



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.

Older GPs

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The changing demographic of the Australian GP workforce

One in five recognised general practitioners who participated in BEACH between April 2005 and March 2008 were 60 years of age or older. One can assume that over the next few years many of these GPs will retire from the workforce. This raises questions about their workload and practice methods that are not necessarily covered by the younger cohort in the early years of practice. We report here a simple, unadjusted, univariate comparison between 584 GPs over 60 years of age and 485 GPs under 40 years of age. The younger group made up 17% of BEACH participants.

GP characteristics

Only 15% of the group over 60 years of age were women, compared with 53% of the group under 40 years of age. The older GPs were far more likely to work in a small practice (<2 full time equivalents) and far less likely to have graduated in Australia, to hold Fellowship of the RACGP, and to work in an accredited practice.

Workload and practice style

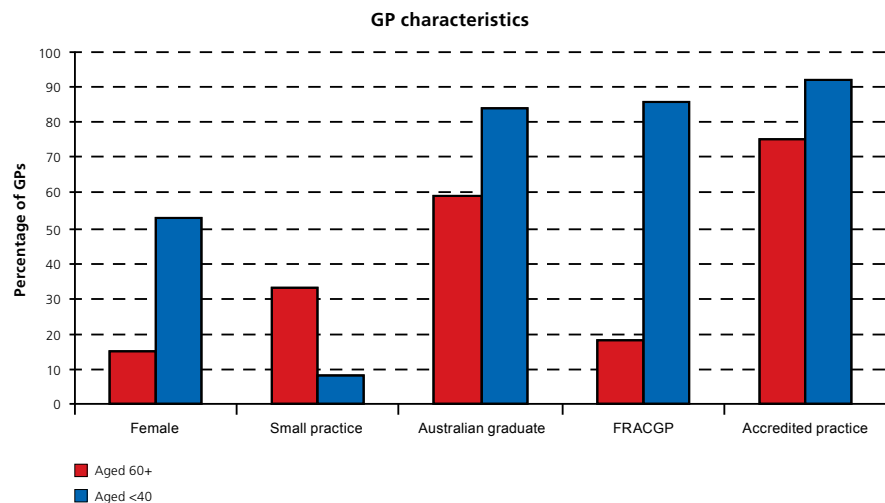
All differences reported here were statistically significant. Older GPs saw many more patients over 65 years of age (34% of their workload) than did the younger GPs (20% of workload). Male patients accounted for 46% of encounters with GPs over 60 years of age and 39% of encounters for the younger group. The patients of older GPs were more likely to carry a Commonwealth health care card or Repatriation health card. Long surgery consultations were recorded less often by older GPs than young GPs, and consultations with older GPs were

almost four times more likely to take place in the patient's home or in a residential aged care facility.

Circulatory, musculoskeletal, endocrine/metabolic, eye and male genital problems were more commonly managed by older GPs than by their younger colleagues. Older GPs were less likely to manage skin, general, female genital, pregnancy/family planning, and social problems. In terms of specific problems, hypertension, diabetes, lipid disorders, osteoarthritis, oesophageal disease and acute bronchitis were managed more frequently by older GPs. Less frequently managed by this group (when compared with the younger group) were acute upper respiratory tract infections, immunisation, depression, dermatitis, osteoporosis and test results.

Older GPs prescribed more medications (reflecting the needs of their older patients with chronic conditions), but supplied medications (immunisations) and advised over-the-counter drugs less frequently. Advice/counselling was provided less often, and procedures were undertaken less frequently by older GPs. Referrals, pathology and imaging tests were all ordered at lower rates.

Even if enough GPs are coming into the workforce to replace those reaching retirement, older GPs see different types of patients and practice in a different style from young GPs. Further, the far greater proportion of women among the younger group will put more pressure on the GP workforce, as women work fewer clinical hours than do men.¹ ♦



1. Charles J, Britt H, Valenti L. The evolution of the general practice workforce in Australia, 1991–2003. *MJA* 2004;181(2):85–90.