3 The general practitioners

3.1 Results of recruitment

Contact was attempted with 3,314 GPs, and established with 3,044 (92.0%) of these. Of the 270 who could not be contacted (8.1% of those approached), there were 42 for whom telephone numbers could not be established, 108 had moved and were untraceable, or were retired or deceased, and 55 were unavailable for other reasons (e.g. overseas, on maternity leave). A further 65 were unable to be contacted after five attempts by telephone recruiters. Of the 3,044 available practitioners, 1,268 (41.7%) agreed to participate but 285 (8.6%) failed to complete the study. The final participating sample consisted of 983 practitioners, representing 32.3% of those who were contacted and available, and 30.0% of those with whom contact was attempted (Table 3.1).

Table 3.1: Recruitment and participation rates

	Number	Per cent of approached (*n*=3,314)	Per cent of contacts established (*n*=3,044)
Letter sent and phone contact attempted	3,314	100.0	. .
No contact	270	8.1	. .
No phone number	42	1.3	. .
Moved/retired/deceased	108	3.3	. .
Unavailable	55	1.7	. .
No contact after five calls	65	2.0	. .
Telephone contact established	3,044	92.0	100.0
Declined to participate	1,176	53.6	58.3
Agreed but withdrew	285	8.6	9.4
Agreed and completed	983	30.0	32.3

3.2 The participating GPs

All participants returned a GP profile questionnaire although some were incomplete. Of the 983 participants, 64.2% were male and 66.0% were 45 years of age or older. Three-quarters of the participants (78.7%) had been in general practice for more than 10 years and 16.0% could be regarded as practising part-time, working fewer than six sessions per week. Less than one in six (15.3%) of the participants were in solo practice. The majority (76.1%) had graduated in Australia and more than two-thirds (69.3%) practised in capital cities. One-third (35.1%) were Fellows of the RACGP. Twenty-five GPs (2.5%) were currently undertaking the RACGP Training Program and 38.1% had already completed it.

Computers were used in 89.7% of practices, and 56.0% provided their own after-hours practice arrangements or worked in co-operation with other practices to provide after-hours services. Almost half of the participants (48.0%) spend more than 40 hours each week on direct patient care services. A similar proportion (46.3%) had provided patient care in a residential aged care facility during the month prior to their participation in this study but only 11.4% had worked as a salaried or sessional hospital medical officer during that period. More than half (57.5%) of the GPs worked in a teaching practice (either undergraduates or GP registrars), while 12.4% said their practice was a teaching facility for both (Table 3.2).

Table 3.2: Characteristics of participating GPs

GP characteristic	Number[(a)]	Per cent of GPs[(a)] (*n*=983)
Sex		
Male	631	64.2
Female	352	35.8
Age (missing=1)		
<35 years	70	7.1
35–44 years	263	26.8
45–54 years	359	36.5
55+ years	290	29.5
Years in general practice (missing=4)		
<2 years	3	0.3
2–5 years	71	7.2
6–10 years	132	13.4
11–19 years	279	28.4
20+ years	494	50.3
Sessions per week (missing=15)		
<6 per week	157	16.0
6–10 per week	666	67.8
11+ per week	145	14.8
Size of practice (missing=4)		
Solo	150	15.3
2–4 GPs	390	39.7
5+ GPs	439	44.7
Place of graduation		
Australia	748	76.1
UK	75	7.6
Asia	85	8.6
Europe	18	1.8
Africa	36	3.7
New Zealand	5	0.5
Other	16	1.6

(continued)

Table 3.2 (continued): Characteristics of participating GPs

GP characteristic	Number[(a)]	Per cent of GPs[(a)] (*n*=983)
Practice location		
Capital	681	69.3
Other metropolitan	80	8.1
Large rural	58	5.9
Small rural	48	4.9
Other rural	103	10.5
Remote central	5	0.5
Other remote, offshore	8	0.8
Currently in Training Program	25	2.5
Completed RACGP Training Program	375	38.1
Fellow of RACGP	345	35.1
Own or cooperative after-hours arrangements	550	56.0
Use computers in practice (admin+/-clinical)	883	89.7
Direct patient care hours per week (missing=6)		
<10 hours	8	0.8
10–20 hours	85	8.6
21–40 hours	412	41.9
41–60 hours	430	43.7
60+ hours	42	4.3
Patient care provided in previous month		
As a locum	61	6.2
In a deputising service	35	3.6
In a residential aged care facility	455	46.3
As a salaried/sessional hospital medical officer	112	11.4
Major practice a teaching practice		
For undergraduates	375	38.1
For GP registrars	191	19.4

(a) Missing data removed.
Note: RACGP—Royal Australian College of General Practitioners

3.3 Comparison of participating and non-participating GPs

The General Practice Branch of the DoHA provided some information about each of the GPs drawn in the initial sample from HIC data. This information was used to determine the extent to which the final participating GPs were representative of the initial sample of practitioners. These data included the number of general practice A1 Medicare items claimed in the previous 12 months, and in the previous quarter. For the purposes of this analysis, the number of items in the previous quarter was compared and is referred to as 'activity level'.

In Table 3.3 the characteristics of the final participants are compared with those of all other GPs drawn in the initial sample using DoHA data elements. There were considerable discrepancies between the DoHA information about the participants (Table 3.3) and that self-reported by the GPs (Table 3.2), suggesting that the reliability of DoHA GP characteristic data may be questionable. There is, however, no reason to assume that the accuracy of DoHA data should differ for the participants and non-participants.

Differences between participants and non-participants were tested using the chi-square statistic (significance at the 5% level), using the DoHA characteristic data from both groups. There were no significant differences between participants and non-participants in terms of place of graduation and location of practice (categorised using the Rural, Remote Metropolitan Area (RRMA) classification).[23]

The sex and age distributions for participants and non-participants were significantly different. There were slightly fewer males in the participating group, and GPs under the age of 35 years were under-represented in the participant population while those aged 55 years or more were over-represented (Table 3.3). The difference in years since graduation of participants compared with non-participants reflected this age difference (results not shown).

For State or Territory, the statistically significant difference in distribution resulted from a higher participation rate by GPs from New South Wales. The proportion of participants in other States was similar to that of non-participants. There was no statistically significant difference in mean activity level in the previous quarter (measured by the number of A1 Medicare items of service claimed) between participants and non-participants. However, GPs with an activity level of 375–750 services in the previous quarter were more likely to participate than those in the 751–1,500 group. Since there was no significant difference in mean activity level between the groups, this may be an artefact of groups (i.e. the cut-off points) selected. However, it is possible that the time required to participate in BEACH may be a greater issue for full-time GPs than part-time GPs. BEACH also may offer an avenue for fulfilling RACGP Clinical Audit requirements to part-time GPs who may not be as able to take up other avenues.

3.4 Discussion

The response rate of GPs to BEACH was 32.3% of those with whom contact was established. This rate is slightly higher than last year (29.8%) but still lower than in the previous 2 years of BEACH (38.4 and 39.1). This is probably a reflection of the change of triennium. For the first half of this BEACH year, recruitment was difficult as these were the last months of the triennium and many GPs had completed their quality assurance points requirements. From around mid November, recruitment became easier as GPs could be enrolled to record from the start of the new triennium in January.

The continued under-representation of GPs aged less than 35 years also possibly reflects the fact that GP registrars are not required to undertake QA activities during training or during the QA triennium on completion of training. Incentives are required to encourage the participation of these younger GPs to ensure their sufficient representation in the future.

Table 3.3: Comparison of characteristics of participating and non-participating GPs

GP characteristics	Participants[a] (*n*=983)		Non-participants[a] (*n*=2,061)	
	Number	Per cent of GPs[b]	Number	Per cent of GPs[b]
Sex (χ^2=11.31, p=0.003)				
Male	632	64.3	1,450	70.4
Female	351	35.7	611	29.6
Age (χ^2=13.2, p=0.0041)				
<35 years	68	6.9	198	9.6
35–44 years	236	24.0	547	26.5
45–54 years	346	35.2	693	33.6
55+ years	292	29.7	514	24.9
Missing	41	. .	109	. .
Place of graduation (χ^2=0.41, p=0.8124)				
Australia	755	76.8	1,561	75.7
Overseas	228	23.2	500	24.3
State (χ^2=20.6, p=0.004)				
New South Wales	352	35.8	615	29.8
Victoria	264	26.9	595	28.9
Queensland	177	18.0	369	17.9
South Australia	72	7.3	221	10.7
Western Australia	69	7.0	162	7.9
Tasmania	25	2.5	63	3.1
Australian Capital Territory	13	1.3	19	0.9
Northern Territory	11	1.1	13	0.6
Missing	. .	. .	4	0.2
RRMA (χ^2=3.19, p=0.784)				
Capital	680	69.2	1,403	68.1
Other metropolitan	81	8.0	176	8.5
Large rural	57	5.8	124	6.0
Small rural	48	4.9	130	6.3
Other rural	102	10.4	194	9.4
Remote centre	5	0.5	10	0.5
Other remote	8	0.8	17	0.8
Missing	2	0.2	7	0.3
Activity (χ^2=9.96, p=0.0068)				
375–750 services in previous quarter	230	23.4	384	18.6
751–1,500 services in previous quarter	409	41.6	939	45.6
>1,500 services in previous quarter	344	35.0	738	35.8
Mean activity level (t =0.827, p=0.41)	1,378.9	. .	1,403.3	. .

(a) Data drawn from that provided by the DoHA.
(b) Missing data removed.

3.5 Trends in characteristics of the GPs 1998–2002

Over the first 4 years of BEACH there were some notable trends in the characteristics of the GPs who participated in the program (see Appendix 4, Table 3.2).

The proportion of GP participants who are female has gradually increased from 30.0% to 35.8% since 1998–99. Participants in BEACH 2001–02 tended to be older than those of 1998–99, there being a gradual decrease in the proportion aged less than 45 years, and an increase (from 32.1% to 36.5%), in the proportion aged 45–54 years, and in those aged 55 years or more (from 25.2% to 29.5%). From comparisons with the national data in each year [6,7,24] these appear to reflect changes in the characteristics of the total practising GP population. Reflecting the ageing population of participating GPs, decreases were noted in the proportion who had practised for 6–10 years (17.2% to 13.4%) and for 11–19 years (33.7% to 28.4%), while the proportion who had spent more than 20 years in general practice increased from 42.2% to 50.3%.

While there was no obvious change in the proportion of GPs working six to ten sessions per week, there has been a general increase in the proportion working fewer than six sessions per week (12.3% to 16.0%) and a decrease in the proportion who work 11 or more sessions per week (19.1% to 14.8%). In parallel the proportion of participants working in larger practices of five or more GPs increased over the 4 years from 38.9% to 44.7%.

The proportion of GPs who conducted more than 50% of their consultations in a language other than English showed an upward trend over the first 3 years of BEACH, rising from 11.3% to 13.5%. These data were not collected for the fourth year of the program.

An increase from 30.4% to 38.1% was noted in the percentage of participating GPs who had completed the Training Program. The proportion of participants who held Fellowship of the Royal Australian College of General Practitioners also increased over the 4 years, from 27.3% to 35.1%. A summary of these results can be found in Appendix 4, Table A4.1. Statistical testing of these changes will be conducted at the end of the fifth year of the BEACH program.