



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.

BEACH turns ten

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As the BEACH survey celebrates its tenth anniversary, we look at the GPs who provide the study data – who are they, and how has their work changed over the last decade?

The BEACH study is unique, and data from the project have been used since 1998 to answer research questions and publish information on the important role general practice plays in the community. General practitioners participate in the project for little material reward. They receive quality assurance points, a report which profiles and compares their practice style, and data on the smoking habits, alcohol consumption and body mass index of their patients together with some material to help manage patients with these risk factors.

Earlier this year, BEACH celebrated its tenth birthday when our ten thousandth GP contributed the one millionth consultation among his 100 recorded patient encounters. So who are these GPs who give their time to keep BEACH running, and what changes have we observed in their characteristics and practice style over the past ten years? We have a deidentified, aggregated database of demographic information which participants provide, and from this we have learned a number of things.

The proportion of female participants has increased from 30% to 37%, reflecting change in the general practice profession in Australia. There has been a considerable decrease in the proportion of younger GPs and a corresponding increase in the proportion of those aged 55 years or more, again reflecting changes in the profession.

About three-quarters of BEACH GPs graduated in Australia and around two-thirds practice in capital cities, findings that have not changed significantly and match government data on all

GPs. Fewer of their consultations are with young people and more are with patients aged 45 years and over. Less than 10% of patients are new to the practice, 10% are from a non-English speaking background, and about 40% carry a Commonwealth concession card.

Doctors are managing more and more chronic problems (currently over 35% of problems), but medication prescribing rates have decreased. Significantly more procedures are performed, referrals provided, and pathology tests and other investigations ordered.

Additional details provided by our participants give a broader picture of BEACH GPs. There has been a considerable increase in the proportion of GPs working fewer than six sessions per week, and a significant decrease in the proportion working 11 or more sessions a week. Interestingly, male GPs have begun to prefer a reduction in working hours, so this change is not due to an increase in female GPs working part time.¹ The proportion of solo GPs has halved in ten years, while the proportion of GPs who are Fellows of the RACGP has almost doubled.

About one quarter of GPs provide some consultations in a language other than English.²

Between 80 and 90% of GPs make some use of computers for prescribing, and/or medical records and/or administration, but only one in five GPs reported having totally paperless clinical activity.³ For now, BEACH will remain a paper based study until such issues as inclusion of all GPs in the sample frame, protection of patient privacy and completeness of data gathered are solved. We cannot move to computer based data collection while so much of the information needed for BEACH is not available for download.

Only 5% of treatments are recorded as administrative, but this is probably not a true reflection of the amount of administrative work being performed by GPs. Anecdotal evidence points to a much higher rate of paperwork confronting GPs outside the consultation on a daily basis, a fact which makes participation in the BEACH program all the more commendable. ♦

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2. Britt H, Miller GC, Charles J, et al. General practice activity in Australia 2006–07. General practice series No. 21. Cat. no. GEP 21. Canberra: Australian Institute of Health and Welfare, 2008.
3. Henderson J, Britt H, Miller GC. Extent and utilisation of computerisation in Australian general practice. *Med J Aust* 2006;185:84–7.