




RACGP

Royal Australian College of General Practitioners

GENERAL PRACTICE
HEALTH
— OF THE —
NATION

2019



An annual insight into the state of general practice

General Practice: Health of the Nation 2019

Recommended citation

The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2019. East Melbourne, Vic: RACGP, 2019.

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ISBN: 978-0-86906-544-0 (web)

ISBN: 978-0-86906-545-7 (print)

First published September 2017

This edition published September 2019

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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An annual insight into the state of general practice

President's message



Keeping a person healthy is no small charge. Keeping a nation healthy is a near-Herculean task.

Yet that is exactly what general practitioners (GPs) do.

As highly trained generalist medical specialists, GPs work at the interface between the patient and Australia's healthcare system. Our diagnostic and management capabilities, together with our detailed knowledge of individual patients and their context, enable us to provide cost-effective, patient-centred, holistic care from cradle to grave.

Australians access general practice more than any other area of the health system, with more than two million GP visits every week. GPs are on the absolute frontline of the fight to keep people well and out of the expensive tertiary and hospital system.

As health stewards and advocates, GPs benefit individual patients, communities and health funders.

General Practice: Health of the Nation 2019 reveals facts and trends in modern Australian general practice, shining a light on its strengths and focus areas, as well as on aspects that require further policy action. It highlights current and emerging issues that impact service delivery, and areas requiring further policy support.

Importantly, the data support key priority areas of the Australian Government's Long Term National Health Plan,* with mental health and preventive health initiatives identified by GPs as key areas of focus.

Mental health remains the most common issue managed by GPs. In fact, the latest data show an upward trend, from 61% in 2017, the year of the first Health of the Nation report, to 65% in 2019. And it appears those issues are not solely the province of patients; GP wellbeing has also been flagged as a key area of focus in 2019, with almost one in 10 GPs who delayed care reporting that they did so due to concerns about being reported to regulatory bodies.

It is important to remember, however, that a GP's working life is not experienced solely in the consultation room. The business of general practice remains a vital concern for Australia's primary care professionals.

While the federal government has made recent attempts to restore rebates through indexation, Medicare is still the number one issue of concern for GPs around the nation. Patient care related to Australia's leading health issues – chronic disease, mental health and obesity – is complex and often requires more time than a standard consultation allows.

Current Medicare structures, which tend to better support shorter consultations, make it difficult to provide the necessary care in a viable way. And the fact that rebates for mental health consultations are lower than those for physical illness, despite the central role mental health plays in all GPs' clinical lives, has long been problematic.

As such, the RACGP sees with hope the government's statement that seeking help for mental health concerns should be as normal and straightforward as talking about your physical health. We are equally pleased to see a government commitment to implementing additional supports for patients over the age of 70 years with chronic and complex conditions.

The Minister's commitment to a 10-year plan* provides us with an opportunity to plan services, but this must be fully funded to enable Australians to benefit from it.

Ensuring all Australians, regardless of where they live, have access to high-quality primary healthcare is a priority for the Australian Government and for the RACGP.

However, this report reveals that bulk-billing rate increases continue to slow and, for the first time, all areas outside major cities have seen a decline in bulk billing. This has a major effect on the seven million Australians who live in regional, rural and remote areas, and is a challenge the RACGP will support the government to address.

General Practice: Health of the Nation 2019 allows the RACGP to check the pulse of Australian general practice, and determine what GPs need in order to remain the backbone of the country's healthcare system.

We will use this information to continue advocating on behalf of patients and general practices, and working to ensure GPs are able to provide high-quality care to the best of their ability.

Dr Harry Nespolon
President, RACGP
September 2019

*Department of Health. Australia's Long Term National Health Plan to build the world's best health system. Canberra: DoH, 2019.

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 general practitioners (GPs) in their pursuit of excellence in patient care and community service.

Acknowledgements

This report comprises information drawn from a variety of sources, including publicly available data from the Department of Health's (DoH's) Medicare statistics, the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS) and the Productivity Commission.

This report used data from the MABEL (Medicine in Australia: Balancing Employment and Life) longitudinal survey of doctors conducted by the University of Melbourne and Monash University (the MABEL research team). Funding for MABEL has been provided by the National Health and Medical Research Council (2007 to 2016: 454799 and 1019605); the Australian Department of Health and Ageing (2008); Health Workforce Australia (2013); and, in 2017, the University of Melbourne, Medibank Better Health Foundation, the NSW Ministry of Health, and the Victorian Department of Health and Human Services.

The MABEL study was approved by the University of Melbourne, Faculty of Business and Economics Human Ethics Advisory Group (Ref. 0709559) and the Monash University Standing Committee on Ethics in Research Involving Humans (Ref. CF07/1102 – 2007000291). The MABEL research team bears no responsibility for how the data has been analysed, used or summarised in this report.

This report also draws on an online survey of RACGP Fellows commissioned by the RACGP, undertaken by EY Sweeney, during May 2019. Demographics of the 1174 respondents from the RACGP 'Health of the Nation' GP member survey was as follows:

- 59% female, 41% male
- 12% <35 years, 29% 35–44 years, 28% 45–54 years, 22% 55–64 years, 9% ≥65 years
- 5% Tasmania, 10% Northern Territory/South Australia, 10% Western Australia, 22% Queensland, 28% New South Wales/Australian Capital Territory, 24% Victoria, 1% overseas
- 67% in major cities, 31% inner-regional, 18% outer-regional, 4% remote, 2% very remote.*

Please note that due to rounding, not all figures presented in this report add up to precisely 100%.

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

Many GPs have provided input, ideas and feedback during the development of the 2019 Health of the Nation report. The RACGP thanks members of the RACGP Expert Committee – Funding and Health System Reform for their significant contribution.

*Some respondents' postcodes used to determine rurality fall into more than one Accessibility and Remoteness Index of Australia (ARIA) code, hence regions sum to more than 100%.

Contents

Introduction	1
Chapter 1. Current and emerging issues	3
1.1 Common health presentations to general practice	3
1.2 Issues requiring policy action	5
1.3 An issue in focus: Health of the profession	6
Chapter 2. General practice access	9
2.1 Patient access to, and experience of, general practice	9
2.2 GP workforce	14
Chapter 3. Funding access to Australian general practice care	23
3.1 Government contribution to patient services	23
3.2 General practice billing	24
Chapter 4. Job satisfaction and work–life balance	28
4.1 GP job satisfaction	28
4.2 Work–life balance	35
Chapter 5. The business of general practice	36
5.1 Changing models of practice	36
5.2 Business challenges	38
5.3 Practice ownership	40
5.4 Technology use	42
Chapter 6. The future of the general practice workforce	44
6.1 GPs in training	44
6.2 General practice registrar training demographics	46
References	48





Introduction

A thriving, accessible and high-quality general practice sector is vital to the health of Australia. General practitioners (GPs) are the first point of contact for most Australians seeking medical attention, with almost 90% of the population seeing a GP at least once each year.¹

The Royal Australian College of General Practitioners (RACGP) is the country's largest professional general practice organisation, representing more than 40,000 members, including more than 22,000 Fellows, who treat almost 22 million patients¹ across Australia every year.

The annual *General Practice: Health of the Nation* report collates data from various sources to provide a unique overview of the general practice sector. The report draws on specifically commissioned research spanning three years, involving more than 1100 RACGP Fellows from all parts of Australia. The report also draws on information from the MABEL (Medicine in Australia: Balancing Employment and Life) survey, and a range of government and other stakeholder publications.

The *General Practice: Health of the Nation* report focuses on a range of topic areas, including:

- the health of the profession
- patient access to general practice
- the varied and important services that GPs provide to communities
- challenges facing GPs and general practices.

Each year, RACGP members select a topic of focus for the report. In 2019, the topic selected was GP self-care and wellbeing, which was considered timely due to recent changes to laws around mandatory notifications and the increasing discourse regarding the wellbeing of our nation's health practitioners, junior doctors and registrars.

As the third edition of *General Practice: Health of the Nation*, this report provides opportunity to track changes over the short and medium term, and forecasts possible longer-term changes and their implications.

Previous editions of the report are available on the RACGP website:

- [General Practice: Health of the Nation 2017](#)
- [General Practice: Health of the Nation 2018](#)

Chapter 1

Current and emerging issues

As the most regularly accessed health professionals in Australia, GPs are in an unparalleled position to provide insight into emerging health conditions, and to highlight issues that require an urgent response from government.

1.1 Common health presentations to general practice

Psychological issues (eg depression, mood disorders, anxiety) again appear as the most common health issue managed by GPs (Figure 1). These results are consistent with the 2017 and 2018 *General Practice: Health of the Nation* reports, which featured similar findings.

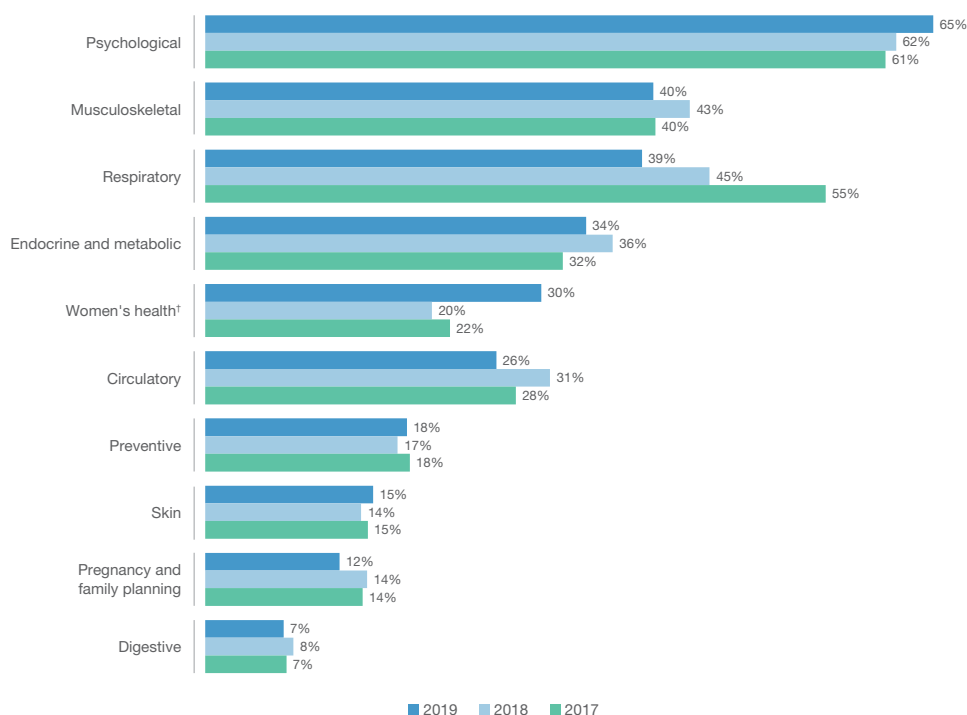
There appears to be a steady reduction in the proportion of respiratory issues presenting to general practice. Respiratory issues include asthma and

the common cold. This does not mean that fewer patients are seeking care for respiratory issues; rather, other health issues are becoming more commonly reported as the top three ailments seen by GPs. Results may also be reflective of the timing of the member survey, which was open pre-winter in 2019, compared to early winter in 2017. Results may also reflect patient education that antibiotics are not required for the treatment of minor respiratory issues such as the common cold.

Data indicates that GPs with different characteristics are managing different conditions (Figure 2).

When looking at the three most commonly managed health concerns – psychological, musculoskeletal and respiratory issues – female GPs are more likely than their male colleagues to manage psychological issues. Male GPs are much more likely to manage musculoskeletal and respiratory issues.²

Figure 1. Patients talk to their GP about mental health more than any other health issue*



*Showing top 10 of 17 categories

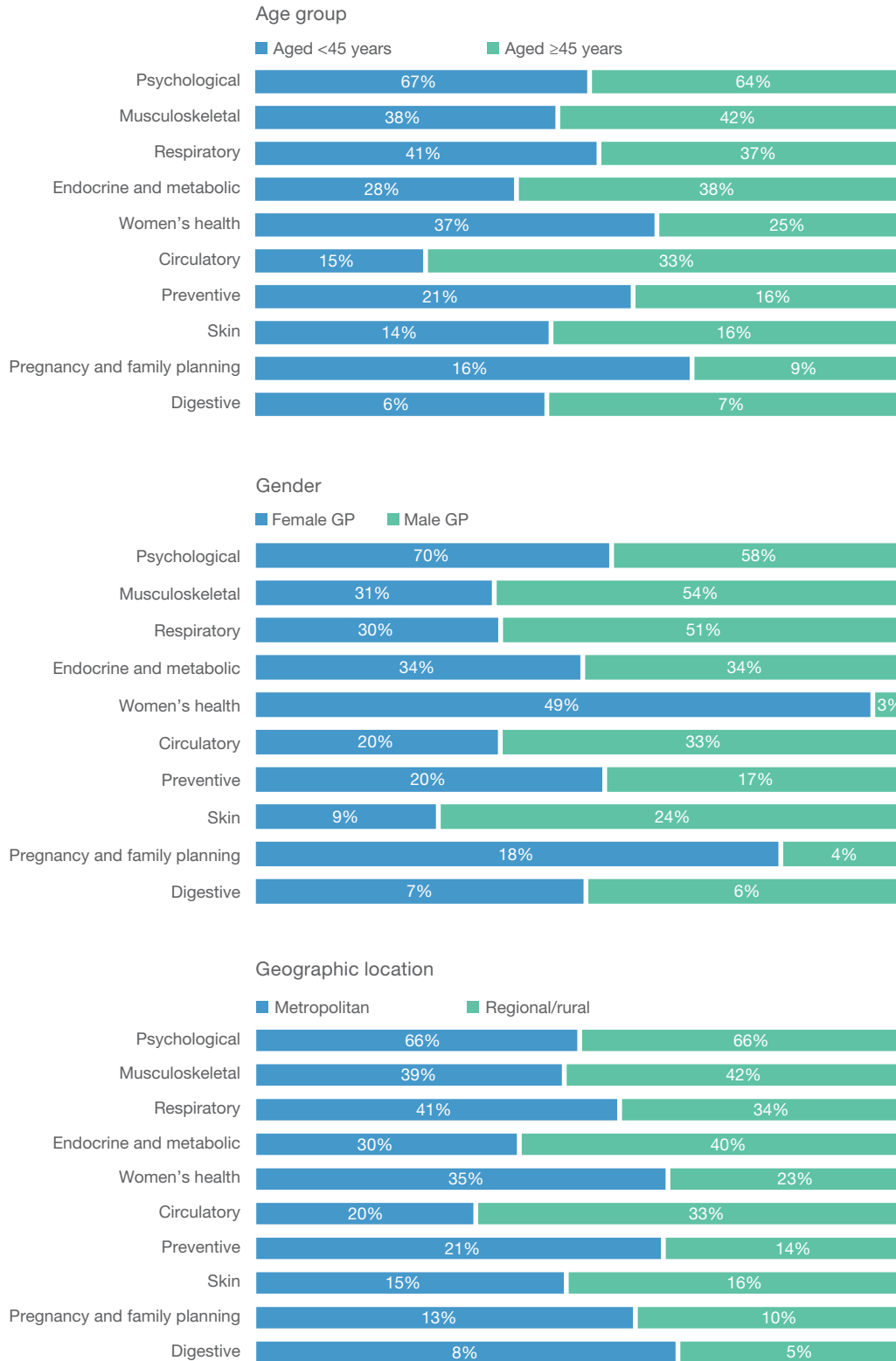
†Difference in women's health presentations is likely due to a change of term used in the survey from 'female genital system' in 2017 and 2018

Measure: GP responses to the question 'When thinking about your patients overall, what are the three most common ailments you deal with?'

Base: Responses to survey question, n = 1309 (2017); n = 1537 (2018); n = 1174 (2019)

Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 2. Commonly managed health concerns vary according to a practitioner's personal characteristics



Measure: GP responses to the question 'When thinking about your patients overall, what are the three most common ailments you deal with?', split by GP characteristics

Base: Responses to survey question, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

This aligns to international trends. Previous research into this phenomenon has found that GP gender differences in managing health concerns is mainly due to patient preferences.³ Patients often choose to see a GP of a particular gender for a particular health concern. This is likely because the patient believes the GP has particular skills and experience, or interests in a specific area. However, even after adjusting for patient preferences, female GPs are still more likely than male GPs to manage psychological issues and female health issues, indicating that other factors may be involved.³

Younger GPs and female GPs are also more likely to provide pregnancy and family planning care. This trend was apparent in the 2018 report and has become even more pronounced in this year's survey, with female GPs more likely than male GPs to report women's health, and pregnancy and family planning, as one of their top three most common presentations.²

Differences between metropolitan and regional/rural GP presentations are also shown when considering circulatory, endocrine and metabolic health issues reported by GPs. These findings are in line with known epidemiology, with cardiovascular disease and endocrine disorders more common in remote and very remote areas than in major cities.⁴ Differences in presentations between rural and metropolitan areas may also reflect difficulty accessing other medical specialists outside major cities. Patients may be unable or reluctant to travel to see other specialists.

It should be noted that, while this data reports on single categories of health presentations, most GPs manage patients with multiple health concerns. Research shows that, in Australia and globally, multimorbidity is on the rise.⁵ It is estimated that half of patients at general practice encounters,⁶ and one-quarter of the Australian population,⁴ have two or more diagnosed chronic conditions. For some population cohorts, such as Aboriginal and Torres Strait Islander peoples, the rate is more than 2.5 times higher.⁷

The Australian healthcare system was designed at a time when healthcare focused on acute care of single conditions. Healthcare delivery remains the same, with multiple care systems designed primarily to address single health issues, despite the fact that patients with one long-term disease typically have other health issues as well. How to maintain wellbeing, prevent chronic disease and manage multimorbidity is a challenge GPs face every day. People living with more than one illness have more medical appointments and medications to manage.

Given that multimorbidity is increasing year on year,⁵ it is more important than ever to support GPs in their role as health stewards of coordinated patient healthcare, and enhance their ability to provide holistic patient-centred care.

1.2 Issues requiring policy action

Medicare Benefits Schedule (MBS) rebates, mental health and obesity remain, for the third year running, the key areas GPs want to see the Australian Government prioritise for action (Figure 3).

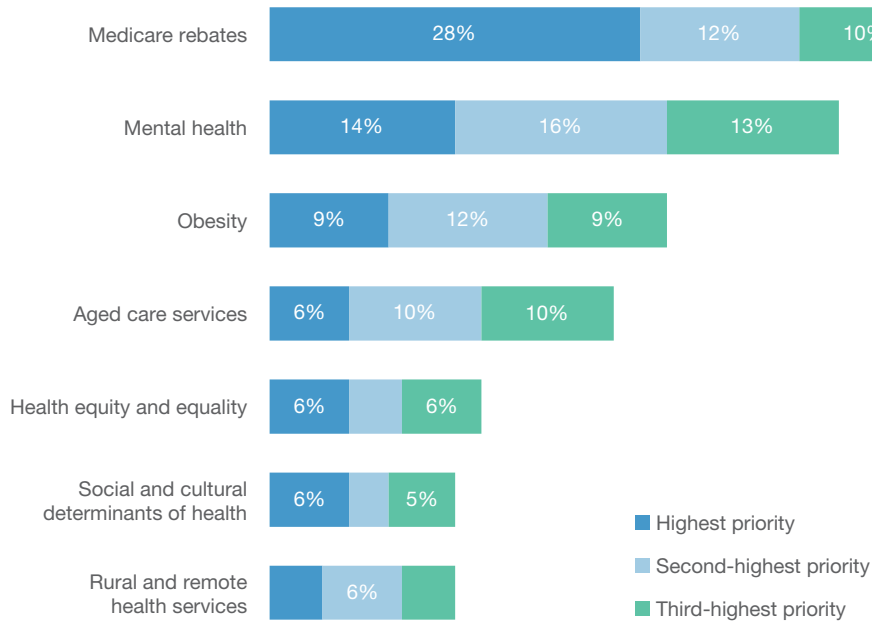
Medicare rebates remain the top priority health policy issue according to GPs (51%), with a larger proportion reporting this to be a priority than in 2018 (42%). This year, three in 10 (28%) GPs have stated that this is the highest priority issue, twice the percentage of any other top priority.² Mental health (42%) and adult or childhood obesity (30%) also remain high-priority clinical issues.²

The top three issues are linked by common difficulties experienced by GPs in providing care within the current system. Care for health issues such as obesity and mental health can be complex, and require more time to work through. Therefore, many GPs find it difficult to provide this care viably due to the structure of Medicare.

The Medicare model better supports shorter consultations for more straightforward health conditions, and essentially undervalues longer consultations that are required for complex issues.⁸ Medicare rebates for the treatment of mental illness are also lower than the rebates for physical illness. For example, the rebate for item 2713 for mental health consultations over 20 minutes is \$72.85. A standard consultation of 20–40 minutes, by comparison, pays patients \$73.95.⁹

Medicare has remained an important health policy issue for GPs. This may be partly due to the increased discourse on the topic leading up to the 2019 federal election, which was held shortly before the survey was released. However, the costs to provide care have continued to increase year on year, and the government has not matched these increases in the patient rebate.¹⁰ The freeze on annual indexation of general practitioner Medicare items has resulted in an estimated loss of \$1 billion in funding for crucial general practice patient services.* The growing gap between the cost of providing care and the Medicare rebate will have a devastating impact on the sustainability and accessibility of general practice.

*Costings based on publicly available Medicare data.

Figure 3. GPs want the Australian Government to prioritise Medicare rebates, mental health and obesity*

*Showing the top seven out of 23 categories; where data labels are not present, data represents less than 5%

Measure: GP responses to the question 'Please rank the three top priority health policy issues that you think the Federal Government should focus on', split by priority level

Base: Responses to survey question, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

1.3 An issue in focus: Health of the profession

Healthier doctors will equal a healthier population. Healthy doctors have greater empathy for others, make better decisions, and offer the best chance to provide the best quality care.¹¹ Doctors are known to experience higher levels of mental distress than the general population.¹² The RACGP wants to support the health and wellbeing of GPs, to ensure they can continue to provide the best possible care to all Australians.

Data indicates that 45% of GPs have a diagnosed medical condition,² which is in line with epidemiology of the broader population.¹³ Unsurprisingly, those who have a diagnosed medical condition are more likely to visit a GP more often. Among those with a diagnosed condition, one in five will see a GP at least once every three months (22%). In comparison, only 3% of those without a diagnosed condition will see a GP in that time frame.² On average, half (51%) of all practitioners will visit a GP once every 6–12 months.²

Four out of 10 (41%) GPs report that they have personally delayed seeking treatment or care at some point in the past two years. The delay is most commonly attributed to difficulty finding the time (84%), and feeling uncomfortable seeking care from other GPs (28%).²

Female GPs (45%) are more likely to report a delay in seeking treatment and care than their male counterparts (35%). They too most often attribute this to difficulty finding time to seek care (88% versus 78% of male GPs).²

GPs aged <45 years are also more likely to delay treatment or care (49%) compared to their older peers (35%), with the younger cohort more likely to attribute this to being uncomfortable seeking care from other GPs (35% versus 22%).²

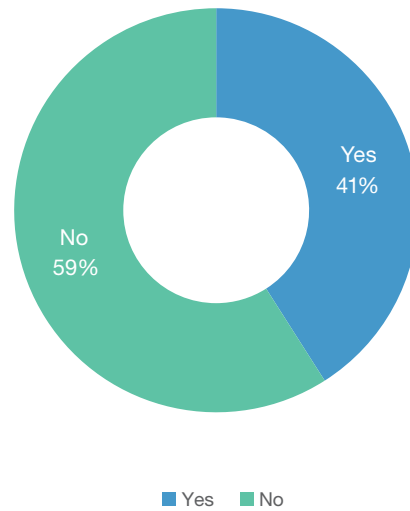
These concerns may be mitigated by knowing that it is very commonplace for GPs to treat other GPs, with most (86%) GPs stating that they provide healthcare for other registered healthcare providers.²

Almost one in 10 GPs surveyed who indicated they had delayed seeking care for their own health did so because they were concerned about being reported to regulatory bodies.²

Australia’s laws (with the exception of Western Australia) require doctors to report their colleagues to the Australian Health Practitioner Regulation Agency if they ‘reasonably’ believe that patient safety is at risk. This includes if a colleague seeks their help – as a patient – for a physical or mental impairment, disability, disorder or substance abuse/dependency.

In light of the high reported rates of psychological distress among doctors,¹² the RACGP has advocated for health practitioners who provide healthcare to other health practitioners to be exempt from mandatory reporting. Just like any other Australian, a practitioner–patient should be able to discuss their health with their doctor in a confidential environment.

Figure 4. Four out of 10 GPs report delaying treatment or care in the past two years

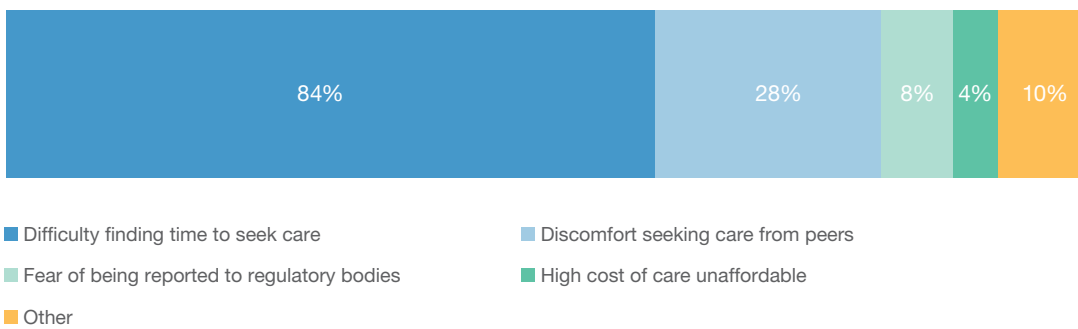


Measure: GP responses to the question ‘In the past two years, have you delayed seeking treatment or care for a medical condition?’

Base: Responses to survey question, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 5. GPs have difficulty finding time to seek care for their own health



Measure: GP responses to the question ‘For what reasons did you delay treatment or care?’

Base: Those that responded ‘Yes’ to the question ‘In the past two years, have you delayed seeking treatment or care for a medical condition?’, n = 481

Source: EY Sweeney, RACGP GP Survey, May 2019.

When asked why they delayed care, the majority of respondents (84%) identified that 'Finding the time to seek care is difficult'.

'Other' reasons for delaying treatment given in free-text responses (10%) included: geographic difficulty accessing care, low-priority health issue, able to self-manage, procrastination, negative effects on work or personal life, difficulty finding a GP, and possible judgement or stigma from colleagues.²

The RACGP's GP Wellbeing Survey provided similar findings. When asked 'What are the main barriers restricting you from accessing support for your wellbeing?', 43% of respondents mentioned time pressures. Other common responses touched on issues such as social stigma (10%), privacy concerns (8%), fear of being reported to regulatory authorities (5%) and fear of impact on career (5%).¹⁴

The most common channels of support for GP wellbeing were family (77%), friends (59%), colleagues (51%) and activity/hobby groups (43%). Twenty-seven per cent reported they sought support from their own GP for their wellbeing.¹⁴



Sample of free-text responses to the question 'What are the main barriers/concerns that restrict you from accessing support for your wellbeing?'

Base: Total survey responses, n = 2439

Source: The Royal Australian College of General Practitioners. 2019 GP Wellbeing Survey (unpublished). East Melbourne, Vic: RACGP, 2019.

Chapter 2

General practice access

2.1 Patient access to, and experience of, general practice

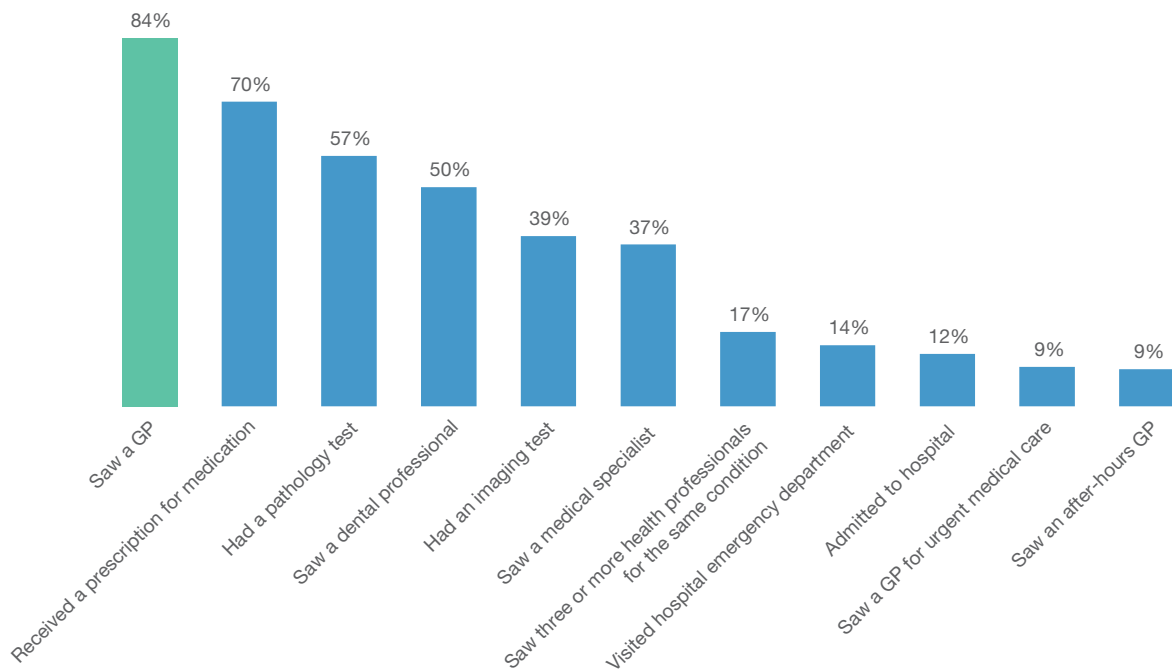
Australians access general practice more than any other area of the health system, with almost 90% of the population visiting their GP at least once each year.¹

Patients report they visit their GP more than they receive prescriptions, have pathology or imaging tests, or see other specialists (Figure 6).

GPs are highly trained generalist medical professionals working at the interface between the patient and the broader healthcare system. Their diagnostic and management capabilities, together with knowledge of individual patients (and their histories), enables them to formulate, implement and monitor management plans that provide high-quality, individualised and cost-effective care.

GPs as health stewards and patient advocates benefit patients, health funders and the wider healthcare system,¹⁵ helping to safeguard continuity of care and the quality of care provision. Government investment is required to ensure that all health professionals, policies and programs related to a patient’s care are coordinated through their usual GP.

Figure 6. Patients see their GP more than any other health professional



Measure: Patient responses to the question 'Since <month> last year, have you [insert category]?'

Base: Total survey responses, n = 28,243

Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2017–18. Cat. no. 4839.0. Canberra: ABS, 2018.

The majority of patients report having a preferred GP, and that they are able to see that GP when needed.¹⁶

More than four out of five patients (86%) report that they visit their GP multiple times a year, with 12.5% reporting they see their GP 12 or more times a year. Female patients visit their GP more frequently than male patients (Figure 7).

In both the 2017 and 2018 *General Practice: Health of the Nation* reports, data showed that patients living in areas of high socioeconomic disadvantage had more frequent visits to a GP than other patients. This trend is seen again in the most recent data, and there is a widening gap between socioeconomic areas when comparing the percentage of patients who reported seeing their GP 12 or more times within the past 12 months. The proportion of patients across all socioeconomic areas reporting that they visited a GP 12 or more times within the past 12 months has increased (Figure 8).

The increase in frequency of patient presentations to their GP will have implications for the future sustainability of general practice, particularly for practices in lower socioeconomic areas.

Patients with lower income levels are more likely to be bulk billed¹⁷ and to require complex care – for example, for higher rates of mental health, and multiple chronic conditions.¹³ Health inequality in lower socioeconomic areas may be made worse by the fact the value of patient rebates is lower for more complex care.⁸

Patient age also has an effect on frequency of GP visits, with patients visiting much more frequently as they get older (Figure 9).

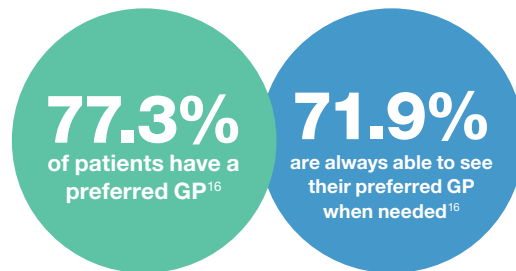
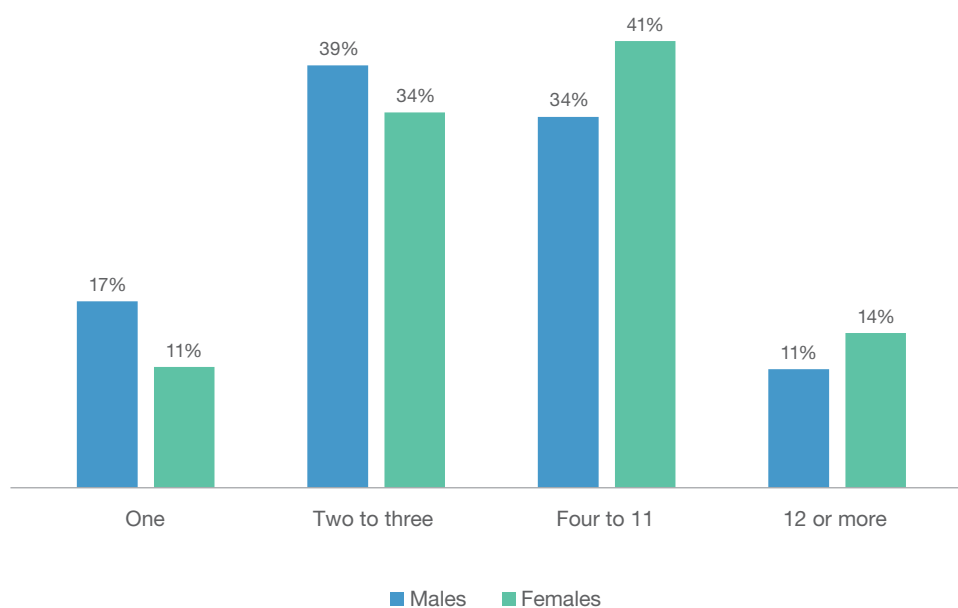


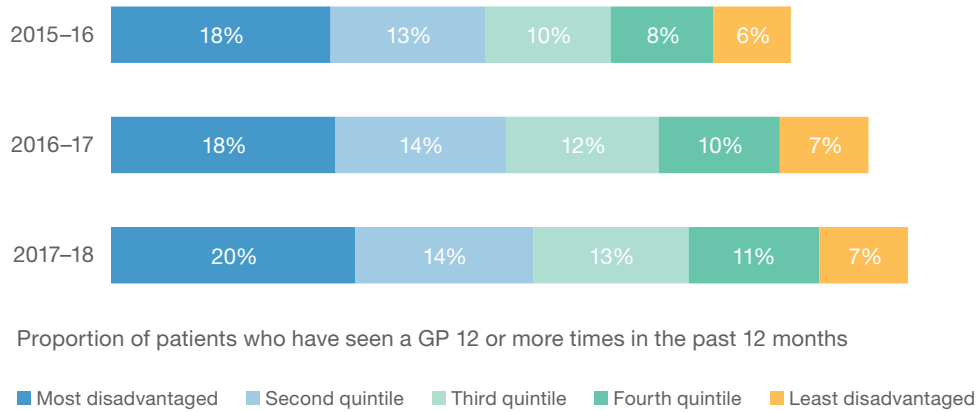
Figure 7. Most patients visit their GP multiple times a year



Measure: Patient responses to the question 'Since <month> last year, how many times did you see a GP for your own health?', split by patient gender
 Base: Total survey responses, n = 28,243

Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2017–18. Cat. no. 4839.0. Canberra: ABS, 2018.

Figure 8. Patients in areas of most socioeconomic disadvantage see their GP more frequently

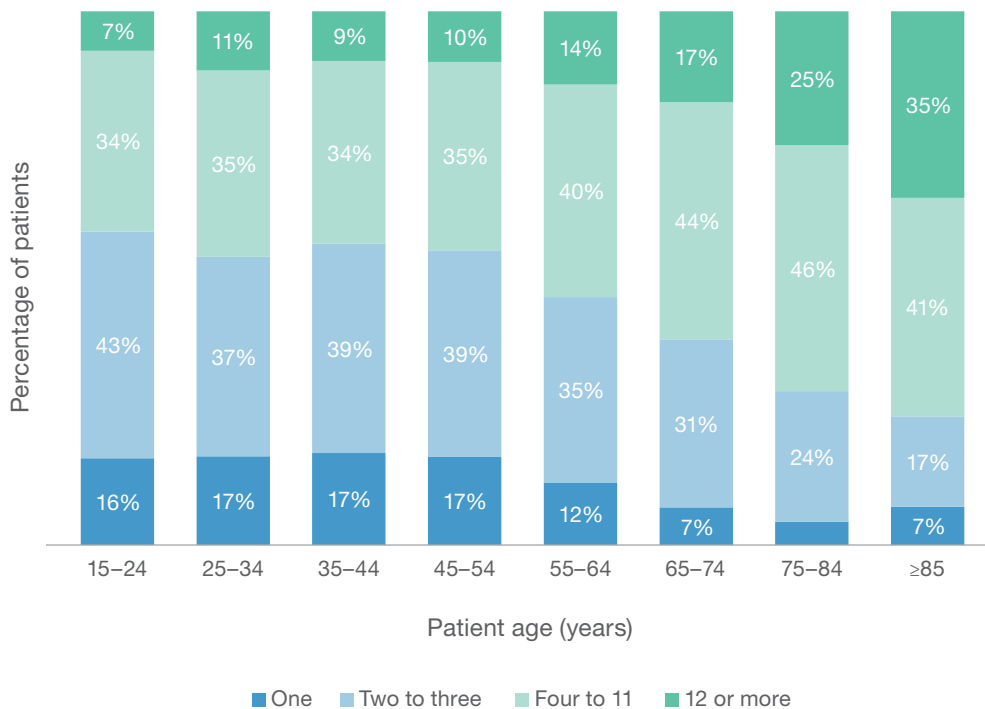


Measure: Patient responses to the question 'Since <month> last year, how many times did you see a GP for your own health?', split by patient socioeconomic disadvantage

Base: Total survey responses, n = 28,276 (2015-16); n = 28,207 (2016-17); n = 28,243 (2017-18)

Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2015-16, 2016-17, 2017-18. Cat. no. 4839.0. Canberra: ABS, 2016, 2017, 2018.

Figure 9. Older patients visit their GP much more frequently than younger patients*



*Where data labels are not present, data represents less than 5%; due to rounding, figures may not add up to 100%

Measure: Patient responses to the question 'Since <month> last year, how many times did you see a GP for your own health?', split by patient age

Base: Total survey responses, n = 28,243

Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2017-18. Cat. no. 4839.0. Canberra: ABS, 2018.

Consistently over the last three reports, data has indicated that patients report very positive experiences when visiting their GP.¹⁶ Again, three in every four patients report that their GP always listens carefully, shows respect and spends enough time with them (Figure 10).

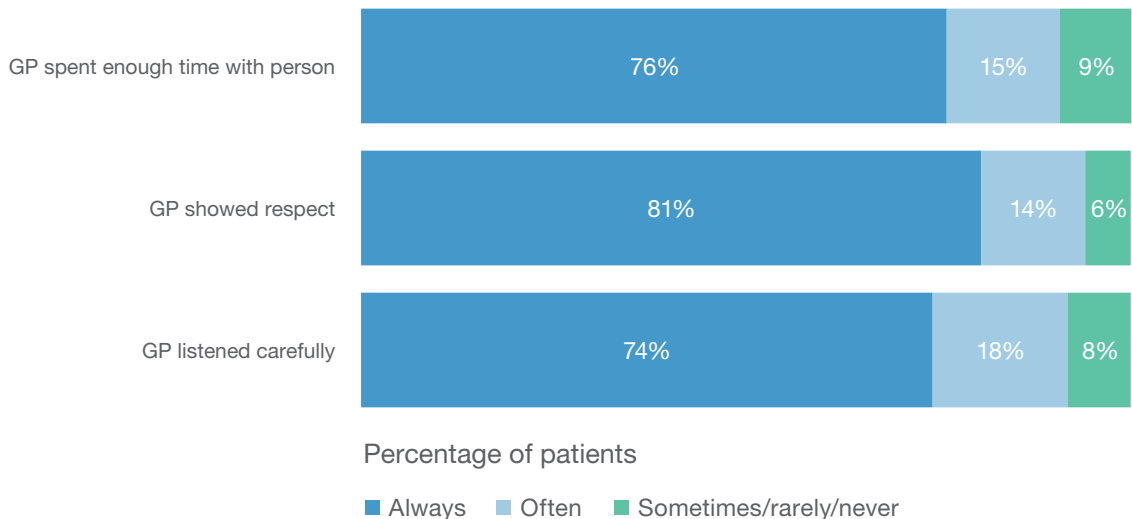
Young people aged 15–34 years were less likely than those aged ≥65 years to feel that the GP always listened to them (67% compared with 83%), always showed them respect (75% compared with 87%) and always spent enough time with them (70% compared with 84%)¹⁶ It is important to note that young people are also less likely to report that they have a preferred GP (Figure 11).

Having a usual GP is essential when it comes to positive healthcare experiences.¹⁸ Patients with a usual GP or practice are much more likely to report that they received very good or excellent care, and patients who have been seeing the same GP for longer rate their care more positively.¹⁸

There are currently no formal mechanisms in place to encourage continuity of care. While many patients have a usual GP, this does not discourage them from seeking care elsewhere and, in turn, fragmenting care. Research suggests that over 25% of patients attend multiple general practices.¹⁹

In the 2019–20 federal budget, the government announced a chronic disease management model that would involve the enrolment of patients aged >75 years. The RACGP sees this as an excellent first step to supporting continuity of care in Australia, and believes there would be benefits in rolling out voluntary enrolment to other age groups.

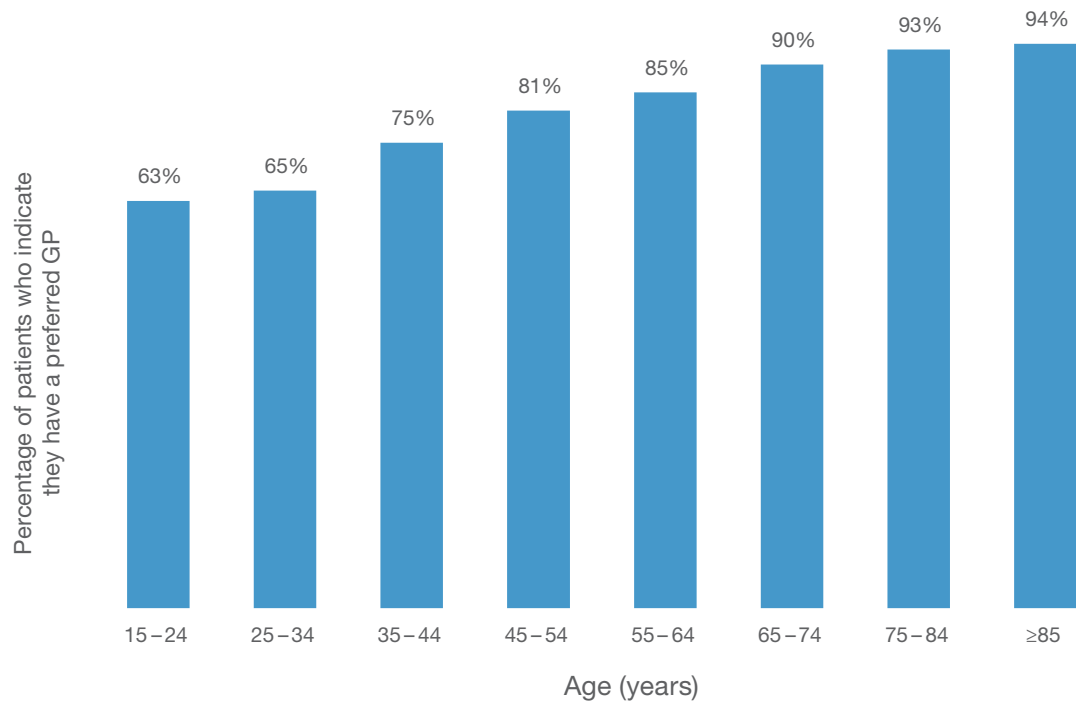
Figure 10. Most patients have a very positive view of general practice care



Measure: Patient responses to the question ‘Thinking about all the GPs you have seen in the last 12 months, how often did they [listen carefully to/show respect for/spend enough time with you]?’; split by patient-reported frequency of GP behaviour

Base: Total survey responses, n = 28,243

Data source: Australian Bureau of Statistics. Patient experiences in Australia: Summary of findings, 2017–18. Cat. no. 4839.0. Canberra: ABS, 2018.

Figure 11. Younger people are less likely to have a preferred GP

Measure: Patient responses to the question 'Do you have a GP you prefer to see?', split by age

Base: Total survey responses, $n = 28,243$

Data source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2017-18. Cat. no. 4839.0. Canberra: ABS, 2018.

2.2 GP workforce

There are close to 37,000 GPs practising across Australia,²⁰ and over 6500 accredited general practices.²¹

2.2.1 Location

Australia's population is concentrated in the major cities of the south-eastern seaboard states. Over 80% of the population lives in New South Wales, Victoria or Queensland.²²

Like the Australian population, GPs are concentrated in the major cities of the eastern states.²⁰ However, while GPs appear to be distributed according to patient location, the GP-to-patient ratio is unevenly distributed across jurisdictions and remoteness areas (Figure 12).

There are fewer GPs per person in Western Australia, the Northern Territory, the Australian Capital Territory (ACT) and Tasmania than in other jurisdictions (Figure 12).

GP-to-patient ratio also decreases as remoteness increases, meaning there are fewer GPs per person in regional and remote settings (Figure 13). This may present access issues for patients in these locations.

When comparing the percentage of total GPs in the two extremes of rurality, a trend emerges. In the 10 years prior to 2013–14, the percentage of GPs choosing to live and work in remote and very remote areas of Australia was gradually increasing, from 3.04% to 4.29%. During this time, the percentage of GPs in major cities was declining from 71% to 67%.²⁰

From 2014–15, that trend has seen a significant shift, as there have been fewer GPs in remote areas as a percentage of total GPs in Australia. The percentage has steadily decreased each year from 4.13% in 2014–15, to 3.72% in 2017–18, while the percentage of GPs in major cities has increased from 67% to 69% (Figure 14).

Figure 12. There are fewer GPs per patient in the ACT, Northern Territory, Western Australia and Tasmania

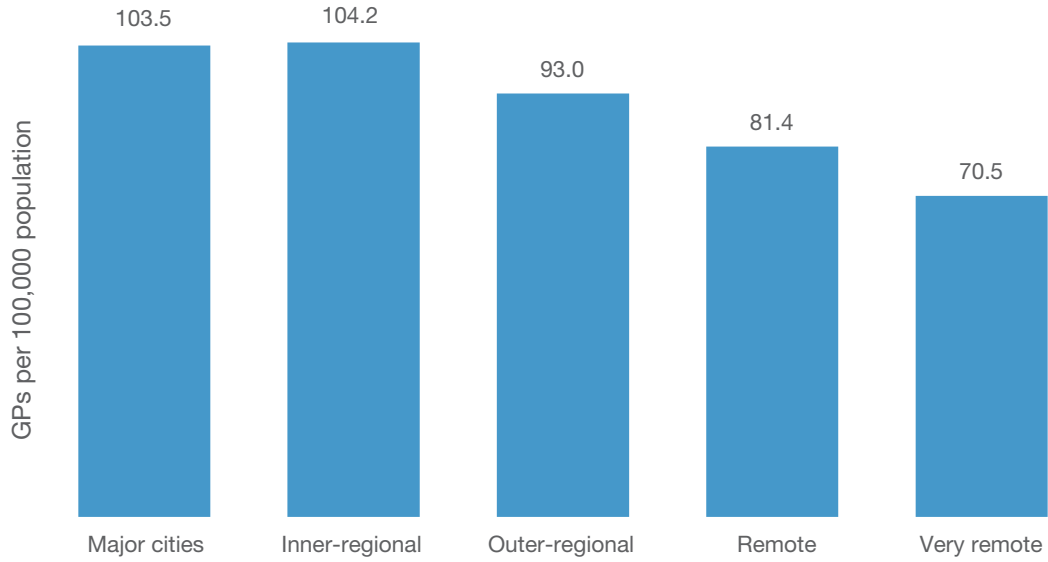


Measure: Full-time service equivalent (FSE) GPs per 100,000 population, by state/territory, 2017–18

Base: Total number of GPs, $n = 36,938$

Data source: Department of Health. GP workforce statistics – 2001–02 to 2017–18. Canberra: DoH, 2018.

Figure 13. There are fewer GPs in remote locations

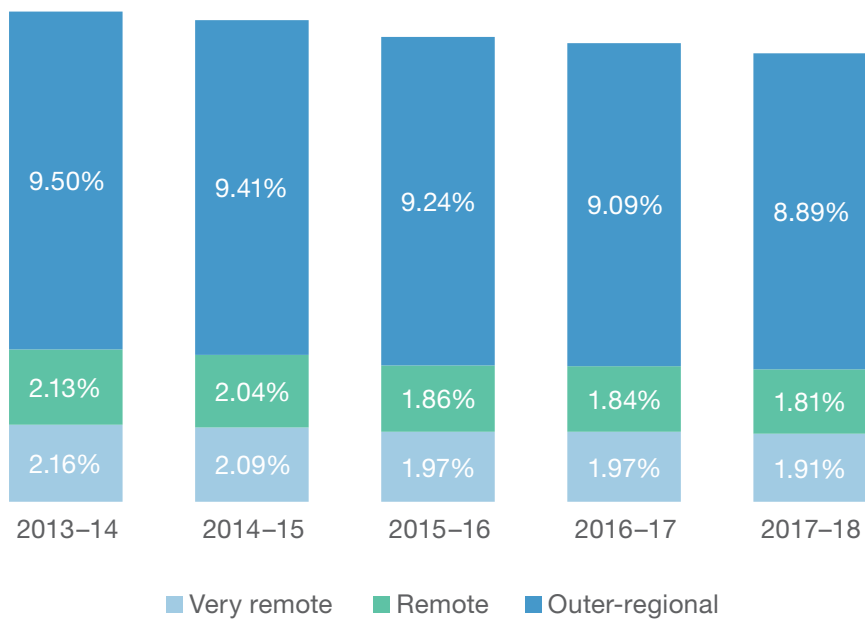


Measure: FSE GPs per 100,000 population by remoteness, 2017–18

Base: Total number of GPs, n = 36,938

Data source: Department of Health. GP workforce statistics – 2001–02 to 2017–18. Canberra: DoH, 2018.

Figure 14. The percentage of GPs choosing to work in rural and remote Australia is declining



Measure: GP head count 2001–02 to 2017–18, by remoteness

Base: Total number of GPs

Data source: Department of Health. GP workforce statistics – National, state and Remoteness Area 2000–01 onwards. Canberra: DoH, 2018.

Patient experience data shows that one in three (34%) patients living in outer-regional, remote and very remote areas, compared to one in four (24%) patients living in metropolitan areas, report waiting 24 hours or more to see a GP for urgent care (Figure 15).

Despite patient reports of longer waits, GPs remain the most accessible medical specialist in regional and remote Australia when compared to other medical specialists.²³

2.2.2 Place of work

GPs work in a variety of settings. The majority of GPs (86%) report group practices as their main place of work, with two-thirds (69%) of GPs identifying their main workplace as a ‘non-corporate’ group practice. GPs also provide care across a range of other health settings, including residential aged care facilities (RACFs) and hospitals.²

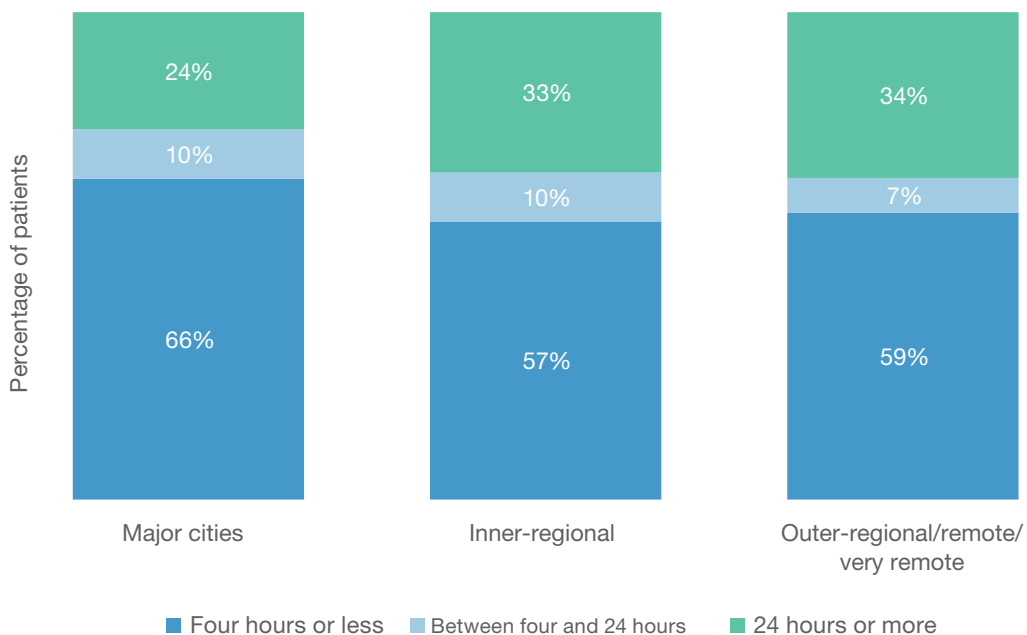
Almost one-third (28%) of GPs report that they regularly provide care to patients in more than one health setting.²

GPs often work in RACFs, with 14% saying they had done so within the past month.² GPs are an integral part of the aged care workforce as the primary providers of medical care to older people living in the community and in RACFs. In 2018–19, GPs provided over 5.5 million Medicare services in RACFs.⁹

Providing care to older patients, particularly those in RACFs, is complex and GPs would benefit from greater support in this area. GPs are faced with time pressures, workforce issues and limited infrastructure, and many GPs find themselves undertaking unremunerated work.

Increased support is vital in ensuring that GPs can continue to viably provide high-quality services to patients in RACFs.

Figure 15. Patients in outer-regional, remote and very remote areas report longer waits to see a GP

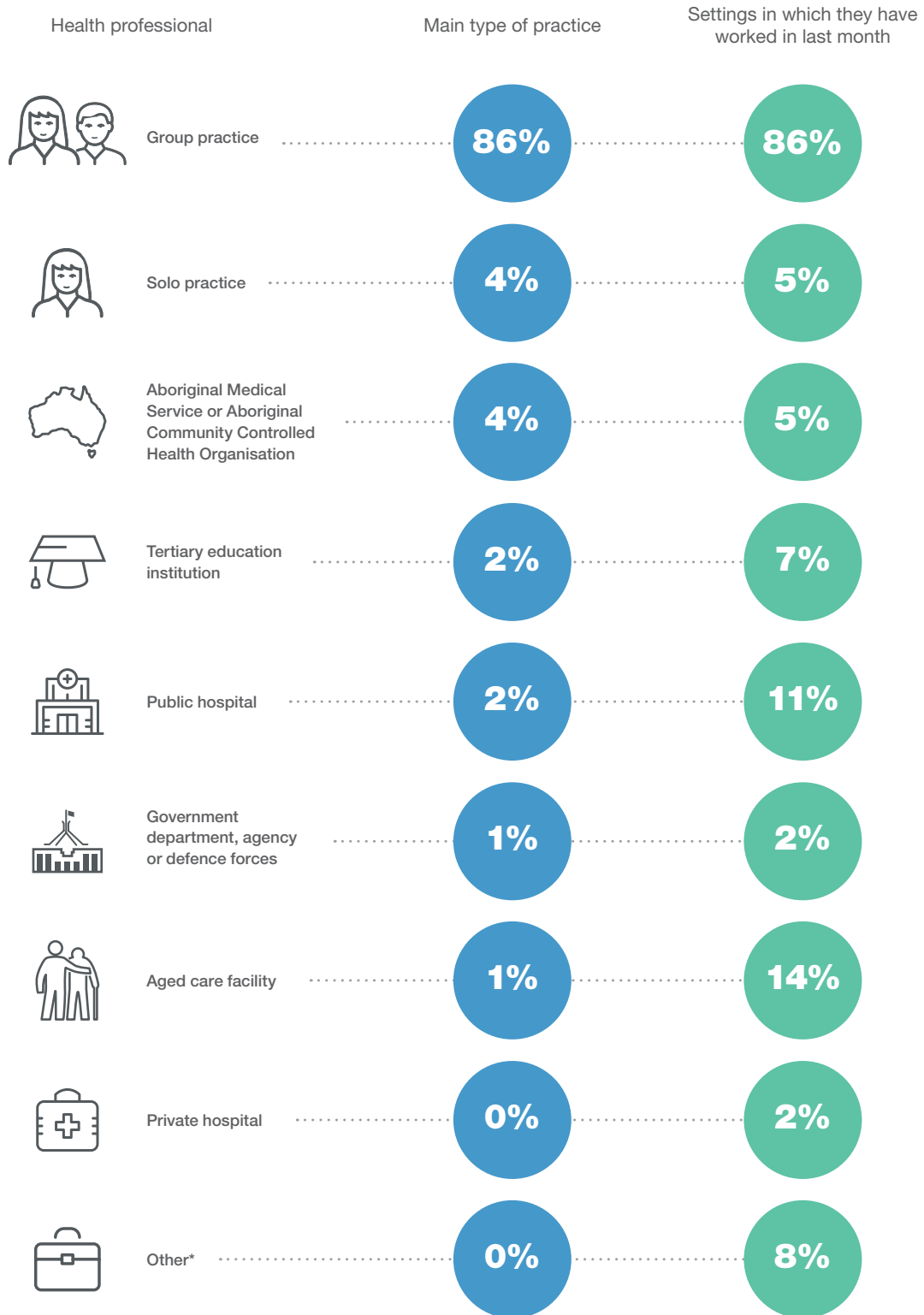


Measure: Patient responses to question ‘Thinking about the most recent time for urgent medical care, how long after you made the appointment were you seen by the GP?’, split by patient remoteness.

Base: Total survey responses, n = 28,243

Data source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2017–18. Cat. no. 4839.0. Canberra: ABS, 2018.

Figure 16. GPs work predominantly in group practices



***Other* responses included after-hours service, community health centre, regional and rural practice, and unspecified*
 Measure: GP responses to the question 'In which of the following settings have you practised in the past month?'
 Base: Total survey respondents, n = 1174
 Source: EY Sweeney, RACGP GP Survey, May 2019.

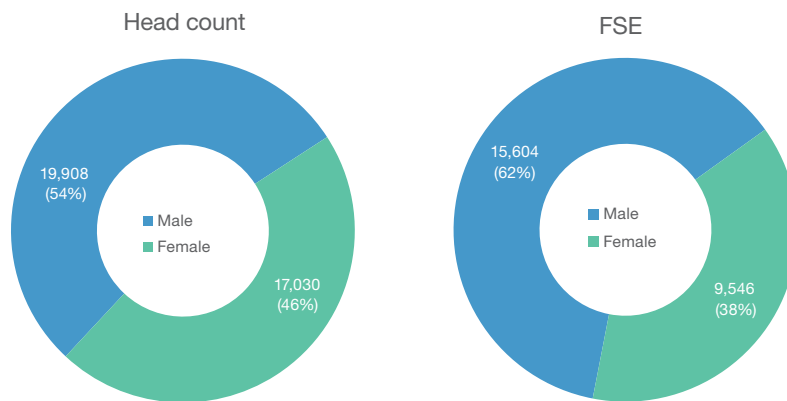
2.2.3 Demographics

Figure 2 shows that GPs with different demographic characteristics (eg in age and location) may see patients with different health concerns. This may be due in part to patients being more comfortable discussing their health issues with GPs from similar backgrounds – for example, female GPs are more likely to see patients for ‘women’s health’ issues.² A diverse GP workforce in terms of gender, age and cultural background can therefore support patient access to general practice services.

Gender

The gender balance of GPs is nearly equal to the Australian population;²² 46% of GPs practising in Australia are female (Figure 17). Female GPs are more likely to work part time (Figure 18)²⁴ and, as such, represent a smaller proportion (38%) of the full-time service equivalent (FSE).²⁰

Figure 17. Female GPs represent a smaller proportion of the FSE GP workforce than male GPs

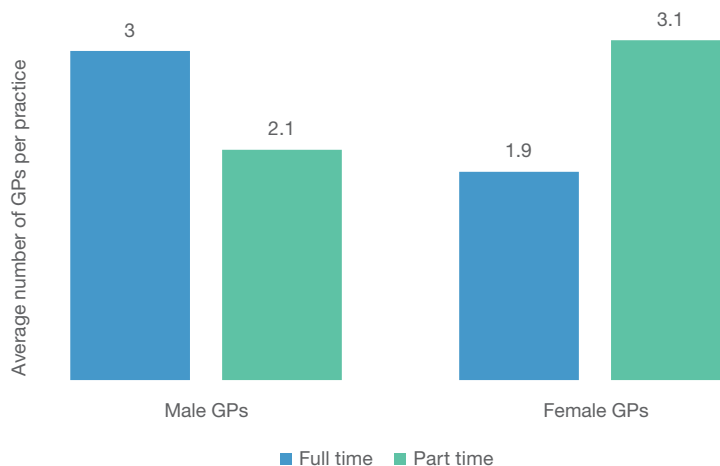


Measure: GP head count and FSE, by gender, 2017–18

Base: Total number of GPs, n = 36,938

Data source: Department of Health. GP workforce statistics – 2001–02 to 2017–18. Canberra: DoH, 2018.

Figure 18. Female GPs are more likely to work part time



Measure: Mean score of GP responses to question ‘How many GPs work in your current main practice?’

Base: Total survey respondents, n = 3207

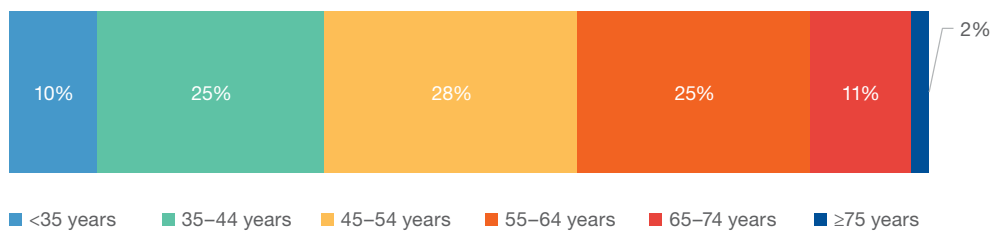
Data source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 10 survey. Melbourne: MABEL, 2019.

Age

More than one-third of all FSE GPs are aged ≥55 years, and 78% of FSE GPs are aged 35–64 years (Figure 19).

Only 4% of GPs report that they expect to retire within the next two years (Figure 20). Two in three GPs (59%) consider themselves as having more than 10 years remaining in the workforce. Overall, there has been little change to retirement intention in comparison to previous reports, with a similar proportion of GPs intending to retire within the next five years across the three years of the study.²

Figure 19. GPs are well distributed between age groups

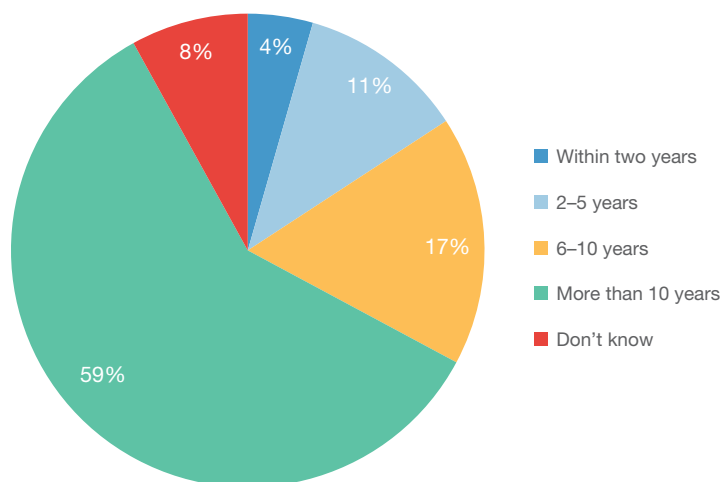


Measure: GP FSE, by GP age, 2017–18

Base: Total number of GPs, n = 36,938

Data source: Department of Health. GP workforce statistics – 2001–02 to 2017–18. Canberra: DoH, 2018.

Figure 20. There has been little change in the number of GPs intending to retire



Measure: GP responses to the question 'When do you intend to retire from practising medicine?'

Base: Total survey respondents, n = 1174

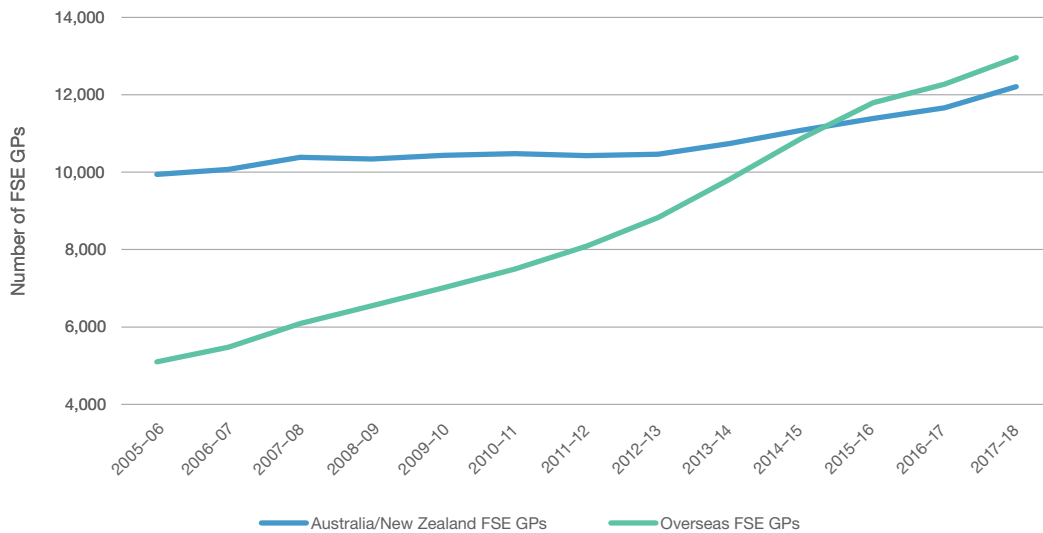
Source: EY Sweeney, RACGP GP Survey, May 2019.

Location of primary qualification

In 2015–16, for the first time, GPs who gained their basic qualification at an overseas university represented a higher proportion of FSE GPs than

those who attained their basic qualifications in Australia or New Zealand. This trend has continued into 2016–17 and 2017–18 (Figure 21). Refer to Chapter 6 for further discussion of this trend.

Figure 21. More FSE GPs have attained their basic qualifications overseas than in Australia or New Zealand



Measure: FSE GPs, by place of basic education, 2017–18

Base: Population level data, total number of GPs (head count), n = 36,938

Data source: Department of Health. GP workforce statistics – 2001–02 to 2017–18. Canberra: DoH, 2018.

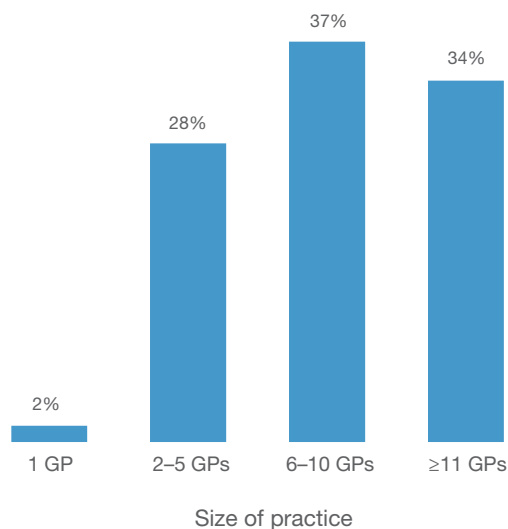
2.2.4 General practice teams

To meet the wide-ranging health needs of their patients, GPs and their teams provide almost 160 million services each year.¹ The makeup of practice teams varies considerably from practice to practice.

In addition to GPs, general practices often employ nurses, allied health professionals, pharmacists and administrative staff. In some settings, general practices also employ Aboriginal and Torres Strait Islander health practitioners and Aboriginal health workers.

A well-resourced general practice team facilitates collaborative care. As the number of non-GP health professionals in a general practice increases, GPs become more likely to consult with others about the management of patients.²⁵ GPs working in larger teams are also more likely to report that formal structures are in place to encourage communication among practice staff.²⁵

Figure 22. The number of GPs at each practice can vary considerably

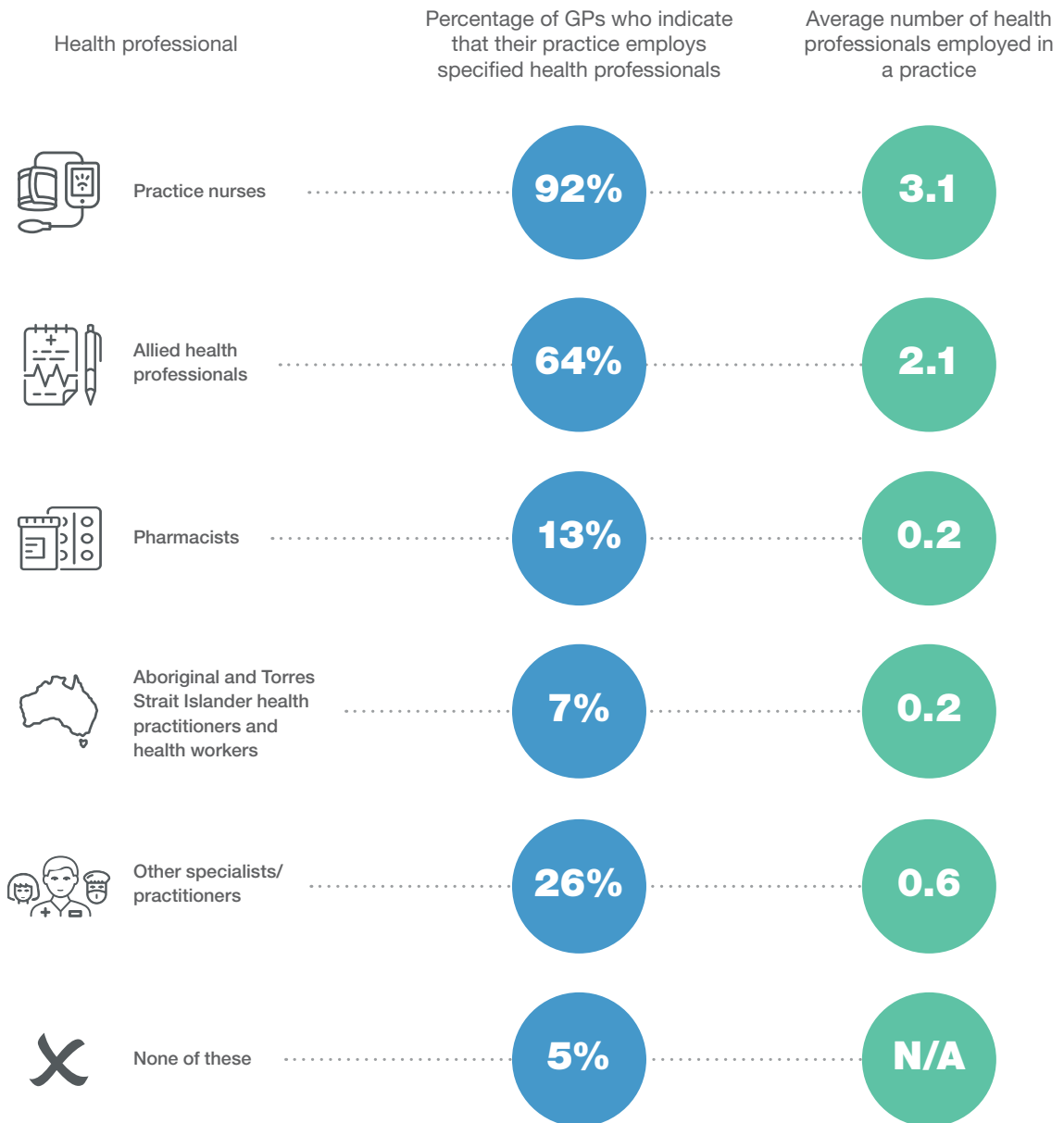


Measure: GP responses to question 'Including yourself, approximately how many individual GPs work in a full time or a part time capacity at your main practice?'

Base: Responses to survey question, n = 1035

Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 23. Patients can access a range of other services when they visit their GP



Measure: GP responses to the question 'What other individual health workers or professionals are employed by or work in your main practice?' and 'How many individuals in these professions are employed by or work in your main practice?'

Base: Responses to survey question, 'What other individual health workers or professionals are employed by or work in your main practice?', n = 1174; responses to survey question 'How many individuals in these professions are employed by or work in your main practice?', n = 1033

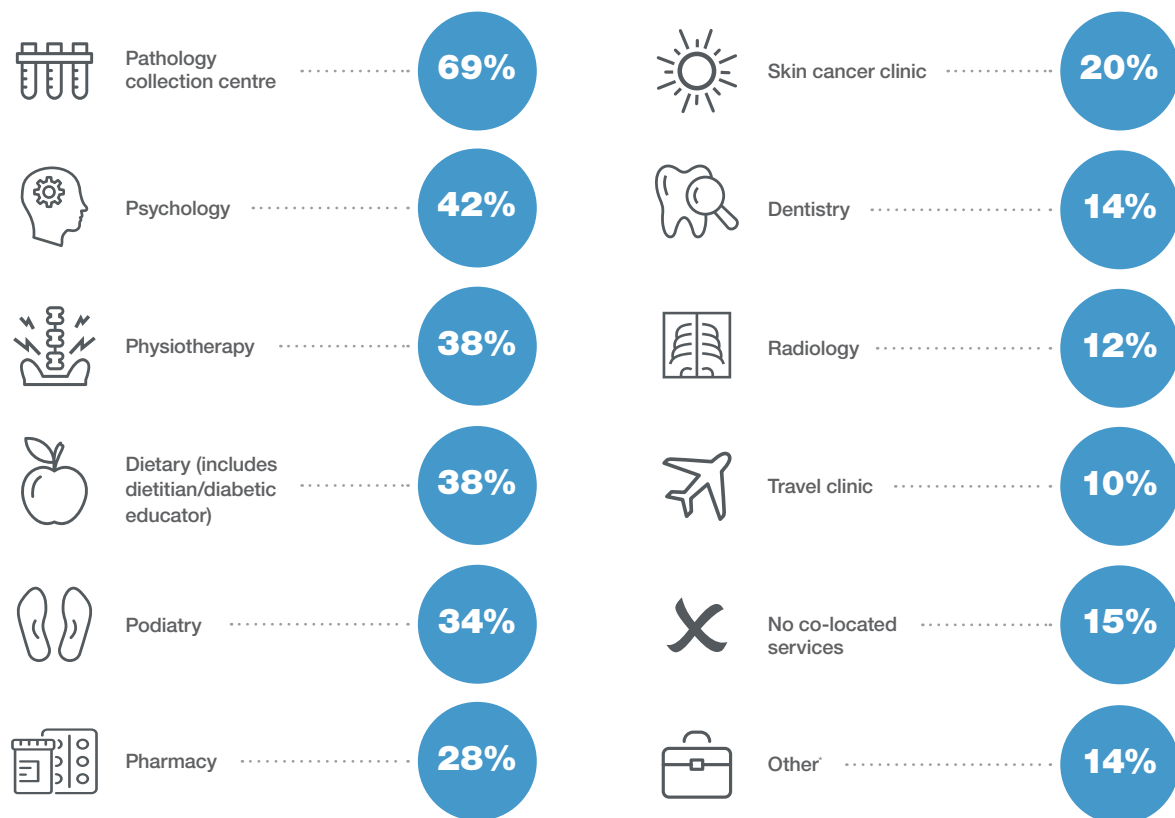
Source: EY Sweeney, RACGP GP Survey, May 2019.

Many general practices are co-located with other health services. More than two-thirds (69%) of general practices are co-located with a pathology collection centre. Other health services that

general practices are co-located with include psychology (42%), physiotherapy (38%), dietary (35%), podiatry (34%) and pharmacy (28%) (Figure 24).

Figure 24. Many general practices are co-located with other health services

Percentage of GPs who indicate that their practice is co-located with this other health service



**Other' includes those responses of less than 5%: audiology, exercise physiology, counsellor, speech therapist, psychiatry, optometry, specialist, and undefined

Measure: GP responses to the question 'What services are co-located with your main practice?'

Base: Responses to survey question, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

Chapter 3

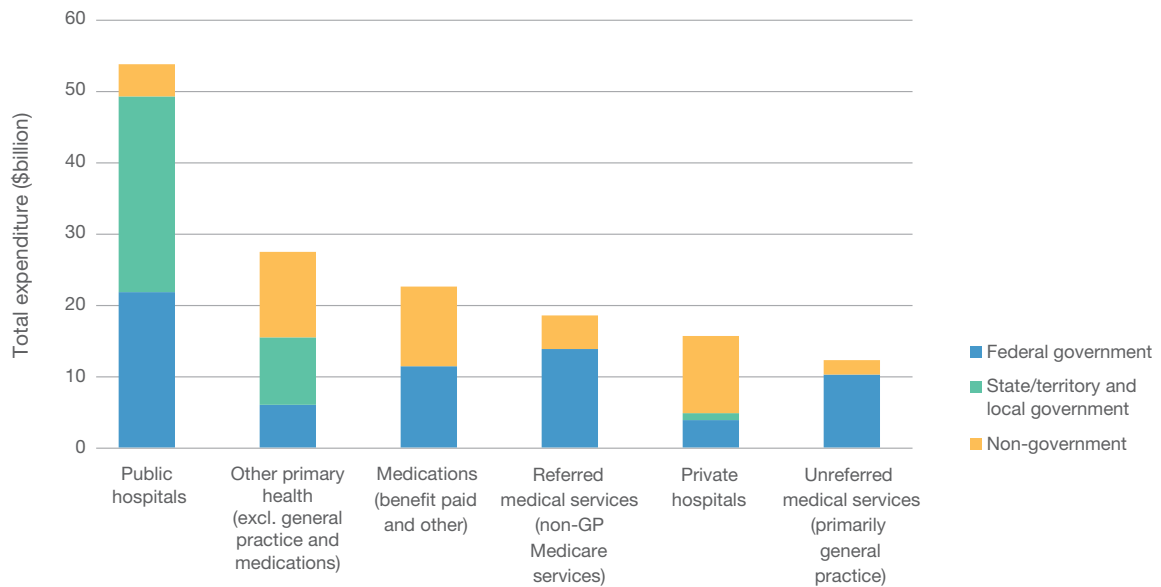
Funding access to Australian general practice care

3.1 Government contribution to patient services

General practice is Australia's most accessed form of healthcare, but represents 7.4% of total government health expenditure (including federal, state/territory and local).²¹

Total government expenditure per person on general practice increased by 16% in the period 2011–12 to 2016–17 (from \$322.60 to \$375.10), while total government expenditure per person on public hospital services increased by 29% during the same period (from \$2014.80 to \$2606.30).²¹

Figure 25. Government expenditure for general practice services is overshadowed by spending on all other areas of the health system



Measure: Total government (state/territory and federal) expenditure on health, by area of expenditure, 2016–17

Data source: Australian Institute of Health and Welfare. Health expenditure Australia 2016–17. Health and welfare expenditure series no. 64. Cat. no. HWE 74. Canberra: AIHW, 2018.

3.2 General practice billing

3.2.1 Bulk billing

Medicare statistics indicate that 86.2% of general practice services were bulk billed in 2018–19.¹

While this figure provides an indication of total bulk-billed services in Australia over this period, it does not represent the number of patients who are bulk billed, nor does it 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 a GP, with some of these services bulk billed and others privately billed. Therefore, while it is true that 86% of general practice services are bulk billed, the proportion of patients bulk billed (and who therefore face no out-of-pocket costs for care) is actually much lower. For example, in 2016–17, while 86% of GP services were bulk billed, nationally only 66% of patients had all of their GP services bulk billed (Figure 26).

The proportion of patients bulk billed also varies considerably across Australia's Primary Health Networks (PHNs). In the Northern Territory PHN, 69% of patients had all their GP services bulk billed; in the ACT PHN, the proportion is 31%.²⁶

While the number of general practice services being bulk billed has marginally increased over the last four years, the rate of increase is slower than ever before (Figure 27). If the trend continues, the RACGP predicts that the bulk-billing rate will decrease from 2019–20.

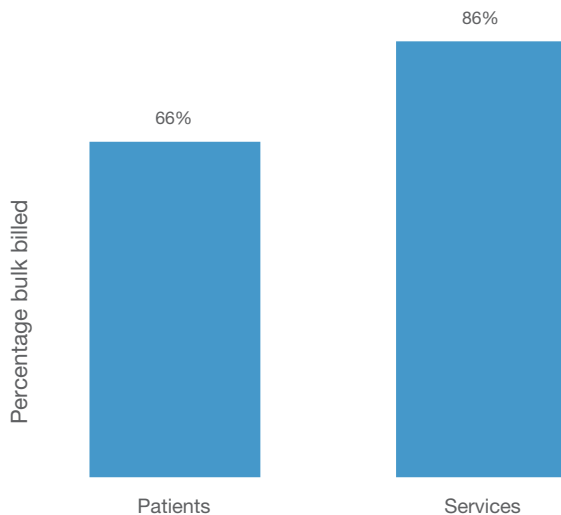
Some jurisdictions are already seeing a drop in the number of services bulk billed, with the Northern Territory experiencing a reduction in bulk-billing rates since the last financial year.¹

For the first time, all areas outside major cities (inner-regional, outer-regional, remote and very remote) have seen a decline in the proportion of services bulk billed (Figure 28). This decline will affect over seven million Australians who live outside major cities.

GPs report varied rates of bulk billing, from 100% bulk billing to not bulk billing at all.²

Half of general practices bulk bill at least 75% of patients.² These findings are consistent with findings from the MABEL survey, of which the median response to what percentage of patients are bulk billed was 75%.²⁴

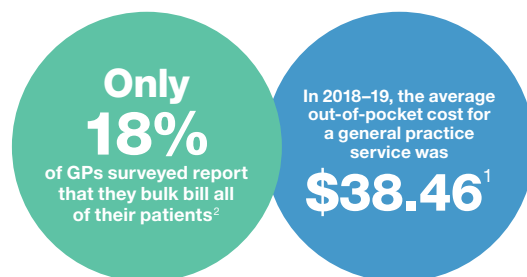
Figure 26. Bulk billing is not as common as Medicare statistics indicate



Measure: Calculated per patient (patients' annual out-of-pocket cost for GP attendances, divided by the number of GP attendances that patient claimed), for patients with out-of-pocket costs

Base: Population-based data

Data source: Australian Institute of Health and Welfare. Patients' out-of-pocket spending on Medicare services, 2016–17. Cat. no. HPF 35. Canberra: AIHW, 2018.

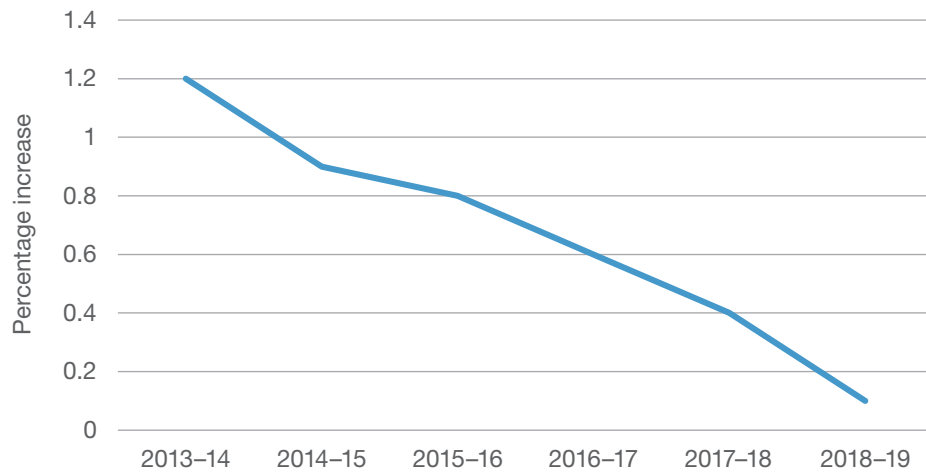


In 2019, only 18% of GPs surveyed by the RACGP report that they bulk bill all of their patients and associated services. This percentage has fallen steadily since 2017 (29%; and 23% in 2018).²

The reported percentage of patients bulk billed differs depending on work setting. Nine in 10 (90%) GPs working in Aboriginal Medical Services or Aboriginal Community Controlled Health Organisations report bulk billing all patients, compared to 36% in solo practices and 14% in group practices.²

As demonstrated in Figure 29, the reported bulk-billing rate has fallen across all categories (other than solo practices, which has remained steady) since last year.²

Figure 27. Growth in national bulk-billing rates continues to slow

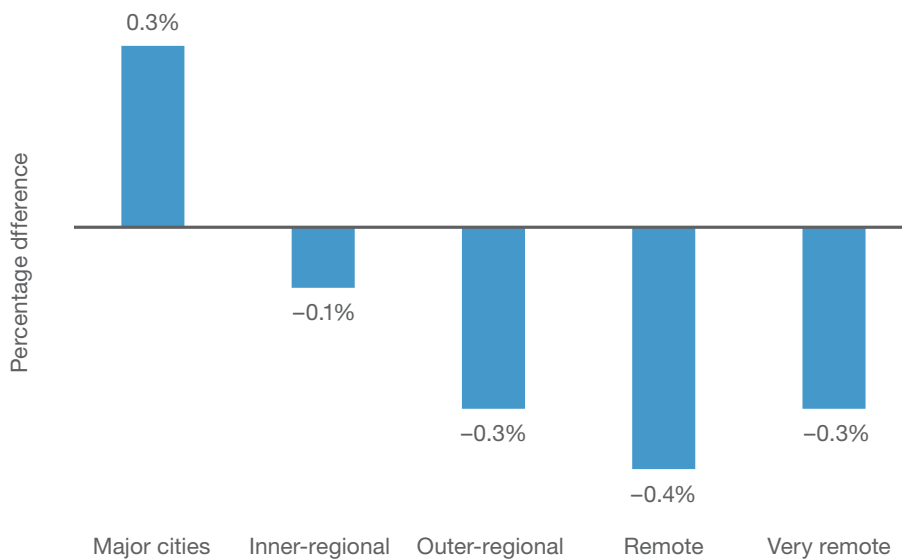


Measure: Growth in percentage of bulk-billed services in category 'Broad type of services: Total non-referred attendances (Excl practice nurse items)', Australia wide

Base: Population-level data

Data source: Department of Health. Annual Medicare statistics – Financial year 1984–85 to 2018–19. Canberra: DoH, 2019.

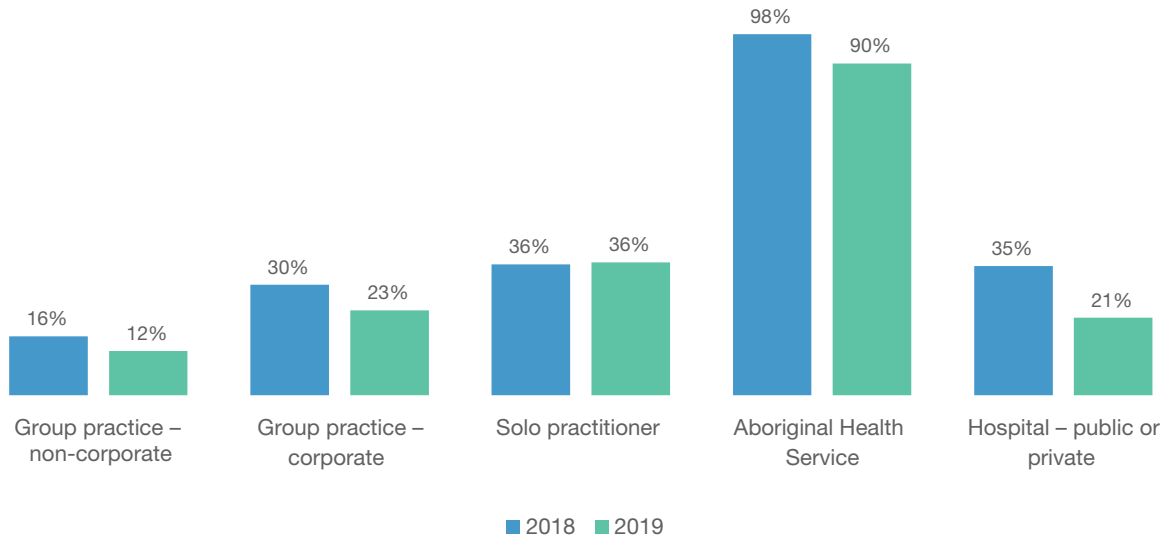
Figure 28. All areas outside major cities have seen a decline in bulk-billing rates since 2017–18



Measure: Percentage of bulk-billed services in category 'Broad type of services: Total non-referred attendance (Excl practice nurse items)', by Australian Statistical Geography (ASG) Standard Remoteness Area

Base: Population-level data

Data source: Department of Health. Annual Medicare statistics – Financial year 1984–85 to 2018–19. Canberra: DoH, 2019.

Figure 29. GPs working in non-corporate group practices are the least likely to bulk bill all patients

Measure: Percentage of GPs answered '100%' to the question 'Approximately what percentage of patients are bulk billed at your main practice?', split by GP main practice type and by year

Base: Total survey respondents, n = 1174 (2019); n = 1537 (2018)

Source: EY Sweeney, RACGP GP Surveys, 2018, 2019.

3.2.2 Out-of-pocket costs

Patient out-of-pocket contributions continue to increase each year. Medicare data show that the average patient co-payment, or out-of-pocket cost, to visit a GP in 2018–19 was \$38.46, an increase from \$37.39 the year prior.¹ Significantly, the average patient out-of-pocket cost is now higher than the Medicare rebate for the most commonly used general practice item (standard GP consultation less than 20 minutes – item 23, rebate \$38.20).

Out-of-pocket costs vary across Australia, with patients in the Northern Territory and Australian Capital Territory experiencing much higher out-of-pocket costs than other jurisdictions. Remote and very remote areas also show higher patient out-of-pocket costs.¹

Out-of-pocket costs increased by 2.86% between 2017–18 and 2018–19,¹ almost double the increase in the consumer price index over the same time (Figure 30).

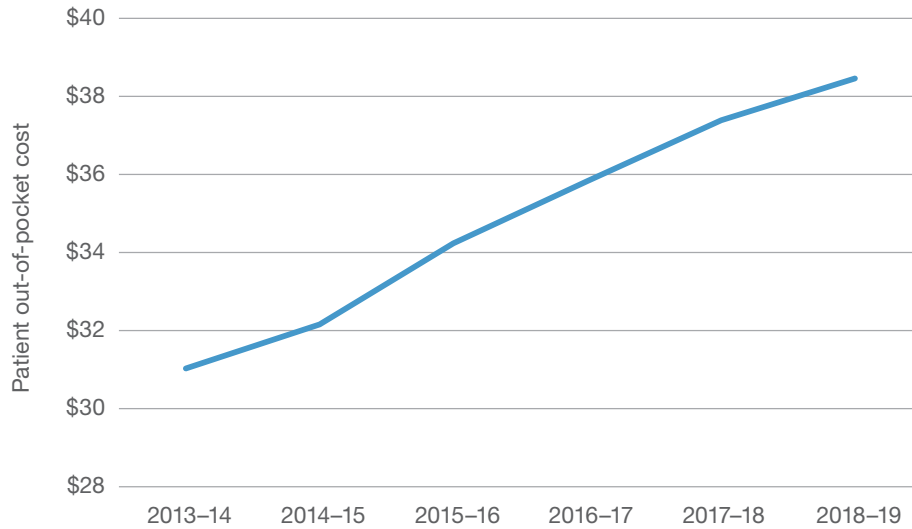
Out-of-pocket costs impact healthcare affordability and ultimately could reduce access to care for some patients.

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

In 2017–18, more than one-quarter of patients (27%) reported that they delayed or avoided seeing a GP when needed.¹⁶ Of those patients who delayed seeing a GP, 14% (or 4% of all patients, an estimated 655,800 Australians) did so because they were concerned about the cost.¹⁶

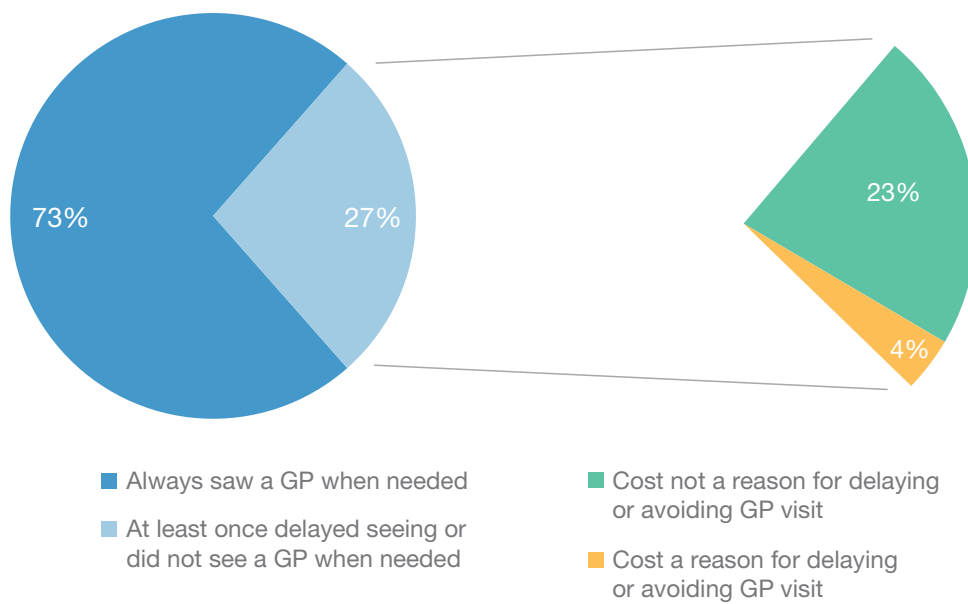
Although cost was a cause for delay for a small group of these patients, the most common causes for delaying or not booking an appointment with a GP when needed were the patient being too busy or GP being unavailable (Figure 31).

Figure 30. Out-of-pocket costs are increasing each year at double consumer price index



Measure: Average patient contribution per service in category 'Broad type of services: Total non-referred attendance (Excl practice nurse items)', Australia-wide
 Base: Population-level data
 Data source: Department of Health. Annual Medicare statistics – Financial year 1984-85 to 2018-19. Canberra: DoH, 2019.

Figure 31. Most patients who delay seeing their GP do so for a reason other than cost



Measure: Patient responses to the question 'Thinking about when you needed to see a GP but didn't, what was the main reason you did not go?'
 Base: Total survey responses, n = 28,243
 Data source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2017-18. Cat. no. 4839.0. Canberra: ABS, 2018.

Chapter 4

Job satisfaction and work–life balance

4.1 GP job satisfaction

Although data shows that GPs are satisfied with their work as a whole, level of satisfaction varies when looking at different aspects of their role (Figure 32).

4.1.1 Work variety

More than 93% of GPs are satisfied or very satisfied with the variety in their work.²⁴

As generalists, the care GPs provide is inherently varied. This is demonstrated by the range of patient health issues GPs manage on a day-to-day basis.

Most GPs report that they spend 73% of their working hours providing direct patient care. Given rebates are designed for direct patient care, up to 27% of care provided by GPs does not qualify for Medicare funding.²

GPs whose patients have more complex health and social issues report spending more time on direct patient care (an average of 31 hours per week for GPs who strongly agree that the majority of their patients have complex issues, compared to 28 hours per week for those who strongly disagree).²⁴

As discussed in section 2.2.2, GPs also work in a variety of settings.

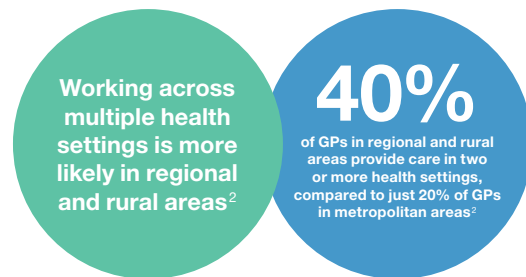
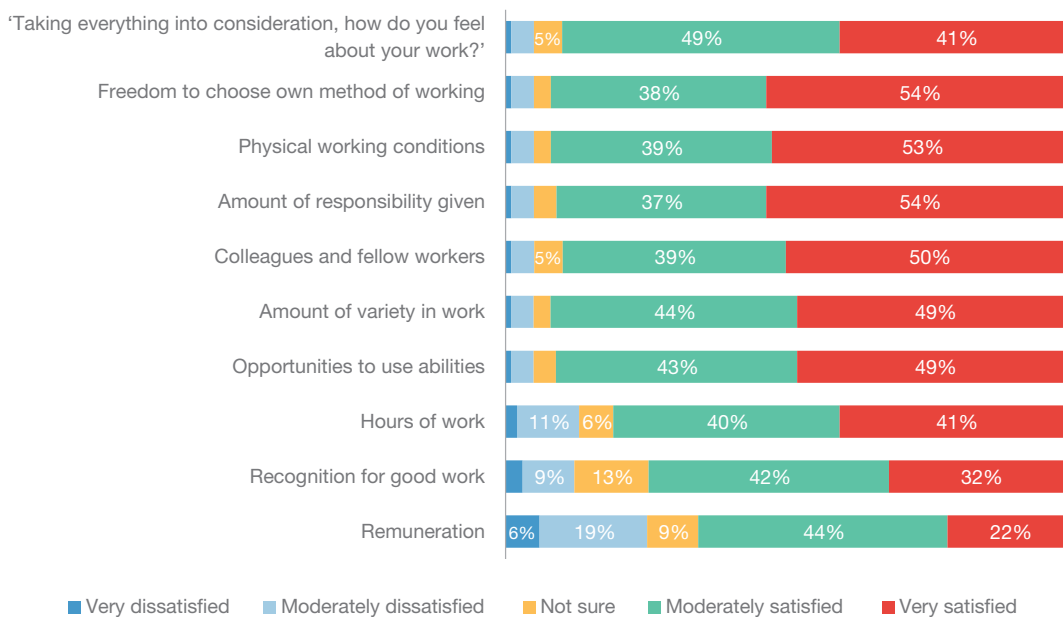


Figure 32. Varying factors influence GP satisfaction*



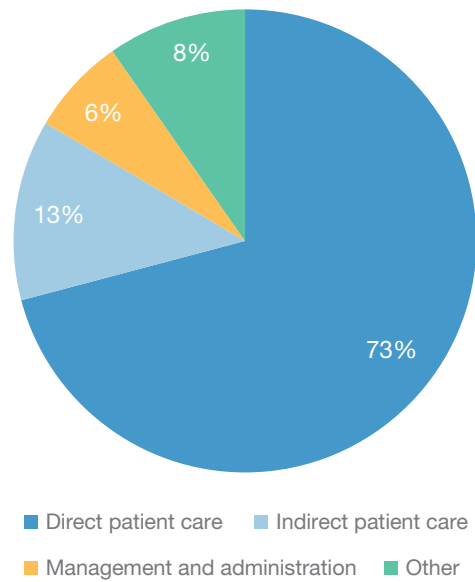
*Where data labels are not present, data represents less than 5%

Measure: GP responses to 'Please indicate how satisfied or dissatisfied you are with each of the various aspects of your work as a doctor'

Base: Total survey respondents, n = 3207

Data source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 10 survey. Melbourne: MABEL, 2019.

Figure 33. GPs spend most of their time consulting with patients



Measure: GP responses to the question 'What proportion of your hours are spent on the following activities in a typical week?'

Base: Total survey respondents excluding 'Don't know', n = 840

Source: EY Sweeney, RACGP GP Survey, May 2019.

GPs spend an average of **17 minutes** with their patients²⁴

GPs see an average of **94** patients each week²⁴

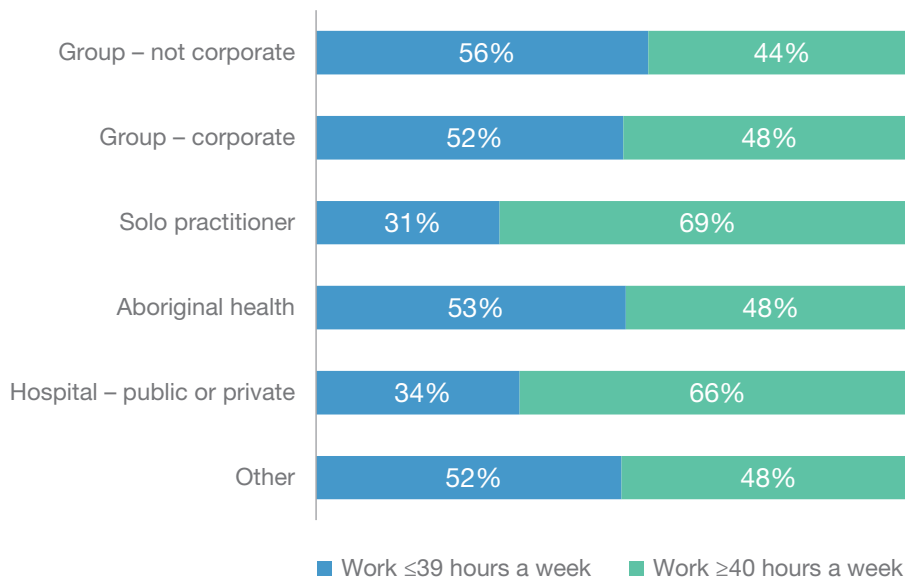
4.1.2 Hours of work

More than 80% of GPs report being satisfied or very satisfied with their working hours.²⁴

Working with a greater number of GPs may increase satisfaction with hours worked. GPs very satisfied with their hours of work are working in practices with an average 9.4 GPs, compared with very dissatisfied GPs working in practices with an average on 6.3 GPs.²⁴

Satisfaction with work hours may be linked to the flexibility of general practice. As indicated in [section 2.2.3](#), many GPs are able to work part time. This ability to work part time is likely to grow as larger group practices become more common, given GPs working in group practices are more likely to report that they work ≤ 39 hours a week ([Figure 34](#)).

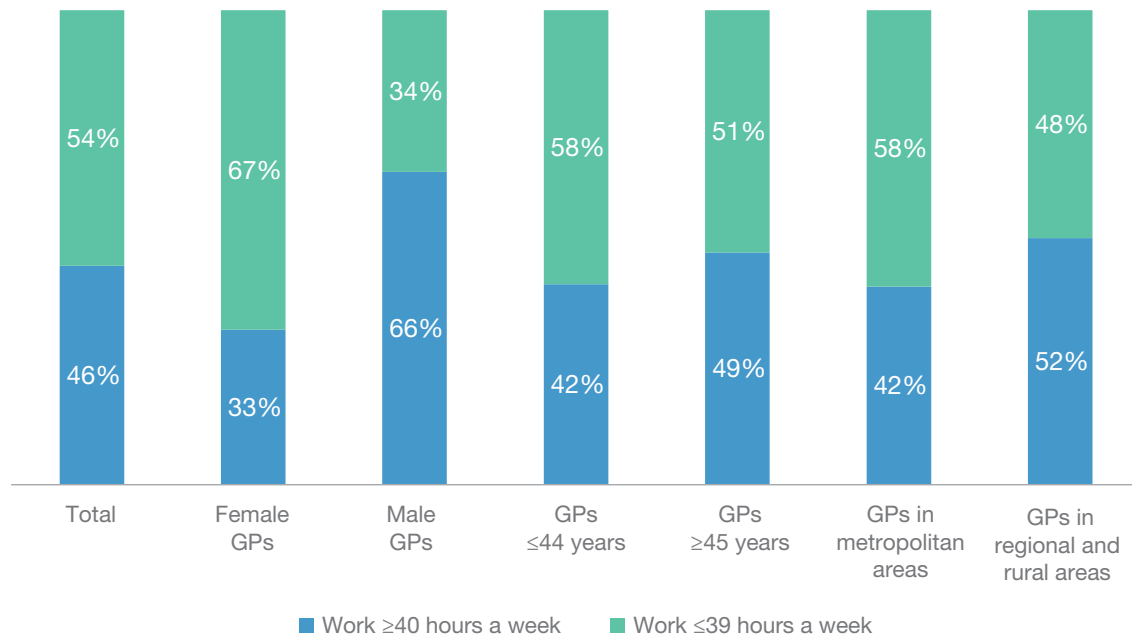
Figure 34. GPs in solo practices and hospitals are more likely to work ≥ 40 hours in a typical week



Measure: GP responses to the question, 'How many hours do you spend at work during a typical week?', split by GP main place of work
 Base: Total survey respondents, n = 1174
 Source: EY Sweeney, RACGP GP Survey, May 2019.

More than
80% of GPs
 are satisfied or very
 satisfied with their
 working hours²⁴

Figure 35. Male GPs, older GPs, practice owners, and regional and rural GPs are more likely to work ≥40 hours in a typical week



Measure: GP responses to the question 'Approximately, how many hours do you spend at work during a typical week?', split by GP personal characteristics

Base: Total survey respondents, n = 1174

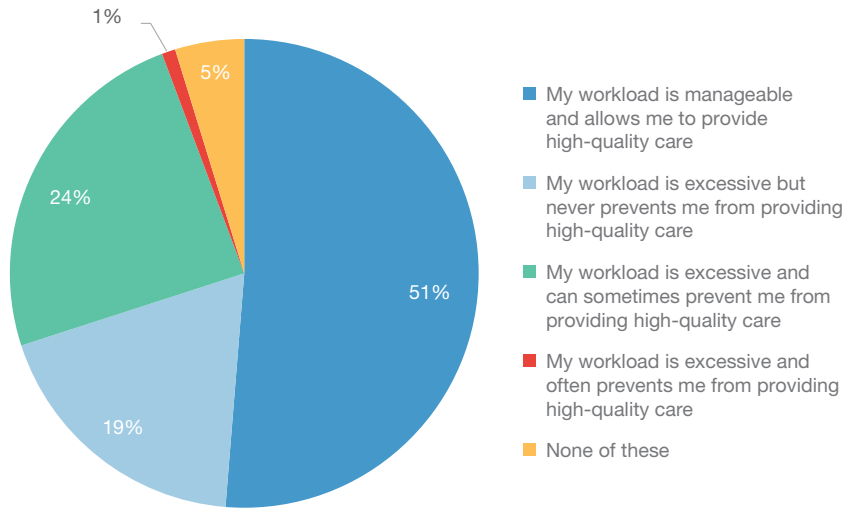
Source: EY Sweeney, RACGP GP Survey, May 2019.

While over half of GPs (51%) say their workload is manageable, 49% stated that their workload can be excessive. This proportion of GPs who state their workload is excessive has increased by 6% from the previous year, indicating that GPs are feeling more pressure. One in four GPs report that their excessive workload can sometimes (24%) or often (1%) prevent them from providing high-quality care.²

Almost one-third of GPs (31%) report that they have seen their workload increase in the past two years. The proportion of GPs reporting that their workload has increased in the past two years has risen from 27% in 2018, supporting indications that GPs are feeling increased pressure in their roles.²

The proportion of GPs who report their workload can be excessive has increased by 6% since last year²

Figure 36. Most GPs can provide high-quality care despite their workload

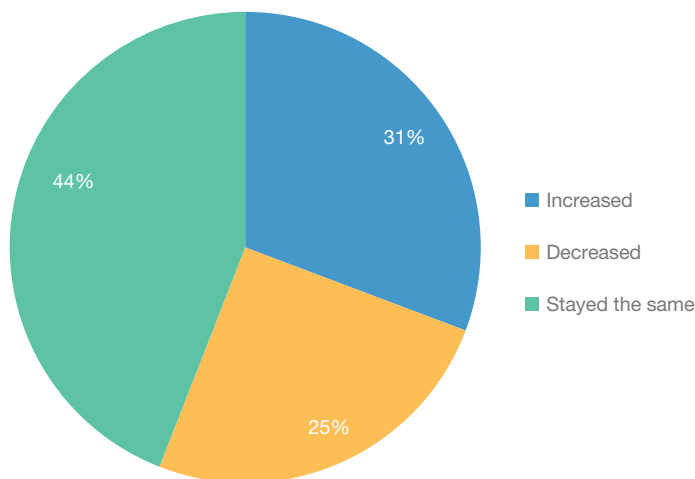


Measure: GP responses to the question 'Which statement best describes the relationship between your workload and the quality of care that your patients receive?'

Base: Total survey respondents, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 37. More GPs are reporting an increased workload

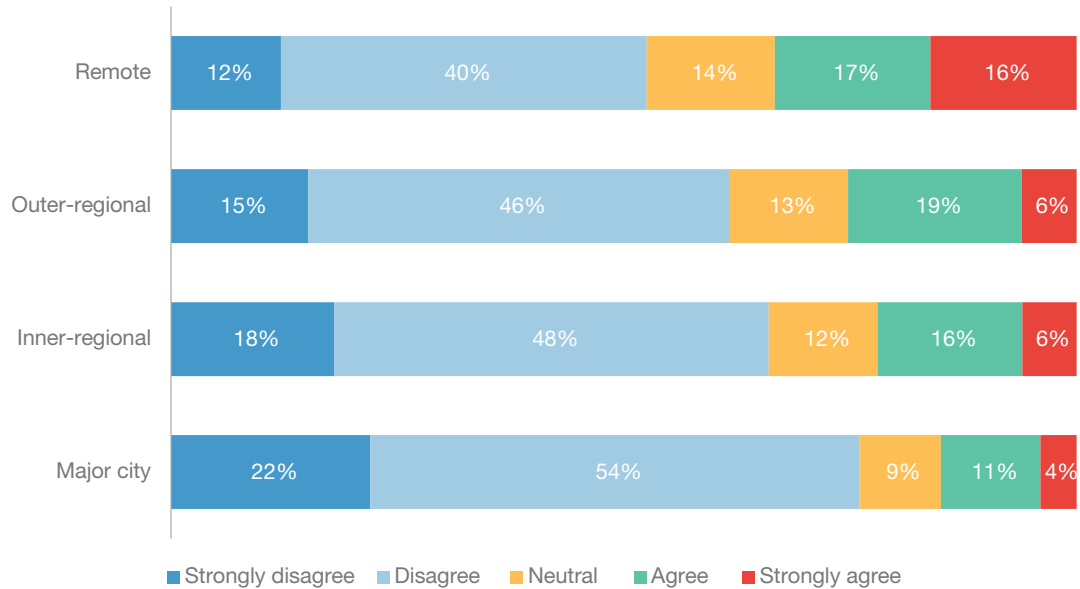


Measure: GP responses to the question 'And compared to two years ago, has your number of hours decreased, increased or stayed the same?'

Base: Survey question responses: n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 38. Working hours become more unpredictable further away from cities



Measure: GP responses to 'Please indicate the degree to which you agree or disagree with the following statements – The hours I work are unpredictable', split by GP remoteness

Total survey respondents, n = 3207

Data source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 10 survey. Melbourne: MABEL, 2019.

Seventeen per cent of GPs report that their working hours are unpredictable.²⁴

Unpredictable working hours are more commonly reported by GPs in remote areas, with 33% of remote GPs agreeing that their work hours are unpredictable, compared to only 15% of GPs in major cities.²⁴

4.1.3 Remuneration

GPs are more dissatisfied with their remuneration than any other aspect of their role.²⁴

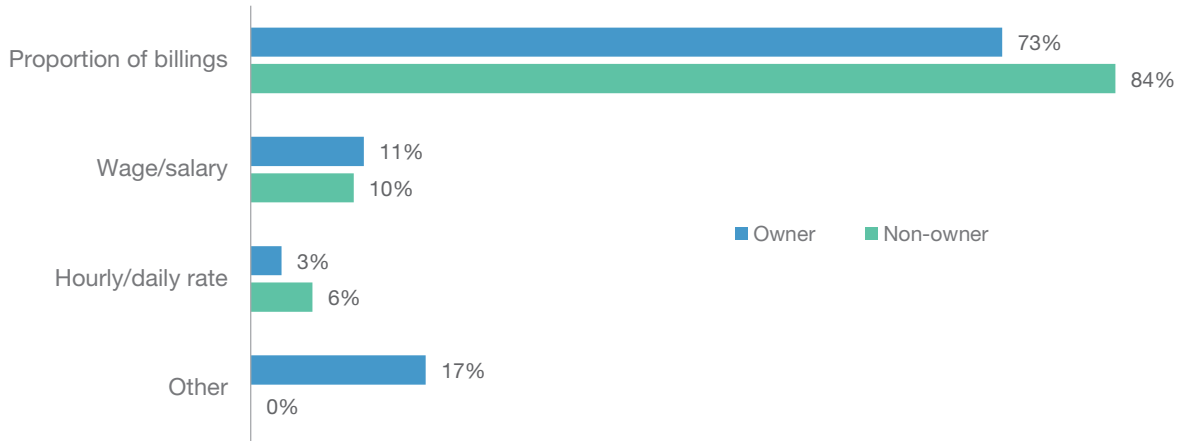
Data shows that the average GP's annual earnings amount to slightly more than half that of other medical specialists, and the disparity between GP and other specialist income has increased in recent years.²⁴ If not addressed, this trend could have long-term impacts on the future GP workforce, as it is likely contributing to the recent decline in medical graduates choosing general practice as a career – as discussed in [section 6.1](#).

Overall, most GPs (82%) are remunerated as a proportion of billings.² This is the case for owners and non-owners. However, 16% of owners indicated that they are likely to receive remuneration in other ways, such as a proportion of profit (as opposed to proportion of billings) or overall practice income less expenses.²

Of the GPs receiving a proportion of billings, 58% reported that the proportion received has not changed in the past five years.²

GPs caring for patients in remote areas report being more satisfied with their remuneration than those in inner-regional areas and major cities.²⁴ This may be related to a number of factors, such as lower cost of living in rural areas, higher government incentive payments to rural and remote practices, and greater market competition faced by practices in metropolitan regions.

Figure 39. GPs are predominantly remunerated via a proportion of their billings

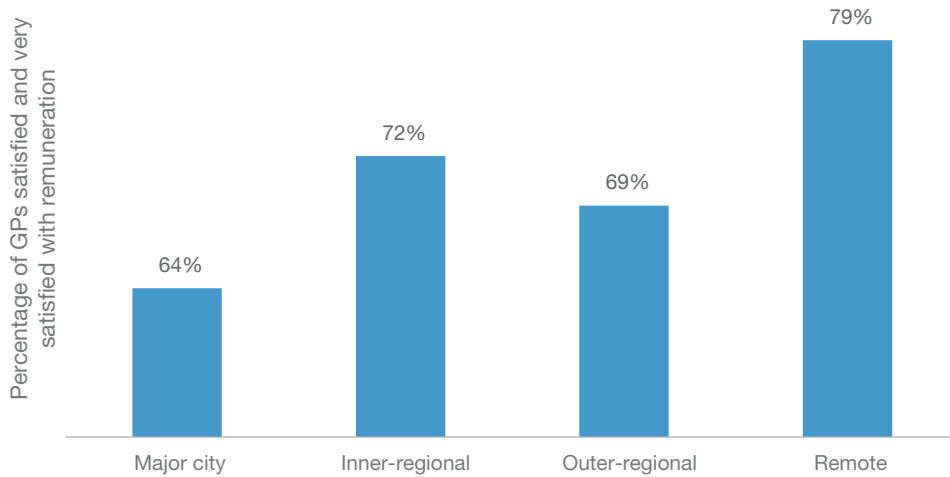


Measure: GP responses to the question 'Which statement best describes how you are remunerated at your main practice?', split by GP practice ownership status

Base: Total survey respondents, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 40. GPs in rural areas are more satisfied with their remuneration than GPs in cities



Measure: GP responses to the question 'Please indicate how satisfied or dissatisfied you are with each of the various aspects of your work as a doctor – Your remuneration', split by GP remoteness

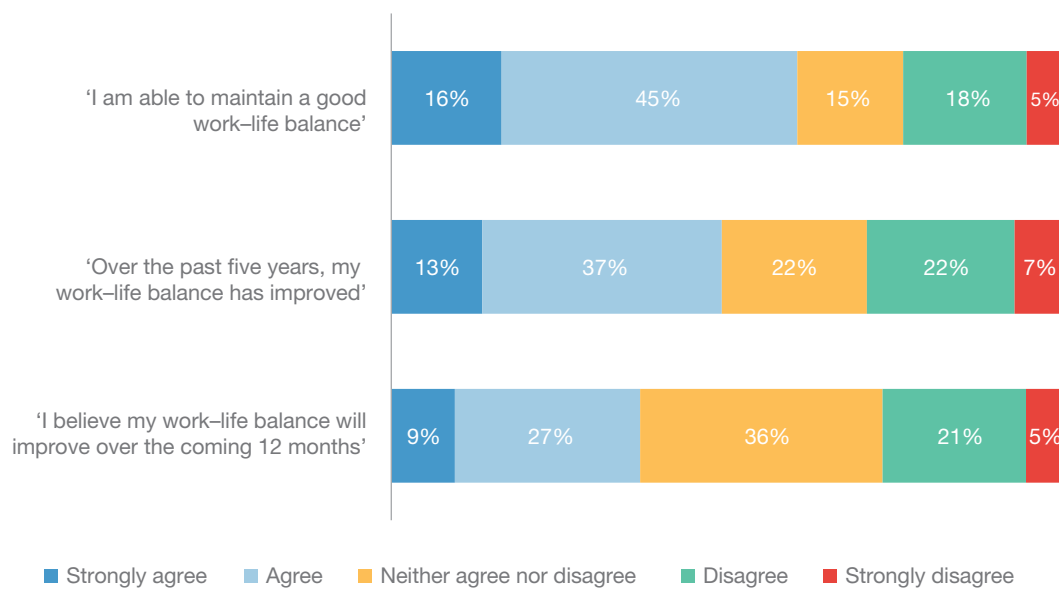
Total survey respondents, n = 3207

Data source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 10 survey. Melbourne: MABEL, 2019.

4.2 Work–life balance

Despite data indicating GPs are working longer hours and feeling more pressure in their roles, 61% of GPs reported that they are able to maintain a good work–life balance.²

Figure 41. GPs are able to maintain a good work–life balance



Measure: GP responses to the question 'To what extent do you disagree or agree with the following statements [about work–life balance]?'

Base: Total survey respondents, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

Chapter 5

The business of general practice

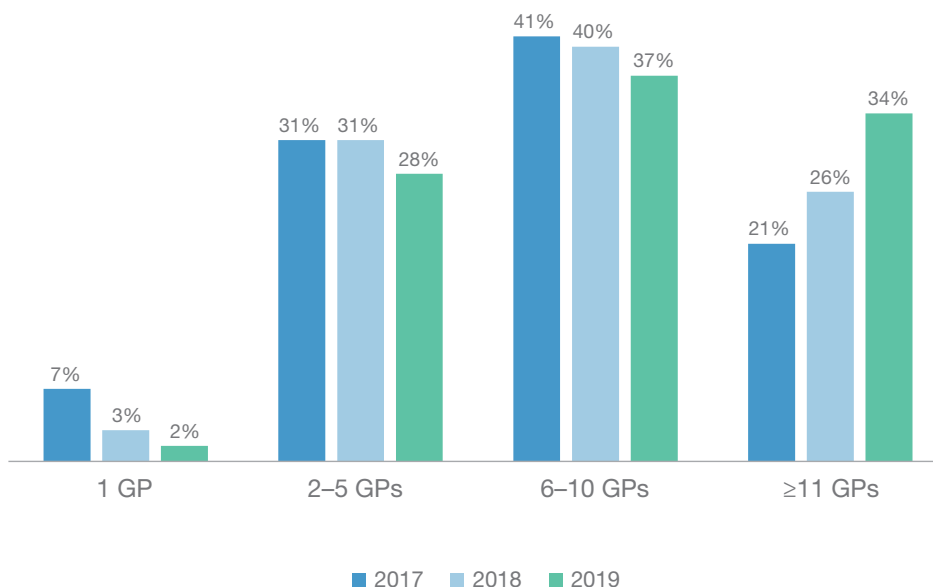
5.1 Changing models of practice

There is a trend emerging that GPs more commonly report working within larger practices, with practices of more than 11 GPs increasing from 21% in 2017 to 34% in 2019.² These findings are supported by the Australian Association of Practice Management's 2017 Salary Survey, which shows that the average number of GPs per practice has increased from 7.2 in 2013, to 10.2 in 2017.²⁷

This growth in larger practices may indicate a growing trend of corporatisation in the general practice sector. However, there is currently limited data to confirm this trend. Of GPs surveyed by the RACGP, 16% identify their main practice as a corporate practice.²

Each year we are seeing an increase in the number of GPs in the workforce, the proportion of patients seeing their GP, and the number of services provided to patients in general practice. Yet, it appears the number of practices is decreasing – from 8000 accredited practices in 2002, to 6500 in 2018.²¹ This supports the notion that models of general practice in Australia are changing, with many smaller practices being replaced by fewer larger practices.

Figure 42. Larger GP practices are becoming more prevalent



Measure: GP responses to the question 'Including yourself, approximately how many individual GPs work in a full time or part time capacity at your practice?'

Base: Total survey respondents, n = 1174 (2019); n = 1537 (2018); n = 1309 (2017)

Source: EY Sweeney, RACGP GP Surveys, 2017, 2018, 2019.

As larger practices become more common, the number of smaller practices will decrease, and there will be fewer overall practices across the country. This may benefit patients as larger practices have the capacity to provide more services in one place. However, as the number of overall practices decreases, patients may need to travel further to see a GP, which could have negative impacts on patient access.

Larger practices benefit from economies of scale and may be more attractive places for GPs to work due to increased job flexibility. However, GPs working in larger practices may experience a decrease in clinical autonomy.

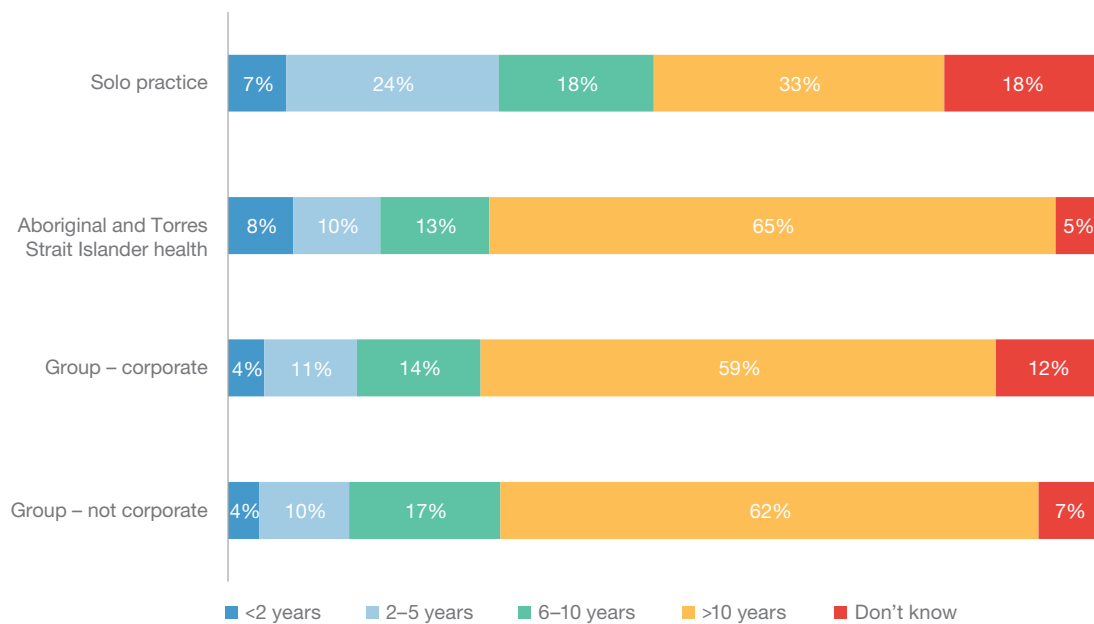
Corporate ownership is likely to increase; GPs who are practice owners are more likely to retire in the next five years, and the number of GP non-owners who have no interest in becoming a practice owner is increasing.²

As the landscape of general practice is evolving, with more large practices and fewer small practices, the general practice sector will need to work with government to monitor any impacts on patient access and quality of care.

GPs who work in a solo practice are more likely to indicate their intent to retire in the next five years (31%) compared to GPs working in other practice structures (Aboriginal health, 18%; corporate group practice, 15%; non-corporate group practice, 14%) (Figure 43).



Figure 43. GPs who work in solo practices are more likely to retire within the next five years



Measure: GP responses to the questions ‘When do you intend to retire from practising medicine?’ and ‘Which setting is your main practice, that is, where you spend the most time?’

Base: Total survey respondents, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

5.2 Business challenges

General practices are businesses that vary in size, service offering, characteristics and approaches to providing care. In addition to providing care for patients, many GPs are also managing the day-to-day challenges associated with running a sustainable business.

GPs and practices face 'indirect' costs associated with providing high-quality care that are unrecognised through current funding arrangements.

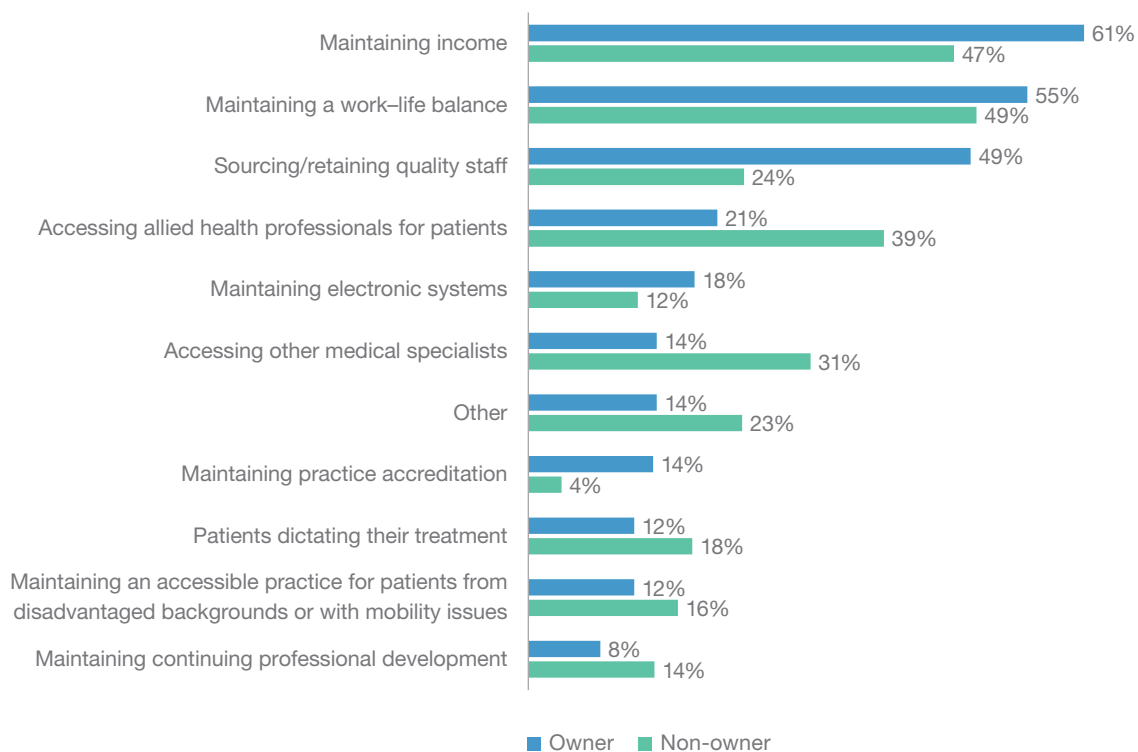
GPs have additional professional costs, such as medical registration, continuing professional development (CPD) and indemnity insurance. Practices incur expenses associated with ensuring GPs have appropriate facilities available to provide high-quality care, such as medical supplies, wages and occupancy costs.

When comparing business challenges between GP practice owners and non-practice owners, GPs who own a practice are more likely than non-owners to report issues around maintaining income, quality of staffing, maintaining electronic systems and practice accreditation (Figure 44).

Non-owners were more likely to identify professional challenges, including accessing other medical experts, patients dictating their treatment and maintaining CPD.²

Despite high levels of overall job satisfaction, maintaining a work-life balance is the most common difficulty GPs report. This is a challenge for both practice owners and non-practice owners.²

Figure 44. GP owners and non-owners report facing different challenges*



*Top 11 out of 14 categories are listed

Measure: GP responses to the question 'What are the main business challenges/issues you face as a GP?', split by GP practice ownership status

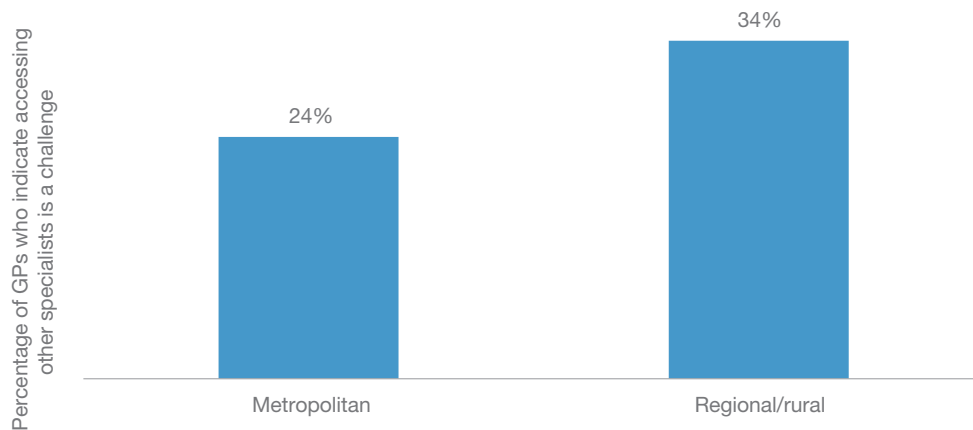
Base: Total survey respondents, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

One-third of GPs (34%) in regional and rural areas report that accessing other medical specialists is a challenge, as compared to less than one-quarter (24%) in metropolitan areas. This could be due to geographical access issues related to their location, as well as difficulty building professional networks in regional and rural areas (Figure 45).

GPs working in Aboriginal Medical Services or Aboriginal Community Controlled Health Organisations report different challenges to GPs working in other environments. Two in five (40%) report difficulty sourcing and retaining high-quality staff.²

Figure 45. GPs in regional and rural areas are more likely to report that accessing other specialists is a challenge



Measure: GPs who selected 'Accessing other medical specialists' as a main business challenge in response to the question 'What are the main business challenges/issues you face as a GP?', split by GP rurality

Base: Total survey respondents, n = 1174

Source: EY Sweeney, RACGP GP Survey, May 2019.

5.3 Practice ownership

Being a specialist GP is not a requirement for owning a general practice. Owning a general practice is often considered the natural career progression for many GPs; however, more than half of non-owners (58%) report having no interest in owning a practice in the future.²

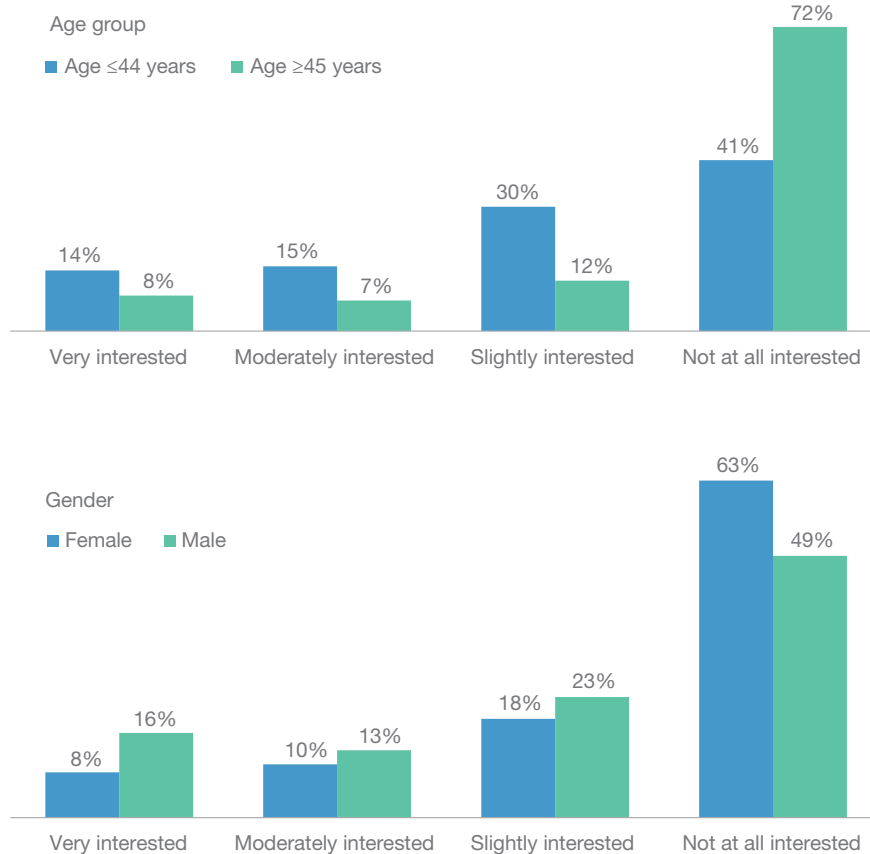
Practice ownership has fallen from 25% in 2017, to 21% in 2019.² Data indicates that in 2008, practice ownership levels were 35%.²⁸ The falling proportion of GP owners could reflect growing corporate ownership, but may also be linked to the increasing proportion of younger and female GPs who prefer more flexible work arrangements than ownership would allow.

Practice owners have much higher intentions of retiring within five years than GPs who are not practice owners.²

The number of non-owners reporting no interest in becoming a practice owner has increased from 53% in 2017, to 58% in 2019.² This could be due to owners reporting a higher workload and poorer work-life balance than non-owners. GPs that own a practice are less likely to agree that they have a good current and future work-life balance than GPs who don't own their own practice.² Those working in a solo practice and/or owning their own practice more commonly work >40 hours per week when compared to GPs within a group practice and/or non-owners.² This is likely related to increased responsibilities of practice ownership, which are the same as those of running a small business, and the additional costs and regulatory requirements specific to running a medical practice.

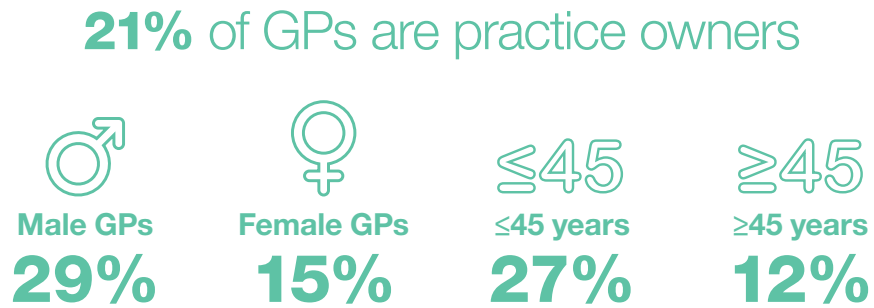
In 2019, owners are more likely report a decrease (20%) on their proportion of the billings than non-owners (10%).²

Figure 46. Younger GPs and male GPs are more interested in owning a general practice



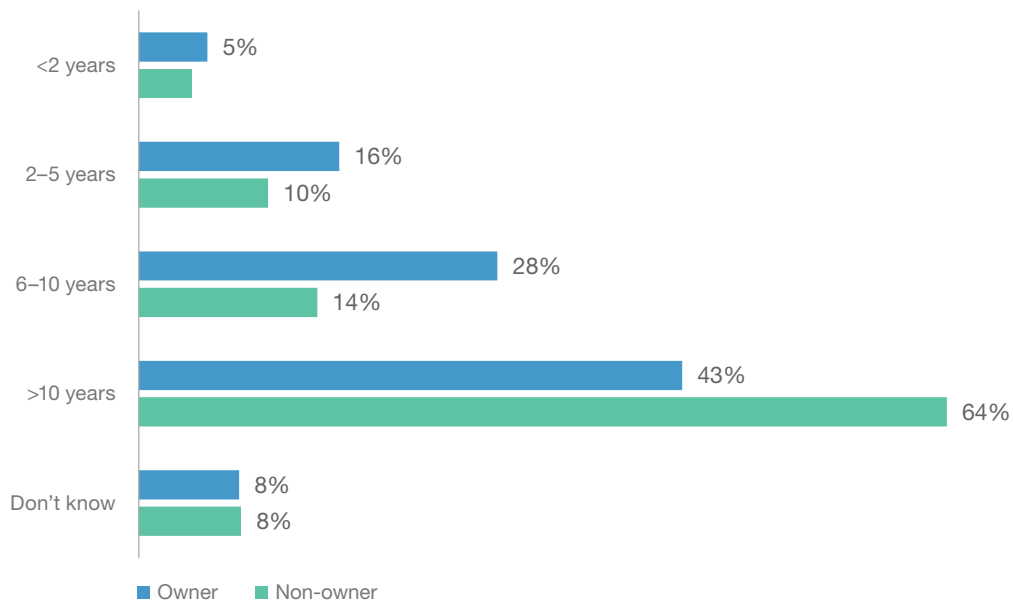
Measure: GP response to the question 'How interested are you in owning your own practice in the future?', split by GP gender and age
 Base: Non-owners, n = 933
 Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 47. Male GPs and older GPs are more likely to be practice owners

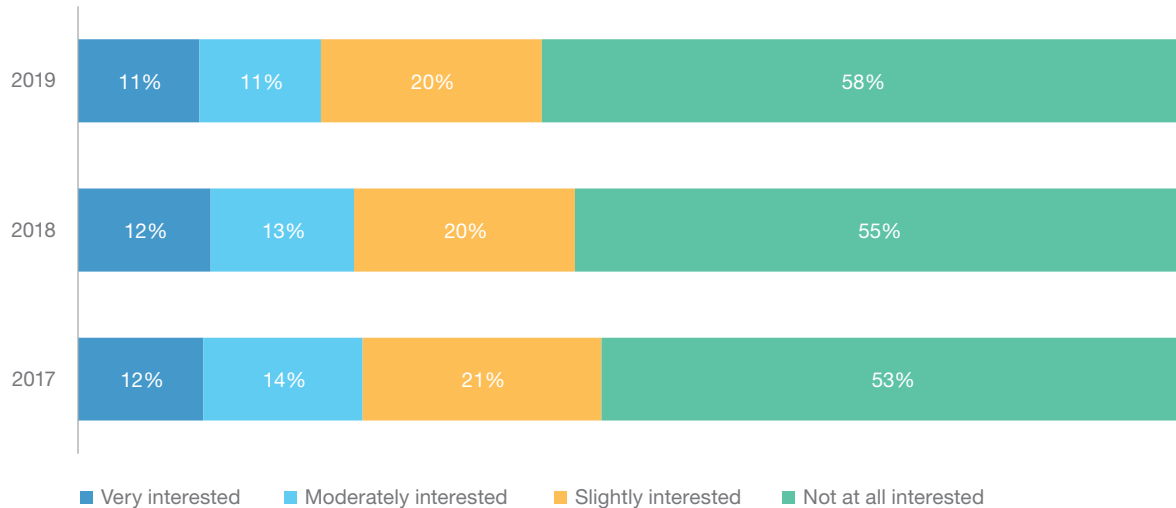


Measure: GP responses to the question 'Do you currently own your own practice?', split by GP gender and age
 Base: Total survey respondents, n = 1174
 Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 48. Practice owners are more likely to retire within the next five years*



*Where data label is missing, data represented is less than 5%
 Measure: GP responses to the question 'When do you intend to retire from practising medicine?', split by ownership status
 Base: Total survey respondents, n = 1174
 Source: EY Sweeney, RACGP GP Survey, May 2019.

Figure 49. Interest in becoming a practice owner remains low

Measure: GP responses to the question 'How interested are you in owning your own practice in the future?'

Base: Total survey respondents, n = 1309 (2017); n = 1537 (2018); n = 1174 (2019)

Source: EY Sweeney, RACGP GP Surveys, 2017, 2018, 2019.

5.4 Technology use

Technology offers promising opportunities for connecting, synthesising and sharing information critical to the delivery of healthcare, while reducing costs and supporting population health. The annual [RACGP Technology Survey](#), available on the RACGP website, identified that:

- almost two-thirds of GPs recommend health apps to their patients at least weekly; 26% rarely or never recommend apps to patients (down from 47% in the previous year's report) ([Figure 50](#))
- 71% of GPs felt satisfied with how often they were using technology in their practice
- half of GPs felt comfortable experimenting with new technology
- 87% of GPs are completely digital and maintain no paper records, with 73% of GP respondents working in practices uploading patient information to My Health Record.²⁹

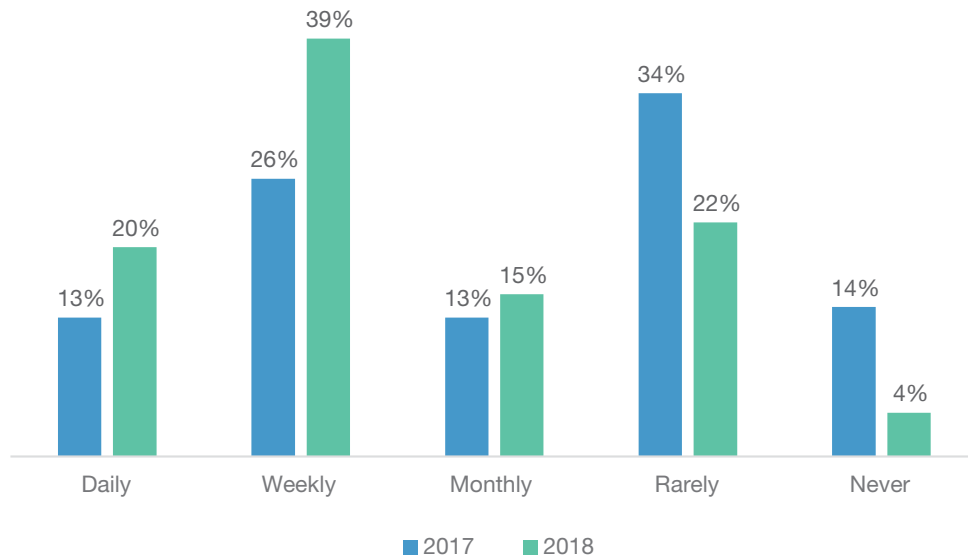
GPs use telehealth services mainly for providing support to patients during video consultation and for undertaking training.²⁹

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

- lack of integration with IT systems and current processes/procedures
- concerns related to patient confidentiality and privacy
- implementation costs
- lack of funding to support technology adoption.²⁹

Technology will likely continue to play an increasing role in shaping what Australians expect from their GPs. This is particularly true for the younger generations, with 92% of generation Z agreeing that adopting the latest technology delivers a better practice experience, falling to 72% for baby boomers and 64% for pre-baby boomers.³⁰

Figure 50. GPs are using apps more frequently when delivering care



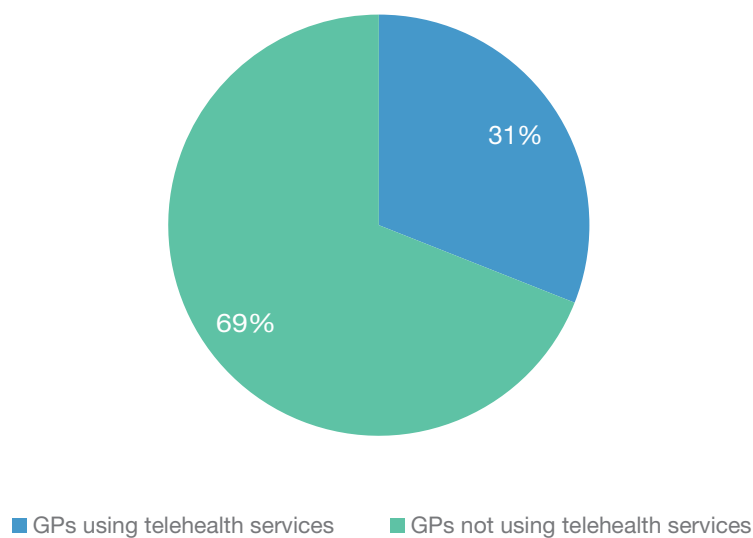
Measure: GP responses to the question 'How often do you recommend apps to your patients?'

Base: Total survey respondents, n = 1220 (2018), n = 749 (2017)

Data sources: The Royal Australian College of General Practitioners. Views and attitudes towards technological advances in general practice: Survey report 2018. East Melbourne, Vic: RACGP, 2019.

The Royal Australian College of General Practitioners. Views and attitudes towards technological advances in general practice: Survey report 2017. East Melbourne, Vic: RACGP, 2018.

Figure 51. One-third of GPs report using telehealth services



Measure: GP responses to the question 'Are you using telehealth services?'

Base: Total survey respondents, n = 1220

Data source: The Royal Australian College of General Practitioners. Views and attitudes towards technological advances in general practice: Survey report 2018. East Melbourne, Vic: RACGP, 2019.

Chapter 6

The future of the general practice workforce

6.1 GPs in training

The growth in the number of general practice vocational training registrars has slowed since 2016. From 2011 to 2016, training numbers increased by an average of 13% each year. In 2017 and 2018, growth was 0% (Figure 52).

The majority of general practice registrars undertake their training with the RACGP as part of the Australian General Practice Training (AGPT) Program. As with overall general practice registrar numbers, the growth in registrar numbers in the AGPT Program gaining RACGP Fellowship appears to be slowing. In the years 2014–17, growth averaged 15% per year. In 2018, growth was 0% (Figure 53).

While the growth in the number of general practice registrars appears to be slowing, the overall number of medical graduates in Australia is increasing.³¹

The medical workforce has become unevenly distributed as more and more medical graduates choose other medical specialities over general practice. For every new GP, there are almost 10 new other specialists.²³ Nationally, the gap between the number of other specialists and GP specialists has increased from 119 in 2009, to 4271 in 2017.³²

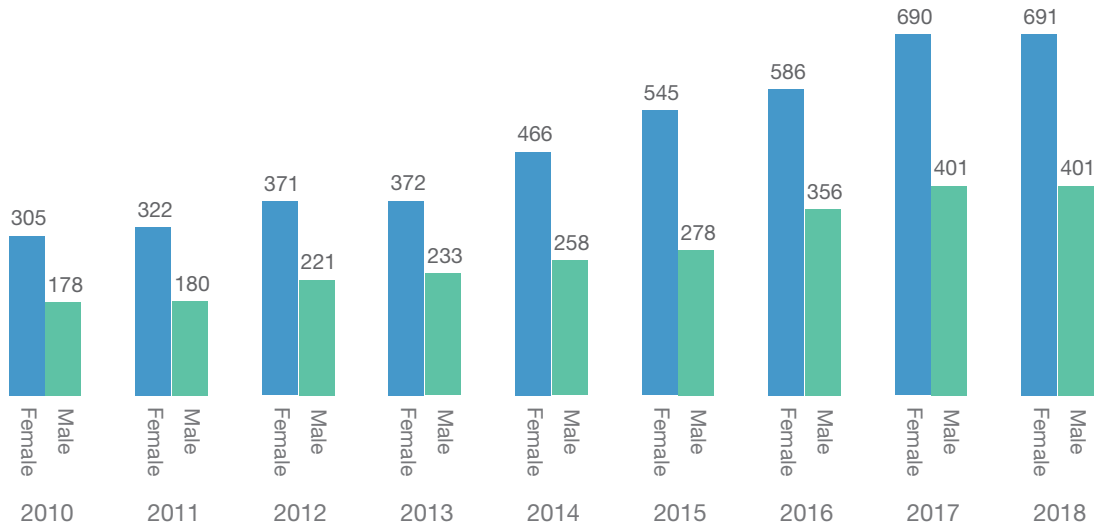
Figure 52. Growth in numbers of general practice registrars has slowed



Measure: Number of vocational training registrars in Australian General Practice Training (formerly General Practice Education and Training) Program, Australian College of Rural and Remote Medicine Independent Pathway, and the Remote Vocational Training Scheme, by year

Data sources: Department of Health. Medical Training Review Panel 19th report. Canberra: DoH, 2016; and Department of Health. Health Workforce Data: Medical Education and Training dataset. Canberra: DoH, 2019. Available at <https://hwd.health.gov.au/datatool.html> [Accessed 14 August 2019].

Figure 53. Numbers of AGPT Program general practice registrars gaining RACGP Fellowship have slowed



Measure: Number of registrars gaining RACGP Fellowship, by year and registrar gender
 Source: RACGP data (unpublished).

Figure 54. More medical graduates are choosing non-GP specialties as a profession



Measure: All registered medical practitioners in Australia at 30 September 2015
 Data source: Australian Institute of Health and Welfare. Medical practitioners workforce 2015. Cat. no. WEB 140. Canberra: AIHW, 2016.

Current evidence suggests there are sufficient numbers of medical students graduating to meet the needs of the Australian population.³¹ However, there is an imbalance in the medical workforce between general practices and other specialties, and in terms of geographic distribution. The evidence points to issues of maldistribution, rather than shortage, in supply of medical expertise.³¹

With more than one-third of GPs aged >55 years,²⁰ government investment is vital to the future GP workforce.

A decline in specialist GP numbers will have a devastating impact on the health of the nation. If patients cannot access appropriate care in the right setting at the right time from their specialist GP, they will end up in an emergency department, resulting in delayed care, poorer health outcomes, and more expenses for the government.

The prevalence of chronic diseases is growing and, combined with an ageing population, points to an increasing need for comprehensive general practice services. GPs are the most cost-effective way to manage and coordinate healthcare for patients.^{15, 33}

GPs are feeling the squeeze from continued underinvestment in Medicare rebates and general practice. This is clear from findings such as a growing number of GPs having seen their workload increase over the past two years, and 29% of GPs disagreeing or strongly disagreeing that their work-life balance has improved over the past five years.²

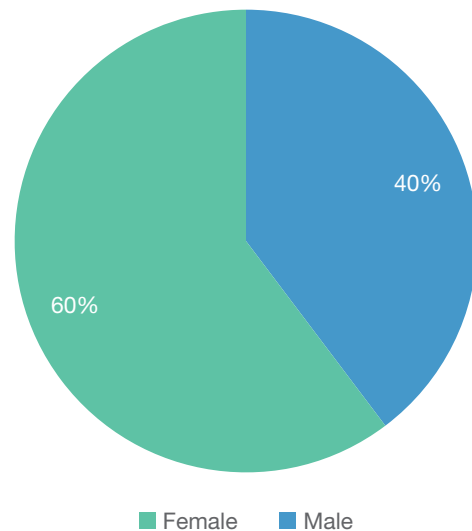
Data show that GP job satisfaction and positive perception of work-life balance have deteriorated since 2013,²⁸ which will compound the current slow growth in GP numbers across the country and increase the difficulties in recruiting and retaining GPs in the future. These factors, combined with difficulty in competing with higher-earning specialties, may be contributing to general practice being perceived as a less attractive career option for medical graduates.

The above will have far-reaching ramifications for access to general practice for all Australians.

6.2 General practice registrar training demographics

There are more female general practice registrars entering training (Figure 55) and attaining Fellowship (Figure 53) than male registrars.

Figure 55. There are more female GP trainees than male GP trainees



Measure: Vocational training registrars in AGPT (formerly General Practice Education and Training) Program, Australian College of Rural and Remote Medicine Independent Pathway, and the Remote Vocational Training Scheme, split by gender and year

Data source: Department of Health. Health Workforce Data: Medical Education and Training dataset. Canberra: DoH, 2019. Available at <https://hwd.health.gov.au/datatool.html> [Accessed 14 August 2019].

As with the GP workforce, there are larger numbers of RACGP AGPT Program registrars in the eastern states and territories, and in major cities (Figure 56).

The distribution of rural and metropolitan RACGP AGPT Program registrars is aligned with the distribution of the Australian population. In 2019, 33% of general practice registrars are undertaking their training outside major cities; in 2018, 32% of the Australian population resided outside major cities.²²

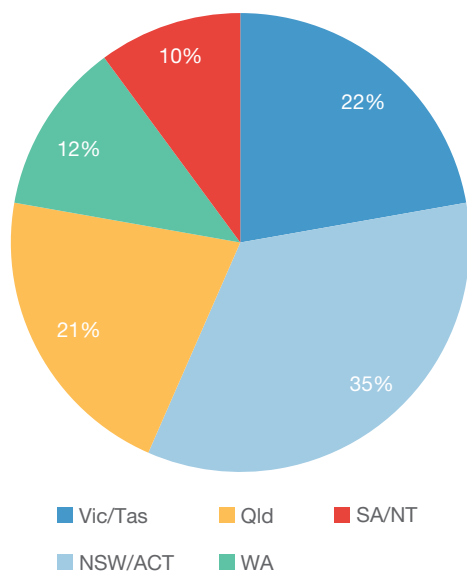
However, this trend isn't seen in the overall GP workforce. As highlighted in section 2.2, there are fewer GPs per person in regional and remote settings. This may indicate that there is an issue with retaining general practice registrars in rural areas once they have completed their training.

Studies have shown that vocational training location has an impact on where a GP will choose to work. In one study, 74–91% of GPs who trained in rural areas or who originated from rural areas remained in rural areas during their first five years after completing training, although longer term workforce retention remains a challenge. Conversely, 87–95% of metropolitan general practice trainees remained in metropolitan areas.³⁴

The Australian GP workforce has been historically reliant on international medical graduates (IMGs), with more than 40% of the rural GP workforce trained overseas (refer to Location of primary qualification in section 2.2.3).²⁰ This makeup could change in future, with changes to skilled migration visas reducing the intake of IMGs. The impact of these changes must be considered in future workforce planning.

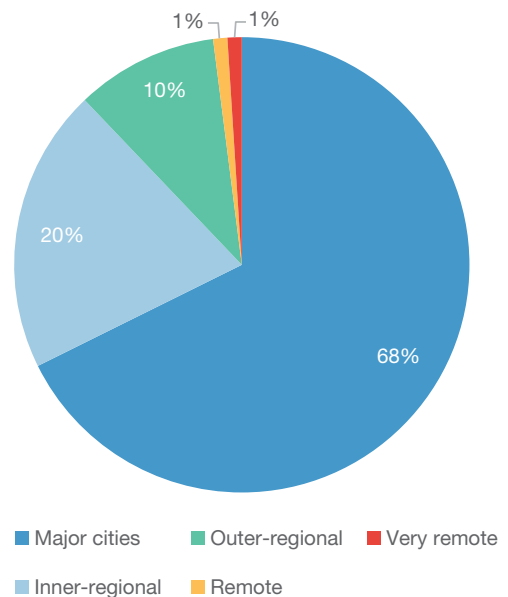
National workforce planning, rural GP vocational training incentives, and the selection of rural-origin medical students are critical to ensuring GP services remain accessible to all patients.

Figure 56. Most RACGP general practice registrars undertake their training in the eastern states



Measure: Percentage of (RACGP) AGPT Program registrars across states and territories in 2019
Source: RACGP data (unpublished).

Figure 57. Most RACGP general practice registrars complete their training in major cities



Measure: Percentage of AGPT (RACGP) registrars, by registrar remoteness, 2019
Source: RACGP data (unpublished).

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