



Bettering the Evaluation and Care of Health (BEACH) is a continuous, national survey of general practice activity in Australia in which ever changing random samples of about 1000 GPs per year take part. It commenced in 1998.

50 years of national general practice surveys

Looking back on half a century of general practice activity

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Bettering the Evaluation and Care of Health (BEACH), the current continuous national GP study of general practice activity, can trace its ancestry back over 50 years.

The question of a survey of general practice in Australia was first raised in 1956. This finally led to the National Health and Medical Research Council-funded National Morbidity Survey in 1962–63.¹ Dr Charles Bridges-Webb (now Emeritus Professor), then a general practitioner from Traralgon in Victoria, was involved in that study and was a member of the coordinating committee for the subsequent 1969–74 Australian GP Morbidity and Prescribing Survey.² He was principal investigator for the 1991 Morbidity and Treatment in General Practice in Australia (AMTS),³ and is chairman of the management committee for BEACH.

Some of the BEACH team members also worked on the AMTS. While current methods are more sophisticated, the thread of basic methodology from 1969 through 1991 to the present allows comparisons of results to be made. The 1961–63 survey used episode of illness as the unit of measure rather than the consultation, so comparisons with that survey are not viable. A detailed description of methodologies can be found in the references below.

In all the surveys, participating doctors have received no payment. They have performed the exacting and time consuming task of data collection in an entirely honorary capacity. About 2500 GPs recorded during the six years of the 1969–74 study, 500 recorded during the year of AMTS and a random,

ever changing sample of approximately 1000 GPs per year takes part in BEACH – about 9000 participants to date.

There are some limitations to the following comparisons over time due to small differences in survey methodologies. We have used data from 1970–71 from the first survey. The BEACH data used for comparison are from 2005–06.⁴

The patients

Children accounted for 16 percent of patients in 1970–71, and those aged over 65 years accounted for 22 percent. By 2005–06 the proportion of children had fallen to 12 percent and older patients increased to 27 percent.

Problems managed

We looked at problems managed as a percentage of all problems managed in the survey years. Hypertension and upper respiratory tract infections topped the list of most commonly managed problems in all three surveys. Acute bronchitis was in the top five in the first two surveys (3.7% and 2.4%) but dropped to 1.7 percent in 2005–06. Care of pregnancy was very common in 1970–71 (2.9%) but decreased to 0.9 percent in 1990–91 and 0.6 percent in 2005–06. Anxiety accounted for 2.8 percent of problems in 1970–71 but only 1.7 percent in 1990–91 and 1.2 percent in 2005–06.

Depression, diabetes and lipid disorders are more commonly managed now than previously. Depression was only the tenth most common problem managed in the first two surveys, but had risen to fourth most common in 2005–06 (2.5%). Diabetes increased from 0.9 percent in 1970–71 to 1.3 percent in 1990–91 and 2.4 percent in 2005–06. Lipid management was not recorded among common problems in 1970–71, but by 1990–91 it made up 1.2 percent of problems and in 2005–06 it had risen to 2.3 percent.

Medications

The three most commonly prescribed groups of medications did not change over the 35 years since 1971 but their relative proportions of all prescribed drugs did change. In 1970–71 and 1990–91, antibiotics were the most common, accounting for about 20 percent of all prescribed medications. Nervous system drugs (which include psychotropics and analgesics) were second, accounting for 20 percent and 17.3 percent respectively. Cardiovascular medications made up about 10 percent in 1970–71 and 14 percent in 1990–91. By 2005–06, nervous system drugs were the most common (21.7%), cardiovascular medications had risen to 19.0 percent and antibiotics had decreased to 17.6 percent of all prescribed medications. ♦

1. National Health and Medical Research Council. Report on a national morbidity survey part 1, part 2. Canberra: NHMRC, 1966, 1969.
2. Bridges-Webb C, editor. The Australian general practice morbidity and prescribing survey 1969 to 1974. *Med J Aust* 1976;2(Suppl):1-28.
3. Bridges-Webb C, Britt H, Miles D, Neary S, Charles J, Traynor V. Morbidity and treatment in general practice in Australia 1990–91. *Med J Aust* 1992;157(Suppl):S1-S56.
4. Britt H, Miller GC, Charles J et al. General practice activity in Australia 2005–06. GP series No. 19 AIHW Cat. No. GEP 19. Canberra: Australian Institute of Health and Welfare, 2007.