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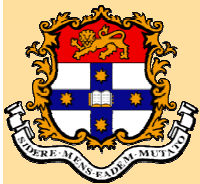


Some issues for future general practice workforce in Australia

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A collaborating unit of the Australian Institute of Health and Welfare and the University of Sydney



Australian Government
**Australian Institute of
Health and Welfare**

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Who we are

- } Australian GP Statistics & Classification Centre
- } A collaborating unit of

The Australian Institute of Health and Welfare
& The University of Sydney

Researchers responsible for:

- | collection and reporting of the activities of general practice
- | development of coding & classification systems
in primary care

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Today's agenda

- } What do I mean by 'GP' workforce?
- } BEACH – a national GP data collection program
 - | Changing general practice workforce & work
 - | The predictors of consultation length
 - | Implications for future workforce

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The GP workforce

- } Recognised GP
 - | vocationally registered (Section 3F Health insurance act)
or
 - | holder of Fellowship of the RACGP *or*
 - | currently in training (GP registrars)
- } Other medical practitioners (not recognised)
- } Overseas trained doctors
- } Temporary Resident Doctors

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The GP's role

- } The 'gatekeeper' to the rest of health care system
- } Provide about 95 million Medicare services per year — about 4.6 per person per year
- } \cong 85% of us visit 1+ in any given year
- } Primary GP services \cong \$3 billion p.a.
- } Secondary costs generated \cong \$4 billion p.a.
- } Currently about 16,800 FWEs from 21,500 GPs (about 1:1154 population)

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Bettering the Evaluation and Care of Health

- } a continuous national study of general practice activity
- } conducted under the AIHW Act
- } A source of data not available from HIC - the clinical content of our consultations

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Current status of BEACH

- } Began April 1, 1998
- } Now in its 8th year (April 2005)
- } 7,500 participating GPs to date
- } Data available about 725,000 encounters
- } Data being used by, Government, researchers, industry
- } Continuity allows measures of change

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BEACH participating organisations

} Australian Government Department of Health & Ageing
} National Prescribing Service

} AstraZeneca Australia (Australia)
} Roche Products Pty Ltd
} Janssen-Cilag Pty Ltd
} Merck Sharp and Dohme (Australia) Pty Ltd
} Pfizer Australia

} National Occupational Health & Safety Commission
} Australian Government Department of Veterans' Affairs

} *Endorsed by: RACGP and AMA*

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BEACH methods

- } Paper based data collection- structured forms
- } National GP random sample (drawn by DoHA)
- } 1,000 GPs per year
- } 20 per week x 50 weeks a year - ever changing
- } 100 consecutive encounters per GP
- } All types of encounters included
- } National data for 100,000 encounters p.a.
- } All questions approved by the AIHW and University Ethics Committees

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BEACH variables

- } G.P characteristics (GP completed questionnaire)
- } Patient characteristics
- } Encounter details
- } Patient reasons for encounter (up to 3)
- } Problems managed (up to 4)
- } Management (of each problem)-linked
 - { Medications prescribed, advised, supplied
 - { Referrals, pathology & imaging tests ordered
 - { Clinical treatments & procedures

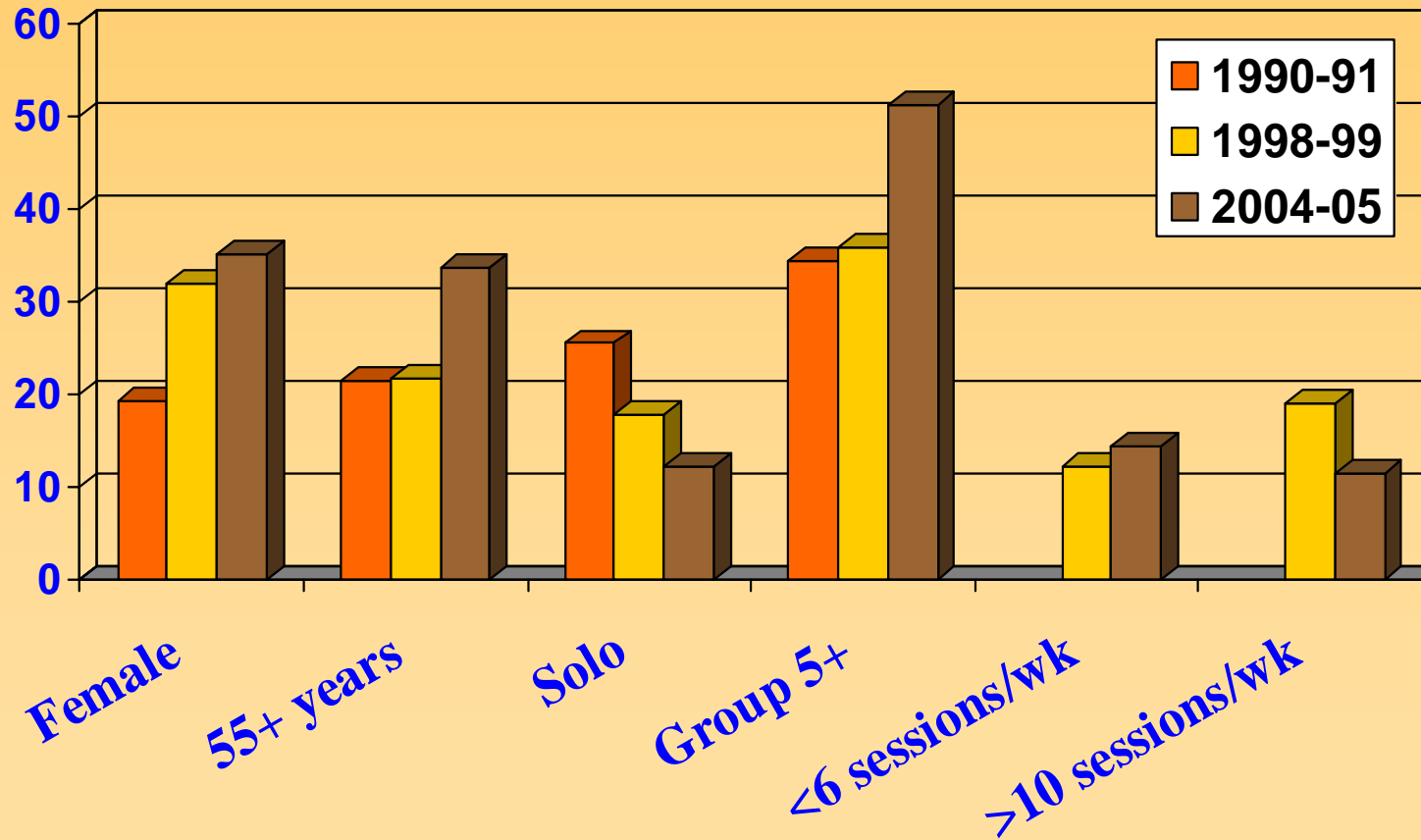
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The changing face of the GP workforce (%)



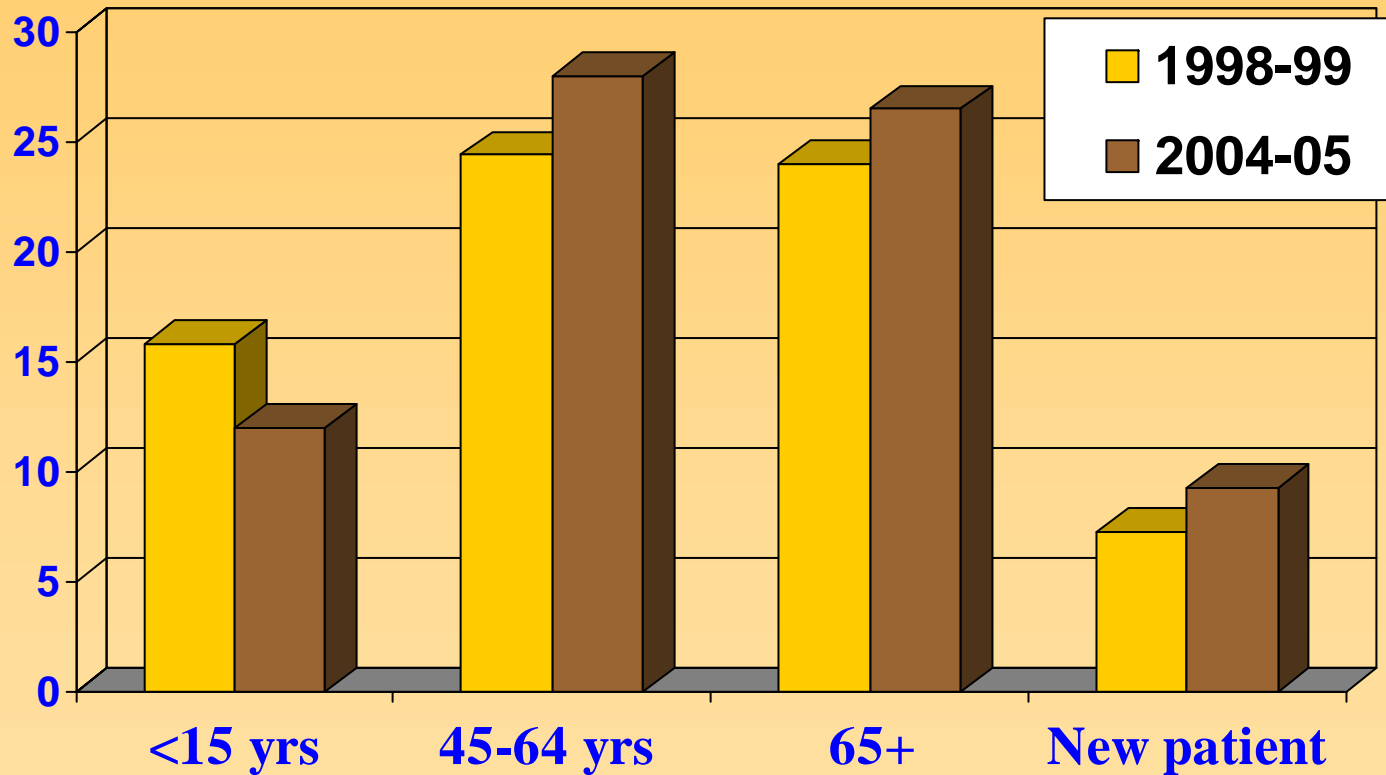
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Patients at encounter changing over time (% of workload)



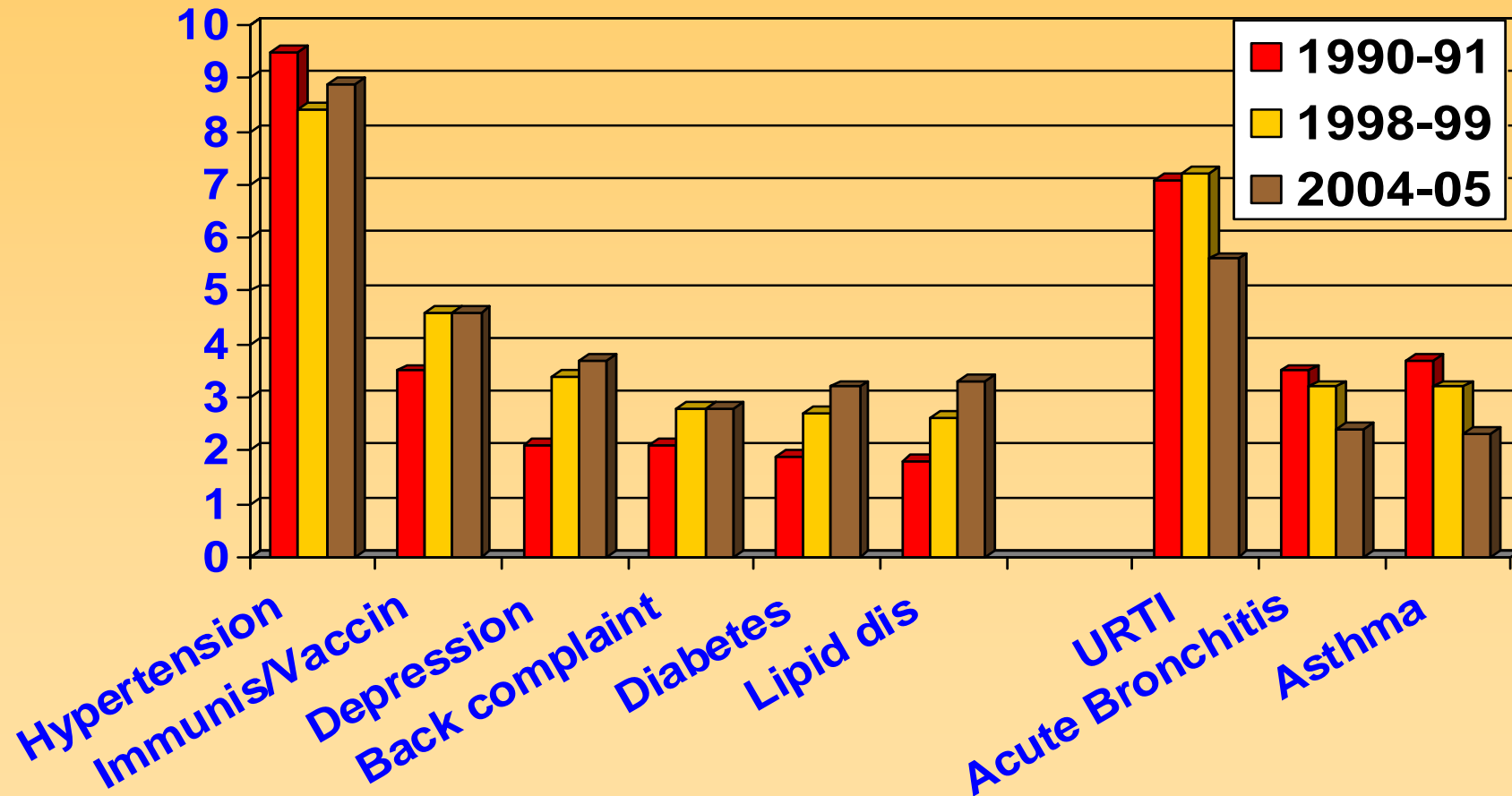
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Problems managed over time - rate per 100 encounters



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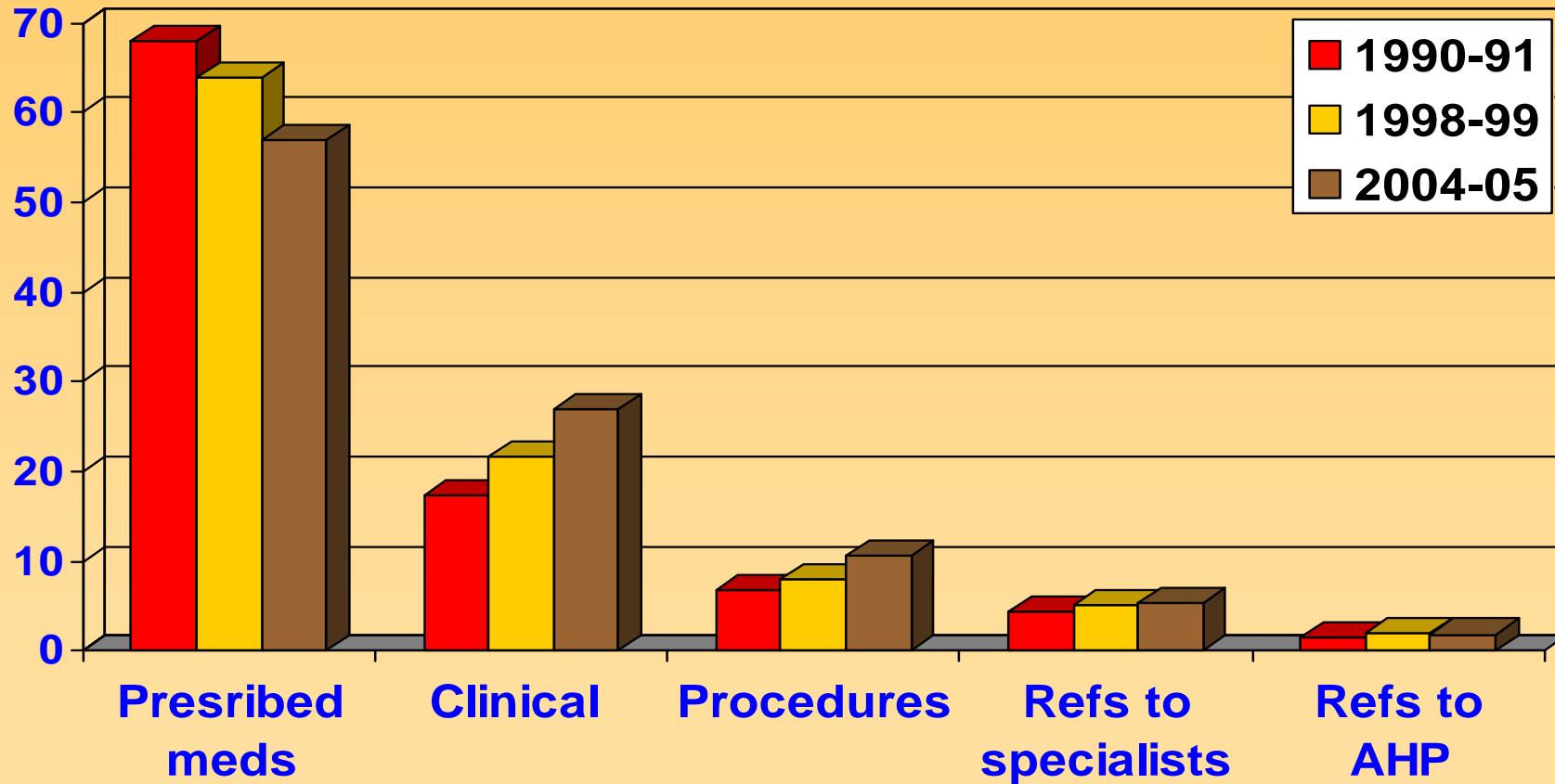
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Treatments over time

Rates per 100 problems



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Study of length of consultation

- } To determine the extent to which individual GP, patient and encounter characteristics independently affect the length of the consultation.
- } To consider the implications for future workforce in light of the changing face of general practice

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The consultation length study

- } Data period January 2001-December 2002.
- } GPs asked to enter start-time and finish-time (in minutes) for 40 consultations each
- } Limited study to Medicare A1 items of service.
- } Sample size = 70,758 encounters from 1,904 GPs
- } Simple linear regression and multiple regression to describe & model GP, patient & consultation characteristics

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Independent effect on consultation length

} The GP

- | age: 65+ (+1.5 minutes)
- | female (+1.3 mins)
- | FRACGP (GP qualified) (+0.5)
- | GP Australian graduate (+0.5)

} The practice

- | in small rural area (+0.9)
- | in large rural area (+0.5)
- | not-accredited (+0.5)

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Independent effect on consultation length

} The patient

- | new to practice (+ 2.4 minutes)
- | high socio-economic advantage (+ 1.4)
- | median socio-economic advantage (+ 0.6)
- | older = longer -- steady increase (+ 1.6 mins 65+)
- | female (+ 0.2)
- | does not hold a Commonwealth healthcare card (+ 0.6)

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Independent effect on consultation length

} The consultation includes management of:

- | a social problem (+ 6.0 minutes)
- | a psychological problem (+ 1.8)
- | a female genital problem (+ 1.4)
- | one chronic problem (+ 1.4)
- | two+ chronic problems (+ 1.6)

} Other variables:

- | number of patient reasons for visit (+ 0.9 for each >1)
- | same sex-diad (GP and patient) (+ 0.3 minutes).

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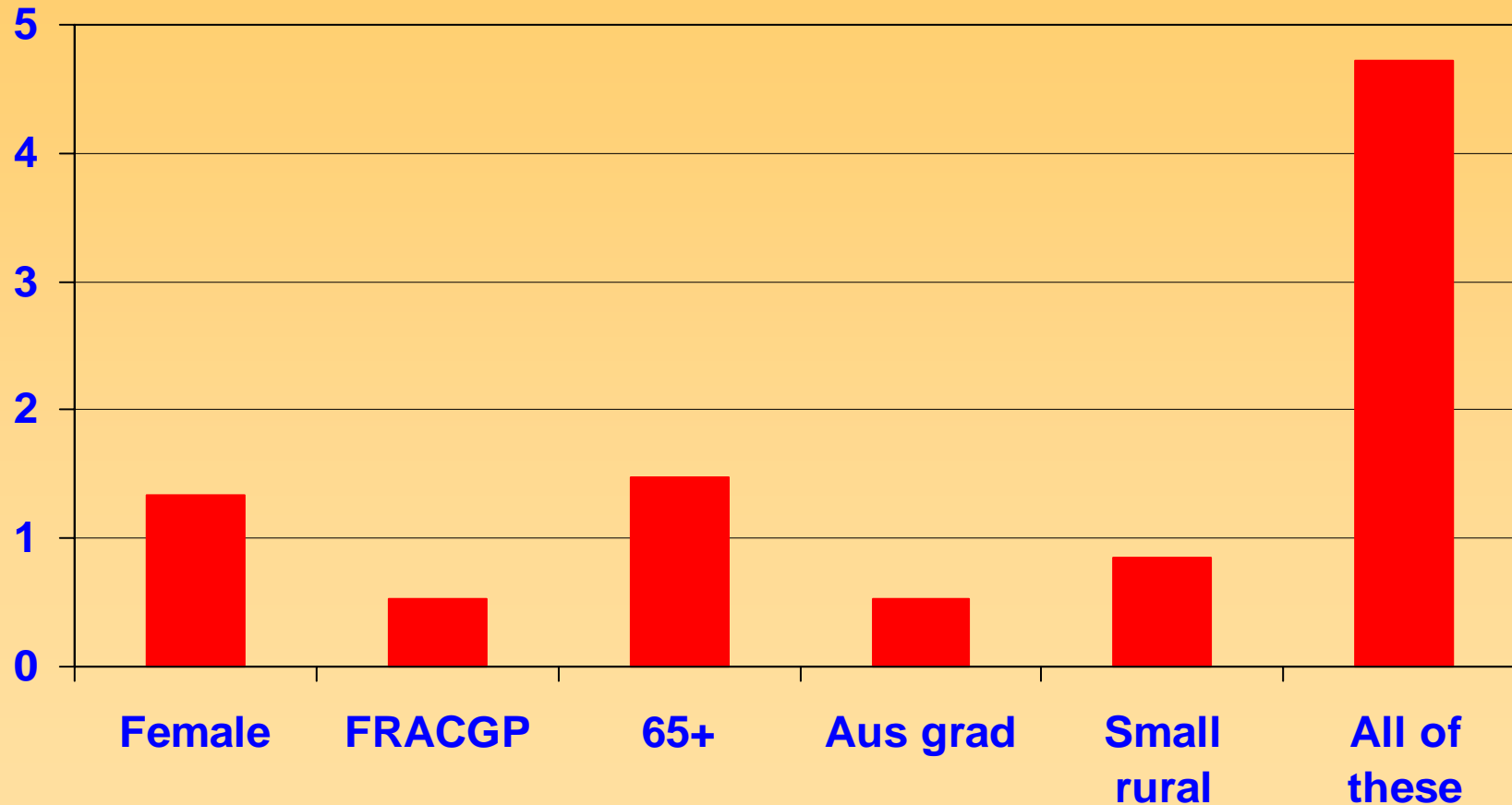
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The effect is additive

on consultation length (minutes)



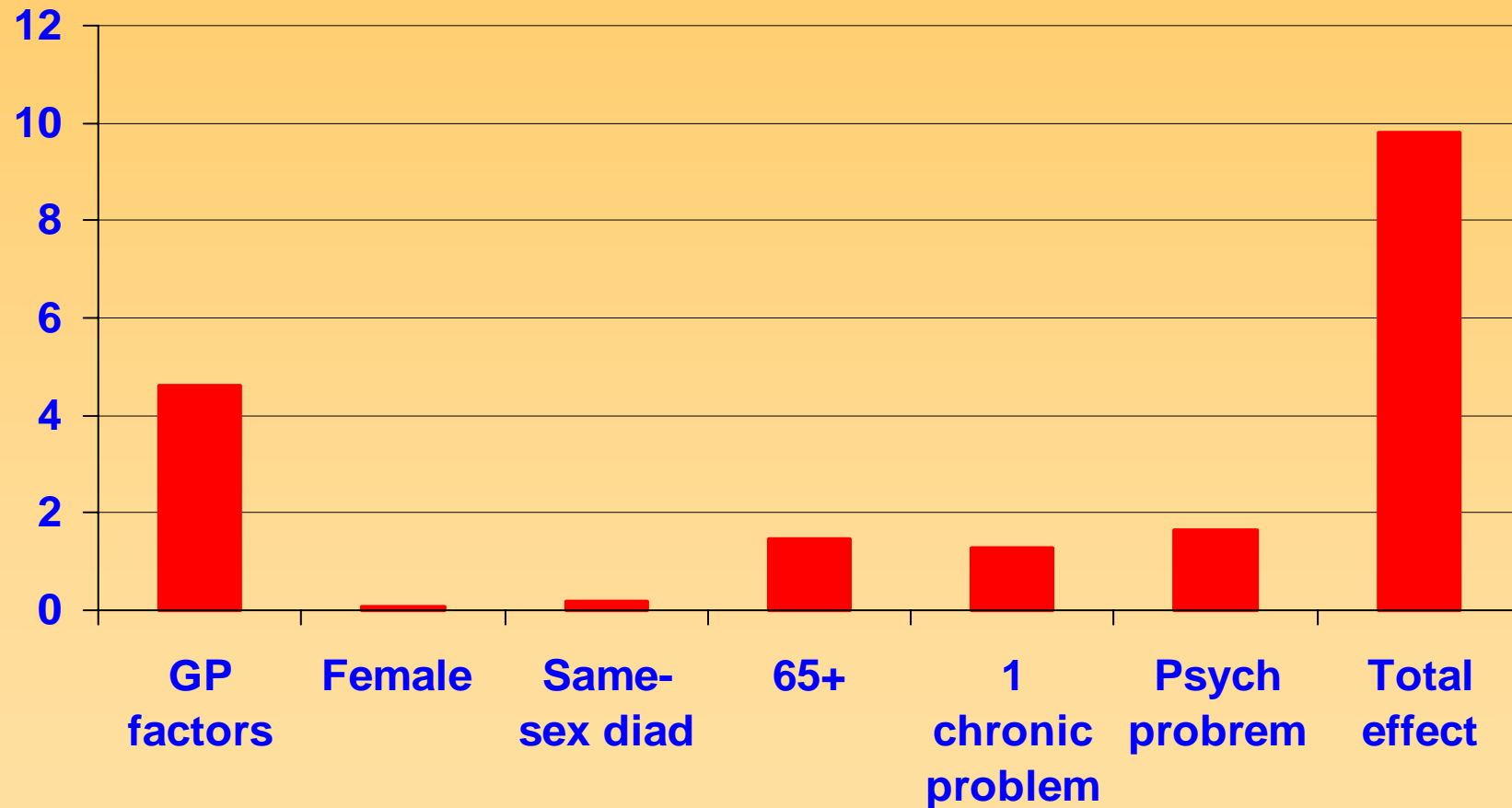
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The additive effect of patient/ consultation factors (*minutes*)



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Implications for GP workforce

Female GPs

- } \cong 35% of the current workforce
- } \cong 27% of >90 million Medicare A1 items claimed
 - | \cong 24.3 million each of +1.34 minutes
 - | \cong 0.54 million additional hours than if with male GP
- } **If we increase feminisation to 50% of A1 items**
 - | \cong +1.34 mins x additional 20.7 million consults
 - | \cong 0.46 *million* additional hours
 - | \cong 339 FTE GP work years (35 hrs week x 48 weeks p.a.)

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Implications for GP workforce

All GPs (except OTDs) entering the workforce will be
FRACGP \cong increase from 35% to 50% = +118 more FTE
GPs needed

} Ageing population

} More consultations involving management of a **chronic condition**

| currently 39% involve a chronic problem

| Increase to 50 % = + 137 more FTE GPs needed.

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Limitations

- } We have assumed that the current health system model will not change.
- } We do not know whether female GPs (for example) see their patient less often than male GPs.
- } If so the impact on workforce supply will be far less
- } Need to analyse the Medicare claims data for the known variables of age and sex of GP.

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Conclusion

- } Future changes in each factor contributing to consultation length must impact on supply & demand
- } When estimating future GP workforce needs planners need to consider all these factors
 - | those associated with the GPs
 - | changes in patient population
 - | types of problems managed at consultation.

GENERAL PRACTICE

General practice activity in Australia 2003-04

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