

# Apart from Medicare, what other work do GPs do?

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**BACKGROUND** Although Australian general practitioners are increasingly being encouraged to perform more non-Medicare funded work, little is known about its extent or nature.

**METHOD** A cross sectional survey was sent to all 2107 potential GPs in Western Australia.

**RESULTS** The response rate was 480/1807 (27%). Nearly all GPs (95%) performed paid or unpaid non-Medicare work; 83% cared with non-Medicare payment for patients, averaging 6.5 hours per week. Paid nonpatient work (an average 4.3 hours per week, undertaken by 41% of GPs) was for divisions, teaching and research. Unpaid work was approximately 3.7 hours per week for patients, (mostly informal consultations and voluntary work) and 1.9 hours per week for nonpatient related activities (principally research, meetings and teaching). Overall GPs were satisfied with their job but were dissatisfied with government intrusion. The type and amount of non-Medicare funded work performed was not related to job satisfaction.

**CONCLUSION** General practitioners are involved in non-Medicare funded work to the extent of an average of 9.5 hours per week, including teaching, research and divisional activities.

The policy direction of Australian general practice has changed markedly over the past decade, toward more involvement of general practitioners in nonpatient related roles, such as public health, teaching and research.<sup>1</sup> This is manifest in Practice Incentives Payments, Public Health GP Traineeships and NHMRC Fellowship and Scholarship programs. General practitioners need more management and administrative skills with the generation of new GP leaders emerging from the divisions of general practice. Doctors are now more likely to choose a career that protects their lifestyle.<sup>2</sup>

However, although we know GPs now work more outside their clinical work and the Medicare system,<sup>3</sup> we know little about this. General practitioners worked

an average of four hours per week on non fee-for-service work in public hospitals, research and teaching in 1995.<sup>4</sup> A more recent survey found private doctors spend one hour per week on hospital work and three hours per week on other medical related activities including continuing medical education, advisory board or committee meetings, teaching and research.<sup>5</sup> Australian GPs obtain approximately 15% of gross income from non-Medicare work.<sup>6</sup> Approximately 7% came from veterans' affairs services, workers compensation and other insurance cases in 1994–1995.

We set out to study the sources of the remaining 8%, and relate this type of work to job satisfaction – which is known to be high.<sup>7</sup>

## Methods

A brief postal survey consisting of seven questions was designed based on the results of the literature review and two focus groups of GPs about the nature of non-Medicare work. We also measured job satisfaction using a scale<sup>8</sup> adapted for general practice<sup>9</sup> with an additional question about government policy in general practice.

The Health Insurance Commission provided a database of all GPs in Western Australia who had any Medicare general practice claims processed in the September 2000 quarter. The survey was posted in November 2000. The initial response was low because many addresses were incorrect. Addresses were corrected using divisional databases and by phoning practices to confirm the contact details, and the survey was re-administered to

nonresponders in March 2001.

Data were analysed in SPSS. Two total scores were calculated for the job satisfaction scale, with and without the additional question. Chi-square and Fisher's Exact tests were used to look at associations between categorical data and t-tests for interval data.

## Results

The survey was sent to 2107 GPs in Western Australia. Two doctors had died, eight were on leave, 63 were no longer in Western Australia, 40 were either not practising medicine or not GPs, 149 were untraceable and 38 had retired. This left 1807 GPs, of which 480 (27%) responded. There were no major differences between those who responded and those who did not in terms of age and practice location. There was a greater response rate from women (Fisher Exact test,  $p < 0.01$ ) and Australian graduates ( $p < 0.001$ ). Respondents were younger and worked shorter hours than a national sample of GPs (Table 1).

Most GPs (87%) worked mainly in general practice, fewer working in hospitals, Aboriginal Health Services, and the Royal Flying Doctor Service. Three-quarters practised in the Perth area. Practice size was 2–4 doctors for 40% of responders with GPs working an average of 40 hours per week.

### Non-Medicare work

General practitioners were asked about four types of non fee-for-service work: paid and unpaid patient, and nonpatient, related work. They were asked to exclude continuing professional development, telephone calls, repeat prescriptions, referrals and practice management (as Medicare payments are based on their inclusion). Overall 95% performed some form of non-Medicare work in the previous four weeks.

Overall, 454 GPs performed a total of 17305 hours of non-Medicare funded

**Table 1. Demographics**

		n (%)	
		Respondents	BEACH data <sup>10</sup>
Age (years)	<35	80 (17)	70 (7)
	35–44	164 (34)	263 (27)
	45–54	145 (30)	359 (37)
	55+	90 (19)	290 (30)
Gender	Male	290 (60)	631 (64)
	Female	190 (40)	352 (36)
Main job	General practice	418 (87)	N/A
	Other	51 (11)	
	Unknown	11 (2)	
Practice location*	Capital city	359 (75)	761 (77)
	Remote and rural	121 (25)	222 (23)
No of GPs in practice	Solo	42 (9)	150 (15)
	2–4	191 (40)	390 (40)
	5+	226 (47)	439 (45)
	Unknown	21 (4)	
Working as locum	Yes	34 (7)	N/A
	No	436 (91)	
	Unknown	10 (2)	
Total hours worked/week	39.7 hours (Range: 5–87, 95% CI: 38.2–41.1, n=463)		N/A
Direct patient care	<10 hours	15 (3)	8 (1)
	10–20 hours	52 (11)	85 (9)
	21–40 hours	176 (37)	412 (42)
	41–60 hours	190 (40)	430 (44)
	60+ hours	26 (5)	42 (4)
	Unknown	21 (4)	6 (1)

\* Data provided by the Health Insurance Commission

work in a four week period (average = 9.5 hours per week per GP). Similarly, 326 GPs did 3623 hours unpaid work in a four week period (average = 2.8 hours per week per GP).

### Patient related paid work

The majority of GPs (83%) performed an average of 26 hours over four weeks of patient related work not paid for by Medicare (Table 2). They spent an average of 12 of these hours on worker's compensation, insurance related work or

medical examinations paid for by the insurance company or by the patients' employer for this type of consultation. Other important components of this work included caring for patients paid for by the Department of Veterans' Affairs, and overseas patients paid for directly or by their insurers.

### Nonpatient related paid work

General practitioners spent less time on paid nonpatient related work (Table 2). Some work was for divisions of general practice

**Table 2. Paid work performed in a four week period (n=480)**

	%	n	Mean (hours)	Range (hours)	95% CI (hours)
<b>Patient related paid work</b>	<b>83</b>	<b>396</b>	<b>26.0</b>	<b>0.5-350</b>	<b>21.8-30.3</b>
Workers compensation, insurance, medicals	73	349	12.1	0.5-310	9.9-14.3
Veterans' affairs	37	179	5.6	0.2-40	4.8-6.4
Overseas, non-Medicare patients	18	88	2.0	0.3-20	1.5-2.5
Hospital related work	8	40	64.5	3-266	44.0-85.0
Medicolegal	8	37	4.7	0.3-28	3.0-6.4
Clinics	4	20	30.4	3-200	8.9-51.8
Specialist related work	4	19	64.2	0.3-250	18.4-110.0
Vaccinations, immunisations	2	11	4.4	1-20	0.7-8.1
Government related work	2	10	17.4	1-48	7.4-27.4
Clubs, sporting events	1	7	15.6	5-28	7.6-23.6
<b>Nonpatient related paid work</b>	<b>41</b>	<b>197</b>	<b>17.1</b>	<b>0.5-233</b>	<b>12.7-21.5</b>
Division work	25	118	7.9	0.5-200	4.2-11.6
Teaching - medical	13	64	15.5	0.5-160	8.5-22.6
Meetings, committees, boards	5	23	17.9	1-215	0-37.6
Research, projects	3	16	16.7	0.3-59	7.9-25.5
Supervisory, advisory, consultancy	3	12	15.3	1-96	0-33.0
GP liaison	2	9	19.2	1-40	7.3-31.1
Teaching - allied health	2	8	8.3	1-32	0-17.3
Focus groups, surveys	2	8	1.4	0.5-3	0.7-2.2
Teaching - public	1	6	16.7	1-90	0-54.4
Other	1	6	29.3	1-80	0.1-58.6
Reading and writing	1	5	7.4	2-20	0-17.1
Accreditation	<1	3	6.8	5-8	2.8-10.8
Conference	<1	1	0.5	-	-

\* Data provided by the Health Insurance Commission

and undergraduate and postgraduate medical education for a wide range of time.

### Patient related unpaid work

Few doctors were involved in unpaid patient related work (Table 3). This consisted of consultations outside the surgery (eg. car park or flight emergency) and volunteer medical practitioners at clubs and sporting events.

### Nonpatient related unpaid work

Most were involved in nonpatient related unpaid work, including surveys or focus

groups, meetings, committees or boards, as well as unpaid undergraduate or postgraduate medical education (Table 3).

### Which doctors perform non-Medicare work?

Those paid for non-Medicare patient care were younger (<45 years,  $p<0.05$ ), as were those paid for nonpatient related work ( $p<0.05$ ) who were also from larger practices ( $p<0.05$ ). Those performing unpaid work had no significantly different demographic characteristics. Male GPs spent significantly more time on patient related

paid work (29.7 versus 20.2 hours,  $p<0.05$ ) and nonpatient unpaid work than female (9.8 versus 4.2 hours,  $p<0.01$ ). There were no significant gender differences in the time spent on the other two categories of non-Medicare work. Younger GPs spent significantly less time on nonpatient related unpaid work (5.6 versus 9.7 hours,  $p<0.05$ ).

### Satisfaction with main job

General practitioners were most satisfied with the 'amount of responsibility given', followed by 'colleagues and fellow

**Table 3. Unpaid work performed in a four week period (n=480)**

	%	N	Mean (hours)	Range (hours)	95% CI (hours)
<b>Patient related unpaid work</b>	<b>19</b>	<b>92</b>	<b>14.7</b>	<b>0.2-480</b>	<b>3.3-26.1</b>
Consultations outside clinic	12	56	2.7	0.2-14	1.8-3.5
Voluntary, clubs, sporting events	6	27	20.7	1-168	5.9-35.5
Overseas patients, non-Medicare	1	6	3.7	1-5	2.1-5.2
Vaccinations, immunisations	<1	4	1.9	1-3	0.5-3.2
Hospital work	<1	3	204.0	4-480	-
Nursing home, silver chain, palliative care	<1	1	1	-	-
<b>Nonpatient related unpaid work</b>	<b>62</b>	<b>298</b>	<b>7.6</b>	<b>0.1-172</b>	<b>5.8-9.5</b>
Focus groups, surveys	36	175	1.7	0.1-20	1.4-2.0
Meetings, committees, boards	15	70	7.2	1-84	4.1-10.2
Teaching - medical	11	55	6.2	0.5-80	3.1-9.2
Practice related work	8	38	15.4	0.5-168	6.3-24.5
Teaching - public	6	29	2.8	0.5-12	1.8-3.7
Community work	3	16	6.8	0.5-45	0.9-12.8
Reading and writing	3	15	6.1	0.5-20	2.5-9.7
Teaching - allied health	3	13	4.6	0.5-20	0.4-8.7
Research, projects	3	13	10.9	0.5-98	0-26.8
Division work	2	10	1.6	0.5-2.5	1.1-2.0
Supervisory, advisory, consultancy	2	8	5.4	0.5-11	1.5-9.4
Club membership	<1	3	2.2	1.5-3	0.3-4.1
Other	<1	1	1	-	-

**Table 4. Satisfaction with main job (seven point scales, scoring 1-7)**

Item	Mean scores (1-7)		
	All (n=477)	Women (n=188)	Men (n=289)
1 Amount of responsibility given	5.61	5.52	5.67
2 Freedom to choose own method of working	5.50	5.43	5.55
3 Amount of variety in job	5.40	5.29	5.48
4 Colleagues and fellow workers	5.51	5.64	5.42*
5 Physical work conditions	5.35	5.26	5.41
6 Opportunity to use ability	5.38	5.40	5.37
7 Income	4.05	4.06	4.03
8 Recognition for good work	4.24	4.30	4.20
9 Hours of work	4.36	4.76	4.11**
10 Government policy in general practice	2.35	2.39	2.32
11 How do you feel overall?	4.70	4.76	4.66
<b>Total score (out of maximum of 77)</b>	<b>52.46</b>	<b>52.85</b>	<b>52.20</b>

\*p&lt;0.05, \*\*p&lt;0.001, t-test

workers'. Women GPs were more satisfied with 'colleagues and fellow workers' (p<0.05) and 'hours of work' (p<0.001) than men. General practitioners were very unsatisfied with the issue of government policy in general practice (Table 4). There were no significant differences in the total satisfaction scores between GPs who performed the four categories of work, nor between those who performed no non-Medicare work and those that did.

## Discussion

The very low response rate means that bias is likely. However, comparison with the national sample of GPs<sup>10</sup> show little demographic difference, and the shorter working hours can be explained by the fact that the national sample was selected only if GPs claimed 375 or more items in the previous three months. We were par-

ticularly interested in part time GPs so we did not use this restriction. It is possible that GPs who responded were those more interested in non-Medicare paid work and therefore our results may be an over estimate. In addition, these are self reported data and the GPs' estimates of their time were not validated.

These findings confirm that GPs are willing contributors to teaching and research even when not paid. There is a lot of unpaid patient related pro bono work, traditionally a hallmark of the medical profession. Over a quarter of GPs are working for divisions in any one month.

We also confirmed the high level of GP job satisfaction.<sup>7</sup> This does not appear to be related to the type of non-Medicare work performed. There was, however, great dissatisfaction with government intrusion in general practice.

Conflict of interest: none declared.

### Implications of this study for general practice

- GPs contribute many hours of unpaid and non-Medicare funded work.
- Non-Medicare work may be as much as 10 hours per week.
- Up to three hours per week goes to unpaid work (the traditional pro bono work), divisions, voluntary, teaching and research.

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