A woman wearing a pink hijab and a black blazer is shown in profile, talking on a black telephone. She has a stethoscope around her neck and is holding a blue pen over a desk with a keyboard and mouse. The background is a blurred office or clinical setting.

General
Practice
**Health of
the Nation**
2022



RACGP
Royal Australian College
of General Practitioners

General Practice **Health of the Nation** 2022

An annual insight into the state
of Australian general practice

General Practice: Health of the Nation 2022

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Message from the President



The last 12 months have continued to present challenges to general practice due to the ongoing COVID-19 pandemic and natural disasters, such as bushfires and floods. The cumulative effects of these pressures, in addition to many years of chronic underfunding, is taking its toll.

General practice must be resourced, and GPs must be enabled to work to full scope for all including our most vulnerable patients. Any other response is a distorted solution and will fail, because right now general practice is facing a system-induced sustainability crisis.

Several concerning themes have emerged from the RACGP *General Practice: Health of the Nation 2022* report. The report provides evidence that general practice is in crisis, and unless there is immediate policy intervention, the health of the nation will suffer.

While the results contained within this report are concerning, I have great hope for the profession. It's not the job that GPs are concerned about – we love our work and our communities – it's the resourcing and funding of proper healthcare that are the concern.

Despite the challenges they face, most GPs enjoy their role in caring for their communities, demonstrated by 70% of GPs reporting positive job satisfaction overall. However, less than half of GPs would recommend their profession as a career to junior colleagues, and this needs to be addressed. Issues such as burnout, unsustainable workload, mounting administrative and regulatory burdens, chronic underfunding and workforce shortages are taking time away from caring for patients and stripping many GPs of any work–life balance.

GPs are doing their very best in a resource-deprived and tragically neglected workplace.

It is not surprising that amid the natural disasters most recently experienced, for the sixth consecutive year GPs have reported that psychological issues are the most common health issue that they manage. Mental health, particularly youth mental health, is also the health issue causing GPs most concern for the future. We are carrying a large share of the mental health workload, with patients reporting they

are more likely to see a GP for their mental health concerns than any other healthcare professional.

There is a concerning new theme that is emerging, which is related to administrative and regulatory burden that GPs face in their roles. As GPs, we know from our own experience and from talking to our colleagues that the administrative responsibilities associated with our jobs are spiralling out of control. The time we spend keeping up with regulatory changes, ensuring compliance with Medicare and jumping through hoops to get our patients access to the support they need is taking time away from delivering actual clinical care. None of this work is funded through Medicare, making it completely unsustainable to provide care within the current funding envelope. The compliance and regulatory frameworks are harming the profession, and therefore harming patients.

As a result, more practices are having to increase their fees or introduce fees for a larger proportion of their patients. Now, many patients are unable to find a bulk-billing doctor, and for the first time in almost 20 years, we have seen a drop in the proportion of bulk-billed GP services. General practice is at a tipping point, and unless government immediately boosts investment in general practice care, more and more practices will be forced to pass the cost on to patients.

This is not a decision taken lightly, and no one relishes the thought of asking their patients to pay more, particularly those struggling to make ends meet at a time of increasing costs of living. But practices have no other choice because their own costs are rising. General practice business costs, like consumables and rents, have increased, and Medicare rebates simply haven't kept pace with the cost of providing high-quality care. No GP should face this diabolical choice between keeping the doors open and providing care to vulnerable people.

Investment in general practice care is sorely needed. Only 13.8% of future doctors are choosing general practice as their career. Many GPs are exhausted with the bureaucratic nonsense, and more GPs, including younger GPs, are reducing their hours and expressing their intentions to retire early from general practice. Sourcing and retaining GPs has now become the biggest challenge reported by practice owners in 2022. The lack of resources, regulatory overreach and disrespect have left their indelible mark.

Bandaid solutions, such as role substitution, are not the answer to a workforce shortage. We have seen countries overseas attempt this for over a decade, and they are still experiencing a doctor shortage. Patients do not do well in a fragmented system. There is no alternative workforce with the training in differential diagnoses or care coordination available. We must get the message out there that general practice is the most cost-efficient part of the health system and greater investment in general

practice care will result in better patient outcomes and attract more future doctors to the profession at a critical time.

The RACGP will continue fighting for general practices across Australia and the communities that they serve. We know what the challenges are, and with adequate support, we are the solution. But without immediate policy intervention, the health of the nation will suffer.

Only when the vital role performed by general practice is properly respected and recognised, combined with greater systemic support, can Australia say that we are committed to the health of our nation.

*To all practices, I say keep up the great work.
Your communities need you now more than
ever before.*

The RACGP is committed to change, and we know more than anyone else that the health of our patients depends on us getting these system changes right.

Dr Karen Price
RACGP President
21 September 2022

About the *General Practice: Health of the Nation* report

The sixth edition of the *General Practice: Health of the Nation* report provides the opportunity to track changes in general practice over the short and medium terms, and forecasts possible longer-term changes and their implications.

Data sources

This report collates data from various sources to provide a unique overview of the general practice sector, including:

- the Australian Institute of Health and Welfare
- the Australian Bureau of Statistics
- the Department of Health
- Productivity Commission
- Medical Deans Australia and New Zealand
- POLAR.

Survey

This report also draws directly on general practitioners' (GPs') reflections and experiences via The Royal Australian College of General Practitioners (RACGP) Health of the Nation survey. The survey spans six years and has involved RACGP Fellows from all parts of Australia.

In 2022, the RACGP expanded the survey to a wider group of GPs, and for the first time included GPs in training.

The 2022 online survey, undertaken by The Navigators in close collaboration with the RACGP, ran from 19 April 2022 to 15 May 2022. Survey respondents covered a wide range of demographics and are reflective of the GP community. The survey sample is representative in terms of GP age and practice location, but had a slightly greater proportion of female respondents.

Statistical significance was based on a confidence level of 95%. Demographics of the 3219 practising GPs were as follows:

- 55% female, 45% male
- 7% aged <35 years, 26% aged 35–44 years, 27% aged 45–54 years, 25% aged 55–64 years, 15% aged ≥65 years
- 10% Western Australia, 9% Northern Territory/South Australia, 22% Queensland, 29% New South Wales/Australian Capital Territory, 29% Victoria/Tasmania
- 63% in major cities, 20% inner-regional, 12% outer-regional, 4% remote and very remote.

Demographics of the 93 GPs in training were as follows:

- 57% female, 43% male
- 27% aged <35 years, 38% aged 35–44 years, 25% aged 45–54 years, 10% aged 55–64 years, 1% aged ≥65 years
- 10% Western Australia, 10% Northern Territory/South Australia, 25% Queensland, 27% New South Wales/Australian Capital Territory, 27% Victoria/Tasmania
- 23% in major cities, 35% inner-regional, 31% outer-regional, 8% remote and very remote.

This report also draws on data collected in previous editions of the RACGP's Health of the Nation survey which was undertaken by EY Sweeny from 2017 to 2021.

The sixth annual *General Practice: Health of the Nation* report topic of interest is the **'sustainability of general practice.'**

Executive summary

The *General Practice: Health of the Nation* report closely reflects the state of general practice. General practice is the most accessed sector of the healthcare system and is foundational to its entirety. Therefore, the health of Australian general practice is essential to the health of the Australian nation.

The annual RACGP *General Practice: Health of the Nation* report shines a light on Australian general practice by summarising point-in-time data and year on year trends from a range of government and stakeholder publications and a specially commissioned survey of GPs. The report examines areas such as the general practice workforce, the main reasons people visit their GP and general practice funding.

Each year, RACGP members select a topic of interest for the report. The sixth annual *General Practice: Health of the Nation* report topic of interest is the 'sustainability of general practice'. This report highlights several concerning themes relating to general practice sustainability, such as unsustainable workload, burnout, mounting administrative burden and inadequate remuneration. This report presents evidence of these pressures expediting the forecasted general practice shortage, as more GPs, including younger GPs, reduce their hours and express their intent to retire early from general practice.

GPs in Australia are under extreme pressure in their roles, exacerbated by the COVID-19 pandemic and recent natural disasters, including bushfires and floods.

Almost three in four GPs (73%) reported they have experienced feelings of burnout over the past 12 months.

Burnout among medical professionals is not new, it is an international phenomenon with 97% of doctors across various countries reporting that they have felt burned out at some point in their work life.¹ However, the pressures of the past few years, particularly because of the COVID-19 pandemic, have exacerbated feelings of burnout among the profession.¹ This additional pressure is confirmed in this report, with GPs who are finding recovery from the pandemic/disasters more challenging significantly more likely to report feelings of burnout.

For the first time since the Health of the Nation survey began, 'managing workload' has overtaken 'managing income' as the highest-ranked challenge reported by the profession. In addition to the global pandemic, this can be partially attributed to an emerging theme related to the administrative and regulatory burden GPs face in their roles. Nearly two-thirds of GPs surveyed identified 'understanding

and adhering to regulatory changes' as a challenge. This is concerning given that administrative work (as well as quality improvement and patient coordination activity) is largely unpaid time for GPs, as only time spent with a patient generates a Medicare rebate.

Almost half of GPs (48%) surveyed reported that it is financially unsustainable for them to continue working as a GP.

Despite increasing financial concerns, many GPs choose not to charge their patients an out-of-pocket fee over and above their Medicare rebate. The report shows that the primary reason GPs choose to bulk bill is because their patients cannot afford to pay.

Annual Medicare data from 2021–22 demonstrate that there has been a decrease in the proportion of services bulk billed nationally. This is despite several factors that are likely inflating bulk billing figures, including mandated bulk billing of COVID-19 vaccinations and increased cost of living, where GPs and practices feel they have no choice but to absorb more costs to provide affordable care to their patients. This is a clear indicator that GPs and practices are finding it increasingly unsustainable to provide care, coupled with reports that more GPs are moving to a mixed billing model of care (where they bulk bill some patients and not others).

Only 3% of GPs stated that the current Medicare rebate is sufficient to cover the cost of care. When asked about the current fee GPs charge (patient rebate plus out-of-pocket cost) for a level B consultation, 69% identified it was too low. GPs with relatively higher fees were far more likely to state that their fee accurately reflected fair remuneration for providing the service.

Medicare complexity and the increase in the government's Medicare compliance activities were also examined in the report. More than three-quarters of GPs reported that ensuring compliance with Medicare takes time away from patient-facing care, and 61% reported that the complexity of Medicare is something that worries them outside of their work day. Government Medicare compliance activities are having a disproportionate negative effect on patient access to and affordability of care. While only 23% of GPs reported that they had personally experienced one of the government's Medicare compliance activities, 47% of GPs indicated that they either avoided providing certain services or avoided claiming patient rebates, despite providing services out of fear of Medicare compliance ramifications.

The increasing administrative and regulatory burden is also impacting the sustainability of Aboriginal medical services. GPs working in these services are often paid a salary, but are still subject to the increasing Medicare regulatory burden and compliance activities and the time it takes away from providing clinical care.

For the sixth consecutive year, GPs reported that mental health issues were the most common reason for patient appointments. Mental health, particularly youth mental health, was also the patient health issue causing GPs the most concern for the future. GPs are carrying a large share of the mental health workload, with 38% of GP consultations incorporating a mental health component,² and patients reporting they are more likely to see a GP for their mental health concerns than any other healthcare professional. The report also presents evidence that the amount of mental health work undertaken by GPs is significantly underestimated in Medicare statistics.²

General practice is unsustainable, and without immediate policy intervention, the health of the nation will suffer.

With the existing challenges of being a GP now compounded by the pressures of COVID-19 and other recent natural disasters, the proportion of GPs considering imminent retirement has increased significantly in 2022.

One-quarter of those who responded to the survey stated that they plan to retire within the next five years, an increase from 18% in 2021.

In real numbers, that is more than 7500 GPs. This will worsen already worrying workforce projections that predict a deficit of 11,517 GPs by 2032.³ The report presents evidence that unsustainable workload and burnout among the profession is contributing to early retirement. General practice clinics are already affected by this general practice exodus, with an increasing proportion of practice owners reporting that sourcing and retaining GPs is a key challenge.

This year 70% of practice owners have indicated they are concerned about the ongoing viability of their practice, an increase from 54% in 2021.

General practice is
unsustainable, and
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CHAPTER ONE

General practice in crisis

Issues associated with years of chronic underfunding for general practice are continuing to emerge, producing significant consequences for our community, health system and economy.

The health system is under significant strain, with rising rates of chronic disease, the ongoing response to the COVID-19 pandemic, an ageing population and an emerging mental health crisis. This strain, and the lack of meaningful investment in general practice, are resulting in poorer patient outcomes, unsustainable hospital demand and burnout in the health workforce. Attempts to address these issues through role substitution or overly restricted funding measures are inappropriate. This will not address the underlying issues and at the same time risks worsening health outcomes for Australians.

GPs are choosing to leave the profession earlier than ever before and they are reporting high levels of burnout and issues maintaining a positive work-life balance.



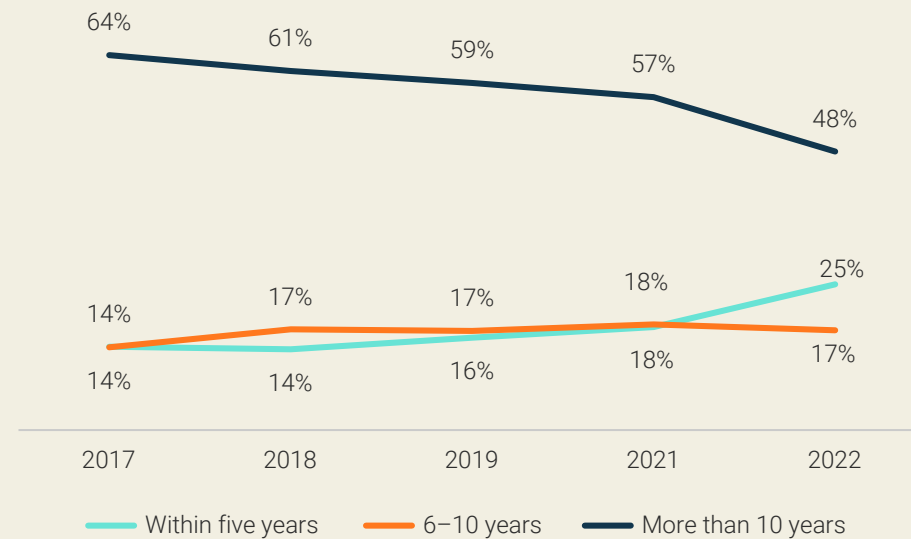
GPs are choosing to leave the profession earlier than ever before

GPs are indicating earlier retirement, with 25% now reporting intentions to retire within the next five years, an increase from 18% in 2021 (Figure 1). Fewer than half of GPs (48%) intend to still be practising in 10 years time.

Twenty-five per cent of GPs report they intend to retire within the next five years, and only 48% believe they will be practising in 10 years.

GPs who work in remote (52%) and very remote (47%) locations are more likely to indicate they intend to retire in the next 10 years compared with GPs who work in major cities (43%).⁴ This is particularly concerning given the most remote communities of Australia already have significantly less GPs per population than other areas.

Figure 1. GPs indicate they will be retiring sooner than ever before



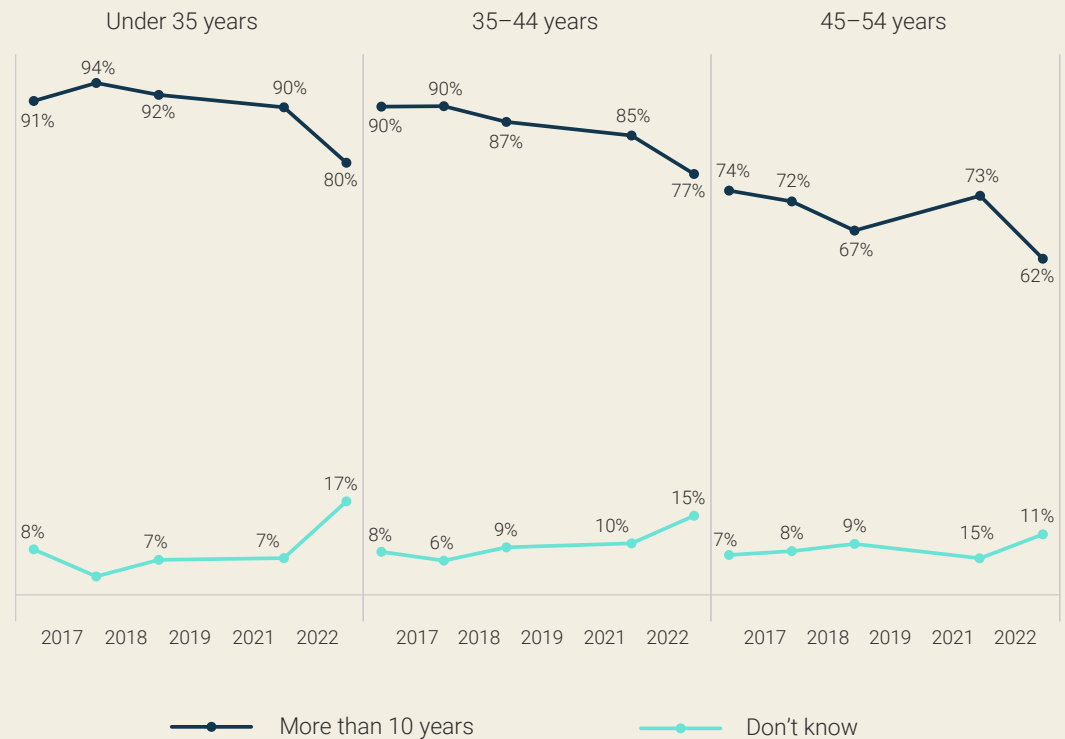
Measure: Proportion of GP responses to the question, 'When do you intend to retire from practising as a GP?'.
 Sample: 2017: n=1309, 2018: n=1537, 2019: n=1174, 2021: n=1386, 2022: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

However, retirement trends are not solely explained by an ageing workforce. Younger GPs are also reporting their intentions to leave the profession at an earlier age. The proportion of GPs who still intend to be practising in 10 years time has decreased among those aged under 45 years from around 90% in 2017 to below 80% in 2022 (Figure 2).

Figure 2. Fewer younger GPs are confident they will be practising in 10 years time

When do you intend to retire from practising as a GP?



Categories not shown: Within two years, 2-5 years, 6-10 years.

Retirement data not collected in 2020.

Measure: Proportion of GP responses to the question, 'When do you intend to retire from practising as a GP?', by age group.

Sample: 2017: n=1309, 2018: n=1537, 2019: n=1174, 2021: n=1386, 2022: n=3219.

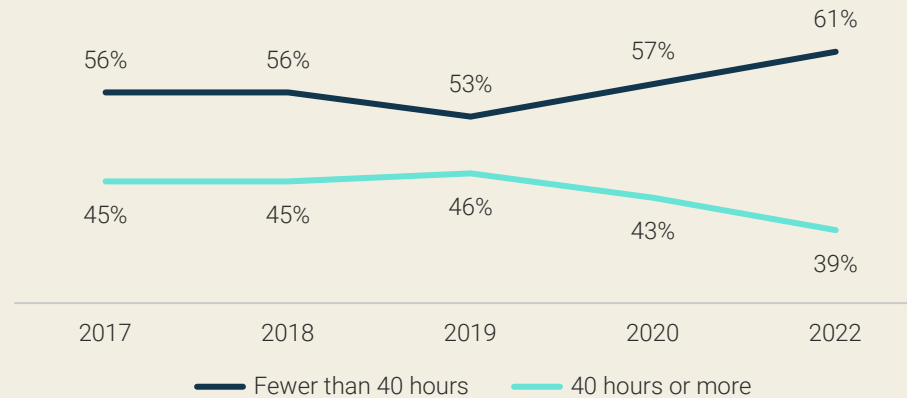
Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

GPs also appear to be reducing the volume of hours they practice, with a shift towards more GPs working fewer than 40 hours a week (Figure 3). It is unclear whether GPs are picking up hours in other employment sectors to supplement income and avoid burnout.

GP INSIGHTS FROM QUALITATIVE DATA

‘I am worried about access to care. Not enough GPs anywhere. GPs bringing forward retirement. Delays in getting appointments. Further pressure on remaining GPs, especially registrars who are the most available.’

Figure 3. More GPs are moving away from full-time work



This question was not asked in 2021.

Measure: Proportion of GP responses to the question, 'Approximately how many hours do you spend at work during a typical week?'

Sample: n=1309, 2018 n=1537, 2019 n=1174, 2020 n=1782, 2022 n=3219.

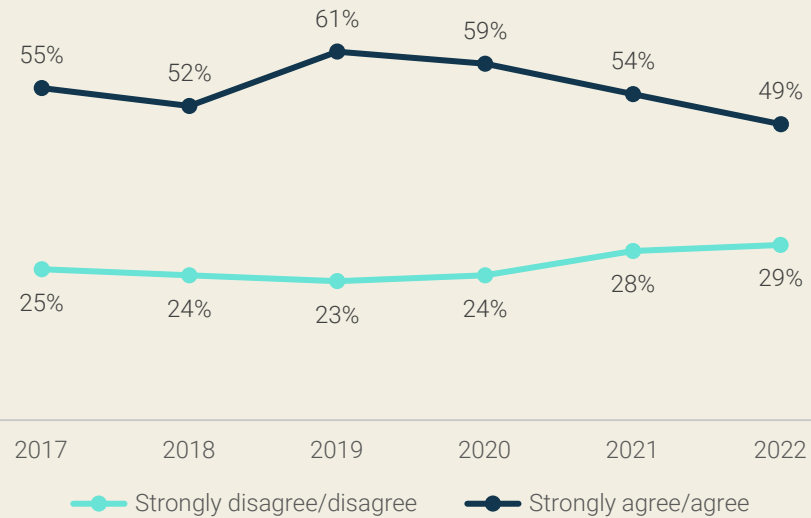
Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

GPs are reporting high levels of burnout and issues maintaining a positive work–life balance

Maintaining a healthy work–life balance is important for GP wellbeing, and also to encourage continuing engagement in the profession.

GP work–life balance has declined annually since 2019, and for the first time since the survey began, fewer than half of GPs report having a good work–life balance (Figure 4).

Figure 4. A positive work–life balance is declining among GPs



Measure: Proportion of GP responses to the question, 'I am able to maintain a good work–life balance', by year.

Sample: 2017: n=1309, 2018: n=1537, 2019: n=1174, 2020: n=1782, 2021: n=1386, 2022: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Seventy-three per cent of GPs report they have personally experienced feelings of burnout in relation to their role in the past 12 months.

When looking at regional variation, GPs are more likely to report burnout while working in major cities (74%) and inner-regional areas (74%) than if they work in outer-regional (68%), remote (65%) and very remote (61%) areas.⁴ This might be linked to pressures of the pandemic disproportionately affecting GPs working in more populated areas. This is explained further in **Chapter Four: GP satisfaction and professional challenges.**

Burnout and poor work–life balance appears to be linked to earlier exit from the profession. GPs who indicated intention to retire early are also significantly more likely to report that they have experienced burnout in the previous 12 months, and more likely to report that they are unable to maintain a good work–life balance (Figure 5).

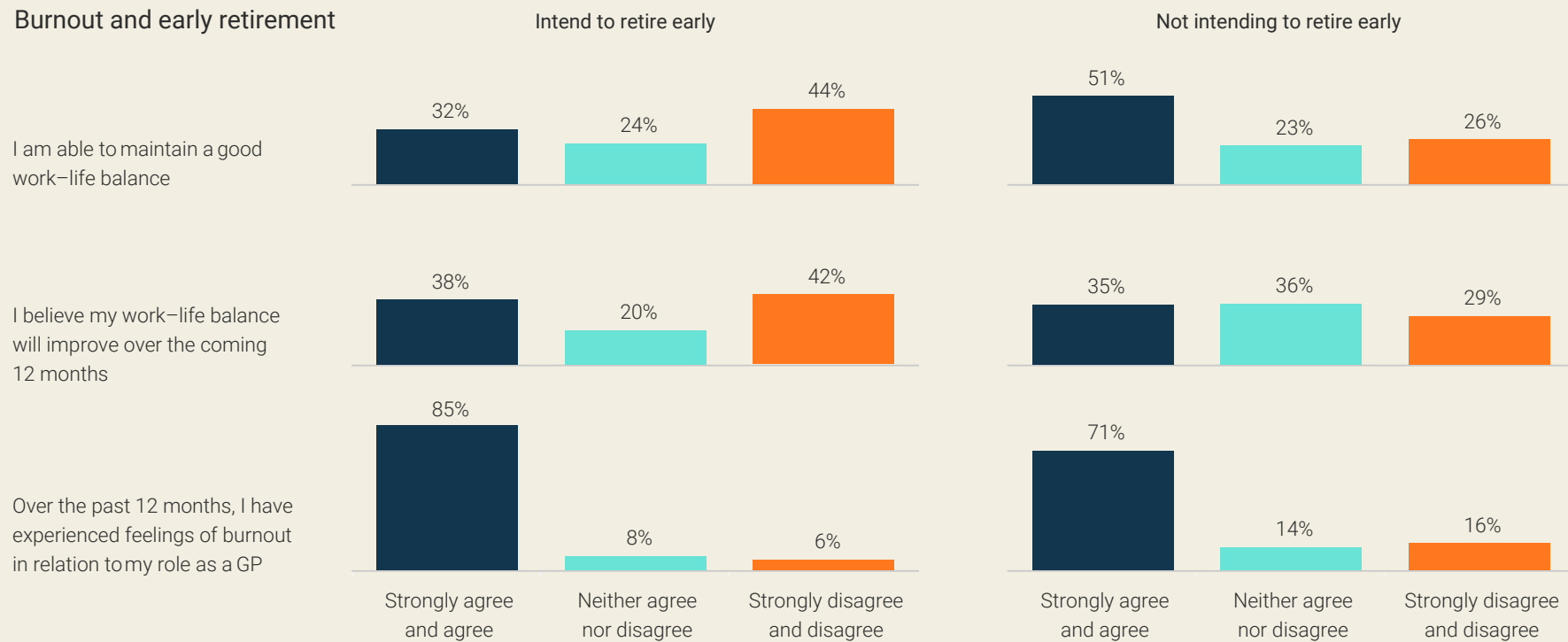
GP INSIGHTS FROM QUALITATIVE DATA

‘Burnout of GPs. I cannot keep up this pace. I will retire early because of it. Our clinic needs more GPs, we have been advertising extensively and cannot find anyone. I am working many more hours than is good for my own health simply to keep our practice viable. It is so disheartening to have worked so hard for so long and find myself, my patients and the local area in this situation. General practice is not breaking; it is broken.’

‘Lack of remuneration with escalating demand was untenable for me, despite having a popular private practice. I recently moved to a role in defence that I feel paid more, and my workload is far more manageable.’

‘Burnout of staff is causing them to leave the health sector, causing more and more burden to their colleagues.’

Figure 5. Burnout and ability to maintain work–life balance is influencing decision to retire early



Measure: Proportion of GP responses to the question, 'To what extent do you agree or disagree with the following statements?', by intentions to retire.

Sample: Intend to retire early: n=239, not intending to retire early: n=2641.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Figure 6. GPs and practice owners experiencing financial stress are more likely to report feelings of burnout



Measure: Proportion of GP responses to the question, 'Over the last 12 months, I have experienced feelings of burnout' by whether GP selected 'maintaining income' as a challenge in question 'What are the main issues you face as a GP?', and practice owners selected 'business profitability' as a challenge in the question, 'What are the main business challenges you face as a practice owner?'.
 Sample: n=3219 GPs, n=783 practice owners.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

There is also a relationship between burnout and financial stress. GPs who selected 'maintaining income' as a challenge, and practice owners who selected 'business profitability' as a challenge, were significantly more likely to strongly agree or agree that they have experienced burnout in the past 12 months (Figure 6).

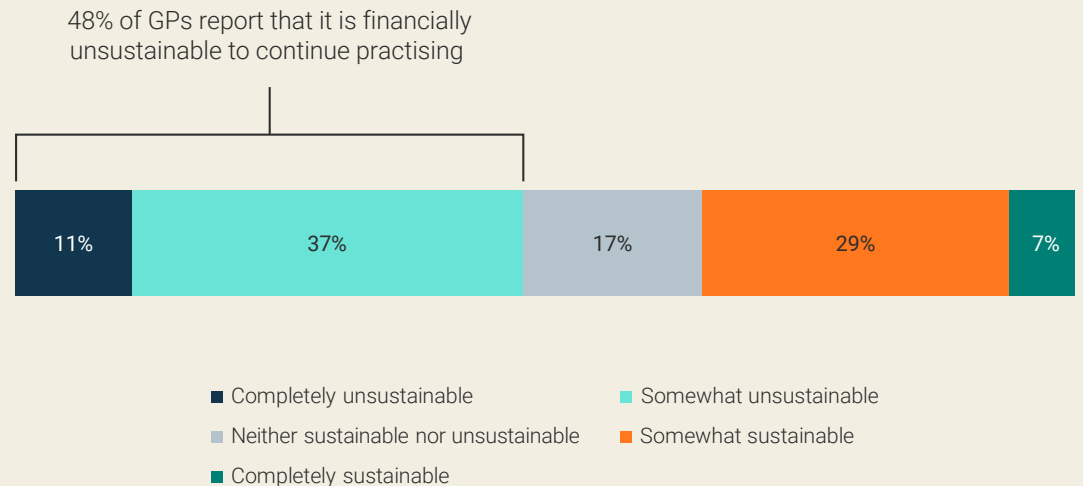
GPs and practice owners are reporting that the profession is financially unsustainable

Almost 50% of GPs have indicated that it is financially unsustainable for them to continue practising as a GP (Figure 7).

GP INSIGHTS FROM QUALITATIVE DATA

‘My 20 minutes spent trying to improve someone’s health is worth less than a cup of coffee once I’ve paid out of the \$39.10 for an MBS item 23, the practice fee, my taxes and put aside superannuation, insurance fees, sick leave, annual leave and maternity leave.’

Figure 7. Financial sustainability of practising as a GP



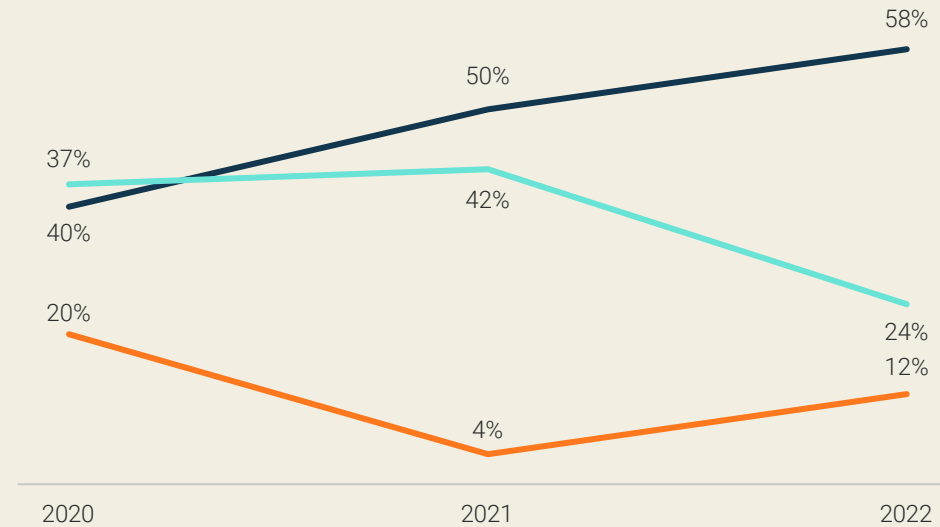
Measure: Proportion of GP responses to the question, 'How financially sustainable is continuing to practice as a GP?'.
 Sample: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Seven in 10 practice owners are concerned about either the short- or long-term viability of their business.

Practice owner concern regarding long-term business viability is increasing year on year, and while concern about short-term viability saw a decline in 2021, it increased again in 2022 (Figure 8).

Figure 8. Practice owner concern about the viability of general practice



Are you concerned about the viability of your practice?

- Yes, I am concerned about short-term viability
- Yes, I am concerned about long-term viability
- No

Measure: Proportion of GP practice owner responses to the question, 'Are you concerned about the viability of your practice?'.
 Sample: 2020: n=440, 2021: n=326, 2022: n=783 practice owners.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

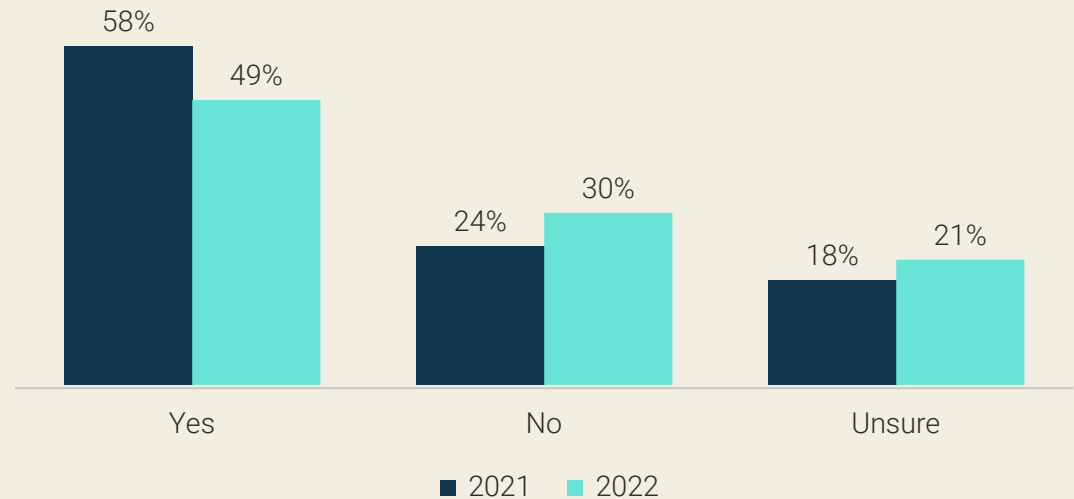
Fewer GPs are choosing to recommend general practice as a career to junior colleagues

This year, there has been a shift in the likelihood of GPs recommending general practice as a career choice, with fewer than half of GPs now indicating that they would recommend their profession as a career to their junior colleagues (Figure 9).

At the same time, general interest in the profession from medical students continues to diminish significantly, with only 13.8% of medical students indicating general practice as their preferred medical specialty in 2022, a fall from 16.1% in 2021.⁵

GPs working in remote (55%) and very remote settings (51%) are slightly more likely to state they would recommend general practice as a career compared with those practising in metropolitan, inner-regional and outer-regional areas (49%).⁴

Figure 9. Fewer than half of GPs would recommend general practice as a career

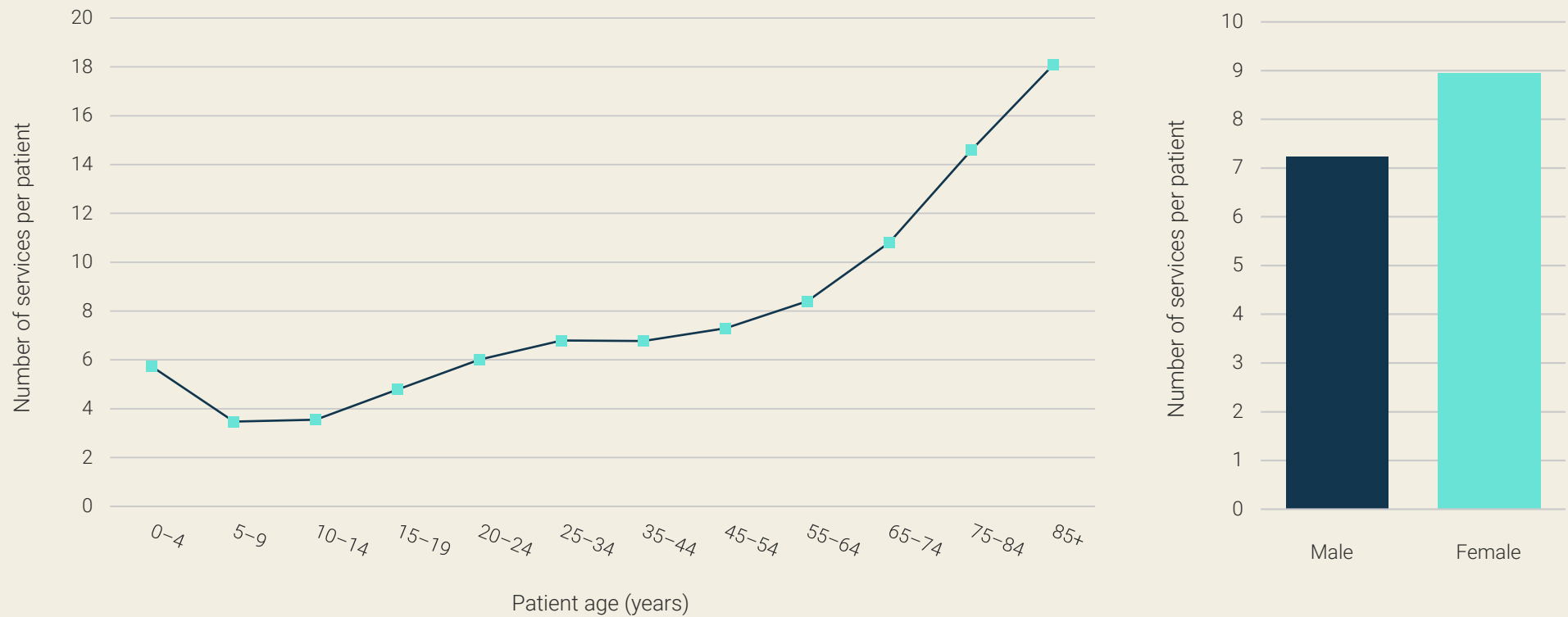


Measure: Proportion of GP responses to the question, 'Would you recommend your junior colleagues choose general practice as a career?', by year.

Sample: 2021: n=1386, 2022: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Figure 10. Females and older people are the highest users of GP services



Measure: Number of services per patient by age and by gender.

Source: Australian Government, Department of Health, General practice workforce providing primary care services in Australia, 2015-16 to 2020-21 financial years. Available at: <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

CHAPTER TWO

General practice profile

Patient profile

Each year, almost nine in 10 Australians visit a GP. In 2020–21, almost 22 million Australians visited their GP. Over 177 million health services were provided by GPs, and on average, patients received 8.1 services from their GP.⁶

With almost every Australian visiting their GP each year, the patient population of general practice is extremely broad. However, some people seek the care and expertise of their GP more frequently than others (Figure 10).

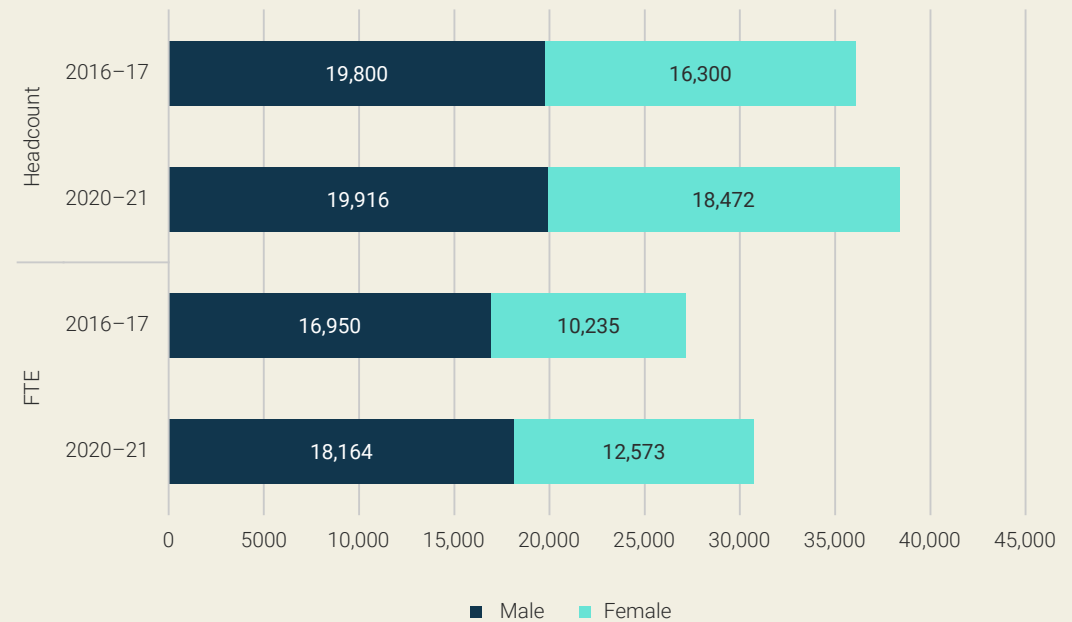
Patients living in or close to major cities also visit their GP more frequently, ranging from eight services per patient in Modified Monash Model (MMM)-1 to 4.3 services per patient in MMM-7.⁶

GP profile

GP personal characteristics

The number of GPs in Australia has increased marginally over the past five years. The number of females GPs has grown more quickly than male GPs. While males continue to make up a significantly larger proportion of GPs in terms of total headcount and in full-time equivalent (FTE), this gender disparity is narrowing (Figure 11).

Figure 11. The general practice profile is changing, with more female GPs entering the profession



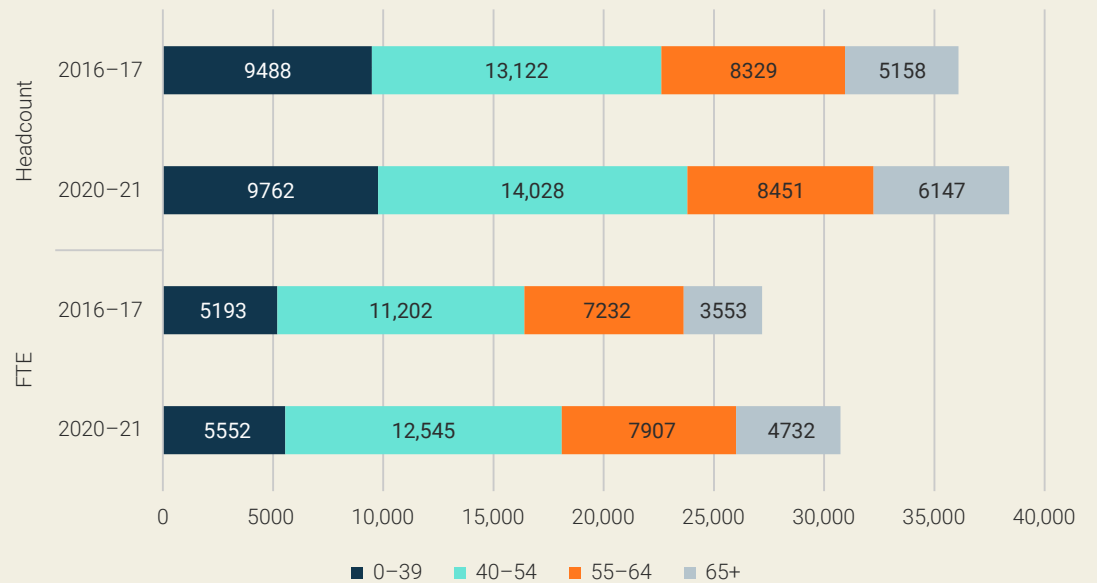
GP numbers include vocationally registered, non-vocationally registered and GPs in training.

Measure: GP headcount and GP FTE by gender.

Source: Australian Government, Department of Health, General practice workforce providing primary care services in Australia, 2015-16 to 2020-21 financial years. Available at: <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

The age profile of GPs has grown over the past five years. The most significant change is the growth in the proportion of GPs over 65 years of age, which has increased from 14% to 16% for headcount and from 13% to 15% for FTE (Figure 12).

Figure 12. More than 40% of the GP FTE workforce is aged 55 years or older



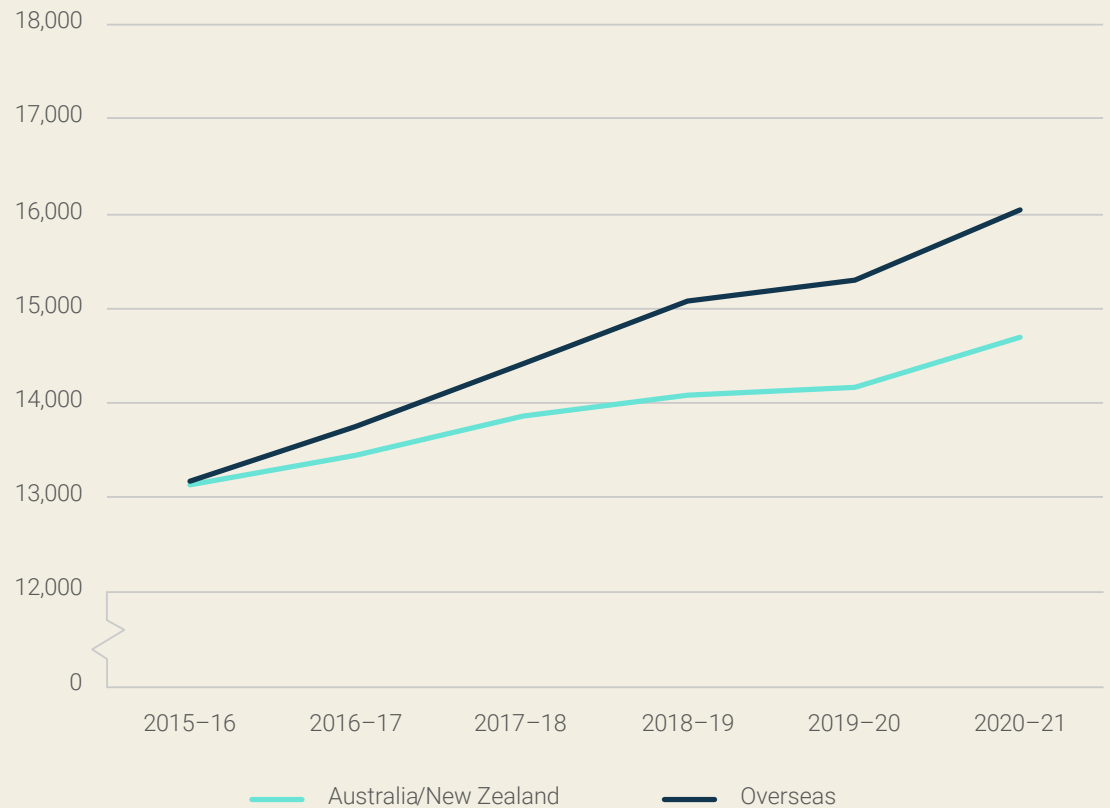
GP numbers include vocationally registered, non-vocationally registered and GPs in training.
 Measure: GP headcount and GP FTE by age group.
 Source: Australian Government, Department of Health, General practice workforce providing primary care services in Australia, 2015-16 to 2020-21 financial years.
 Available at: <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

Australia continues to depend heavily on GPs who received their initial medical qualification from overseas, with these GPs making up over half (52%) of the GP workforce (Figure 13).

GP location

The distribution of GPs varies across Australia. Overall, there are 119.6 GPs per 100,000 people in Australia;⁶ however, the difference in GP numbers differs significantly by state and territory (Figure 14), ranging from 126.9 GPs per 100,000 people in Queensland to 92.2 GPs per 100,000 in the Northern Territory.

Figure 13. Australia is reliant on the overseas-trained GP workforce



GP numbers include vocationally registered, non-vocationally registered and GPs in training.

Measure: GP headcount by location of primary medical degree.

Source: Australian Government, Department of Health, General practice workforce providing primary care services in Australia, 2015-16 to 2020-21 financial years. Available at: <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

Figure 14. The Northern Territory and Australian Capital Territory have far fewer GPs per 100,000 people



GP numbers include vocationally registered, non-vocationally registered and GPs in training.

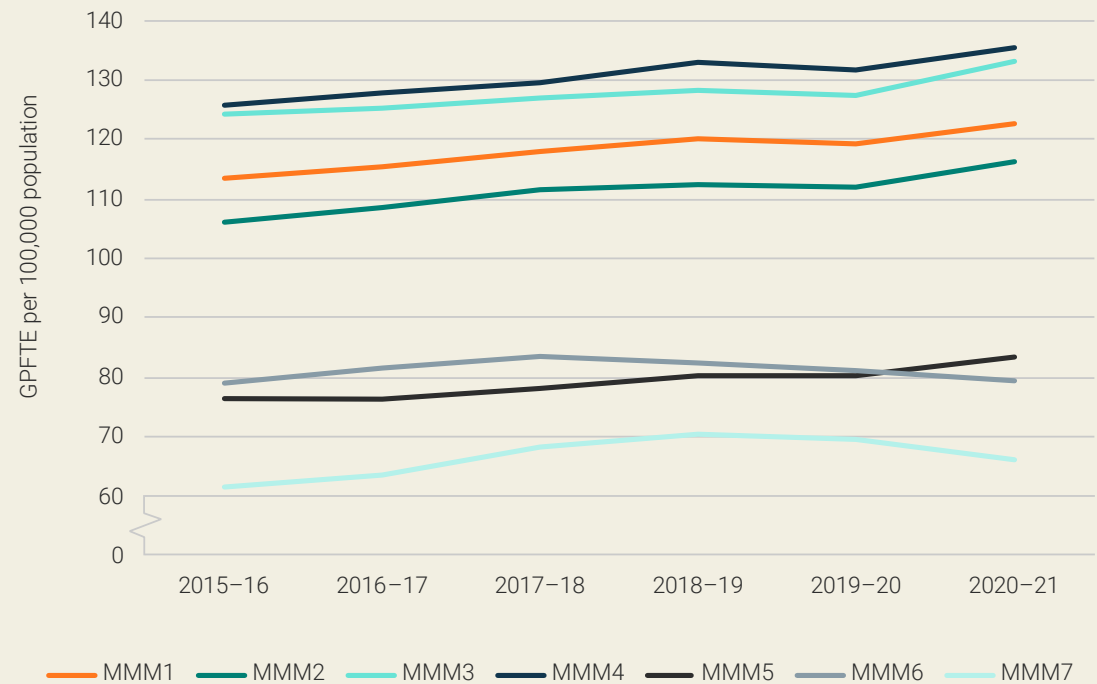
Measure: GPs per 100,000 people by state and territory.

Source: Australian Government, Department of Health, General practice workforce providing primary care services in Australia, 2015–16 to 2020–21 financial years. Available at: <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

The distribution of GPs also varies according to rurality, with more GPs per person located in metropolitan areas (MMM-1-4), and significantly fewer in rural and remote parts of Australian (MMM-5-7) (Figure 15). Data from 2020-21 show growth in the number of GPs per person in all areas, apart from the most remote (MMM-6-7) (Figure 15).

There is evidence suggesting that the lower numbers of GPs in rural and remote areas is impacting healthcare access, with patients in outer-regional, remote or very remote areas more likely to report waiting longer than they felt acceptable for a GP appointment (22.9% compared with 15.2% in major cities), and more likely to report waiting 24 hours or more for a GP appointment for urgent care (39.9% compared with 32.4% in major cities).⁷ This is concerning given that GPs are far better distributed than other medical specialists and many other healthcare professionals, including allied health, pharmacists and nurse practitioners.

Figure 15. Distribution of GPs between metropolitan/regional and rural/remote areas has worsened over the past 12 months



GP numbers include vocationally registered, non-vocationally registered and GPs in training.

Measure: GPFTE per 100,000 population by MMM location criteria.

Source: Australian Government, Department of Health, General practice workforce providing primary care services in Australia, 2015-16 to 2020-21 financial years. Available at: <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

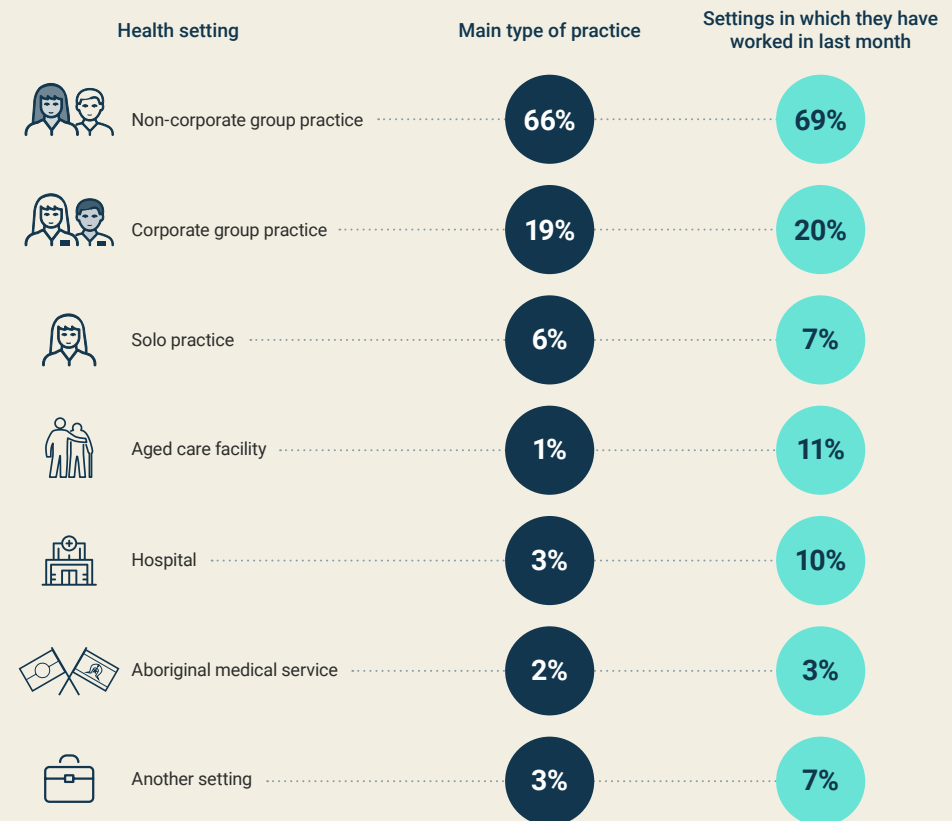
General practice setting

The majority of GPs who responded to the survey work in a group practice setting. About one in 10 GPs regularly work in aged care facilities and hospital settings; however, this is rarely their main practice setting (Figure 16).

Over time, there has been an increase in the number of GPs reporting they work in corporate general practices, with 9% responding that they primarily worked in a corporate practice in 2017, 16% in 2021 and 19% in 2022.

On average, GPs reported working with 3.8 full-time and 4.8 part-time GPs at their main practice. Corporate group practices are on average slightly larger than other group practices and have more full-time GPs (Figure 17).

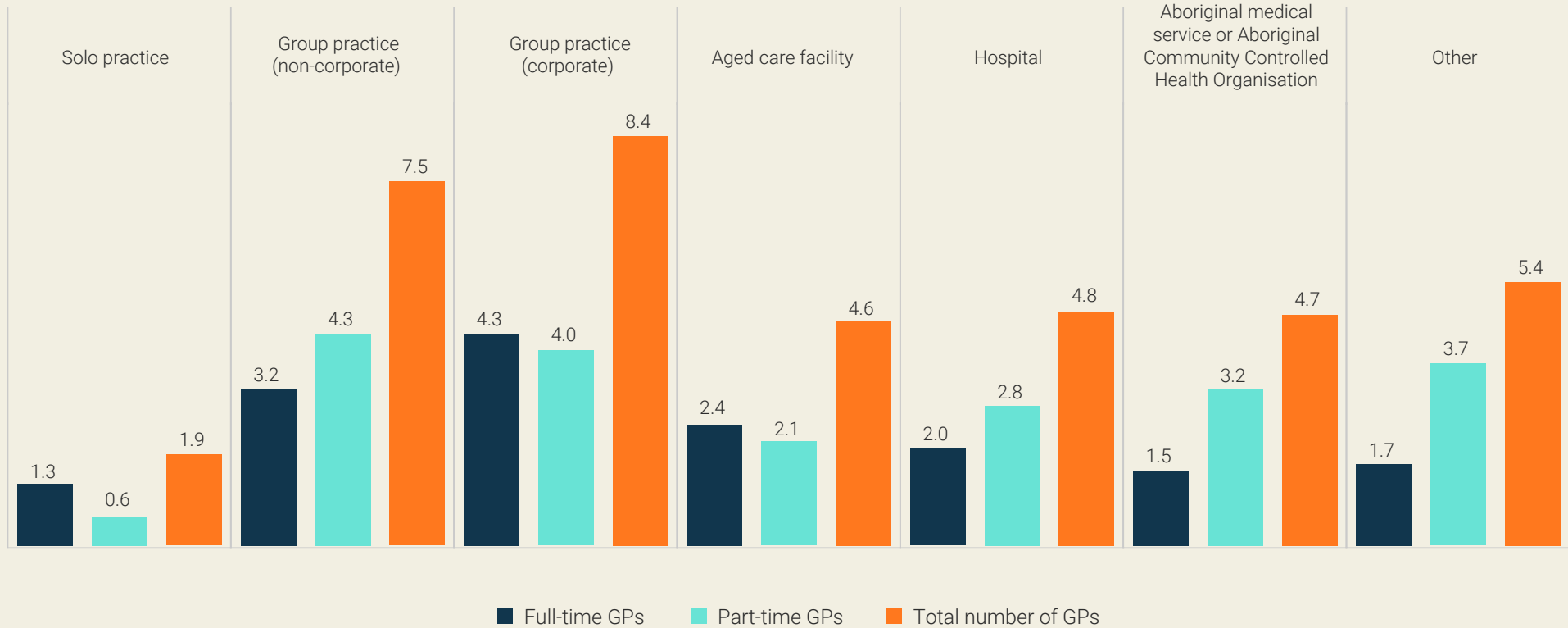
Figure 16. One in 10 GPs work in aged care and hospital settings; however, few consider these as their main practice



'Another setting' includes roles in settings such as government/defence, tertiary education/research and non-clinical settings.
 Measure: Proportion of GP responses to the questions, 'Which of the following settings have you practised in the past month?' and 'Which of these settings is your main practice?'.
 Sample: n=3219 GPs.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Figure 17. Corporate practices are larger with more full-time GPs

Average number of GPs at main practice



Measure: Mean of number entered by GPs in response to the question, 'Including yourself, typically how many individual GPs work in a full-time or part-time capacity at your main practice?', by main practice setting.

Sample: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

CHAPTER THREE

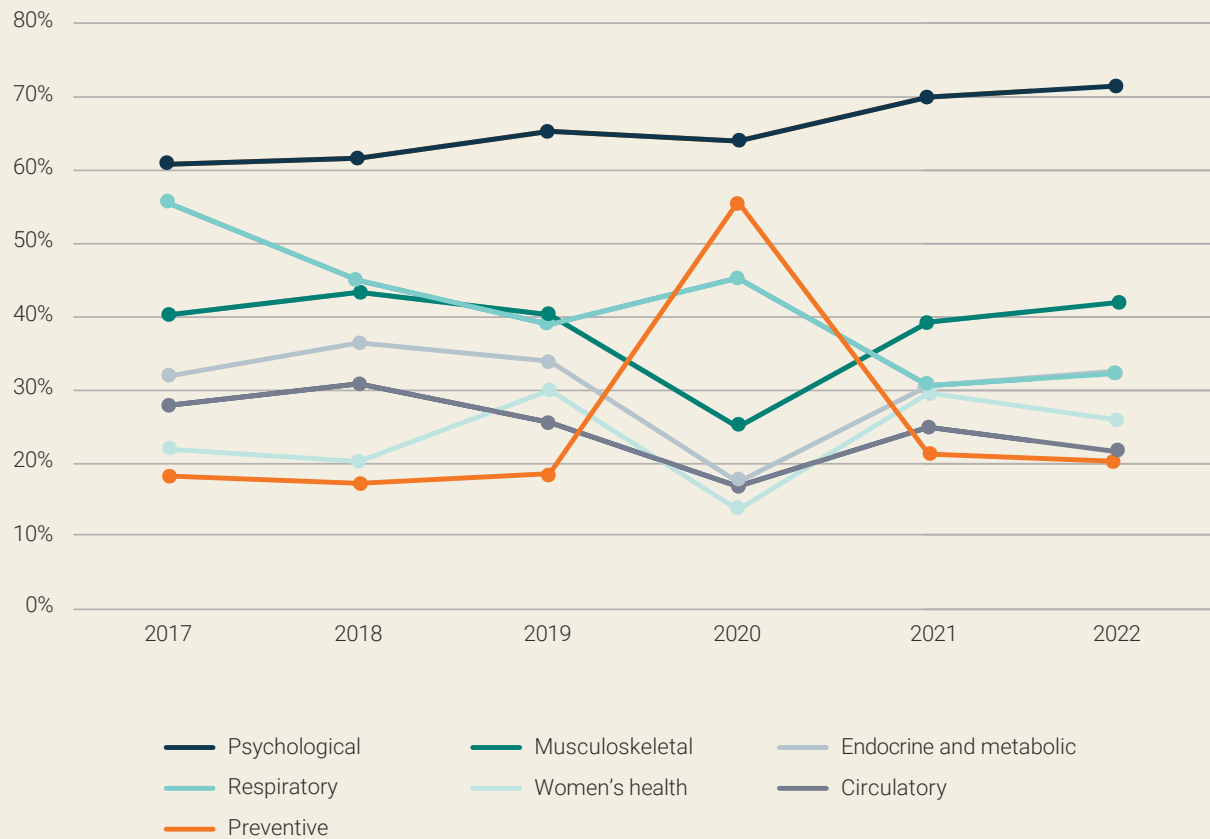
Current and emerging health issues

Primary reasons patients present to their GP

Since the first Health of the Nation survey in 2017, GPs have consistently reported that the most common health issues they manage are psychological issues (eg depression, mood disorders, anxiety, sleep disturbances). There has been a steady increase in the proportion of GPs reporting psychological issues in their top three reasons for patient presentations, from 61% in 2017 to 71% in 2022 (Figure 18).

The nature of health conditions that GPs most commonly manage has fluctuated over the past six years. This can in part be attributed to the ongoing disruptions of the COVID-19 pandemic. The 2020 Health of the Nation survey showed a large spike in preventive care (largely due to mass influenza vaccinations during the early stages of the COVID-19 pandemic) and a drop in other chronic disease care, as patients avoided presenting for usual care. The 2021 survey results showed a rebound in care for physical health conditions, and this has continued with the 2022 survey results (Figure 18).

Figure 18. For six consecutive years, the most commonly reported reason for patient presentations to GPs has been psychological issues



Top seven of 18 response options are shown.

Measure: Proportion of GP responses to the question, 'When thinking about your patients overall, what are the three most common reasons for patient presentations?'

Sample: 2017: n=1309, 2018: n=1537, 2019: n=1174, 2020: n=1782, 2021: n=1386, 2022: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Notes:

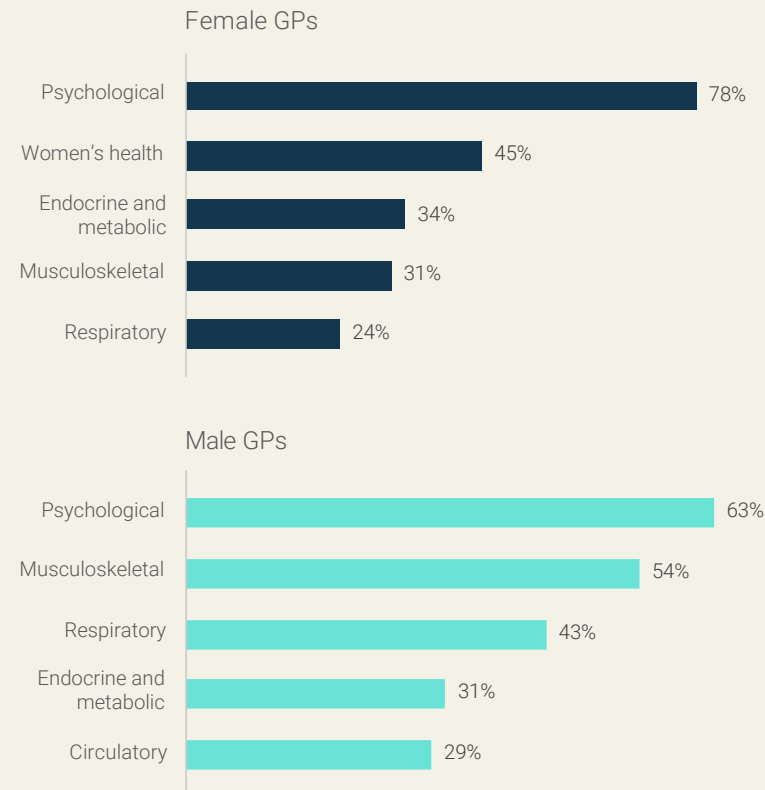
- Descriptor of respiratory conditions amended in 2020 to include 'suspected COVID-19'.
- New response options added in 2020. Caution should be used on the magnitude of differences from pre-2020, as two new codes – 'undifferentiated illness' and 'effects of non-medical issues' – were added in 2020.
- 'Men's health' code label changed in 2019 (from male genital system); 'Women's health' code label changed in 2019 (from female genital system).

While male and female GPs both report psychological conditions as most common, male and female GPs differ on reasons for their patient presentations. Female GPs are significantly more likely to report psychological issues and women's health issues in their top three reasons for patient presentations, while male GPs were significantly more likely to report musculoskeletal, respiratory and circulatory issues (Figure 19).

The top three reasons for patient presentation also differ by practice type and setting. GPs working in Aboriginal medical services were more likely to report endocrine and metabolic issues (59% compared with 32% across all practice types), and the effects of non-medical issues on health (36% compared with 6% across all practice types) as reasons for patient presentations. GPs working in aged care facilities were significantly more likely to report skin issues (28% compared with 12% across all practice types).

Practice location had little impact on the conditions reported as a top three reason for patient presentation. However, GPs working further away from major cities were more likely to report undifferentiated illness and the effects of non-medical issues on health in their top three reasons for patient presentation.

Figure 19. Female GPs are more likely to see patients for psychological issues



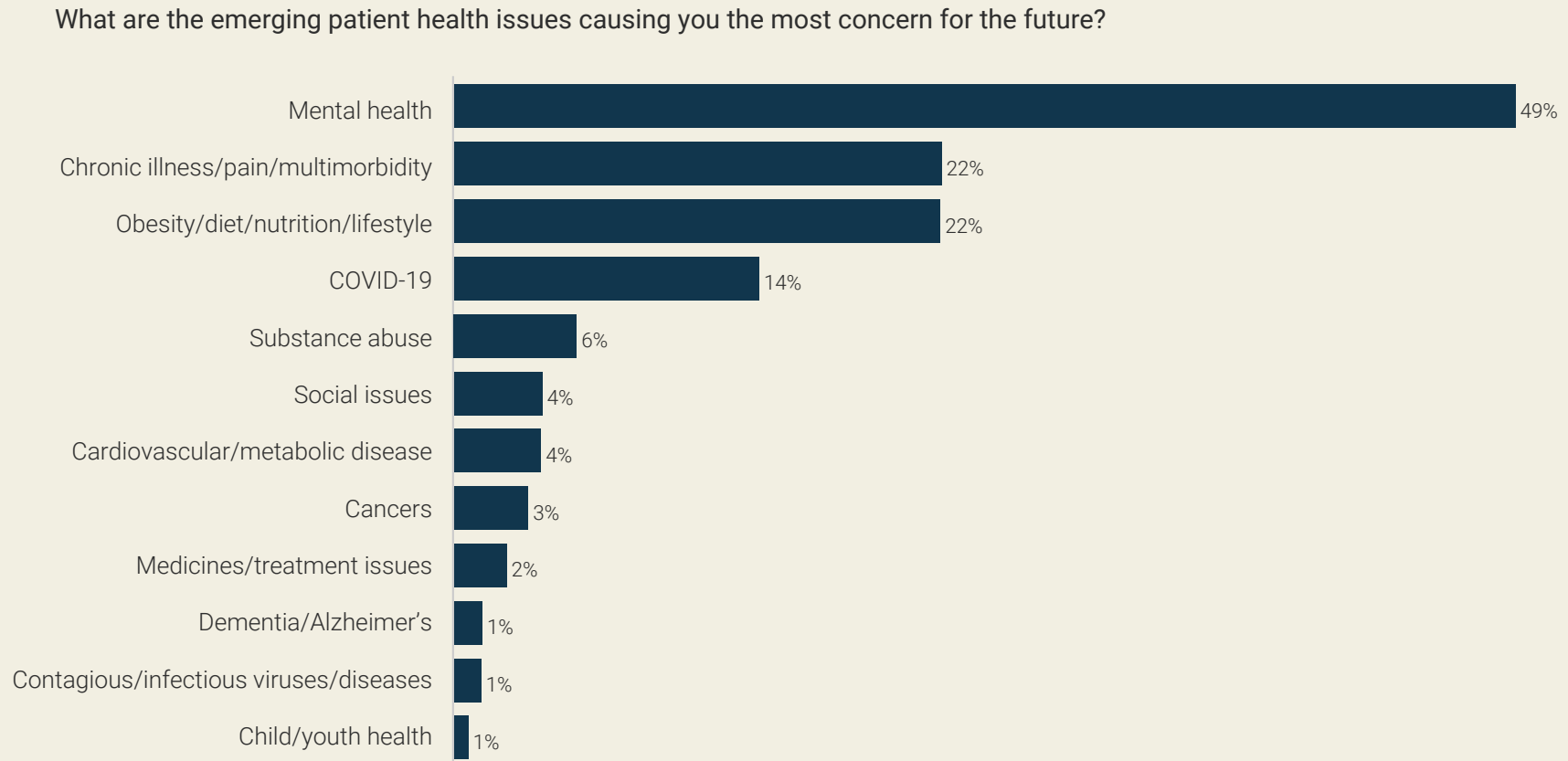
Top five of 18 responses for each gender are shown.

Measure: Proportion of GP responses to the question, 'When thinking about your patients overall, what are the three most common reasons for patient presentations?', by gender.

Sample: Males: n=1441, females: n=1757.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Figure 20. GPs report mental health conditions as their primary concern for the future



Presenting coded responses relating to clinical and social issues only.

Measure: Coded open-ended question. Proportion of GP responses to the question, 'What are the emerging patient health issues causing you the most concern for the future?'.
Sample: n=3219 GPs.

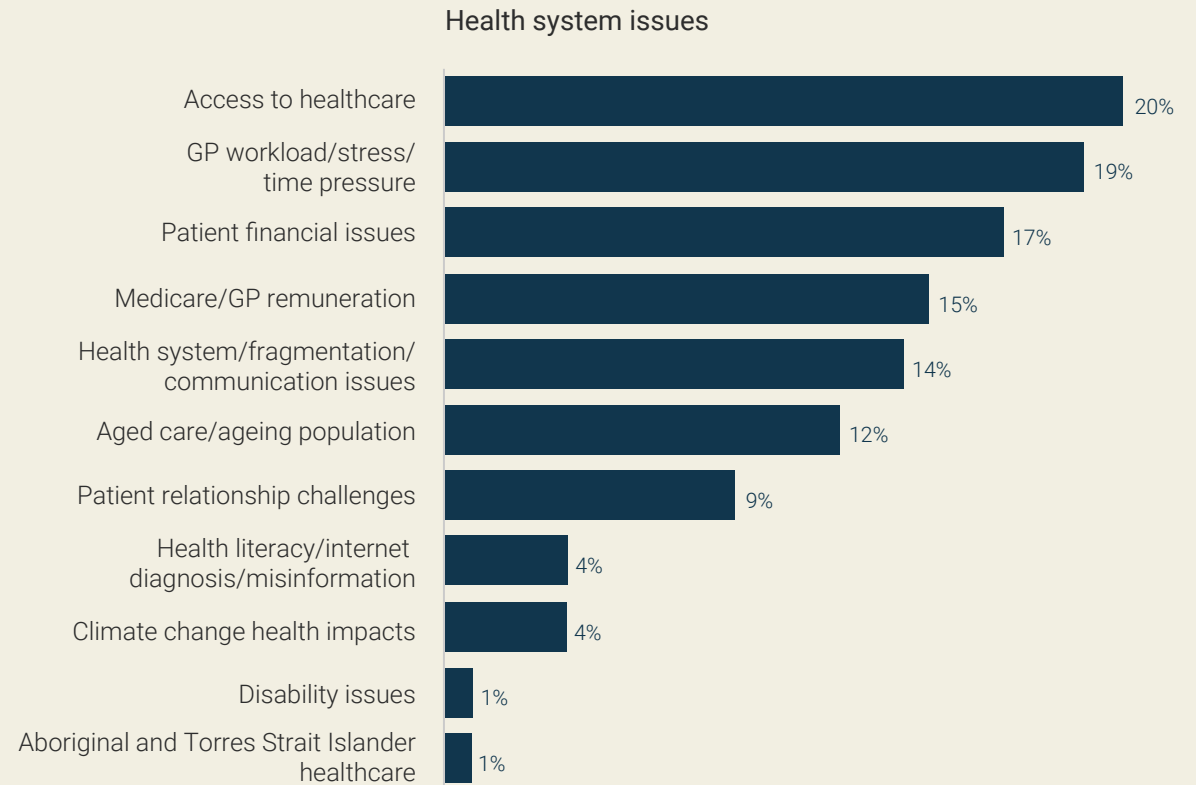
Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Emerging health issues concerning GPs

When GPs were asked about the patient health issues causing them the most concern, mental health conditions were prominent. Other chronic illness and pain, obesity and nutrition, and COVID-19 (particularly the impact of long COVID) were also raised as key concerns for the future (Figure 20).

Three in five (62%) GPs described health system, or non-clinical, issues as their major concerns. Twenty per cent of GP respondents reported access to healthcare as the health system issue of most concern, closely followed by pressure of GP workload at 19% (Figure 21).

Figure 21. GPs are concerned about access to healthcare in the future



Presenting coded responses relating to system issues only.

Measure: Coded open-ended responses. Proportion of GP responses to the question, 'What are the emerging patient health issues causing you the most concern for the future?'

Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Mental health

It is obvious that mental health is a fundamental concern for GPs and their patients, with GPs reporting psychological issues as the most common reason for patient presentations for six consecutive years (Figure 18), and 'mental health' as the patient health issue they are most concerned about for the future (Figure 20).

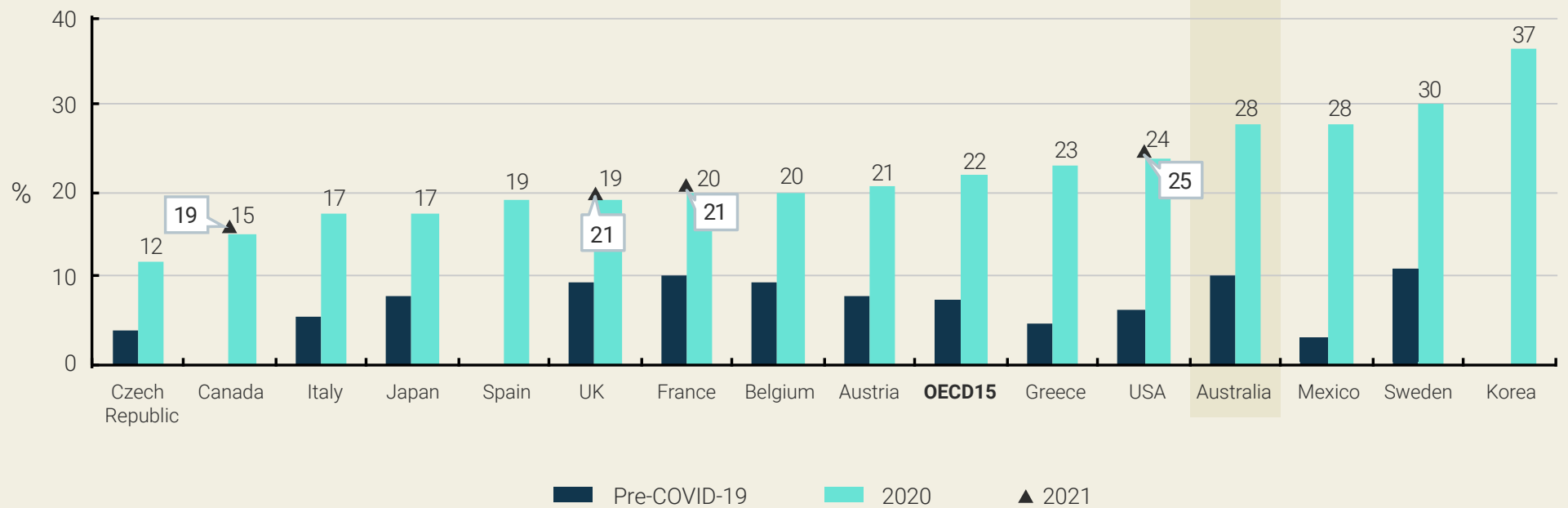
In 2020–21, 15% of Australians aged 16–85 years experienced high or very high levels of psychological distress. Women are more likely than men to report experiencing high or very high levels of psychological distress (19% compared with 12%).⁸

In 2018, mental and substance use disorders were responsible for around 13% of the total disease burden in Australia.⁹ Australia's disease burden from mental and neurodevelopmental disorders are among the highest in the world, sitting above countries such as the USA, Canada, the UK and New Zealand.¹⁰

The pressures of living through the COVID-19 pandemic have worsened the prevalence of mental health issues in Australia and internationally. Australia's estimates of rates of depression and its symptoms have almost tripled from pre-COVID-19 levels. While the impact of COVID-19 on rates of depression is evident across many Organisation for Economic Co-operation and Development (OECD) countries, concerningly, Australia sits above average (Figure 22).

Australia's disease burden from mental and neurodevelopmental disorders are among the highest in the world, sitting above countries such as the USA, Canada, the UK and New Zealand.¹⁰

Figure 22. Australia's rates of depression have significantly increased post-COVID-19



OECD15 – OECD average for the 15 selected countries

Measure: National estimates of prevalence of depression or symptoms of depression pre-COVID-19, 2020 and 2021 among OECD countries.

Source: Health at a Glance 2021: OECD indicators. Available at: www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2021_ae3016b9-en

Almost 3.5 million Australians saw a health professional to discuss mental health concerns in 2021.⁸

GPs are taking on a significant proportion of the mental health workload, as Australians report that they are more likely to visit a GP for their mental health concerns than any other health professional (Figure 23).

Youth mental health

When asked about patient health issues causing them the most concern for the future, GPs were particularly concerned about the prevalence of mental health issues among young people, with many GPs reporting young people feeling overwhelmed with both personal and world issues. GPs also frequently reported that there is a lack of access to specialist mental health services, which is impacting patient care.

GP INSIGHTS FROM QUALITATIVE DATA

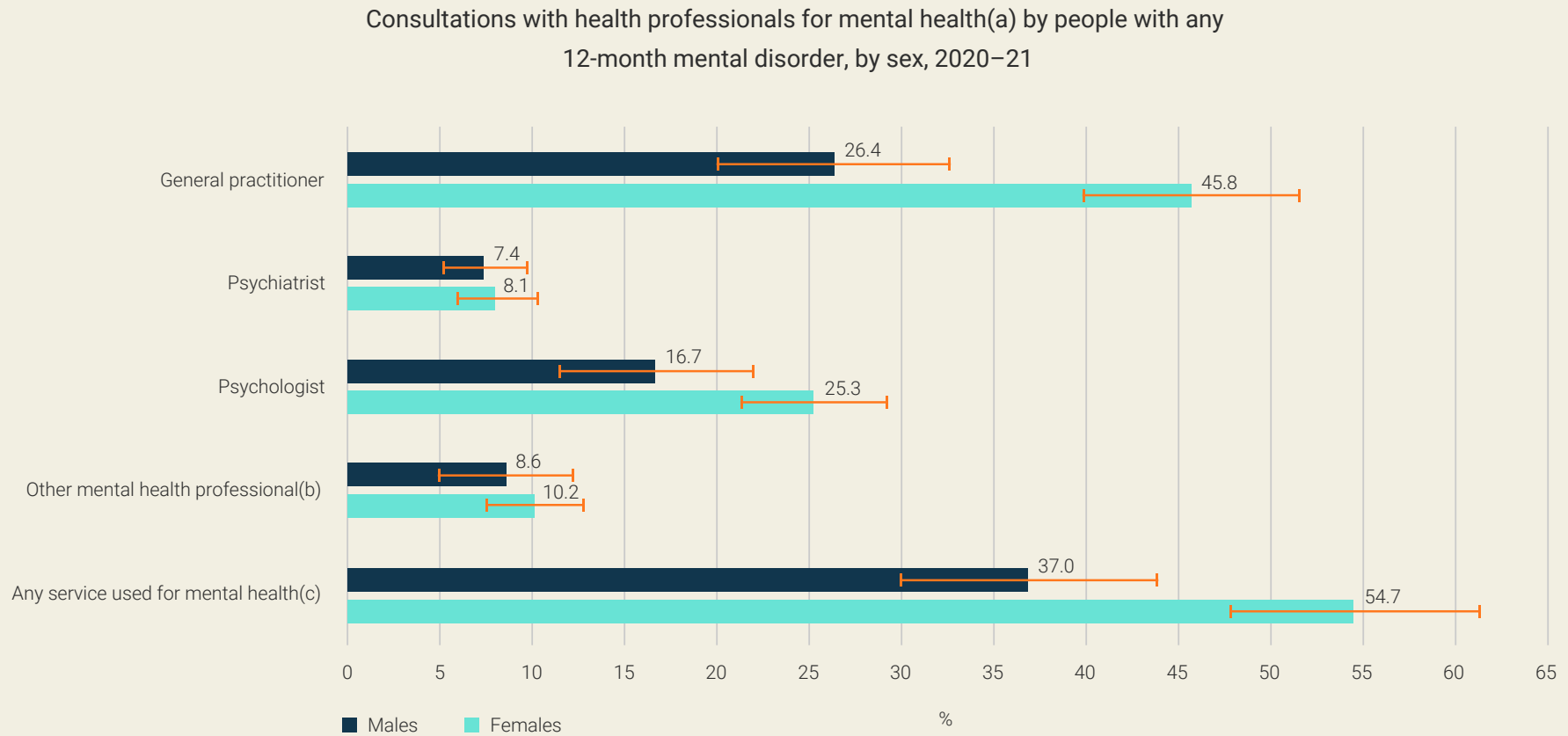
‘It feels like I am seeing younger and younger patients with mental health issues as each year goes by, and with more serious illness as well.’

‘Mental health, such as anxiety and depression, in the younger generation stemming from pressures from rising cost of living, technology causing reduced quality of social interaction and lack of time spent doing outdoor activities.’

‘Resilience is decreasing, emotional turmoil increasing. More distress generally about issues people can’t do anything about, such as job insecurity with the gig economy and climate change inaction by government.’

‘I’m particularly concerned about (the mental health of) youth, with climate change, war and politics all weighing heavily on them and affecting their futures.’

Figure 23. GPs are essential in mental healthcare and are managing a significant proportion of the mental health workload



a. In the 12 months prior to interview.

b. Includes mental health nurse and other mental health professional.

c. Also includes specialist doctor or surgeon, other health professional and hospital admissions for mental health.

Measure: Consultations with health professionals for mental health by people with any 12-month mental health disorder by sex, 2020–21.

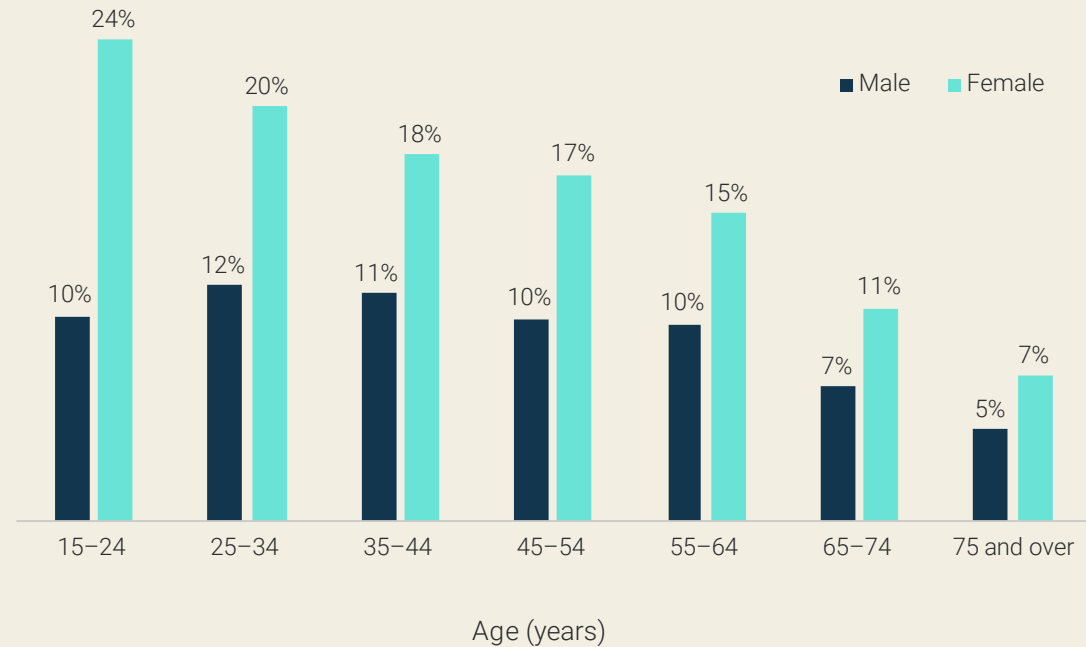
Source: Australian Bureau of Statistics, National Study of Mental Health and Wellbeing 2020–21. Available at: www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21

While the pressures of COVID-19 have had a clear impact on mental health issues and psychological distress in the community, the disproportionate prevalence of high psychological distress among younger Australians predates the COVID-19 pandemic.⁸

Since 2013, the number of young people, especially females, experiencing psychological distress has been increasing at a greater rate than for other age groups.⁸

One in five (20%) Australians aged 16–34 years now report experiencing high or very high levels of psychological distress, more than twice the rate of those aged 65–85 years (9.6%).⁸ Younger people, particularly younger females, are also far more likely than other groups to report seeing a GP to discuss their mental health concerns (Figure 24).

Figure 24. Young females are more likely to seek GP support for mental health issues



Measure: Proportion of patients who reported that they saw a GP for mental health by age and gender.

Sample: Data based on 28,386 fully completed surveys.

Source: Australian Bureau of Statistics, Patient experiences in Australia, 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

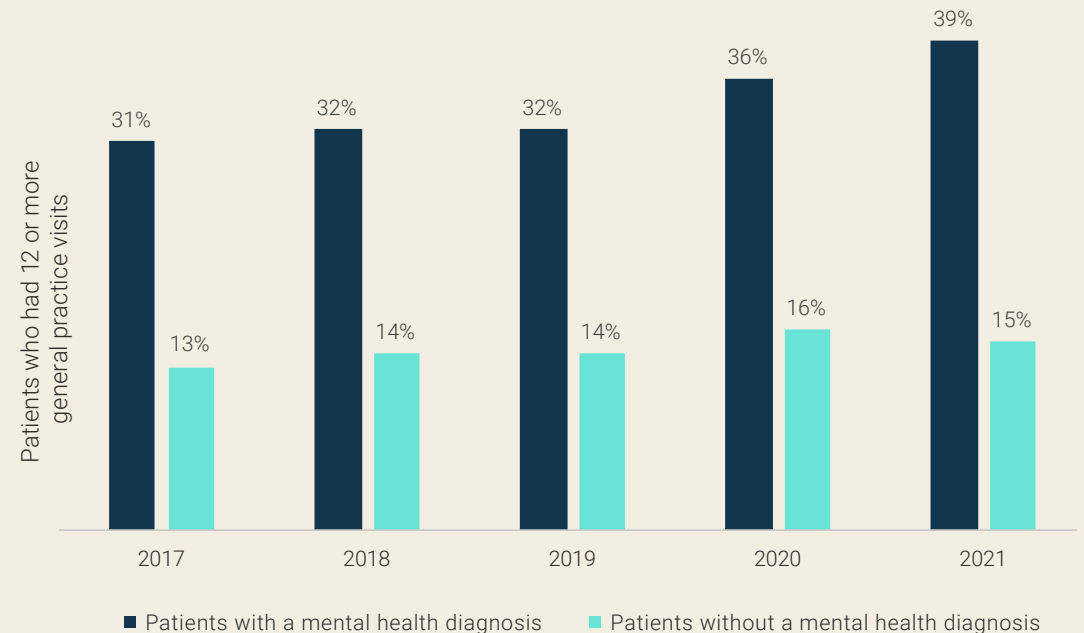
Mental illness prevalence in the community is underestimated

Mental health and behavioural conditions are the most common chronic conditions in Australia, affecting 4.8 million people (20% of the population).¹¹ Based on Medicare Benefits Schedule (MBS) data, more than 10% of the population received MBS-supported mental healthcare in 2019–20, almost double the rate from 10 years prior.² However, the prevalence of mental health issues in the community and the volume of mental healthcare provided by GPs is substantially underestimated by official data.

A 2021 study found that 38% of GP consultations in a typical week include some mental health component.² This is comprised of 25% of consultations addressing a mix of mental health and other clinical issues, and 13% of consults addressing mental health as the only condition.

In addition, people with mental health diagnoses are relatively higher users of general practice services, and have become even higher users over the course of the pandemic (Figure 25).

Figure 25. Frequency of general practice visits by people with a mental health diagnosis has significantly increased over the past five years



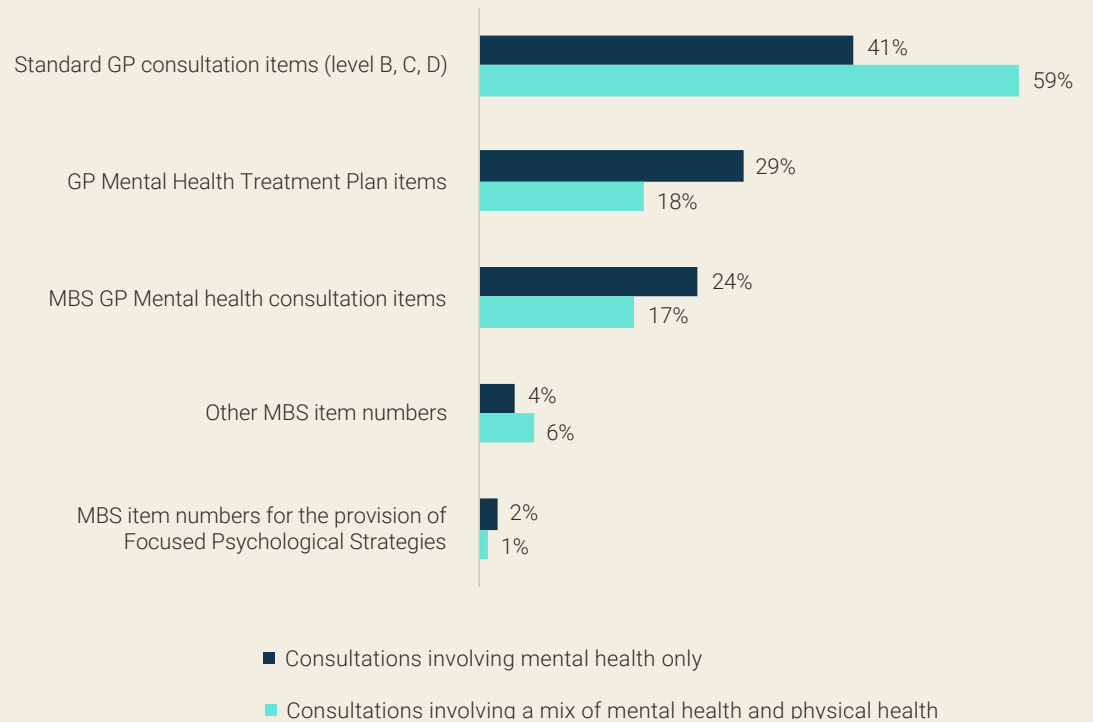
Measure: Proportion of patients who visited their GP 12 times or more per year, comparing people with a mental health diagnosis versus people without a mental health diagnosis.

Sample: Based on de-identified data from a pool of 7.1 million patients.

Source: Unpublished deidentified data provided by POLAR.

Most GPs (84%) indicated that their use of dedicated MBS item numbers for mental health consultations understates the amount of time spent addressing mental health concerns.² GPs indicate that they mostly claim level B, C and D standard consultation MBS item numbers when providing mental health care, rather than specific mental health MBS item numbers. (Figure 26). GPs agreed there were several reasons for using MBS standard consultation items instead of mental health items, including the belief that the MBS does not support mental health and physical health being billed together, and standard consultation items being more straightforward and familiar.²

Figure 26. GPs are primarily using MBS standard consultation items for mental health consultations



Measure: Average of GP responses to the question, 'What proportion of (consultations involving mental health only/consultations involving a mix of mental health and physical health) do you bill as...'

Sample: n=846.

Source: The Navigators and General Practice Mental Health Standards Collaboration (GPMHSC). Delivering mental health care in general practice: Implications for practice and policy. 2021. Available at: https://gpmhsc.org.au/getattachment/7be109a5-d32f-48c5-bf33-6c16c12e689b/delivering-mental-health-care-in-general-practice_implications-for-practice-and-policy.pdf

Coordination of care

Almost half of Australians (47%) are estimated to have a chronic condition, and an estimated 20% have two or more conditions.¹¹ People living with chronic conditions and/or multimorbidity often require the care of multiple health professionals, and with increasing rates of chronic disease and multimorbidity, effective coordination of care is vital.

Around 16.5% of Australians reported that they saw three or more different health professionals for the same condition in 2020–21, and of these, almost three in four (73.6%) stated that at least one health professional helped to coordinate their care.⁷

Of those patients who received help coordinating their care, more than half (57.9%) reported that GPs helped most in care coordination.

Almost all patients (98% who received care coordination support) reported that this support was valuable, with the majority (70%) reporting it helped to a large extent. A small proportion of patients (13.1%) reported that there were issues caused by a lack of communication between health professionals.⁷

Around 16.5% of Australians reported that they saw three or more different health professionals for the same condition in 2020–21.



CHAPTER FOUR

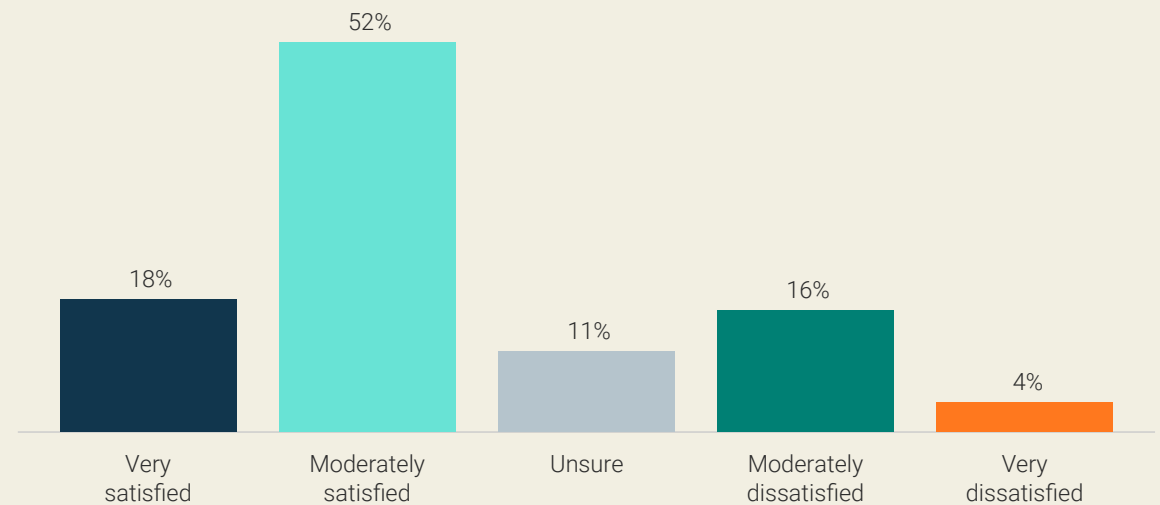
GP satisfaction and professional challenges

Job satisfaction

This year's survey results show a high level of overall job satisfaction among GPs, despite also reporting significant challenges, such as an inability to maintain a good work–life balance and high levels of burnout.

Job satisfaction is a complex construct that is difficult to measure with a single question. Overall, 70% of GPs reported that they are moderately or very satisfied with their job (Figure 27).

Figure 27. Seventy per cent of GPs are satisfied with their job overall



Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'

Sample: n=3219 GPs.

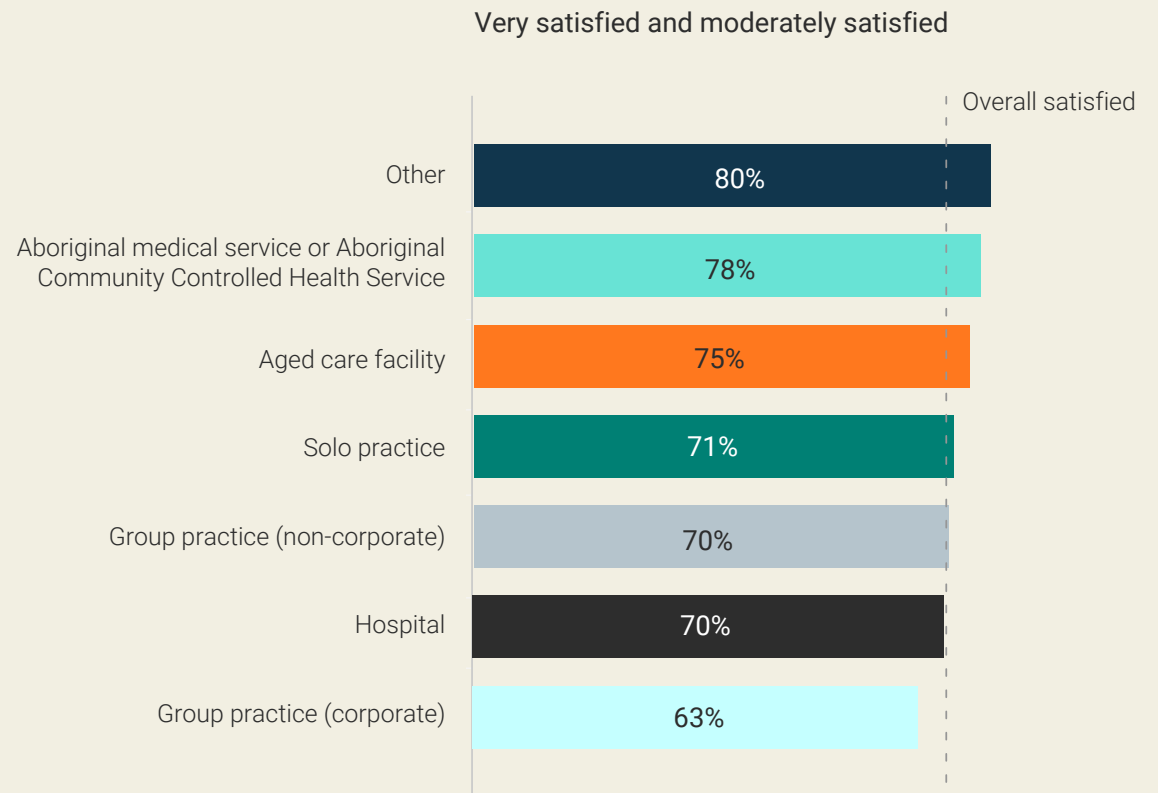
Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Overall, job satisfaction differs depending on primary place of practice. GPs working in corporate practices report significantly lower job satisfaction than other practice settings (Figure 28), while the highest satisfaction rating is found for GPs working in 'other' settings, which primarily consists of non-clinical work such as government and research settings.

Overall job satisfaction also varies with practice location, with highest satisfaction in very remote settings, where 81% of GPs are satisfied or very satisfied.⁴

When asked about specific aspects of the role (ie satisfaction with hours, remuneration and level of administration), GPs report much lower levels of satisfaction. Satisfaction with both hours of work and remuneration has decreased markedly since 2020 (Figure 29).

Figure 28. GPs working in corporate practices are less satisfied with their roles



Measure: GP responses to the question, 'How would you rate your overall job satisfaction?', by main practice setting.

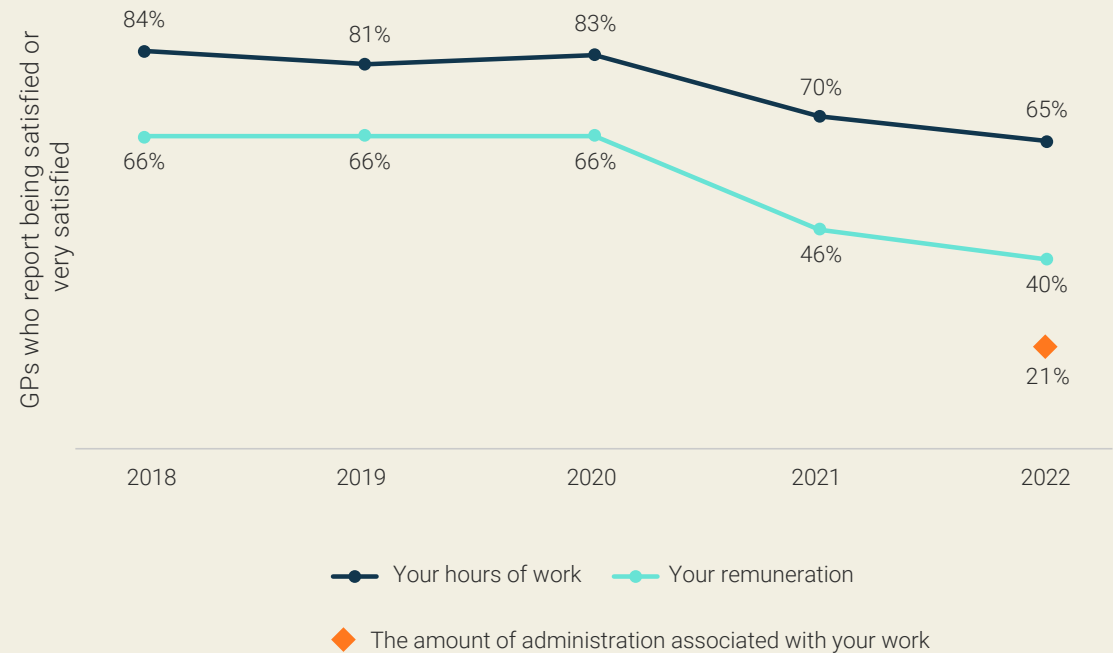
Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Job satisfaction also differs depending on GP characteristics.

- Male GPs are significantly more likely than female GPs to indicate dissatisfaction with their hours of work (22% compared with 17%), but are significantly more satisfied with their remuneration (43% compared with 38%).
- Practice owners are significantly more likely than non-owners to indicate dissatisfaction with hours worked (32% compared with 15%) and level of administration (67% compared with 57%).
- GPs in regional and rural areas are more likely to be satisfied with their remuneration (major cities 39%, inner-regional 38%, outer-regional 42%, remote 52% and very remote 69%).
- GPs working in Aboriginal medical services are significantly more likely to state that they are 'very satisfied' with their hours of work (43% compared with 24% across other practice settings) and 'very satisfied' or 'satisfied' with their remuneration (69% compared with 40% across other practice settings).
- GPs in training are more likely than more experienced GPs to state that they are 'unsure' about how they feel about their overall job satisfaction (GPs in training job satisfaction: net satisfied 68%, unsure 13%, net dissatisfied 19%).

Figure 29. Satisfaction regarding hours and remuneration is in decline



Satisfaction levels regarding administration was asked for the first time in 2022.

Measure: Proportion of GPs who selected 'satisfied' or 'very satisfied' to the question, 'To what extent are you satisfied or dissatisfied with (your hours of work/your remuneration/the amount of administration associated with your work)?'.

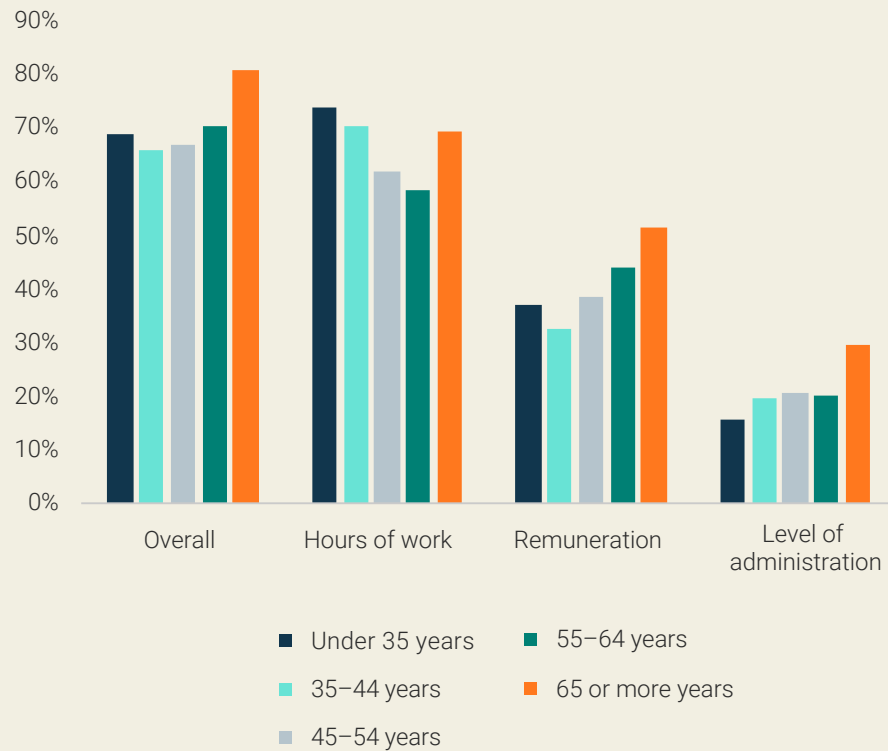
Sample: 2018: n=3236, 2019: n=3207; 2020: n=3077; 2021: n=1386; 2022: n=3219.

Source:

- 2018–2020: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 10 survey. Melbourne: MABEL.
- 2021 and 2022: The Navigators, RACGP Health of the Nation survey April/May 2022.

GPs over 65 years of age reported higher levels of job satisfaction across all categories (Figure 30). This is potentially selection bias, where dissatisfied GPs have already retired from general practice.

Figure 30. GPs still practising after 65 years of age are more satisfied with their roles than their younger colleagues



Measure: Proportion of GPs who selected 'satisfied' or 'very satisfied' to the questions, 'How would you rate your overall job satisfaction?' and 'To what extent are you satisfied or dissatisfied with (your remuneration/your hours of work/the amount of administration associated with your work)', by GP age.

Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

General practice challenges

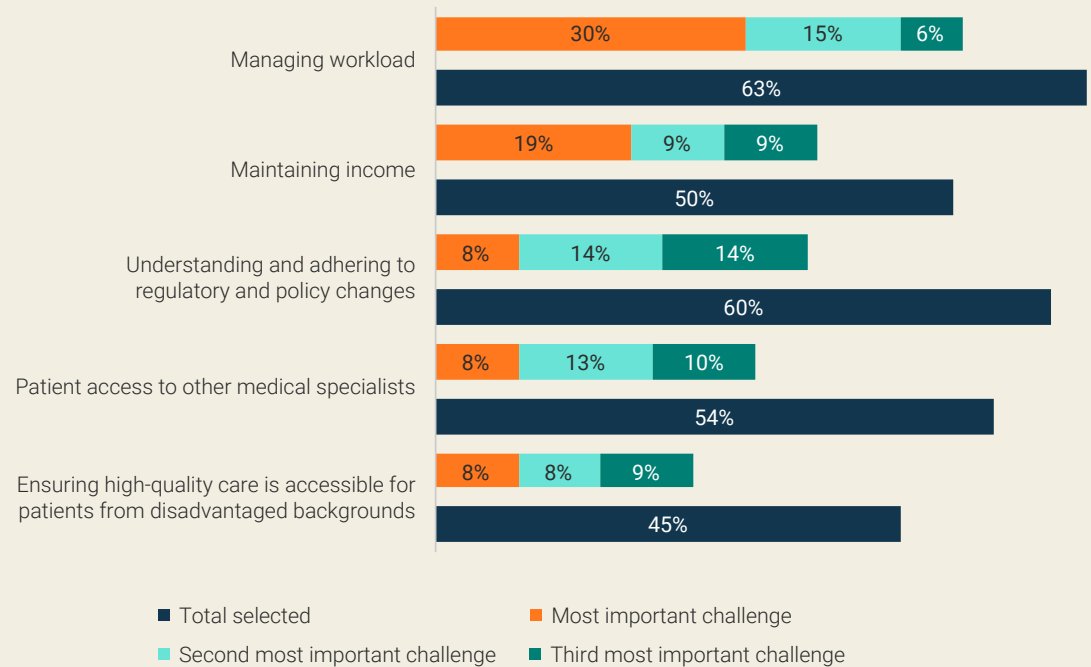
The top challenges for GPs are managing workload, income and regulatory burden

There are multiple clear challenges causing great concern among the profession.

In previous years, financial concerns featured most prominently as a key challenge for GPs. In 2022, increasing workload and the burden of regulatory compliance are causing GPs the most concern. Nearly two-thirds of GPs (63%) reported workload as a challenge, and half of those (30%) ranked it as their biggest concern. Regulatory burden was also reported as a challenge by two-thirds (60%) of GPs. Managing income was selected as a challenge by 50% of GPs, and ranked as the greatest concern by 19% of the profession (Figure 31).

GPs in training reported slightly different challenges. While managing workload and regulatory burden were also the top challenges, GPs in training were significantly more likely to rate 'building a patient base' as a challenge (14% compared with 6%) and significantly less likely to report 'role encroachment of other health professionals' as a challenge (11% compared with 22%).⁴

Figure 31. Managing workload and regulatory burden top challenges for GPs – Managing income continues to rank high



Top five of 16 options are shown.

Measure: Proportion of GP responses to the questions, 'What are the main issues you face as a GP?' and 'Out of the challenges you selected, what are the first, second and third most important challenges you face as a GP?'.

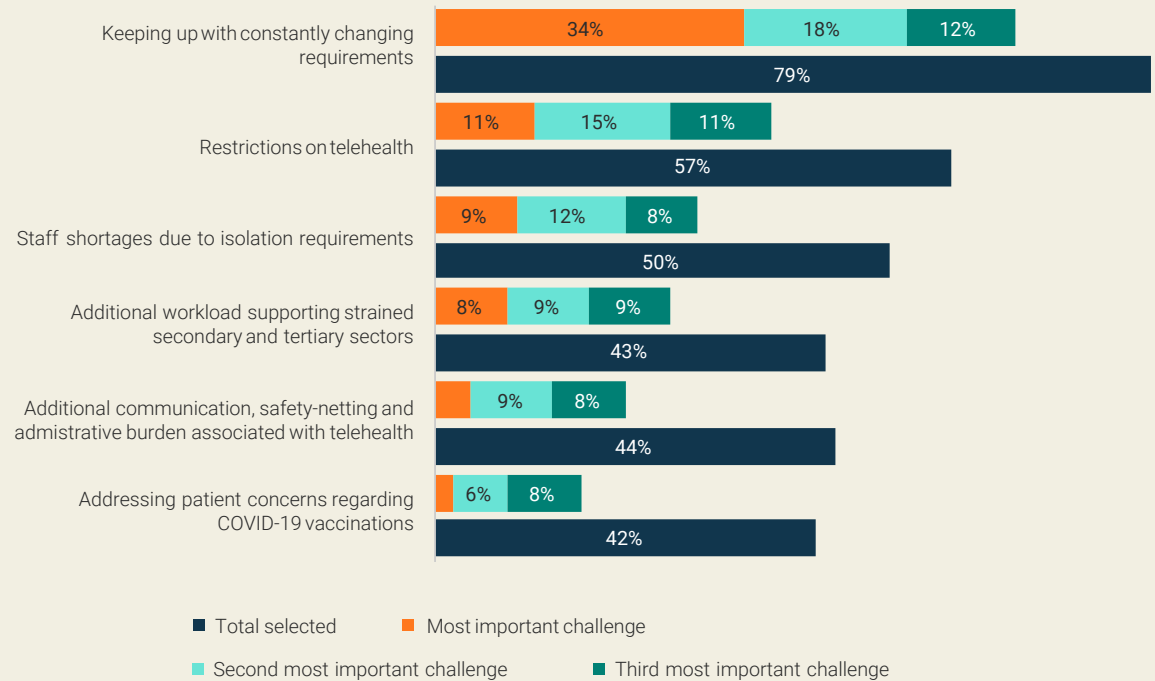
Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

The COVID-19 pandemic has also presented additional specific challenges for GPs. This is most notable with the increased administrative burden on all practice staff, with four in five GPs identifying 'keeping up with constantly changing requirements' as a challenge. Restrictions to telehealth items and workforce pressures associated with isolation requirements are also concerning GPs (Figure 32).

Four in five GPs report it is a challenge to keep up with constantly changing requirements.

Figure 32. Keeping up with COVID-19 regulations is a significant challenge for GPs



Top six of 13 responses are shown.

Labels not shown for 5% or less.

Measure: Proportion of GP responses to the questions, 'What challenges are you experiencing which impact your ability to provide care to patients because of COVID-19?' and 'Out of the (COVID-19 related) challenges you selected, what are the first, second and third most important challenges you are experiencing?'.

Sample: n=3219 GPs.

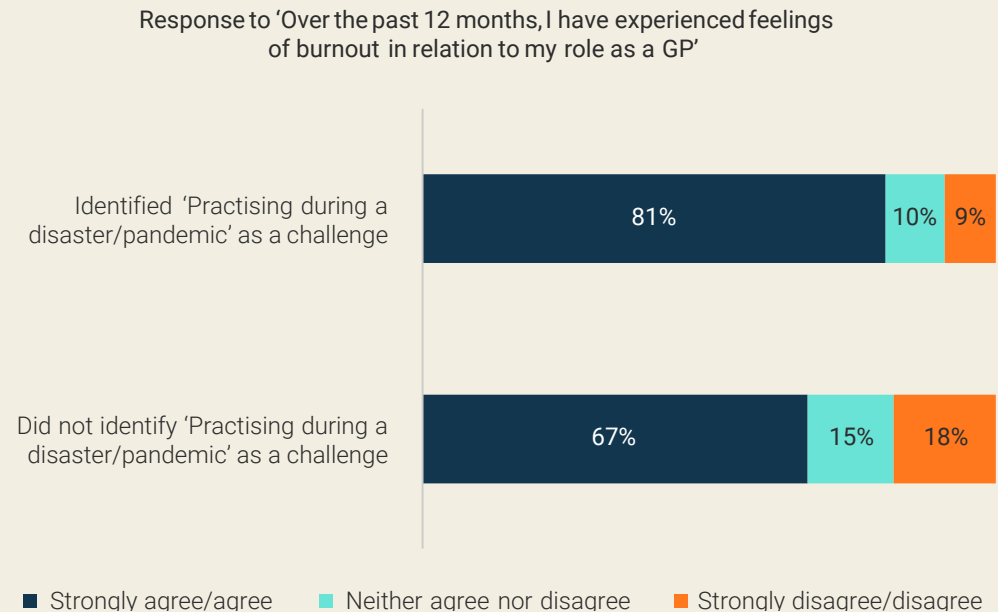
Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

GPs' experience of the pandemic and other recent disasters in Australia appears to be related to increased feelings of burnout.

The experience of burnout differs significantly depending on the individual's experience of the pandemic and recent natural disasters in Australia. Forty-one per cent of GPs identified 'practising during a disaster/pandemic' as a challenge in the past year. Among these GPs, there is a significantly higher incidence of feelings of burnout over the same period. Eighty-one per cent of the GPs who selected 'practising during a disaster/pandemic' as a challenge experienced feelings of burnout, compared with 67% of GPs who did not say they were challenged in this way (Figure 33).

The same trend is seen for practice owners, where 80% of those who selected 'sustaining practice during a disaster/pandemic' as a key business challenge either 'strongly agree' or 'agree' that they have recently experienced feelings of burnout compared with 66% of those who did not select this as a challenge.

Figure 33. Experience of pandemic and recent disasters in Australia is impacting levels of burnout



Measure: Proportion of GP responses to the question, 'Over the past 12 months I have experienced feelings of burnout', by whether GPs selected 'Practising during a disaster/pandemic' as a challenge in the question, 'What are the main issues you face as a GP?'.
 Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

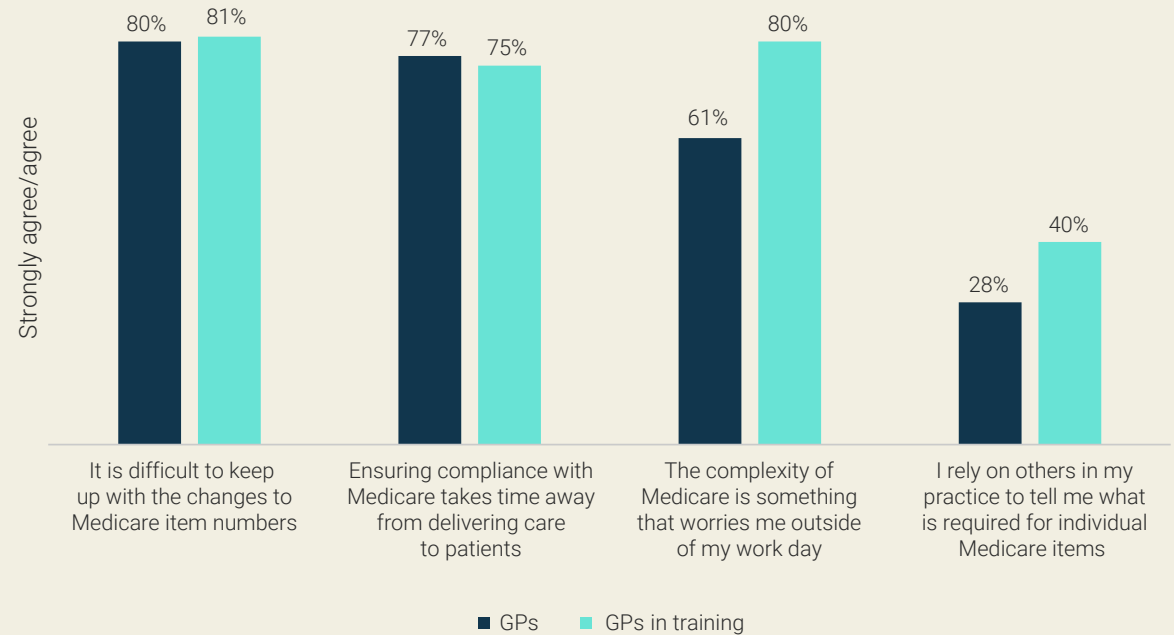
Medicare compliance

Medicare compliance is a concern for most GPs, although only 23% have personally experienced a Medicare compliance activity.⁴

Almost two-thirds of GPs (61%) indicated that the complexity of Medicare is something that worries them outside of their work day, and this was much higher among GPs in training (80%).

More than three-quarters of GPs (77%) stated that ensuring compliance with Medicare takes time away from delivering care to patients (Figure 34).

Figure 34. Concerns regarding Medicare compliance



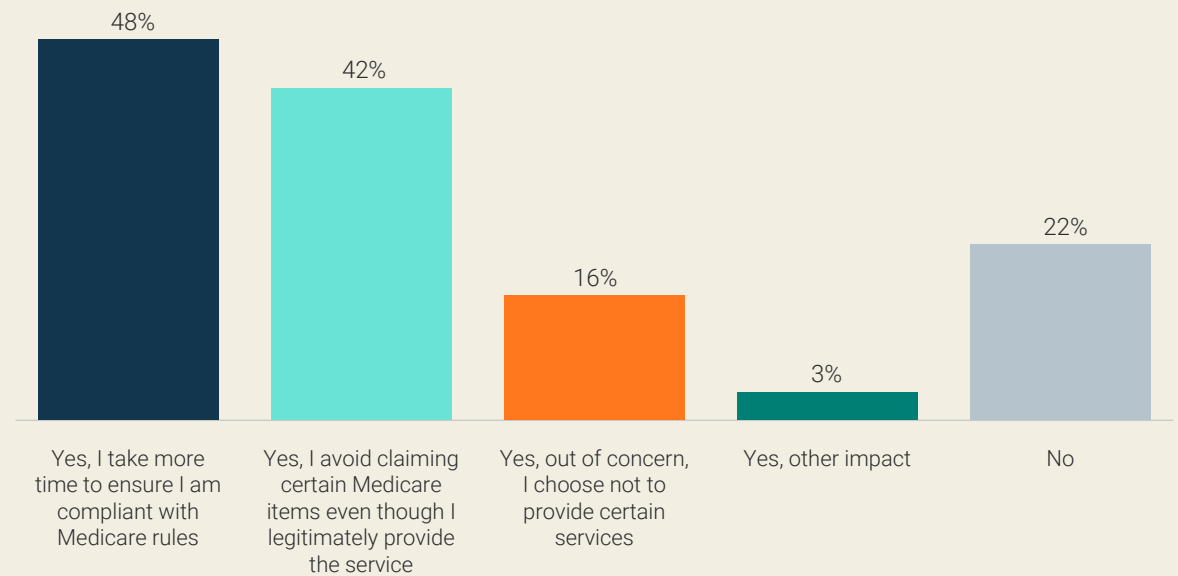
Measure: Proportion of GP responses to the question, 'To what extent do you agree or disagree with the following statements'.

Sample: n=3219 GPs, n=93 GPs in training.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Nearly half of GPs (47%) stated that their awareness of Medicare compliance activities has impacted how they bill or what services they provide. Sixteen per cent of GPs limit the services they provide to avoid the consequences of non-compliance, and 42% of GPs have not claimed certain Medicare items, despite legitimately providing services due to fear of being targeted in a compliance campaign (Figure 35).

Figure 35. Impact of Medicare compliance on practice



Measure: Proportion of GP responses to the question, 'Has your knowledge of Medicare compliance activities impacted the way you practice?'

Sample: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

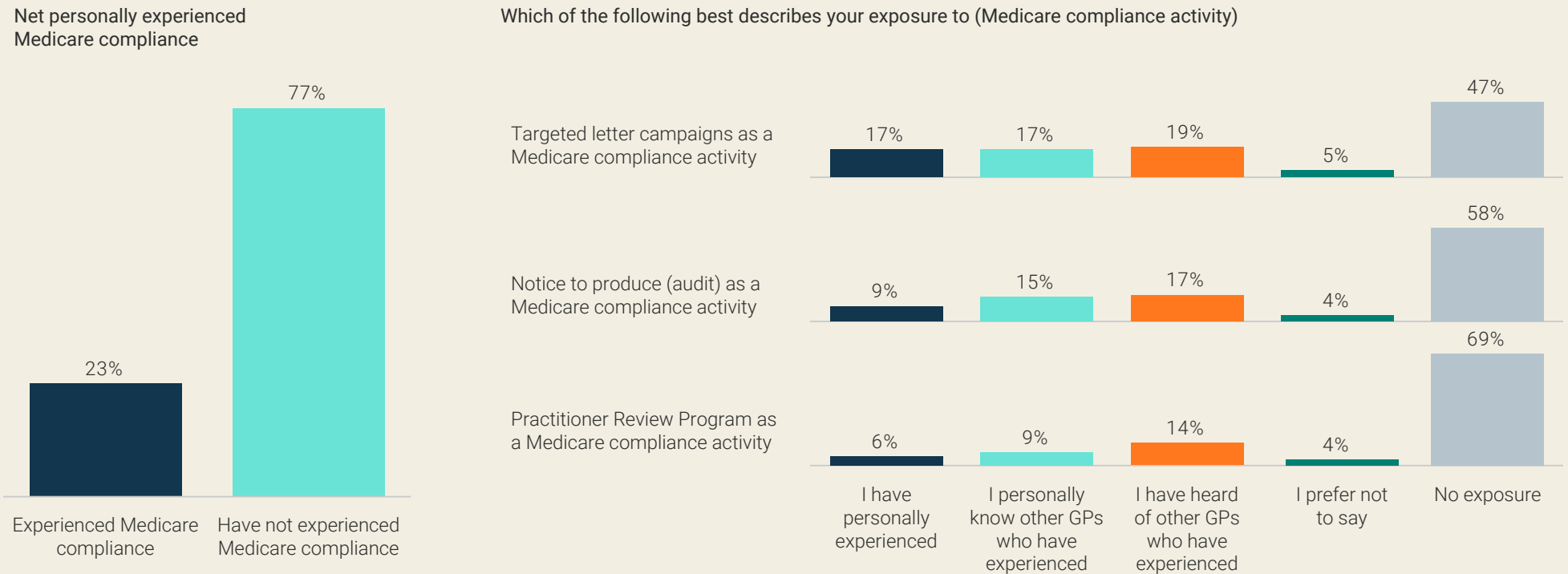
These results suggest that Medicare compliance activity might be reducing patient access to care. This is likely to be significantly more pronounced for care that is perceived to be the target of compliance, such as complex care or longer consultations. A report looking into the delivery of mental healthcare in general practice found that:

- 37% of GPs are concerned about triggering an audit, and this discourages them from using accurate MBS items numbers for mental health consultations
- 45% of GPs sometimes claim shorter consults when doing mental health consultations to avoid billing too many long MBS item numbers
- 41% of GPs tend to agree that compliance with the requirements for mental health item numbers discourages them from using the item numbers.²

The report also found that 70% of GPs do not tend to bill the mental health component when they provide mental health and other clinical issues in one consultation, as they believe the MBS system does not support this.² While the MBS does allow for mental health items to be co-claimed with other items, the Department of Health recently undertook a high-profile compliance activity targeting high co-claiming of mental health items, which has likely impacted GP concerns regarding co-claiming these items, further demonstrating the unintended consequences of Medicare compliance activity.

The most common exposure to compliance activity (of the three types listed in the survey) was a targeted letter campaign, with 17% of GPs reporting that they had personally received a targeted letter, and a similar proportion stating they personally know other GPs who have received a targeted letter (Figure 36).

Figure 36. Fewer than one-quarter of GPs have personally experienced Medicare compliance activities



Measure: Proportion of GP responses to the question, 'Which of the following best describes your exposure to (Medicare compliance activity)?'.

Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.



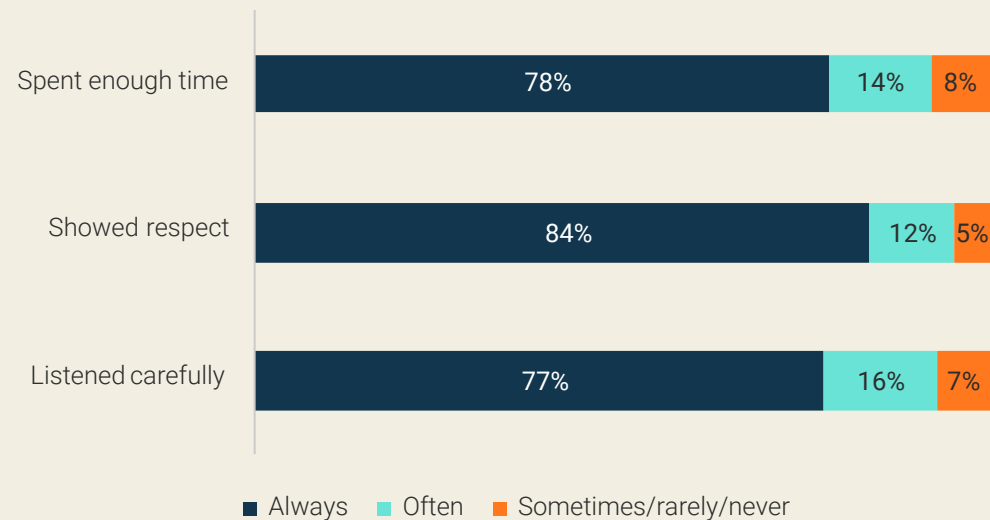
CHAPTER FIVE

General practice access and affordability

Patient satisfaction with care

Patients are generally very satisfied with the care they receive from their GP, with over 90% reporting that their GP always or often spent enough time with them, showed respect and listened carefully (Figure 37).

Figure 37. Patients are extremely satisfied with the care they receive from their GP



Measure: Patient responses to the question, 'Thinking about all the GPs you have seen in the last 12 months, how often did they (listen carefully to/show respect for/spend enough time with you)?'.

Sample: Data based on 28,386 fully completed surveys.

Source: Australian Bureau of Statistics. Patient experience in Australia. 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

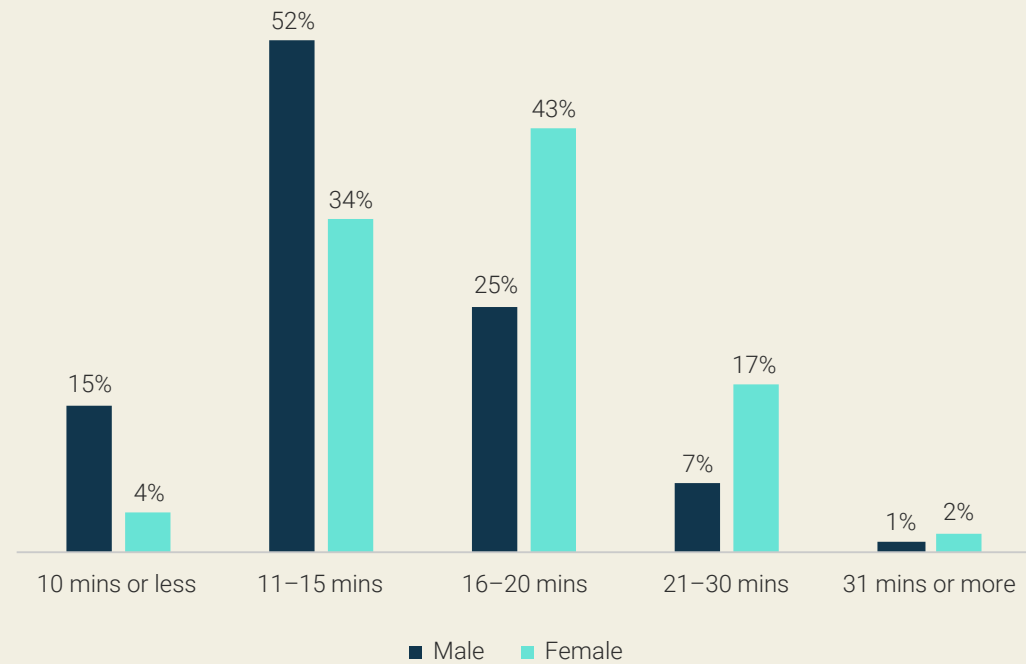
Consultation characteristics

Length

GPs report spending an average of 18 minutes with their patients during a typical appointment.

Female GPs spend longer (average 19 minutes) with their patients compared with male GPs (average 16 minutes) (Figure 38). This might be explained by the types of consultations conducted by female GPs. For example, female GPs report a significantly higher proportion of consultations with a mental health component, which are typically complex consultations, requiring more time.

Figure 38. Female GPs spend longer with their patients



Measure: Proportion of GP responses to the question, 'How long do you typically spend with a patient?' (minutes), by gender.

Sample: Males: n=1441, females: n=1757.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Use of telehealth

Medicare data indicate that approximately 20% of GP consultations are conducted using telehealth, with 94% of these occurring via phone.¹² This is consistent with patient reports, with 23.6% of patients reporting that they had at least one telehealth consultation with a GP in the past 12 months.⁷

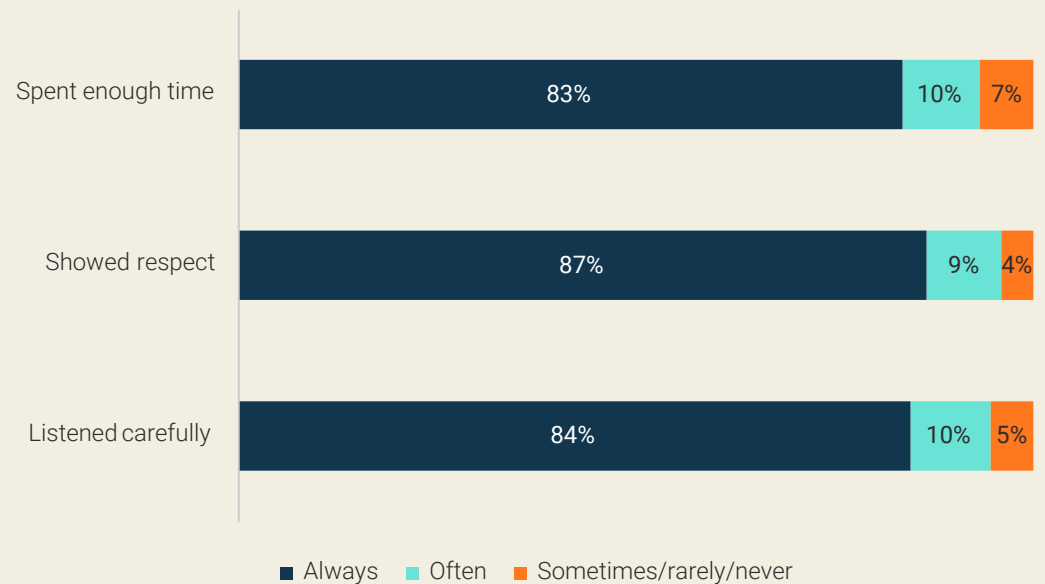
There is a high patient demand for telehealth.

More than three-quarters of patients (76%) who have used telehealth agree the government should continue its funding post-pandemic.¹³

Patient satisfaction with care via telehealth is high (Figure 39), and 83.4% of patients who had a telehealth consultation report that they would use telehealth for a consultation again if it were offered.⁷

The rollout and rapid adoption of telehealth has had a negative financial impact for many practices. The 2021 Commbank GP insights study found that 35% of the practices that responded to the survey reported that telehealth is reducing profits versus 32% indicating that profits have increased.¹³

Figure 39. Patients report high satisfaction with telehealth



Measure: Patient responses to the question, 'Thinking about the health professionals you have seen via telehealth in the last 12 months, how often did they (listen carefully to/show respect for/spend enough time with you)?'.

Sample: Data based on 28,386 fully completed surveys.

Source: Australian Bureau of Statistics. Patient experience in Australia. 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

Cost of care

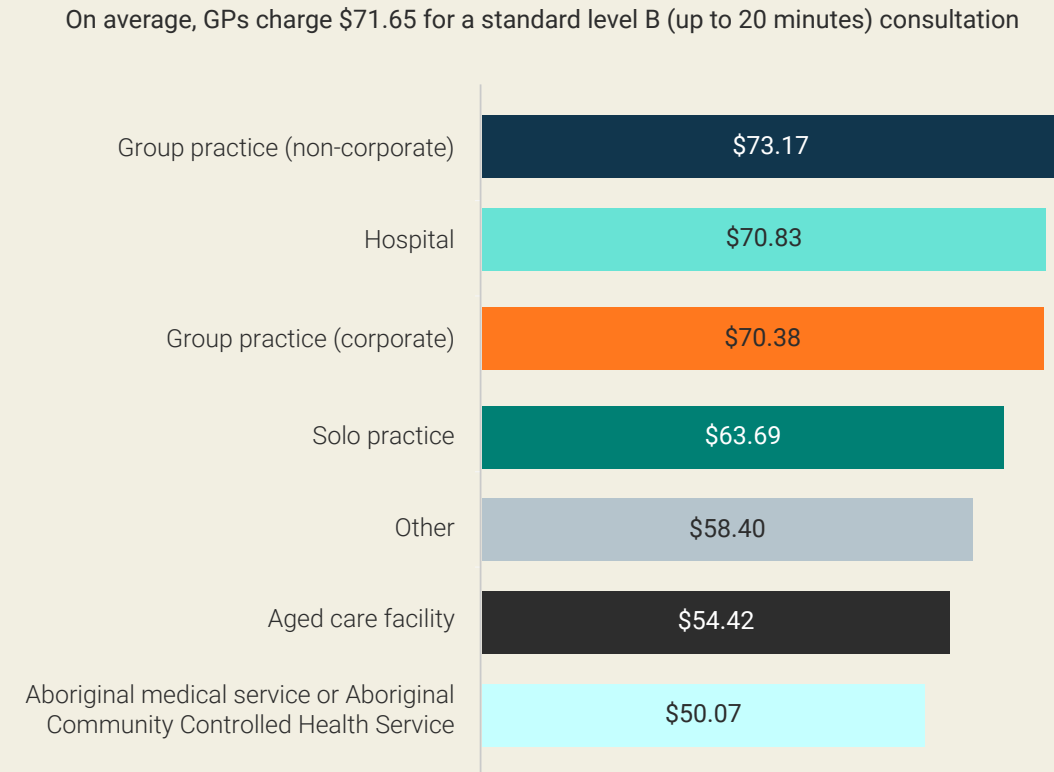
On average, GPs charge \$71.65 for a standard level B (up to 20 minutes) consultation. This figure includes the 2021–22 Medicare patient rebate of \$39.10, and excludes GPs who bulk bill 100% of their patients. Therefore, on average, a patient visiting a mixed or privately billing practice contributes \$40.55 for a standard GP appointment.

However, the amount charged for a standard level B consultation varies widely. Practice setting affects the amount charged for a standard consultation, with GPs working in non-corporate practices charging higher fees than GPs working in other practice types (Figure 40).

The overwhelming majority of GPs (nearly 70%) reported that the fee they charge for a standard consultation is too low and does not reflect fair remuneration for the service provided (Figure 41). GPs who currently charge a higher fee for a standard level B consultation are significantly more likely to indicate that the fee they charge accurately reflects fair remuneration for the service provided (Figure 42).

When GPs who indicated that the fee they charge is too low were asked what an appropriate fee for a standard consultation would be, they reported an average of \$22 higher than they currently charge.

Figure 40. The fee for a standard (level B) consultation differs by practice setting



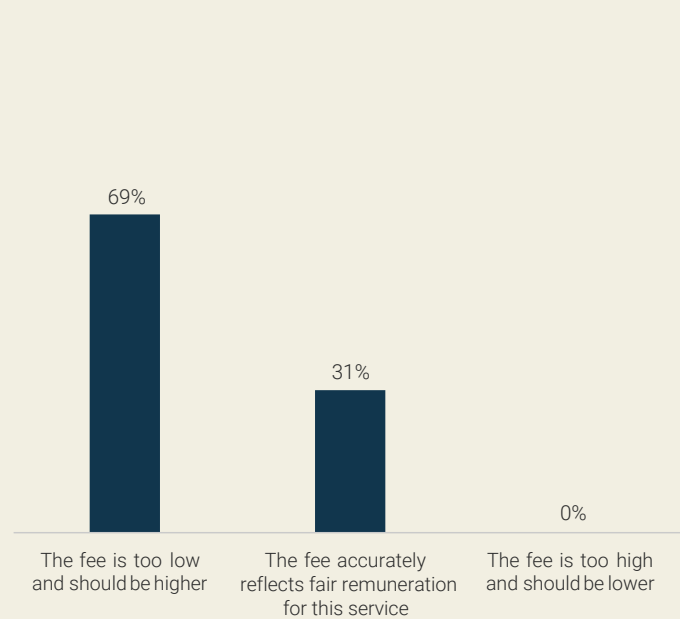
Excludes GPs who indicated they bulk bill 100% of their patients.

Measure: Average of GP responses to the question, 'What is the total fee for patients at your main practice for a standard (level B) consultation?', excluding GPs who bulk bill all patients, including both the current rebate of \$39.10 and any out-of-pocket-cost.

Sample: n=2441 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

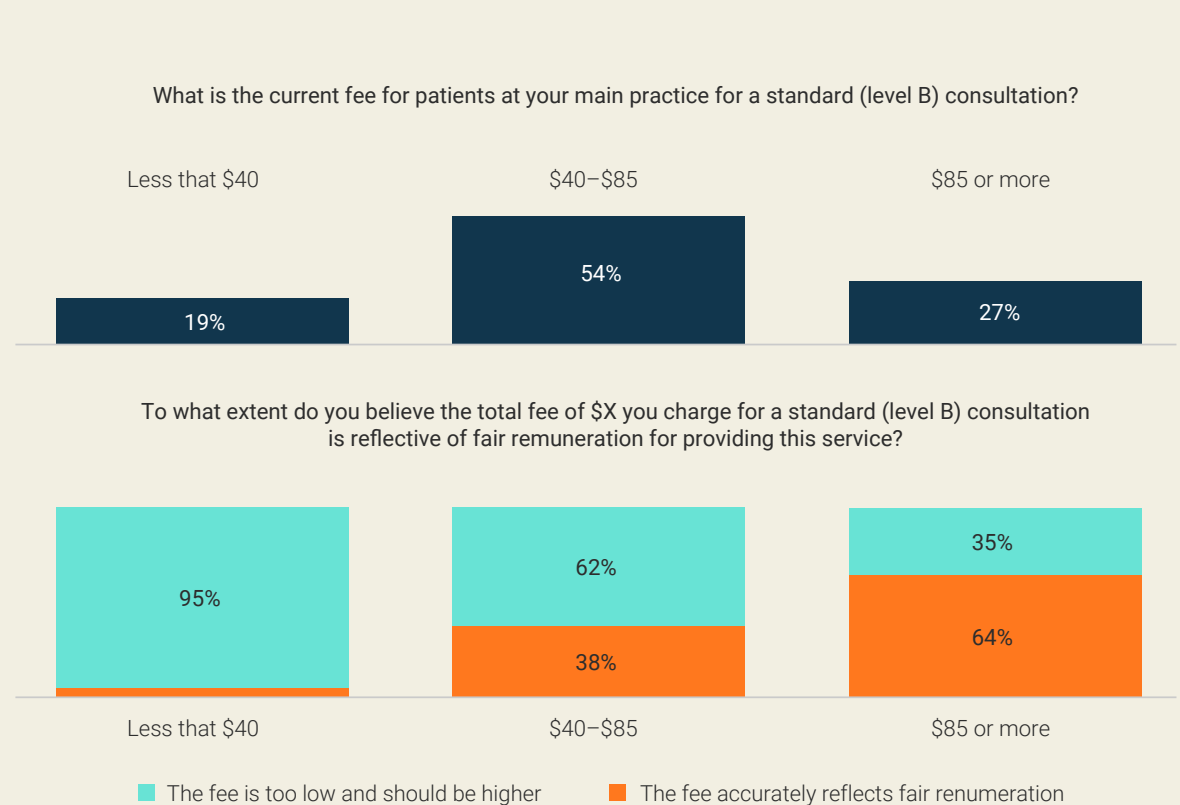
Figure 41. Most GPs feel that the fee they charge should be higher



Measure: Proportion of GP responses to the question, 'To what extent do you believe the fee you charge for a standard (level B) consultation is reflective of fair remuneration for providing this service?'.
Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Figure 42. GPs who charge higher fees are more likely to indicate that their fees are appropriate



Measure: Proportion of GP responses to the questions, 'What is the current fee for patients at your main practice for a standard (level B) consultation?' and 'To what extent do you believe the fee you charge for a standard (level B) consultation is reflective of fair remuneration for providing this service?', by current fee charged.
Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Fully subsidised general practice care

Less than one in four GPs (24%) report that they bulk bill all of their patients (Figure 43).

The likelihood of bulk billing all patients for all of their care is highly dependent on practice setting. Ninety-three per cent of GPs working in Aboriginal medical services and Aboriginal Community Controlled Health Organisations report bulk billing all patients for all of their care, compared with only 18% of GPs working in non-corporate group practices.

Bulk billing often reflects patient capacity to pay, rather than a practice's ability to sustainably provide fully subsidised care. For example, Aboriginal medical services and Aboriginal Community Controlled Health Organisations are significantly underfunded, and the lack of funding for these services will render them unsustainable. Government health expenditure for Aboriginal and Torres Strait Islander peoples is only 1.3 that of non-Indigenous Australians,¹⁴ despite this group having significantly higher rates of chronic conditions and more complex care requirements.

Despite growing concerns about practice viability, GPs report that on average they bulk bill 70% of their patients for all their care.

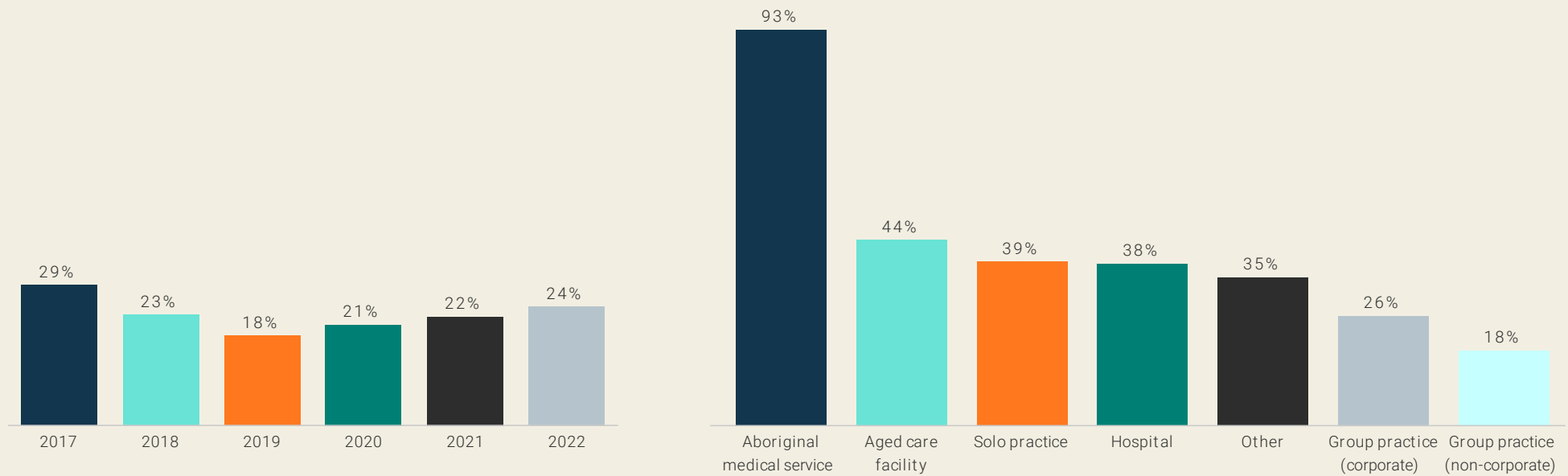
This aligns with Medicare data, which indicates that the proportion of Australians bulk billed for all the care they receive from their GP is 67.6%.¹⁵

GPs are struggling to provide fee-free care to their patients. This year has seen a fall in the proportion of GP services bulk billed for the first time in almost 20 years.¹⁶

Almost all GPs (99%) bulk bill at least some of their patients for all of the care they receive. There are a wide variety of reasons GPs choose to bulk bill their patients. The primary reason for bulk billing given by 63% of GPs is that they believe their patients cannot afford to pay for their care (Figure 44).

This year has seen a fall in the proportion of GP services bulk billed for the first time in almost 20 years.¹⁶

Figure 43. Fewer than one-quarter of GPs bulk bill all of their patients for all of their care

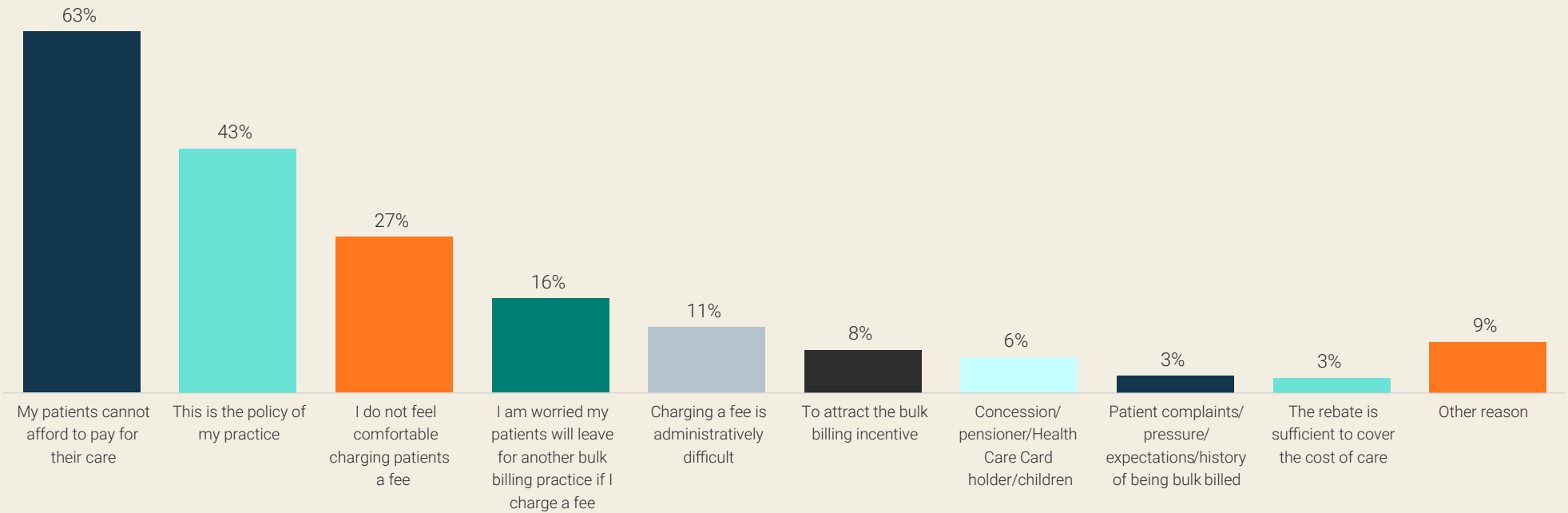


Measure: (a) Proportion of GP responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?', answer 100%, by year and (b) proportion of GP responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?', answer 100%, by year and by practice type.

Sample: (a) 2017: n=1309, 2018: n=1537, 2019: n=1174, 2020: n=1782, 2021: n=1386, 2022: n=3219 and (b) 2022: n= 3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Figure 44. GPs are most likely to bulk bill because their patients cannot afford to pay for their care



Measure: GP responses to the question, 'What are your primary reasons for bulk billing?'

Sample: n=3221 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

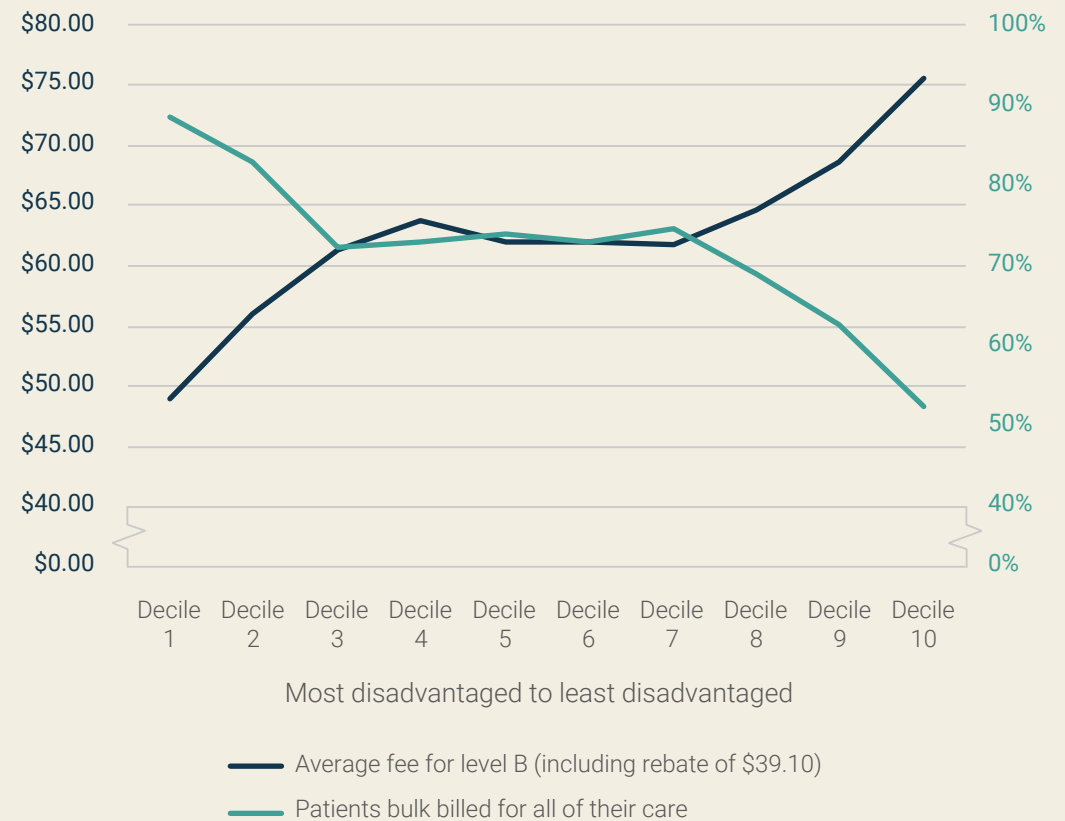
This is evident when looking at GP average fees and bulk-billing rates, with GPs practising in areas of lower socioeconomic status charging lower fees and bulk billing more than those in areas of higher socioeconomic status (Figure 45).

The high bulk-billing rate in general practice is not an appropriate measure for a high-functioning health system, as only 3% of GPs indicated that they bulk bill because the patient rebate is sufficient to cover the cost of care. It is also apparent that the MBS bulk-billing incentive items are not fulfilling their purpose, with only 8% of GPs indicating that this contributes to their decision to bulk bill, demonstrating there is little incentivisation occurring (Figure 44).

A GP's reasons for bulk billing differ depending on practice setting. GPs working in residential aged care facilities are significantly more likely to bulk bill, because charging a fee is administratively difficult (25% compared with 11% across all practice types).

Only 3% of GPs indicated that they bulk bill because the patient rebate is sufficient to cover the cost of care.

Figure 45. Socioeconomic status is a key determinant of GP billing



Measure: Proportion of GP responses to the questions, 'What proportion of your patients are fully bulk billed for all of their care?' and 'What is the total fee for patients at your main practice for a standard (level B) consultation?', by socioeconomic decile rankings.

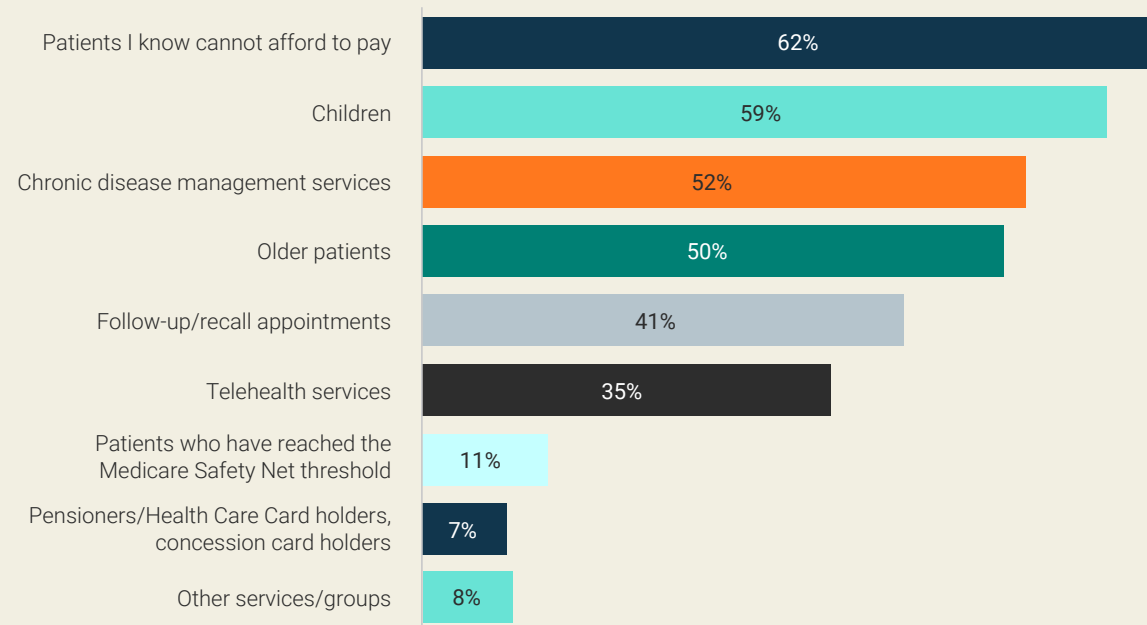
Sample: n=3219 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

GPs are also more likely to bulk bill certain patient groups or health services. A significant proportion of GPs (62%) regularly bulk bill patients they know cannot afford to pay. Almost three in five GPs regularly bulk bill children (59%) (Figure 46).

Older patients and patients with long-term health conditions are higher users of general practice services.⁷ Around half of GPs regularly bulk bill older patients (50%) and chronic disease management services (52%), and therefore the disproportionately high volume of these bulk-billed services skews overall patient bulk-billing rates, making it appear as though a high proportion of patients are bulk billed.

Figure 46. More than half of GPs bulk bill patients they know cannot afford to pay, children and chronic disease management services



Measure: Proportion of GP responses to the question, 'Are there services or groups of patients you choose to regularly bulk bill?'

Sample: n=3221 GPs.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

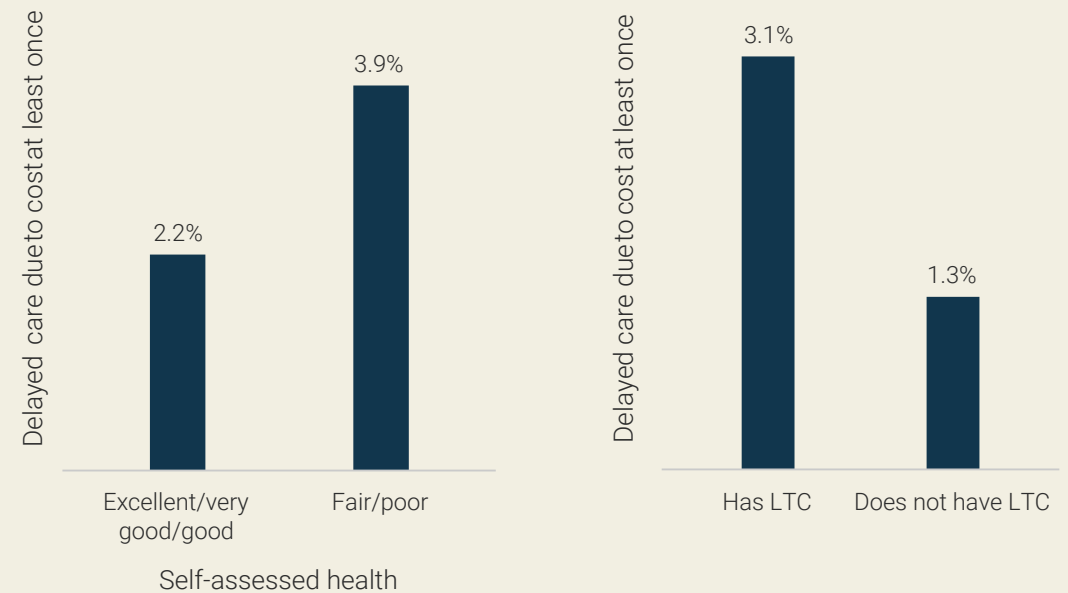
Delaying care due to cost

Medicare data from 2021–22 show that patients contributed a total of \$1.1 billion towards GP non-referred services, and around 23 million people visited their GP for a non-referred service.¹⁶ Both government and GPs report that around 30% of patients contribute towards the cost of their own general practice care, which is 6.9 million Australians.^{4,15}

Therefore, patients who contribute to the cost of their GP care spend approximately \$160 a year on average.

Despite reports that more than two in three Australians receive free GP care, the cost of care is impacting the health of Australians. The cost of care disproportionately impacts the health of those who most need care. People with poorer health or long-term health conditions are twice as likely to delay seeing a GP due to cost (Figure 47). While these groups are more likely to require care and delay care generally, there is a clear disproportion in delaying due to cost. People with long-term health conditions are 2.4 times more likely to delay due to cost, yet only 1.4 times more likely to delay due to other reasons, and people with self-assessed fair/poor health are 1.8 times more likely to delay care due to cost and only 1.3 times more likely to delay care due to other reasons.⁷

Figure 47. Patients with poor health and long-term health conditions are more likely to delay care due to cost



Measure: Patients reported responses as 'yes' to the questions, 'Since (month) last year has there been any time you needed to see a GP, but delayed going?' and 'Was that because of cost?', by self-assessed health and long-term health condition status.

Sample: Data based on 28,386 fully completed surveys.

Source: Australian Government. Australian Bureau of Statistics. Patient experience survey, 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

LTC=long-term health condition.

Patients between 25 and 34 years of age are more than 10 times more likely to delay care due to cost than patients over 75 years of age. These patients are also much more likely to face out-of-pocket costs for their care, given that GPs have indicated they frequently bulk bill older patients and children (Figure 48). Similar data trends are seen in patients delaying filling their prescriptions.⁷

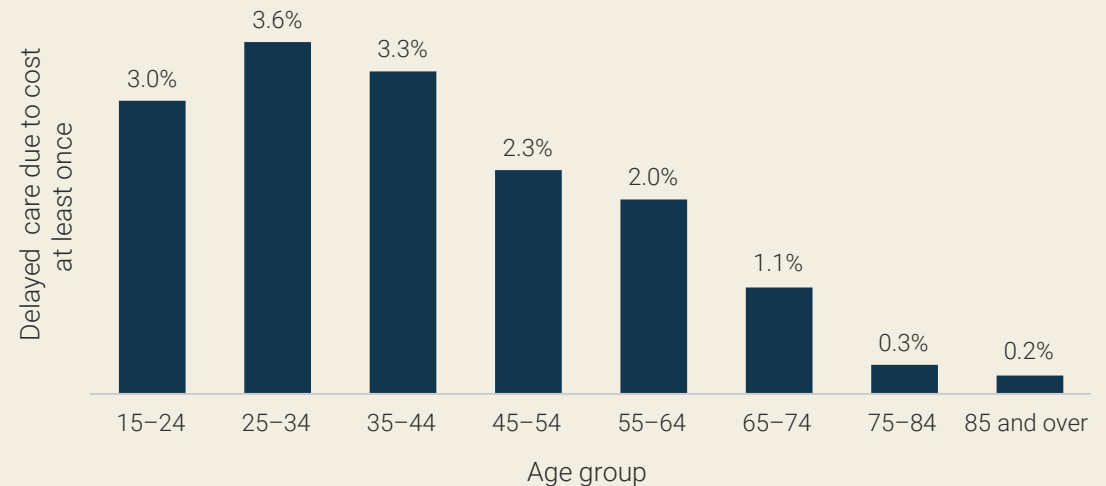
Access to general practice care

In 2020–21, only 16.6% of Australians reported that they waited longer than they felt was acceptable for an appointment with a GP.

Almost two thirds (55.8%) of people reported that the length of time between making an appointment and seeing a GP for their most recent urgent medical care was fewer than four hours, and an additional 10.6% of people were able to get an appointment within four to 24 hours. Only 33.9% reported that the wait was 24 hours or more.

People living outside of major cities reported different experiences with GP wait times and are more likely to report unacceptable wait times (Figure 49), and longer wait times for urgent care (Figure 50).

Figure 48. Younger patients are much more likely to delay care due to cost

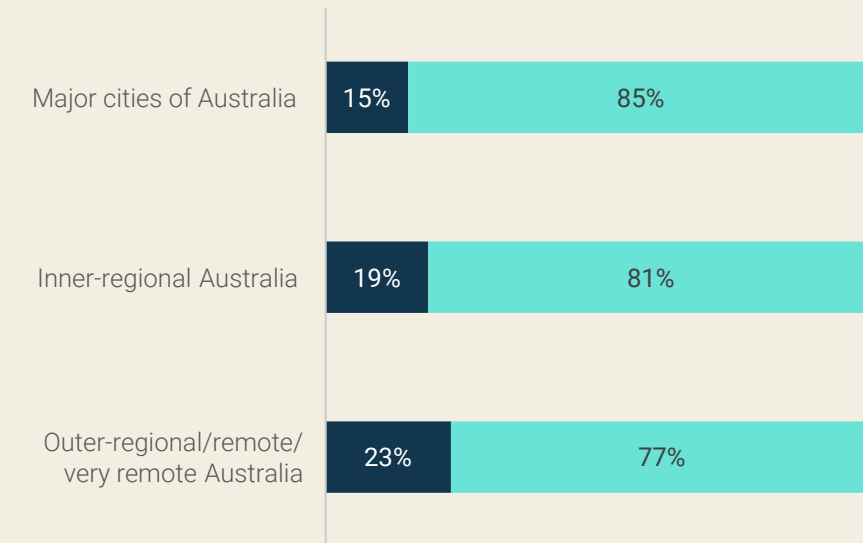


Measure: Patients reported responses as 'yes' to the questions, 'Since (month) last year has there been any time you needed to see a GP, but delayed going?' and 'Was that because of cost?', by age..

Sample: Data based on 28,386 fully completed surveys.

Source: Australian Government. Australian Bureau of Statistics. Patient experience survey, 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

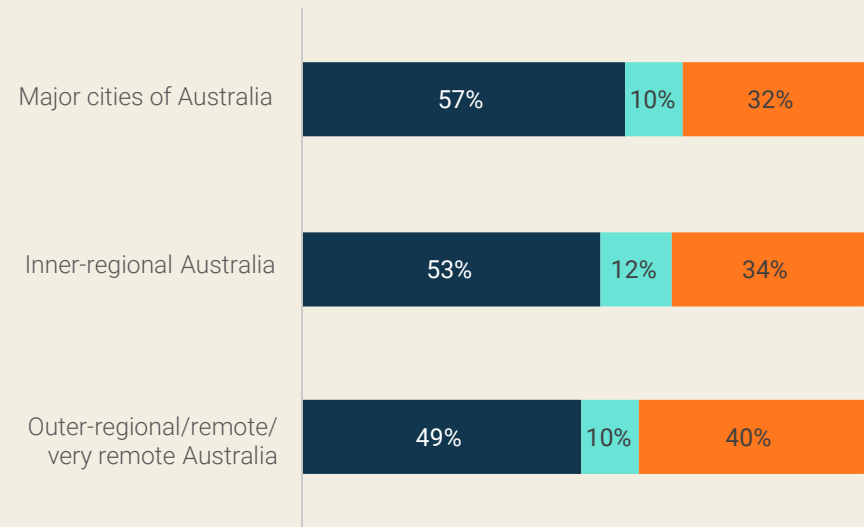
Figure 49. Even in the most remote areas of Australia, three in four people believe their wait for a GP was acceptable



- Waited longer than felt acceptable to get an appointment with a GP
- Did not wait longer than felt acceptable to get an appointment with a GP

Measure: Patient reported responses to the question, 'Since (month) last year, have you waited longer than you felt was acceptable to get an appointment with a GP?', by remoteness.
 Sample: Data based on 28,386 fully completed surveys.
 Source: Australian Bureau of Statistics. Patient experiences in Australia. 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

Figure 50. The majority of people wait less than 24 hours for an urgent appointment with their GP



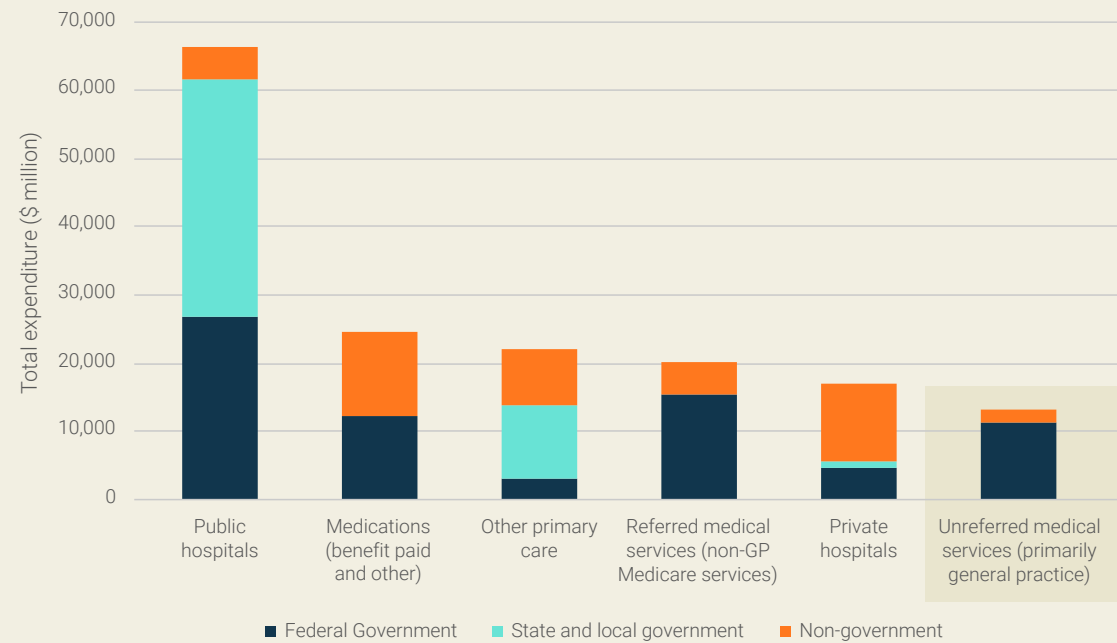
- Within four hours
- Four hours or more but within 24 hours
- 24 hours or more

Measure: Patient reported responses to the question, 'Thinking about the most recent time for urgent medical care, how long after you made the appointment were you seen by the GP?', by remoteness.
 Sample: Data based on 28,386 fully completed surveys.
 Source: Australian Bureau of Statistics. Patient experiences in Australia. 2020–21. Available at: www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release#data-download

Government contribution to care

Government expenditure on general practice is significantly less than expenditure in other parts of the health sector (Figure 51). Despite general practice being the most accessed part of the health system, the most recent comparable data show that expenditure per person is far greater for public hospitals (\$2971) than general practice (\$437.10).^{15,17}

Figure 51. General practice care represents a small proportion of overall health funding



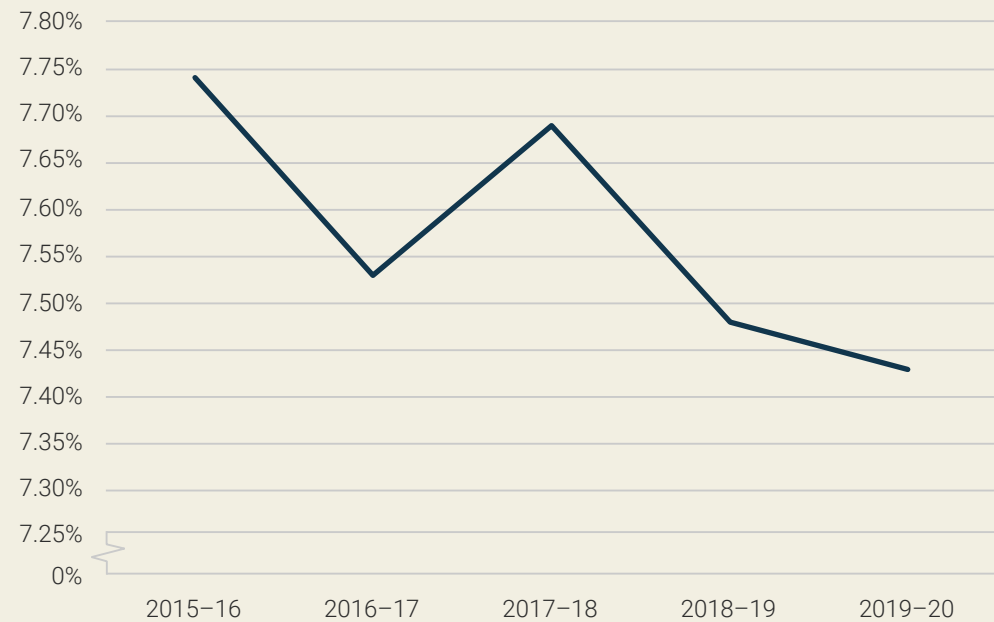
Measure: Health expenditure, current prices, by area of expenditure and source of funds, 2019–20 (\$ million).

Source: Australian Government, Australian Institute of Health and Welfare, Health expenditure Australia 2019–20. Available at: www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/data

Despite seeing almost 90% of the population each year,¹⁶ general practice represents only 7.4% of total government health spending, and this proportion is trending down (Figure 52).

General practice care is far more cost-effective than hospital care. The average cost to the government for a non-admitted emergency department presentation in 2019–20 was \$595.¹⁷ In comparison, it costs the government only \$76.95 to support a patient to spend 20–40 minutes with their GP.¹⁷

Figure 52. The proportion of government funding spent on general practice is reducing



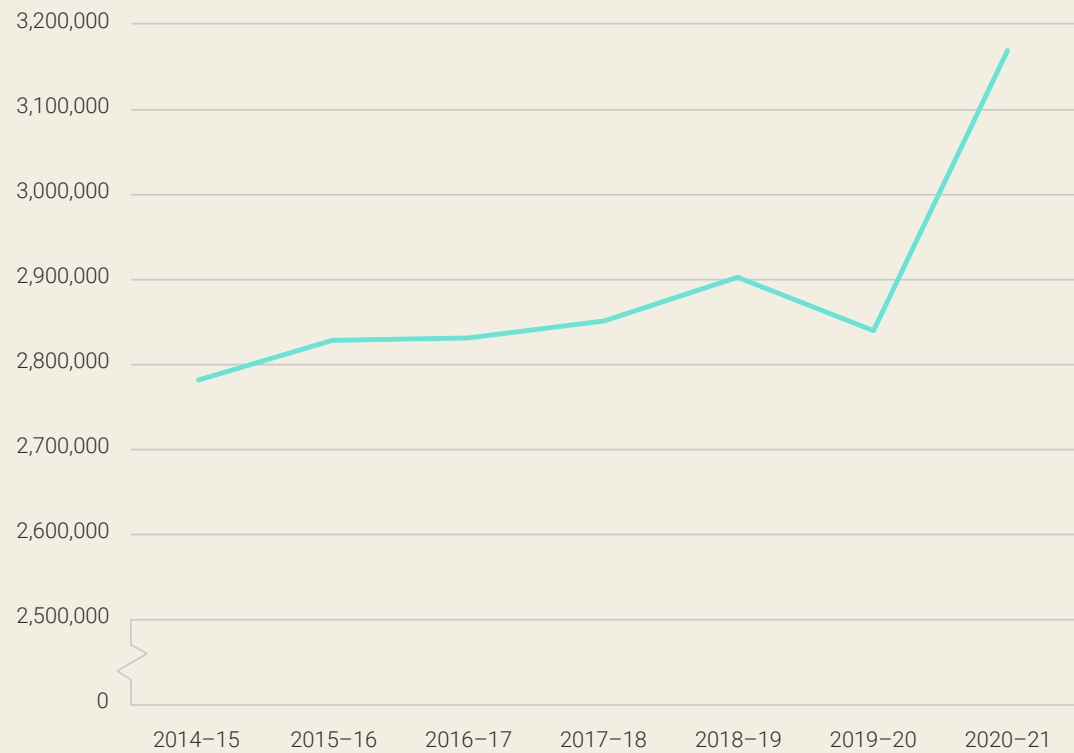
Measure: General practice expenditure (real recurrent) as a proportion of total government health expenditure.
 Data source: Australian Government, Productivity Commission. Report on government services 2022, 10. Primary and community health.
 Available from: www.pc.gov.au/research/ongoing/report-on-government-services/2022/health/primary-and-community-health
 Australian Government, Australian Institute of Health and Welfare, Health expenditure Australia 2019–20. Available at: www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/data

There was a significant increase in GP-type presentations at emergency departments in 2020–21 (Figure 53).

GPs are concerned that the lack of government investment in general practice is impacting their most vulnerable patients.

In 2022, the government increased Medicare patient rebates by just 1.6%. This represented a 65c increase to the patient rebate for a standard level B consultation. Inflation over the same period was 6.1%.¹⁸

Figure 53. Avoidable GP-type presentations at emergency departments spiked in 2020–21



Measure: Number of selected potentially avoidable GP-type presentations at emergency departments, by year.

Source: Australian Government, Productivity Commission. Report on government services 2022, 10. Primary and community health. Available at: www.pc.gov.au/research/ongoing/report-on-government-services/2022/health/primary-and-community-health

According to the source: 'GP-type' emergency department presentations are defined as presentations for which the type of visit was reported as emergency presentation, that did not arrive by ambulance or by police or other correctional vehicle, with a triage category of 4 (semi-urgent) or 5 (non-urgent), and where the episode end status was not admitted to the hospital, referred to another hospital or died.

GP INSIGHTS FROM QUALITATIVE DATA

‘Poor remuneration of patient rebates and increasing costs of practice and personal practice costs are making bulk billing no longer viable. I’m feeling torn between having vulnerable patients and stuck because I don’t feel I can continue providing them care without complete burnout and also unable to charge fairly for the service I provide.’

‘Financial barriers to care (including my own fees that I have to increase) are a problem for disadvantaged patients and that problem cannot be ignored.’

‘I am concerned about access to quality primary healthcare for lower socioeconomic groups. The current Medicare rebates are so far below the actual cost of providing services that these costs must be passed on to the patients. As an example, I have worked in Aboriginal health in a metropolitan setting. While I no longer work in a practice specifically for Aboriginal patients, many of the patients now see me at my current clinic and I continue to not charge a gap fee, so they have as few barriers to accessing care as possible. I am a firm believer in ‘closing the gap’ and want to contribute to this. The rising cost of running a practice may make this unsustainable.’



CHAPTER SIX

General practice businesses

There are approximately 6500 accredited general practices in Australia.¹⁵

Practice ownership

Approximately one in four GPs indicate that they are a practice owner. Male GPs are significantly more likely to own a practice than female GPs, and older GPs are more likely to own a practice than younger GPs.⁴

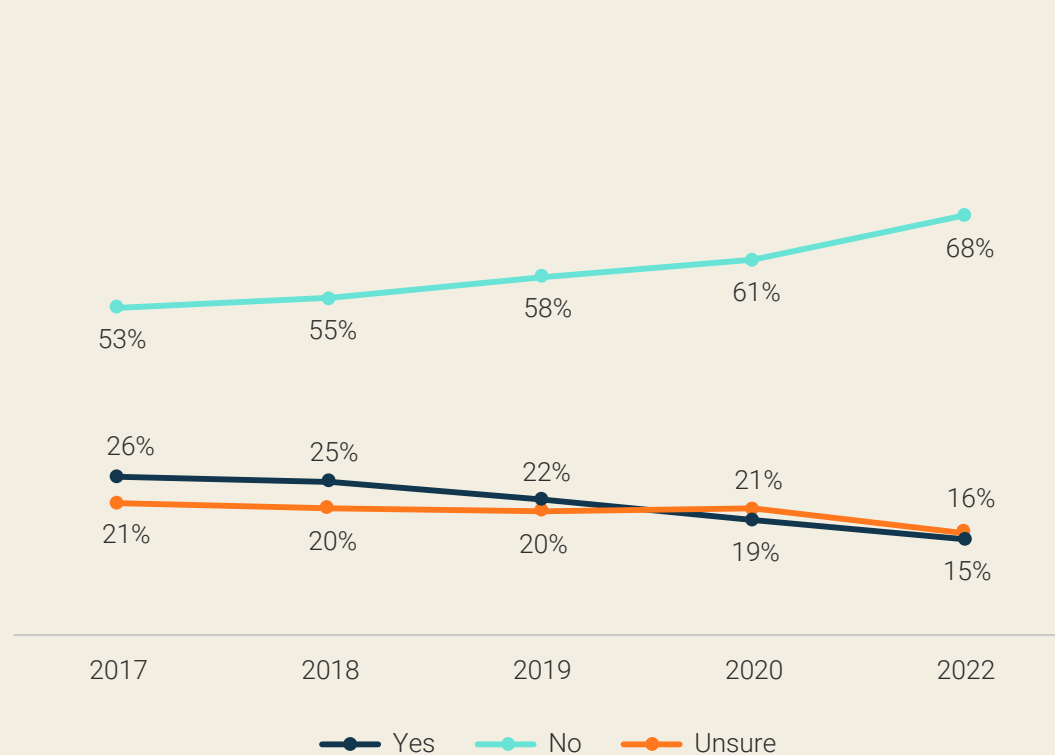
Practice owners are significantly more likely to report working more than 40 hours a week (60%) compared with non-practice owners (32%), and experience far higher levels of dissatisfaction with their working hours.

Practice owners are also more likely to state that they struggle with work–life balance, with 40% either strongly disagreeing or disagreeing that they can maintain a good work–life balance compared with 24% of non-practice owners. Interestingly, this has not translated to increased feelings of burnout among this group.

The proportion of non-owners who aspire to become a practice owner continues to decline. The year 2022 saw a steep decline in GPs who indicated interest in owning a practice in the future (Figure 54).

GPs in training are more optimistic regarding practice ownership, with 35% indicating an interest in becoming a practice owner.⁴



Figure 54. Interest in becoming a practice owner

This question was not asked in 2021.

Measure: Proportion of GP (non-practice owners) responses to the question, 'Are you interested in owning a GP practice in the future?', by year.

Sample: 2017: n=1014, 2018: n=1205, 2019: n=933, 2020: n=1342, 2022: n=2436.

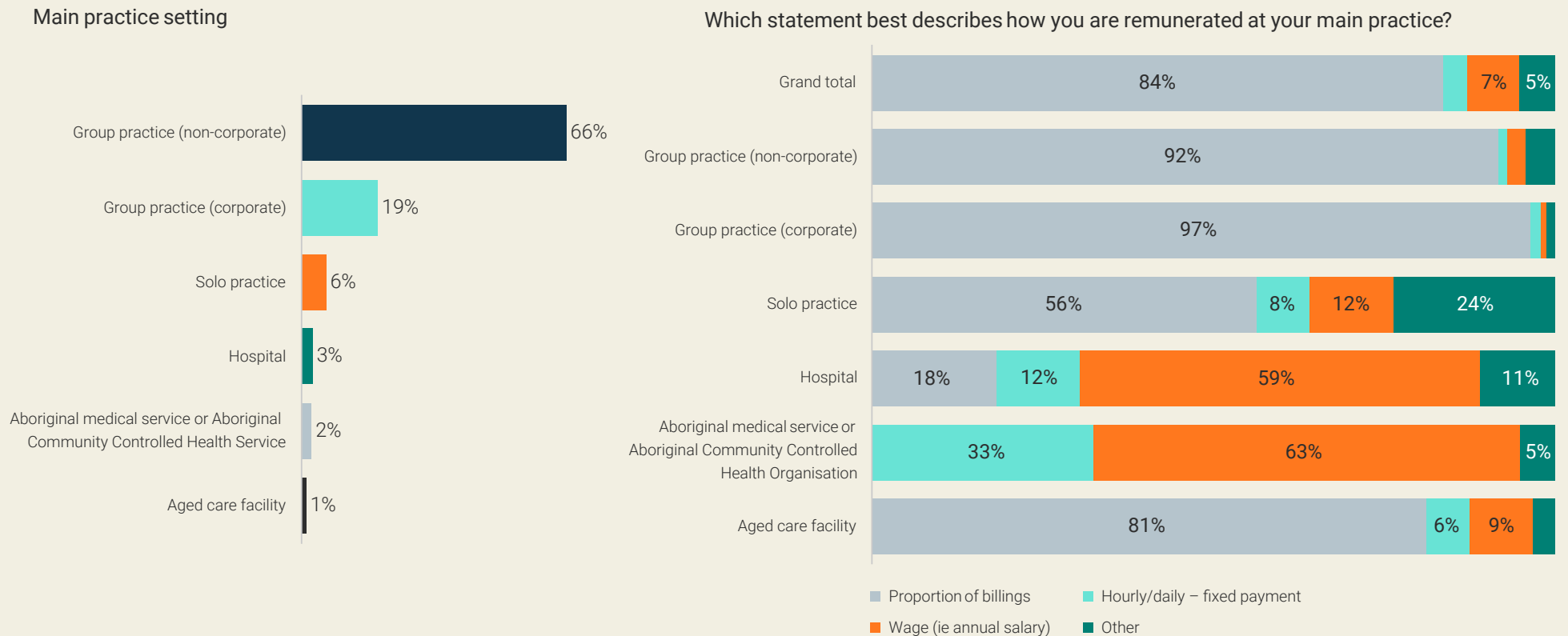
Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

GP remuneration

Most GPs indicated that their remuneration is by 'proportion of billings'. This is largely due to most GPs working in group practice settings that almost universally operate in this way. Those working in hospitals, Aboriginal medical services and Aboriginal Community Controlled Health Organisations are more likely to be salaried or paid an hourly rate. Practice owners and those working in solo practices are significantly more likely to state that they are remunerated via 'other' means, such as profit, proportion of profit or partnership distribution (Figure 55).

Based on 2022 international comparison data for GP remuneration, Australia ranks 12th of 15 selected OECD countries. The comparison indicated that GPs in Australia earn on average \$94,510 USD (approximately \$139,000 AUD), which is below the OECD average of \$132,219 USD (approximately \$195,000 AUD).¹⁹

Figure 55. Being remunerated by ‘proportion of billings’ is largely a group practice phenomenon



Percentage not shown where this is less than 5%.

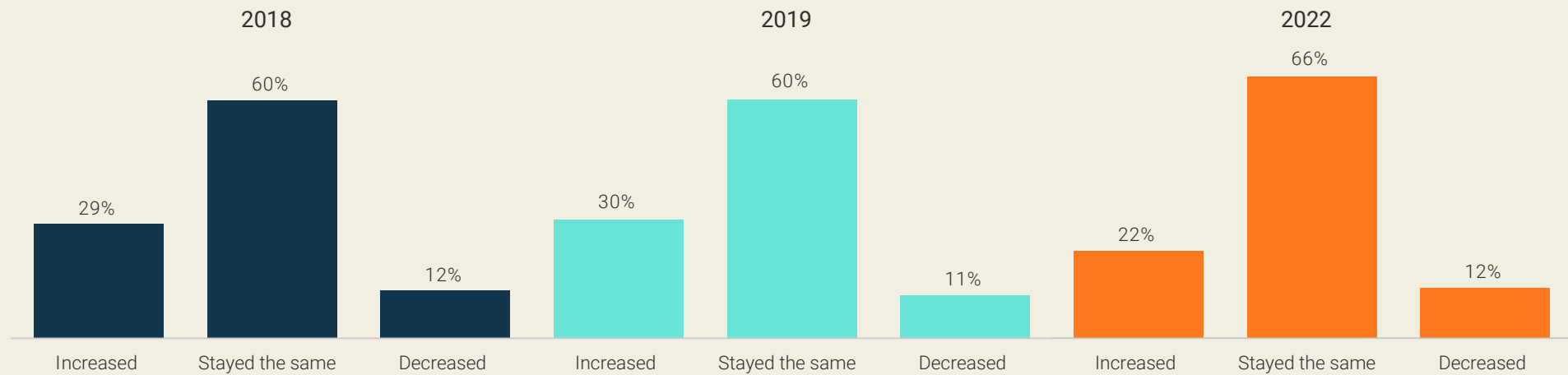
Measure: Proportion of GP responses to the questions, 'Which setting is your main practice?' and 'Which statement best describes how you are remunerated at your main practice?', by main practice setting.

Sample: n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

In 2022, fewer GPs reported that the proportion of billings they receive has increased over the past five years, and more have reported that it has stayed the same, potentially indicating stagnation of GP incomes (Figure 56).

Figure 56. Proportion of billings for individual GPs (non-owners) has stagnated



Measure: Proportion of GP responses to the question, 'Over the past 5 years, has the proportion of billings you receive increased, decreased or stayed the same?', by year.

Sample: 2018: n=980, 2019: n=755, 2022: n=2100.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

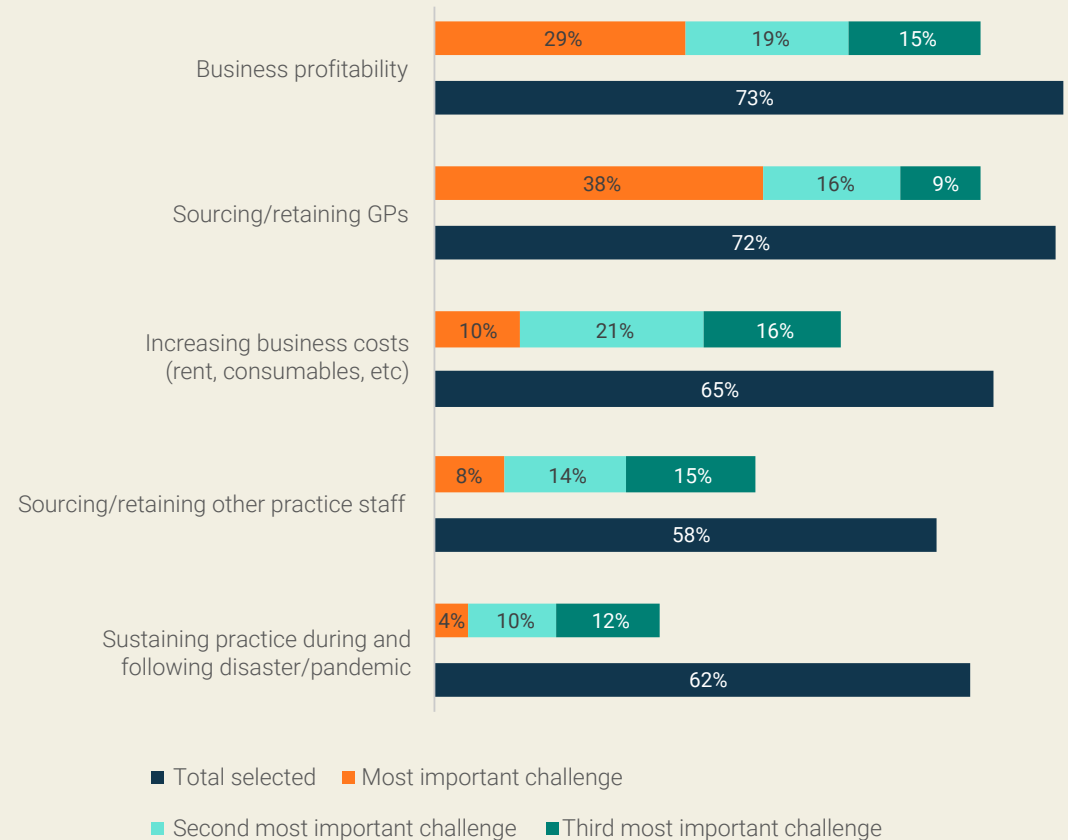
Practice owner challenges

Sourcing and retaining GPs was frequently ranked by practice owners as their most important challenge, with 72% reporting it as a challenge and 38% ranking it as their top challenge (Figure 57). For the first time since 2017, sourcing and retaining GPs has overtaken business profitability as the most important business challenge for practice owners.

Business profitability was the issue most frequently selected as a challenge overall by practice owners, with almost three in four (73%) selecting it (Figure 57).

Sourcing and retaining GPs was frequently ranked by practice owners as their most important challenge.

Figure 57. Business challenges identified by practice owners



Top six of 11 responses are shown.

Measure: Proportion of GP responses to the questions, 'What are the main business challenges you face as a practice owner?' and 'Out of the challenges you selected, what are the first, second and third most important business challenges?'

Sample: n=783 practice owners.

Source: The Navigators, RACGP Health of the Nation survey April/May 2022.

Practice and professional sustainability

As identified in Chapter 1, more GPs consider it unsustainable to continue practising than sustainable, and this year practice owners have become more concerned about both the long- and short-term viability of their practice.

GPs are feeling undervalued by government funding and are struggling to continue to provide care for their vulnerable patients.

The increasing prevalence of chronic conditions, specifically mental illness, is placing significant financial strain on GPs, and in turn impacting business viability. Only 9% of GPs report that they can earn a suitable financial return on their time spent treating patients with mental health conditions. Four in five GPs (83%) report that there is a great deal of unpaid time required for coordinating care and follow up for patients with mental health conditions.²

GP INSIGHTS FROM QUALITATIVE DATA

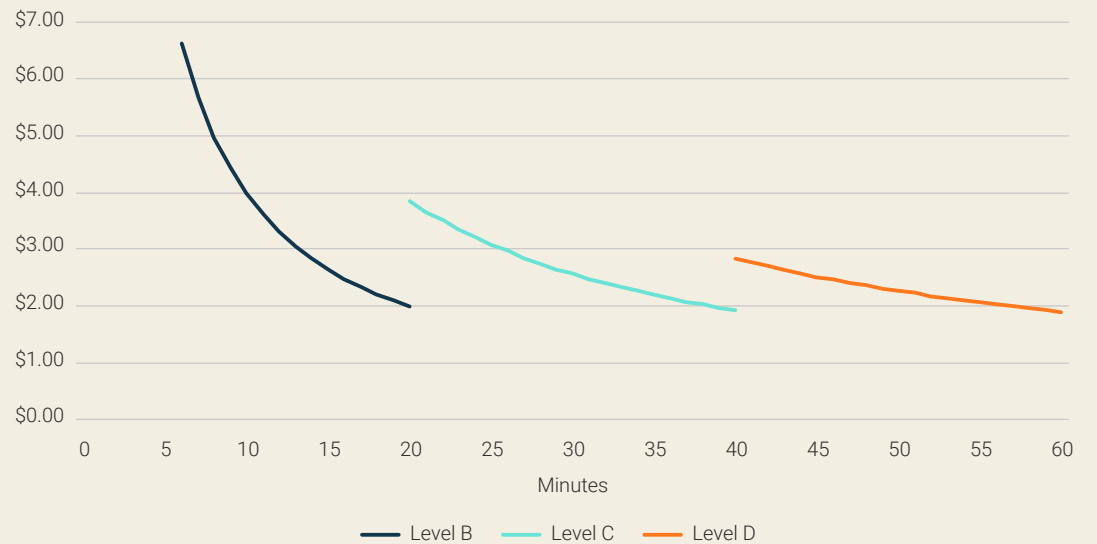
‘It is difficult to provide good quality care to patients in the current setting of poor remuneration and a huge amount of unpaid paper work.’

‘Total funding of GP services after inflation is worsening. Palpable sense of our GP model of care being unsustainable. We are expected to do more and more in return for less.’

‘I’m concerned about the fragmentation and inadequate funding of primary care leading to increased sub-specialising of the medical workforce. This leads to a much more expensive health workforce with loss of comprehensive primary care, including holistic preventive care. Patient-centred care is being rapidly lost. This will lead to poorer health outcomes.’

Complex care takes time. However, providing long consultations has implications for GP income, given they mean the number of patients the GP can see is reduced. They also have relatively lower rebates, with the rebate per minute for standard consultations reducing the longer a patient spends with their GP (Figure 58), adding to the financial strain of providing longer consultations is the fear of Medicare compliance activities. Just under half of GPs (45%) agree that they sometimes claim a shorter consultation item that does not reflect the time spent with a patient to avoid being a statistical outlier, further compromising the economic viability of mental health care,² and consultations for other complex chronic conditions and/or multimorbidity.

Figure 58. The Medicare rebate system devalues longer appointments



Measure: Value of the MBS patient rebate for standard GP consultation items, per minute of care.
 Source: MBS Online. Available at: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home



CHAPTER SEVEN

The future workforce

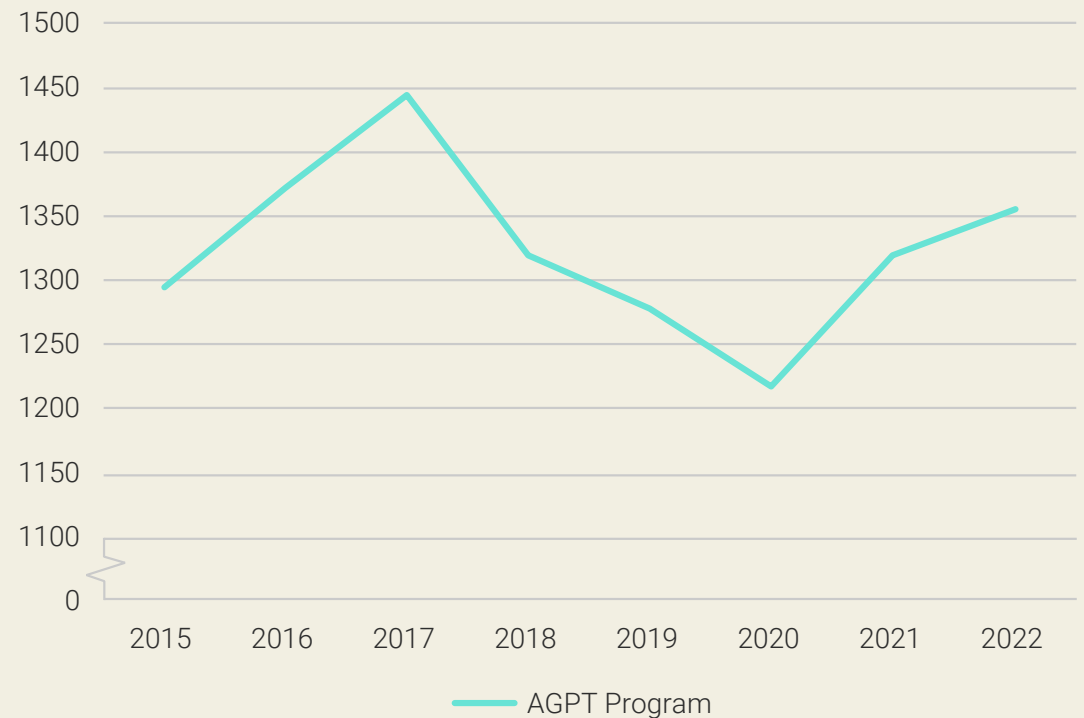
GPs in training

This year, only 13.8% of medical students now consider general practice as a preferred career path, a decrease from 16.1% last year.⁵

With fewer GPs choosing to recommend general practice as a career, and other issues emerging associated with chronic underfunding, this is unlikely to improve without significant policy intervention or significant increase in GP private billing.

The number of GPs entering the Australian General Practice Training (AGPT) Program saw a significant decline from 2017 to 2020, causing concern regarding the future of the profession. While 2021 and 2022 have seen an increase in the number of GPs entering the profession (Figure 59), this has not yet flowed through to increased number of GPs entering the profession.

Figure 59. Entry into general practice training continues to rebound from 2017 to 2020

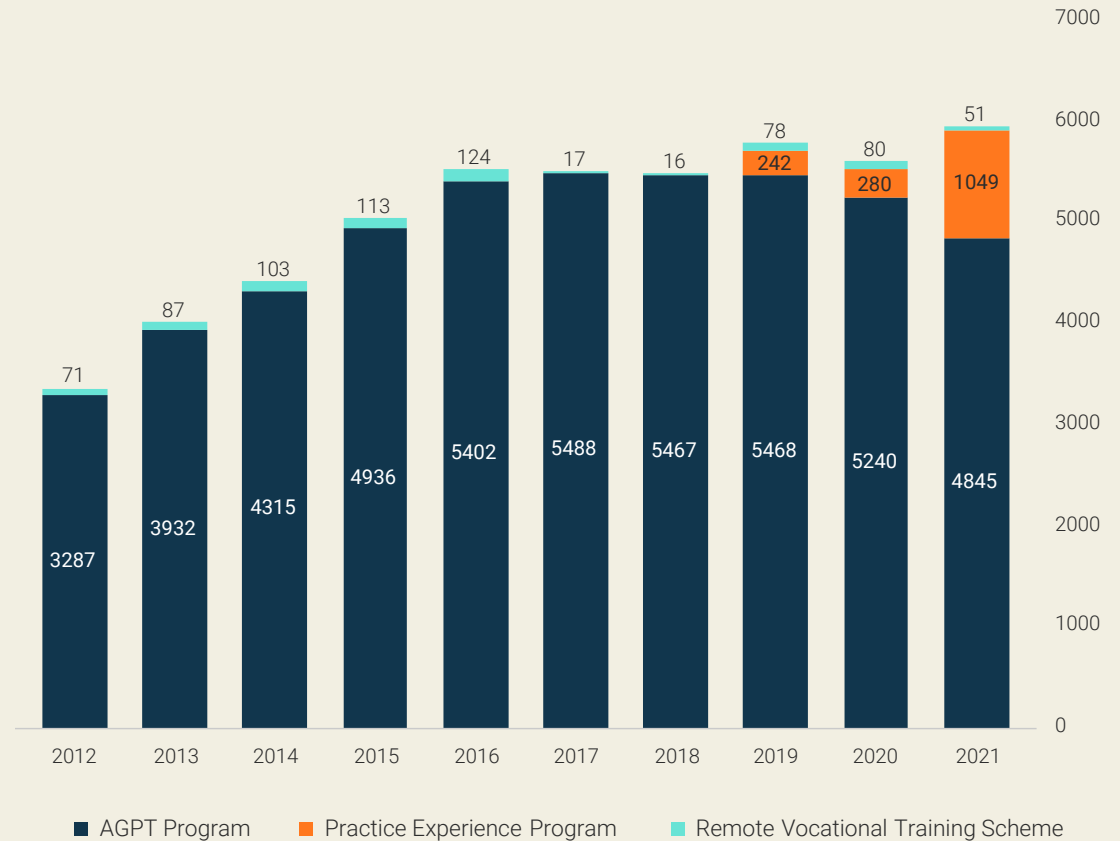


Measure: Number of doctors who started the RACGP Australian General Practice Training Program, by year.
Data source: RACGP training data (unpublished).

The number of active doctors in the AGPT Program is declining (Figure 60). This is likely the impact of the declining number of doctors entering general practice training from 2017 to 2020.

There has been a significant increase in the number of doctors in the RACGP's Practice Experience Program. However, the Practice Experience Program is designed to support non-vocationally registered doctors to RACGP Fellowship. In most circumstances, these doctors were already providing health services in primary care. Therefore, it is important to distinguish these groups in terms of their impact on growing the capacity of the general practice workforce.

Figure 60. Entry into the profession continues to slow, but more practising doctors seek Fellowship



Measure: Total active doctors in training, by training program.
 Source: RACGP training data (unpublished).

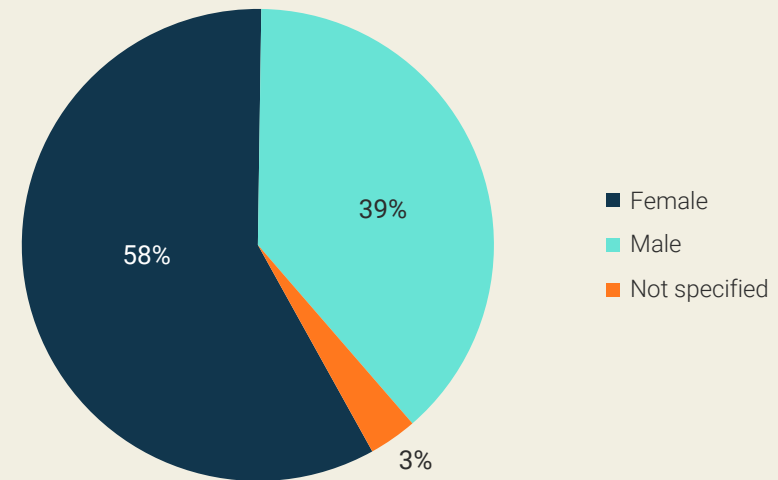
The future GP profile

Females represent a significantly larger proportion of the GP in training cohort (Figure 61). Therefore, females are expected to make up a significantly larger proportion of the workforce in the future.

As identified in the GP characteristics section of the report, female GPs represent a smaller FTE in proportion to the female GP headcount. This is due to female GPs billing fewer services for the hours worked, as female GPs tend to spend longer with their patients (19 minutes compared with 16 minutes for male GPs). Part of this difference is likely due to female GPs seeing patients with more complex care needs; for example, female GPs are more likely to report psychological issues as one of the top three reasons their patients present to the practice (Figure 18).

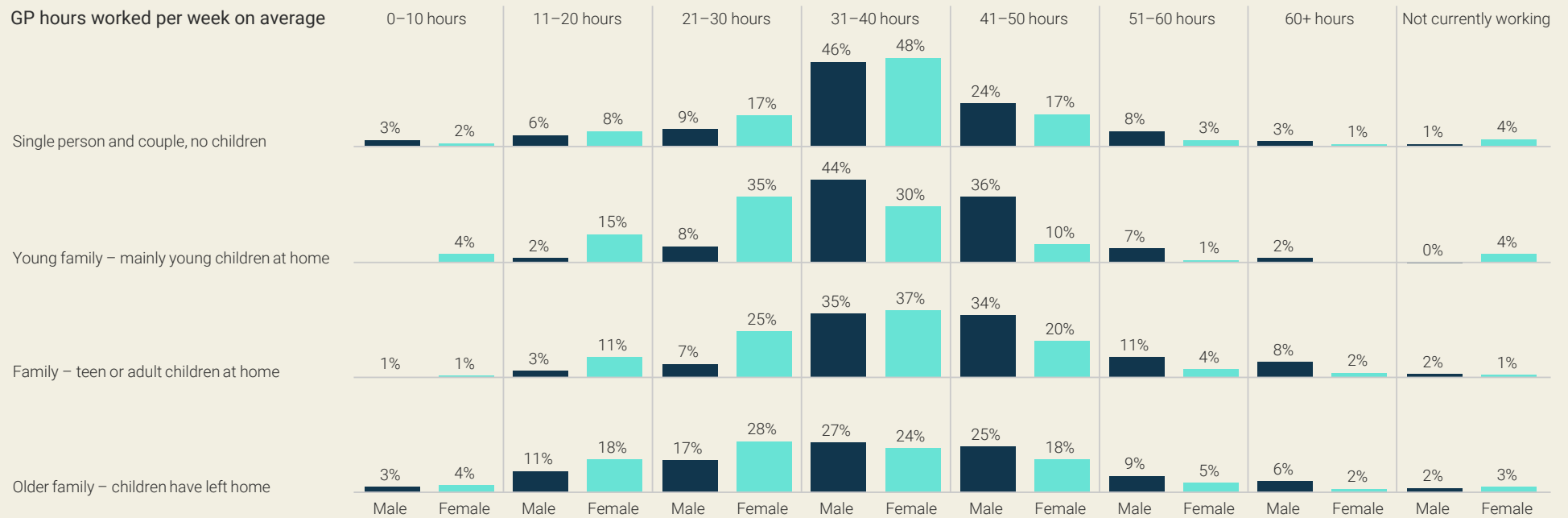
On average, female GPs also work fewer hours than male GPs. This trend is evident in when comparing hours between male and female GPs of all ages and life stages, but becomes significantly more pronounced for female GPs with young children, and continues to be pronounced as a trend as the children grow older and leave home (Figure 62).

Figure 61. The future of the GP workforce will be largely female



Measure: Active GPs in training in the Australian General Practice Training Program, by gender.
Source: RACGP training data (unpublished).

Figure 62. Family commitments significantly impact female GPs' hours of practice



Measure: GP responses to how many hours worked per week, by gender and life stage.

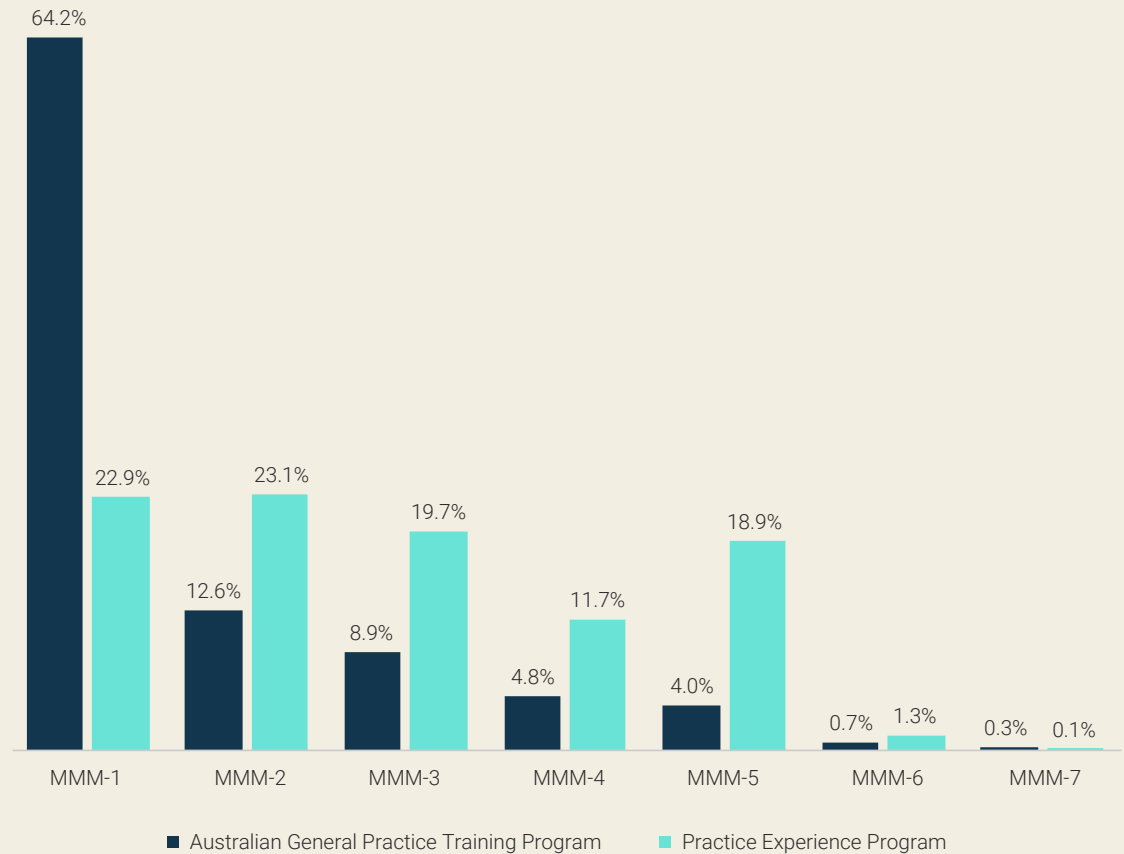
Sample:

- Single person or couple no children: males: n=81, females, n=136.
- Young family: Mainly young children at home: males: n=137, females, n=182.
- Family: Teen or adult children at home: males: n=131, females, n=168.
- Older family: Children have left home: males: n=120, females n=77.

Source: RACGP member census 2021 (unpublished).

Like GPs, the majority of GPs in training (64.2%) are located in metropolitan areas (MMM-1). More than one in five (21.5%) GPs in training are located in regional centres (MMM-2) or large rural towns (MMM-3) (Figure 63).

Figure 63. Doctors soon to enter the profession are largely practising in major cities



Measure: Active GPs in training in the Australian General Practice Training Program and Practice Experience Program, by regionality.

Sample: Australian General Practice Program: n=4845, Practice Experience Program: n=1049.

Source: RACGP training data (unpublished).



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