



### Requirement 3 – Access to key electronic clinical resources

**11** Do all medical practitioners from the practice (and any practice branches) have access to at least **one** (1) of the key electronic clinical resources from **each** of the categories in **Table 1** below?

No

Yes

**12** Do all practitioners from the practice (and any practice branches) have access to at least **three** (3) of the key electronic clinical resources from **any** of the categories in **Table 2** below?

No

Yes

**13** Are each of these resources available on the computer desktop in the consulting room(s), either on the hard drive, as a CD-ROM, or as a direct link to a website?

No

Yes

**14** Are all practitioners from the practice able to explain how they access and use the key electronic clinical resources?

No

Yes

**Table 1**

Category	Examples	List the resources available at your practice
Concise, evidence-based guide to recommendations about patient management that covers all common disorders seen in general practice (latest edition)	e-Therapeutic Guidelines Complete	
Formulary of medicines available in Australia that provides comparative drug information reflective of contemporary Australian general practice and is independent of pharmaceutical company involvement (latest edition)	Australian Medicines Handbook	

Category	Examples	List the resources available at your practice
Evidence-based guide to preventive activities in general practice which is relevant to the Australian population (latest edition)	RACGP: Guidelines for Preventive Activities in General Practice (known as the Red Book)	

**Table 2**

Category	Examples	List the resources available at your practice
Journal of evidence-based clinical care	Bandolier; Clinical Evidence	
Clinical resources (latest editions)	Immunisation: Myths and Realities; The Australian Immunisation Handbook; Assessing Fitness to Drive	
Regulatory resources (latest editions)	Medicare Benefits Schedule (MBS); Pharmaceutical Benefits Schedule (PBS)	

## Declaration

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### I declare that:

- the statements made in this application are true and correct.

Authorised contact person's full name

Authorised contact person's signature

Witness name

Witness signature

Date

## Privacy note

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The information provided on this form will be used to assess the practice's eligibility for the PIP eHealth Incentive. The collection of this information is authorised under the provisions of the *Medicare Australia Act 1973* and Medicare Australia will provide the information (which may include identifying information) in this application to the Department of Health & Ageing (DoHA) for statistical, research and policy development.