

GENERAL PRACTICE

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# HEALTH — OF THE — NATION

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2018



*An annual insight into the state of general practice*

## **General Practice: Health of the Nation 2018**

### **Recommended citation**

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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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RACGP





## President's message

The *General Practice: Health of the Nation 2018* report again reveals fascinating, alarming and insightful information about general practice in Australia.

The robust nature of its data cements the important role this document now plays in tracking the health of our nation, as well as The Royal Australian College of General Practitioners' (RACGP's) efforts to advocate for Australia's general practitioners (GPs) and their patients.

The report paints a picture of general practice in 2018, highlighting the positive areas in the profession, while noting key areas of much-needed attention by our policy-makers and regulatory bodies to ensure our patients are not missing the opportunity to access high-quality healthcare.

GPs remain responsible for the frontline of healthcare. It is widely accepted that a GP is the person Australian patients trust most when it comes to their health and the health of their family.

More Australian patients now have their own GP, someone they trust and who knows their health better than any other professional. For GPs, this role comes with both great privilege and responsibility, as we are often by the side of our patients during the highs and lows of their lives.

*General Practice: Health of the Nation 2018* supports the notion that, as caregivers, GPs will do whatever they can to keep their patients safe and healthy. This is highlighted by the quality of healthcare GPs deliver to disadvantaged patients. For example, a disadvantaged patient is more likely to be bulk billed by their GP, even if this comes at a cost to the GP's practice.

This year's report found mental health issues remain the most common single reason patients are visiting their GP. Along with psychological issues, patients' growing waistlines, and respiratory and musculoskeletal illnesses are core aspects of everyday work for GPs and their teams.

*General Practice: Health of the Nation 2018* draws a roadmap for what GPs and their patients want to see for the future of frontline healthcare. For the second consecutive year, funding and mental health have been the major areas of concern for the profession, with financial support desperately needed in many areas.

Despite general practice being the most accessed area of Australia's health system, with more than two million appointments made every week, funding for patients to visit their GP makes up less than 9% of Australia's annual health budget.

Much can be interpreted from the reasons for patient presentation identified by Australian GPs in *General Practice: Health of the Nation 2018*. Many of the emerging health conditions facing Australia are managed by GPs in their early stages. If general practice does not receive the urgent support it needs from our government, these emerging concerns could become even more serious.

I hope this report also helps you in your journey to understanding the many issues, concerns and triumphs in modern Australian general practice.

**Dr Harry Nespolon**  
RACGP President-elect  
September 2018

## 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 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 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 DoH (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 report.

This report also draws on an online survey commissioned by the RACGP, undertaken by EY Sweeney, to which 1537 RACGP Fellows responded. Demographics of respondents were as follows:

- 57% female, 43% male
- 11% under 35 years, 27% 35–44 years, 30% 45–54 years, 23% 55–64 years, 9% ≥65 years
- 3% Tasmania, 11% Northern Territory/South Australia, 10% Western Australia, 21% Queensland, 26% New South Wales/Australian Capital Territory, 27% Victoria, 1% overseas
- 69% in major cities, 29% inner-regional, 16% outer-regional, 4% remote, 3% very remote.\*

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

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\*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%.

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## 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 more than 87.8% of the population seeing a GP at least once each year.<sup>1</sup>

The RACGP is the country's largest professional general practice organisation, representing more than 38,000 members, including more than 17,000 Fellows, who treat more than 21.6 million patients<sup>1</sup> 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 involving more than 1500 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.

*General Practice: Health of the Nation 2018* focuses on a range of key areas, including:

- patient access to general practice
- the varied and important services that GPs provide to the community
- challenges facing GPs and general practices.

As the second edition of *General Practice: Health of the Nation*, this report provides opportunity to track changes over the short term.

## 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 the community and government.

### Common health issues experienced by patients

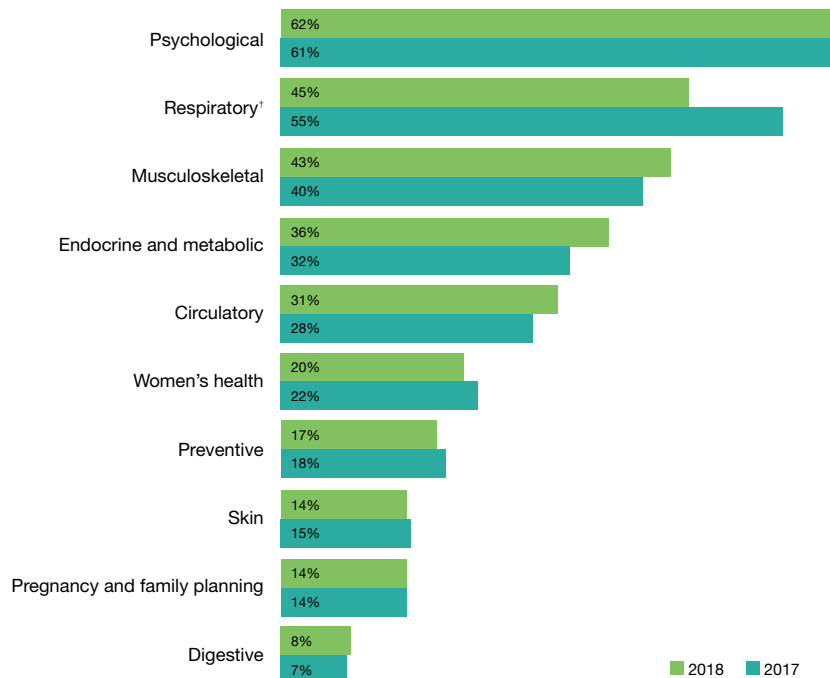
Psychological issues (eg depression, mood disorders, anxiety) remain the most common health issue managed by GPs. These results confirm the *General Practice: Health of the Nation 2017* report, which featured almost identical findings.

Figure 2 suggests that patients may be choosing a GP with particular personal characteristics to manage different health concerns. For example, younger and female GPs are more likely to provide pregnancy and family planning care.

It should be noted that most GPs manage patients with multiple health concerns, with around one in four (23%) of Australians experiencing two or more chronic conditions.<sup>2</sup>

FIGURE 1

Patients talk to their GP about mental health more than any other health issue\*



\*Showing top 10 of 17 categories

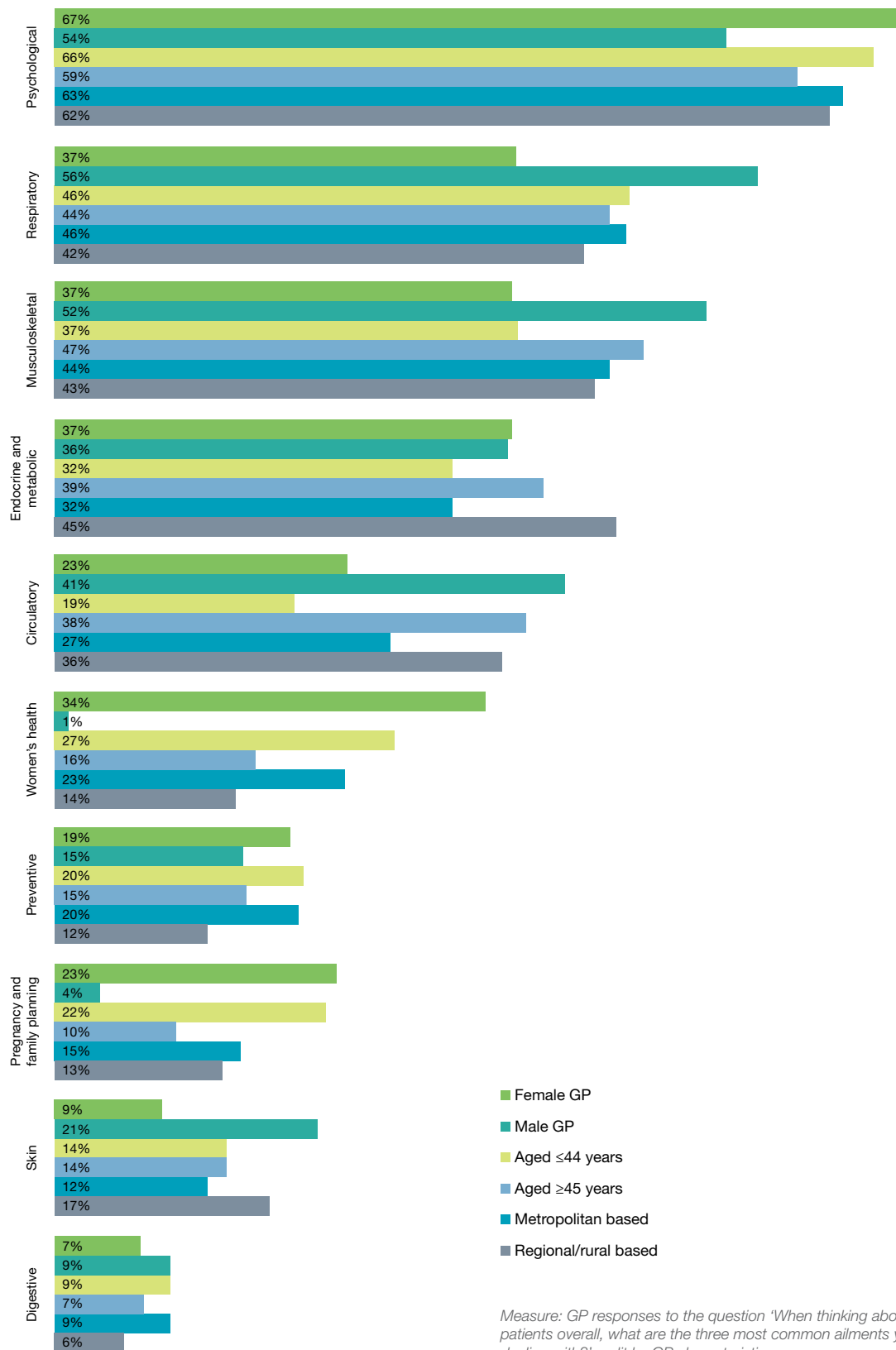
†Difference in respiratory presentations is likely a reflection of survey timing – 2017 was completed during late July (peak influenza season), 2018 was completed early April

Measure: GP responses to the question 'When thinking about your patient overall, what are the three most common ailments you are dealing with?', showing results from 2017 and 2018

Source: EY Sweeney, General Practice, May 2018.

FIGURE 2

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



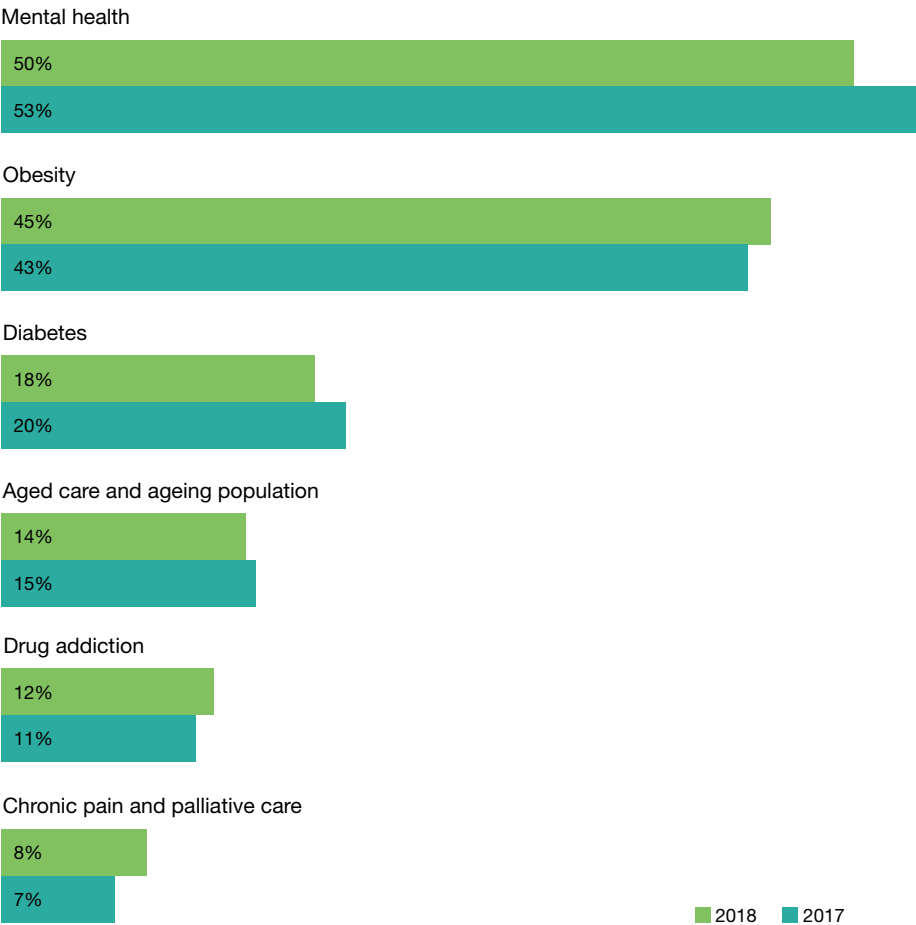
Measure: GP responses to the question 'When thinking about your patients overall, what are the three most common ailments you are dealing with?', split by GP characteristics

Source: EY Sweeney, General Practice, May 2018.

In addition to being the most common reason patients visit their GP, mental health was also identified as the health issue causing GPs the most concern for the future, followed by obesity.

Mental health continues to be the number one health issue causing GPs the most concern for the future

**FIGURE 3**  
**Mental health and obesity are causing GPs the most concern for the future\***



*\*Showing top six of 85 response categories*  
*Measure: GP responses to the question 'What are the emerging patient health issues causing you the most concern for the future?'*  
*Source: EY Sweeney, General Practice, May 2018.*

## Issues requiring policy action

In line with perception of current and emerging health issues, GPs also identify mental health and obesity as key areas the federal government should prioritise for action.

Reflective of a holistic view of patient care, GPs also want to see action on health system issues, including support for access to care through Medicare, health equity and equality, and social and cultural determinants of health. GPs are also concerned about patient access to care for groups at risk of poor health outcomes, such as patients in aged care or rural and remote areas.

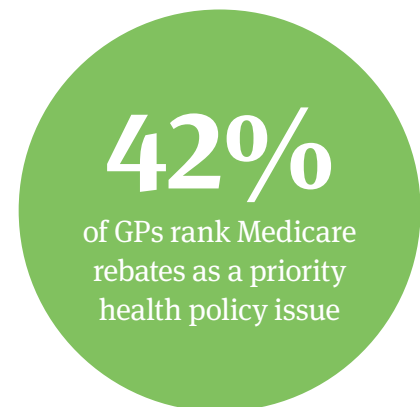
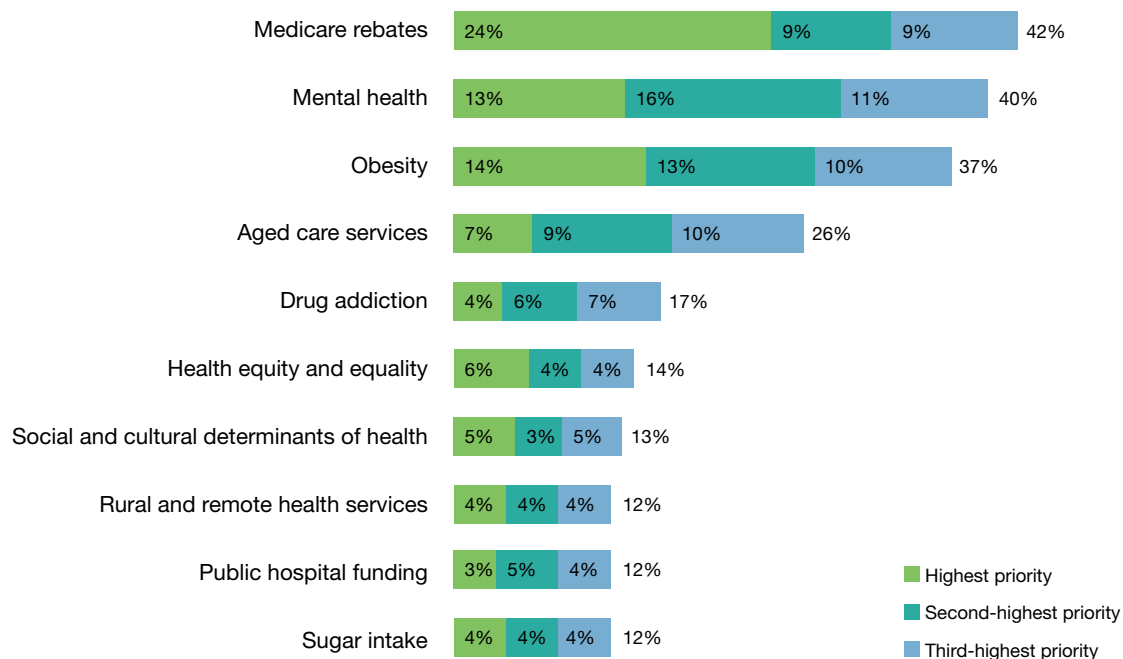


FIGURE 4

GPs want the Federal Government to prioritise access to care, mental health and obesity



Measure: GP responses to 'Please rank the three top priority health policy issues where you think the federal government should focus', split by priority level

Source: EY Sweeney, General Practice, May 2018.

## An issue in focus: GP experience of violence in the workplace

Four out of five GPs report that they have seen or experienced violence at their place of work, with nearly one in three seeing or experiencing violence on at least a monthly basis. This is in line with several studies showing that patient-initiated violence is common in Australian general practice settings.<sup>3–5</sup>

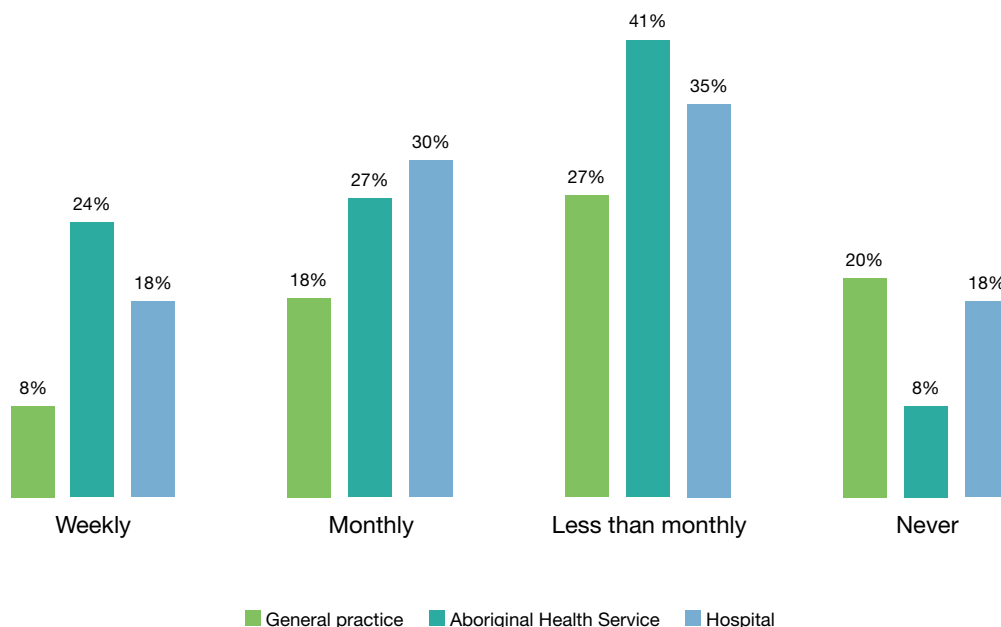
Occupational violence is more common for GPs who work primarily in Aboriginal Health Services or in hospitals. A quarter of GPs who identify Aboriginal Health Services as their main place of practice see or experience violence in the workplace weekly. Eighteen per cent of GPs working in the hospital system experience occupational violence weekly.

However, these findings should not suggest that hospitals, Aboriginal Medical Services and Aboriginal Community Controlled Health Services are uniquely dangerous or unsafe places to work.

The risk of patient-initiated violence occurring will increase under certain conditions, depending on the characteristics of the patient, practice team and practice environment. Other factors, including geographic location and patient demographics, can result in heightened frustration, resentment and unpredictable patient behaviour as a consequence of historical and situational trauma, mental illness, drug and alcohol use, poverty, unemployment and social dislocation.<sup>6,7</sup>

FIGURE 5

GPs working in hospitals or Aboriginal Health Services see or experience violence in the workplace more frequently than other GPs



Measure: GP responses to the question 'How often do you see or experience violence in your workplace?', split by GPs' main practice type  
Source: EY Sweeney, General Practice, April 2018.

## General practice access

### Patient access to and experience of general practice

Australians access general practice more than any other area of the health system,<sup>8</sup> with over 87.8% of the population visiting their GP at least once each year.<sup>1</sup>

Patients report they visit their GP more than they receive prescriptions, have pathology or imaging tests, or see non-GP specialists.<sup>8</sup>

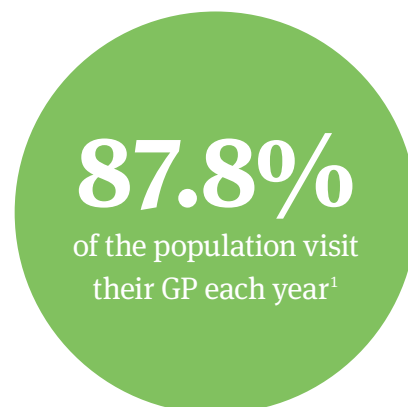
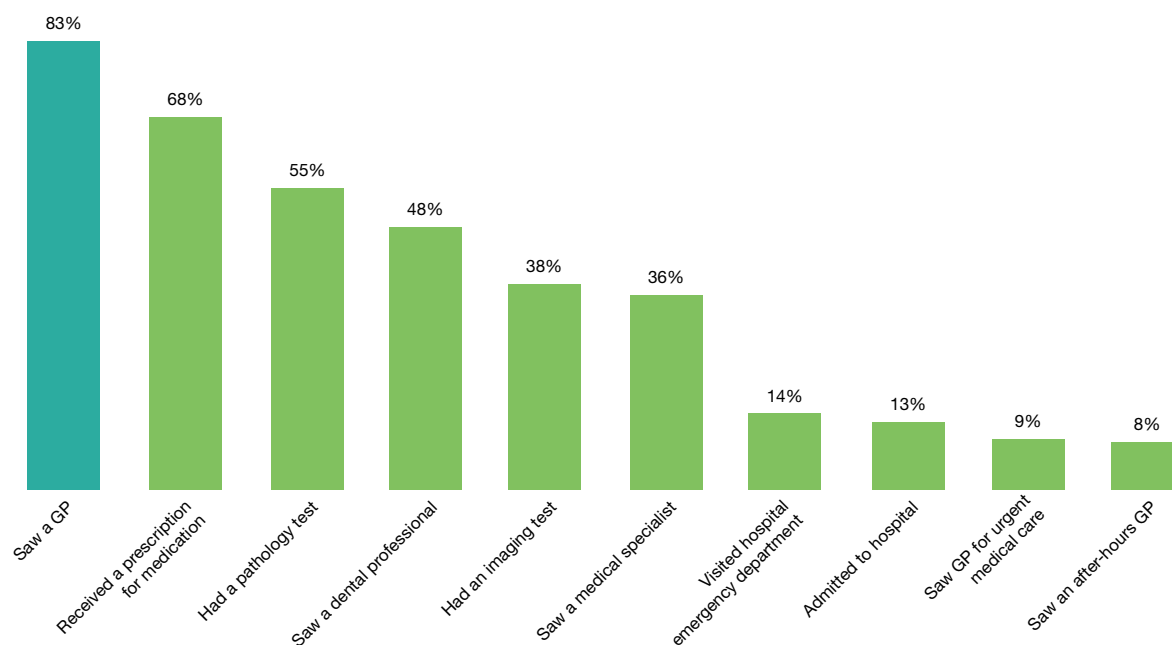


FIGURE 6

Patients see their GP more than any other health professional



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

Source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2016–17. Cat no. 4839.0. Canberra: ABS, 2017.

The majority of patients report having a preferred GP, and that they are able to see that GP when needed.<sup>8</sup>

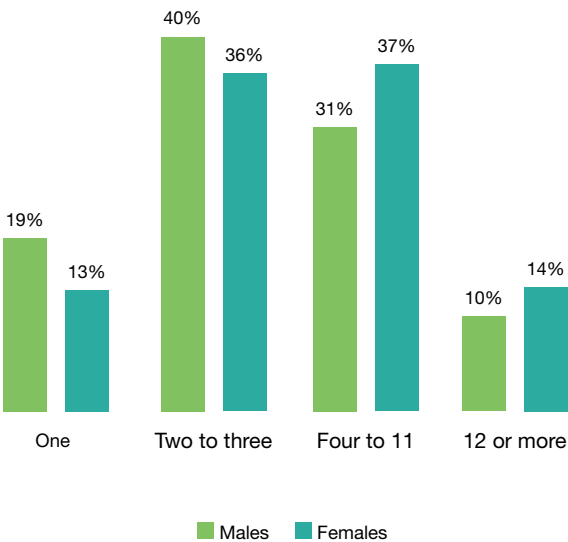
More than four out of five patients (84%) report that they visit their GP multiple times a year, including 12% who report seeing their GP 12 or more times. Female patients visit their GP more frequently than male patients.<sup>8</sup>

*General Practice: Health of the Nation 2017* showed that the more disadvantaged a patient (in socioeconomic terms), the more frequently they visited their GP. This trend is seen again in the most recent data.<sup>8</sup>

Patient age also has an effect on frequency of GP visits, with patients visiting more frequently as they get older.<sup>8</sup>



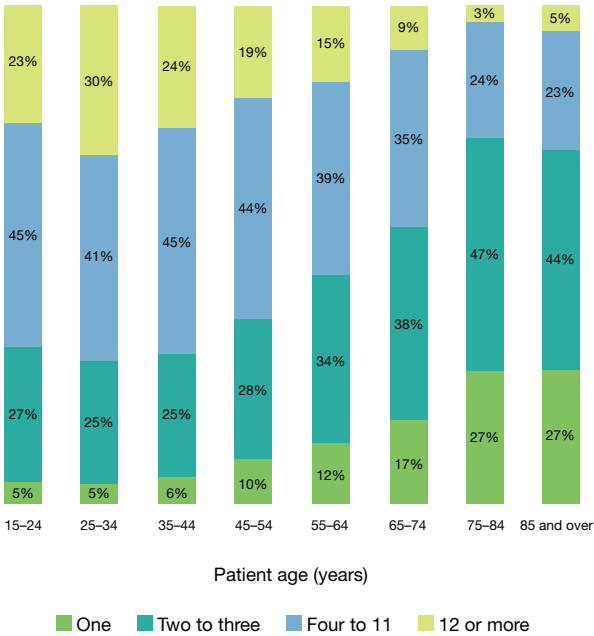
**FIGURE 7**  
Most patients visit their GP multiple times a year



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

Source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2016–17. Cat no. 4839.0. Canberra: ABS, 2017.

**FIGURE 8**  
Older patients visit their GP much more frequently than younger patients



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

Source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2016–17. Cat no. 4839.0. Canberra: ABS, 2017.

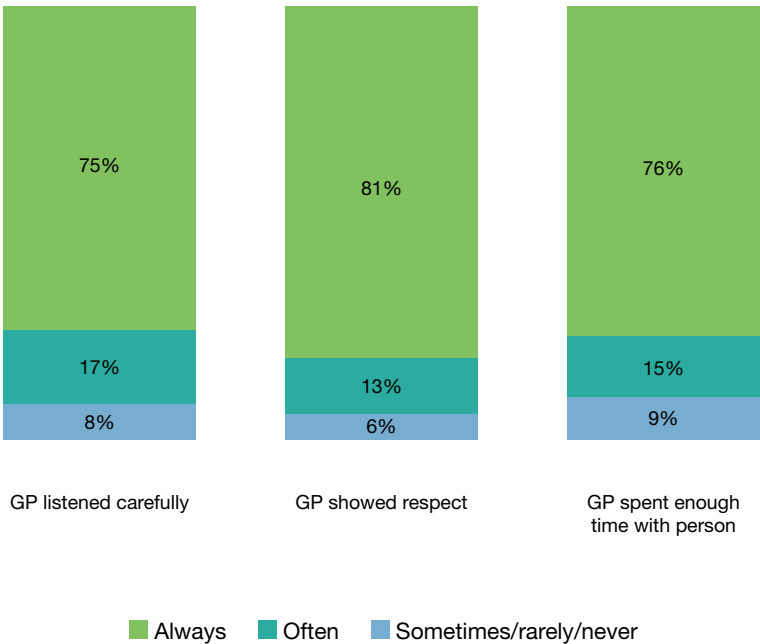
Patients report very positive experiences when visiting their GP. Three in every four report that their GP always listens carefully, shows respect and spends enough time with them.<sup>8</sup>

A recent report from the Australian Institute of Health and Welfare (AIHW) suggested that having a usual GP is essential when it comes to positive healthcare experiences.<sup>9</sup> The report showed that nearly all Australians (98%) over the age of 45 have a usual GP or practice. Patients with a usual GP or practice were much more likely to report that they received very good or excellent care. It also showed that patients who have been seeing the same GP for longer rate their care more positively.<sup>9</sup>

“

*Three in every four patients report that their GP always listens carefully, shows respect and spends enough time with them<sup>8</sup>*

**FIGURE 9**  
**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  
Source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2016–17. Cat no. 4839.0. Canberra: ABS, 2017.

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. Recent research suggests that over 25% of patients attend multiple general practices.<sup>10</sup>

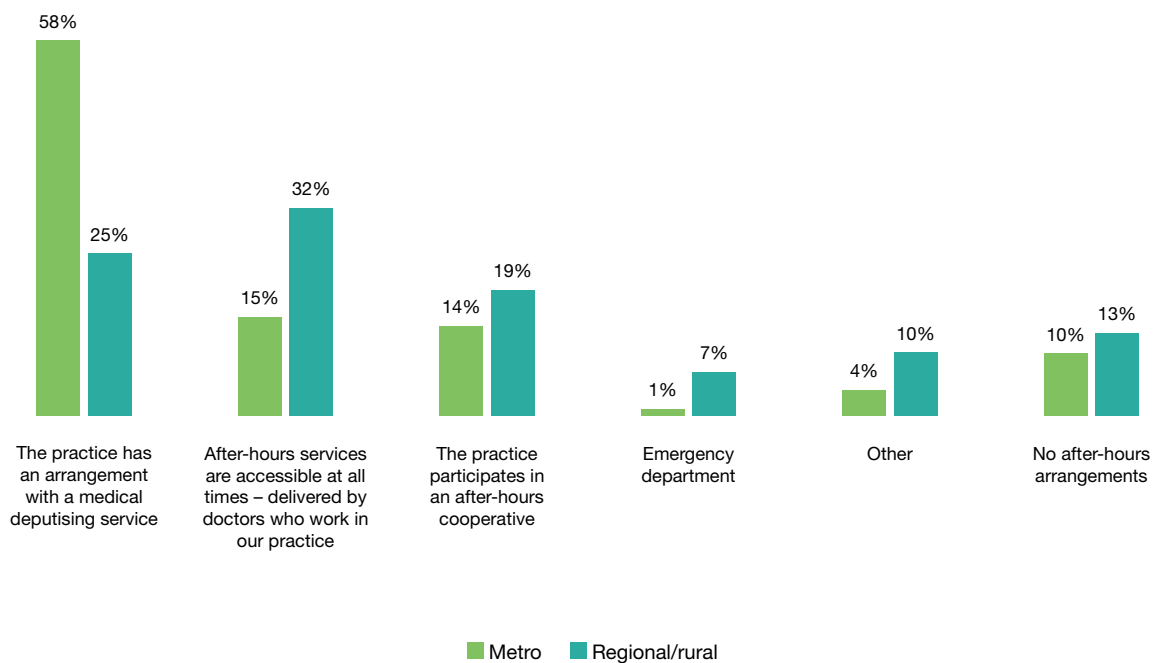
Eight per cent of patients report that they visited a GP for after-hours care.<sup>8</sup> More than 85% of GPs report that their practice has after-hours arrangements for its patients. General practices in metropolitan areas most often have an arrangement with a medical deputising service. In regional and rural areas, after-hours services are most often delivered by GPs who work in the practice.

“

*There are currently no formal mechanisms in place to encourage continuity of care*

FIGURE 10

Most general practices have arrangements for their patients to access care after hours



Measure: GP responses to the question ‘How do patients access care when your main practice is closed?’, split by GP remoteness

Source: EY Sweeney, General Practice, May 2018.

## GP workforce

There are close to 36,000 GPs practising across Australia,<sup>11</sup> and over 6300 accredited general practices.<sup>12</sup>

## Location

Australia's population is concentrated in the major cities of the south-eastern seaboard states. Close to 80% of the population lives in New South Wales (NSW), Victoria or Queensland.<sup>13</sup>

GP workforce data shows that GPs are also concentrated in the major cities of the eastern states.<sup>11</sup> While GPs appear to be distributed according to patient location, the GP:patient ratio is unevenly distributed across jurisdictions and remoteness areas.

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

FIGURE 11

There are fewer GPs per patient in ACT, NT, WA and Tasmania



Measure: Full-time service equivalent (FSE) GPs per 100,000 population, by state/territory, 2016-17

Source: Department of Health. GP workforce statistics – 2001-02 to 2016-17. Canberra: DoH, 2017.

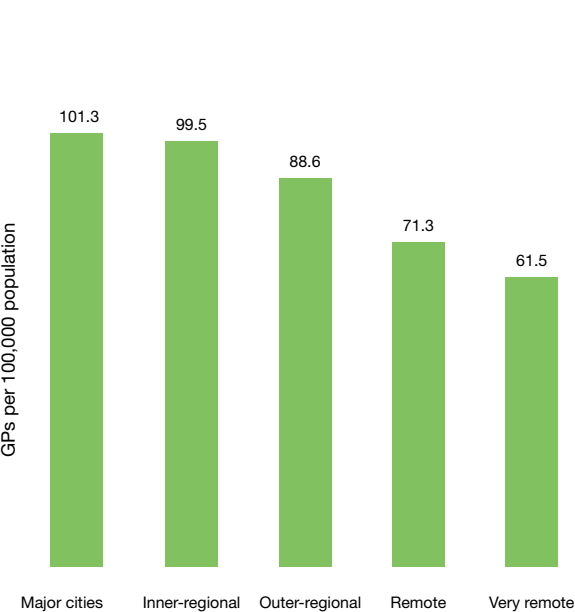
GP:patient ratio decreases as remoteness increases, meaning there are fewer GPs per person in regional and remote settings.<sup>11</sup> This may present access issues for patients.

Patient experience data shows that one in three (33%) 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.<sup>8</sup>

Despite patient reports of longer waits, GPs remain the most accessible medical specialist in regional and remote Australia when compared to other medical specialists.<sup>14</sup>

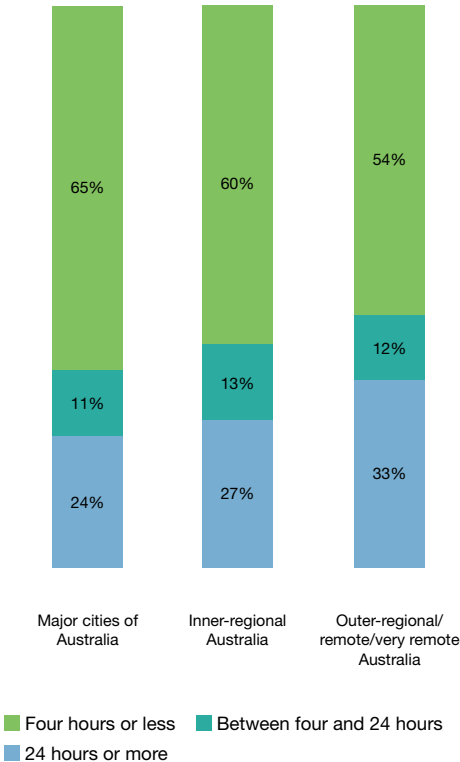
“  
Despite patient reports of longer waits, GPs remain the most accessible medical specialist in regional and remote Australia when compared to other medical specialists<sup>14</sup>

FIGURE 12  
There are fewer GPs in remote locations



Measure: Full-time service equivalent (FSE) GPs per 100,000 population by remoteness, 2016–17  
Source: Department of Health. GP workforce statistics – 2001–02 to 2016–17. Canberra: DoH, 2017.

FIGURE 13  
Patients in outer-regional, remote and very remote areas report longer waits to see a GP



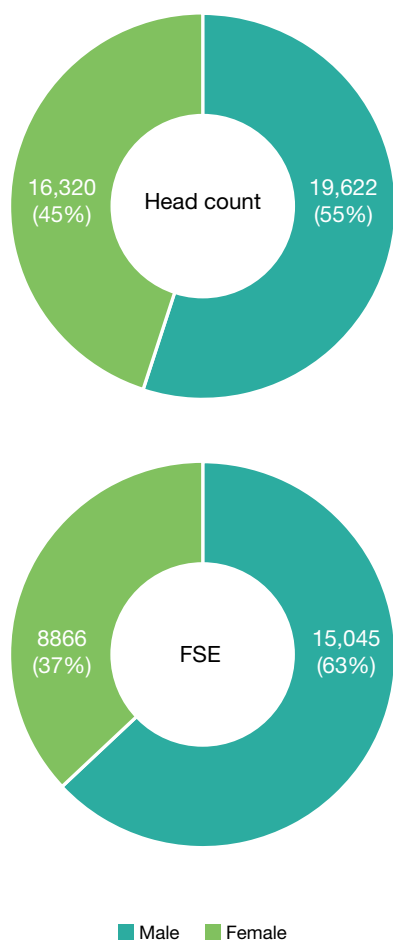
Measure: Patient responses to the question 'Thinking about the most recent time for urgent medical care, how long after the appointment was made were you seen by a GP?', split by patient remoteness  
Source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2016–17. Cat no. 4839.0. Canberra: ABS, 2017.

## Demographics

Patients may be more comfortable discussing their health issues with GPs from similar backgrounds. A diverse GP workforce in terms of gender, age and cultural background can therefore support patient access to general practice services.

FIGURE 14

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



Measure: GP headcount and FTE, by gender, 2016–17

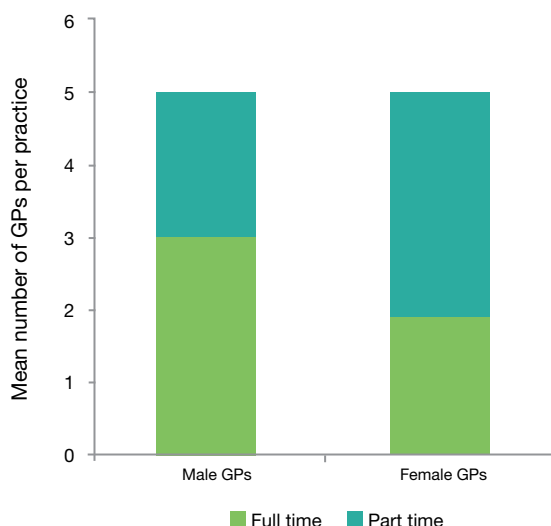
Source: Department of Health. GP workforce statistics – 2001–02 to 2016–17. Canberra: DoH, 2017.

## Gender

The gender balance of GPs is nearly equal to the Australian population, 45% of GPs practising in Australia are female.<sup>11</sup> Female GPs are more likely to work part time and, as such, represent 37% of the full-time service equivalent (FSE).<sup>11</sup>

FIGURE 15

Female GPs are more likely to work part time



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

Source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). Data from MABEL Wave 9 survey. Melbourne: MABEL, 2018.



## Age

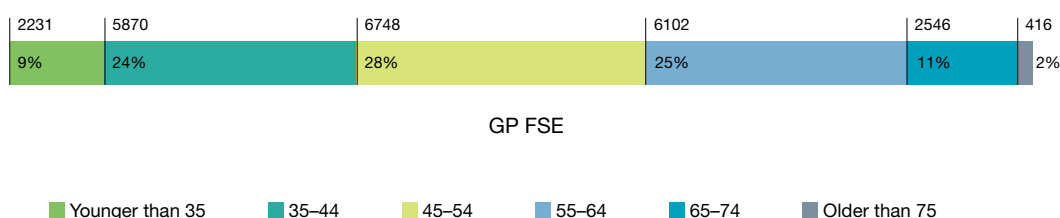
Seventy-eight per cent of FSE GPs are aged 35–64 years.<sup>11</sup> More than a third of all FSE GPs are aged 55 years or older.<sup>11</sup> Only 4% of GPs report that they expect to retire within the next two years. Two in three GPs (61%) consider themselves as having more than 10 years remaining in the workforce.

## 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 continued into 2016–17.<sup>11</sup>

FIGURE 16

GPs are well distributed between age groups

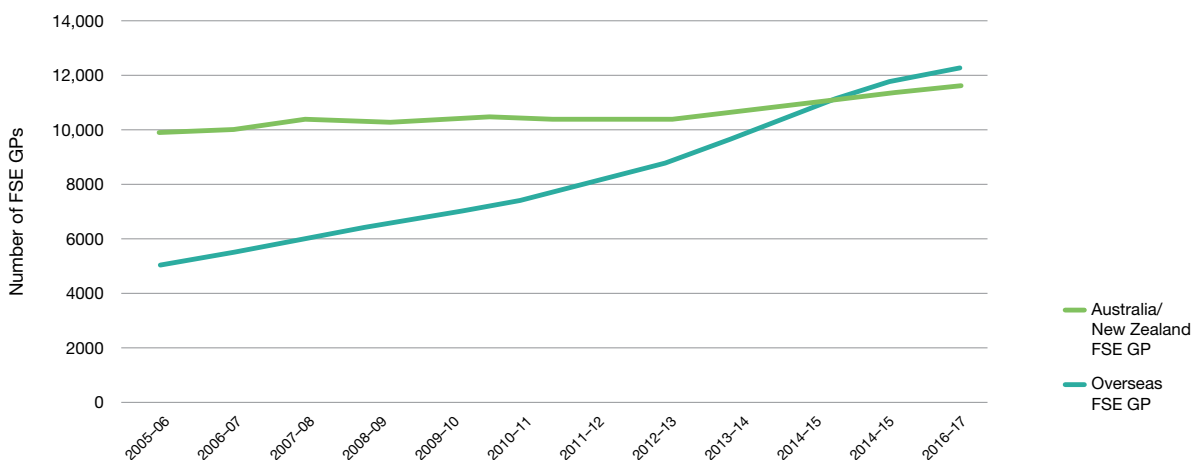


Measure: GP FSE, by GP age, 2016–17

Source: Department of Health. GP workforce statistics – 2001–02 to 2016–17. Canberra: DoH, 2017.

FIGURE 17

More FSE GPs have attained their basic qualifications overseas



Measure: FSE GPs, by place of basic education, 2016–17

Source: Department of Health. GP workforce statistics – 2001–02 to 2016–17. Canberra: DoH, 2017.

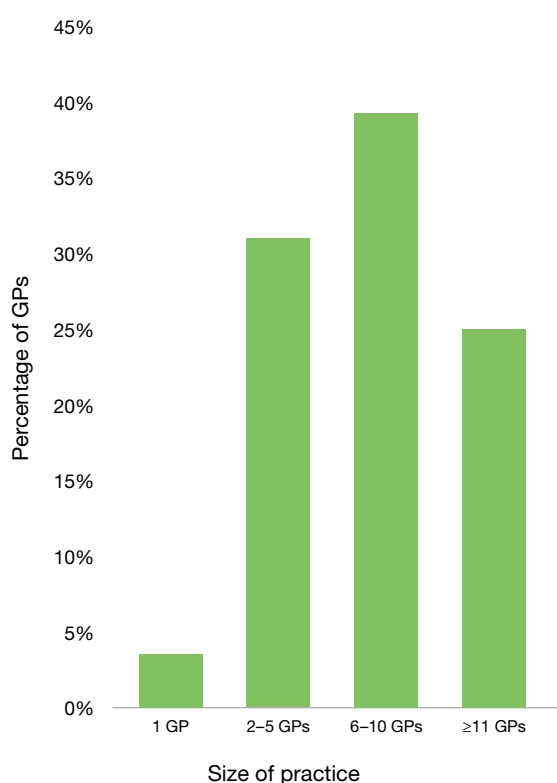
## General practice teams

General practice teams provide services to match a wide range of patient needs. As such, the makeup of practice teams varies considerably from practice to practice. In addition to GPs, general practices often employ nurses, allied health professionals and administrative staff.

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.<sup>15</sup> GPs working in larger teams are also more likely to report that formal structures are in place to encourage communication among practice staff.<sup>15</sup>

FIGURE 18

The number of GPs at each practice can vary considerably

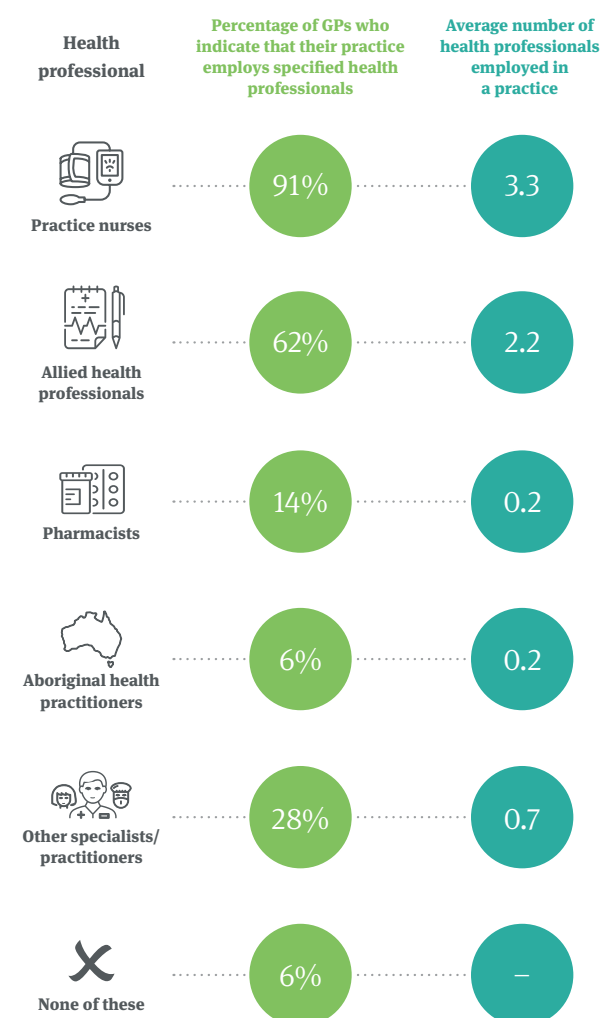


Measure: GP responses to questions 'Including yourself, approximately how many individual GPs work in a full-time capacity at your practice?' and 'Including yourself, approximately how many GPs work in a part-time capacity at your practice?'

Source: EY Sweeney, General Practice, May 2018.

FIGURE 19

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 in your main practice?'

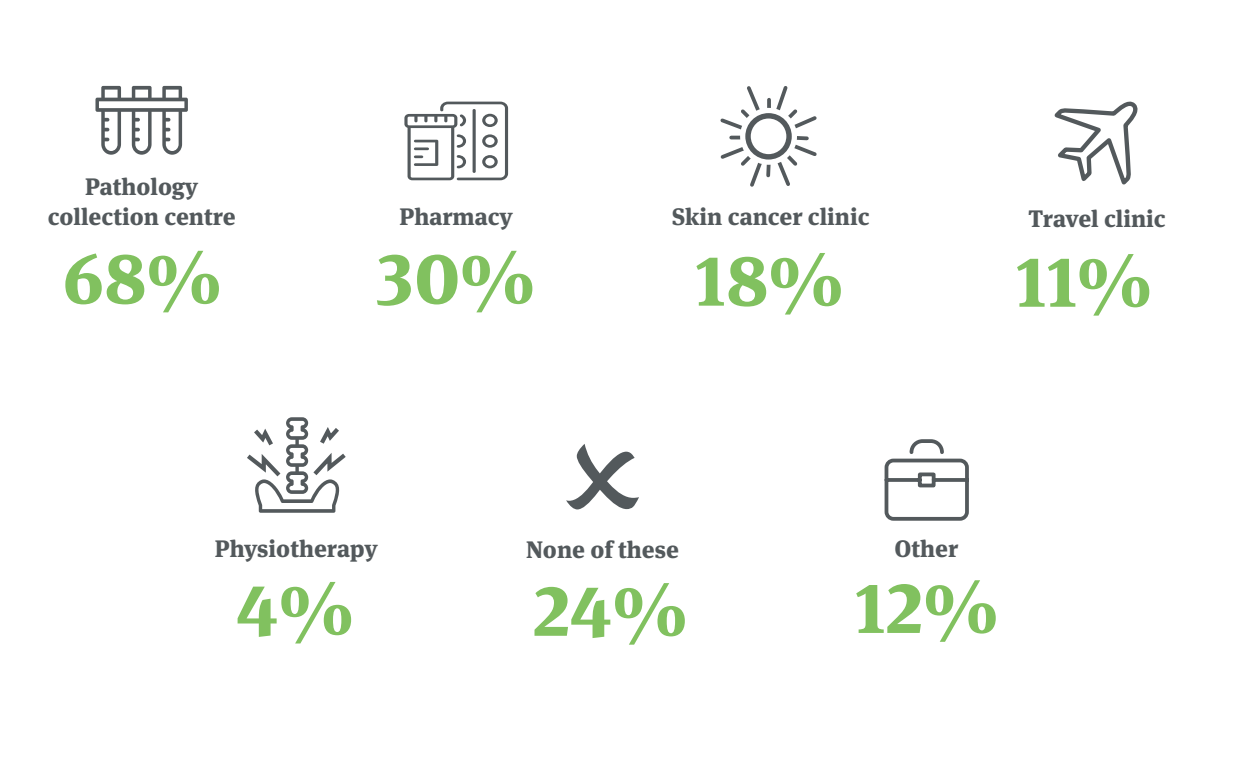
Source: EY Sweeney, General Practice, May 2018.

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

More than two thirds (68%) of general practices are co-located with a pathology collection centre. Other health services with which general practices are co-located include pharmacy (30%) and physiotherapy (4%).

“  
Patients can access a range of other services when they visit their GP

FIGURE 20  
Many general practices are co-located with other health services



Measure: GP responses to the question 'What services are co-located with your main practice?'  
Source: EY Sweeney, General Practice, May 2018.

# Funding Australian general practice care

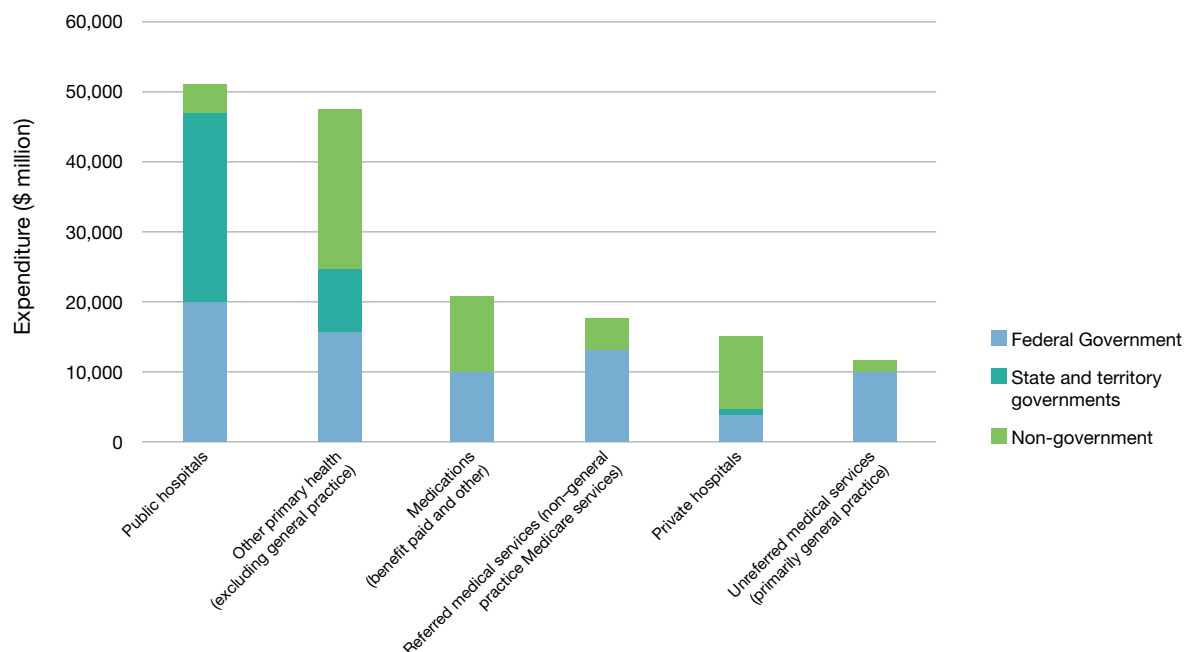
## Government contribution to patient services

Non-referred medical services, including general practice services, represent less than 9% of total government (including federal and state/territory) health expenditure. These findings mirror those in *General Practice: Health of the Nation 2017*.

While expenditure in various areas of health has seen substantial increases, non-referred medical services (including general practice services) still represent a very small proportion of total government health expenditure.<sup>16</sup>

FIGURE 21

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, 2015–16

Source: Australian Institute of Health and Welfare. Health expenditure Australia 2014–15. Canberra: AIHW, 2016; Australian Institute of Health and Welfare. Health expenditure Australia 2015–16. Canberra: AIHW, 2017.

## General practice billing

Medicare statistics indicate that 86.1% of general practice services are bulk billed.<sup>1</sup>

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, 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 the GP, with some of these services bulk billed and others privately billed. Therefore, while it is true that 86.1% 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 actually much lower.

GPs report varied rates of bulk billing, from 100% bulk billing to not bulk billing patients at all. Twenty-three per cent of GPs report that they bulk bill all of their patients. This differs depending on work setting, with solo practitioners more likely than group practices to report that they bulk bill all of their patients.

While, at face value, the bulk-billing rate appears to be increasing, growth in bulk billing is lower than ever before. It is predicted that if growth in the bulk-billing rate continues to slow at the same rate, the bulk-billing rate will decline by 2019–20.

Some jurisdictions are already experiencing a drop in the bulk-billing rate, with Tasmania experiencing a reduction in bulk billing for the last three years.<sup>1</sup>

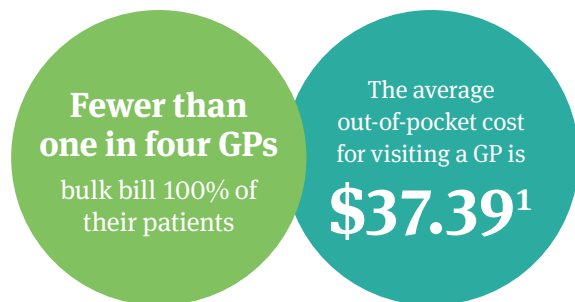
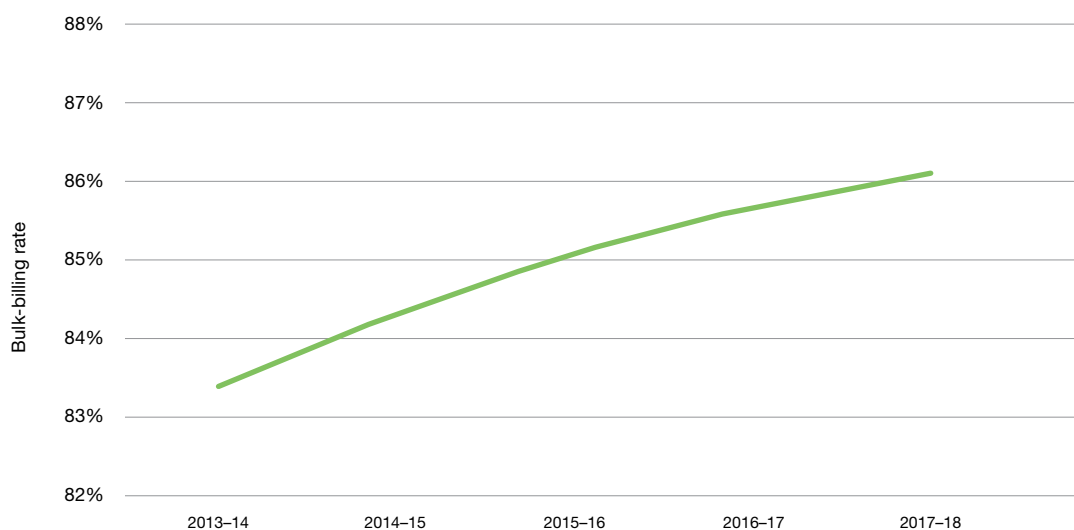


FIGURE 22

Bulk-billing rate increasing, but bulk billing is not the whole story

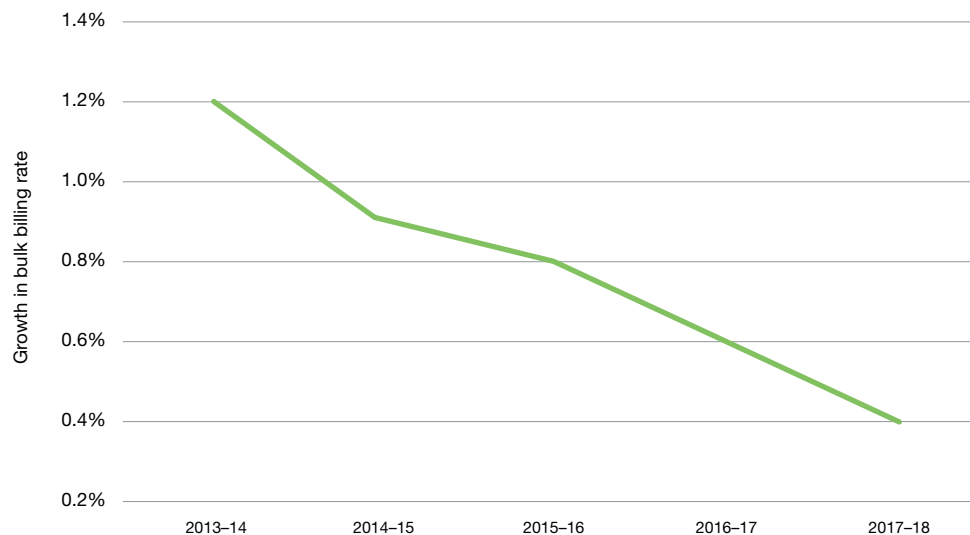


Measure: Bulk-billing rate for total non-referred attendances (excluding practice nurse items)

Source: Annual Medicare statistics, 2018.

**FIGURE 23**

**Growth in bulk-billing rate continues to decrease**

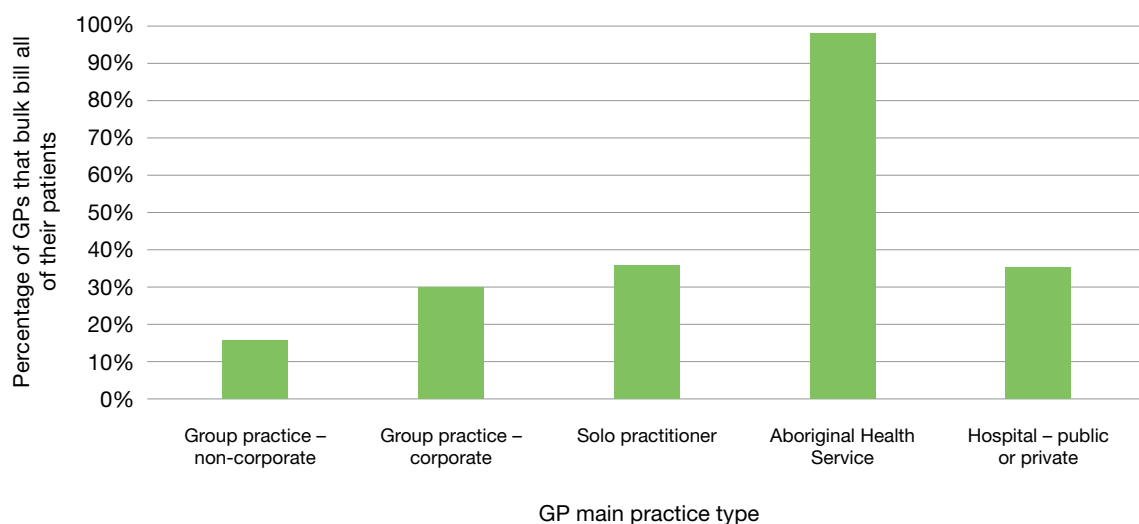


Measure: Growth in bulk-billing rate for total non-referred attendances (excluding practice nurse items)

Source: Annual Medicare statistics, 2018.

**FIGURE 24**

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



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

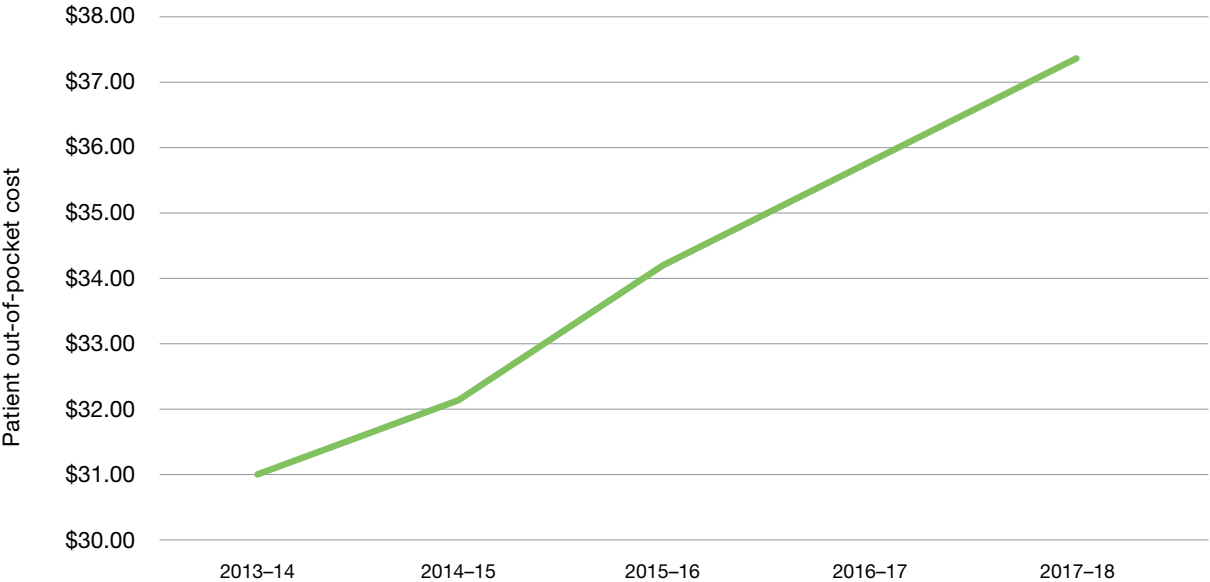
Source: EY Sweeney, General Practice, May 2018.

Patient out-of-pocket contributions continue to increase each year. Medicare data suggest that the average patient co-payment, or out-of-pocket cost, to visit a GP is \$37.39, an increase from \$35.86 in 2016–17.<sup>1</sup>

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.

“  
*Out-of-pocket costs increased by 4.35% between 2016–17 and 2017–18, more than double the increase in the Consumer Price Index over the same time*

FIGURE 25  
Out-of-pocket costs are increasing each year at double consumer price index



Measure: Out-of-pocket costs for total non-referred attendances (excluding practice nurse items)  
Source: Annual Medicare statistics, 2018.

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

The vast majority of patients (74%) report that they can always see their preferred GP when needed.<sup>8</sup>

However, more than a quarter of patients (26%) reported that they delayed or avoided seeing a GP when needed, including 4% who indicated that cost was a reason. One in five patients who needed to see a GP (22%) indicated that they delayed or avoided seeing their GP for a reason other than cost.<sup>8</sup> Other reasons for delaying or not booking an appointment with a GP when needed included being too busy, long wait times or GP unavailability.

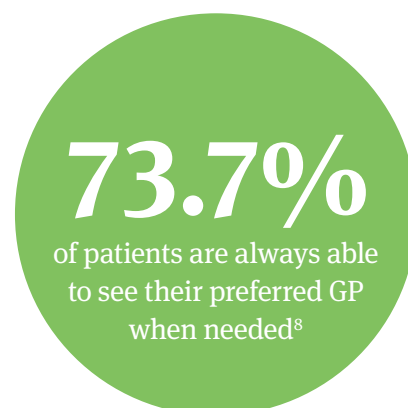
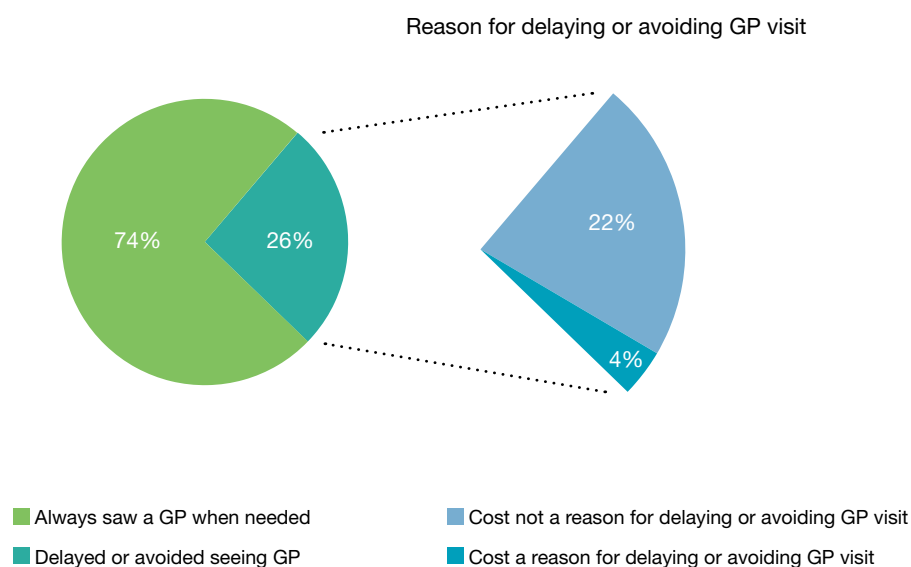


FIGURE 26

Many patients are delaying seeing their GP 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?'

Source: Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2016–17. Cat no. 4839.0. Canberra: ABS, 2017.

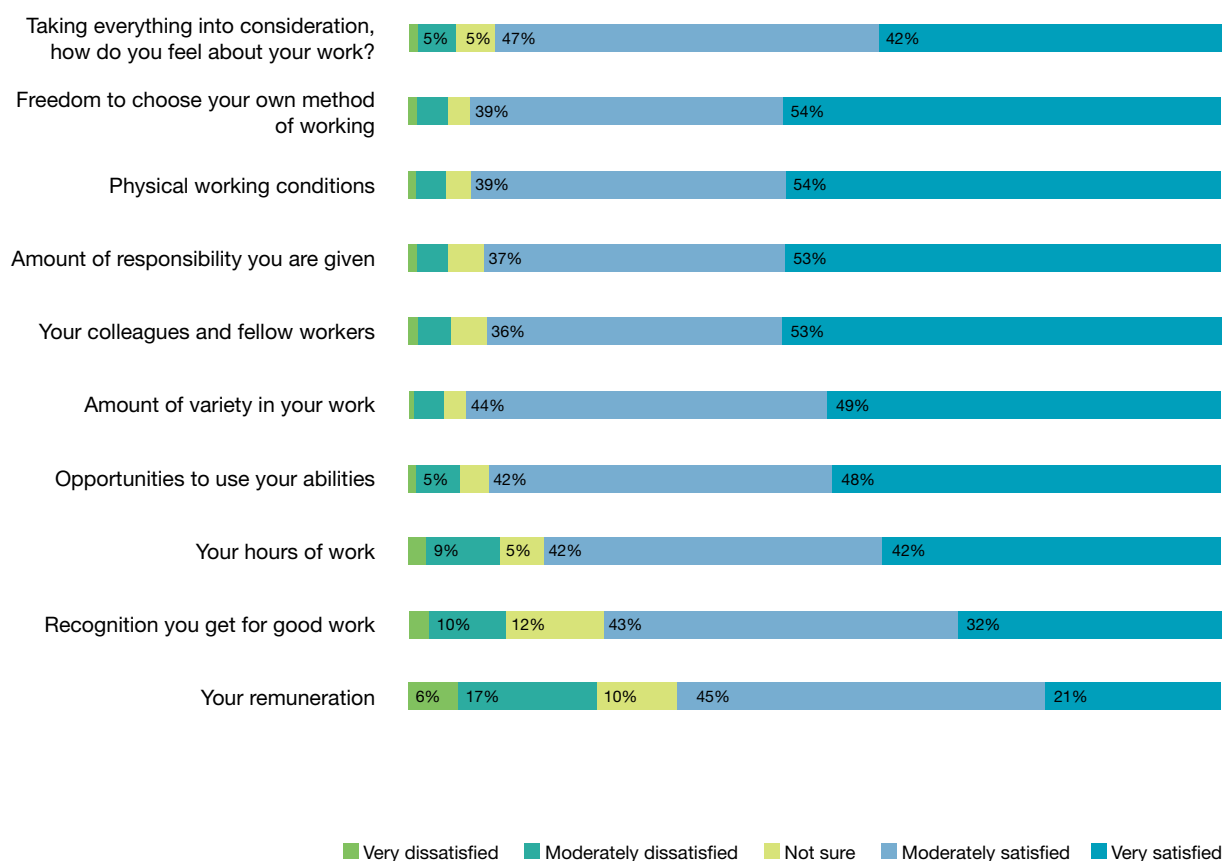
# Job satisfaction and work–life balance

## GP job satisfaction

When GPs were asked to take everything relating to their role as a GP into consideration, almost 90% of GPs reported that they were satisfied or very satisfied in their role.<sup>15</sup>

FIGURE 27

GPs are largely satisfied across all areas of their work



Note: 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'

Source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). MABEL Wave 9 survey. Melbourne: MABEL, 2018.

## Work variety

More than 90% of GPs are satisfied or very satisfied with the variety in their work.<sup>15</sup>

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 over 70% of their working hours providing direct patient care.

GPs whose patients have more complex health and social issues report spending more time on direct patient care (an average of 30 hours per week for GPs with the most complex patients, compared to 25 hours per week for those with the least complex patients).<sup>15</sup>

GPs who were very dissatisfied with the amount of variety in their work tended to work in practices with fewer GPs (average of 7.8, compared to 9.9 for moderately satisfied and 10 for very satisfied).<sup>15</sup>

Male GPs see more patients per week than female GPs.<sup>15</sup>

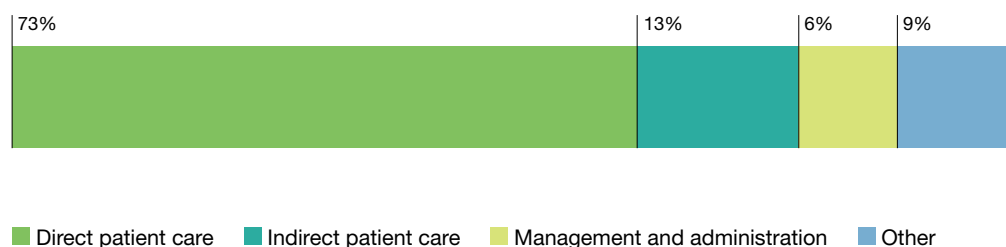
GPs spend an average of  
**17 minutes**  
with their patients<sup>15</sup>

GPs see an average of  
**114**  
patients each week<sup>15</sup>

**Full-time male GPs**  
see 122 patients per week  
**Full-time female GPs**  
see 97 patients per week<sup>15</sup>

FIGURE 28

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?'  
Source: EY Sweeney, General Practice, May 2018.

GPs also work in a variety of settings. The majority of GP care is provided in group practices (86%), with two-thirds (66%) of GPs identifying their main workplace as a 'non-corporate' group practice. GPs also provide care across a range of other health settings, including aged care facilities and hospitals.

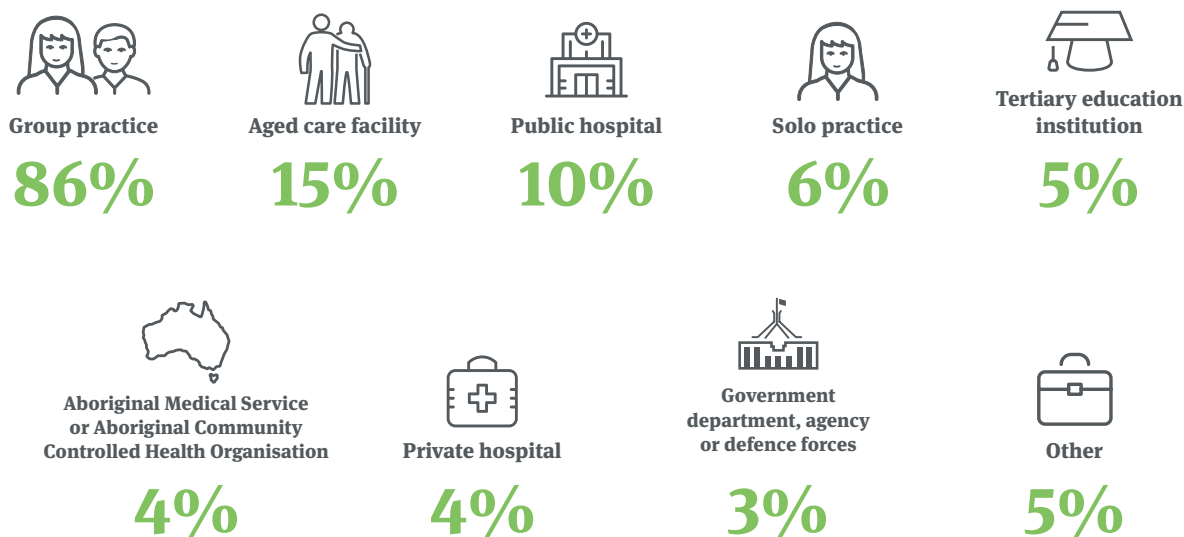
One third of GPs regularly provide care to patients in more than one health setting.

**41%**

of GPs in regional and rural areas provide care in two or more health settings, compared to just 20% of GPs in metropolitan areas

FIGURE 29

GPs work predominantly in group practices



Measure: GP responses to the question 'In which of the following settings have you practised in the past month?'

Source: EY Sweeney, General Practice, May 2018.

## Hours of work

Nearly 85% of GPs report being satisfied or very satisfied with their work hours.<sup>15</sup>

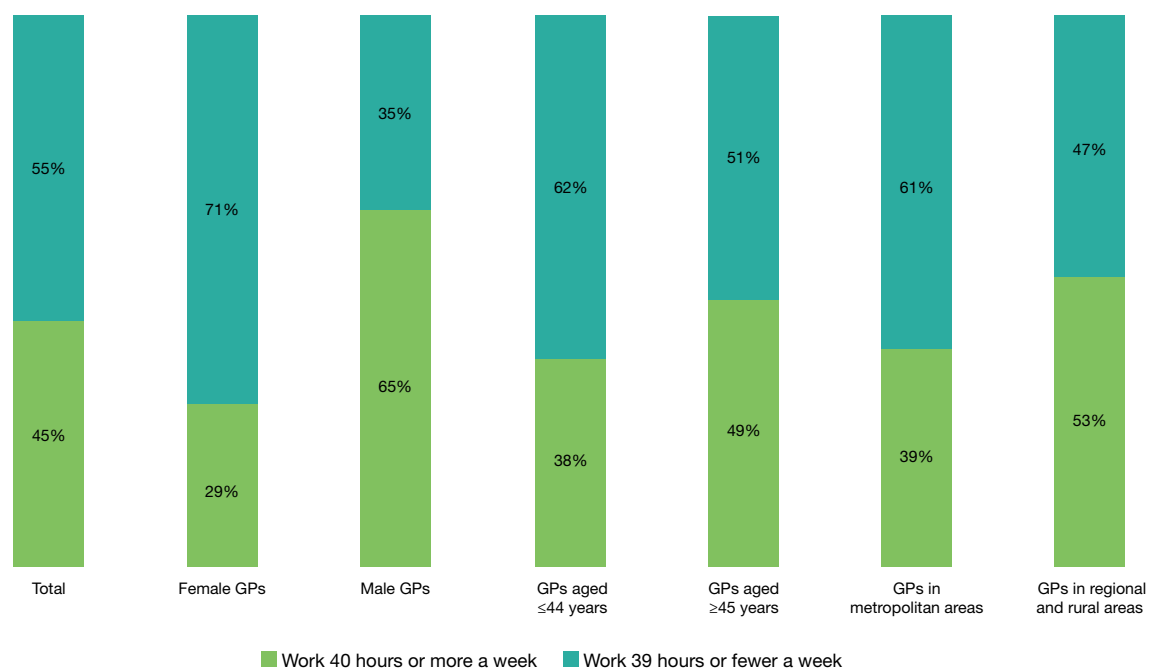
GP satisfaction with work hours is consistently high across various employment types (GP principal/partner, associate, salaried employee, contracted employee), with at least 70% of all employment types saying they are moderately or very satisfied overall. Contracted employees are the most satisfied (87%) among all employment types.<sup>15</sup>

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 10.5 GPs, compared with very dissatisfied GPs working in practices with an average on 7.7 GPs.)<sup>15</sup>

GPs who work longer hours are more likely to state that their workload has increased over the last two years. Half of GPs who work 60 hours or more a week (49%) and a third of those who work 40–59 hours a week (32%) reported an increase in workload.

FIGURE 30

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



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

Source: EY Sweeney, General Practice, May 2018.

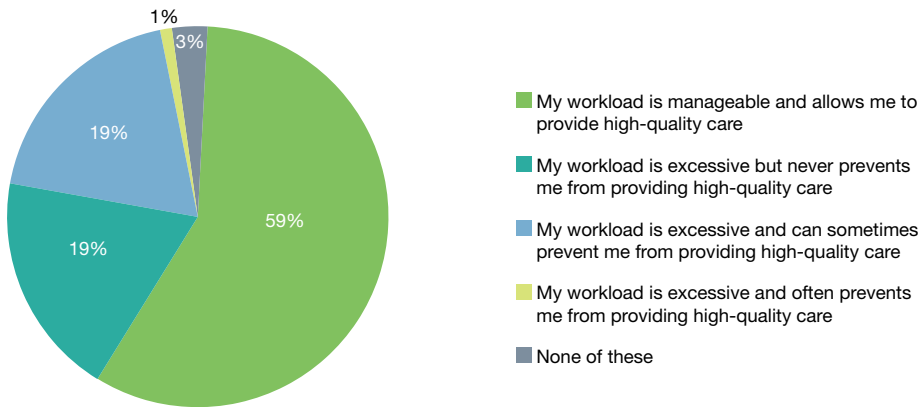
While almost 60% of GPs believe their workload is manageable, 40% stated that their workload can be excessive. One in five GPs have reported that their excessive workload can sometimes (19%) or often (1%) prevent them from providing high-quality care.

Female GPs, non-owners and GPs in metropolitan areas were more likely to report having a manageable workload that allowed them to provide high-quality care.

A quarter of GPs (27%) have seen their workload increase in the past two years. This is more common for female GPs (32%).

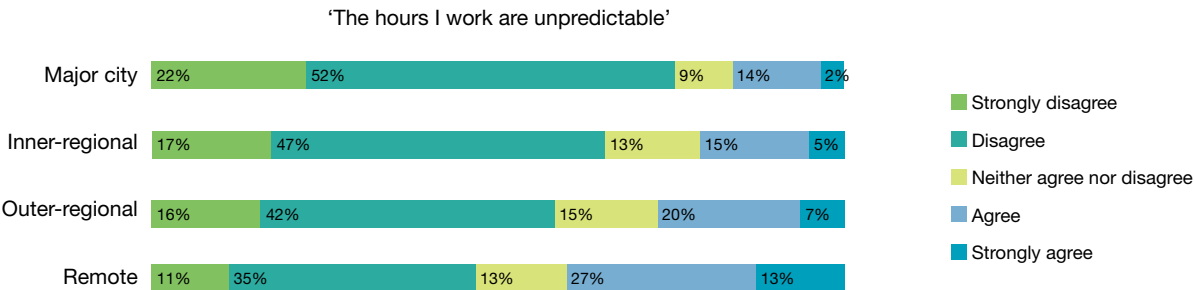
Unpredictable working hours are more commonly reported by GPs in remote areas, with 40% of remote GPs agreeing that their work hours are unpredictable, compared to only 16% of GPs in major cities.

**FIGURE 31**  
**Most GPs can provide high-quality care, regardless of whether they consider their workload manageable or excessive**



*Note: Due to rounding, does not add up to 100%*  
*Measure: GP responses to the question ‘Which statement best describes the relationship between your workload and the quality of care that your patients receive?’*  
*Source: EY Sweeney, General Practice, May 2018.*

**FIGURE 32**  
**Working hours become more unpredictable further away from cities**



*Note: Excludes those who stated ‘not applicable’*  
*Measure: GP responses to the question ‘Please indicate the degree to which you agree or disagree with the following statement – ‘The hours I work are unpredictable’, split by GP remoteness.*  
*Source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). MABEL Wave 9 survey. Melbourne: MABEL, 2018.*

## Work-life balance

Perception regarding maintaining a good work-life balance varies depending on how many hours a GP works. GPs who work fewer than 40 hours a week have a more positive perception of their work-life balance than those working 40 or more hours a week.

Overall, 52% of GPs reported that they are able to maintain a good work-life balance.

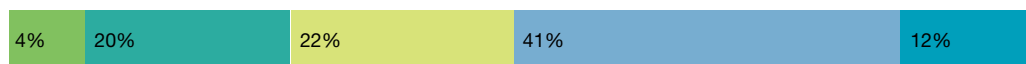
“

*30% of GPs believe their work-life balance will improve over the coming 12 months*

FIGURE 33

GP predictions of future work-life balance show no clear trend

‘I am able to maintain a good work-life balance’



‘Over the past five years, my work-life balance has improved’



‘I believe my work-life balance will improve over the coming 12 months’



Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree

Note: Excludes those who stated ‘not applicable’

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

Source: EY Sweeney, General Practice, May 2018.

## Remuneration

GPs report more dissatisfaction with remuneration than any other aspect of their role.<sup>15</sup>

Most GPs are remunerated as a proportion of billings (82%). This is the case for owners and non-owners. However, 14% of owners indicated that they are likely to receive remuneration in 'other' ways, such as a proportion of profit (as opposed to billings) or a partnership distribution.

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

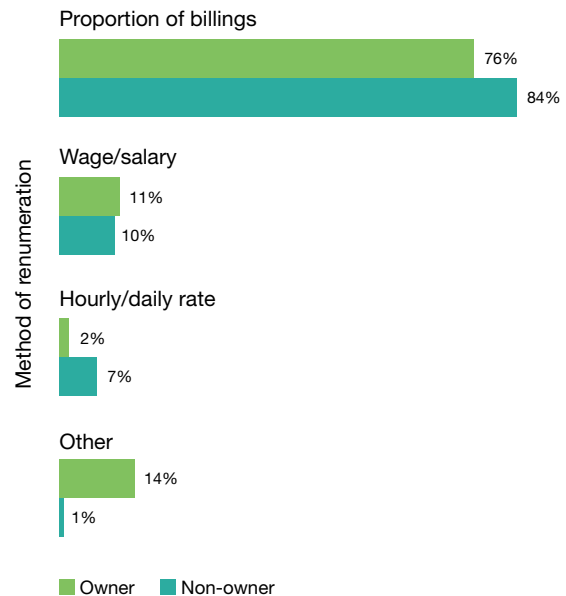
There is a positive relationship between overall job satisfaction and remuneration. GPs who indicate that they are very satisfied when 'taking everything [regarding their role as a GP] into consideration' earn more per hour than GPs who are very dissatisfied.<sup>15</sup>

There is also a positive relationship between satisfaction with working hours and remuneration, with satisfaction increasing as remuneration increases. The same trend is seen with satisfaction regarding recognition of work and remuneration.<sup>15</sup>

GPs caring for patients in outer-regional and remote areas report being more satisfied with their remuneration than those in major cities.<sup>15</sup>

FIGURE 34

GPs are predominantly remunerated via a proportion of their billings

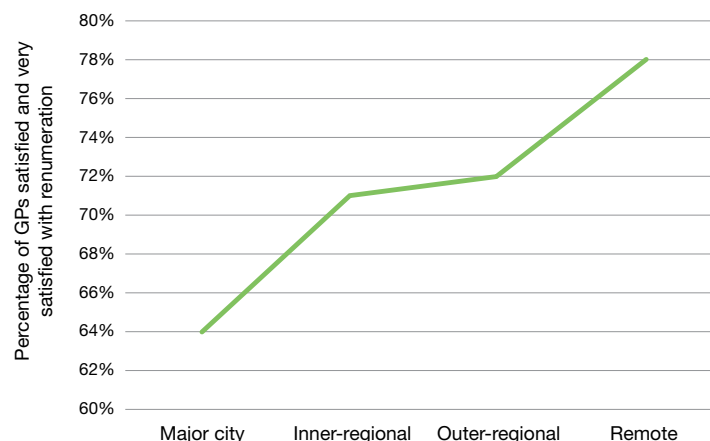


Measure: GP responses to the question 'Which statement best describes how you are remunerated at your main practice?', by GP practice ownership status

Source: EY Sweeney, General Practice, May 2018.

FIGURE 35

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

Source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). MABEL Wave 9 survey. Melbourne: MABEL, 2018.

# The business of general practice

## Business challenges

There are more than 6300 accredited general practices in Australia.<sup>12</sup>

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 successful business.

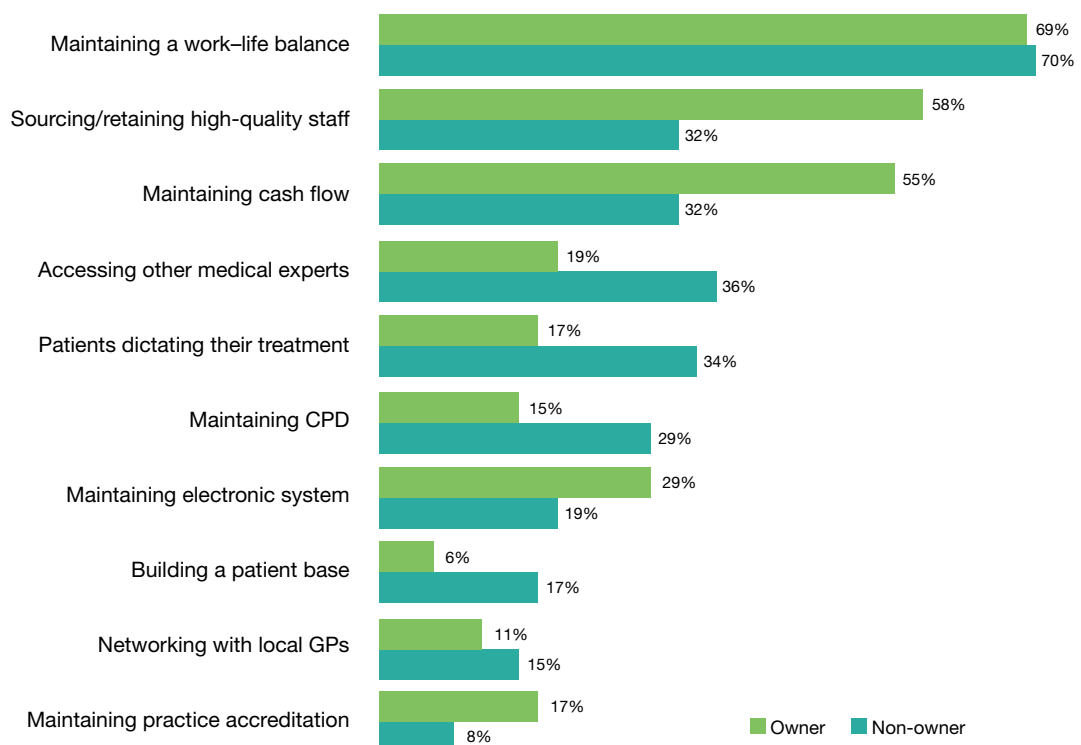
Practice owners are primarily responsible for the business operations of running a successful general practice or practices; however, all GP contractors and employees play a part.

When comparing business challenges between GP practice owners and non-practice owners, owners were considerably more concerned about the challenges presented by running a general practice or practices, including maintaining cash flow and sourcing and maintaining quality staff. Non-owners were more likely to identify professional challenges, including accessing other medical experts, patients dictating their treatment and maintaining continuing professional development (CPD).

Maintaining a work-life balance remains the most common difficulty among GPs for owners and non-owners.

FIGURE 36

### GP owners and non-owners report facing different challenges

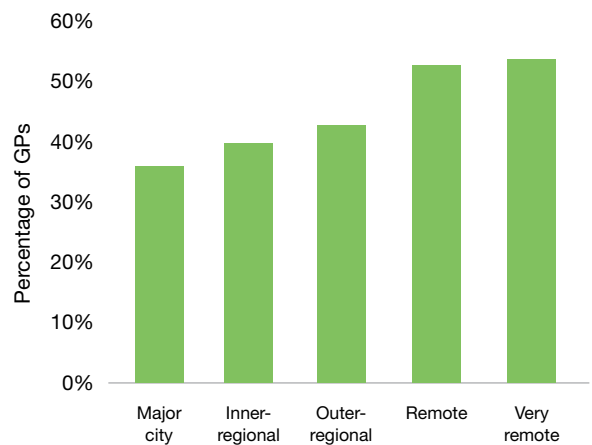


Measure: GP responses to question 'What are the main business challenges/issues you face as a GP?', split by GP practice ownership status  
Source: EY Sweeney, General Practice, May 2018.

Practices in rural and remote locations were more likely than practices in metropolitan areas to identify sourcing and retaining staff as a main business challenge that they face.

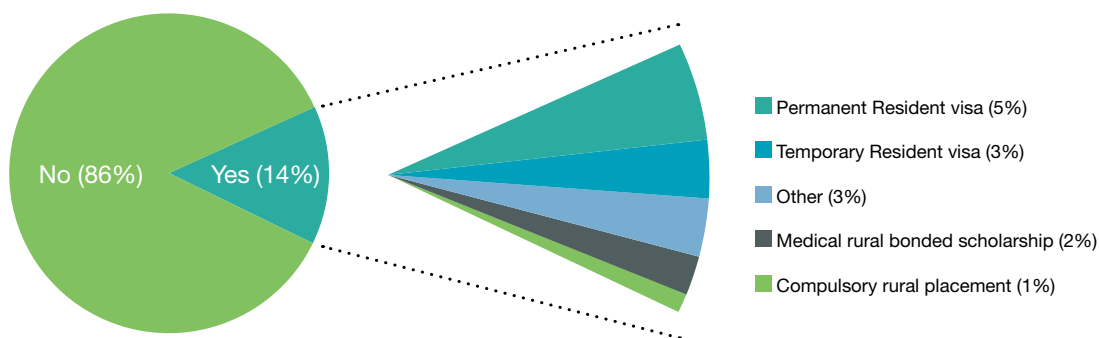
Various health workforce programs, rules and regulations are in place to support rural and remote practices and encourage GPs to work in rural and remote areas. While the majority of GPs are not bound by these programs, approximately 14% are bound by restrictions on their practice for the purpose of building the rural GP workforce.<sup>15</sup>

**FIGURE 37**  
**Sourcing and retaining quality staff is an issue for all practices, but is more of a concern for rural and remote practices**



Measure: GPs who selected 'Sourcing/retaining quality staff' 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 remoteness  
Source: EY Sweeney, General Practice, May 2018.

**FIGURE 38**  
**Most GPs are not subject to restrictions, but residency status is the main restriction of those who are**



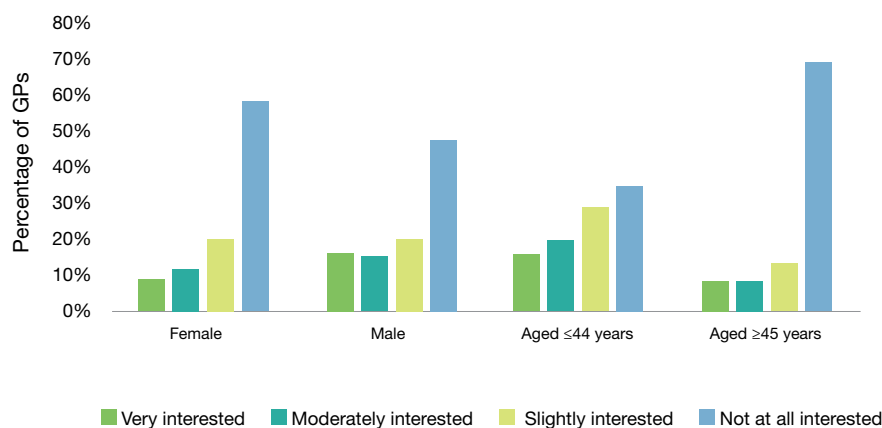
Measure: GP responses to the question 'Are you subject to restrictions on your practice?'  
Source: University of Melbourne, Monash University. Medicine in Australia: Balancing Employment and Life (MABEL). MABEL Wave 9 survey. Melbourne: MABEL, 2018.

## 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 GPs (55%) report having no interest in owning a practice in the future.

FIGURE 39

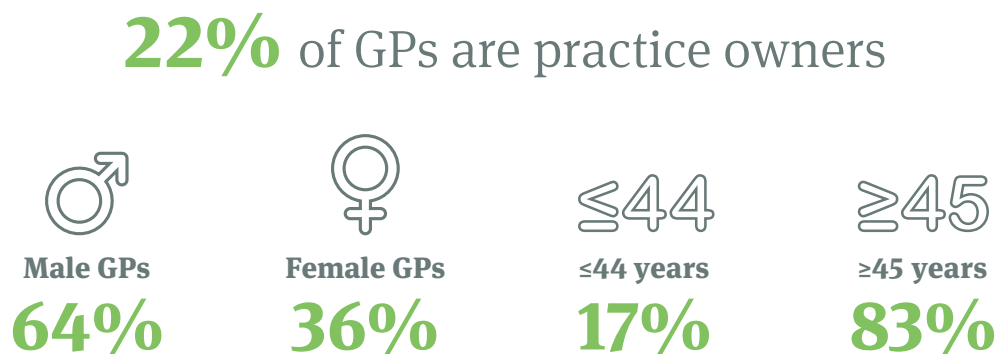
Younger GPs and male GPs are more interested in owning a general practice



Measure: GP response to the question 'How interested are you in owning your own practice in the future?', split by GP gender and age  
Source: EY Sweeney, General Practice, May 2018.

FIGURE 40

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  
Source: EY Sweeney, General Practice, May 2018.

## Technology use

Technology offers promising opportunities for connecting, synthesising and sharing information critical to the delivery of healthcare, while reducing costs and promoting community health. The RACGP's *Views and attitudes towards technological innovation in general practice: Survey report 2017* identified that:

- one-third of GPs recommend health apps to their patients at least weekly, with a further 47% of GPs doing so less frequently
- 68% of GPs felt satisfied with how often they were using technology during patient-oriented work
- half of GPs felt comfortable experimenting with new technology, with a further 35% liking the use of technology but needing more training on its use.

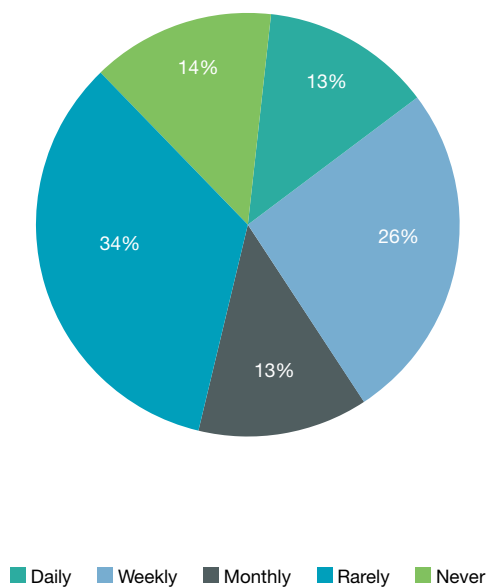
GPs use telehealth services mainly for providing support to patients during video consultation and for undertaking training.

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.

FIGURE 41

GPs are using apps when delivering care

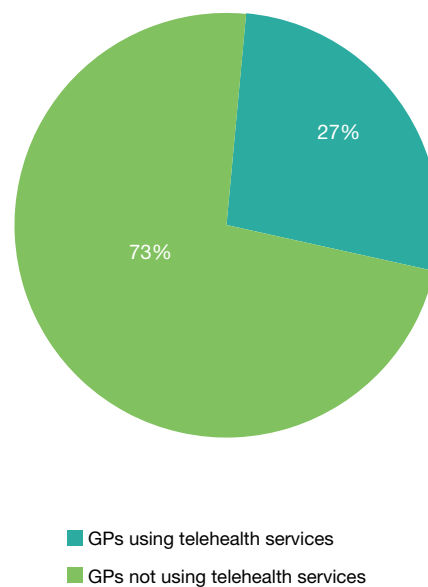


Measure: GP responses to the question 'How often do you recommend apps to your patients?'

Source: The Royal Australian College of General Practitioners Technology survey – 2017 report. East Melbourne, Vic: RACGP, 2018.

FIGURE 42

Less than one-third of GPs report using telehealth services



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

Source: The Royal Australian College of General Practitioners Technology survey – 2017 report. East Melbourne, Vic: RACGP, 2018.

## The future GP workforce

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

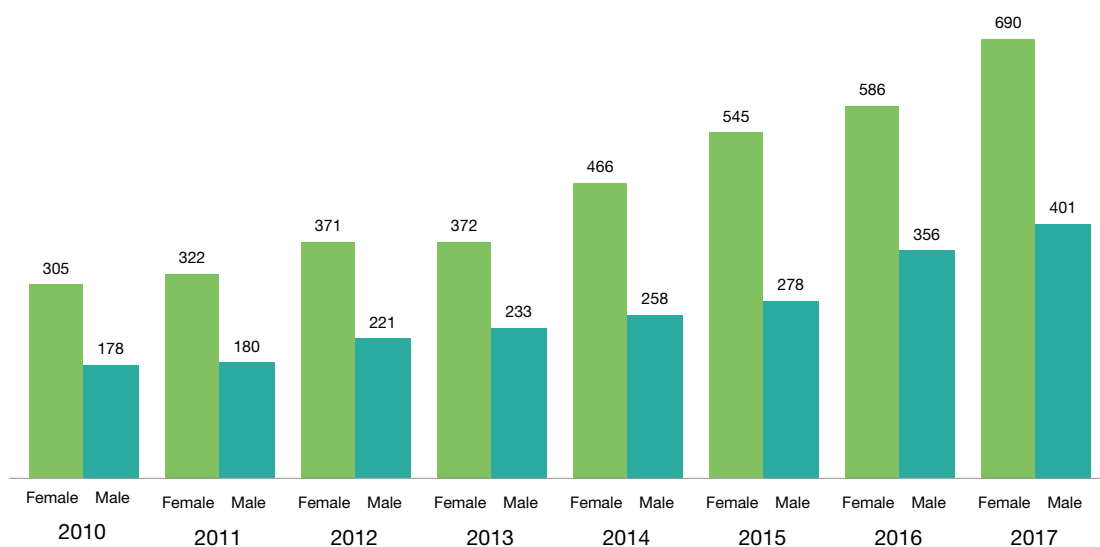
As with the GP workforce, there are larger numbers of general practice registrars in the eastern states and territories, and in major cities.

“

*Consistently more female general practice registrars are attaining FRACGP than their male counterparts*

FIGURE 43

Australian General Practice Training (AGPT) general practice registrars gaining Fellowship are more frequently female



Measure: Number of registrars gaining FRACGP, by year and registrar gender

Source: Internal RACGP data and AGPT data (unpublished).

FIGURE 44

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

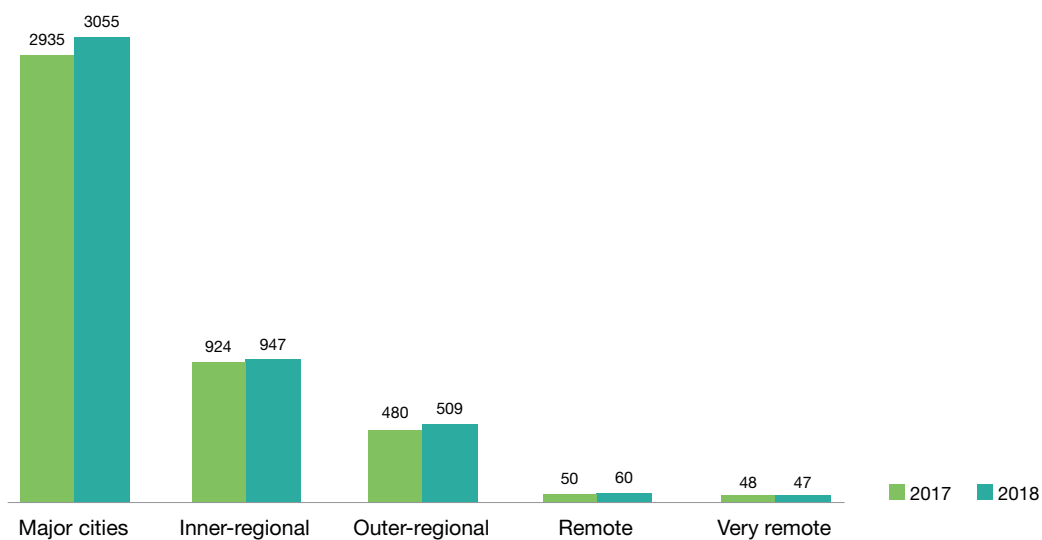


Measure: Number of RACGP registrars, by state and territory

Source: Internal RACGP data and AGPT data (unpublished).

FIGURE 45

Most RACGP general practice registrars complete their training in major cities



Measure: Number of RACGP registrars, by registrar remoteness

Source: Internal RACGP data and AGPT data (unpublished).

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