



GENERAL PRACTICE

HEALTH

OF THE

NATION

2017  RACGP

An annual insight into the state of general practice.

The Royal Australian College of General Practitioners. General Practice: Health of the Nation. East Melbourne, Vic: RACGP 2017.

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We recognise the traditional custodians of the land and sea on which we work and live.

President's message

Australian general practice has come a long way since the Royal Australian College of General Practitioners (RACGP) was founded almost 60 years ago.

And the release of the inaugural *General Practice: Health of the Nation* report is another significant landmark for the RACGP, general practice and patients.

Like other medical specialties, general practice is a profession worthy of comprehensive and reliable research, and *Health of the Nation* will report annually on trends across general practice, identifying emerging and current challenges.

It is important we identify the issues that concern general practitioners (GPs). What are GPs' most common patient presentations? Are GPs concerned about obesity? Will diabetes escalate in the future? Do patients value the relationship they have with their GP? Does career satisfaction differ between male and female GPs? What is the level of GP exposure to occupational violence? Do GPs feel supported by policy makers? Answers to these and other questions are important for health policy debate and workforce planning.

The section of *Health of the Nation 2017* that readers may find alarming is the identification of current and emerging health issues.

Psychological ailments are the most common patient presentation seen by Australian GPs. GPs have also identified obesity, complications from obesity and inactivity, as among the other main health problems Australia faces today and that without remedial action, will continue to face in the future. Australia's ageing population is another key concern for GPs. As our population ages, rates of chronic disease increase and the role of the GP becomes more crucial than ever.

Not surprisingly, GPs are the first port of call for Australians with health issues. They provide diagnosis, treatment and ongoing care for over 85% of the population each year, and despite general practice being the most accessed area of Australia's health system, the sector receives less than 9% of the total annual health budget.

The health and funding issues raised in *Health of the Nation* provide a clear warning for patients, communities, GPs, the broader health sector and governments.

Access to a preferred GP is strongly associated with lower emergency department presentation and hospital use across a wide range of acute and chronic medical conditions. *Health of the Nation* highlights the need for improved support for frontline GPs in providing high-quality, affordable healthcare designed to keep patients fit, healthy and in the community – rather than in an already crowded hospital system.

Health of the Nation also reveals a growing number of women gaining Fellowship with the RACGP. I am delighted to see women increasingly choosing to study medicine and specialise in general practice, improving the gender balance of the profession.

Health is essential for all Australians. This is what the RACGP advocates for and this is exactly why we are tracking our profession in *General Practice: Health of the Nation*.

I hope you will find its contents as eye opening as I have.



Dr Bastian Seidel
President
The Royal Australian College of General Practitioners

The RACGP

The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation, representing 90% of the general practice profession.

The RACGP is responsible for defining the nature of the general practice discipline, setting the standards and curriculum for education and training, maintaining the standards for high-quality clinical practice, and supporting GPs in their pursuit of excellence in patient care and community service.

Acknowledgements

This report comprises information drawn from a variety of sources, including the following:

Publicly available data from the Department of Health's Medicare statistics; the Australian Institute of Health and Welfare; the Australian Bureau of Statistics and the Productivity Commission; and data from the Medicine in Australia: Balancing Employment and Life (MABEL) longitudinal survey of doctors conducted by the University of Melbourne and Monash University (the MABEL research team). Funding for MABEL comes from the National Health and Medical Research Council (Health Services Research Grant: 2008–11; and Centre for Research Excellence in Medical Workforce Dynamics: 2012–17), with additional support from the Department of Health (in 2008) and Health Workforce Australia (in 2013). The MABEL research team bears no responsibility for how the data has been analysed, used or summarised in this publication.

The report also draws on an online survey commissioned by RACGP, undertaken by EY Sweeney (24–31 July 2017), to which 1309 RACGP Fellows responded. Demographics of respondents were as follows: 58% female, 42% male; 12% under 35 years, 29% 35–44 years, 30% 45–54 years, 22% 55–64 years, 8% 65 years plus; 4% TAS, 10% NT/SA, 11% WA, 20% QLD, 32% NSW, 23% VIC; 66% located in major cities, 29% inner regional, 16% outer regional, 4% remote, 1% very remote. Significant differences between sub-groups are shown at the 95% confidence interval. A significantly higher result is indicated by an upward facing arrow and a significantly lower result is indicated by a downward facing arrow.

The RACGP thanks the general practice community for its ongoing passion, support and dedication to the health of the nation.

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Introduction

A flourishing, accessible and high-quality general practice sector is vital to the health of Australia and its people.

General Practitioners are the first point of contact for most Australians seeking medical attention, with more than 85% of the population seeing a GP at least once each year.⁵

The Royal Australian College of General Practitioners (RACGP), represents 90% of the country's GPs. The RACGP is tasked with promoting and improving health wellbeing in Australia through providing support, education and training to GPs.

The RACGP is the country's largest professional general practice organisation, representing in excess of 35,000 members, including more than 17,000 Fellows, who treat more than 21 million patients across Australia every year. This inaugural report, *General Practice: Health of the Nation*, draws on specifically commissioned research involving more than 1300 RACGP Fellows from all parts of Australia, as well as information from the MABEL (Medicine in Australia: Balancing Employment and Life) Survey and a range of government publications, to provide a unique overview of the general practice sector.

The Report focuses on a range of key areas including:

- patient access to general practice
- the role of the general practitioner
- the general practice workforce

In addition to providing information at a point in time, in future years *General Practice: Health of the Nation* will track trends, highlighting changes across the general practice sector from both a patient and GP perspective.

Current and emerging health issues

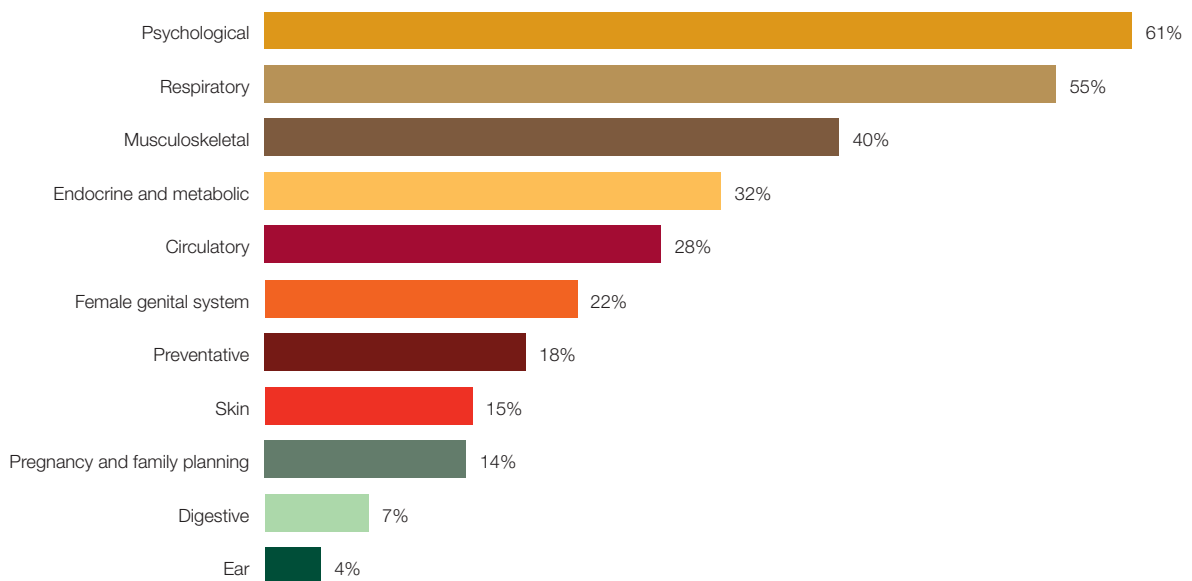
General practitioners provide diagnosis, treatment and ongoing care for patients across an expansive range of health conditions.

With Australia's population ageing and rates of chronic disease increasing, GPs now more than ever, are key to the provision of high-quality primary care across the nation. In turn, quality general practice services influence the efficiency and outcomes in secondary healthcare and the broader healthcare system.

GPs are in an unparalleled position to provide insights into emerging health conditions, and to highlight issues requiring an urgent response from the community and government.

RACGP members report that psychological issues (eg depression, mood disorders, anxiety) are the most common health issues they manage. Respiratory (e.g cough, asthma, sinusitis) and musculoskeletal (back/neck pain, arthritis) conditions follow closely in frequency.

Figure 1. Reasons for patient visits



Question: "When thinking about your patients overall, what is/are the three most common ailments you are dealing with?"

Source: EY Sweeney, General Practice, 9 August 2017

The commonly reported patient health issues vary by the demographic of the practitioner, with female members (68%) more likely than their male counterparts (52%) to report psychological conditions being among the three most frequent issues they treat.

The position is reversed in the case of respiratory and musculoskeletal conditions, with male members (62% and 53%) more likely than female members (51% and 31%) to report respiratory and musculoskeletal conditions among the three most frequent ailments with which patients present.

Figure 2. Reasons for patient visits (subgroups)

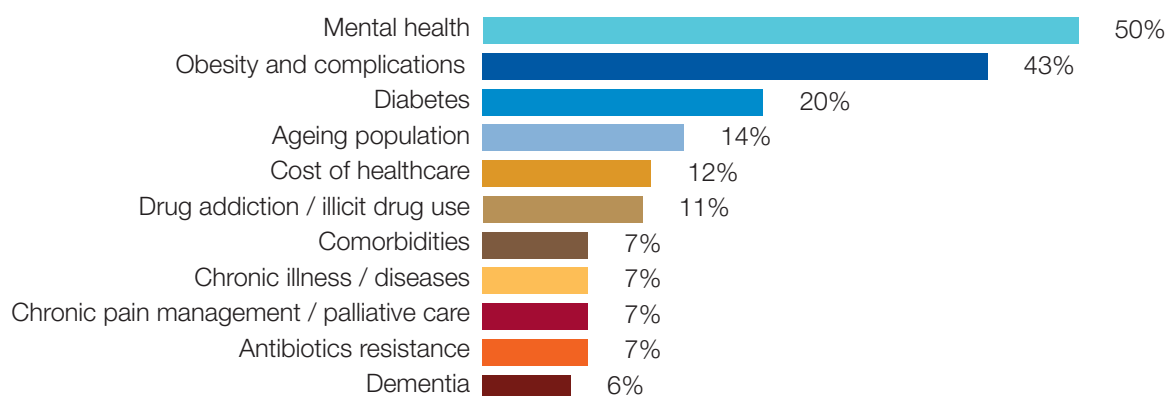
	Total 1,309	Gender		Age					Region	
		Female 754	Male 553	Under 35 154	35-44 375	45-54 391	55-64 282	65+ 107	Metro 859	Region/Rural 508
Psychological	61%	68% ↑	52% ↓	62%	65%	62%	56%	50%	62%	60%
Respiratory	55%	51% ↓	62% ↑	71% ↑	56%	54%	51%	49%	57%	52%
Musculoskeletal	40%	31% ↓	53% ↑	31%	36%	45%	44%	44%	38%	45%
Endocrine and metabolic	32%	30%	34%	23%	28%	33%	38%	40%	30%	36%
Circulatory	28%	20% ↓	38% ↑	17% ↓	20% ↓	27%	38% ↑	45% ↑	24% ↓	34% ↑
Female genital system	22%	37% ↑	1% ↓	27%	26%	21%	20%	10% ↓	25% ↑	16% ↓
Preventative	18%	20%	16%	21%	19%	20%	15%	10%	19%	17%
Skin	15%	8% ↓	23% ↑	14%	15%	14%	13%	21%	14%	16%
Pregnancy and family planning	14%	22% ↑	3% ↓	18%	18%	12%	11%	9%	15%	13%
Digestive	7%	8%	7%	6%	8%	6%	9%	4%	9%	5% ↓
Ear	4%	4%	4%	8%	5%	2%	2%	5%	4%	3%

Question: "When thinking about your patients overall, what is/are the three most common ailments you are dealing with?" Source: EY Sweeney, General Practice, 9 August 2017

While psychological conditions were deemed the most frequent reason for patient visits, they were also flagged by RACGP members as the health issue causing most concern for the future, followed by the evolving and frequently linked issues, obesity and diabetes.

This is a clear warning of both the current frequency and future potential impact of psychological ailments on individuals, the community and the broader health sector. It is also a stark reminder that the personal and financial health costs associated with obesity and diabetes are expected to escalate.

Figure 3. Emerging health concerns



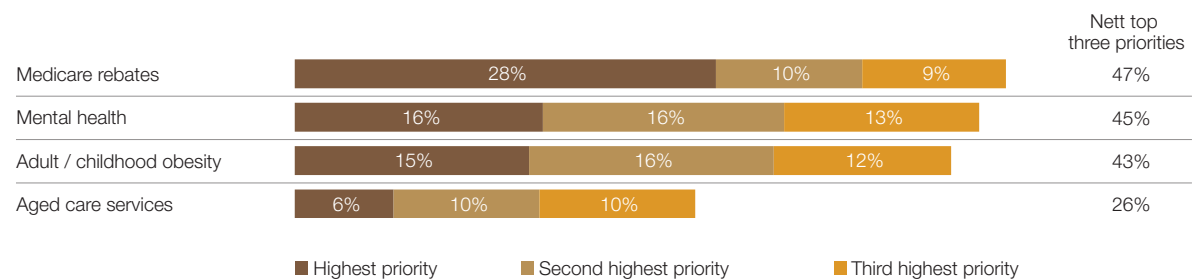
Question: "What are the emerging patient health issues causing you the most concern for the future?" Source: EY Sweeney, General Practice, 9 August 2017

Female members are more likely to mention mental health (59%) and obesity (49%) as issues causing them most concern for the future, than their male counterparts (37% and 36% respectively).

In line with their perceptions of current and emerging critical health issues, most RACGP members identify mental health and obesity as two key health policy issues the Federal Government should prioritise for action.

However, members consider Medicare rebates to be the number one health policy issue requiring immediate Federal Government action to ensure access to high quality healthcare is maintained.

Figure 4. Priority issues for Federal Government focus



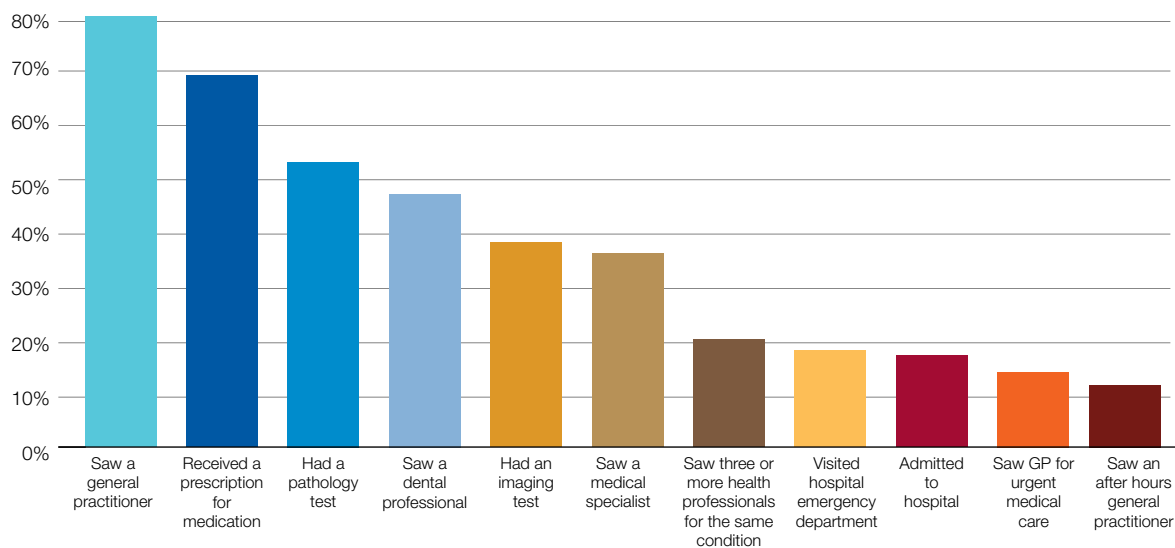
Question: "From the list below, please rank the three top priority health policy issues that you think the Federal Government should focus on."
Source: EY Sweeney, General Practice, 9 August 2017.

Patient access to and experience of general practice

Australians rely on general practice more than any other area of the health system, with over 85% of the population visiting their GP each year.¹

Patients report that they visit their GP more than they receive prescriptions, have various pathology or imaging tests, and see non-GP specialists.²

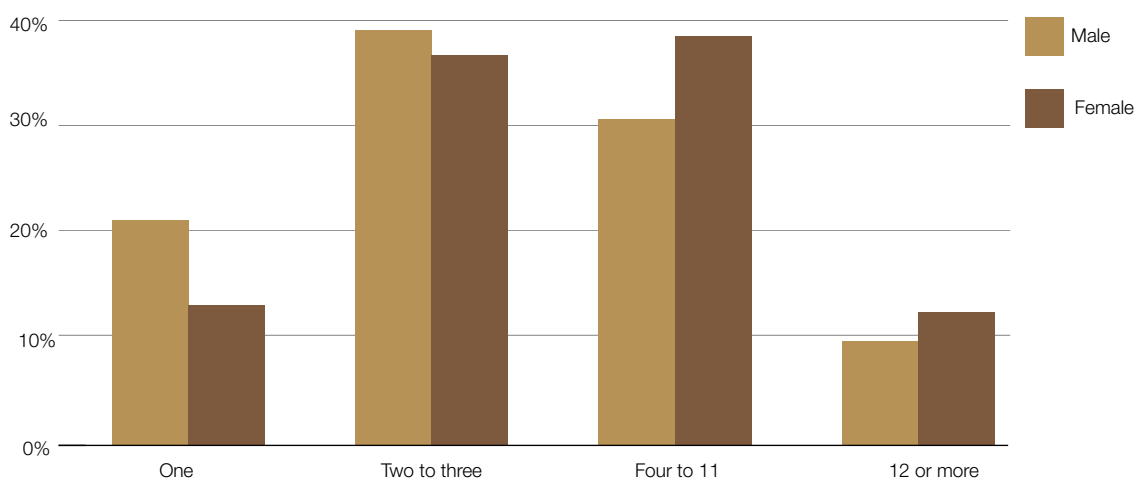
Figure 5. Patient use of health services



Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015–16. ABS cat. no. 4893.0. Canberra: ABS, 2016. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0 [Accessed 9 August 2017].

Eighty-three per cent of patients report that they visit their GP multiple times a year, including 11% who report seeing their GP 12 times or more.² Female patients visit their GP more frequently than male patients.²

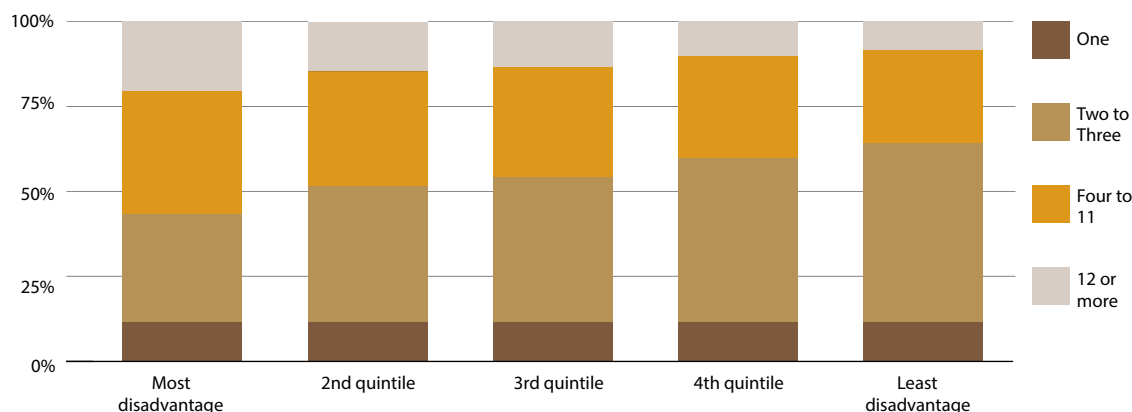
Figure 6. Number of patient visits to GP per year



Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015–16. ABS cat. no. 4893.0. Canberra: ABS, 2016. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0 [Accessed 9 August 2017].

The need for affordable general practice services is highlighted by the demographics of those patients seeking frequent medical attention. Those with a relatively low socio-economic status report visiting their GP more frequently than patients with a higher socio-economic status. This trend spans across various socio-economic groups, with the reported number of visits to a GP decreasing as socio-economic status increases.²

Figure 7. Number of visits to GP per year, by relative socio-economic status



Data source : Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015–16. ABS cat. no. 4893.0. Canberra: ABS, 2016. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0 [Accessed 9 August 2017].

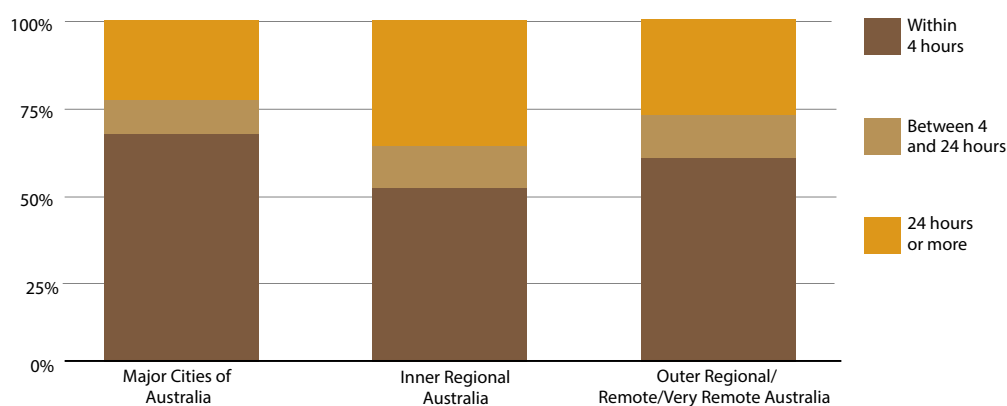
General practice has responded to community needs regarding the availability of GP services, with extended opening hours increasing the opportunity for patients to schedule a visit to their GP at a time and place that suits them.

The after-hours period for general practice is deemed to be outside 8 am to 6 pm weekdays, outside 8 am to 12 pm Saturdays, and any time on Sundays and public holidays.³

Many RACGP members report that their practice opens on weekends and/or weeknights. Sixty-five per cent of GPs report that their practice opens for part of the weekend, and 21% report that their practice opens after 7 pm on a weeknight.

Nearly all patients (99.3%) report that they are able to see a GP when they need to,² with the majority reporting they are able to obtain an appointment for urgent medical care within four hours. Wait times of 24 hours for urgent medical care are more common in inner regional Australia than other areas.

Figure 8. Patient-reported time to see a GP, by remoteness



Data source : Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015–16. ABS cat. no. 4893.0. Canberra: ABS, 2016. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0 [Accessed 9 August 2017].

Healthcare affordability

The general practice system in Australia operates on a fee-for-service basis. Medicare provides rebates to patients when they access eligible health services, such as those provided by a GP.

In many cases, the Medicare rebate does not cover the total cost of the service provided. If a patient is 'privately' billed, the patient will pay their GP a fee to cover the full cost of the service. The patient will then receive the Medicare rebate as reimbursement for part of the fee paid, leaving them with an 'out-of-pocket', or 'co-payment' cost. If a patient is bulk billed, the GP accepts the Medicare rebate as full payment for the service.

The data highlights that the affordability of general practice healthcare is under significant pressure.

Bulk billing

Medicare statistics indicate that 85.7% of general practice services are bulk billed.¹

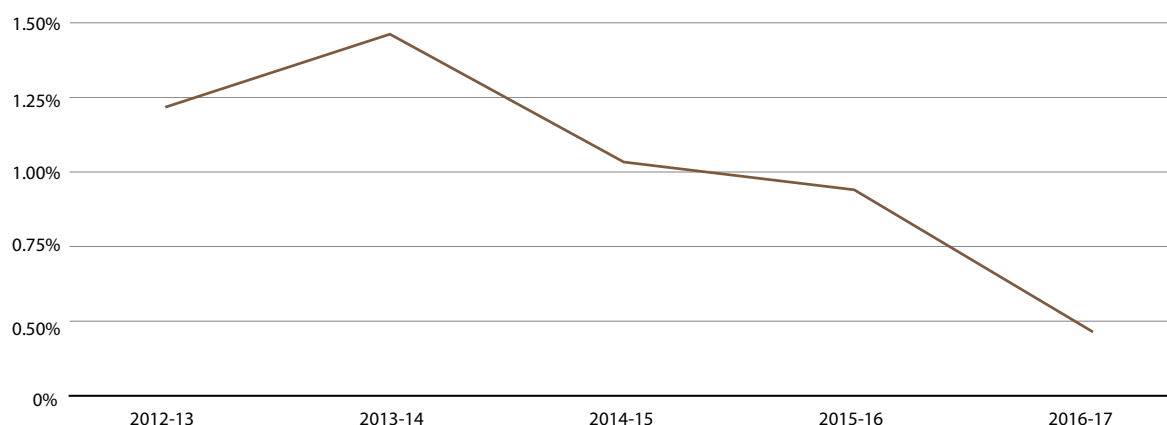
While this figure provides an indication of total bulk billed services in Australia, it does not represent the number of patients who are bulk billed for all of their general practice care.

Patients may receive a number of services during a single visit to the GP, with some of these services bulk billed and others privately billed. Therefore, while 85.7% of general practice services are bulk billed, the proportion of patients fully bulk billed (and who therefore face no out-of-pocket costs for care) is much lower.

GPs report varied rates of bulk billing: from 100% bulk billing to not bulk billing patients at all. Most GPs bulk bill between 40% and 95% of their patients, with an average rate of approximately 70%.

As the cost of providing high-quality health services and running general practices continues to rise, GPs are finding it more difficult to bulk bill patients. The years between 2013-14 and 2016-17 saw a decrease in the growth in the proportion of services bulk billed.¹

Figure 9. Decline in growth of national bulk-billing rate for general practice services



Data source: Department of Health. Annual Medicare statistics – Financial year 1984–85 to 2016–17, Canberra: DoH, 2017. Available at www.health.gov.au/internet/main/publishing.nsf/content/annual-medicare-statistics [Accessed 9 August 2017].

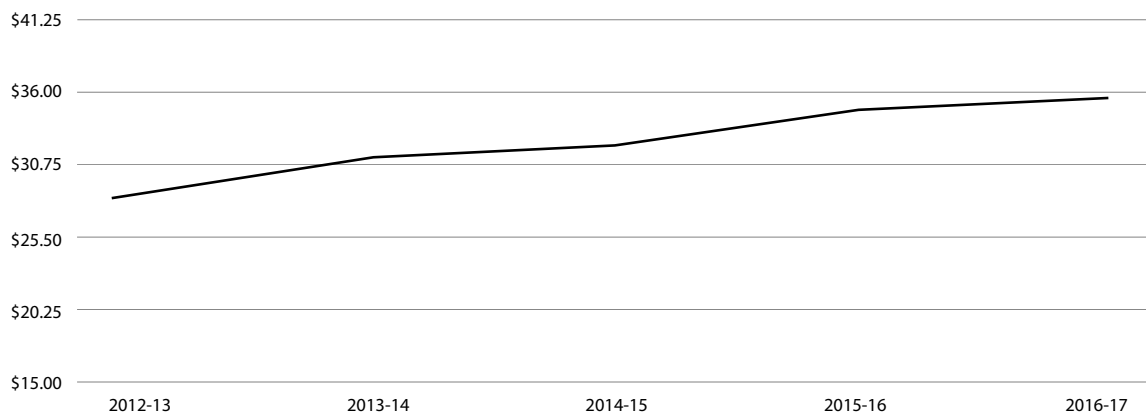
Patient out-of-pocket costs

Medicare data suggests that the average patient co-payment, or out-of-pocket cost, to visit a GP is \$35.83.¹

These costs vary across Australia, with patients in the NT and ACT experiencing much higher out-of-pocket costs than other jurisdictions. Remote and very remote areas also show higher patient out-of-pocket costs.

Patient out of pocket contributions continue to increase each year as Medicare rebates fall further behind the real cost of providing high-quality general practice services.

Figure 10. Patient out-of-pocket costs for general practice services

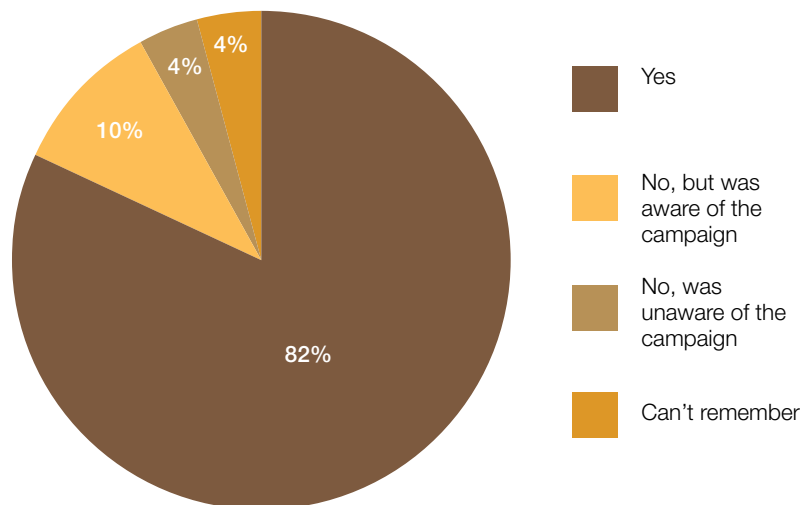


Data source: Department of Health. Annual Medicare statistics – Financial year 1984–85 to 2016–17. Canberra: DoH, 2017. Available at www.health.gov.au/internet/main/publishing.nsf/content/annual-medicare-statistics [Accessed 9 August 2017].

GP concern about the impact of the Medicare rebate freeze on the patient affordability of general practice services was reflected in the RACGP's 2016 campaign to have the freeze lifted.

More than 80% of members supported the campaign, and 46% took direct action to promote it with their patients.

Figure 11. Support for rebate freeze campaign

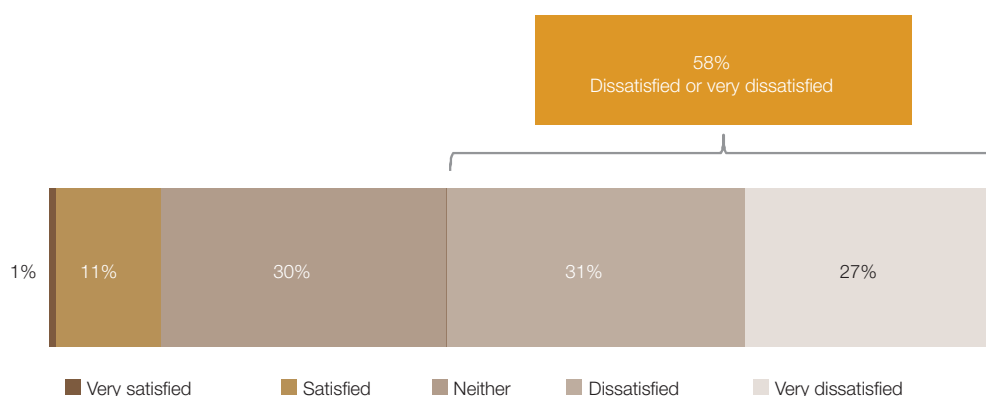


Question: "Did you support the RACGP's campaign to have the Federal Government's Medicare rebate freeze lifted?"

Source: EY Sweeney, General Practice, 9 August 2017.

The ongoing concern of GP's regarding patient out-of-pocket costs is also highlighted in their views of the Federal Government Medicare rebate freeze and the approach to addressing it over time. Almost 60% of GPs are either 'dissatisfied' or 'very dissatisfied' with the outcome.

Figure 12. Satisfaction with rebate freeze outcome



Question: "How dissatisfied or satisfied are you with the resolution of the Medicare rebate freeze?"

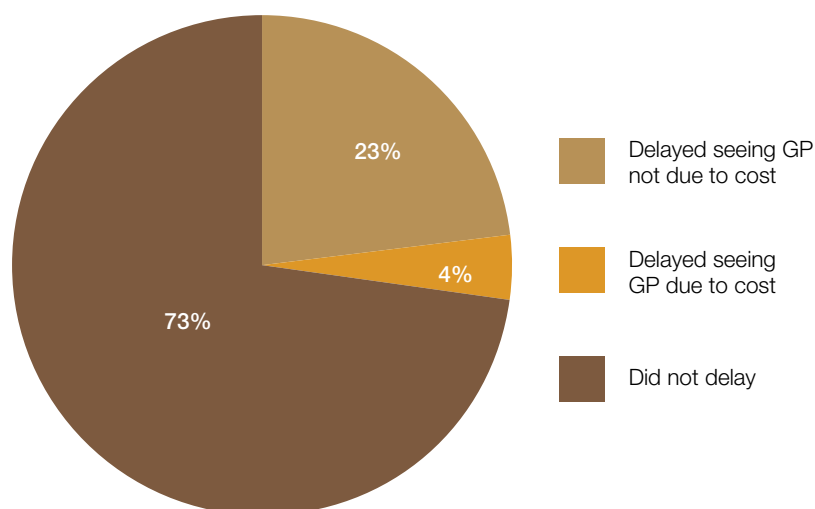
Source: EY Sweeney, General Practice, 9 August 2017

Impact of general practice cost on patient access

When patients delay visits to their GP, there is a risk that conditions will worsen, requiring more extensive and ultimately more expensive treatment, putting increased pressure on both patients and the broader healthcare system.

In 2015–16, 82.5% of patients reported that they needed to see a GP for care.² Of the patients who needed to see a GP, 27% delayed the appointment – including 4% (or over 860,000 patients) who stated that cost was a reason.²

Figure 13. Proportion of patients who delayed seeing a GP, 2015–16

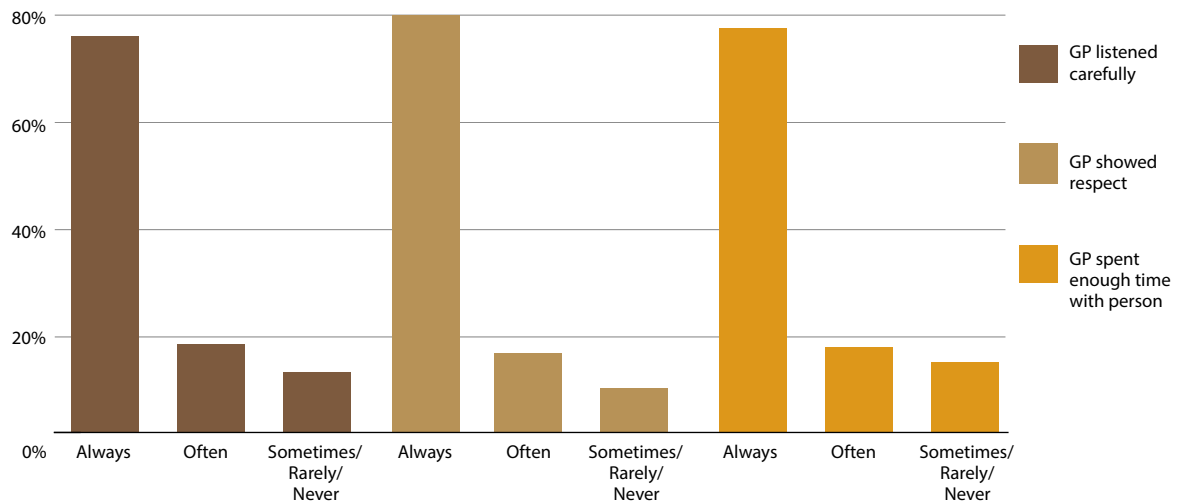


Data source Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015–16. ABS cat. no. 4893.0. Canberra: ABS, 2016. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0 [Accessed 9 August 2017].

Patients value their GP relationship

Patients report very positive experiences when visiting their GP. Over 75% of patients report that their GP always listens carefully, shows respect and spends enough time with them.²

Figure 14. Patient experiences of GP services



Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015–16. ABS cat. no. 4893.0. Canberra: ABS, 2016. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0 [Accessed 9 August 2017].

Although patient enrolment is not currently a feature of general practice in Australia, over 81% of female patients and 73% of male patients have a regular GP and more than 90% of patients aged 65 years or older have a preferred GP.²

Patients living in cities or inner regional areas are more likely to have a preferred GP than those living in regional, remote or very remote areas in Australia.² Patients with long-term health conditions and patients who self-assess their health as fair or poor, are also more likely to have a preferred GP.²

Almost 74% of patients report that they are always able to see their preferred GP when needed.²

Government funding for general practice care

The importance of primary health care to patient outcomes is recognised both in Australia and internationally:

“Top-performing countries make primary care widely available, so that patients can get health services when they need them. Primary care services are available not just during regular business hours, but also at night and on weekends”.

- The Commonwealth Fund. Mirror, Mirror 2017: International comparison reflects flaws and opportunities for better US healthcare. 2017

While Australia benefits from a long established tradition of general practice doctors, there are warning signs in terms of primary care delivery:

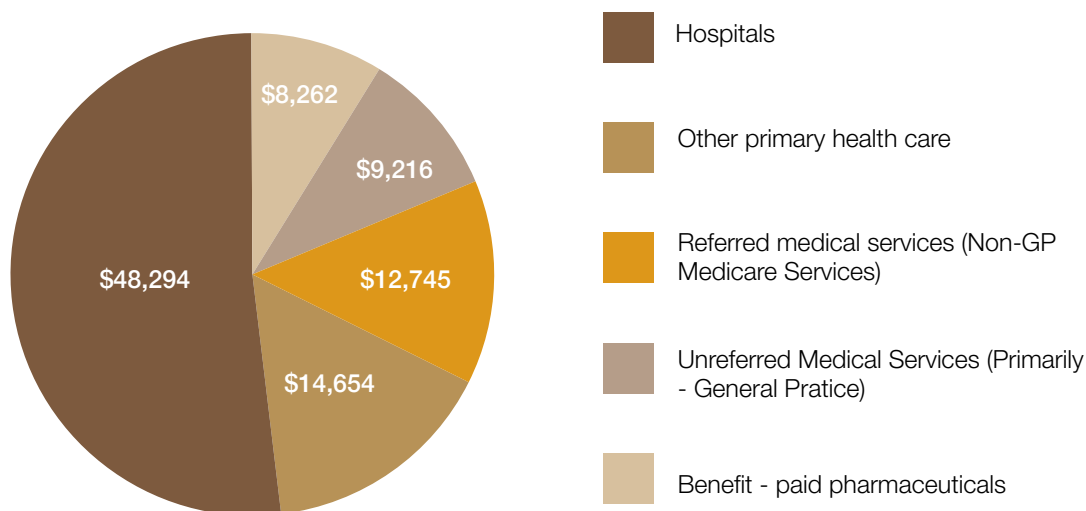
“Australia’s fragmented primary health care system points to the need to strengthen primary health care, particularly to better manage the large number of patients with multiple chronic conditions.”

- OECD Review of health care quality: Australia 2015

In 2014-15, non-referred medical services, including general practice services, represented less than 9% of total government recurrent expenditure in health.⁵

In comparison, government expenditure for hospitals represented 46% of total recurrent health expenditure. Referred medical services, such as services provided by surgeons and consultant physicians, represented a further 12% of total recurrent government health expenditure.⁵

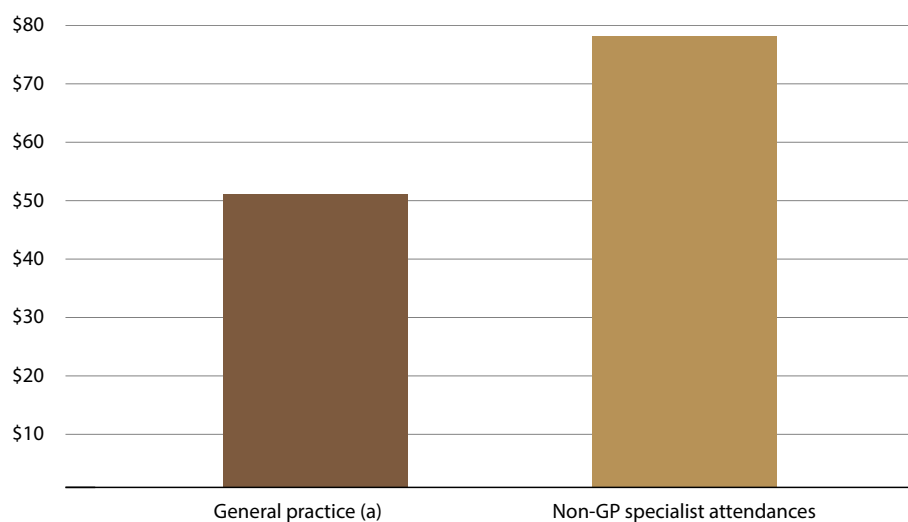
Figure 15. Government spending on health (\$ million), by area of expenditure, 2014–15



Data source: AIHW, 2016, Health Expenditure Australia, 2014-15

Department of Health Medicare data demonstrates the disparity in government support for general practice patient services compared to other areas of the health system, with the average benefit paid for a non-general practice specialist service significantly higher than that paid for a general practice service.¹

Figure 16. Average government contribution per service, 2016–17



(a) Total non-referred attendances (including GP/Vocationally Registered GP, Enhanced Primary Care, and Other)

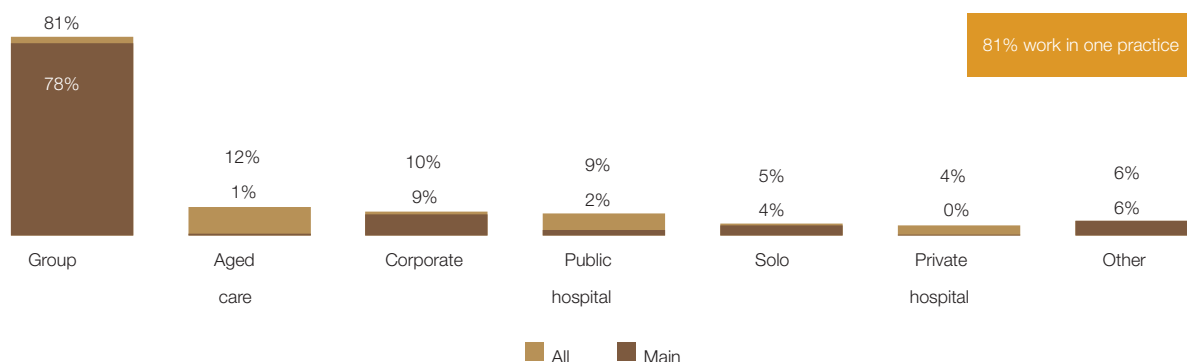
(b) Average benefits paid have been calculated by dividing the benefit paid for all services in and out of hospital by the number of services in and out of hospital.

Data source: Department of Health. Annual Medicare statistics – Financial year 1984–85 to 2016–17. Canberra: DoH, 2017. Available at www.health.gov.au/internet/main/publishing.nsf/content/annual-medicare-statistics [Accessed 9 August 2017].

The general practice workforce

The Australian Government Department of Health reports that there are over 34,600 GPs practicing in Australia.⁶ GPs primarily work in private general practices, ranging from solo, to group, to large 'corporate' practices. Over 6300 general practices in Australia are accredited against the RACGP's *Standards for general practices*.⁷ GPs typically work in group practice settings. Many GPs also work in other institutions, such as aged care facilities or hospitals.

Figure 17. Practice worked (past month)



Question: "In which of the following settings have you practiced in the past month? Which setting is your main practice, that is where you spend the most time?"

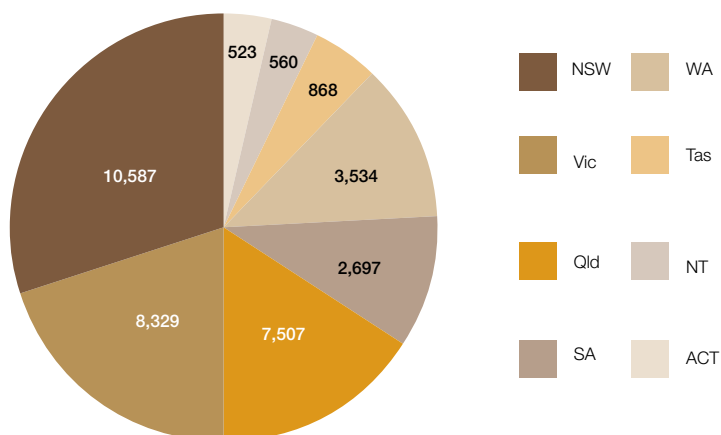
Source: EY Sweeney, General Practice, 9 August 2017

GPs also report working in other clinical and non-clinical settings such as Aboriginal health services (4%), tertiary education institutions (6%) and government departments, agencies or defence forces (2%).⁴

GPs are relatively well distributed by population

Australia's population is concentrated in the south eastern seaboard states, with approximately 77% of people living in New South Wales, Victoria or Queensland. Workforce data shows that more than 75% of GPs are located in these same states.

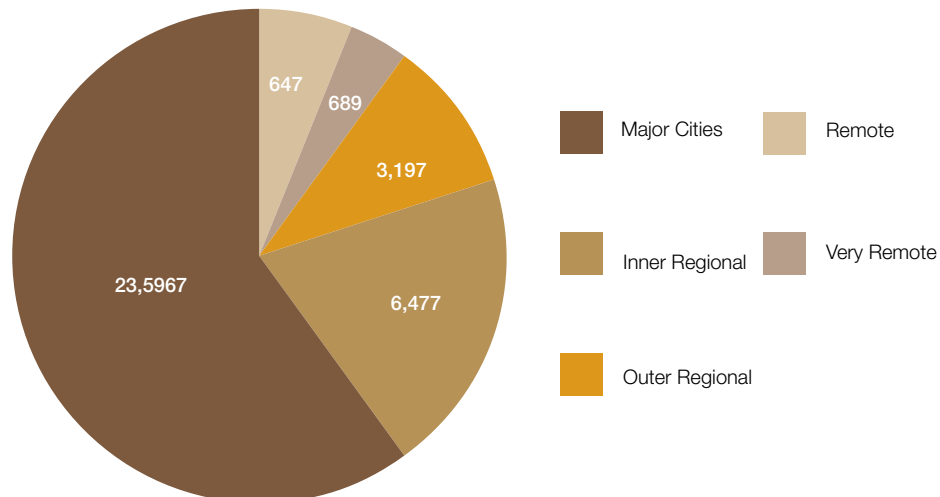
Figure 18. Total number of GPs, by state and territory, 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

Almost 70% of GPs practice in major cities; by way of comparison according to ABS data, 76% of Victorians live in Greater Melbourne; 64% of the NSW population is located in Greater Sydney; and about 50% of Queenslanders live in Greater Brisbane (excluding the Gold and Sunshine Coasts).

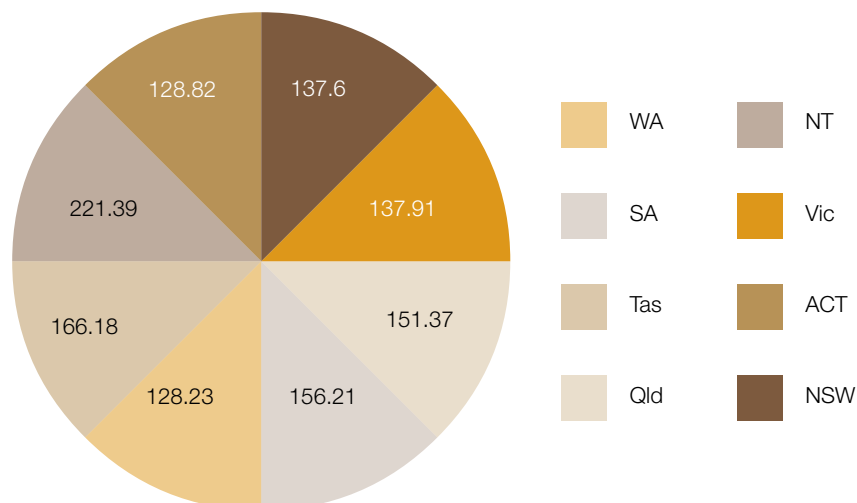
Figure 19. Total number of GPs, by remoteness, 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

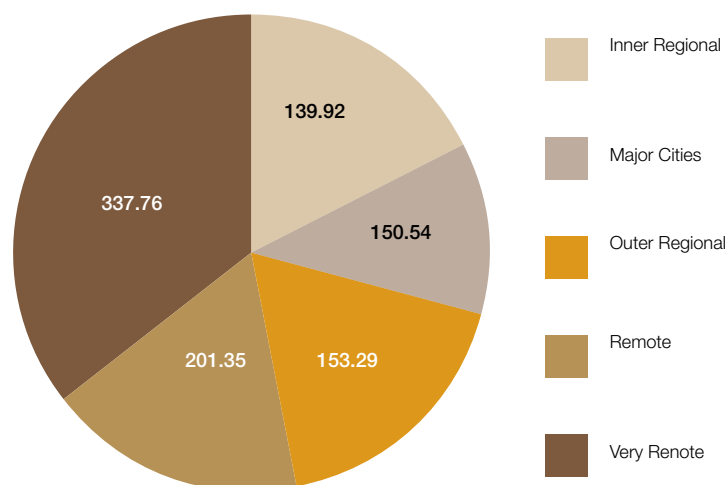
Although the total GP headcount suggests that GPs are concentrated in eastern states and major cities, GPs are relatively well distributed when considering the number of GPs per head of population across jurisdictions.

Figure 20. GPs per 100,000 population, by state and territory, 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

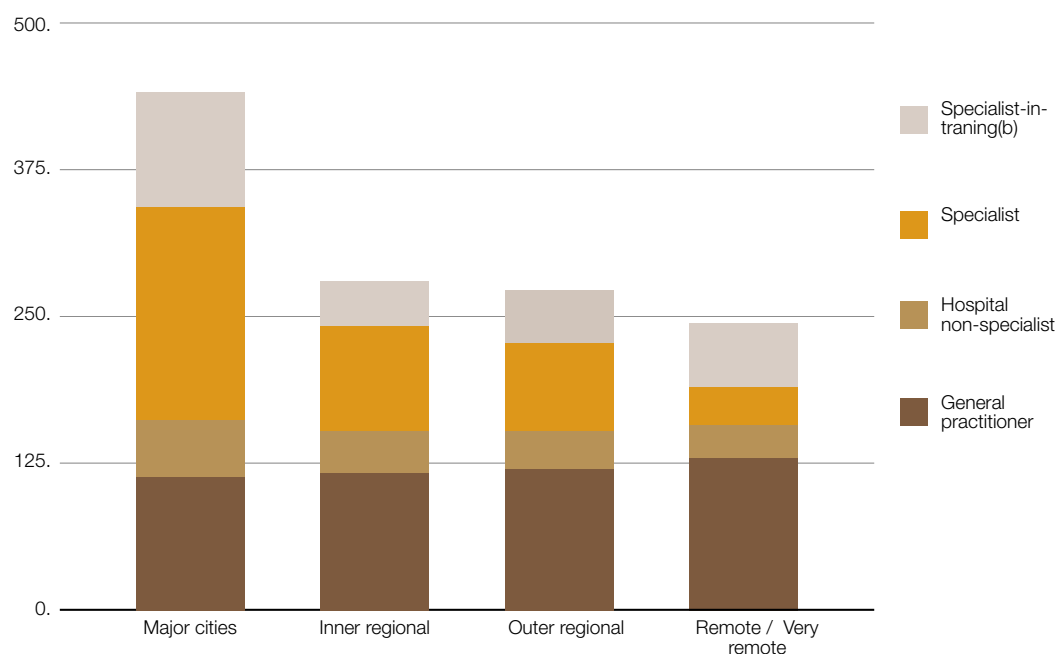
Figure 21. GPs per 100,000 population, by remoteness, 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

While the distribution of non-GP specialists, either in or out of hospital, varies significantly by remoteness, GPs are relatively well distributed across all remoteness areas.⁸

Figure 22. Employed medical practitioners, full-time equivalent (FTE) per 100,000 population, by main area of practice (a), and remoteness



(a) AIHW state that the Full-time equivalent (FTE) number per 100,000 population. FTE number is based on total weekly hours worked. Standard working week is 40 hours.

(b) Specialist in training includes Australian General Practice Training (AGPT) program trainees.

Data source: Australian Institute of Health and Welfare. Medical workforce. Canberra: AIHW, 2015.

GPs are a diverse group

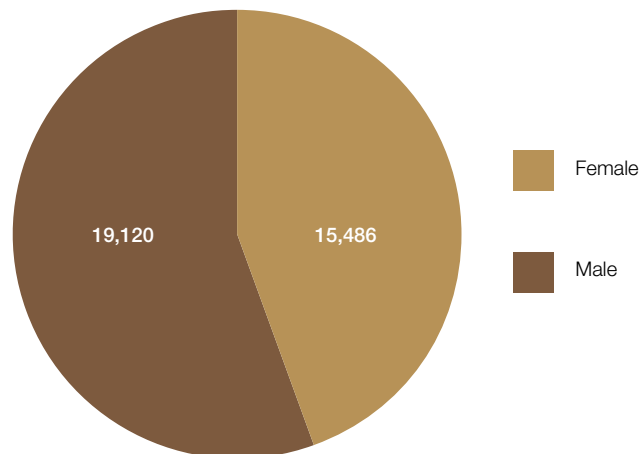
Gender

Of the approximately 35,000 GPs practicing in Australia, 45% are female; however, female GPs represent only 36% of the full-time service equivalent (FTSE).⁶

This raises the prospect that although women represent almost half of the general practice workforce, the clear difference in male and female FSEs could reduce a patient's ability to select their preference of a male or female GP.

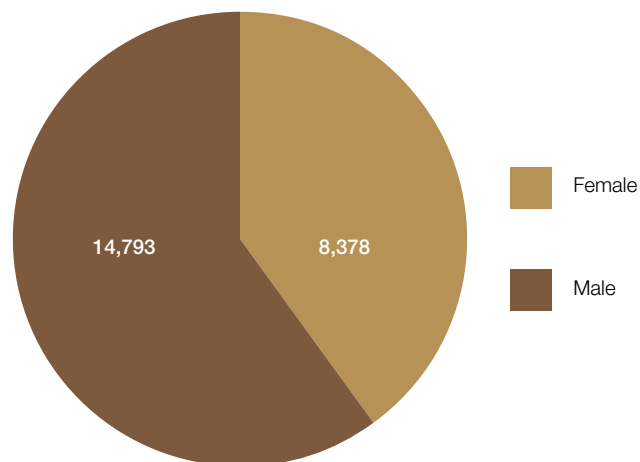
*FSE is an estimated measure of medical workforce based on Medicare claims information. The FSE represents total hours worked based on number of days worked, volume of services, and schedule fees.

Figure 23. Total number of GPs, by gender, 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

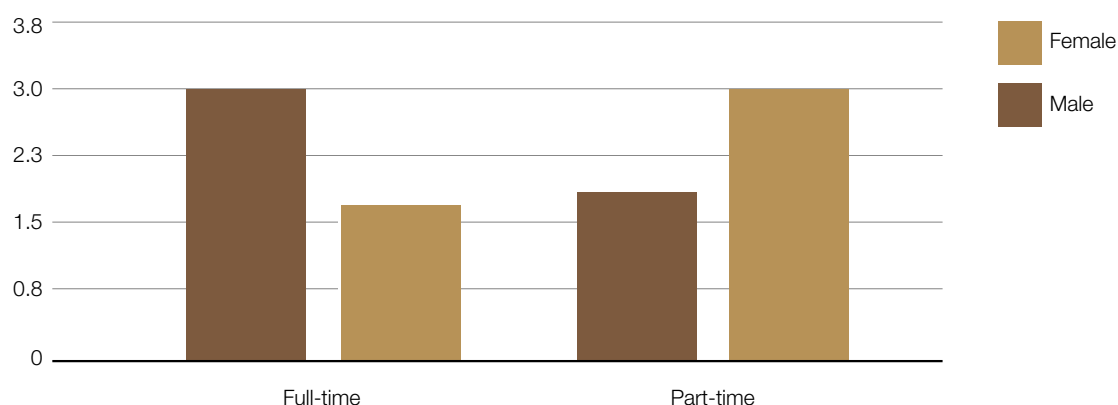
Figure 24. GP full-time service equivalent (FTSE), by gender, 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

The difference in total number of GPs compared to FSE GPs reflects a difference in the working arrangements of male and female GPs. Female GPs are more likely to work in a part-time capacity compared to their male colleagues.

Figure 25. Average number of full-time and part-time GPs in a practice, by gender

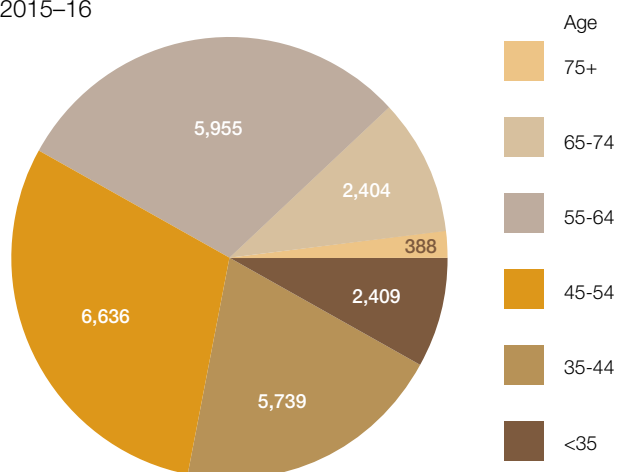


Data source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 8 survey. Melbourne: MABEL, 2016.

Age

Most GPs are aged between 35 and 64 years. However, more than 37% of GPs are aged 55 years or older.⁶ The age of the general practice workforce is important when considering the sustainability of the sector – this is discussed further in a later section of this report, 'Caring for the future health of all Australians'.

Figure 26. FSE GPs, by age, 2015–16

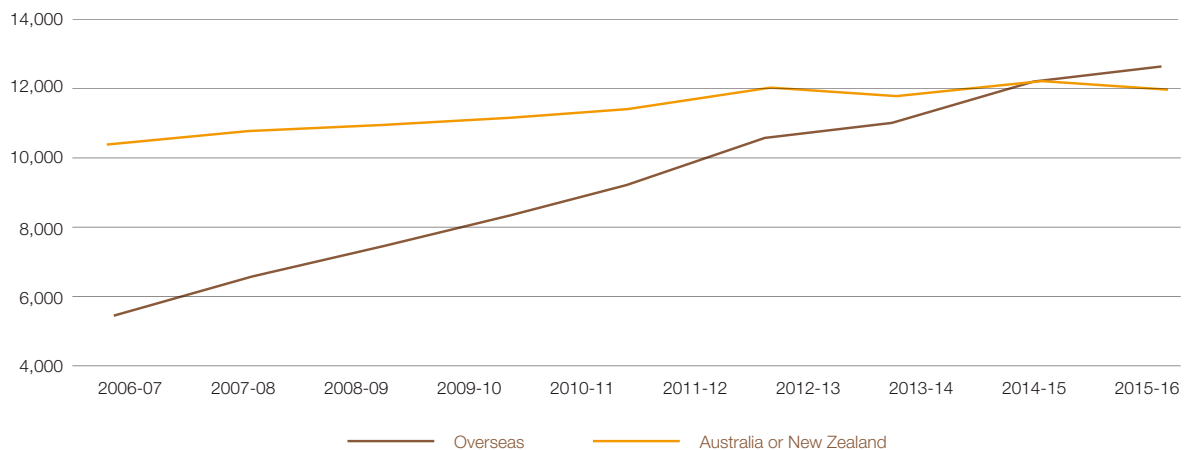


Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

Location of primary qualification

In 2015–16, for the first time since such records began, GPs who gained their basic qualification at an overseas university represented a higher proportion of the FSE than those who attained their qualifications in Australia and New Zealand.⁶

Figure 27. FTSE GPs, by place of basic education, 2015–16

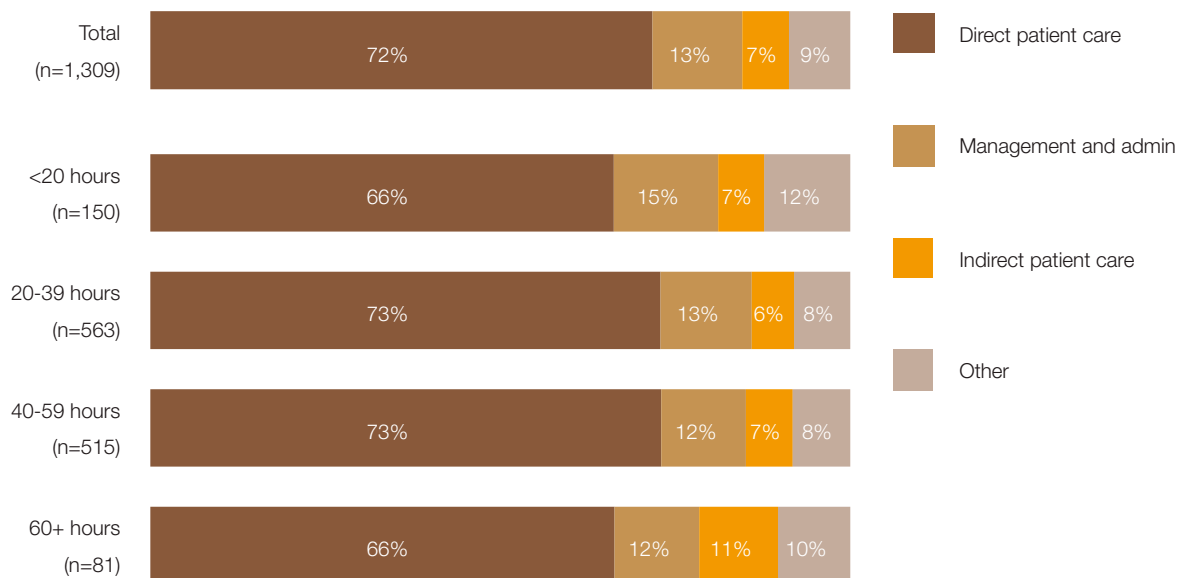


Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

GPs prioritise the care of their patients

Most GPs report that an average consultation lasts between 15 and 20 minutes⁴ with RACGP members surveyed reporting that they spend over 70% of their working hours providing direct patient care.

Figure 28. Tasks by hours worked

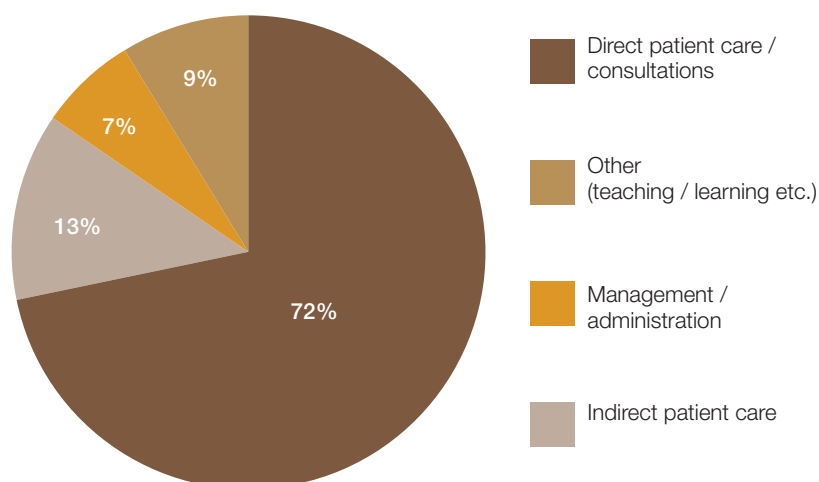


Question: "What proportion of your hours are spent on the following activities in a typical week?"

Source: EY Sweeney, General Practice, 9 August 2017.

While GPs report spending the largest proportion of their time providing direct patient care, the majority of GPs also report spending time in other aspects of their role. Eighty-five per cent of GPs identify that they spent time during their most recent usual week carrying out indirect patient care, with an average of 4.3 hours a week.⁴ GPs reported an average of 29.8 hours of direct patient care.⁴

Figure 29. GPs' working hours, by activities



Question: "What proportion of your hours are spent on the following activities in a typical week?"

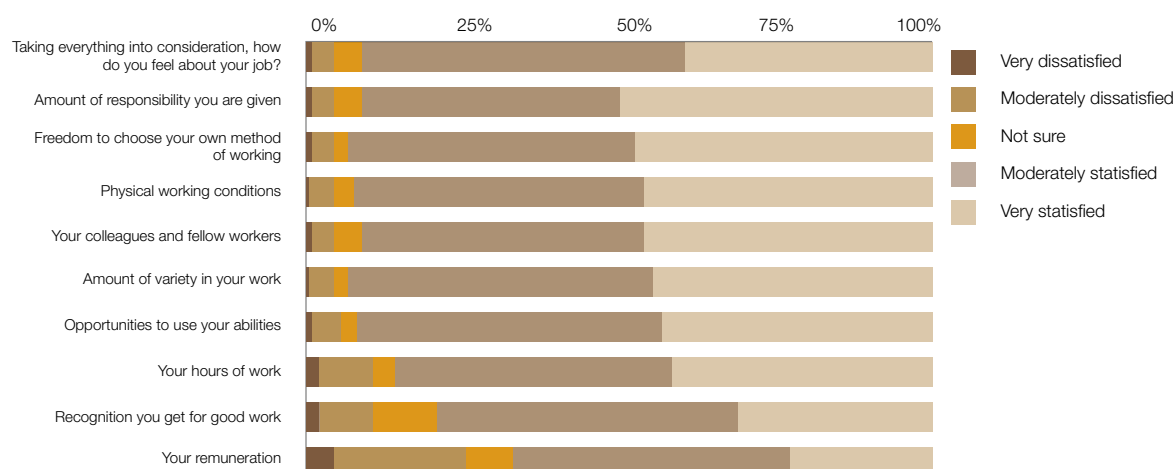
Source: EY Sweeney, General Practice, 9 August 2017

GP satisfaction and impediments

Overall, GPs are satisfied or very satisfied with their roles. When asked to rate the satisfaction with various elements of their role, at least 70% of GPs are either satisfied or very satisfied with all areas of their role. More than 90% of GPs stated that they are satisfied or very satisfied with their role for seven of the 10 elements measured.⁴

Compared to other aspects of their role, GPs report significantly more dissatisfaction with their remuneration, recognition and working hours. Remuneration was the area of greatest dissatisfaction among GPs.

Figure 30. GPs' job satisfaction



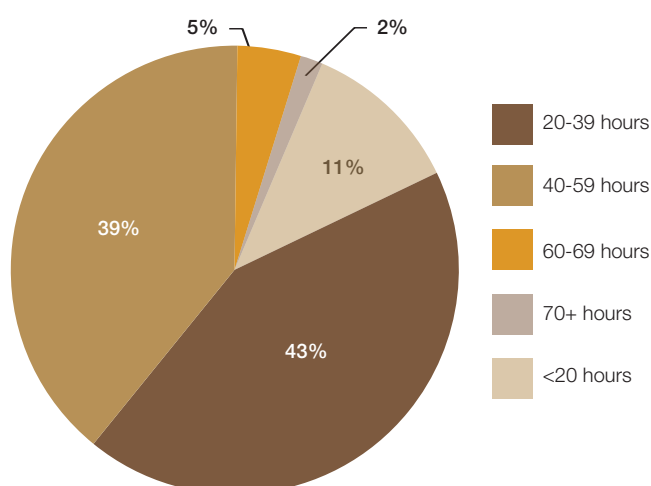
Data source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 8 survey. Melbourne: MABEL, 2016.

Hours of work

GPs working hours have typically increased (30%) or remained the same (46%) in the past two years.

According to the survey of RACGP members, 46% of GPs work 40 hours or more a week, with 7% working more than 60 hours. Those most likely to be working more than 60 hours per week are male (10% vs 4% for female members), 55-64 year olds (10%), regional or rural area GPs (8% vs 5% metro) and/or working in a solo practice (22%).

Figure 31. Number of hours worked

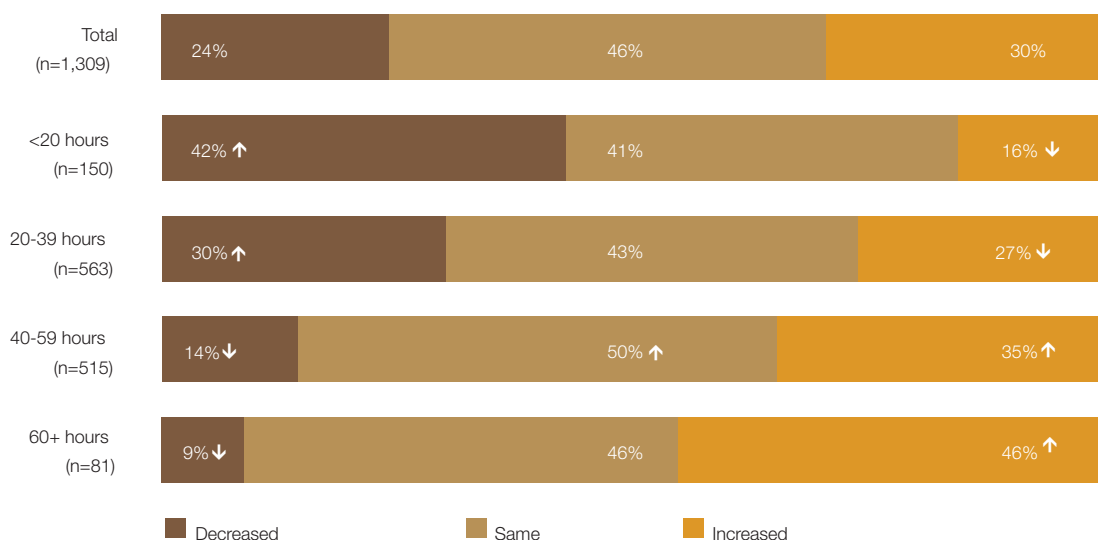


Question: "Approximately, how many hours do you spend at work during a typical week?"

Source: EY Sweeney, General Practice, 9 August 2017

Thirty per cent of RACGP members report that their hours have increased over the last two years, with 24% reporting that their working hours have decreased. GPs working less than 20 hours per week were the most likely to report that their hours have decreased over the past two years, while GPs working more than 60 hours per week were most likely to report increased hours.

Figure 32. Change to workload in past 2 years

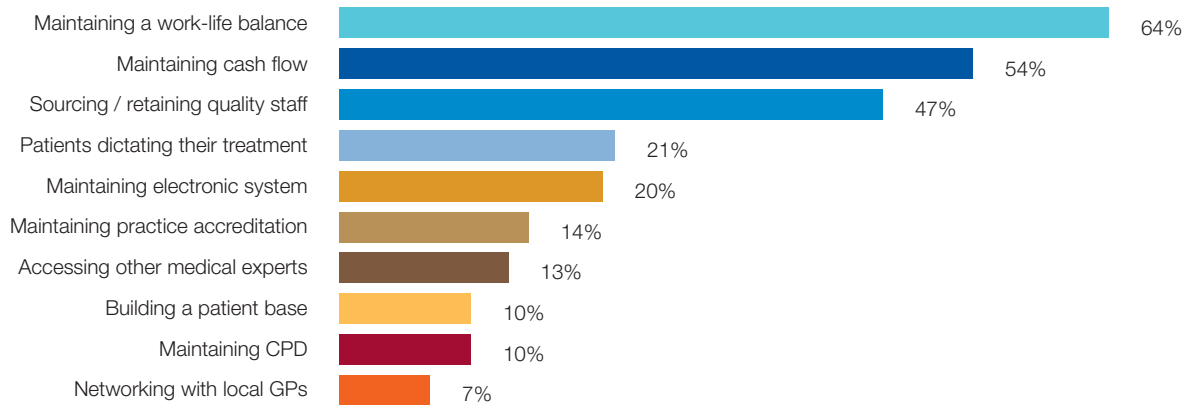


Question: "And compared to two years ago, has your number of hours decreased, increased or stayed the same?"

Source: EY Sweeney, General Practice, 9 August 2017

Among those members who own a practice, maintaining work-life balance is a key challenge, followed by the management of practice cash flow.

Figure 33. Issues when running a practice



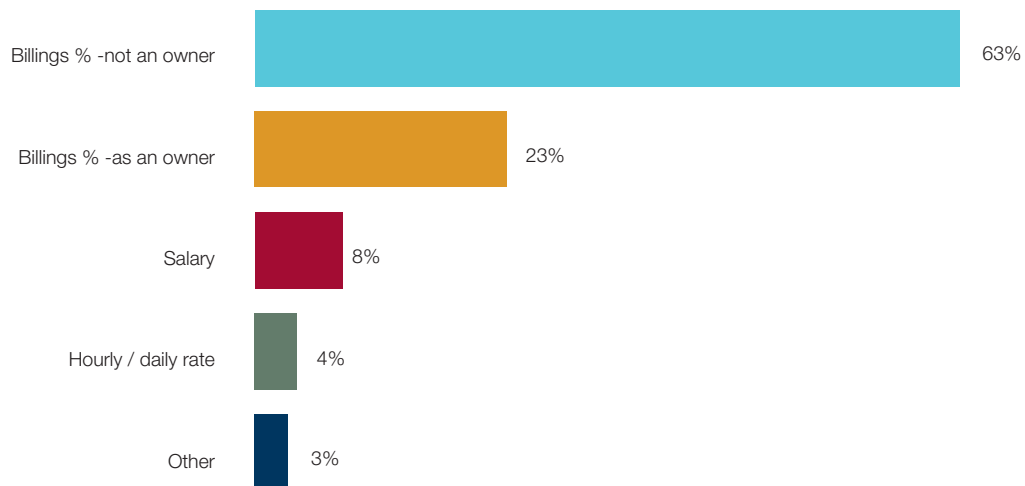
Question: "What are the main challenges/issues you face in running a successful GP practice?"

Source: EY Sweeney, General Practice, 9 August 2017

Remuneration

Eighty-six per cent of RACGP members surveyed stated that they are remunerated by means of a proportion of their billings.

Figure 34. Remuneration method



Question: "Which statement best describes how you are remunerated at your main practice?"

Source : EY Sweeney, General Practice, 9 August 2017

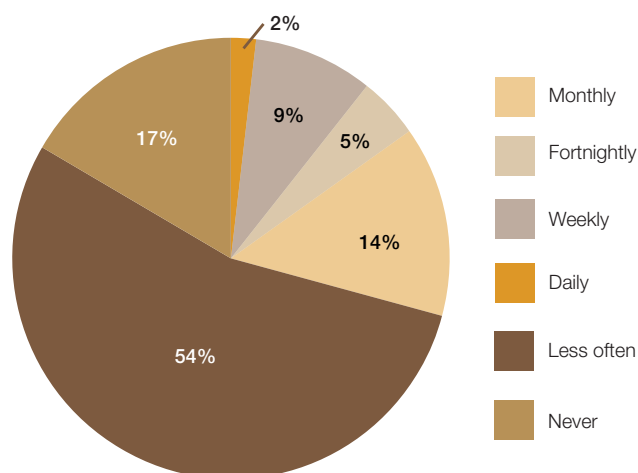
Occupational violence

Nearly 83% of RACGP members reported that they had seen or experienced a form of violence at their place of work. Almost one in six GPs (16%) see or experience violence on at least a fortnightly basis.

The prevalence of occupational violence experienced on a weekly basis peaks amongst GPs working in the hospital system (23%).

More than 70% of those who saw or experienced violence in the workplace supported greater public education as a means of addressing it.

Figure 35. Frequency of violence



Question: "How often do you see or experience violence in your workplace/s?"

Source: EY Sweeney, General Practice, 9 August 2017

Technology adoption

General practice is modernising, with GPs and patients increasingly using technology to manage health. The RACGP annual technology survey identified that two-thirds of GPs recommend health apps to their patients.⁹

GPs see that there are benefits in the increased use of technology in general practice, particularly clinical practice, such as:

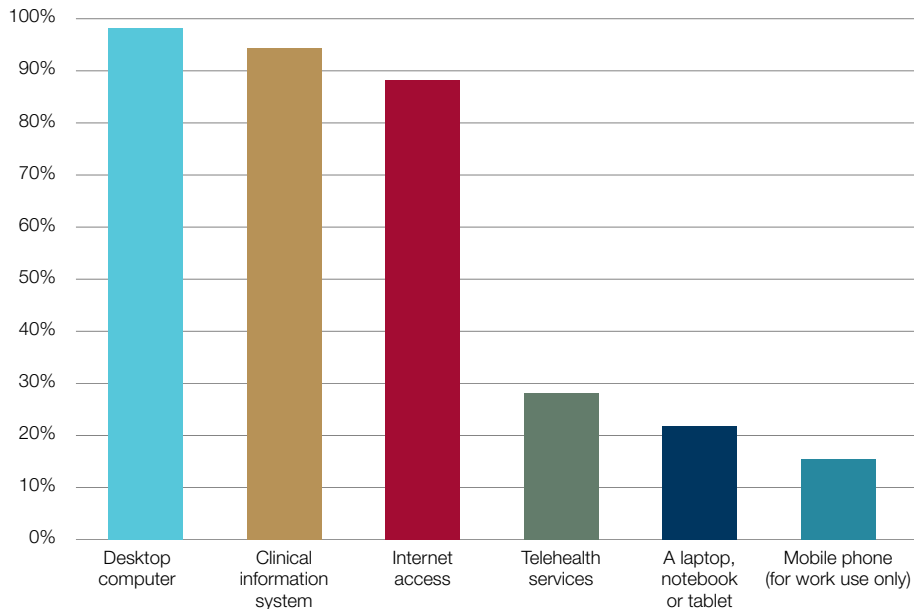
- generating electronic referrals
- using patient data in real-time clinical decisions
- communicating more effectively with other healthcare providers.

However, only one-third of GPs stated that they use telehealth services. When used, telehealth services are used mainly for conducting video consultations with other healthcare providers and undertaking training.

GPs identified a number of barriers to technology adoption, including:

- lack of funding/implementation costs
- lack of integration with IT systems/current practices.⁹

Figure 36. Use of technology in general practice, 2016



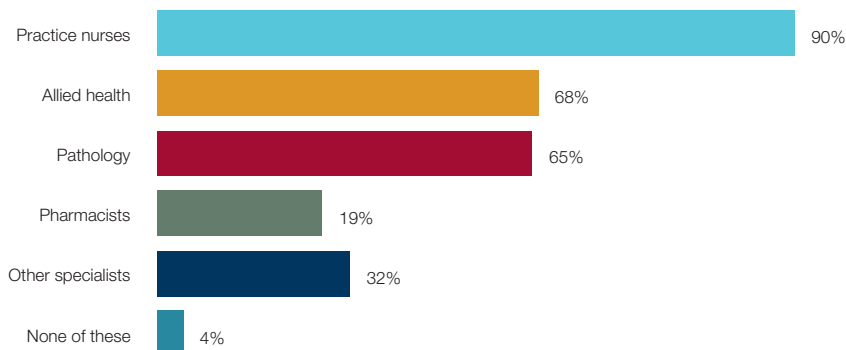
Data source: RACGP Technology survey – 2016 Report.

GPs coordinate patient care through healthcare teams

General practice teams provide services to match a varied and wide range of patient needs. As such, the makeup of practice teams varies greatly from practice to practice. As well as GPs, a general practice often employs general practice nurses, allied health professionals and administrative staff.

General practices can also be co-located with other health professionals, such as pathology collection centres, pharmacists, or specialist clinics.

Figure 37. Other health workers



Question: "What other individual health workers, professionals or facilities are employed or co-located, in your main practice?"

Source: EY Sweeney, General Practice, 9 August 2017

Caring for the future health of all Australians

Trends in the growth of GP numbers, as well as general practice training, provide insights into the future profile of the general practice workforce.

The future workforce is likely to include a significantly larger proportion of female GPs, and just as the Australian population is ageing, so too is the general practice workforce. 14% of the RACGP members surveyed stated that they intend to retire within the next five years, 3% within the next two years. Male GPs make up a significantly larger proportion of this group.

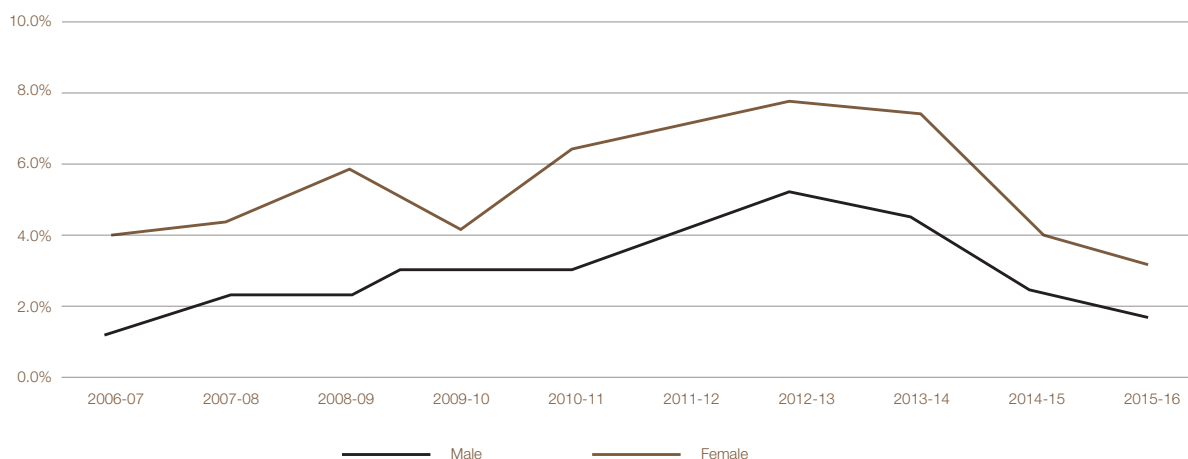
Of concern, if current growth trends continue and retirement intentions are acted upon, the general practice workforce is also likely to be much more concentrated in major cities and less prominent in regional, rural and remote areas.

The general practice workforce is evolving

While the total number of GPs continues to increase, when looking at the past decade, the rate of growth peaked in 2012–13. Since that time the growth rate has slowed across both male and female GPs; however, the female growth rate has continued to exceed that of male GPs, leading to a closing of the gap between male and female GP numbers.

The overall slowing in the growth rate of GPs is anticipated to be reversed in coming years following recent increases in general practice training places.⁶

Figure 38. Growth rate in total number of GPs, 2006–07 to 2015–16



Data source: Department of Health. GP workforce statistics – 2001–02 to 2015–16. Canberra: DoH, 2016. Available at www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1 [Accessed 9 August 2017].

Workforce trends over the last 10 years

Over the last decade, there has been an increase in the number of GPs:⁶

- with basic qualification from Australia or New Zealand
- located in major cities
- aged 75 years or more.

Over the last decade, there has been a slowing of the increase in the number of GPs:⁶

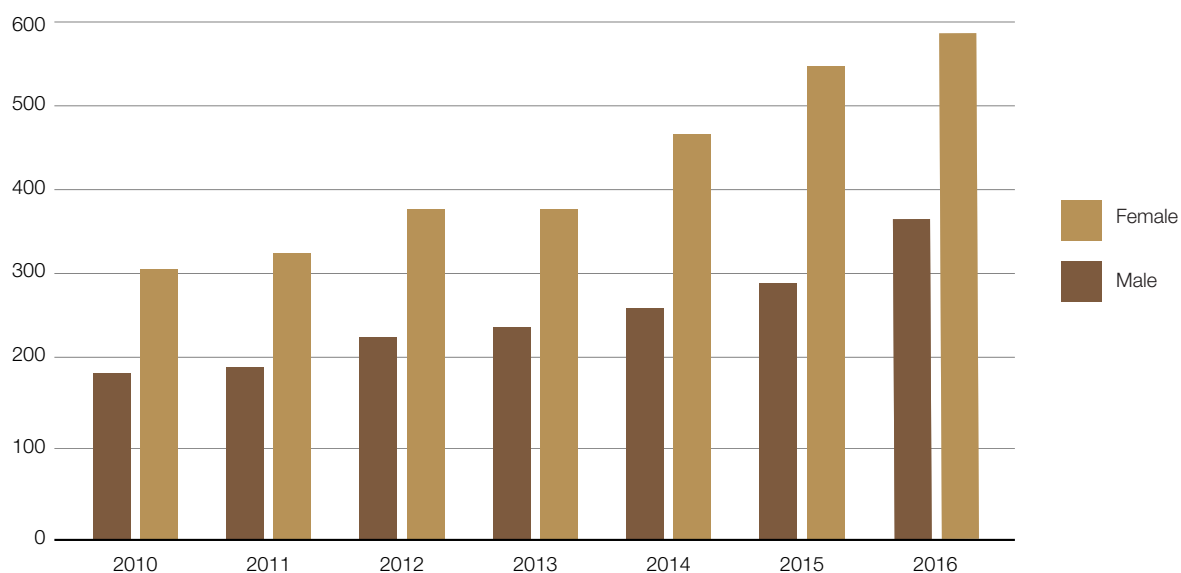
- with basic qualification from overseas
- in regional and remote areas.

Educating the GPs of the future

Growth trends for the general practice workforce are consistent with data regarding general practice registrars in training. The number of registrars achieving RACGP Fellowship is increasing each year, and consistently there are more female registrars attaining Fellowship than males.

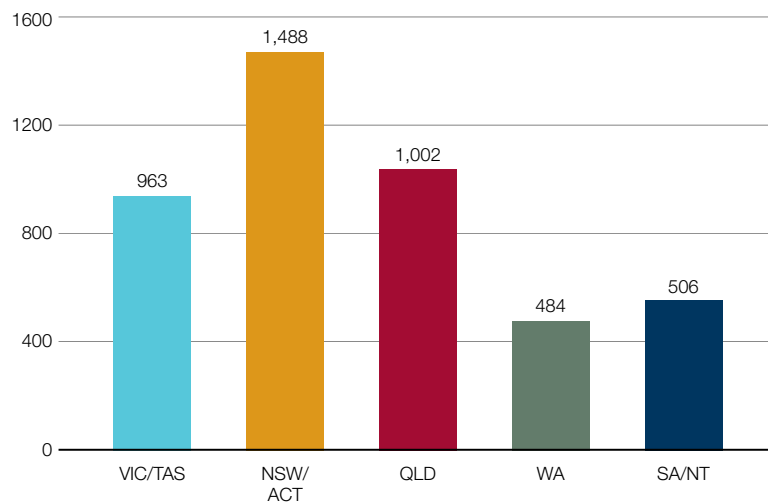
As with the total GP headcount, there are larger numbers of registrars in the eastern states and territories and in major cities.

Figure 39. Number of AGPT registrars that achieved RACGP Fellowship, by gender, 2010–16



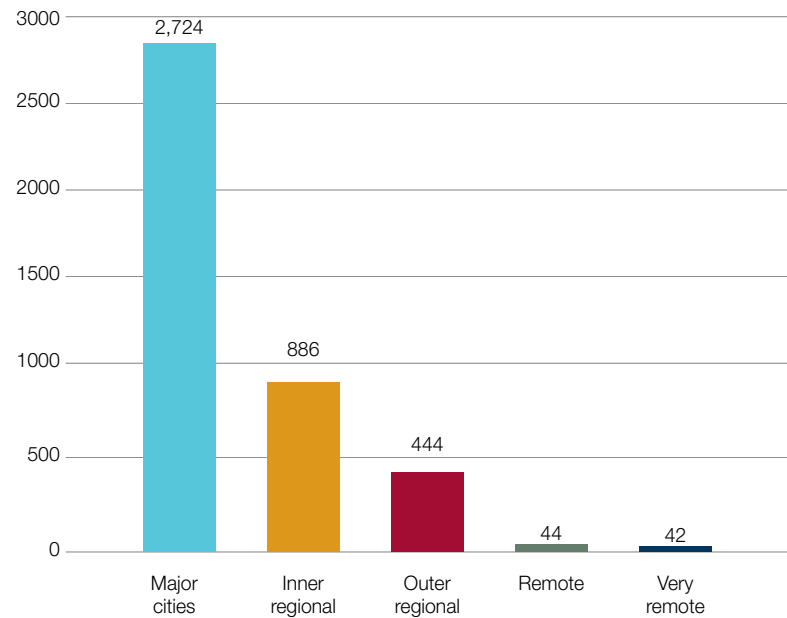
Data source: Internal RACGP data and AGPT data (Unpublished).

Figure 40. Number of AGPT registrars in training, by state, 2016 (RACGP only)



Data source: Internal RACGP data and AGPT data (Unpublished).


Figure 41. Number of AGPT registrars in training, by remoteness, 2016 (RACGP only)



Data source: Internal RACGP data and AGPT data (Unpublished).

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I understand dark clouds,
but I'm not a meteorologist

I confront the impact
of family violence,
but I'm not a policeman

I take care of worms,
but I'm not a gardener

I'm skilled at stitching,
but I'm not a tailor

I grow young minds,
but I'm not a teacher

I understand addiction,
but I'm not a rehab counsellor

I'M A GP.
But I'm not *just* a GP.
I'm your specialist in life.

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