	10	5	6	4	5	6	4
504	Surgeons	16	5	30	10	5	6	4	5	6	4
303	Surgeons	17	2	15	0	7	4	4	0	0	0
304	Surgeons	18	2	15	0	7	4	4	0	0	0
203	Surgeons	19	2	10	0	6	3	4	0	0	0
204	Surgeons	20	2	10	0	6	3	4	0	0	0

Please Note: Short descriptors for each item will be used in final report

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
401	Surgeons	21	2	20	5	3	5	3	3	5	3
402	Surgeons	22	0	20	5	3	5	3	3	5	3
403	Surgeons	23	2	20	5	4	5	3	4	5	3
404	Surgeons	24	0	20	5	4	5	3	4	5	3
301	Surgeons	25	2	15	5	3	4	3	3	4	3
302	Surgeons	26	0	15	5	3	4	3	3	4	3
201	Surgeons	27	1	10	5	2	3	2	2	3	2
202	Surgeons	28	0	10	5	2	3	2	2	3	2
101	Surgeons	**29**	**0**	5	2	1	2	1	1	2	1
102	Surgeons	30	0	5	2	1	2	1	1	2	1

Please Note: Short descriptors for each item will be used in final report

Averages of CGAI rankings, ratings and time estimates **Attachment 4.2**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	Normal range of consultation, 75 minutes, new patient, referred	1.5	5.8	75.0	16.5	9.8	9.8	9.3	*7.7	*3.8	*7.0
803	Normal range of consultation, 75 minutes, existing patient, referred	3.2	5.8	75.0	11.5	9.5	8.8	8.5	*7.7	*4.3	*6.6
802	Normal range of consultation, 75 minutes, new patient, non referred	3.8	0.3	75.0	8.0	8.5	8.5	7.7	*8.2	*6.4	*6.0
701	Normal range of consultation, 60 minutes, new patient, referred	4.5	4.5	60.0	14.0	9.3	9.3	8.6	*7.4	*3.9	*6.8
804	Normal range of consultation, 75 minutes, existing patient, non referred	5.5	4.3	75.0	7.7	7.7	7.7	7.0	*8.0	*6.6	*6.1
703	Normal range of consultation, 60 minutes, existing patient, referred	6.2	5.3	60.0	10.3	9.0	8.1	7.9	*7.4	*4.2	*6.2
702	Normal range of consultation, 60 minutes, new patient, non referred	7.2	0.3	60.0	8.0	8.2	8.2	7.3	*7.6	*5.8	*5.4
601	Normal range of consultation, 45 minutes, new patient, referred	7.5	3.3	45.0	12.0	8.8	8.8	8.0	*6.8	*3.8	*6.3
704	Normal range of consultation, 60 minutes, existing patient, non referred	9.2	4.3	60.0	7.7	7.3	7.3	6.7	*7.4	*5.9	*5.5
603	Normal range of consultation, 45 minutes, existing patient, referred	9.8	3.3	45.0	9.5	8.5	7.8	7.5	*7.2	*4.0	*6.0
602	Normal range of consultation, 45 minutes, new patient, non referred	10.5	0.3	45.0	8.0	7.7	7.7	6.8	*6.9	*5.1	*4.8
501	Normal range of consultation, 30 minutes, new patient, referred	11.2	3.3	30.0	10.8	8.0	8.0	7.4	*6.0	*3.2	*5.7
604	Normal range of consultation, 45 minutes, existing patient, non referred	12.5	2.7	45.0	7.7	7.0	7.0	6.3	*6.7	*5.3	*4.8
503	Normal range of consultation, 30 minutes, existing patient, referred	13.8	3.3	30.0	8.3	7.8	7.3	7.0	*6.5	*3.2	*5.6
502	Normal range of consultation, 30 minutes, new patient, non referred	14.2	0.3	30.0	6.3	6.8	7.2	6.3	*5.7	*4.1	*4.2
504	Normal range of consultation, 30 minutes, existing patient, non referred	15.5	2.7	30.0	6.0	6.3	6.7	6.0	*5.6	*4.2	*4.2
401	Normal range of consultation, 20 minutes, referred patient	19.2	1.5	20.0	5.3	6.3	6.8	6.0	*4.9	*2.7	*3.3
403	Normal range of consultation, 20 minutes, referred, with breaks in continuity	19.5	1.0	20.0	5.3	7.0	7.3	6.3	*6.1	*2.9	*3.4

Averages of CGAI rankings, ratings and time estimates

Attachment 4.2

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
402	Normal range of consultation, 20 minutes, non referred patient	20.5	0.3	20.0	4.0	5.5	6.2	5.8	*5.0	*3.3	*3.9
404	Normal range of consultation, 20 minutes, non referred, with breaks in continuity	20.5	0.3	20.0	4.0	5.8	6.2	5.8	*5.5	*3.3	*3.9
303	Pre procedural consultation, 15 minutes, new patient	20.5	1.0	15.0	1.3	7.7	6.0	6.7	*7.0	*2.0	*5.0
301	Normal range of consult, 15 minutes, referred patient	22.5	1.5	15.0	4.0	6.0	6.3	5.8	*4.2	*2.6	*3.4
304	Pre procedural consultation, 15 minutes, new patient, non referred	22.5	1.0	15.0	1.3	6.7	5.3	5.3	*7.0	*2.0	*5.0
203	Pre procedural consultation, 10 minutes, new patient, referred	23.5	1.0	10.0	1.0	6.0	4.3	4.7	*7.0	*2.0	*5.0
302	Normal range of consult, 15 minutes, non referred patient	23.8	0.3	15.0	3.7	5.5	5.8	5.8	*4.5	*2.9	*3.5
204	Pre procedural consultation, 10 minutes, new patient, non referred	25.2	1.0	10.0	1.0	5.3	4.0	4.3	*7.0	*2.0	*5.0
201	Normal range of consult, 10 minutes, referred patient	25.8	1.0	10.0	2.8	4.5	4.3	4.0	*3.6	*2.4	*3.0
202	Normal range of consult, 10 minutes, non referred patient	27.5	0.3	10.0	3.0	4.0	4.3	3.7	*3.8	*2.4	*3.0
101	Normal range of consult, 5 minutes, referred patient	28.2	0.5	5.0	1.0	3.0	2.3	2.0	*2.0	*1.5	*1.5
102	Normal range of consult, 5 minutes, non referred patient	29.8	0.3	5.0	1.0	2.3	2.3	1.7	*1.7	*1.3	*1.0
* *Weighted averages*											

Group comparison of attendance item rankings and ratings **Attachment 4.3**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
101	Normal range of consult, 5 minutes, referred patient	28.2	0.5	5.0	1.0	3.0	2.3	2.0	*2.0	*1.5	*1.5
101	General Practitioners	29.5	1.0	5.0	0.0	3.0	3.0	3.0	0.0	0.0	0.0
101	Psychiatrists	12.0	1.0	5.0	1.0	4.0	2.0	2.0	2.0	2.0	3.0
101	Consultant Physicians	26.0	0.0	5.0	1.0	4.0	2.0	2.0	4.0	0.0	1.0
101	Surgeons	29.0	0.0	5.0	2.0	1.0	2.0	1.0	1.0	2.0	1.0
102	Normal range of consult, 5 minutes, non referred patient	29.8	0.3	5.0	1.0	2.3	2.3	1.7	*1.7	*1.3	*1.0
102	General Practitioners	29.5	1.0	5.0	0.0	3.0	3.0	3.0	0.0	0.0	0.0
102	Psychiatrists			5.0							
102	Consultant Physicians	30.0	0.0	5.0	1.0	3.0	2.0	1.0	3.0	0.0	1.0
102	Surgeons	30.0	0.0	5.0	2.0	1.0	2.0	1.0	1.0	2.0	1.0
201	Normal range of consult, 10 minutes, referred patient	25.8	1.0	10.0	2.8	4.5	4.3	4.0	*3.6	*2.4	*3.0
201	General Practitioners	26.5	1.0	10.0	3.0	7.0	7.0	7.0	7.0	2.0	5.0
201	Psychiatrists	11.0	2.0	10.0	2.0	4.0	3.0	3.0	2.0	2.0	3.0
201	Consultant Physicians	24.0	0.0	10.0	1.0	5.0	4.0	4.0	5.0	1.0	2.0
201	Surgeons	27.0	1.0	10.0	5.0	2.0	3.0	2.0	2.0	3.0	2.0
202	Normal range of consult, 10 minutes, non referred patient	27.5	0.3	10.0	3.0	4.0	4.3	3.7	*3.8	*2.4	*3.0
202	General Practitioners	26.5	1.0	10.0	3.0	7.0	7.0	7.0	7.0	2.0	5.0
202	Psychiatrists			10.0							
202	Consultant Physicians	28.0	0.0	10.0	1.0	3.0	3.0	2.0	3.0	1.0	2.0
202	Surgeons	28.0	0.0	10.0	5.0	2.0	3.0	2.0	2.0	3.0	2.0

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
203	Pre procedural consultation, 10 minutes, new patient, referred	23.5	1.0	10.0	1.0	6.0	4.3	4.7	*7.0	*2.0	*5.0
203	General Practitioners	26.5	1.0	10.0	3.0	7.0	7.0	7.0	7.0	2.0	5.0
203	Psychiatrists			10.0							
203	Consultant Physicians	25.0	0.0	10.0	0.0	5.0	3.0	3.0	4.0	0.0	0.0
203	Surgeons	19.0	2.0	10.0	0.0	6.0	3.0	4.0	0.0	0.0	0.0
204	Pre procedural consultation, 10 minutes, new patient, non referred	25.2	1.0	10.0	1.0	5.3	4.0	4.3	*7.0	*2.0	*5.0
204	General Practitioners	26.5	1.0	10.0	3.0	7.0	7.0	7.0	7.0	2.0	5.0
204	Psychiatrists			10.0							
204	Consultant Physicians	29.0	0.0	10.0	0.0	3.0	2.0	2.0	3.0	0.0	0.0
204	Surgeons	20.0	2.0	10.0	0.0	6.0	3.0	4.0	0.0	0.0	0.0
301	Normal range of consult, 15 minutes, referred patient	22.5	1.5	15.0	4.0	6.0	6.3	5.8	*4.2	*2.6	*3.4
301	General Practitioners	22.5	1.0	15.0	4.0	10.0	10.0	10.0	7.0	2.0	5.0
301	Psychiatrists	10.0	3.0	15.0	5.0	4.0	4.0	4.0	2.0	2.0	3.0
301	Consultant Physicians	20.0	0.0	15.0	2.0	7.0	7.0	6.0	7.0	2.0	2.0
301	Surgeons	25.0	2.0	15.0	5.0	3.0	4.0	3.0	3.0	4.0	3.0
302	Normal range of consult, 15 minutes, non referred patient	23.8	0.3	15.0	3.7	5.5	5.8	5.8	*4.5	*2.9	*3.5
302	General Practitioners	22.5	1.0	15.0	4.0	10.0	10.0	10.0	7.0	2.0	5.0
302	Psychiatrists			15.0							
302	Consultant Physicians	23.0	0.0	15.0	2.0	3.5	3.5	4.5	3.5	2.0	2.0
302	Surgeons	26.0	0.0	15.0	5.0	3.0	4.0	3.0	3.0	4.0	3.0
303	Pre procedural consultation, 15 minutes, new patient	20.5	1.0	15.0	1.3	7.7	6.0	6.7	*7.0	*2.0	*5.0

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
303	General Practitioners	22.5	1.0	15.0	4.0	10.0	10.0	10.0	7.0	2.0	5.0
303	Psychiatrists			15.0							
303	Consultant Physicians	22.0	0.0	15.0	0.0	6.0	4.0	6.0	2.0	0.0	0.0
303	Surgeons	17.0	2.0	15.0	0.0	7.0	4.0	4.0	0.0	0.0	0.0
304	Pre procedural consultation, 15 minutes, new patient, non referred	22.5	1.0	15.0	1.3	6.7	5.3	5.3	*7.0	*2.0	*5.0
304	General Practitioners	22.5	1.0	15.0	4.0	10.0	10.0	10.0	7.0	2.0	5.0
304	Psychiatrists			15.0							
304	Consultant Physicians	27.0	0.0	15.0	0.0	3.0	2.0	2.0	3.0	0.0	0.0
304	Surgeons	18.0	2.0	15.0	0.0	7.0	4.0	4.0	0.0	0.0	0.0
401	Normal range of consultation, 20 minutes, referred patient	19.2	1.5	20.0	5.3	6.3	6.8	6.0	*4.9	*2.7	*3.3
401	General Practitioners	18.5	1.0	20.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
401	Psychiatrists	9.0	3.0	20.0	5.0	5.0	5.0	5.0	2.0	2.0	3.0
401	Consultant Physicians	18.0	0.0	20.0	5.0	7.0	7.0	6.0	7.0	2.0	2.0
401	Surgeons	21.0	2.0	20.0	5.0	3.0	5.0	3.0	3.0	5.0	3.0
402	Normal range of consultation, 20 minutes, non referred patient	20.5	0.3	20.0	4.0	5.5	6.2	5.8	*5.0	*3.3	*3.9
402	General Practitioners	18.5	1.0	20.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
402	Psychiatrists			20.0							
402	Consultant Physicians	21.0	0.0	20.0	1.0	3.5	3.5	4.5	3.5	2.0	2.0
402	Surgeons	22.0	0.0	20.0	5.0	3.0	5.0	3.0	3.0	5.0	3.0
403	Normal range of consultation, 20 minutes, referred, with breaks in continuity	19.5	1.0	20.0	5.3	7.0	7.3	6.3	*6.1	*2.9	*3.4
403	General Practitioners	18.5	1.0	20.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
403	Psychiatrists			20.0							
403	Consultant Physicians	17.0	0.0	20.0	5.0	7.0	7.0	6.0	7.0	2.0	2.0
403	Surgeons	23.0	2.0	20.0	5.0	4.0	5.0	3.0	4.0	5.0	3.0
404	Normal range of consultation, 20 minutes, non referred, with breaks in continuity	20.5	0.3	20.0	4.0	5.8	6.2	5.8	*5.5	*3.3	*3.9
404	General Practitioners	18.5	1.0	20.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
404	Psychiatrists			20.0							
404	Consultant Physicians	19.0	0.0	20.0	1.0	3.5	3.5	4.5	3.5	2.0	2.0
404	Surgeons	24.0	0.0	20.0	5.0	4.0	5.0	3.0	4.0	5.0	3.0
501	Normal range of consultation, 30 minutes, new patient, referred	11.2	3.3	30.0	10.8	8.0	8.0	7.4	*6.0	*3.2	*5.7
501	General Practitioners	14.5	1.0	30.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
501	Psychiatrists	7.0	5.0	30.0	15.0	7.0	7.0	7.0	3.0	2.0	5.0
501	Consultant Physicians	6.0	5.0	30.0	12.0	10.0	9.0	8.5	10.0	3.0	8.5
501	Surgeons	13.0	2.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
502	Normal range of consultation, 30 minutes, new patient, non referred	14.2	0.3	30.0	6.3	6.8	7.2	6.3	*5.7	*4.1	*4.2
502	General Practitioners	14.5	1.0	30.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
502	Psychiatrists			30.0							
502	Consultant Physicians	14.0	0.0	30.0	3.0	5.5	5.5	5.0	5.5	2.0	3.0
502	Surgeons	14.0	0.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
503	Normal range of consultation, 30 minutes, existing patient, referred	13.8	3.3	30.0	8.3	7.8	7.3	7.0	*6.5	*3.2	*5.6
503	General Practitioners	14.5	1.0	30.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
503	Psychiatrists	8.0	2.0	30.0	7.0	6.0	6.0	6.0	3.0	2.0	5.0

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
503	Consultant Physicians	12.0	5.0	30.0	10.0	10.0	7.0	8.0	10.0	2.0	8.0
503	Surgeons	15.0	5.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
504	Normal range of consultation, 30 minutes, existing patient, non referred	15.5	2.7	30.0	6.0	6.3	6.7	6.0	*5.6	*4.2	*4.2
504	General Practitioners	14.5	1.0	30.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
504	Psychiatrists			30.0							
504	Consultant Physicians	16.0	2.0	30.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
504	Surgeons	16.0	5.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
601	Normal range of consultation, 45 minutes, new patient, referred	7.5	3.3	45.0	12.0	8.8	8.8	8.0	*6.8	*3.8	*6.3
601	General Practitioners	10.5	1.0	45.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
601	Psychiatrists	5.0	5.0	45.0	15.0	8.0	8.0	8.0	4.0	2.0	6.0
601	Consultant Physicians	3.0	5.0	45.0	12.0	10.0	10.0	9.0	10.0	3.0	9.0
601	Surgeons	9.0	2.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
602	Normal range of consultation, 45 minutes, new patient, non referred	10.5	0.3	45.0	8.0	7.7	7.7	6.8	*6.9	*5.1	*4.8
602	General Practitioners	10.5	1.0	45.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
602	Psychiatrists			45.0							
602	Consultant Physicians	11.0	0.0	45.0	3.0	6.0	6.0	5.5	6.0	2.0	3.0
602	Surgeons	10.0	0.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
603	Normal range of consultation, 45 minutes, existing patient, referred	9.8	3.3	45.0	9.5	8.5	7.8	7.5	*7.2	*4.0	*6.0
603	General Practitioners	10.5	1.0	45.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
603	Psychiatrists	6.0	2.0	45.0	7.0	7.0	7.0	7.0	4.0	2.0	6.0
603	Consultant Physicians	8.0	5.0	45.0	10.0	10.0	7.0	8.0	10.0	2.0	8.0

Group comparison of attendance item rankings and ratings **Attachment 4.3**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
603	Surgeons	11.0	5.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
604	Normal range of consultation, 45 minutes, existing patient, non referred	12.5	2.7	45.0	7.7	7.0	7.0	6.3	*6.7	*5.3	*4.8
604	General Practitioners	10.5	1.0	45.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
604	Psychiatrists			45.0							
604	Consultant Physicians	15.0	2.0	45.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
604	Surgeons	12.0	5.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
701	Normal range of consultation, 60 minutes, new patient, referred	4.5	4.5	60.0	14.0	9.3	9.3	8.6	*7.4	*3.9	*6.8
701	General Practitioners	6.5	1.0	60.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
701	Psychiatrists	2.0	10.0	60.0	20.0	9.0	9.0	9.0	5.0	2.0	6.0
701	Consultant Physicians	2.0	5.0	60.0	15.0	10.0	10.0	9.5	10.0	3.0	9.5
701	Surgeons	5.0	2.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0
702	Normal range of consultation, 60 minutes, new patient, non referred	7.2	0.3	60.0	8.0	8.2	8.2	7.3	*7.6	*5.8	*5.4
702	General Practitioners	6.5	1.0	60.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
702	Psychiatrists			60.0							
702	Consultant Physicians	9.0	0.0	60.0	3.0	6.5	6.5	6.0	6.5	2.0	3.0
702	Surgeons	6.0	0.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0
703	Normal range of consultation, 60 minutes, existing patient, referred	6.2	5.3	60.0	10.3	9.0	8.1	7.9	*7.4	*4.2	*6.2
703	General Practitioners	6.5	1.0	60.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
703	Psychiatrists	4.0	5.0	60.0	10.0	8.0	8.0	8.0	4.0	2.0	6.0
703	Consultant Physicians	5.0	5.0	60.0	10.0	10.0	6.5	7.5	10.0	2.0	7.5
703	Surgeons	7.0	10.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
704	Normal range of consultation, 60 minutes, existing patient, non referred	9.2	4.3	60.0	7.7	7.3	7.3	6.7	*7.4	*5.9	*5.5
704	General Practitioners	6.5	1.0	60.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
704	Psychiatrists			60.0							
704	Consultant Physicians	13.0	2.0	60.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
704	Surgeons	8.0	10.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0
801	Normal range of consultation, 75 minutes, new patient, referred	1.5	5.8	75.0	16.5	9.8	9.8	9.3	*7.7	*3.8	*7.0
801	General Practitioners	2.5	1.0	75.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
801	Psychiatrists	1.0	15.0	75.0	30.0	10.0	10.0	10.0	6.0	2.0	6.0
801	Consultant Physicians	1.0	5.0	75.0	15.0	10.0	10.0	10.0	10.0	3.0	10.0
801	Surgeons	1.0	2.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0
802	Normal range of consultation, 75 minutes, new patient, non referred	3.8	0.3	75.0	8.0	8.5	8.5	7.7	*8.2	*6.4	*6.0
802	General Practitioners	2.5	1.0	75.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
802	Psychiatrists			75.0							
802	Consultant Physicians	7.0	0.0	75.0	3.0	6.5	6.5	6.0	6.5	2.0	3.0
802	Surgeons	2.0	0.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0
803	Normal range of consultation, 75 minutes, existing patient, referred	3.2	5.8	75.0	11.5	9.5	8.8	8.5	*7.7	*4.3	*6.6
803	General Practitioners	2.5	1.0	75.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
803	Psychiatrists	3.0	7.0	75.0	15.0	9.0	9.0	9.0	5.0	2.0	6.0
803	Consultant Physicians	4.0	5.0	75.0	10.0	10.0	7.0	8.0	10.0	2.0	8.0
803	Surgeons	3.0	10.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0

Group comparison of attendance item rankings and ratings **Attachment 4.3**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
804	Normal range of consultation, 75 minutes, existing patient, non referred	5.5	4.3	75.0	7.7	7.7	7.7	7.0	*8.0	*6.6	*6.1
804	General Practitioners	2.5	1.0	75.0	6.0	10.0	10.0	10.0	7.0	2.0	5.0
804	Psychiatrists			75.0							
804	Consultant Physicians	10.0	2.0	75.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
804	Surgeons	4.0	10.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0

Attachment 5

Rankings and Ratings from CGAI - incorporating revised GP ratings

5.1 General Practice data with revised intra service intensity ratings

5.2 Group averages of rankings, ratings and time estimates (with revised GP ratings)

5.3 Group comparison of attendance item rankings and ratings (with revised GP ratings)

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
802	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
803	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
701	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
702	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
703	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
704	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
601	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
602	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
603	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
604	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
501	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
502	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
503	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
504	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
401	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
402	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
403	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
404	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
301	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
302	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
303	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
304	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0

General Practice data with revised ratings **Attachment 5.1**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
201	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
202	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
203	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
204	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
101	General Practitioners	29.5	1.0	5.0	0.0	2.0	2.0	2.0	0.0	0.0	0.0
102	General Practitioners	29.5	1.0	5.0	0.0	2.0	2.0	2.0	0.0	0.0	0.0
Note: short descriptors will be included in the final report											

Group averages of rankings, ratings and time estimates (with revised GP ratings) **Attachment 5.2**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Re-rank	Time Estimates (mins.)			Ratings of Intensity (1-10)					
							Intra Service			Post Service		
				Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
801	Normal range of consultation, 75 minutes, new patient, referred	1.5	1.0	5.8	75.0	16.5	9.0	9.0	8.5	*7.7	*3.8	*7.0
803	Normal range of consultation, 75 minutes, existing patient, referred	3.2	2.0	5.8	75.0	11.5	8.8	8.0	7.8	*7.7	*4.3	*6.6
802	Normal range of consultation, 75 minutes, new patient, non referred	3.8	3.0	0.3	75.0	8.0	7.5	7.5	6.7	*8.2	*6.4	*6.0
701	Normal range of consultation, 60 minutes, new patient, referred	4.5	4.0	4.5	60.0	14.0	8.5	8.5	7.9	*7.4	*3.9	*6.8
804	Normal range of consultation, 75 minutes, existing patient, non referred	5.5	5.0	4.3	75.0	7.7	6.7	6.7	6.0	*8.0	*6.6	*6.1
703	Normal range of consultation, 60 minutes, existing patient, referred	6.2	6.0	5.3	60.0	10.3	8.3	7.4	7.1	*7.4	*4.2	*6.2
702	Normal range of consultation, 60 minutes, new patient, non referred	7.2	7.0	0.3	60.0	8.0	7.2	7.2	6.3	*7.6	*5.8	*5.4
601	Normal range of consultation, 45 minutes, new patient, referred	7.5	8.0	3.3	45.0	12.0	8.0	8.0	7.3	*6.8	*3.8	*6.3
704	Normal range of consultation, 60 minutes, existing patient, non referred	9.2	9.0	4.3	60.0	7.7	6.3	6.3	5.7	*7.4	*5.9	*5.5
603	Normal range of consultation, 45 minutes, existing patient, referred	9.8	10.0	3.3	45.0	9.5	7.8	7.0	6.8	*7.2	*4.0	*6.0
602	Normal range of consultation, 45 minutes, new patient, non referred	10.5	11.0	0.3	45.0	8.0	6.7	6.7	5.8	*6.9	*5.1	*4.8
501	Normal range of consultation, 30 minutes, new patient, referred	11.2	12.0	3.3	30.0	10.8	7.3	7.3	6.6	*6.0	*3.2	*5.7
604	Normal range of consultation, 45 minutes, existing patient, non referred	12.5	13.0	2.7	45.0	7.7	6.0	6.0	5.3	*6.7	*5.3	*4.8
503	Normal range of consultation, 30 minutes, existing patient, referred	13.8	14.0	3.3	30.0	8.3	7.0	6.5	6.3	*6.5	*3.2	*5.6
502	Normal range of consultation, 30 minutes, new patient, non referred	14.2	15.0	0.3	30.0	6.3	5.8	6.2	5.3	*5.7	*4.1	*4.2
504	Normal range of consultation, 30 minutes, existing patient, non referred	15.5	16.0	2.7	30.0	6.0	5.3	5.7	5.0	*5.6	*4.2	*4.2
401	Normal range of consultation, 20 minutes, referred patient	19.2	17.0	1.5	20.0	5.3	5.5	6.0	5.3	*4.9	*2.7	*3.3
403	Normal range of consultation, 20 minutes, referred, with breaks in continuity	19.5	18.0	1.0	20.0	5.3	6.0	6.3	5.3	*6.1	*2.9	*3.4
402	Normal range of consultation, 20 minutes, non referred patient	20.5	20.0	0.3	20.0	4.0	4.5	5.2	4.8	*5.0	*3.3	*3.9
404	Normal range of consultation, 20 minutes, non referred, with breaks in continuity	20.5	20.0	0.3	20.0	4.0	4.8	5.2	4.8	*5.5	*3.3	*3.9
303	Pre procedural consultation, 15 minutes, new patient	20.5	20.0	1.0	15.0	1.3	6.7	5.0	5.7	*7.0	*2.0	*5.0
301	Normal range of consult, 15 minutes, referred patient	22.5	23.0	1.5	15.0	4.0	5.3	5.5	5.0	*4.2	*2.6	*3.4
304	Pre procedural consultation, 15 minutes, new patient, non referred	22.5	23.0	1.0	15.0	1.3	5.7	4.3	4.3	*7.0	*2.0	*5.0

Group averages of rankings, ratings and time estimates (with revised GP ratings) **Attachment 5.2**

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Re-rank	Time Estimates (mins.)			Ratings of Intensity (1-10)					
							Intra Service			Post Service		
				Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
203	Pre procedural consultation, 10 minutes, new patient, referred	23.5	24.0	1.0	10.0	1.0	5.2	3.5	3.8	*7.0	*2.0	*5.0
302	Normal range of consult, 15 minutes, non referred patient	23.8	25.0	0.3	15.0	3.7	4.5	4.8	4.8	*4.5	*2.9	*3.5
204	Pre procedural consultation, 10 minutes, new patient, non referred	25.2	26.0	1.0	10.0	1.0	4.5	3.2	3.5	*7.0	*2.0	*5.0
201	Normal range of consult, 10 minutes, referred patient	25.8	27.0	1.0	10.0	2.8	3.9	3.6	3.4	*3.6	*2.4	*3.0
202	Normal range of consult, 10 minutes, non referred patient	27.5	28.0	0.3	10.0	3.0	3.2	3.5	2.8	*3.8	*2.4	*3.0
101	Normal range of consult, 5 minutes, referred patient	28.2	29.0	0.5	5.0	1.0	2.8	2.0	1.8	*2.0	*1.5	*1.5
102	Normal range of consult, 5 minutes, non referred patient	29.8	30.0	0.3	5.0	1.0	2.0	2.0	1.3	*1.7	*1.3	*1.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
101	Normal range of consult, 5 minutes, referred patient	28.2	0.5	5.0	1.0	2.8	2.0	1.8	*2.0	*1.5	*1.5
101	General Practitioners	29.5	1.0	5.0	0.0	2.0	2.0	2.0	0.0	0.0	0.0
101	Psychiatrists	12.0	1.0	5.0	1.0	4.0	2.0	2.0	2.0	2.0	3.0
101	Consultant Physicians	26.0	0.0	5.0	1.0	4.0	2.0	2.0	4.0	0.0	1.0
101	Surgeons	29.0	0.0	5.0	2.0	1.0	2.0	1.0	1.0	2.0	1.0
102	Normal range of consult, 5 minutes, non referred patient	29.8	0.3	5.0	1.0	2.0	2.0	1.3	*1.7	*1.3	*1.0
102	General Practitioners	29.5	1.0	5.0	0.0	2.0	2.0	2.0	0.0	0.0	0.0
102	Psychiatrists			5.0							
102	Consultant Physicians	30.0	0.0	5.0	1.0	3.0	2.0	1.0	3.0	0.0	1.0
102	Surgeons	30.0	0.0	5.0	2.0	1.0	2.0	1.0	1.0	2.0	1.0
201	Normal range of consult, 10 minutes, referred patient	25.8	1.0	10.0	2.8	3.9	3.6	3.4	*3.6	*2.4	*3.0
201	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
201	Psychiatrists	11.0	2.0	10.0	2.0	4.0	3.0	3.0	2.0	2.0	3.0
201	Consultant Physicians	24.0	0.0	10.0	1.0	5.0	4.0	4.0	5.0	1.0	2.0
201	Surgeons	27.0	1.0	10.0	5.0	2.0	3.0	2.0	2.0	3.0	2.0
202	Normal range of consult, 10 minutes, non referred patient	27.5	0.3	10.0	3.0	3.2	3.5	2.8	*3.8	*2.4	*3.0
202	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
202	Psychiatrists			10.0							
202	Consultant Physicians	28.0	0.0	10.0	1.0	3.0	3.0	2.0	3.0	1.0	2.0
202	Surgeons	28.0	0.0	10.0	5.0	2.0	3.0	2.0	2.0	3.0	2.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
203	Pre procedural consultation, 10 minutes, new patient, referred	23.5	1.0	10.0	1.0	5.2	3.5	3.8	*7.0	*2.0	*5.0
203	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
203	Psychiatrists			10.0							
203	Consultant Physicians	25.0	0.0	10.0	0.0	5.0	3.0	3.0	4.0	0.0	0.0
203	Surgeons	19.0	2.0	10.0	0.0	6.0	3.0	4.0	0.0	0.0	0.0
204	Pre procedural consultation, 10 minutes, new patient, non referred	25.2	1.0	10.0	1.0	4.5	3.2	3.5	*7.0	*2.0	*5.0
204	General Practitioners	26.5	1.0	10.0	3.0	4.5	4.5	4.5	7.0	2.0	5.0
204	Psychiatrists			10.0							
204	Consultant Physicians	29.0	0.0	10.0	0.0	3.0	2.0	2.0	3.0	0.0	0.0
204	Surgeons	20.0	2.0	10.0	0.0	6.0	3.0	4.0	0.0	0.0	0.0
301	Normal range of consult, 15 minutes, referred patient	22.5	1.5	15.0	4.0	5.3	5.5	5.0	*4.2	*2.6	*3.4
301	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
301	Psychiatrists	10.0	3.0	15.0	5.0	4.0	4.0	4.0	2.0	2.0	3.0
301	Consultant Physicians	20.0	0.0	15.0	2.0	7.0	7.0	6.0	7.0	2.0	2.0
301	Surgeons	25.0	2.0	15.0	5.0	3.0	4.0	3.0	3.0	4.0	3.0
302	Normal range of consult, 15 minutes, non referred patient	23.8	0.3	15.0	3.7	4.5	4.8	4.8	*4.5	*2.9	*3.5
302	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
302	Psychiatrists			15.0							
302	Consultant Physicians	23.0	0.0	15.0	2.0	3.5	3.5	4.5	3.5	2.0	2.0
302	Surgeons	26.0	0.0	15.0	5.0	3.0	4.0	3.0	3.0	4.0	3.0
303	Pre procedural consultation, 15 minutes, new patient	20.5	1.0	15.0	1.3	6.7	5.0	5.7	*7.0	*2.0	*5.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
303	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
303	Psychiatrists			15.0							
303	Consultant Physicians	22.0	0.0	15.0	0.0	6.0	4.0	6.0	2.0	0.0	0.0
303	Surgeons	17.0	2.0	15.0	0.0	7.0	4.0	4.0	0.0	0.0	0.0
304	Pre procedural consultation, 15 minutes, new patient, non referred	22.5	1.0	15.0	1.3	5.7	4.3	4.3	*7.0	*2.0	*5.0
304	General Practitioners	22.5	1.0	15.0	4.0	7.0	7.0	7.0	7.0	2.0	5.0
304	Psychiatrists			15.0							
304	Consultant Physicians	27.0	0.0	15.0	0.0	3.0	2.0	2.0	3.0	0.0	0.0
304	Surgeons	18.0	2.0	15.0	0.0	7.0	4.0	4.0	0.0	0.0	0.0
401	Normal range of consultation, 20 minutes, referred patient	19.2	1.5	20.0	5.3	5.5	6.0	5.3	*4.9	*2.7	*3.3
401	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
401	Psychiatrists	9.0	3.0	20.0	5.0	5.0	5.0	5.0	2.0	2.0	3.0
401	Consultant Physicians	18.0	0.0	20.0	5.0	7.0	7.0	6.0	7.0	2.0	2.0
401	Surgeons	21.0	2.0	20.0	5.0	3.0	5.0	3.0	3.0	5.0	3.0
402	Normal range of consultation, 20 minutes, non referred patient	20.5	0.3	20.0	4.0	4.5	5.2	4.8	*5.0	*3.3	*3.9
402	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
402	Psychiatrists			20.0							
402	Consultant Physicians	21.0	0.0	20.0	1.0	3.5	3.5	4.5	3.5	2.0	2.0
402	Surgeons	22.0	0.0	20.0	5.0	3.0	5.0	3.0	3.0	5.0	3.0
403	Normal range of consultion, 20 minutes, referred, with breaks in continuity	19.5	1.0	20.0	5.3	6.0	6.3	5.3	*6.1	*2.9	*3.4
403	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
403	Psychiatrists			20.0							
403	Consultant Physicians	17.0	0.0	20.0	5.0	7.0	7.0	6.0	7.0	2.0	2.0
403	Surgeons	23.0	2.0	20.0	5.0	4.0	5.0	3.0	4.0	5.0	3.0
404	Normal range of consultion, 20 minutes, non referred, with breaks in continuity	20.5	0.3	20.0	4.0	4.8	5.2	4.8	*5.5	*3.3	*3.9
404	General Practitioners	18.5	1.0	20.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
404	Psychiatrists			20.0							
404	Consultant Physicians	19.0	0.0	20.0	1.0	3.5	3.5	4.5	3.5	2.0	2.0
404	Surgeons	24.0	0.0	20.0	5.0	4.0	5.0	3.0	4.0	5.0	3.0
501	Normal range of consultation, 30 minutes, new patient, referred	11.2	3.3	30.0	10.8	7.3	7.3	6.6	*6.0	*3.2	*5.7
501	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
501	Psychiatrists	7.0	5.0	30.0	15.0	7.0	7.0	7.0	3.0	2.0	5.0
501	Consultant Physicians	6.0	5.0	30.0	12.0	10.0	9.0	8.5	10.0	3.0	8.5
501	Surgeons	13.0	2.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
502	Normal range of consultation, 30 minutes, new patient, non referred	14.2	0.3	30.0	6.3	5.8	6.2	5.3	*5.7	*4.1	*4.2
502	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
502	Psychiatrists			30.0							
502	Consultant Physicians	14.0	0.0	30.0	3.0	5.5	5.5	5.0	5.5	2.0	3.0
502	Surgeons	14.0	0.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
503	Normal range of consultation, 30 minutes, existing patient, referred	13.8	3.3	30.0	8.3	7.0	6.5	6.3	*6.5	*3.2	*5.6
503	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
503	Psychiatrists	8.0	2.0	30.0	7.0	6.0	6.0	6.0	3.0	2.0	5.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
503	Consultant Physicians	12.0	5.0	30.0	10.0	10.0	7.0	8.0	10.0	2.0	8.0
503	Surgeons	15.0	5.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
504	Normal range of consultation, 30 minutes, existing patient, non referred	15.5	2.7	30.0	6.0	5.3	5.7	5.0	*5.6	*4.2	*4.2
504	General Practitioners	14.5	1.0	30.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
504	Psychiatrists			30.0							
504	Consultant Physicians	16.0	2.0	30.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
504	Surgeons	16.0	5.0	30.0	10.0	5.0	6.0	4.0	5.0	6.0	4.0
601	Normal range of consultation, 45 minutes, new patient, referred	7.5	3.3	45.0	12.0	8.0	8.0	7.3	*6.8	*3.8	*6.3
601	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
601	Psychiatrists	5.0	5.0	45.0	15.0	8.0	8.0	8.0	4.0	2.0	6.0
601	Consultant Physicians	3.0	5.0	45.0	12.0	10.0	10.0	9.0	10.0	3.0	9.0
601	Surgeons	9.0	2.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
602	Normal range of consultation, 45 minutes, new patient, non referred	10.5	0.3	45.0	8.0	6.7	6.7	5.8	*6.9	*5.1	*4.8
602	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
602	Psychiatrists			45.0							
602	Consultant Physicians	11.0	0.0	45.0	3.0	6.0	6.0	5.5	6.0	2.0	3.0
602	Surgeons	10.0	0.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
603	Normal range of consultation, 45 minutes, existing patient, referred	9.8	3.3	45.0	9.5	7.8	7.0	6.8	*7.2	*4.0	*6.0
603	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
603	Psychiatrists	6.0	2.0	45.0	7.0	7.0	7.0	7.0	4.0	2.0	6.0
603	Consultant Physicians	8.0	5.0	45.0	10.0	10.0	7.0	8.0	10.0	2.0	8.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
603	Surgeons	11.0	5.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
604	Normal range of consultation, 45 minutes, existing patient, non referred	12.5	2.7	45.0	7.7	6.0	6.0	5.3	*6.7	*5.3	*4.8
604	General Practitioners	10.5	1.0	45.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
604	Psychiatrists			45.0							
604	Consultant Physicians	15.0	2.0	45.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
604	Surgeons	12.0	5.0	45.0	15.0	7.0	7.0	5.0	7.0	7.0	5.0
701	Normal range of consultation, 60 minutes, new patient, referred	4.5	4.5	60.0	14.0	8.5	8.5	7.9	*7.4	*3.9	*6.8
701	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
701	Psychiatrists	2.0	10.0	60.0	20.0	9.0	9.0	9.0	5.0	2.0	6.0
701	Consultant Physicians	2.0	5.0	60.0	15.0	10.0	10.0	9.5	10.0	3.0	9.5
701	Surgeons	5.0	2.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0
702	Normal range of consultation, 60 minutes, new patient, non referred	7.2	0.3	60.0	8.0	7.2	7.2	6.3	*7.6	*5.8	*5.4
702	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
702	Psychiatrists			60.0							
702	Consultant Physicians	9.0	0.0	60.0	3.0	6.5	6.5	6.0	6.5	2.0	3.0
702	Surgeons	6.0	0.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0
703	Normal range of consultation, 60 minutes, existing patient, referred	6.2	5.3	60.0	10.3	8.3	7.4	7.1	*7.4	*4.2	*6.2
703	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
703	Psychiatrists	4.0	5.0	60.0	10.0	8.0	8.0	8.0	4.0	2.0	6.0
703	Consultant Physicians	5.0	5.0	60.0	10.0	10.0	6.5	7.5	10.0	2.0	7.5
703	Surgeons	7.0	10.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
						Intra Service			Post Service		
			Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
704	Normal range of consultation, 60 minutes, existing patient, non referred	9.2	4.3	60.0	7.7	6.3	6.3	5.7	*7.4	*5.9	*5.5
704	General Practitioners	6.5	1.0	60.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
704	Psychiatrists			60.0							
704	Consultant Physicians	13.0	2.0	60.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
704	Surgeons	8.0	10.0	60.0	15.0	8.0	8.0	6.0	8.0	8.0	6.0
801	Normal range of consultation, 75 minutes, new patient, referred	1.5	5.8	75.0	16.5	9.0	9.0	8.5	*7.7	*3.8	*7.0
801	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
801	Psychiatrists	1.0	15.0	75.0	30.0	10.0	10.0	10.0	6.0	2.0	6.0
801	Consultant Physicians	1.0	5.0	75.0	15.0	10.0	10.0	10.0	10.0	3.0	10.0
801	Surgeons	1.0	2.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0
802	Normal range of consultation, 75 minutes, new patient, non referred	3.8	0.3	75.0	8.0	7.5	7.5	6.7	*8.2	*6.4	*6.0
802	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
802	Psychiatrists			75.0							
802	Consultant Physicians	7.0	0.0	75.0	3.0	6.5	6.5	6.0	6.5	2.0	3.0
802	Surgeons	2.0	0.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0
803	Normal range of consultation, 75 minutes, existing patient, referred	3.2	5.8	75.0	11.5	8.8	8.0	7.8	*7.7	*4.3	*6.6
803	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
803	Psychiatrists	3.0	7.0	75.0	15.0	9.0	9.0	9.0	5.0	2.0	6.0
803	Consultant Physicians	4.0	5.0	75.0	10.0	10.0	7.0	8.0	10.0	2.0	8.0
803	Surgeons	3.0	10.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0

Group comparison of attendance items rankings and ratings
(GP revised ratings)

Attachment 5.3

Attendance Item	Attendance Item Short Descriptor	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)					
			Pre Service	Intraservice	Post Service	Intra Service			Post Service		
						Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk	Cognitive skill/ Clinical judgement/ Communication skills	Technical skill/ Physical Effort	Stress due to risk
804	Normal range of consultation, 75 minutes, existing patient, non referred	5.5	4.3	75.0	7.7	6.7	6.7	6.0	*8.0	*6.6	*6.1
804	General Practitioners	2.5	1.0	75.0	6.0	7.0	7.0	7.0	7.0	2.0	5.0
804	Psychiatrists			75.0							
804	Consultant Physicians	10.0	2.0	75.0	2.0	4.0	4.0	4.0	4.0	2.0	3.0
804	Surgeons	4.0	10.0	75.0	15.0	9.0	9.0	7.0	9.0	9.0	7.0

Professional Relativities Study

Consensus Group on Attendance Items

Meeting No.2

Date: **Thursday 29 April 1999**

Venue: **Botany Room, Sydney Sheraton Airport Hotel**
Cnr O'Riordan and Robey Street, Mascot

Facilitator: **A/Prof Rosemary Roberts**

National Centre For Classification In Health

CONSENSUS GROUP ON ATTENDANCE ITEMS

5.00pm to 8.00pm Thursday 29 April 1999
Botany Room, Sheraton Sydney Airport Hotel
Corner O'Riordan and Robey Streets, Mascot

AGENDA

1. Welcome to new participants, outline of the CGAI role and the expectations of the Board by the Chairman.

2. Progress report of the RVS and the Professional Relativities Study including a status report on interleaving and the progress of the CGPI process.

3. Consultation item structure and definitions
   - 3.1 Amendments to the original draft core structure proposed by the board (eg. deletion of separate pre procedural items and antenatal visits, additional items for services out of rooms)
   - 3.2 Consultations which may not be accommodated by the draft structure (eg intensive care management, dialysis management, acupuncture, family group therapy, fitting of contact lenses, derived fees for multiple nursing home visits etc)
   - 3.3 Process for addressing additional loadings and modifiers (eg for emergencies and out of hours work.)
   - 3.4 Definitions of consultation "time" (pre, intra, post, face to face and non face to face time, concept of "floor time" for purpose of hospital and other non rooms attendances, treatment of "waiting time" for obstetricians, phone calls etc.)

4. PRS process of developing consultation item relativities; including interleaving, link items and the CGAI role.

5. Ongoing role of the CGAI in the overall RVS.

6. Recommendations and future action.

7. Timing of future meetings and communication with members of the CGAI.

8. Other business.

Relative Value Study (RVS) of the Medicare Benefits Schedule

Professional Relativities Study - Second meeting of the Consensus Group on Attendance Items (CGAI) to be held in Sydney on Thursday 29 April 1999.

Venue: The Botany Room, Sydney Sheraton Airport Hotel, cnr. O'Riordan and Robey Streets, Mascot

Time: 5.00pm to 8.00pm

Introduction/Background to the meeting

The CGAI was established by the Medicare Schedule Review Board to ensure that a suitable consensus process exists within the Professional Relativities Study of the RVS to represent the broader interests of consultative medicine and to make recommendations on the relativities of the professional components of non procedural services.

Guidelines and Terms of Reference of the CGAI are attached.

The first meeting of the CGAI was held in Sydney on 6 December 1997. The main focus of the day was to attempt to rank and rate the professional work components of the revised draft consultation item structure developed by the Board. That process proved to be difficult. The Board subsequently decided that it would help the CGAI process if the various Consensus Groups on Procedural Items (CGPIs) first ranked and rated their consultations with their procedures and provided the relevant information to the CGAI for further consideration. That process of "interleaving" consultations and procedures is now being carried out by the CGPIs.

The Board thought it appropriate that a second meeting should now be held to report on progress. Representation on the CGAI has also been broadened considerably since the first meeting and the Board felt that new members should be given the opportunity to comment on developments and to provide their perspective on the process.

There are also a number of technical and developmental aspects of the Professional Relativities Study, which the National Centre for Classification in Health (NCCH) would like to refer to the CGAI for consideration and advice.

Although no confirmed outcomes of the PRS ranking and rating process are yet available, the members will be asked to comment on the proposed presentation of results for the next CGAI meeting.

Participants

Dr Geoffrey Metz, Gastroenterologist and AMA representative on the Medicare Schedule Board (Chairman).

Dr. Col Owen, rural GP and AMA representative on the Board.

Dr Stephen Clarke, Urological Surgeon and AMA representative on the Board (apology unavailable)

Representatives of Groups:

A/Professor Jerry Koutts
Australian Association of Consultant Physicians

A/Professor Geoffrey Duggin
Royal Australasian College of Physicians

Mr Peter Bourke
Australian Association of Surgeons

Mr Colin Furnival
Royal Australasian College of Surgeons

Dr David Rivett, Dr Andrew Magennis, Dr Robert Allan and Dr Ailsa Laidlaw
Australian Medical Association General Practice Remuneration Task Force

Dr Donald Grant and Dr Chris Wever
Royal Australian and New Zealand College of Psychiatrists

Dr Claire Hollo
Australasian Faculty of Occupational Medicine

Dr Bruce Kinloch
Australasian Faculty of Rehabilitation Medicine

Dr Allan Rosenberg
Royal Australian College of Ophthalmologists

Dr David Molloy
National Association of Specialist Obstetricians and Gynaecologists

Dr Gregory Deacon
Australian Association of Anaesthetists

Dr Greg Crosland
Australasian College of Dermatologists

Dr Christ Harper
Royal Australasian College of Radiologists

NCCH

A/Professor Rosemary Roberts, Ms Lauren Jones, Mr George Rennie

MSRTF

Mr John Popplewell, Mr DavidReddy

CONSENSUS GROUP ON ATTENDANCE ITEMS - 29 APRIL 1999
NCCH MATTERS ARISING

The second meeting of the Consensus Group on Attendance Items was held in Sydney on Thursday 29 April 1999. Those in attendance were:

Medicare Schedule Review Board: Dr Geoffrey Metz (Chair), Dr Col Owen;

Members: Dr Jerry Koutts, Dr Peter Bourke, Dr Colin Furnival, Dr David Rivett, Dr Robert Allan, Dr Ailsa Laidlaw, Dr Don Grant, Dr Nick Kowalenko, Dr Robin Chase, Dr Bruce Kinloch, Dr Allan Rosenberg, Dr David Molloy, Dr Greg Deacon, Dr Greg Crosland, Dr Chris Harper;

National Centre for Classification in Health: A/Professor Rosemary Roberts, Ms Lauren Jones, Mr George Rennie:

Medicare Schedule Review Task Force: Mr John Popplewell, Mr Allan Rennie, Mr David Reddy.

The meeting was convened to update the CGAI of progress with the Professional Relativity Study, to inform the CGAI of the process for managing consultation items in the context of the PRS and to discuss matters relating to the further progress of the PRS.

In discussing these matters a number of outcomes and issues of concern were raised which the Committee indicated should be brought to the attention of the Medicare Schedule Review Board. These were:

Interleaving of consultation items with procedures? Dr Rosenberg advised that it was not possible to compare a problem on the operating table where things go wrong with any consultation;

Draft attendance item structure ? the CGAI noted that the emphasis of the consultation item structure should be on content and complexity with time expressed as a supporting element and that content and time should be expressed in that order;

Floor time ? the CGAI did not generally agree with the descriptors for each level of floor time for in hospital consultations because these consultations could not be compared with in rooms consultations due to differing requirements. Examples given were the need to deal with interruptions which meant that simple consultations could take a lot longer. In some cases more complex consultations took less time because of greater urgency;

Referred and non-referred and new and existing patients? Dr Allan indicated that there was no justification for these distinctions and in the case of the referred and non-referred differentiation this was made purely for administrative convenience;

New patient at 30 minutes ? Dr Rosenberg queried the introduction of the concept of the new patient at the 30 minute consultation. The distinction should apply to all consultations or not at all;

PricewaterhouseCoopers time ? there was some difficulty in reconciling the activity profiles in the PwC report with the estimates of time emerging from the PRS process. For example ophthalmologists did not agree with 1840 hours? the PwC practice profile extrapolated to 2500 hours of work;

Non face to face time ? the CGAI was unclear about the method for accounting for the non face to face time associated with activity such as telephone calls;

Telemedicine ? there was a view that this needs to be factored into general overhead time;

Loadings and modifiers ? a process was required to address the need to determine loadings to apply to consultations provided under circumstances not contemplated by the consultation item structure ? emergency after hours services in particular.

Ongoing process for ranking and rating and interleaving consultation items? it was agreed that the Consensus Groups on Procedural Items would continue to include consultation items with the method for ranking and rating procedural items and that CGAI members should assist in this process.

Professional Relativities Study

Consensus Group on Attendance Items

Outcomes Report - Meeting No. 3

Date: **Saturday 27th November 1999**

Venue: **Kingsford Room, Sydney Sheraton Airport Hotel**
Cnr O'Riordan and Robey Street, Mascot

Facilitator: **Dr Nikki Ellis**

National Centre for Classification In Health

Contents:

1. LIST OF ATTENDEES

Consensus Group on Attendance Items (CGAI)

Dr Robert Allan	Australian Medical Association General Practice Remuneration Task Force
Mr Peter Burke	Australian Association of Surgeons
Dr Greg Crosland	Australasian College of Dermatologists
Dr John Davis	Australian Medical Association General Practice Remuneration Task Force
Dr Gregory Deacon	Australian Society of Anaesthetists
A/Professor Jerry Koutts	Australian Association of Consultant Physicians
Dr Chris Harper	The Royal Australasian College of Radiologists
Dr Andrew Magennis	Australian Medical Association General Practice Remuneration Task Force
Dr Andrew Pesce	National Association of Specialist Obstetricians and Gynaecologists
Dr John Silver	The Australasian Faculty of Occupational Medicine
Dr Allan Rosenburg	The Royal Australian College of Ophthalmologists
Dr Chris Wever	Royal Australian and New Zealand College of Psychiatrists
Dr Yvonne White	Royal Australian and New Zealand College of Psychiatrists

Medicare Schedule Review Board

Dr Geoffrey Metz
Dr Stephen Clarke

Medical Schedule Review Task Force

Mr Allan Rennie
Mr John Popplewell
Mr David Reddy

National Centre for Classification in Health

A/Professor Rosemary Roberts
Dr Niki Ellis (Facilitator)

2. SPECIFIC PRINCIPLES FOR CONSIDERATION

➢**Ratio of Direct and Indirect Time**

1. ***Non face to face time varies as a percentage of intra time***

➢**Time and Intensity**

2. ***Intensity of work declines as consultation times increase***

➢**Patient Status**

3. ***Intensity of work varies according to patient status. (ie, new and existing patients)***
4. ***Non face to face time varies according to patient status. (ie, new and existing patients)***

➢**Location Status**

5. ***Intensity of work varies according to the location at which a consultation is provided (e.g., in rooms Vs in hospital)***
6. ***Non face to face time varies according to the location at which the consultation is provided (e.g., in rooms Vs in hospital)***

➢**Referral Status**

7. ***Intensity of work varies according to patient referral status (ie, referred and non referred)***
8. ***Non face to face time varies according to patient referral status***

3. OUTCOMES OF DISCUSSION ON PROPOSED PRINCIPLES - TABLE

Principles for Discussion	#	Objective	Preliminary Outcomes	Literature Available
Ratio of direct and indirect time	**1.**	• Agree in principle whether non face to face time varies as a percentage of intra time • Quantify • Does this vary across specialties • Does this vary for other factors?	Agreed in principle that non face to face time varies as a % of intra time. Agreed that the relationship betw non face to face and intra time had a fixed component and a variable component. Agreed that it may be possible to quantify this, and that the RVS data and other information should be examined so that proposals can be presented to the next meeting for this. Agreed that it varied across specialities	
TIME AND INTENSITY	**2.**	• Agree in principle whether intensity of work declines as consultation times increase • Quantify • Does this vary across specialties • Does this vary for other factors?	Did not agree in principle that intensity of work declines as consultation times increase. Did consider that relationship between duration of consultation and intensity varied with specialties. Noted that a factor for consideration with regard to this issue not providing incentives for rapid medicine	
PATIENT STATUS	**3.**	• Agree in principle whether intensity of work varies according to patient status • Quantify • Does this vary across specialties? • Does this vary for other factors?	With the exception of the Psychiatrists and GPs, agreed in principle that the intensity of work was greater with new rather than existing patients. Noted that the data supported a difference after 30mins (consultation time determined by study design, ie, only asked people to rank and rate new and existing differently after 30mins) Anaesthetists and Dermatologists were strongly of the view that this principle should be applied across consultations of all duration, or not at all. Other specialties were prepared to consider the application of this principle to consultations of above 15 or 30mins duration. The Board members present noted that if the distinction between new and existing was made for consultations above 15mins, rather than 30, the definition of new would have to be re-examined. The physicians reserved their right to review their position on this principle. GPs disagreed with other specialist groups about treating referred and non referred consultations differently with regard to this matter	

Principles for Discussion	#	Objective	Preliminary Outcomes	Literature Available
	4.	• Agree in principle whether non face to face time varies according to patient status • Quantify • Does this vary across specialties • Does this vary for other factors?	? Agreed views on this matter would reflect those described for Q.3 above	
Location Status	**5.**	• Agree in principle whether intensity of work varies according to the location at which the consultation is provided • Quantify • Does this vary across specialties • Does this vary for other factors?	Agreed in principle that the intensity of work varies according to the location at which the consultation is provided Agreed that it would be useful to examine the data to quantify the variations Agreed that this varies with specialties Agreed in principle that non face to face time varies according to location	
	6.	• Agree in principle whether non face to face time varies according to the location at which the consultation is provided • Quantify • Does this vary across specialties • Does this vary for other factors?	Agreed that there was potential to lump consultation items outside hospitals and rooms together, providing the current provision for house calls and a single nursing home visit for GPs was proserved.	
REFERRAL STATUS	**7.**	• Agree in principle whether intensity of work changes according to referral status • Quantify • Does this vary across specialities or for other factors?	Did not agree in principle that intensity of work changes according to referral status	

Principles for Discussion	#	Objective	Preliminary Outcomes	Literature Available
	8.	• Agree in principle whether non face to face time varies according to referral status • Quantify • Does this vary across specialties • Does this vary for other factors?		

4. OTHER BUSINESS

- Letters were tabled from Dr Chris Wever, Professor Kim Oates and Dr Peter Van Asperen requesting consideration of longer non face to face times for consultations involving children.

- In discussion it was agreed in principle, with the exception of the Board members present, that there were several specialty groups where non face-to- face time for consultation with people other than the patient was required.

- A decision was made to provide a review of the literature based on the attached articles and additional articles forwarded at the meeting. This would be undertaken by NCCH and presented in draft form for members of the CGAI and MSRB.

ATTACHMENTS – REVIEW OF LITERATURE

Attachment 1:	Summary Table – Articles Nos. 1 - 8
Attachment 2:	Summaries of Articles No 1-8
Attachment 3:	Articles No 1-8

This section of the report presents a review of the articles presented to CGAI members at the recent meeting (held 27.11.99). This summary was prepared at the request of the CGAI to assist members of the CGAI and the MSRB in assessing the literature and work available in Australia and overseas regarding consultation items.

It was difficult to quantitatively compare the articles as the study parameters varied significantly in the aspects of consultative work under review. The NCCH has therefore summarised in the information in the articles relevant to the questions and principles being discussed for the RVS.

This work has been presented as three attachments:

- Attachment 1 is a summary table, which identifies the articles reviewed and cross-references the relevance of each article to the principles under review regarding new consultation items.

- Attachment 2 presents a summary of each article, outlining the main outcomes of the work and relevance to the review of consultation items for the RVS.

- Attachment 3 are the original articles present at the last CGAI meeting.

ATTACHMENT 1

REVIEW OF LITERATURE (DRAFT)

SUMMARY TABLE

CGAI – Review Of Literature Summary Table

			Principles							
Information Source	**Type of**	**Study**	**Ratio of Direct & Indirect Time**	**Time and Intensity**	**Patient Status (ie, New or Existing)**		**Location Status (ie, Rooms or Hospital)**		**Referral Status (ie, Referred or Non-referred)**	
Article No./Title	***Information***	**Parameters**	***1. Non face-to-face time varies as a % of intra time***	***2. Intensity of work declines as c'sultation times increase***	***3. Intensity of work varies according to patient status***	***4. Non face-to-face time varies according to patient status***	***5. Intensity of work varies according to location***	***6. Non face-to-face time varies according to location***	***7. Intensity of work varies according to patient referral status***	***8. Non face to face time varies according to patient referral status***
1. Gross et al AACP Report (1993) Aust.	Extract from report - 12 tables	N = 841 physicians surveyed	Refer Tables: 8 & 12 Time face-to-face Vs Time Other	*N/A*	*N/A*	*N/A*	*N/A*	*Refer Table 7 Site 1 Vs Site 5*	*N/A*	*N/A*
2. Braun et al (1992) USA	Scientific paper NB Intensity of work = Work per unit of time	N=377 services surveyed incl. 31 specialties Phases 1/2 of Hsiao Study Article No. 4	*Data on non face-to-face time = % Total work. Refer Table 3 & Pgs 22-3 comments*	*No conclusive data available. Refer comment on pg 23*	*Refer Table 3 pg 23*	*Refer Table 3 pg 23*	*Refer Table 3 pg 23*	*Refer Table 3 pg 23*	*Refer Table 3 pg 23*	*Refer Table 3 & pg 23 comments*
3. Brett (1998) USA	Opinion Article - Refer to Attachment 2 (Summary No 3)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Hsiao et al (1992) USA	Overview of reseach Harvard RBRVS study team. (6yrs)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)	Refer Article No. 2 (Braun)
5. Kassirer et al (1998) USA	Opinion Article - Refer to Attachment 2 (Summary No 5)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6.KPMG Survey (1996) Aust.	Summary of times conducted during Stage 1 of RVS	N = 1,108 physicians surveyed 19,717 episodes	Refer to Summary table column: Ratio Face-to-face/ Total time	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7. Lasker et al (1999) Special Article USA	Survey on Intensity of Physicians' Work in Patient Visits	19,143 Visits 339 Urologists, Rheumatologist & General Internists	Refer Table 1 pg 339	Results showed visits with short encounter times were more intense. Pg 341	Refer Table 1 Pg 339	Refer Table 2 Pg 339	Results showed location not significant. Refer Table 3 pg 340	No data presented	Refer Table 3 pg 23	No data presented
8. Lasker et al Survey (1991) USA	Survey of Visits and Consultations 1991-1	Full report of data used in Article No.7	Refer Table 3-11 pg 35, for comments pg 52 & Table 5-1 pgs 104-5	Refer Pg 52 for comments Table 3-24 pg 54 & pg 105 for comments	Refer pgs 56 & 109 for comments	Data supports this principle. Refer pgs 56 & 109	Data does not support this principle. Refer pgs 60-1 & Table 5-1 pg 104	Refer pg 60 for comments	Refer pgs 57-8, 102 & 109 for comments	Refer Table 3-11 pg 35 & pg 55 for comments

ATTACHMENT 2

Summaries of Articles No. 1 - 8

Summary of Extract from Article No. 1

(REFERS TO CGAI PROPOSED PRINCIPLES: 1 & 5)

"Work undertaken by specialist physicians in Australia: report of a survey, April 1993 and the likely impact of a Resource Based Relative Value Scale."

Gross, P.F., Beller, E., Australian Association of Consultant Physicians. (1993).

A one-day census survey of specialist physicians was conducted in April 1993 in Australia. This report is based on the responses of 841 Australian physicians, 768 of whom provided direct patient consulting services at any time during the week of the census. The survey instrument was designed to measure the following:

- Average times in patient care and other activities (per working week on census day)
- Evaluation of characteristics of patients seen on census day (listed below)
- Evaluation of the complexity of work provided by consultant physicians and paediatricians

A sample series of 12 tables is presented summarising mean times (minutes) of face-to-face (intraservice) time, other time, with or without procedure time, and total time using the following characteristics/variables:

- Table 7: by site/location (with procedures)
- Table 8: by site/location (without procedures)
- Table 11: by type of history (with procedures)
- Table 12: by type of history (without procedures)
- Table 15: by type of examination required (with procedures)
- Table 16: by type of examination required (without procedures)
- Table 19: by treatment options (with procedures)
- Table 20: by treatment options (without procedures)
- Table 29: by likelihood of significant morbidity or mortality (for MBS codes 110/116)
- Table 30: by type of physician
- Table 31: by type of physician (consultations with procedures)
- Table 32: by type of physician (consultations without procedures)

A summary of the findings concludes that the time of specialist physicians' is a function of a number of variables, including site of care and a number of measures of complexity of the presenting patient. Also that any determinants of time include any procedures associated with the consultation.

Summary of Article No.2

(REFERS TO ALL CGAI PROPOSED PRINCIPLES)

Predicting the Work of Evaluation and Management Services

Braun, P., Dernburg, J., Dunn, D.L., Cohen, W. Medical Care (1992) Volume 30, No. 11, Supplement.

Scientific paper using E/M services data obtained from Phases I and II of the RBRVS (Hsiao et al) study. The main aim of the article is to "understand the variables that predict physician work for E/M services as a basis for developing a system of coding (CPT) that corresponds more reliably to work".

The article presents results from 377 services surveyed among physicians in 31 specialities. Multiple regression analysis was used to describe the relationship of different variables to the mean values of work.

The results showed that intraservice time, which accounted for 90% of the variance, was the most important predictor of intraservice work. This specification of time had not been an element in the definitions of CPT codes for E/M services. Other service characteristics used to predict the physicians' ratings for the work of the major type of E/M services included the following:

- Site type (office, hospital)
- Patient Status (new/ initial, established/subsequent)
- Referral Status (consultation, non consultation)

Method of analysis included multiple linear regression with intraservice work as the dependent variable was used and data regarding intraservice time was used as the predictor of intraservice work. A hypothesis was used to test that the relationship between time and work varies by service characteristics (as above). Specifically, the authors tested whether there were statistically significant differences in the regression results of the service characteristics. This was achieved by the testing of 3 model types. Model 1 and 3 were more constrained in specification and the second more general model was chosen as the formula to test the hypothesis.

The results showed intra service time explains 90% of the variance in work when measured by R Square. Also, the relationship between work and time depends on service characteristics e.g. location, patient status and referral status and accounted for 15% of the variance after time had been accounted for. Finally, the total work of consultations was found to be greater than that of office visits of equal intraservice duration, due to both the higher work per unit time for the intraservice portion and greater amounts of pre- and post-service work.

This study also reviewed the data reported in the Lasker (Visit Study) for the Physician Payment Review Commission (PPRC). Their claim that pre- and post-service work is a declining fraction of the total (taking into account that some amount of this work is fixed e.g. reviewing records) and that other work is dependant on the length of the visit was not evident in this study.

Summary of Article No. 3

(HAS NO SCIENTIFIC DATA TO SUPPORT THE CGAI PROPOSED PRINCIPLES)

New Guidelines for coding Physicians' Services – A Step Backward

Brett, A.S.,New England Journal of Medicine Volume 339 Number 23, (1998)

"Opinion Essay"

Brett discusses the proposed guidelines in the US for documenting and coding 'evaluation and management' services (EM) in CPT billed to Medicare. An overview of the proposed guidelines is given with emphasis on the complexity of the system, which ultimately produces "odd or illogical results".

Brett presents four strong arguments against the guidelines as follows:

- Clinical Reasoning: the guidelines attempt to capture clinical reasoning by adding unnecessary "bits and pieces" resulting in a linear approach undermining and challenging the physicians' own clinical judgement.
- Documentation and the Medical Record: Brett argues that the proposed documentation requirements would lead the clinician to record "unnecessary or extraneous information" and "work against the best interests of their patients".
- Fair Compensation and Clinical Effort: Brett suggests that the guidelines may lead to a decrease in fairness of compensation e.g. undercoding by physicians wary of breaching the guidelines.
- Fraud and Abuse: the new requirements permit clinicians to "game the system".

Brett concludes his essay by suggesting that billing be based on time spent with the patient. (The Braun article is referenced here).

Summary of Article No. 4

(REFERS TO ALL CGAI PROPOSED PRINCIPLES [SEE ARTICLE NO. 2 FOR STATISTICAL DETAIL])

An Overview of the Development and Refinement of the Resource-Based Relative Value Scale – The foundation for reform of the U.S. Physician Payment

Hsiao W.C., et al. Medical Care (1992) Volume 30 Number 11 Supplement

A paper presenting an overview of 6 years of research by the Harvard RBRVS study team. A brief history of the RBRVS is provided and a summary of the methods and data used to derive it including a "road map to the study's concepts and definitions". This overview also provides a "context for the articles in this journal issue that describe 5 major studies undertaken since 1988". The study's overall results are presented in the Braun article also published in this journal issue and discussed under Article No. 2. (Braun)

Specifically, they found that pre- and post-service work accounts for 30% of total work (includes time and intensity) for a typical E/M service (E/M codes in the US are used by every specialty).

The authors conclude that work remains to be done in the following 5 major areas:

- methods and data (practice cost is not resource-based)
- cross-specialty service links (links for approximately 12 specialities were found to be inadequate, 8 or more links are desirable and further research aligning these specialities could improve this)
- coding reform is needed (CPT lacks a clear conceptual basis and a set of agreed upon principles for classifying, defining and coding the ever-growing list of physicians' services)
- method and process to review and refine relative values has not been determined (a need to develop a method of review and modification that is conceptually sound, validated and resistant to bias and "gaming" exists)
- differences in quality of care are not incorporated into the RBRVS as it only measures resource inputs (a fair payment system should reflect differences in the quality of the service, particularly when more resources are needed to produce a higher quality product)

Summary of Article No. 5

(HAS NO SCIENTIFIC DATA TO SUPPORT THE CGAI PROPOSED PRINCIPLES)

Evaluation and Management Guidelines – Fatally Flawed

Kassirer, J.P., & Angell, M, New England Journal of Medicine, Volume 339 Number 23 (1998) 1697-1698

"Editorial Comment"

Like Brett, Kassirer et al argue against the proposed Medicare guidelines for EM Services in the US. The authors argue that the guidelines are "progressively more complicated" as "they attempt to quantify cognitive services". They agree with Bretts' opinion, published in the same journal, that a simpler approach to compensating physicians needs to occur.

Summary of Extract of Article No. 6

(REFERS TO CGAI PROPOSED PRINCIPLES: 1)

Summary of times from the KPMG Survey conducted during Stage 1 of the RVS (Attachment 2 – Analysis of Options Supplementary Information, 1.0 Summary Statistics)

In November 1995, KPMG undertook an activity survey of doctors across Australia. The objective of the survey was to collect information on consultation/attendance episodes over the week across all specialty groups.

A total of 2,551 survey forms were sent out to doctors with a compliance rate of 43% (1,108). The dataset yielded 19,717 patient contact episodes.

The tables included in this review of literature are a sample of a much more comprehensive set of data and statistics. Only a face-to-face ratio to total time is presented by clinician specialty (no data on patient status, location or referral status).

These summary statistics tables were prepared to provide information on the mean time and standard deviation of the Medicare Benefit Schedule Items within the doctor survey database.

With reference to the tables, it is important to note that:

- items are listed by either discipline or sub-specialty
- that face-to-face time is the direct consultation time
- that total time is the direct consultation time plus interruptions, plus travel time, plus non face-to-face patient related time
- the ratio of face-to-face to total time was calculated at the doctor level
- a "standalone consultation" is one in which no Medicare rebateable procedure is performed
- "with procedure consultation" is one in which at least one Medicare rebateable procedure is performed during the face-to-face contact (the time shown is the time of the consultation only)
- the "percentage standalone" is the percentage of the total Medicare rebateable consultations, which were undertaken without an associated Medicare rebateable procedure being performed.

Summary of Article No. 7

(REFERS TO CGAI PROPOSED PRINCIPLES: 1-5, 7)

Special Article: The Intensity of Physicians' Work in Patient Visits – Implications for the Coding of Patient Evaluation and Management Services

Lasker, R.D., Marquis, M.S., The New England Journal of Medicine Volume 341 Number 5, (1999) 337-341

This article aims to investigate whether easily measured characteristics of physician-patient visits accurately reflect the differences in the amount of work performed. The data reported in this article was collected in 1989 as part of a survey on physicians conducted by the Physicians Payment Review Commission (PPRC). Lasker and Marquis were the authors this study is included in this literature review as Article No. 8.

The results of the 1989 study suggested the basis for a new scheme of coding E/M services that would:

- accurately reflect differences in work
- would be simple for physicians to use
- would eliminate the complexities and ambiguities of the current and proposed guidelines
- and would incorporate incentives for efficient practice

The authors collected information for 19,143 physician-patient visits encompassing the amount of physicians' work, the time spent in encounters with patients and characteristics of patient visits. The sample was limited to a total of 339 practices of Urologists, Rheumatologists and General Internists.

The physicians recorded actual time involved in evaluating and managing the patient during each visit and estimated the work involved in relation to a standardised, hypothetical visit.

Multivariate linear regression was used to identify factors related to differences in the total amount of work and to calculate work and work intensity for different types of visits.

The results showed that the duration of face-to-face encounter time was strongly predictive of the amount of work. Total work did NOT increase in direct proportion to encounter time; i.e. visits with shorter encounter times were more intense than longer ones.

- **work intensity was greater for new patients than existing ones**
- **work intensity was greater for referred patients than non-referred ones**
- **work intensity was greater for patients with new rather than existing problems.**

Results confirmed Brauns' findings (Article No. 2), that the total amount of work involved in providing E/M services in actual practice was closely related to the time spent by physicians in face-to-face encounters.

Also this study's results confirmed results of Hsiao et al (Article No. 6), that encounter time is the single most important predictor of the total amount of work performed during a visit.

The article concludes that a fee structure for payment of E/M services based on time spent by the physician in the face-to-face encounter and a limited set of characteristics would prove more equitable and more accurately reflect total work in the practice.

It is worth noting that this article references both the Brett and Kassirer "opinion" essays to support the problems with the CPT coding for E/M services.

Summary of Article No. 8
(REFERS TO ALL CGAI PROPOSED PRINCIPLES)

Survey of Visits and Consultations 1991-1
Physician Payment Review Commission (PPRC)
Lasker et al

Background paper for use of the members of the PPRC in making recommendations to US Congress.

This 'paper' is a large and comprehensive report on the findings of the study described above in Article No. 7

ATTACHMENT 3

Articles No. 1 - 8

Article No. 1

Extract from Report on 'Work undertaken by specialist physicians in Australia: report of a survey, April 1993 and the likely impact of a Resource Based Relative Value Scale' KPMG
(1993)

Article No. 2

Predicting the Work of Evaluation and Management Services.
Braun et al. (1992)

Article No. 3

New Guidelines for Coding Physicians' Services
– A Step Backward.
Brett (1998)

Article No. 4

An Overview of the Development and Refinement of the Resource -Based Relative Value Scale –
The Foundation for Reform of U.S Physician Payment.
Hsiao et al. (1992)

Article No. 5

Evaluation and Management Guidelines – Fatally Flawed.
Kassirer et al (1998)

Article No. 6

Summary of Times Extract from Final Report Relative Value Study of the Medicare Benefits Schedule – Analysis of Doctor Survey
(1995-6)

Article No. 7

Special Article: Intensity of Physicians Work in Patient Visits – Implications for the Coding of Patient Evaluation and Management Services. Lasker et al (1999)

Article No. 8

Extracts from Final Report Physician Payment Review Commission – Survey of Visits and Consultations 1991-1. Lasker et al (1991)