Summary Data Report of the 2009-2010 Annual Survey of Divisions of General Practice

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Primary Health Care Research & Information Service
Australian Government Department of Health and Ageing
Flinders University

Summary Data Report of the 2009–2010 Annual Survey of Divisions of General Practice.

This report is the sixteenth in the PHC RIS report series (no report was undertaken in 1996–97). Previous reports are:

1. *What Divisions Do: An analysis of Divisions' infrastructure activities 1993–1994*
2. *What Divisions Did Next: Selected Divisional infrastructure activities 1994–1995*
3. *Profile of Divisions of General Practice: 1995–1996*
4. *Dynamic Divisions: A report of the 1997–98 Annual Survey of Divisions*
5. *Diverse Divisions: A report of the 1998–99 Annual Survey of Divisions*
6. *Distinct Divisions: Report on the 1999/2000 Annual Survey of Divisions of General Practice in Australia*
7. *Practices, Partnerships and Population Health: Report on the 2000–2001 Annual Survey of Divisions of General Practice*
8. *Ten Years On: Results of the 2001–2002 Annual Survey of Divisions of General Practice*
9. *Divisions: a matter of balance: Report of the 2002-03 Annual Survey of Divisions of General Practice*
10. *Divisions: the Network evolves. Report of the 2003–2004 Annual Survey of Divisions of General Practice*
11. *Making the connections. Report of the 2004–2005 Annual Survey of Divisions of General Practice*
12. *Making a difference. Report of the 2005-06 Annual Survey of Divisions of General Practice*
13. *Moving ahead. Report of the 2006-07 Annual Survey of Divisions of General Practice*
14. *Summary Data Report of the 2007-2008 Annual Survey of Divisions of General Practice*
15. *Summary Data Report of the 2008-2009 Annual Survey of Divisions of General Practice*

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ACRONYMS

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACT	Australian Capital Territory
AGPN	Australian General Practice Network
AHP	Allied health professional
AMS	Aboriginal Medical Service
ATAPS	Access to Allied Psychological Services
ATSI	Aboriginal and Torres Strait Islander
ASD	Annual Survey of Divisions
BOiMHC	Better Outcomes in Mental Health Care Initiative
CDM	Chronic disease management
CEO	Chief executive officer
CPD	Continuing Professional Development
CRM	Customer Relations Management
DGP	Division of General Practice
EPC	Enhanced Primary Care
ERP	Estimated Resident Population
FTE	Full Time Equivalent
GP	General practitioner
IM/IT	Information management/information technology
IMG	International medical graduate
IMMF	Information Management Maturity Framework
MAHS	More Allied Health Services
MBS	Medicare Benefits Schedule
MPA	Multi-Program Funding Agreement
MPC	Multipurpose Centre program
NPI	National Performance Indicator
NPS	National Prescribing Service
NQPS	National Quality and Performance System
NSW	New South Wales
NT	Northern Territory
OTD	Overseas trained doctor
PHC	Primary Health Care
PHC RIS	Primary Health Care Research & Information Service
PHIDU	Public Health Information Development Unit
PIP	Practice Incentive Program
QLD	Queensland
QUM	Quality use of medicines

RACGP	Royal Australian College of General Practitioners
RACF	Residential aged care facility
RHS	Regional Health Services
RN	Registered nurse
RPHS	Rural Primary Health Services
RRMA	Rural Remote Metropolitan Areas
RWA	Rural Workforce Agency
SA	South Australia
SBO	State Based Organisation
SLA	Statistical Local Area
TAS	Tasmania
VIC	Victoria
WA	Western Australia
WSRGP	Workforce Support for Rural General Practitioners

CHAPTER 1
INTRODUCTION

This 2009-10 summary data report summarises the activities reported by the Divisions of General Practice (DGPs) in the 2009-10 Annual Survey of Divisions (ASD). Operating within defined geographical areas, the DGPs are local networks of general practices. As at 30 June 2010, the Divisions Network consisted of 110 Divisions, two hybrid SBO-Divisions (ACT and NT), six State Based Organisations (SBOs), and the Australian General Practice Network (AGPN). The main purpose of the Divisions of General Practice Program has been to support and assist the primary health care capacity of Australian general practice in responding to health service challenges at the local level and in the broader sense. To achieve this, DGPs work with general practice at a local level, supported by SBOs operating at state and territory level, and the peak national representative body, AGPN.

All Divisions are required to complete the Annual Survey of Divisions (ASD) together with their 12 month reporting against National Performance Indicators (NPIs) as part of their contractual obligations with DoHA. The ASD is an annual, standardised, comprehensive survey with a 100% response rate, which allows the identification of longitudinal patterns and trends in Division characteristics and activities. The survey has been conducted using an online system since 2005-6. This has contributed to improved data quality (via automated validity checks) and efficiency of collection; and reduced time and effort required by Divisions to report. Information collected through the ASD is currently reported in the form of a *Summary Data Report* which captures longitudinal patterns and offers some explanatory text. While the first ASD report was produced in 1993-94, PHC RIS has managed and reported on this survey since 1997-98; this 2009-10 report is the 16th in the PHC RIS report series.

PHC RIS has a number of web resources developed from data collected in the ASD (available at www.phcris.org.au) including:

- **Fast Facts** - longitudinal snapshots, many providing state and territory comparisons
- **Division Mapping Tool** – nation wide picture of Divisions conducting the same programs
- **Division Benchmarking Tool** – find Divisions with similar demographic characteristics
- **Division Key Characteristics** – a spreadsheet containing core Division statistics.

For more information about this report, the ASD and Divisions, or if you wish to request additional analysis of the data, please contact **PHC RIS Assist on 1800 025 882** or email *phcris.assist@flinders.edu.au*.

CHAPTER 2
METHOD

The content of the ASD is dynamic and reviewed annually. Survey changes are informed by both ongoing requirements for the information and its availability from alternate sources. Changes might involve the removal of questions no longer considered relevant, and/or inclusion of new questions reflecting the changing needs of policy makers and stakeholders. In 2009-10 there were few changes to the ASD from the previous year.

Survey modifications 2008-09 to 2009-10

The 2009-10 survey replicated the 2008-09 survey with slight modifications in relation to the Allied Health Professional (AHP) services funding name change. The More Allied Health Services (MAHS) Program continued for half of the reporting period (July to December 2009). In 2010, the Australian Government funding was newly named Rural Primary Health Services (RPHS) and reported from January to June 2010. The small number of ASD modifications from 2008-09 to 2009-10 are summarised in Table 2.1.

Table 2.1: Content that was modified from the 2008-09 ASD by section

Section	Examples of modifications to content in 2009-10 survey (cf 2008-09)
Access	Allied Health Professional (AHP) Services funding: Due to changes in funding from the More Allied Health Services (MAHS) to the Rural Primary Health Services, 'AHP Services' funding questions were separated into two sets of questions to collect information about – MAHS services provided (Jul-Dec 2009) – RPHS services provided (Jan-Jun 2010), as well as 'Other funding' (Jul 2009-Jun 2010).
Chronic Disease management	Chronic Obstructive Pulmonary Disease (COPD) sub-questions omitted in error in 2008-09; sub-questions were asked in relation to approaches used and population groups targeted.

Administration

Information provided in the 2009-10 ASD report was reported directly by the Divisions into the on-line system. Therefore, it is important to recognise that results reported here represent Division estimates and responses to questions about their activities, staffing and other matters. The accuracy and quality of this self-reported data is determined by Division data collection methods, and influenced by Division staff turnover and skills. However, PHC RIS endeavours to make every effort to enhance the quality of the data by conducting a range of data checks.

Data collection and preparation

The timeliness of Divisions submitting their ASD continued to be recorded in 2009-10. One hundred and one Divisions out of 112 (90%) had submitted their survey by the deadline. The remaining nine Divisions submitted their survey within the two weeks following the deadline of 30 September 2010, with the two hybrid SBO-Divisions (ACT and NT) submitting before the end of October 2010.

Once all data were available, they were downloaded, prepared and checked by PHC RIS research staff. All data processes were completed by 14 January 2011 when an electronic *draft* copy of the Division tailored feedback report (a summary of responses to the ASD) was sent to each Division.

The Division tailored feedback reports form a secondary stage of data checking where Divisions are encouraged to check their survey responses and correct any anomalies. The deadline for data corrections was 4 February 2011 (allowing three weeks for reviewing). There was some delay in receiving updates from some Queensland and northern NSW Divisions caused by the unexpected flooding and cyclone in these areas at the time. An extension of time for individual feedback submissions was allowed, with the final correction requests received 24 February 2011. All corrections (477 data points from 56 Divisions) were completed by the end of February 2011.

Amended tailored feedback reports were sent to Divisions on 3 March 2011. However, subsequent to the production of these feedback reports two errors were discovered. It was found that following a number of Victorian Divisions reporting inconsistencies in the PHIDU population data presented in their tailored feedback report of the 2009-10 ASD, the dataset was investigated and an alignment error discovered specific to Victorian Divisions. This error was rectified immediately and the Victorian Divisions received updated tailored 2009-10 feedback reports. At the same time, it was discovered that some of the population and workforce data recorded against two Far North Queensland Rural Divisions (Div 413 and Div 417) did not reflect the incorporation of the two catchment areas; this was also rectified with Division 417 receiving an updated version of their tailored 2009-10 feedback report.

The corrections from the misreported population data in the previous versions of the reports were deemed to have had little or no negative impact on the analyses for the Divisions concerned, and the final amended tailored feedback reports were provided on 10 March 2011.

Data analysis

The majority of questions in the survey required 'yes/no' responses. These dichotomous data are presented in this summary report as frequencies and proportions[i]. Questions requiring 'continuous data' (eg. number of GPs and practices) are reported as a mean (average), median[ii] value, or sum (total). Mean scores are reported when the data were normally distributed (ie. no outliers[iii] or skewed data[iv]) and median values when the data were *not* normally distributed. The median value is often preferred because it is less affected by deviating responses and is easier to interpret. Divisions that were unable to provide data for a particular question recorded their response as 'unknown' and are presented as "unable to report" where applicable.

To make some of the charts and tables in this report easier to read, data for some indicators were limited to 2005-06 to 2009-10. If required, data from earlier years are available in previous Summary Data Reports.

[i] Note that rounding errors may occur when reporting proportions.

[ii] The median is calculated by arranging all data values in order (lowest to highest) and identifying the central value in this distribution.

[iii] An outlier is an unusually large or small number relative to a set of numbers.

[iv] Skewed data occurs when the distribution of responses is asymmetrical.

RRMA

To maintain consistency and allow comparison to previous Summary Data Reports, the Rural Remote Metropolitan Area (RRMA) classification system[v] was used to allocate Divisions according to rurality in 2009-10.

The Rural Remote Metropolitan Area (RRMA) classification system was developed in 1994.[3,4] RRMA classifies Statistical Local Area (SLA) according to population and locality into three zones: Metropolitan, Rural or Remote. These zones are further divided into seven classes:

- capital cities (RRMA category 1)
- other metropolitan centres (2)
- large rural centres (3)
- small rural centres (4)
- other rural areas (5)
- remote centres (6)
- other remote areas (7).

The ASD uses the RRMA classification system in order to allocate Divisions according to rurality. As a number of SLAs contribute to each Division, resulting in mixtures of RRMA classifications within a Division, it was necessary to develop further criteria to allocate Divisions to the RRMA categories. The following categories were used:

- Metro (>95% of population in RRMA 1,2)
- Metro/Rural (<95% of population in RRMA 1,2 & <95% in RRMA 3,4,5)
- Rural (>95% of population in RRMA 3,4,5)
- Rural/Remote (<95% of population in RRMA 3,4,5 & < 95% in RRMA 6,7)
- Remote (>95% of population RRMA 6,7).

[v] The RRMA classification system reflected populations from the 1991 Census.[3] A review of the system has resulted in the Federal Government introducing a new system, the Australian Standard Geographical Classification (ASGC-RA) which was effective from 1 July 2010; however for consistency the RRMA classification system is implemented throughout. As described in: *www.phcris.org.au/fastfacts/fact.php?id=4801*

CHAPTER 3
DIVISION CONTEXT

Distribution of Divisions

In 2009-10, 112 Divisions completed the Annual Survey of Divisions (ASD) in line with Departmental contractual requirements and agreements. This is a reduction from the 113 Divisions reporting in 2008-09 due to an amalgamation of two Far North Queensland DGPs. This and any past Division mergers remain accounted for in that year's displayed data.

The distribution of Divisions across the states and within metropolitan, rural and remote areas can be seen in Figure 3.1. Categorisation by rurality was determined using the RRMA classification.

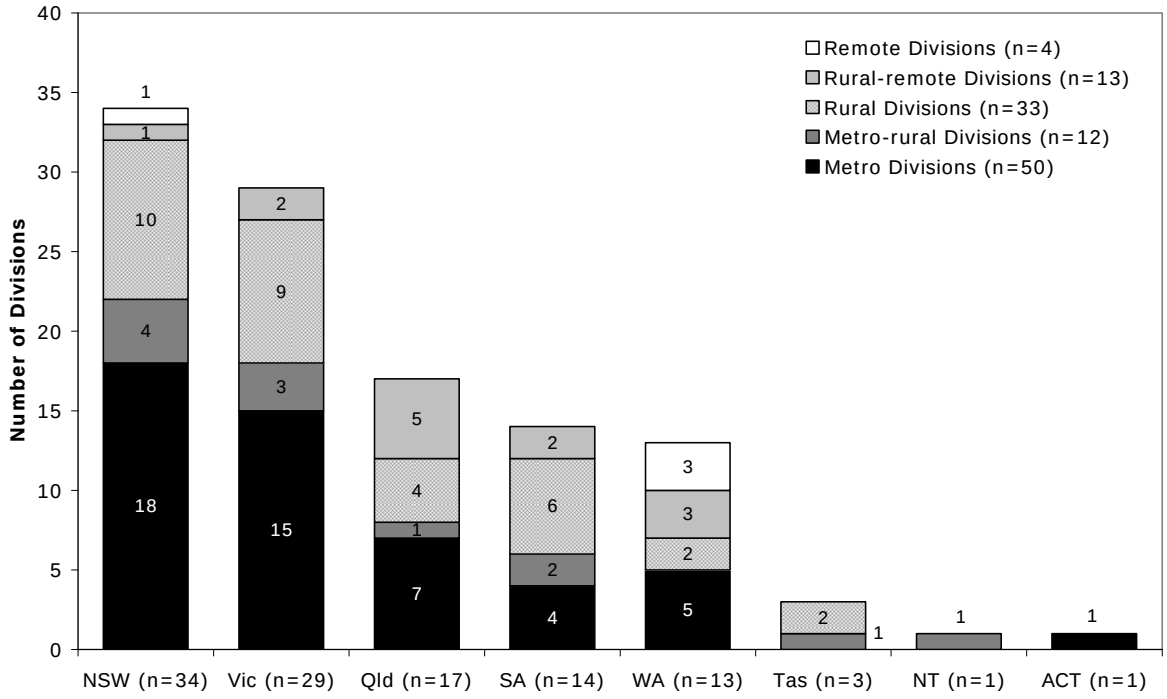


Figure 3.1: Distribution of Divisions of General Practice by State and RRMA, 2009-10

Division catchment

General practices (Context 2)

The ASD employs the definition of general practice used by the Royal Australian College of General Practitioners (RACGP), that is:

> *General practice is the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities*[5].

General practices can be counted by location or by business, depending on the intention of the data collection. The ASD counts practices by location. For the 2009-10 ASD, Divisions were asked to report on the number of general practices in their catchment area at 30 June 2010 (see Table 3.1 for details); if the practice was situated at more than one location, Divisions were asked to count

each location. This count has significance to patients, and others, who perceive each site or physical location as an individual general practice. The other main method counts each general practice business entity, where one business entity may be comprised of multiple practices in different locations.

Divisions reported a total number of 7 151 practices in Australia at 30 June 2010, which was 28 more than recorded in 2008-9 (7 123). This shows a reversal of the downward trend in the number of general practices across Australia since 2005 (as shown in Figure 3.2). Across most states, this trend reflects an overall increase in the number of practices with 6 or more GPs. The exceptions were: Tasmania, which decreased by one; and NT, which remained the same. A continued decrease in the number of solo GP practices was reported by most States (excluding Victoria, WA and NT where numbers of solo practices increased by 10, 1 and 1 respectively). Not including the Northern Territory where 62.5% of practices had only one GP, multi-GP practices comprised the larger proportion of general practices across Australia (see Figure 3.3).

Table 3.1: Number of practices in Division catchment by State, 30 June 2010

		Number of practices			
		Median	Minimum	Maximum	Total
Total number of practices	NSW (n=34)	72	15	297	2731
	Vic (n=29)	50	14	144	1691
	Qld (n=17)	63	25	204	1266
	SA (n=14)	20	7	100	525
	WA (n=13)	23	9	145	569
	Tas (n=3)	45	28	85	158
	NT (n=1)	120	120	120	120
	ACT (n=1)	91	91	91	91
	Total	*55*	*7*	*297*	*7151*
Number of solo practices	NSW (n=34)	25	3	168	1255
	Vic (n=29)	16	3	55	538
	Qld (n=17)	16	5	53	316
	SA (n=14)	8	1	46	180
	WA (n=13)	9	1	35	160
	Tas (n=3)	20	7	21	48
	NT (n=1)	75	75	75	75
	ACT (n=1)	21	21	21	21
	Total	*16*	*1*	*168*	*2593*
Number of practices with 2-5 GPs	NSW (n=34)	30	3	95	1096
	Vic (n=29)	23	5	60	707
	Qld (n=17)	38	14	97	668
	SA (n=14)	8	3	39	206
	WA (n=13)	10	3	65	241
	Tas (n=3)	16	15	39	70
	NT (n=1)	30	30	30	30
	ACT (n=1)	46	46	46	46
	Total	*25*	*3*	*97*	*3064*
Number of practices with 6 or more GPs	NSW (n=34)	10	0	36	380
	Vic (n=29)	14	3	43	446
	Qld (n=17)	10	0	54	282
	SA (n=14)	4	1	44	139
	WA (n=13)	5	0	45	168
	Tas (n=3)	9	6	25	40
	NT (n=1)	15	15	15	15
	ACT (n=1)	24	24	24	24
	Total	*11*	*0*	*54*	*1494*

n = Number of Divisions in each State/Territory

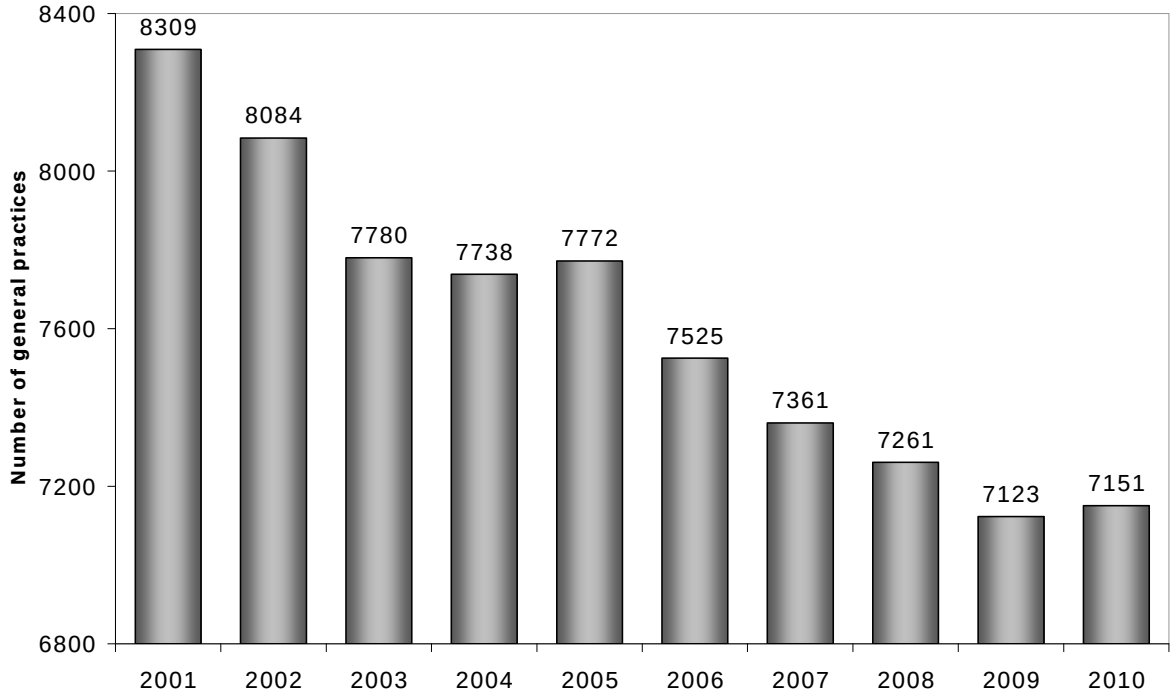


Figure 3.2: Estimated number of practices in Australia, 30 June 2001-2010

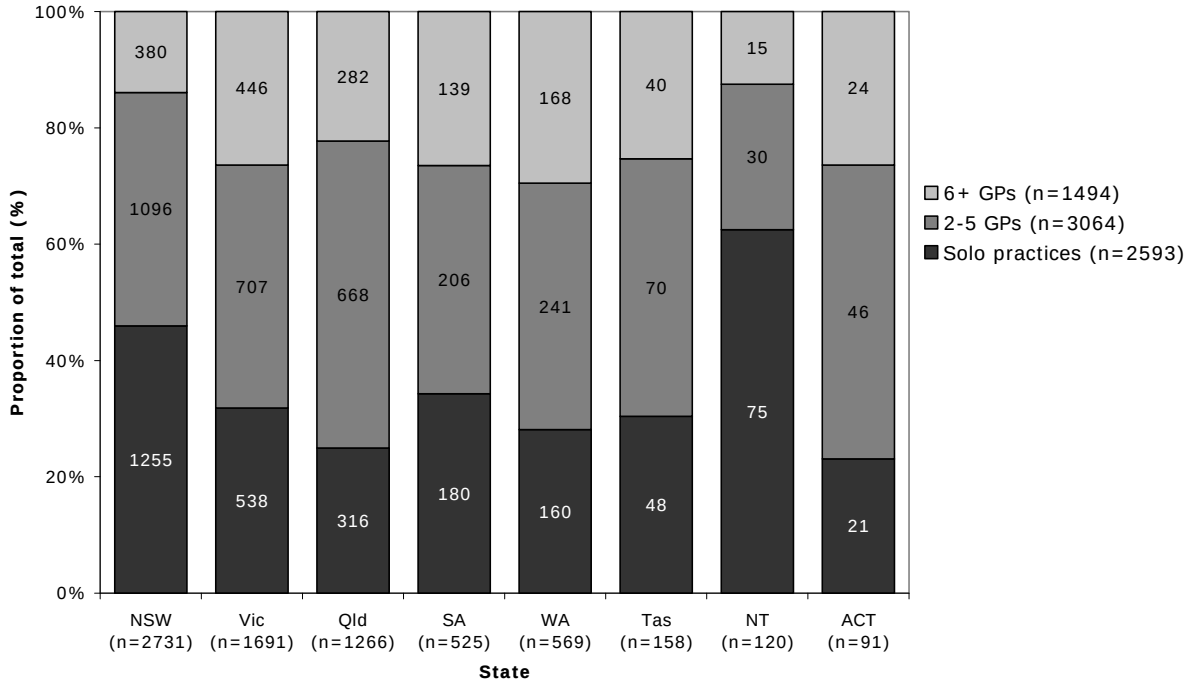


Figure 3.3: Estimated number of practices by practice size in Division catchment by State, 30 June 2010

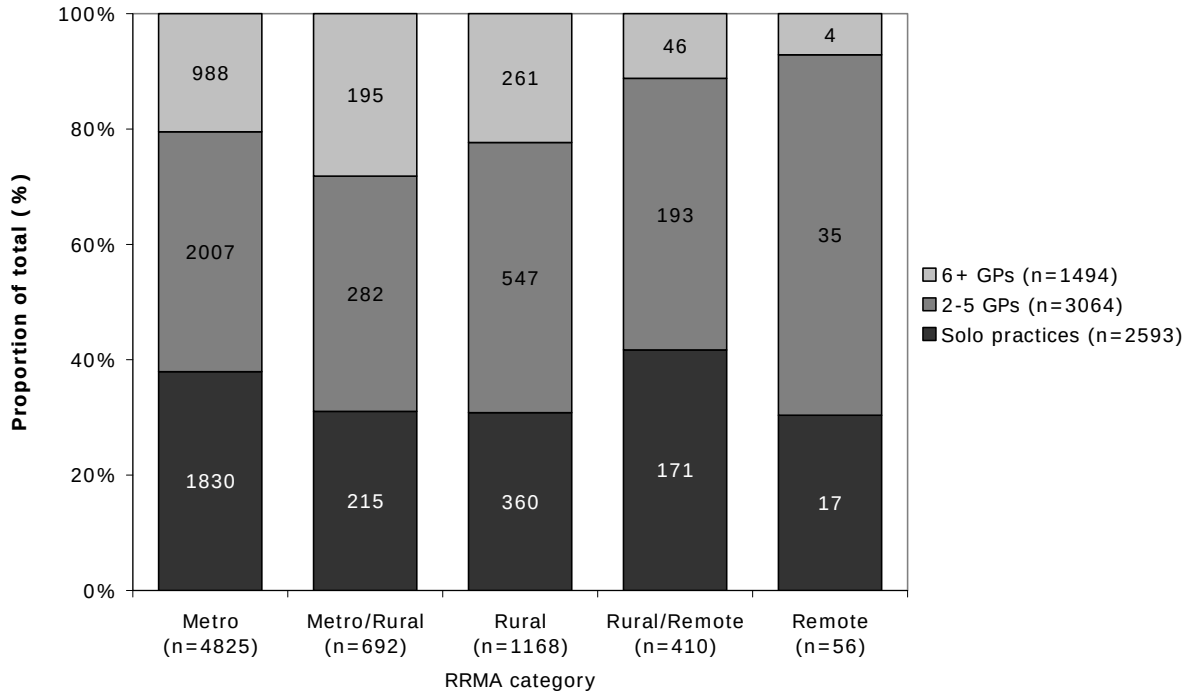


Figure 3.4: Estimated number of practices by practice size in Division catchment by RRMA, 30 June 2010

Primary care providers (Context 3)

Divisions estimated a total of 24 211 GPs across Australia at 30 June 2010, a 2.9% increase on 2008-09 GPs (of n=693) that is consistent with the overall upward trend over time (see Figure 3.5).

Figure 3.6 illustrates that GPs are concentrated in metropolitan areas, consistent with the density of the population in these areas, while around 20% practise in rural and/or remote areas. General Practitioners working in Aboriginal Community Controlled Health Services (ACCHS), International Medical Graduates (IMGs) and registrars continued to predominate in rural to remote areas.

According to Divisions' estimates, female GPs comprised 39% of the GP workforce, GPs over 55 were 24%, and GPs working in corporate general practice were 11% of the practising workforce, which are all slight increases on the previous year 2008-09 (see Table 3.2).[vi] Queensland Divisions accounted for almost 65% of 'other primary medical care practitioners (eg. Flying Doctors) a 17% increase from 2008-09, and 29% of all IMGs practising in Australia. NSW followed with 25% of all IMGs and 23% of estimated number of GPs practicing in ACCHS (see Table 3.3).[vii]

[vi] With one Division unable to report number of female GPs, 14 Divisions unable to report GPs over 55, and five Divisions unable to report the number of GPs working in corporate general practice, these proportions are likely to be underestimates of the practicing workforce.

[vii] Underestimates of proportions are likely to occur due to four Divisions unable to report number of registrars in catchment, 11 Divisions unable to report IMGs, three Divisions unable to report the number practicing in ACCHS, and 19 Divisions unable to report the number of other primary medical care practitioners.

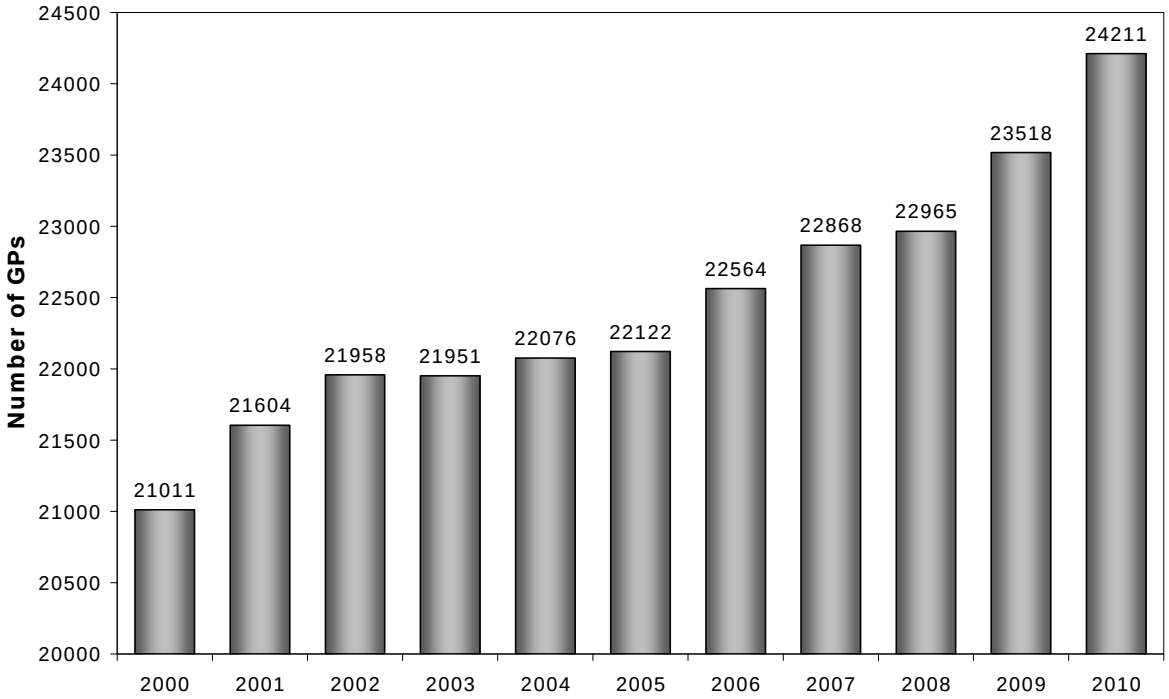
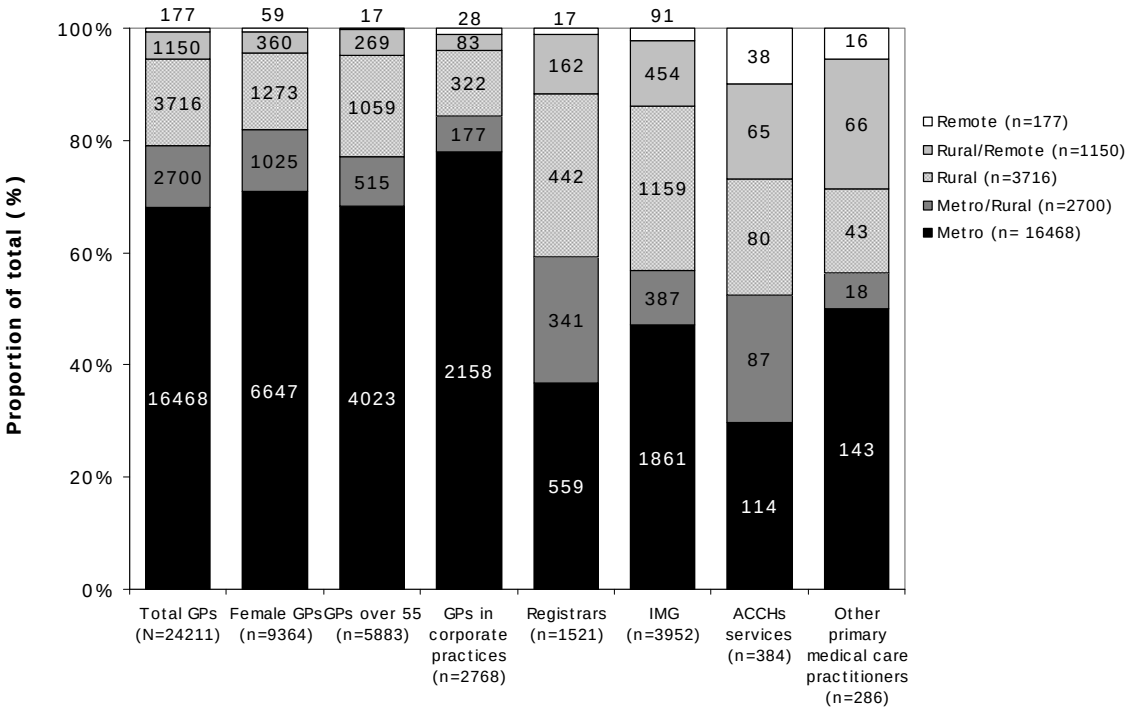


Figure 3.5: Estimated number of GPs in Australia, 30 June, 2000-2010



Note. Some Divisions listed the number of GPs in one or more of these categories as unknown (see Table 3.2), and these data are not included.

Figure 3.6: Estimated number of GPs in Division catchment by RRMA, 30 June 2010

Table 3.2: Estimated number of practising GPs in catchment by state, 30 June 2010

		Divisions unable to report (n)	Number of GPs			
			Median	Minimum	Maximum	Total
Total GPs	NSW (n=34)	0	201	20	740	7528
	Vic (n=29)	0	213	69	607	6334
	Qld (n=17)	0	204	42	800	4553
	SA (n=14)	0	60	31	528	2147
	WA (n=13)	0	91	34	563	2298
	Tas (n=3)	0	144	107	346	597
	NT (n=1)	0	389	389	389	389
	ACT (n=1)	0	365	365	365	365
	Total	*0*	*184*	*20*	*800*	*24211*
Female GPs	NSW (n=34)	1	53	3	348	2775
	Vic (n=29)	0	76	15	280	2505
	Qld (n=17)	0	64	4	398	1797
	SA (n=14)	0	18	5	263	786
	WA (n=13)	0	32	11	242	880
	Tas (n=3)	0	63	33	156	252
	NT (n=1)	0	190	190	190	190
	ACT (n=1)	0	179	179	179	179
	Total	*1*	*59*	*3*	*398*	*9364*
Estimated number of GPs over 55	NSW (n=34)	2	62	6	238	2381
	Vic (n=29)	4	38	8	245	1444
	Qld (n=17)	4	30	12	292	868
	SA (n=14)	3	12	5	122	358
	WA (n=13)	1	22	4	110	413
	Tas (n=3)	0	49	26	121	196
	NT (n=1)	0	89	89	89	89
	ACT (n=1)	0	134	134	134	134
	Total	*14*	*39*	*4*	*292*	*5883*
GPs working in a corporate general practice	NSW (n=34)	1	9	0	93	593
	Vic (n=29)	2	17	0	144	785
	Qld (n=17)	0	30	0	116	683
	SA (n=14)	1	0	0	57	117
	WA (n=13)	1	21	0	91	426
	Tas (n=3)	0	23	11	57	91
	NT (n=1)	0	0	0	0	0
	ACT (n=1)	0	73	73	73	73
	Total	*5*	*14*	*0*	*144*	*2768*

Table 3.3: Estimated number of other medical staff practising in catchment by state, 30 June 2010

		Divisions unable to report (n)	Number of GPs			
			Median	Minimum	Maximum	Total
Registrars	NSW (n=34)	1	9	0	43	464
	Vic (n=29)	3	11	2	42	357
	Qld (n=17)	0	16	3	48	307
	SA (n=14)	0	6	3	31	123
	WA (n=13)	0	8	2	25	126
	Tas (n=3)	0	9	8	29	46
	NT (n=1)	0	76	76	76	76
	ACT (n=1)	0	22	22	22	22
	Total	4	9	0	76	1521
International medical graduates	NSW (n=34)	4	20	0	125	989
	Vic (n=29)	6	30	0	91	769
	Qld (n=17)	0	56	26	161	1140
	SA (n=14)	0	18	0	34	242
	WA (n=13)	0	35	15	127	611
	Tas (n=3)	1	52	44	60	104
	NT (n=1)	0	28	28	28	28
	ACT (n=1)	0	69	69	69	69
	Total	11	31	0	161	3952
Practicing in ACCHS	NSW (n=34)	1	2	0	14	88
	Vic (n=29)	2	2	0	13	63
	Qld (n=17)	0	2	0	22	62
	SA (n=14)	0	0	0	15	35
	WA (n=13)	0	3	0	18	56
	Tas (n=3)	0	2	2	2	6
	NT (n=1)	0	65	65	65	65
	ACT (n=1)	0	9	9	9	9
	Total	3	2	0	65	384
Other primary medical care practitioners eg. Flying Doctors	NSW (n=34)	8	0	0	10	28
	Vic (n=29)	5	0	0	6	16
	Qld (n=17)	2	1	0	107	185
	SA (n=14)	2	0	0	6	7
	WA (n=13)	0	1	0	6	27
	Tas (n=3)	2	1	1	1	1
	NT (n=1)	0	3	3	3	3
	ACT (n=1)	0	19	19	19	19
	Total	19	0	0	107	286

Division membership

Members in Division (Context 5)

In 2009-10:

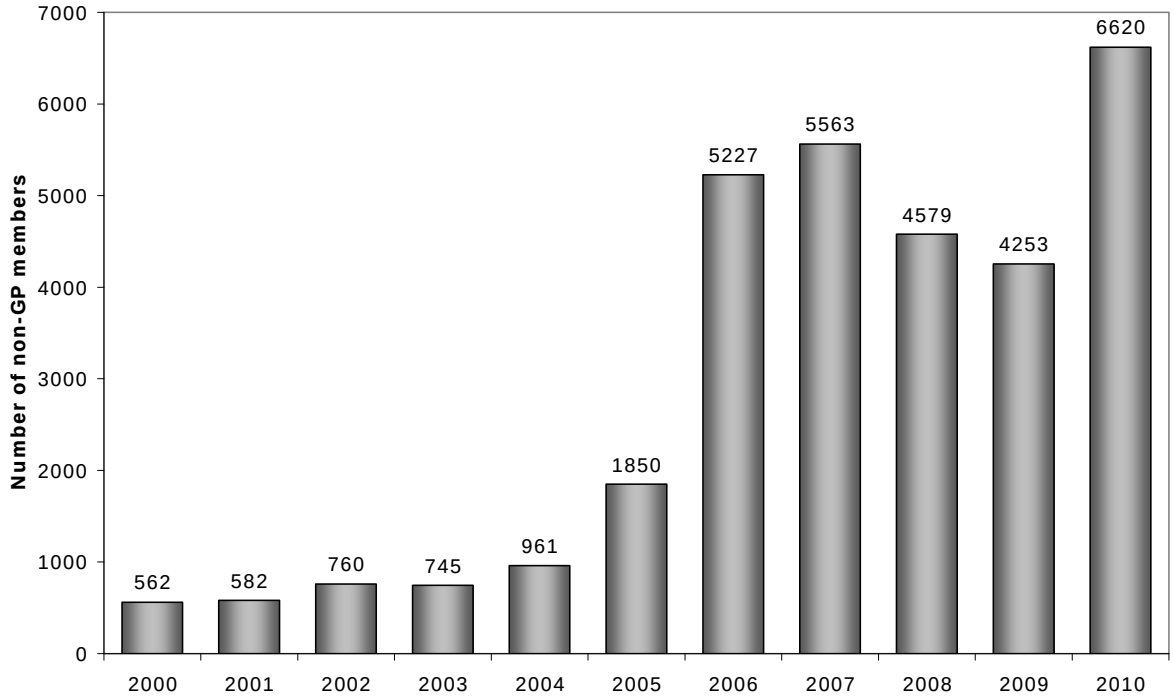
- Total membership[viii] increased by 2 976 from 24 195 in 2008-09, to 27 171 (see Table 3.4).
- Increases were reported in both GP and non-GP membership from 2008-09 to 2009-10, with non-GP membership increasing by over 55% to 6 620 (Figure 3.7).
- GP Division membership of an estimated total of 20 909 for 2009-10 was the highest level seen in the past five years (Figure 3.8).
- The largest increase was reported in the memberships of Allied health professionals from 730 memberships in 2008-09 to 1 687 in 2009-10.
- *Melbourne East General Practice Network* had the highest estimated total number of members (n=1 088); *WentWest Ltd* continued to report no members (due to their governance system not requiring membership).

Table 3.4: Number of Division members, 30 June 2010

	% of Divisions	Number of Division members		
		Median	Maximum	Total
Total Division members (estimated)	99	185	1088	27171
General Practitioners	99	109	561	17272
International Medical Graduates*	74	27	91	2720
Registrars	75	6	67	917
Allied health professionals	46	10	442	1687
Practice nurses	45	15	170	1825
Practice staff	46	10	256	1936
Medical specialists	38	4	152	529
Others	39	8	73	643

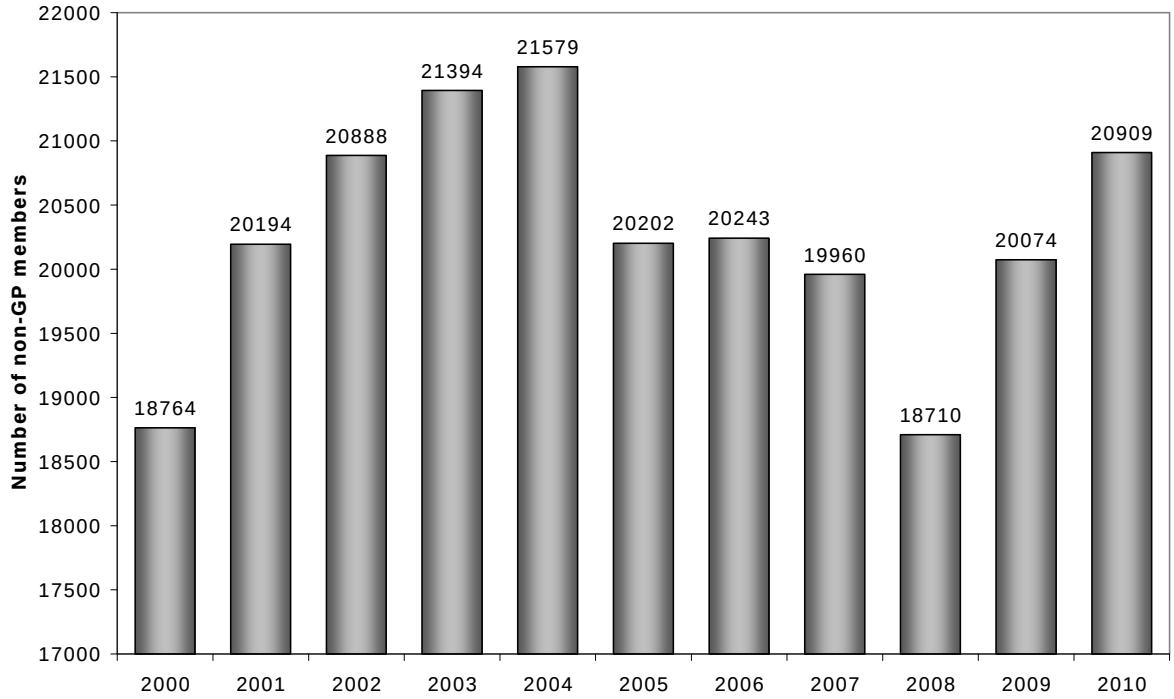
Note, Divisions with 'unknown' or zero responses were not included in calculations for proportions or medians.
* International medical graduate (IMG) formerly overseas trained doctor (OTD).

[viii] Please note that membership of more than one Division may occur.



Note, in 2007-08 the number of non-GP members was not available for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network).*

Figure 3.7: Estimated number of non-GP Division members, 30 June 2000-2010



Note, in 2007-08 the number of GP members was not available for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network).*

Figure 3.8: Estimated number of GP Division members, 30 June 2000-2010

CHAPTER 4
GOVERNANCE

Board

Membership (Q1.1)

In 2009-10:

- There were 911 Division Board members at 30 June 2010 (see Table 4.1), an increase from 887 in 2008-09.
- The number of non-GP Board members increased by 28% to 190 from 149 the previous year; the highest representation so far.
- Twenty Boards were GP only; one of these Boards comprised male GPs only, compared with two in 2008-09 and four in 2007-08.
- The proportion of female Board members increased slightly to 32%; Five Boards had no female members, compared to 6 in 2008-09 and 8 in 2007-08.
- Board size ranged from a minimum of four to a maximum of 14 members.
- Overall there were two non-GP Indigenous Board members, 12 allied health professionals and 98 consumer or community representatives.

Table 4.1: Number of members on Division Boards of Directors, 2005-06 to 2009-10

	2005-06 (N=119)		2006-07 (N=119)		2007-08 (N=115) *		2008-09 (N=113)		2009-10 (N=112)	
	Total	% of total	Total	% of total	Total	% of total	Total	% of total	Total	% of total
Female GP	252	26	242	25	232	25	216	24	214	23
Female non-GP	36	4	35	4	41	4	58	7	80	9
All females	288	30	277	29	273	30	274	31	294	32
GP	863	90	840	88	786	86	738	83	721	79
Non-GP	98	10	117	12	133	14	149	17	190	21
Total	*961*		*957*		*919*		*887*		*911*	

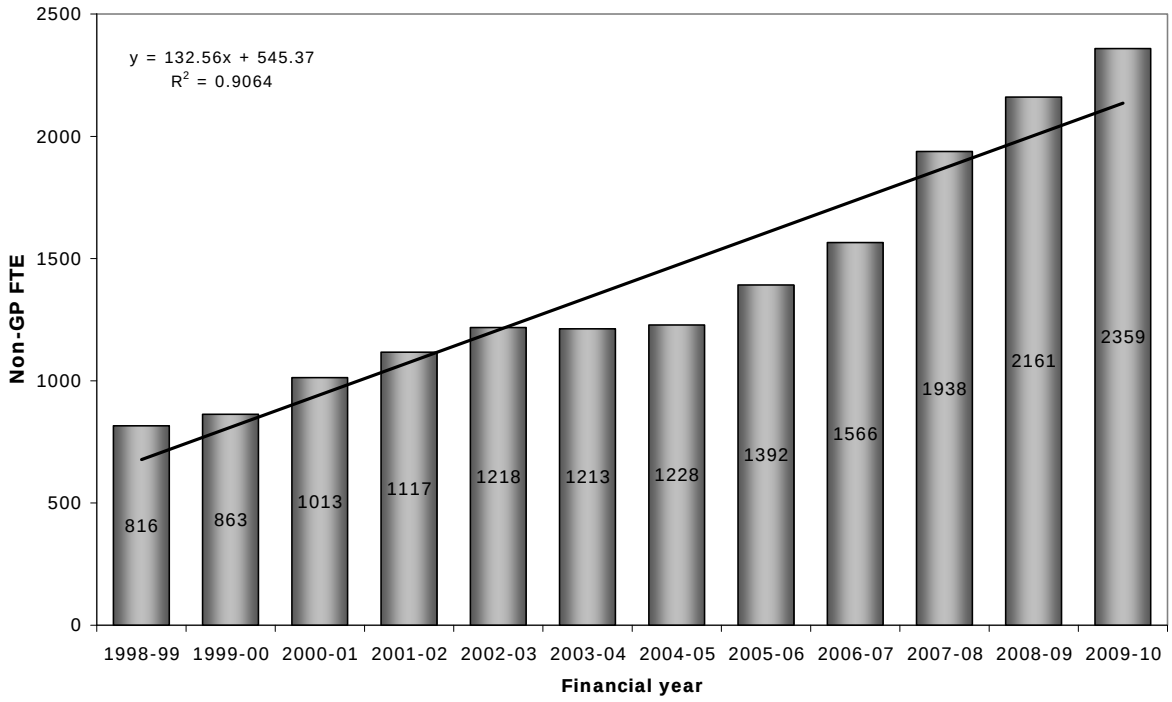
*Note, includes data collected from the two dissolved NSW metro Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) in order to have a comprehensive Australian-wide picture in 2007-08.

Division staffing

Staff (Context 1)

In 2009-10:

- There were a total of 3 868 staff (at 2 410 FTE) employed by Divisions at 30 June 2010.
- Overall staff numbers and FTE continued to rise; this is consistent with the positive yearly trend since 2005-06 particularly for non-GP staff (see Figure 4.1).
- Staff numbers ranged from a minimum of 8 (5.8 FTE) to a maximum of 279 (106.5 FTE).
- 546 GP staff (14.1% of total staff numbers) contributed 51.1 FTE (2.1% of the total staff FTE).



Note, Western Sydney DGP not included in 2004-05 data. Data for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) were unavailable in 2007-08.
Note, in a linear series, the starting values are applied to the least-squares algorithm (y=mx+b) to generate the series. A trendline is most reliable when its R-squared value is at or near 1.

Figure 4.1: Non-GP FTE for staff employed by Divisions, 1998-99 to 2009-10

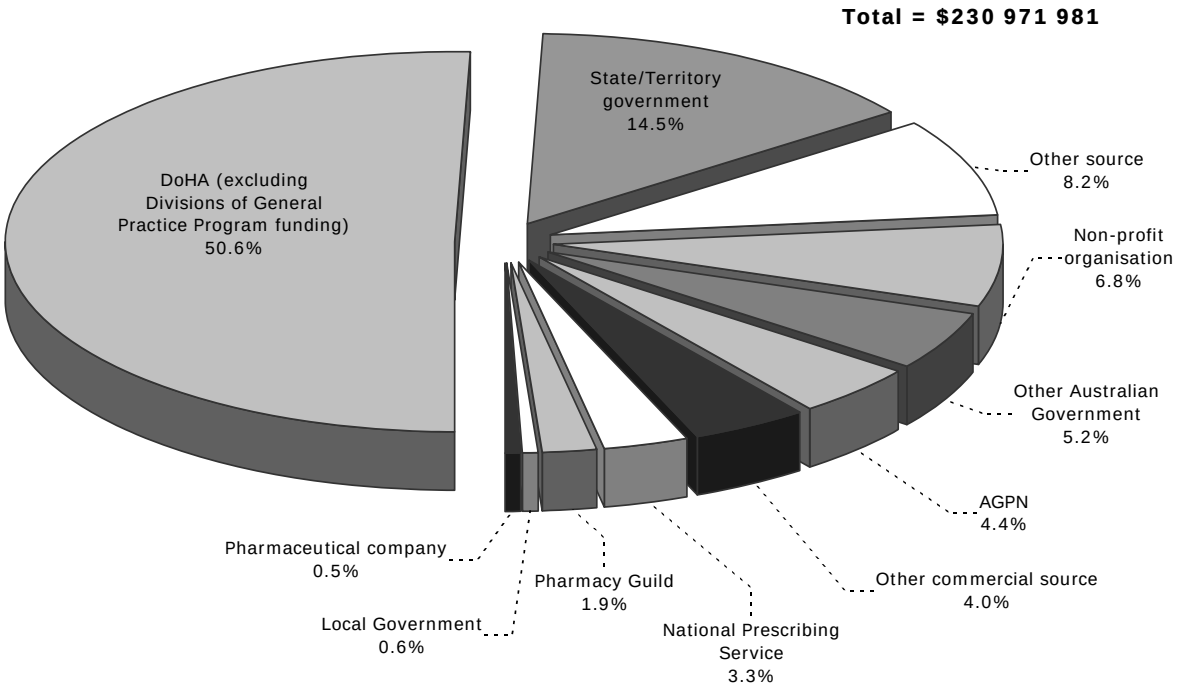
Funding and payments

Divisions of General Practice Program funding

Funding and reporting arrangements for the Divisions of General Practice Program were streamlined with the introduction of the Multi-Program Funding Agreement (MPA) in 2005. The MPA and the National Quality and Performance System (NQPS) brought a number of Division program requirements together under one framework. Divisions continued to receive funding for core activities under the Program. Details of Division funding for MPA programs such as More Allied Health Services (MAHS) and Rural Primary Health Services (RPHS) and Aged Care GP Panels Initiative are not reported here.

Additional funding (Q1.2)

In 2009-10, total additional funding reported by Divisions was $230 971 981[ix] (up from $226 391 219 in 2008-09). Amounts ranged from a minimum of $165 165 in one Division to a maximum of $14 738 287 in another. Excluding funding provided for the Divisions of General Practice Program, the Australian Government Department of Health and Ageing (DoHA) funded just over half of all additional funding for Divisions (see Figure 4.2 for a breakdown of all additional funding sources). In terms of total funding, the amount Divisions received from non-profit organisations decreased from 2008-09, with funding from pharmaceutical companies steadily decreasing over the past three periods (2007-08 to 2009-10). There were larger decreases from the previous year in funding from other Australian government and from other sources (see Table 4.2). In contrast, funding from the AGPN increased by 45% on the previous year, as well as, local government (36%), the National Prescribing Service (24%), other commercial sources (12%), and from the Pharmacy Guild (4%). The proportion of additional funding from State/Territory governments remained the same across the two periods, 2008-09 to 2009-10.



Note, three Divisions reported the amounts from some funding sources as 'unknown'.

Figure 4.2: Source of additional Division funding (proportion of total amount reported), 2009-10

[ix] Note that three Divisions reported some funding amounts as 'unknown'. The figures reported here are therefore likely to be a slight underestimate of the actual amounts.

Table 4.2: Source and amount of additional funding received by Divisions, 2005-06 to 2009-10

	2005-06 (N=119)		2006-07 (N=119)		2007-08 (N=115)		2008-09 (N=113)		2009-10 (N=112)	
	% of Division	Total (Maximum)	% of Division	Total (Maximum)	% of Division	Total (Maximum)	% of Division	Total (Maximum)	% of Division	Total (Maximum)
DoHA (excluding Divisions of General Practice Program funding)*	90	50476683 (6948153)	95	61225548 (8270564)	94	88443904 (7634987)	95	106264560 (10430920)	96	116931539 (11906758)
Other Australian Government*	29	5633278 (1633166)	29	6159726 (884584)	35	12554687 (2701067)	42	18847963 (3639493)	39	12109185 (988994)
State/ Territory government	70	16982685 (1518495)	76	20848292 (1913663)	76	31071206 (2659722)	70	33530897 (2851316)	77	33504546 (2276932)
Other source	59	7150068 (717015)	61	9814153 (1639973)	60	13660572 (2974646)	11	24120442 (2153777)	70	19049711 (2192704)
Non-profit organisation	50	4687351 (396546)	53	4825285 (316500)	65	10505728 (882580)	75	16055485 (1310209)	74	15673591 (1276831)
National Prescribing Service	92	7698560 (171834)	99	7339725 (176890)	97	6627528 (261471)	97	6089858 (187663)	96	7576366 (216378)
Other commercial source	48	3769830 (1385254)	47	4390265 (521440)	47	6116975 (1441120)	54	8273600 (1504853)	56	9287291 (1504563)
Pharmacy Guild	86	4150039 (131805)	88	3544981 (85021)	89	3981414 (102201)	89	4169755 (107111)	91	4351656 (124915)
AGPN*	68	3067474 (490937)	63	2506167 (273319)	59	2746613 (282382)	92	6958797 (300552)	95	10075695 (482052)
Pharmaceutical company	69	1486919 (60757)	73	1610980 (79171)	62	1328642 (121646)	59	1102459 (58840)	59	1082999 (50000)
Local Government	12	694147 (588996)	11	1149169 (781065)	14	1028478 (792474)	15	977402 (809609)	13	1329403 (1054559)

*Note, due to changes in Division funding, the response options for this question were changed in 2005-06; data collected in previous years are not directly comparable and therefore are not included. Totals do not include responses of three Divisions who reported some data as 'unknown'. Data for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) were unavailable in 2007-08.

CHAPTER 5
PREVENTION AND EARLY INTERVENTION

This section was not reported in 2007-08 but reintroduced for the 2008-09 ASD. All Divisions reported conducting at least one activity with a prevention or early intervention focus in the 2009-10 reporting period.

Prevention and early intervention programs

Types of activities conducted (Q2.1)

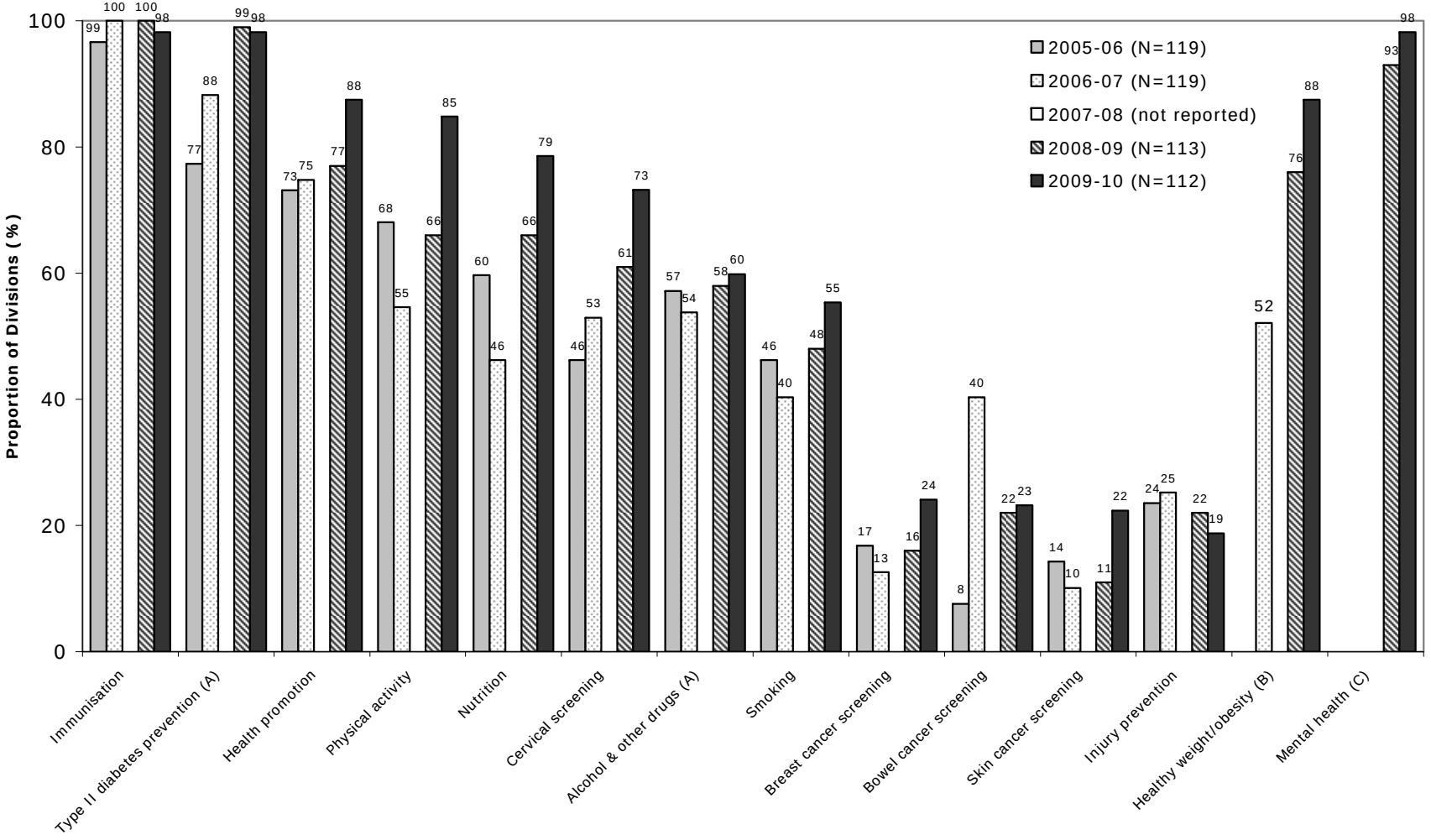
Most divisions provided immunisation, diabetes and mental health programs (98%). Increases of at least 10% in Division activity from the previous year were reported for health promotion, nutrition, cervical screening, skin cancer screening, and healthy weight and obesity. Mental health activities with a prevention and early intervention focus were assessed for the first time in 2008-09. This figure has risen 5%, with 98% of Divisions reporting associated involvement (see Figure 5.1 below).

Approaches used to conduct programs or activities

Divisions reported using a range of approaches, to a greater or lesser extent, for each prevention and early intervention area addressed (see Table 5.1). The largest proportions of Divisions conducted activities associated with immunisation, type II diabetes, and mental health. In all of these cases, GP education and practice support were the most frequently reported approaches. Recall systems were most commonly reported in association with immunisation activities (91% of Divisions), type II diabetes (88%) and cervical screening (79%). Eighty-three percent of Divisions with mental health activities provided patient services. Community awareness and collaboration with other organisations were used fairly consistently across the range of listed activities.

Population groups targeted

Table 5.2 shows the number and proportion of Divisions targeting specific population groups in their prevention and early intervention programs or activities for 2009-10. Most Divisions reported having at least one program or activity targeting women, children/youth, and Indigenous Australians (96%, 95%, and 90% respectively). Divisions mainly targeted Indigenous Australians for immunisation (74%, up from 61% in 2008-09) and type II diabetes programs (58%, up from 49% in 2008-09). Children/youth were targeted primarily for immunisation (89% of Divisions), followed by mental health and health promotion (49% and 47% respectively). The main focus of activities for older people was injury prevention (67%) and immunisation (60%). While women were mainly targeted for cervical (90%) and breast cancer screening (89%), men were targeted for type II diabetes (65%, up from 52% in 2008-09) and health promotion (47%).



Note, (A) Prior to 2004-05 Type II diabetes prevention was not assessed and alcohol and other drugs were included as separate program areas (these data are not shown). Lifescripts were first included in 2005-06 and is now reported in Programs section. (B) Healthy weight/obesity was first included in 2006-07. (C) Mental health activity was new in 2008-09. No program specific reporting was required for 2007-08 therefore no data for this period.

Figure 5.1: Proportion of Divisions with prevention and early intervention activities, 2005-06 to 2009-10

Table 5.1: Number and proportion of Divisions using specific approaches to conduct prevention and early intervention activities, 2009-10

	Divisions with program/ activity		Divisions using specified approach													
			GP education		Practice support		Recall system		Patient services		Community awareness		Collaboration with other orgs		Other approach	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Immunisation	110	98	104	95	110	100	100	91	36	33	92	84	107	97	7	6
Type II diabetes	110	98	100	91	103	94	97	88	81	74	88	80	100	91	4	4
Mental health	110	98	104	95	95	86	60	55	91	83	85	77	102	93	3	3
Health promotion	98	88	70	71	77	79	49	50	47	48	80	82	87	89	2	2
Physical activity	95	85	54	57	61	64	27	28	56	59	74	78	71	75	2	2
Alcohol & other drugs	67	60	50	75	40	60	8	12	34	51	40	60	57	85	0	0
Cervical screening	82	73	53	65	72	88	65	79	18	22	49	60	53	65	3	4
Healthy weight/obesity	98	88	62	63	70	71	32	33	63	64	69	70	76	78	1	1
Nutrition	88	79	48	55	58	66	20	23	58	66	59	67	66	75	2	2
Smoking	62	55	36	58	44	71	17	27	22	35	42	68	41	66	2	3
Bowel cancer screening	26	23	22	85	19	73	4	15	4	15	15	58	17	65	0	0
Injury prevention	21	19	11	52	9	43	1	5	6	29	12	57	16	76	3	14
Breast cancer screening	27	24	22	81	13	48	9	33	6	22	13	48	20	74	2	7
Skin cancer screening	25	22	19	76	0	0	7	28	3	12	10	40	12	48	0	0
Other focus	14	13	9	64	10	71	7	50	6	43	9	64	11	79	7	50
At least one program/ activity	*112*	*100*	*110*	*98*	*112*	*100*	*109*	*97*	*102*	*91*	*107*	*96*	*111*	*99*	*16*	*14*

Note, proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Table 5.2: Number and proportion of Divisions targeting specific population groups in their prevention and early intervention activities, 2009-10

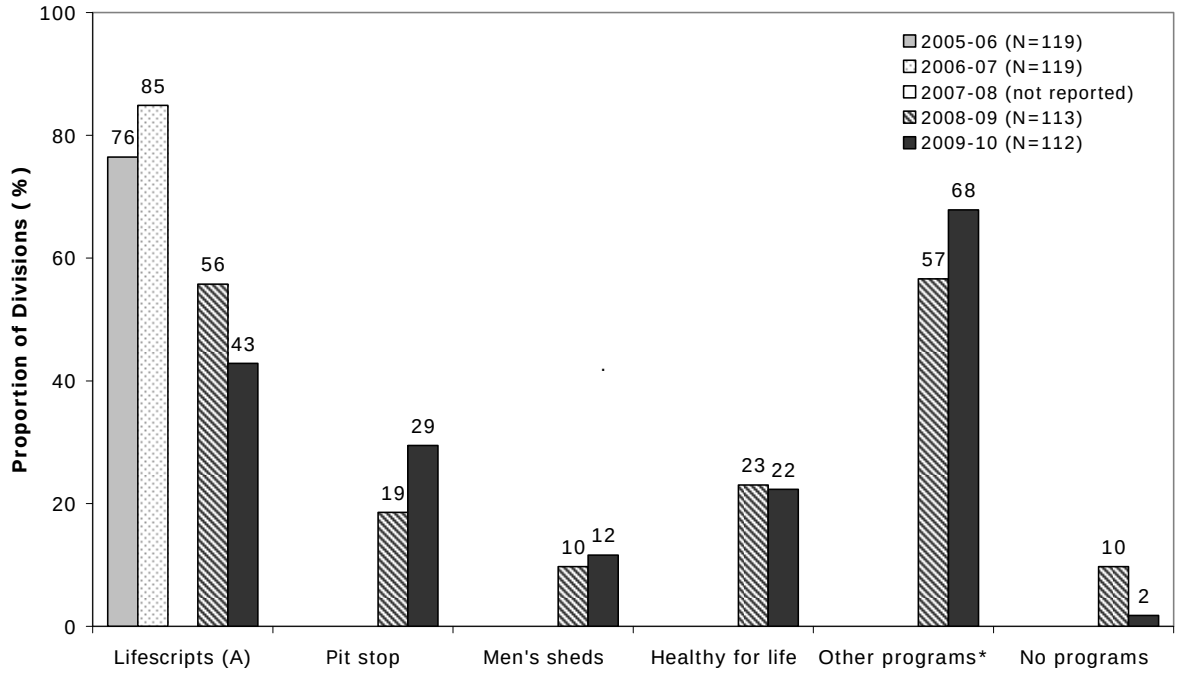
	Divisions with program/ activity		Divisions targeting population group																	
			Indigenous Australians		CALD		Children/ youth		Older people		Women		Men		Low SES		No specific group		Other target	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Immunisation	110	98	81	74	42	38	98	89	66	60	65	59	51	46	34	31	18	16	5	5
Type II diabetes	110	98	64	58	31	28	27	25	49	45	69	63	71	65	36	33	30	27	18	16
Mental health	110	98	48	44	34	31	54	49	43	39	59	54	57	52	56	51	43	39	7	6
Health promotion	98	88	51	52	23	23	46	47	42	43	58	59	56	57	34	35	36	37	7	7
Physical activity	95	85	31	33	19	20	25	26	34	36	40	42	39	41	19	20	48	51	6	6
Alcohol & other drugs	67	60	24	36	10	15	28	42	15	22	19	28	22	33	15	22	34	51	2	3
Cervical screening	82	73	22	27	14	17	8	10	4	5	74	90	1	1	18	22	3	4	2	2
Healthy weight/ obesity	98	88	36	37	23	23	34	35	35	36	49	50	49	50	20	20	39	40	8	8
Nutrition	88	79	33	38	18	20	27	31	26	30	37	42	36	41	16	18	37	42	5	6
Smoking	62	55	24	39	7	11	11	18	10	16	19	31	21	34	12	19	34	55	3	5
Bowel cancer screening	26	23	4	15	1	4	11	42	8	31	10	38	3	12	8	31	3	12	0	0
Injury prevention	21	19	4	19	2	10	3	14	14	67	3	14	3	14	2	10	4	19	3	14
Breast cancer screening	27	24	6	22	5	19	0	0	5	19	24	89	1	4	4	15	2	7	2	7
Skin cancer screening	25	22	4	16	2	8	1	4	2	8	6	24	9	36	2	8	19	76	1	4
Other focus	14	13	7	50	3	21	4	29	5	36	10	71	7	50	4	29	4	29	1	7
At least one program/ activity	*110*	*98*	*99*	*90*	*56*	*51*	*105*	*95*	*94*	*85*	*106*	*96*	*94*	*85*	*80*	*73*	*80*	*73*	*27*	*25*

Note, proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Programs with a prevention and early intervention focus (Q2.2)

Divisions were asked to report on programs with a prevention and early intervention focus. Programs included Lifescripts, Pit stop, Men's sheds, and Healthy for Life. Lifescripts was first reported in 2005-06 and followed up in 2006-07. Divisions did not report on specific programs in 2007-08; and 'other programs' was added for 2008-09 (see Figure 5.2 below).

The number of divisions providing programs with a prevention and early intervention focus increased from last year (only 2% provided no programs). Divisions providing 'Pit Stop' programs increased 10% from last year to 29%. 'Other' programs also increased (to 68%). The number of divisions providing 'Lifescripts' programs decreased 13% from 08-09 to 43%.



Note, (A) Lifescripts program was first reported in 2005-06 and followed up in 2006-07. No program specific reporting was required for 2007-08. *'Other programs': a new category for reporting in 2008-09.

Figure 5.2: Proportion of Divisions with prevention and early intervention programs, 2005-06 to 2009-10

Approaches used, and population groups targeted by Divisions specific to programs with a prevention and early intervention focus are shown in Table 5.3 and Table 5.4. Practice support and GP education were used in association with Lifescripts (90% and 73% of Divisions, respectively). The Men's Sheds and Pit stop programs, which were supported by small proportions of Divisions (12% and 29%, respectively), were targeted at men and promoted mainly through community awareness and collaboration with other organisations. Of the 25 Divisions conducting the Healthy for life program, approximately half reported targeting Indigenous Australians, and utilised a range of approaches.

Table 5.3: Number and proportion of Divisions' programs with a prevention and early intervention focus using specific approaches, 2009-10

	Divisions with program/ activity		Divisions using specified approach													
			GP education		Practice support		Recall system		Patient services		Community awareness		Collaboration with other orgs		Other approach	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Lifescripts	48	43	35	73	43	90	13	27	12	25	18	38	20	42	2	4
Pit stop	33	29	6	18	4	12	0	0	18	55	32	97	27	82	0	0
Men's sheds	13	12	4	31	1	8	0	0	6	46	11	85	9	69	1	8
Healthy for life	25	22	19	76	21	84	12	48	14	56	19	76	21	84	1	4
Other programs/activities	14	13	10	71	7	50	6	43	9	64	11	79	0	0	0	0
At least one program	*110*	*98*	*86*	*77*	*93*	*83*	*62*	*55*	*76*	*68*	*91*	*81*	*90*	*80*	*7*	*6*

Note, proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Table 5.4: Number and proportion of Divisions' programs with a prevention and early intervention focus targeting specific population groups, 2009-10

	Divisions with program/ activity		Divisions targeting population group																	
			Indigenous Australians		CALD		Children/ youth		Older people		Women		Men		Low SES		No specific group		Other target	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Lifescripts	48	43	22	46	9	19	5	10	15	31	24	50	25	52	11	23	22	46	1	2
Pit stop	33	29	6	18	1	3	1	3	3	9	6	18	23	70	2	6	6	18	3	9
Men's sheds	13	12	2	15	1	8	0	0	1	8	0	0	12	92	1	8	0	0	0	0
Healthy for life	25	22	12	48	3	12	4	16	5	20	8	32	7	28	5	20	8	32	1	4
Other programs/activities	14	13	7	50	3	21	4	29	5	36	10	71	7	50	4	29	4	29	1	7
At least one program	*110*	*98*	*53*	*48*	*21*	*19*	*31*	*28*	*38*	*35*	*57*	*52*	*71*	*65*	*30*	*27*	*55*	*50*	*20*	*18*

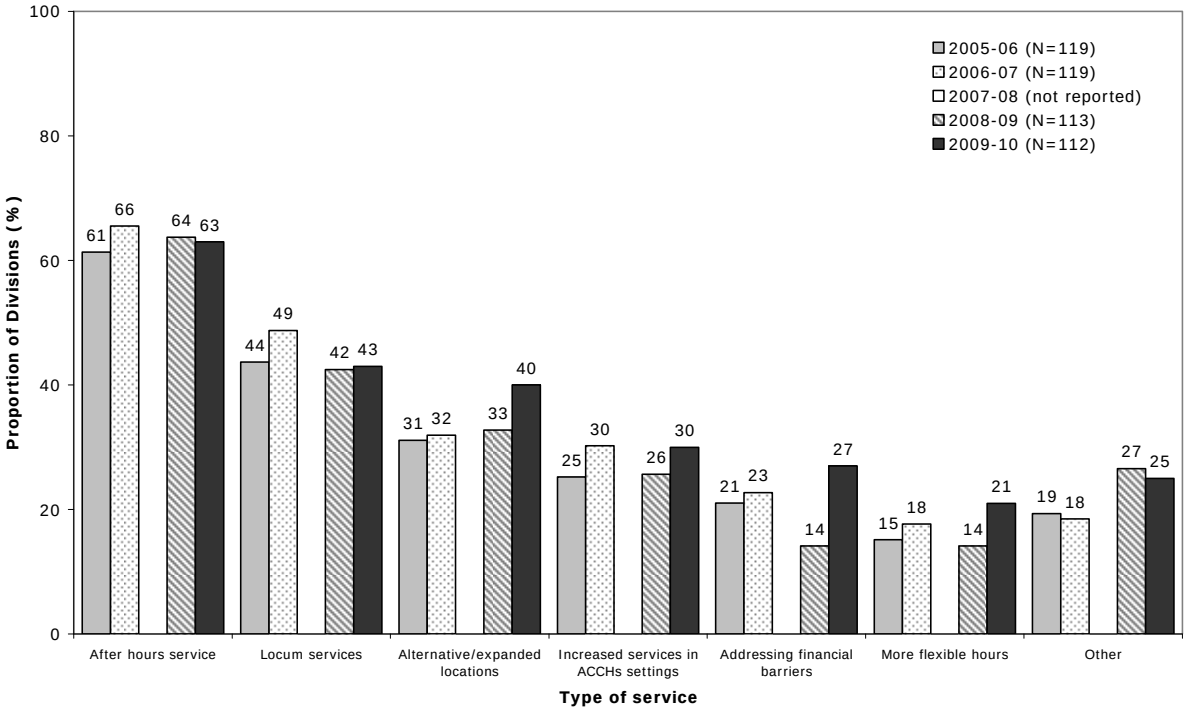
Note, proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

CHAPTER 6
ACCESS

Improving access to GP services

Extended services (Q3.1)

Consistent with the upward trend in previous years, 109 Divisions (97%) reported involvement in activities aimed at improving access to GP services in 2009-10. After hours services were supported by the largest proportion of Divisions (63%), followed by locum services (43%) and alternative or expanded locations (40%; see Figure 6.1). Divisions were not required to report on access to GP services in 2007-08.

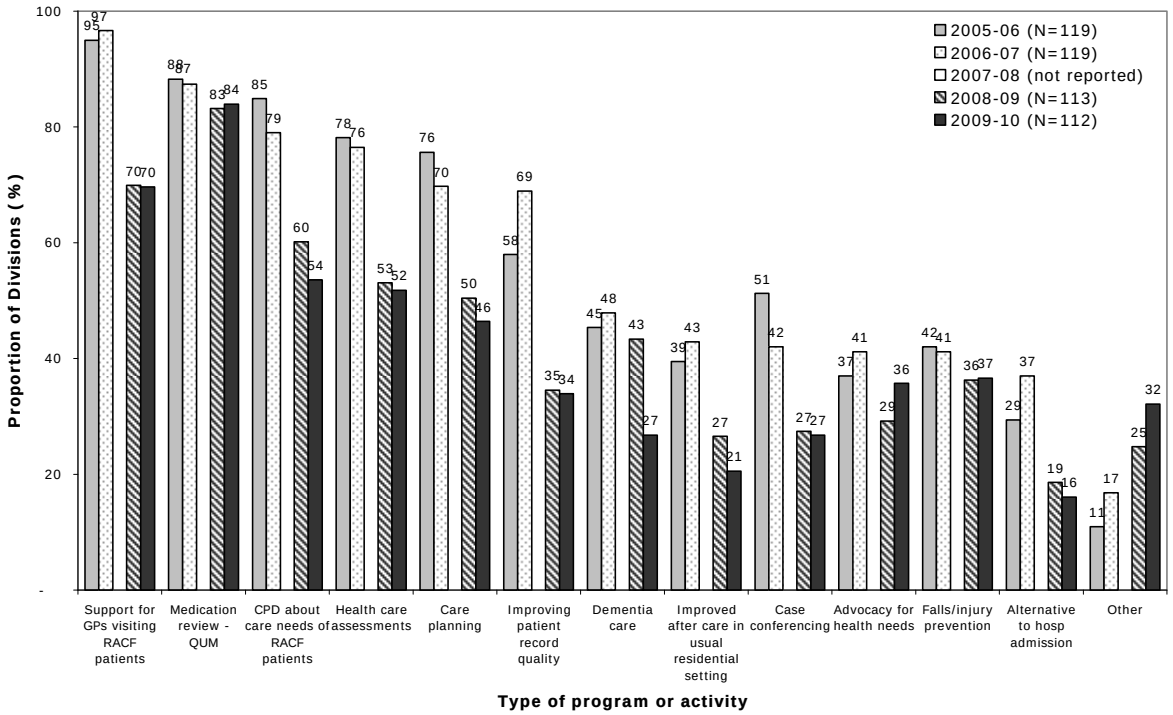


Note, prior to 2004-05, increased GP services in ACCHs settings was not assessed. Questions regarding access to GP services were not requested for reporting in 2007-08 and therefore no data were available for that period.

Figure 6.1: Involvement of Divisions in activities aimed at improving access to GP services, 2005-06 to 2009-10.

Improved GP care of the aged (Q3.2)

In 2009-10, while proportions of Divisions that implemented programs or activities to improve GP care of the aged were much lower than in previous years, almost all Divisions (99%) conducted at least one aged care program or activity. Most Divisions undertook medication review – QUM (84%), while 70% reported support for GPs visiting RACF patients, and over half reported CPD about care needs of RACF patients (54%) and health care assessments (52%; see Figure 6.2). Reporting of 'Other' programs increased compared to 2008-09, from 25% to 32%.



Note, questions regarding access to aged care were not requested for reporting in 2007-08 and therefore no data were available for that period.

Figure 6.2: Proportion of Divisions conducting programs or activities to improve GP care of the aged 2005-06 to 2009-10

Allied health professionals

Access to allied health professionals (Q3.7)

The Government consolidated four previously separate primary and allied health programs (More Allied Health Services (MAHS) program, Regional Health Services (RHS) program, Multipurpose Centre program (MPC), and Building Healthy Communities in Remote Australia program into the Rural Primary Health Services (RPHS) program. The aim of the RPHS program is to improve the health and wellbeing of people in rural and remote Australia.

The MAHS funding was reportable only up to the end of 2009 where thereafter Divisions were asked to report their access to allied health professionals using the consolidated RPHS funding. From July to December 2009, 63 Divisions reported providing 78 231[x] MAHS funded services during that period (see Table 6.1).

[x] Note that 2 Divisions had missing data in the number of MAHS services provided, and 5 Divisions had missing data about MAHS FTE.

Table 6.1: Allied health professionals (FTE) engaged by Divisions and funded through MAHS services, July-December 2009

	MAHS Services		MAHS FTE	
	Number of Divisions (unknown)*	Number of services	Number of Divisions (unknown)*	MAHS FTE
ATSI health workers	2 (1)	1600	2 (1)	3
ATSI mental health workers	0 (1)	0	0 (1)	0
Audiologists	2	377	1 (1)	0
Chiropractors	0	0	0	0
Counsellors	18	9745	18	21
Dietitian/nutritionists	33	14308	33	31
Occupational therapists	6	1125	6	2
Physiotherapists	19	6821	17 (2)	7
Podiatrists	27	9891	25 (2)	7
Psychologists	29	8181	27 (2)	19
RN - Mental health nurses	6	1256	6	2
RN - Diabetes educators	30 (1)	12597	30 (1)	27
RN - Asthma educators	7	3436	7	4
RN - General	5	1426	5	1
Social workers	14	2828	14	7
Speech pathologists	11	2499	11	4
Other type of AHP	14	2141	13 (1)	6
Total	*63*	*78231*	*62*	*142*

Note, rounding errors may occur.
* Number of Divisions reporting specified FTE or number of services for AHPs (number of Divisions reporting AHP engagement where the amount was 'unknown'). MAHS superseded by RPHS from January 2010.

In 2009-10, all 112 Divisions reported engaging at least one allied health professional to deliver services to patients, with psychologists and dietitian/nutritionists contracted by the largest proportions of Divisions (79% and 55%, respectively), a trend that continued from 2008-09. Thirty-eight percent of Divisions engaged 'other' types of allied health professionals. The most common response included exercise physiologists/professionals (n=22 Divisions), with 84 Divisions reporting 247 066[xi] services funded through other programs.

Sixty-four Divisions reported providing 78 332[xii] RPHS funded services (167 FTE). In terms of FTE overall, psychologists (165.2 FTE) received the most funding from RPHS and other program funding (see Table 6.2).

Allied Psychological Services (ATAPS) and Better Outcomes in Mental Health Care Initiative (BOiMHCI) funding components are no longer operational and have not been reported since 2007-08.

[xi] 20 Divisions had missing data in 'other program' services and in 'other program' FTE.

[xii] Note that 1 Division had missing data in the number of RPHS services provided, and 3 Divisions had missing RPHS FTE data.

Table 6.2: Allied health professionals (FTE) engaged by Divisions and funded through RPHS and Other services, 2009-10

	RPHS Services		RPHS FTE		Other Program Services		Other program FTE		*Total FTE*
	Number of Divisions (unknown)*	**Number of services**	Number of Divisions (unknown)*	**RPHS FTE**	Number of Divisions (unknown)*	**Number of Other services**	Number of Divisions (unknown)*	**Other program FTE**	
ATSI health workers	2	3708	2	5	6 (3)	1854	10	14	***18.7***
ATSI mental health workers	1	313	1	5	2 (1)	99	2 (1)	1	***6.0***
Audiologists	2	464	1 (1)	0	1	62	1	0	***0.2***
Chiropractors	0	0	0	0	0	0	0	0	***0.0***
Counsellors	17	7152	17	16	15 (6)	7394	16 (6)	22	***37.9***
Dietitian/nutritionists	34	12863	35	33	31 (7)	17337	34 (4)	41	***74.9***
Occupational therapists	6	1687	6	5	21 (5)	6416	21 (6)	12	***16.7***
Physiotherapists	21	6819	20 (2)	11	22 (2)	5979	17 (7)	13	***24.4***
Podiatrists	28	10623	28 (1)	14	15 (1)	5508	12 (4)	5	***18.9***
Psychologists	31	9056	31	24	67 (11)	128793	64 (14)	141	***165.2***
RN - Mental health nurses	4	772	4	2	38 (5)	27972	40 (3)	52	***53.6***
RN - Diabetes educators	29 (1)	9776	29 (1)	19	19 (7)	6744	24 (2)	23	***42.1***
RN - Asthma educators	6	855	6	2	4 (1)	901	5	3	***5.2***
RN - General	11	5842	11	8	14 (3)	7275	16	29	***36.9***
Social workers	17	3519	17	9	29 (6)	20671	26 (9)	37	***45.9***
Speech pathologists	11	2525	11	5	18	3576	14 (4)	4	***9.0***
Other type of AHP	17	2358	16 (1)	8	26 (4)	6485	25 (5)	18	***26.0***
Total	*64*	*78332*	*64*	*167*	*83*	*247066*	*84*	*415*	***581.6***

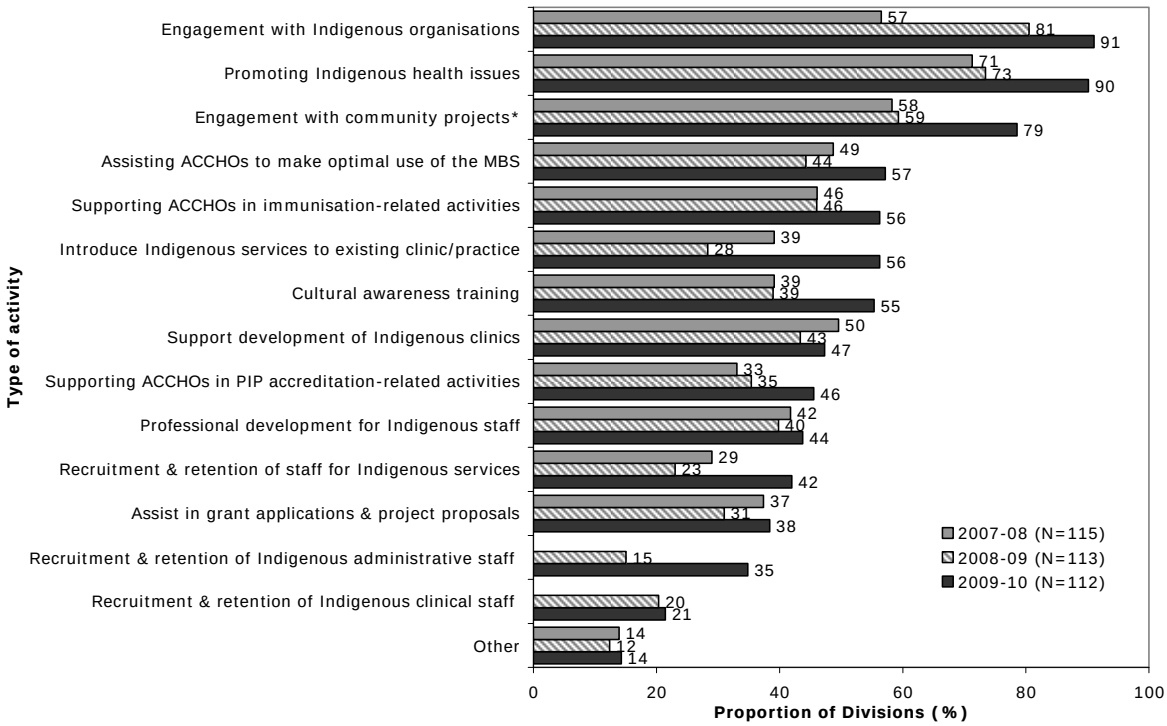
Note, rounding errors may occur.

* Number of Divisions reporting specified FTE or number of services for AHPs (number of Divisions reporting AHP engagement where the amount was 'unknown').

Indigenous collaboration

Access to Indigenous primary health care services (Q3.3)[xiii]

Nearly all Divisions (96%) conducted at least one activity to improve access to Aboriginal and Torres Strait Islander primary health care services in 2009-10. Figure 6.3 illustrates that Divisions improved across almost all types of activities, with the greatest improvement shown in the areas of introducing services to existing clinic/practice, recruitment and retention of Indigenous administrative staff, engagement with community projects, and cultural awareness training. Ninety one percent of Divisions actively engaged with Indigenous organisations, and 90% promoted Indigenous health issues.



Note, wording of question changed from 2007-08 to 2008-09, from improving access to ATSI major health services, to ATSI primary health care services. *In 2008-09, 'Engagement with community projects' was called 'Participation in community projects'.

Figure 6.3: Proportion of Divisions conducting programs to improve access to ATSI major health services, 2007-08 to 2009-10

[xiii] In 2008-09 the wording of this question changed from improving *access to Aboriginal and Torres Strait Islander major health services* to improving access to *primary health care services for Aboriginal and Torres Strait Islander patients*.

Indigenous status (Q2.3)

In 2009-10, 109 Divisions (97%) supported activities to assist GPs to accurately record the ATSI status of all patients. The proportion of Divisions reporting practice visits conducted for this issue specifically increased from the previous year by 37% to 79%, as did specific information sessions (up 15% to 35%, see Figure 6.4).

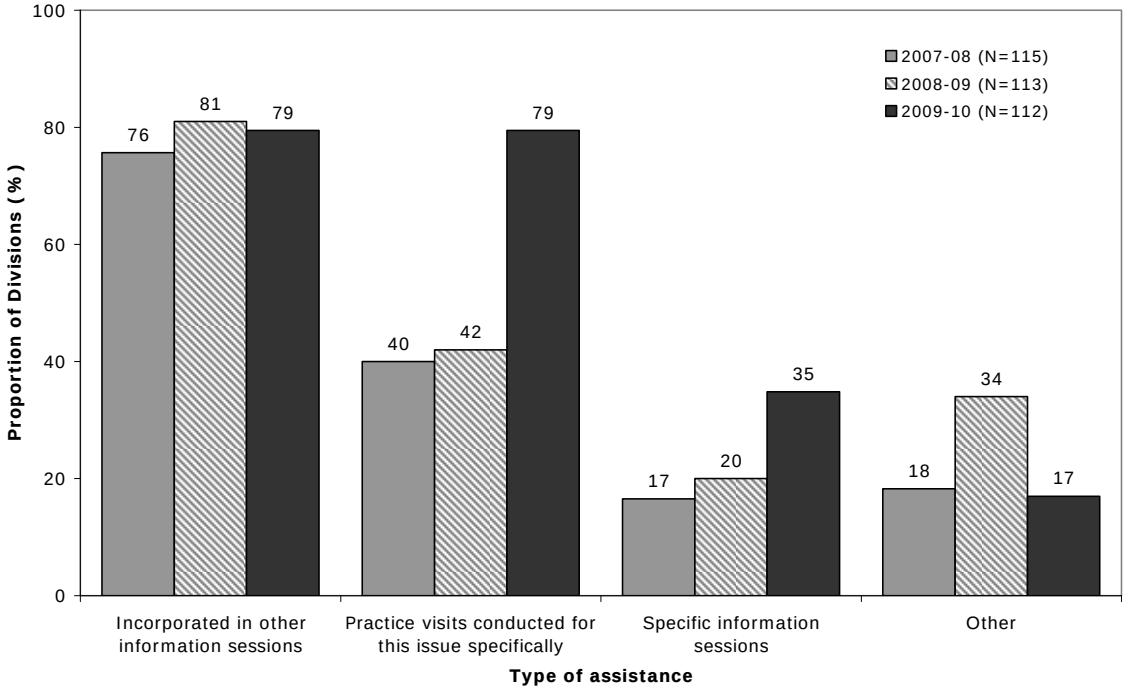


Figure 6.4: Proportion of Divisions providing assistance to GPs to accurately record the Indigenous status of all patients, 2007-08 to 2009-10

CHAPTER 7
COLLABORATION AND INTEGRATION

Improving GP collaboration with other health care providers

Structured shared care programs (Q4.1)

Shared care is defined as a collaborative approach to coordinating patient care between specialists/specialist teams and primary health care providers. In 2009-10, 110 Divisions (98%) reported conducting at least one structured shared care program. As shown in Figure 7.1, mental health programs[xiv] have remained the most common program/activity, with involvement in diabetes programs, antenatal/postnatal programs and aged care programs increasing steadily over time.

Hospitals and/or specialists (Q4.2)

For 2009-10, all Divisions engaged in at least one activity to improve GP collaboration with hospitals or specialists. As noted, multidisciplinary CPD events have remained the same since reporting of the program/activity commenced in 2008-09, and this was the most preferred form of collaboration for 2009-10 (Figure 7.2). Quality use of medicines was the next most preferred form of collaboration, followed closely by admission and/or discharge notification and communication between EDs and GPs to improve GP collaboration with hospitals/specialists.

Other primary care providers (Q4.3)

All Divisions in 2009-10 reported conducting programs or activities to improve GP collaboration with other primary care providers. For this reporting period, chronic disease management (CDM) items or enhanced primary care (EPC) was the most common type of activity (98%), followed by access to allied health services (95%), and referral pathways (94%). GP collaborations with other primary care providers regarding quality use of medicines was recorded in 2008-09 and reported herein for 2009-10. The activities/programs with the largest increases were shared care programs (increase of 13% from previous year) and referral pathways which increased 10% from 2008-09 (see Figure 7.3).

[xiv] Mental health programs have remained the most common program/activity since 2002-03.

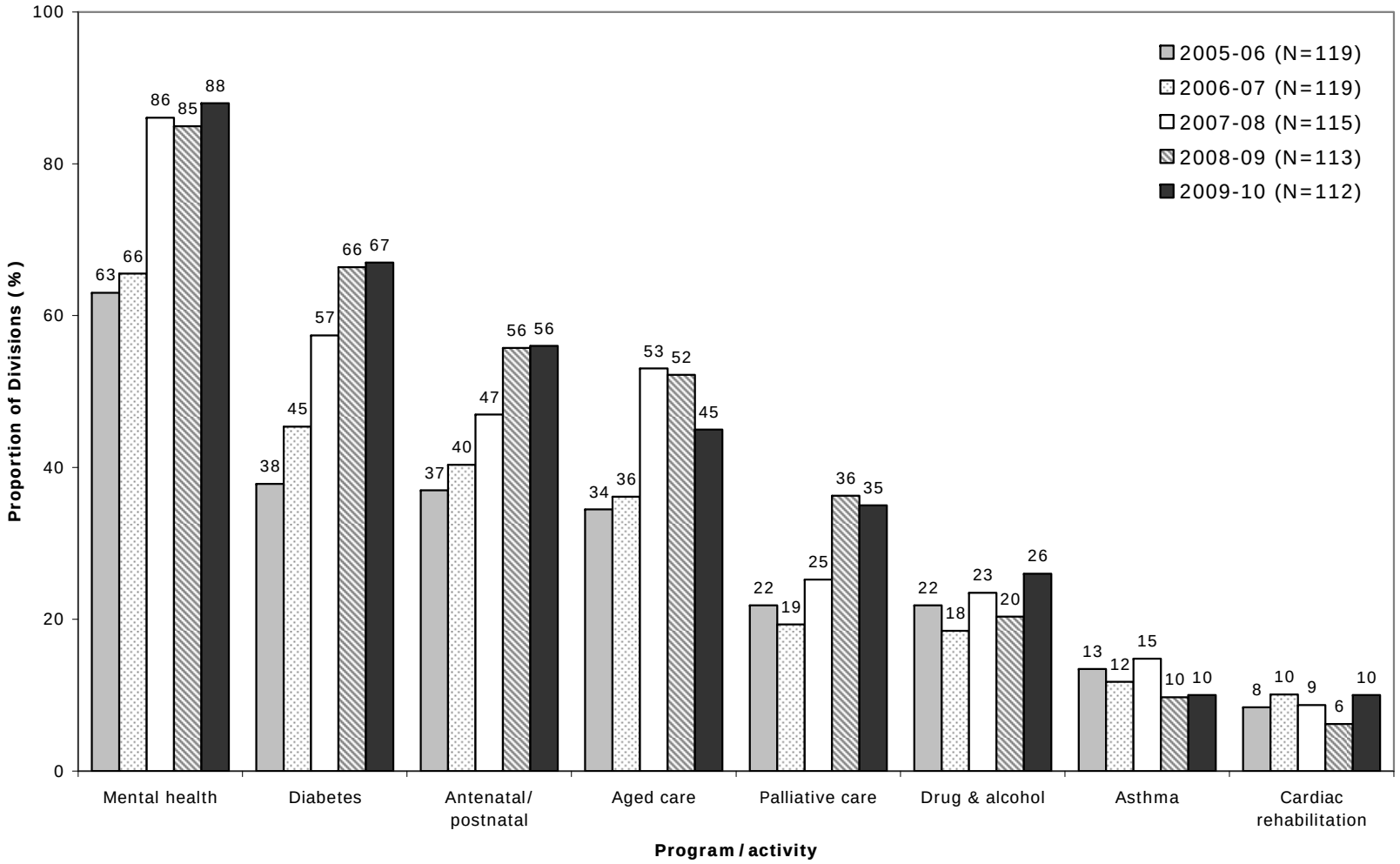
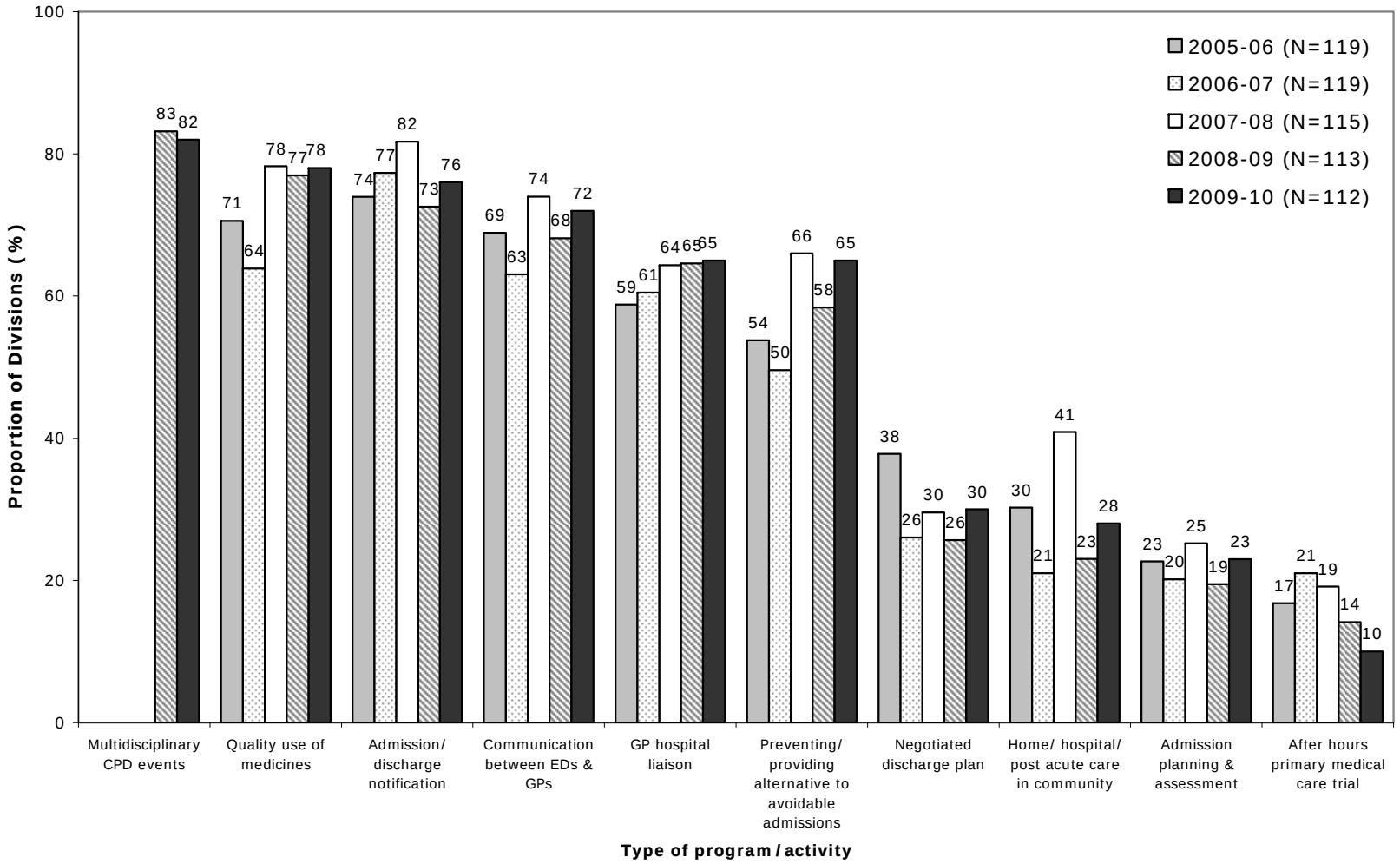
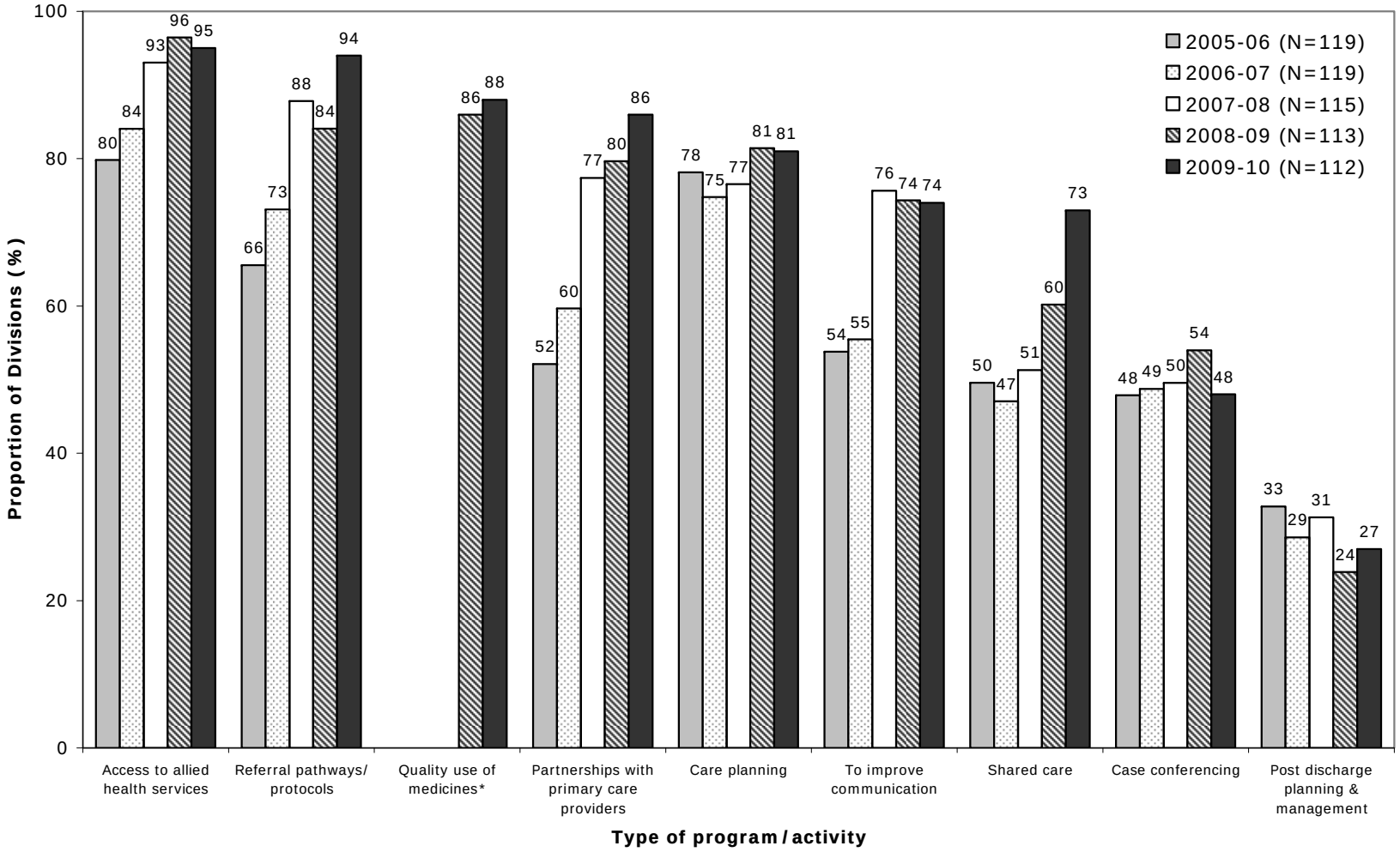


Figure 7.1: Proportion of Divisions involved in conducting structured shared care programs, 2005-06 to 2009-10



Note, multidisciplinary CPD events was a newly reported program/activity in 2008-09.

Figure 7.2: Proportion of Divisions with programs or activities aimed at improving GP collaboration with hospitals and/or specialists, 2005-06 to 2009-2010



Note, programs or activities addressing CDM items or EPC, and shared care were not included prior to 2005-06. Referral pathways/ protocols were not included before 2004-05.
*Quality use of medicines recently included from 2009-10.

Figure 7.3: Proportion of Divisions involved in conducting programs or activities to improve GP collaboration with other primary care providers, 2005-06 to 2009-10

CHAPTER 8
CHRONIC DISEASE MANAGEMENT

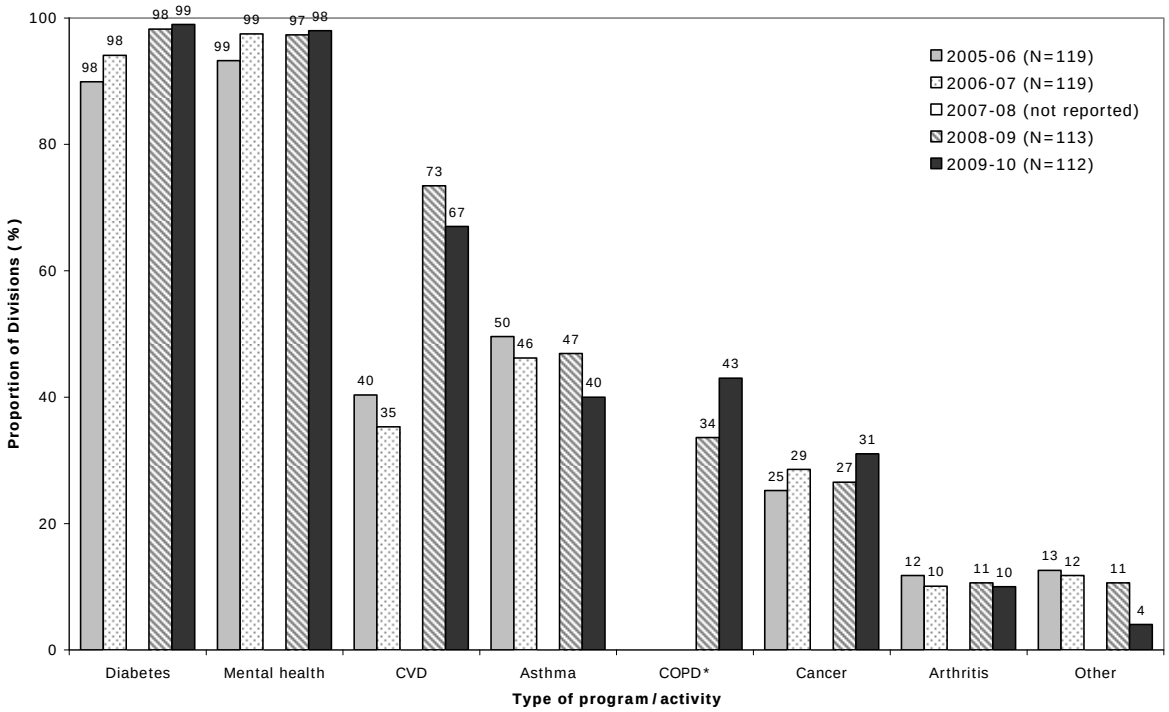
This section was removed in the 2007-08 ASD, reintroduced for the 2008-09 ASD and continues for 2009-10.

Programs with a chronic disease focus

Types of programs conducted (Q5.1)

All Divisions reported conducting at least one program or activity focused on a specific chronic disease in 2009-10.

Across the reporting periods, almost all Divisions reported continued involvement with diabetes or mental health programs (see Figure 8.1). In contrast, Divisions' participation in programs/activities that focused on asthma and arthritis has declined over the past five years. However, the proportion of Divisions participating in cardiovascular disease (CVD) programs rebounded in 2008-09, and remained relatively high in 2009-10. Divisions reported an increase in activities for chronic obstructive pulmonary disease (COPD) and cancer in 2009-10, with COPD focused programs increasing by 9% from the previous year.



Note, questions regarding chronic disease management (CDM) were not requested for reporting in 2007-08 and therefore no data available for that period. *COPD was newly reported in the 2008-09 ASD, previously recorded as 'other'.

Figure 8.1: Proportion of Divisions with chronic disease focused programs or activities, 2005-06 to 2009-10

Approaches used

Consistent with previous years, GP education and practice support remained the most commonly used approaches overall (all Divisions with at least one approach; see Table 8.1). Most Divisions with diabetes programs or activities reported using practice support (99%), recall systems (95%) and a strong engagement with GP education (95%). Divisions with mental health programs or activities typically used a multi-strategy approach, with most providing GP education (96%), practice support (92%), collaboration with other organisations (91%), patient services (90%) and community awareness (72%) approaches.

Table 8.1: Number and proportion of Divisions using specific approaches to conduct chronic disease focused programs or activities, 2009-10

	Divisions with program/ activity		Divisions using specified approach													
			GP education		Practice support		Recall system		Patient services		Community awareness		Collaboration with other orgs		Other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Diabetes	111	99	106	95	110	99	105	95	77	69	85	77	97	87	5	5
Mental health	110	98	106	96	101	92	68	62	99	90	79	72	100	91	3	3
CVD	75	67	58	77	66	88	63	84	26	35	31	41	50	67	2	3
COPD	48	43	37	77	35	73	30	63	14	29	18	38	30	63	3	6
Asthma	45	40	33	73	37	82	37	82	18	40	23	51	32	71	1	2
Cancer	35	31	28	80	17	49	12	34	3	9	18	51	23	66	0	0
Arthritis	11	10	5	45	4	36	2	18	4	36	2	18	2	18	2	18
Other	5	4	5	100	5	100	2	40	2	40	1	20	3	60	0	0
At least one program/ activity	*112*	*100*	*112*	*100*	*112*	*100*	*106*	*95*	*104*	*93*	*93*	*83*	*109*	*97*	*12*	*11*

Note, proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Population groups targeted

As in previous years, many of the reported chronic disease programs in 2009-10 had a generic focus rather than being targeted at specific population groups (see Table 8.2). However, where programs did specify target populations, these were most likely to be women, men, and Indigenous Australians, with approximately half of all Divisions targeting these groups in at least one chronic disease program or activity. Targeting these population groups was most common for mental health activities (48%, 47%, 41% of Divisions) and diabetes (45%, 45%, 41% respectively). Children/youth were targeted for mental health (38%) and asthma (33%) activities, and older people were targeted for diabetes (36%), mental health (35%) and asthma (27%) activities.

Table 8.2: Number and proportion of Divisions targeting specific population groups in their chronic disease focused programs or activities, 2009-10

	Divisions with program/ activity		Divisions targeting population group																	
			Indigenous Australians		CALD		Children/ youth		Older people		Women		Men		Low SES		No specific group		Other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Diabetes	111	99	47	42	20	18	13	12	40	36	50	45	50	45	30	27	63	57	3	3
Mental health	110	98	45	41	28	25	42	38	39	35	53	48	52	47	49	45	53	48	7	6
CVD	75	67	19	25	9	12	3	4	18	24	23	31	24	32	15	20	51	68	2	3
COPD	48	43	6	13	3	6	6	13	8	17	10	21	10	21	7	15	33	69	2	4
Asthma	45	40	10	22	4	9	15	33	12	27	16	36	16	36	11	24	29	64	0	0
Cancer	35	31	7	20	4	11	2	6	6	17	15	43	6	17	7	20	18	51	1	3
Arthritis	11	10	0	0	0	0	0	0	2	18	2	18	2	18	1	9	7	64	0	0
Other	5	4	2	40	0	0	1	20	1	20	3	60	3	60	3	60	1	20	2	40
At least one program/ activity	*112*	*100*	*59*	*53*	*32*	*29*	*50*	*45*	*53*	*47*	*69*	*62*	*64*	*57*	*54*	*48*	*77*	*69*	*7*	*6*

Note, proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

CHAPTER 9
GENERAL PRACTICE SUPPORT

Practice support

Type of support (Q6.1)

Reintroduced into the ASD for 2008-09, all Divisions reported providing at least one type of practice support activity in 2009-10 as in previous reporting periods.

The *number of Divisions* reporting the provision of support to practices increased for all but three activities (see Table 9.1). Up-skilling practice staff and implementation of new clinical procedures decreased by less than one percent in 2009-10. While cultural sensitivity training decreased by almost 30%, it was still greater than 2006-07 figures. Clinical attachments more than doubled in 2009-10 to 752. As in 2008-09, most practices received support in the development and distribution of resources (n=6822), up-skilling of practice staff (n=6262), and provision of information about local services (n=6159). Although practice amalgamation remained the lowest reported activity, the number of practices seeking support for practice amalgamation increased three-fold from 129 in 2008-09 to 445 in 2009-10.

Table 9.1: Type of practice support provided by Divisions and number of practices receiving support, 2006-07 to 2009-10

Type of support*	2006-07 (N=119)			2008-09 (N=113)			2009-10 (N=112)		
	Number of Divisions	Number of Divisions with 'unknown' practice number	**Number of practices**	Number of Divisions	Number of Divisions with 'unknown' practice number	**Number of practices**	Number of Divisions	Number of Divisions with 'unknown' practice number	**Number of practices**
Development/ distribution of resources	114	2	7186	110	3	6542	110	2	6822
Up-skilling practice staff	113	5	5138	112	1	6291	112	0	6262
Providing information about local services	103	9	5414	102	11	5857	105	5	6159
IM/IT	102	6	3680	109	4	4453	109	1	4840
Practice staff networks	109	3	4010	107	6	4286	107	1	5160
Developing practice systems	78	10	2563	99	14	4018	102	5	4562
Patient surveys for accreditation	69	8	1429	104	9	3094	102	3	3394
Implementation of new clinical procedures	66	17	2223	75	38	3007	72	13	2992
Business management advice & support	79	11	1888	85	28	2933	90	4	3265
Developing practice teamwork	75	4	1773	84	29	2655	92	6	3666
Introduction/ employment of Practice Nurses	110	3	2528	101	12	2544	104	4	3486
Cultural awareness training	28	6	299	38	75	922	49	6	656
Locum use	49	5	688	55	58	723	51	13	973
Clinical attachments	28	10	265	31	82	339	45	11	752
Practice amalgamation	18	4	159	19	94	129	25	6	445
Other	6	0	315	17	96	875	17	0	1695

Note, when comparing across the years, 'patient surveys for accreditation' replaced 'support for accreditation' in 2008-09. In the same year, 'cultural sensitivity training' was replaced by 'cultural awareness training'. *Questions regarding *type of support* were not requested for reporting in 2007-08 and therefore no data available for that period.

IM/IT activities in Practices

Training and support (Q6.2)

Division IM/IT training and support activities in relation to general practice were assessed in terms of what practices requested and what Divisions provided. Table 9.2 shows that in 2009-10 the proportion of Divisions *receiving requests for training* increased for most types of training, except use of clinical information systems and use of practice management systems (down 3% and 1% respectively). The proportion of Divisions *providing training* increased for all types of training, with all 112 Divisions providing training for the use of disease registers and/or recall and reminder systems. Similar to previous years Divisions typically provided training if requested by a practice. The greatest disparity in 2009-10 was for website development, where 6 Divisions provided training out of 13 that received a request.

Table 9.2: Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT *training* activities, 2008-09 to 2009-10

Type of training	Requested		Provided		Requested & Provided	
	2008-09 n (%)	2009-10 n (%)	2008-09 n (%)	2009-10 n (%)	2008-09 n (%)	2009-10 n (%)
Use of disease registers and/ or recall & reminder systems	107 (95)	108 (96)	111 (98)	112 (100)	107 (95)	108 (96)
Electronic data transfer	101 (89)	107 (96)	104 (92)	111 (99)	98 (87)	107 (96)
Use of Clinical Information Systems	106 (94)	102 (91)	104 (92)	105 (94)	102 (90)	100 (89)
Support in accessing IM/IT Practice Incentives Program payments	94 (83)	93 (83)	100 (88)	101 (90)	93 (82)	92 (82)
Use of Practice Management Systems	86 (76)	84 (75)	85 (75)	90 (80)	78 (69)	81 (72)
Use of on-line health evidence databases	54 (48)	58 (52)	69 (61)	73 (65)	51 (45)	57 (51)
Basic computer literacy	48 (42)	57 (51)	58 (51)	64 (57)	43 (38)	54 (48)
Web-site development	13 (12)	13 (12)	14 (12)	14 (13)	8 (7)	6 (5)

Note, N=113 for 2008-09 and N=112 for 2009-10

In terms of support for IM/IT activities, there was an increase in the proportion of Divisions *receiving requests* and *providing* support for electronic data transfer in 2009-10 (see Table 9.3). *Requests* and *provision* of computer support and technical assistance, bulk purchases of computer/software, and developing new applications showed slight decreases from 2008-09. Other types of support that were *requested* and *provided* (use of disease registers and/or recall and reminder systems, accessing IM/IT Practice Incentives Program payments, computing information and advice) were similar to those reported in 2008-09. The greatest disparity in IM/IT support activities was in computer support and technical assistance, where 60 Divisions provided support out of 71 that received a request.

Table 9.3: Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT *support* activities, 2008-09 to 2009-10

Type of support	Requested		Provided		Requested & Provided	
	2008-09 n (%)	2009-10 n (%)	2008-09 n (%)	2009-10 n (%)	2008-09 n (%)	2009-10 n (%)
Electronic data transfer	103 (91)	107 (96)	104 (92)	108 (96)	99 (88)	107 (96)
Use of disease registers and/or recall & reminder systems	106 (94)	106 (95)	110 (97)	109 (97)	106 (94)	106 (95)
Support in accessing IM/IT Practice Incentives Program payments	95 (84)	95 (85)	98 (87)	96 (86)	95 (84)	94 (84)
Computing information & advice	77 (68)	76 (68)	74 (65)	76 (68)	70 (62)	68 (61)
Computer support & technical assistance	76 (67)	71 (63)	67 (59)	62 (55)	65 (58)	60 (54)
Developing new applications	27 (24)	25 (22)	28 (25)	26 (23)	26 (23)	21 (19)
Bulk purchases of computer/software	24 (21)	20 (18)	22 (19)	19 (17)	19 (17)	15 (13)

Note, N=113 for 2008-09 and N=112 for 2009-10

CHAPTER 10
CONSUMER FOCUS

Collaborating with consumers

Indigenous involvement in the Division (Q7.1)

In 2009-10, 102 Divisions (91%) reported at least one formal mechanism to involve Indigenous consumers. This represents an increase in involvement levels reported in previous years: 91 Divisions (81%) in 2008-09, and 94 Divisions (82%) in 2007-08. Figure 10.1 shows to what extent various mechanisms were used by Divisions to involve Indigenous health consumers or organisations.

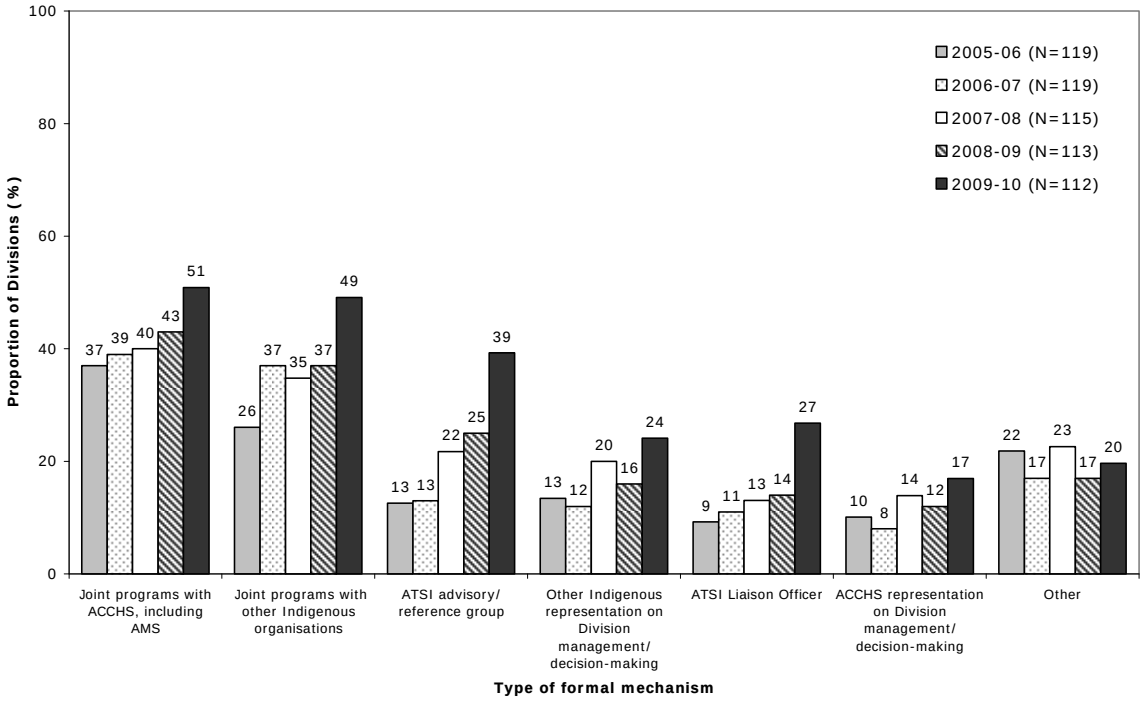
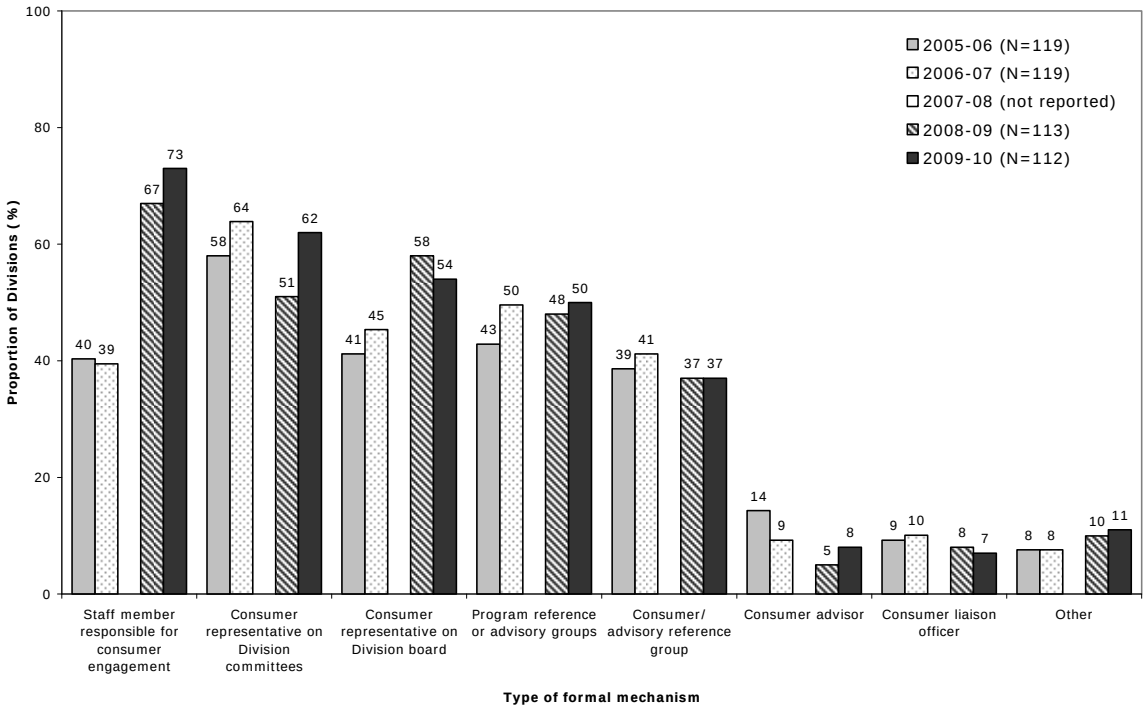


Figure 10.1: Proportion of Divisions with specific formal mechanisms to involve Indigenous health consumers or organisations, 2005-06 to 2009-10

Mechanisms to involve and consult with consumers

Consumer involvement in Division activities (Q7.2)

In 2009-10, nearly all Divisions (98%) reported using at least one formal mechanism to involve consumers in Division activities. The most marked increase over the past five years was having a staff member responsible for consumer engagement, up 33% from 2005-06 to 73% of Divisions in 2009-10 (see Figure 10.2). Consumer representation on Division committees also increased by 11% to 62% in 2009-10, a figure close to that of 2006-07. Conversely, there was a slight decrease (4%) of Divisions reporting consumer representation on Division Boards, but was still more than half of Divisions.



Note, questions regarding *consumer involvement in Division activities* were not requested for reporting in 2007-08 and therefore no data available for that period.

Figure 10.2: Proportion of Divisions reporting formal mechanisms for involving consumers, 2005-06 to 2009-10

Activities involving consumers or community members

Evaluation, needs assessment and strategic planning (Q7.4)

In 2009-10, 109 Divisions (97%) reported involvement in evaluation, needs assessment and strategic planning activities. Of these, 106 (97%) involved consumers in one or more of these activities. In terms of specific activities for 2009-10, Divisions were most likely to involve consumers in evaluation of program activities (74%), then needs assessment (68%) and strategic planning (63%) (see Table 10.1). Since first reporting this information in 2004-05, the proportion of Divisions engaging consumers in all three activities is at its highest to date.

Table 10.1: Proportion of Divisions reporting consumer involvement in evaluation of programs, needs assessment and strategic planning in 2005-06 to 2009-10*

Consumers drawn from	Evaluation of programs				Needs assessment				Strategic planning			
	2005-06	2006-07	2008-09	2009-10	2005-06	2006-07	2008-09	2009-10	2005-06	2006-07	2008-09	2009-09
Past/current Division programs	28	35	33	41	16	26	30	33	18	24	19	23
Individual consumers	41	35	50	49	25	32	46	52	31	29	40	37
Organised consumer group	26	29	23	29	22	24	29	29	28	25	20	24
Local organisations	23	25	24	35	25	29	34	48	22	26	29	30
State/Territory Health Department	3	6	15	6	5	8	14	11	4	8	14	11
Community health centre	8	9	6	14	10	8	17	27	9	8	9	15
State/Territory-wide organisations	4	8	7	14	6	7	11	13	6	5	8	13
Local government	6	8	6	9	11	12	14	17	13	12	12	13
Other source	4	4	4	4	3	3	6	7	3	5	16	6
Consumers involved in any activities	*65*	*65*	*65*	*74*	*42*	*48*	*60*	*68*	*51*	*57*	*62*	*63*

Note, N=119 for 2005-06 and 2006-07, N=113 for 2008-09, and N=112 for 2009-10. *Questions regarding *evaluation, needs assessment and strategic planning* were not requested for reporting in 2007-08 and therefore no data available for that period.

CHAPTER 11 WORKFORCE

Practice Nurses

Number of Practice nurses (Q8.1)

The number of known practice nurses has continued to increase steadily over the years from 3 255 in 2003-04 to 10 085 in 2009-10. This represents a 9.4% increase from 2008-09 (see Figure 11.1). The number of practices using practice nurses also increased in 2009-10 to 4 136 (see Table 11.1).

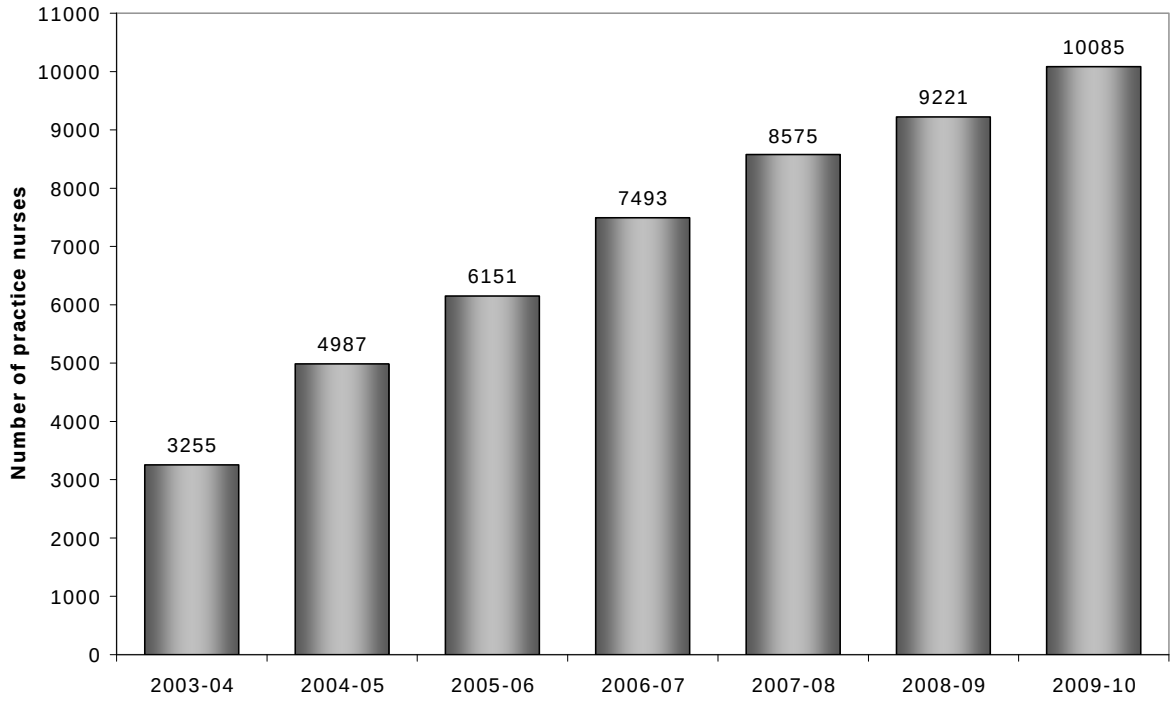


Figure 11.1: Estimated number of practice nurses in Australia, 2003-04 to 2009-10

Compared with the previous year, the proportion of total practices using a practice nurse in Victoria, NSW, WA, and SA increased slightly from 2008-09 (an increase of 1% for Victoria and NSW, 7% for WA and 11% for SA). Queensland and NT remained consistent with the previous year, while Tasmania and ACT decreased from 2008-09 by 2% and 11% for 2009-10. Rural and rural-remote practices continued to have the highest uptake at around 80% of practices compared with 48% of metropolitan practices (see Table 11.2). Practices most likely to engage a practice nurse were in Tasmania, Western Australia and Queensland; and consistent with previous years, New South Wales practices were least likely (see Table 11.3). Overall, in 2009-10, 58% of practices engaged the services of a practice nurse; this is up 2% on the previous year.

Table 11.1: Estimated number of practice nurses in catchment by state, 2009-10

		Number			
		Median	Minimum	Maximum	Total
Practice nurses working in catchment area	NSW (n=34)	65	15	314	2797
	Vic (n=29)	81	38	150	2554
	Qld (n=17)	102	42	276	2180
	SA (n=14)	41	25	197	836
	WA (n=13)	44	9	297	1103
	Tas (n=3)	107	79	152	338
	NT (n=1)	183	183	183	183
	ACT (n=1)	94	94	94	94
	Total	*79*	*9*	*314*	*10085*
Number of practices using a practice nurse	NSW (n=34)	33	10	115	1199
	Vic (n=29)	34	11	78	1040
	Qld (n=17)	45	18	130	913
	SA (n=14)	17	6	72	344
	WA (n=13)	18	9	97	414
	Tas (n=3)	36	24	54	114
	NT (n=1)	66	66	66	66
	ACT (n=1)	46	46	46	46
	Total	*33*	*6*	*130*	*4136*

Table 11.2: Practice nurse engagement in general practices by RRMA, 2009-10

RRMA	Practice nurses (n)	General practices		
		Number in RRMA (n)	Number using a practice nurse (n)	Proportion using a practice nurse (% of total)
Metropolitan (n=50)	5424	4825	2319	48
Metro-rural (n=12)	1365	692	487	70
Rural (n=33)	2410	1168	962	82
Rural-remote (n=13)	823	410	321	78
Remote (n=4)	63	56	47	84
Total (n=112)	*10085*	*7151*	*4136*	*58*

Table 11.3: Practice nurse engagement in general practices by State, 2009-10

State	Practice nurses (n)	General practices		
		Number in state (n)	Number using a practice nurse (n)	Proportion using a practice nurse (% of total)
NSW (n=34)	2797	2731	1199	44
Vic (n=29)	2554	1691	1040	62
Qld (n=17)	2180	1266	913	72
SA (n=14)	836	525	344	66
WA (n=13)	1103	569	414	73
Tas (n=3)	338	158	114	72
NT (n=1)	183	120	66	55
ACT (n=1)	94	91	46	51
Total (n=112)	*10085*	*7151*	*4136*	*58*

Supporting practice nurses

For a sixth consecutive year, all Divisions reported providing at least one activity to support practice nurses. Figure 11.2 shows the continuing preference for professional development/education/up-skilling activities, although there has been increasing support for enhanced primary care support and chronic disease management items, facilitation of networks of practice nurses, and chronic disease management over the years. During the past year, there were also noticeable increases in the number of Divisions providing mentoring and clinical support to nurses, and involving practice nurses in Division activity.

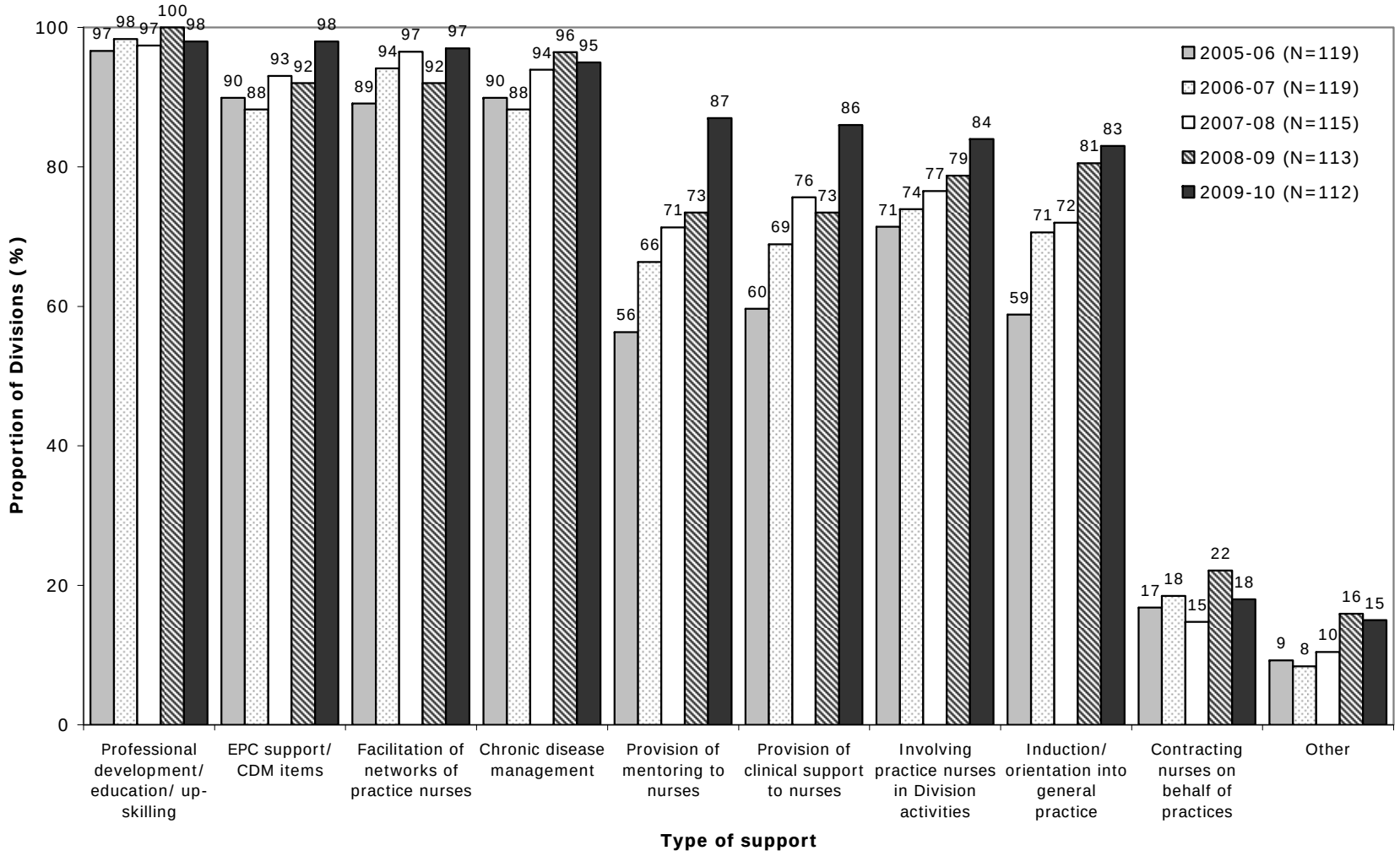


Figure 11.2: Proportion of Divisions providing support to practice nurses, 2005-06 to 2009-10

Workforce

GP workforce support activities (Q8.2)

Nearly all Divisions (99%) reported providing at least one activity to support the workforce needs and wellbeing of GPs in 2009-10. Most Divisions maintained their involvement in GP support (96%) and Practice support (93%), with student and registrar support showing a continued increase (up 7% to 87%). Compared with the previous year, all activities were undertaken by similar proportions of Divisions in 2009-10, except for facilitating peer support activities, which decreased by 13% (see Figure 11.3).

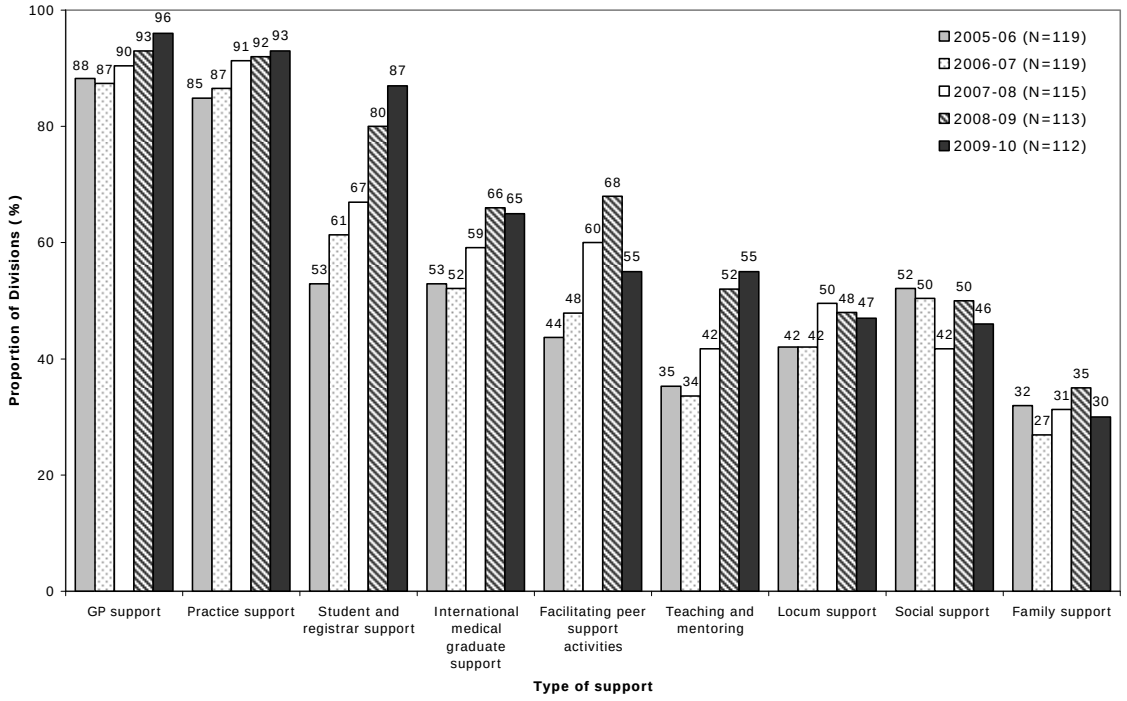


Figure 11.3: Proportion of Divisions undertaking activities to support the workforce needs and wellbeing of GPs, 2005-06 to 2009-10

GP health

In 2009-10, 96 Divisions (86%) provided at least one activity to support GP health. The overall trend in the provision of these activities has remained consistent over the years. Encouraging GPs to have their own GP remained the most common activity as illustrated in Figure 11.4. Divisions providing educational sessions on GP health increased by 8%, however counselling and debriefing services for GPs decreased by 9%.

Practice development and education

Consistent with 2008-09, all 112 Divisions provided at least one GP practice development and education activity for 2009-10. With the exception of accreditation, there has been an overall trend of increased activities to support GP practice development and education leading up to 2009-10 (Figure 11.5). Continuing professional development remained the activity most commonly provided by Divisions. Needs analysis/data collection activity continues to increase.

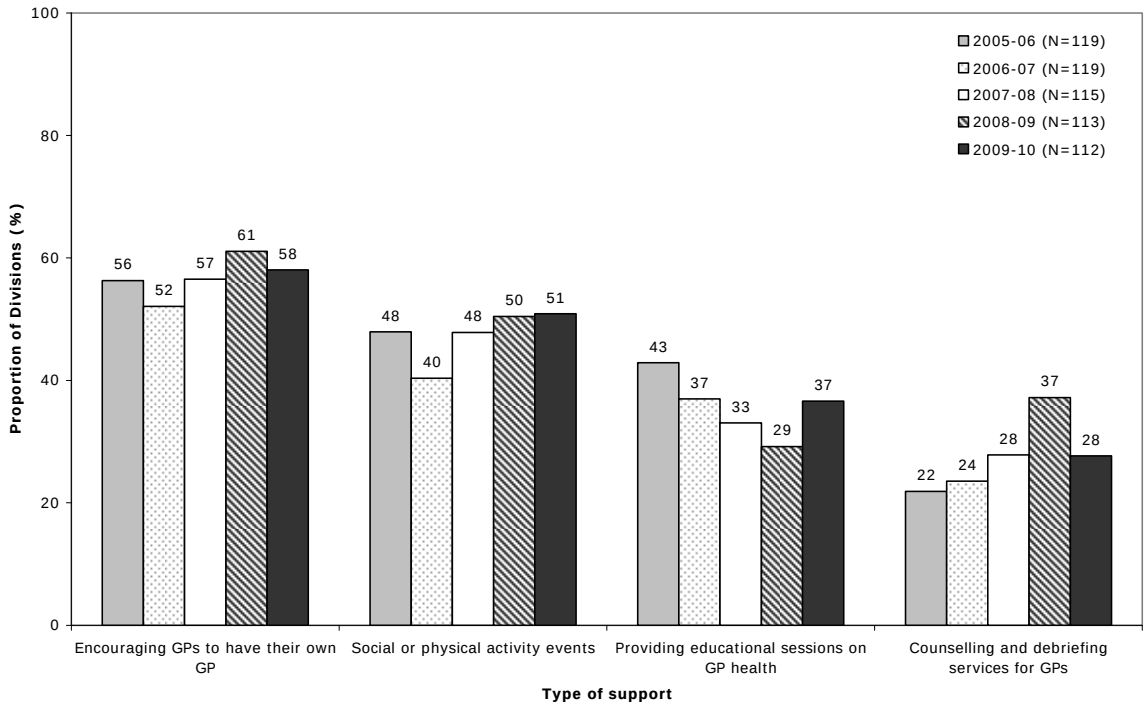


Figure 11.4: Proportion of Divisions undertaking activities to support GP health, 2005-06 to 2009-10

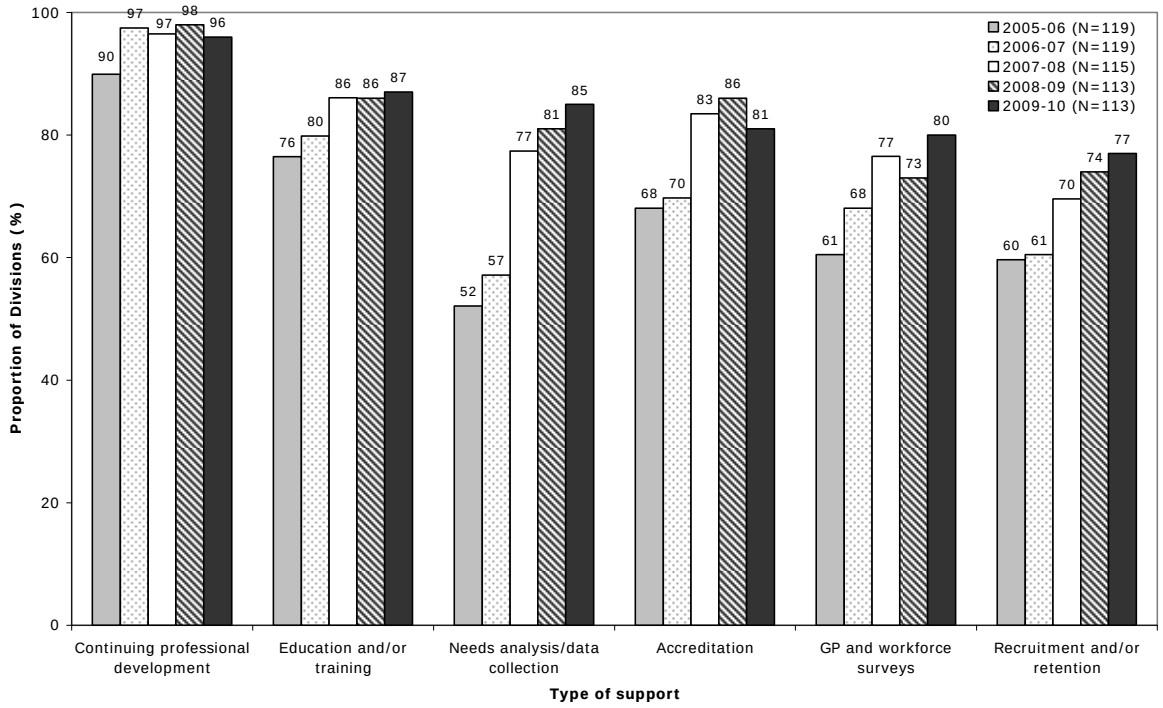


Figure 11.5: Proportion of Divisions undertaking activities to support GP practice development and education, 2005-06 to 2009-10

Workforce Support for Rural General Practitioners (WSRGP) Program (Q8.2)

The WSRGP Program was initiated in 2000-01 as part of the Australian Government's Rural Health Strategy. As in previous years, 66 Divisions reported eligibility for WSRGP Program funding.

The reported total number of medical staff receiving WSRGP support has increased across the past three reporting periods. While slightly fewer GP staff received WSRGP support in 2009-10 than in 2008-09 and 2007-08, there was an increase in WSRGP support for medical students and for other types of GP staff (see Table 11.4).

Table 11.4: Number of medical workforce receiving WSRGP support, 2007-08 to 2009-10

Type of GP staff receiving WSRGP support	2007-08 (N=115)		2008-09 (N=113)		2009-10 (N=112)	
	No. of Divs reporting (no. unknown)	Sum	No. of Divs reporting (no. unknown)	Sum	No. of Divs reporting (no. unknown)	Sum
GP	61 (5)	3622	66 (1)	3157	64 (1)	3094
Registrars	51 (8)	486	58 (2)	650	61 (3)	714
Medical students	36 (9)	665	49 (3)	932	50 (8)	1117
International medical graduates	52 (9)	986	58 (3)	1379	60 (4)	1351
Other	6 (0)	21	8 (0)	99	11 (0)	220
Total	*67 (17)*	*5780*	*66 (4)*	*6217*	*63 (8)*	*6496*

GP workforce support funded by WSRGP

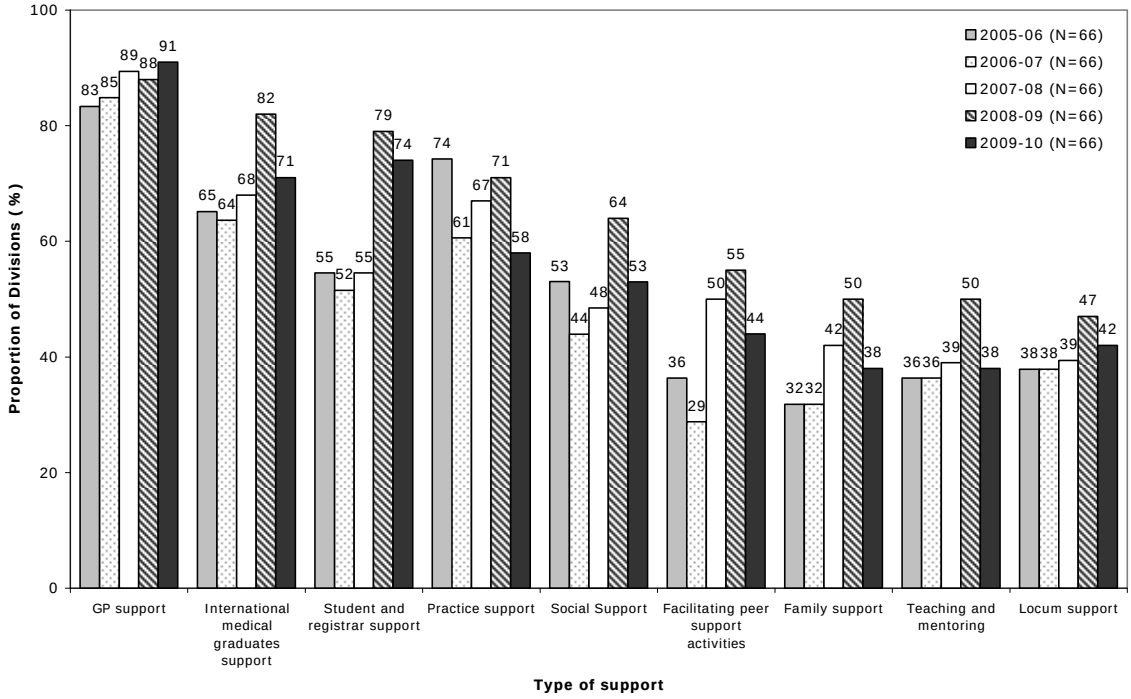
Sixty-five Divisions reported receiving funding from the WSRGP Program to conduct one or more activities that support the workforce needs/wellbeing of GPs. As shown in Figure 11.6, there was a decrease in all of the activities with the exception of GP support.

GP health activities funded by WSRGP

In 2009-10, 44 Divisions reported receiving WSRGP funding for at least one GP health activity. Divisions reported relatively consistent funding from WSRGP for all GP health activities from year to year, with the exception of counselling and debriefing services which decreased 12% from 2008-09 to 2009-10 (see Figure 11.7).

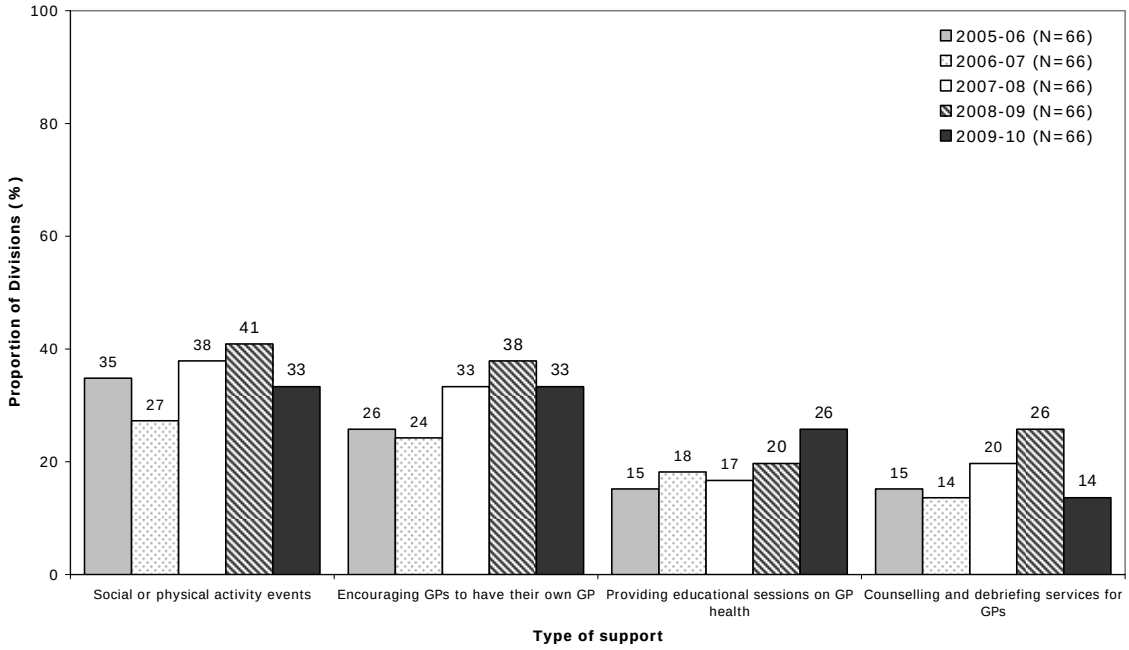
GP practice development and education funded by WSRGP

Overall, 60 Divisions reported receiving WSRGP funding for at least one GP practice development and education activity. The proportions of Divisions receiving WSRGP support varied across the reporting periods, with continuing professional development, needs analysis/data collection, and accreditation showing increases of 10%, 7%, and 3% respectively (see Figure 11.8).



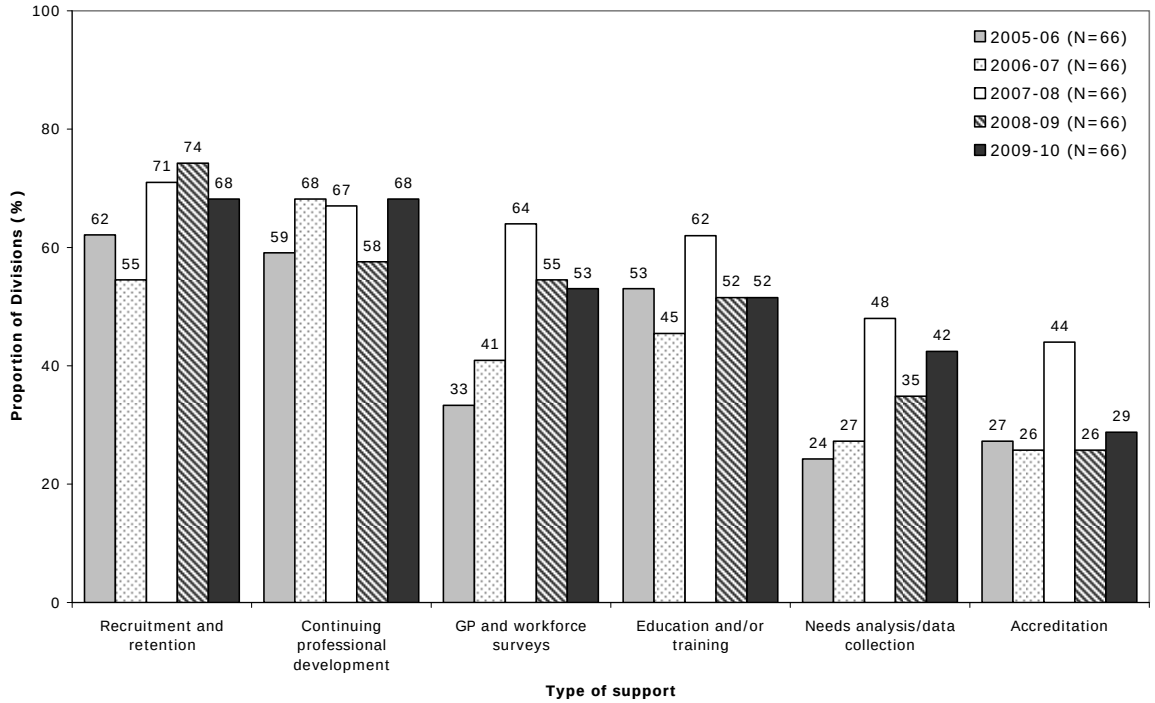
Note, proportions calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

Figure 11.6: Proportion of Divisions receiving support from the WSRGP Program undertaking activities to support the workforce needs/wellbeing of GPs, 2005-06 to 2009-10



Note, proportions calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

Figure 11.7: Proportion of Divisions receiving support from the WSRGP Program undertaking activities to support GP health, 2005-06 to 2009-10



Note, proportions calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

Figure 11.8: Proportion of Divisions receiving support from the WSRGP Program undertaking activities to support GP practice development and education, 2005-06 to 2009-10

CHAPTER 12
THE DIVISIONS NETWORK (AND RWA)

State Based Organisations (SBO)

SBO services (Relationships Q9.1)

In 2009-10, almost all Divisions reported that representation and advocacy (98%), effective leadership (98%), and adequate, timely and relevant information (97%) were provided either '*to some extent'* or '*a great extent'*. Over half of Divisions (52%) considered that SBOs provided representation and advocacy to '*a great extent'*. Ninety one percent of Divisions rated SBO help in Division capacity building was provided either '*to some extent'* or '*a great extent'* (see Table 12.1).

Table 12.1: Extent to which SBOs provided services at a State or Territory level, 2008-09 & 2009-10

SBO provides	2008-09 (N=113)						2009-10 (N=112)					
	Not at all		To some extent		To a great extent		Not at all		To some extent		To a great extent	
	n	%	n	%	n	%	n	%	n	%	n	%
Representation & advocacy	2	2	48	43	63	56	2	2	52	46	58	52
Effective leadership	4	4	54	48	55	49	2	2	59	53	51	45
Adequate, timely, relevant information	1	1	55	49	57	50	3	3	57	51	52	46
Help in Division capacity building	9	8	64	57	40	35	10	9	68	61	34	30

Note, rounding errors may occur.

SBO satisfaction (Relationships Q9.2)

First introduced in 2008-09 ASD, Divisions rated their satisfaction with particular SBO services. Divisions were most satisfied with SBO forums/workshops and SBO communication, with 81% and 80% '*satisfied'* and *'very satisfied',* respectively. There was a slight 2% increase in Divisions '*satisfied'* and *'very satisfied'* with SBO education and training. Compared to 2008-09, the number of Divisions that were '*very satisfied*' decreased for all SBO services, however most Divisions still remained '*satisfied*' (see Table 12.2).

Table 12.2: Division satisfaction with SBO services, 2008-09 & 2009-10

SBO services	2008-09 (N=113)										2009-10 (N=112)									
	Very dissatisfied		Dissatisfied		Neither		Satisfied		Very satisfied		Very dissatisfied		Dissatisfied		Neither		Satisfied		Very satisfied	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Forums and workshops	1	1	2	2	17	15	59	52	34	30	1	1	4	4	16	14	64	57	27	24
Communication	2	2	1	1	15	13	56	50	39	35	2	2	5	4	15	13	58	52	32	29
Education and training	1	1	3	3	26	23	56	50	27	24	1	1	4	4	22	20	66	59	19	17
Other services	2	2	3	3	35	31	51	45	22	20	2	2	5	4	31	28	56	50	18	16

Note, rounding errors may occur.

Australian General Practice Network (AGPN)

AGPN services (Relationships Q9.3)

In 2009-10, almost all Divisions (97%) considered that the AGPN achieved links to strengthen the primary health care system '*to some extent*' or '*a great extent*', while 94% provided the same rating for national leadership and governance. As Table 12.3 highlights, the proportion of Divisions reporting that both services were provided '*to a great extent*' improved compared with 2008-09 (up 8% and 12% respectively).

Table 12.3: Extent to which AGPN achieved national leadership and governance and links to strengthen the Primary Health Care System, 2008-09 & 2009-10

AGPN provides	2008-09 (N=113)						2009-10 (N=112)					
	Not at all		To some extent		To a great extent		Not at all		To some extent		To a great extent	
	n	%	n	%	n	%	n	%	n	%	n	%
National leadership and governance	11	10	57	50	45	40	7	6	51	46	54	48
Links to strengthen the primary health care system	3	3	56	50	54	48	3	3	42	37	67	60

Note, proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

AGPN satisfaction (Relationships Q9.4)

Divisions tended to be most satisfied with AGPN forums/workshops and AGPN communication, with 77% '*satisfied*' and 71% '*very satisfied*' with this service in 2009-10. Over half of Divisions provided the same rating for AGPN education and training (59%) and other AGPN services (52%; see Table 12.4). Around 10% of Divisions remained either '*dissatisfied*' or '*very dissatisfied*' with education and training, and communication services provided by the AGPN.

Table 12.4: Division satisfaction with AGPN services, 2008-09 & 2009-10

AGPN services	2008-09 (N=113)										2009-10 (N=112)									
	Very dissatisfied		Dissatisfied		Neither		Satisfied		Very satisfied		Very dissatisfied		Dissatisfied		Neither		Satisfied		Very satisfied	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Forums and workshops	1	1	3	3	18	16	65	58	26	23	1	1	5	4	20	18	61	55	25	22
Education and training	3	3	7	6	49	43	49	43	5	4	1	1	10	9	35	31	53	47	13	12
Communication	5	4	8	7	20	18	64	57	16	14	5	4	11	10	17	15	49	44	30	27
Other services	3	3	4	4	51	45	47	42	8	7	1	1	10	9	43	38	46	41	12	11

Note, proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

AGPN National Network Library (Q9.5)

The proportion of Divisions that reported using AGPN's National Network Library *'somewhat'* and *'very little'* remained at 99% from 2008-09 to 2009-10. The proportion of Divisions reporting *'very little'* use of the AGPN national network library resource increased 11% to 83%, with 16% of Divisions reporting having used the library *'somewhat'* (see Table 12.5). The AGPN library was used *'somewhat'* and '*a great deal*' by Metropolitan and Rural Divisions more than other RRMA classified Divisions (see Table 12.6). One rural-remote Victorian Division reported using the library '*a great deal*'.

Table 12.5: Division usage of AGPN's National Network Library by state, 2008-09 & 2009-10

State	2008-09 (N=113)							2009-10 (N=112)						
	State 'n'	Very little		Somewhat		A great deal		State 'n'	Very little		Somewhat		A great deal	
		n	%	n	%	n	%		n	%	n	%	n	%
NSW Divisions	34	24	21	9	8	1	1	34	29	26	5	4	0	0
Vic Divisions	29	22	20	7	6	0	0	29	23	21	5	4	1	1
Qld Divisions	18	8	7	10	9	0	0	17	14	13	3	3	0	0
SA Divisions	14	13	12	1	1	0	0	14	13	12	1	1	0	0
WA Divisions	13	10	9	3	3	0	0	13	10	9	3	3	0	0
Tas, NT & ACT Divisions	5	4	4	1	1	0	0	5	4	4	1	1	0	0
Total	*113*	*81*	*72*	*31*	*27*	*1*	*1*	*112*	*93*	*83*	*18*	*16*	*1*	*1*

Note, proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.6: Division usage of AGPN's National Network Library by RRMA, 2008-09 & 2009-10

RRMA	2008-09 (N=113)							2009-10 (N=112)						
	RRMA 'n'	Very little		Somewhat		A great deal		RRMA 'n'	Very little		Somewhat		A great deal	
		n	%	n	%	n	%		n	%	n	%	n	%
Metro Divisions	50	37	33	13	12	0	0	50	44	39	6	5	0	0
Metro-rural Divisions	12	8	7	4	4	0	0	12	8	7	4	4	0	0
Rural Divisions	34	25	22	8	7	1	1	33	28	25	5	4	0	0
Rural-remote Divisions	13	7	6	6	5	0	0	13	10	9	2	2	1	1
Remote Divisions	4	4	4	0	0	0	0	4	3	3	1	1	0	0
Total	*113*	*81*	*72*	*31*	*27*	*1*	*1*	*112*	*93*	*83*	*18*	*16*	*1*	*1*

Note, proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

As shown in Table 12.7 and Table 12.8, usefulness ratings in 2009-10 again mapped with rating of usage. Almost half of Divisions had '*no opinion*' about how useful the library was (46%), with 29% reporting that it was '*somewhat useful*' and '*useful*' (8%). There was a 5% increase across the years in the proportion of Divisions reporting that it was *'not useful'* (13% in 2008-09, and 18% in 2009-10). In contrast to last year, no remote Divisions, or Divisions from Queensland, Tasmania, NT or ACT, found the AGPN library '*useful'.*

Table 12.7: Division ratings of the usefulness of AGPN's National Network Library by state, 2008-09 & 2009-10

State	2008-09 (N=113)										2009-10 (N=112)									
	State 'n'	Not useful		Somewhat useful		No opinion		Useful		Very useful/ worthwhile		State 'n'	Not useful		Somewhat useful		No opinion		Useful		Very useful/ worthwhile	
		n	%	n	%	n	%	n	%	n	%		n	%	n	%	n	%	n	%	n	%
NSW Divisions	34	4	4	12	11	13	12	5	4	0	0	34	3	3	9	8	17	15	5	4	0	0
Vic Divisions	29	1	1	12	11	11	10	5	4	0	0	29	5	4	9	8	13	12	2	2	0	0
Qld Divisions	18	1	1	5	4	6	5	6	5	0	0	17	2	2	4	4	11	10	0	0	0	0
SA Divisions	14	5	4	4	4	5	4	0	0	0	0	14	5	4	6	5	2	2	1	1	0	0
WA Divisions	13	4	4	3	3	3	3	3	3	0	0	13	5	4	3	3	4	4	1	1	0	0
Tas, NT & ACT Divisions	5	0	0	2	2	2	2	1	1	0	0	5	0	0	1	1	4	4	0	0	0	0
Total	*113*	*15*	*13*	*38*	*34*	*40*	*35*	*20*	*18*	*0*	*0*	*112*	*20*	*18*	*32*	*29*	*51*	*45*	*9*	*8*	*0*	*0*

Note, proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.8: Division ratings of the usefulness of AGPN's National Network Library by RRMA, 2008-09 & 2009-10

RRMA	2008-09 (N=113)										2009-10 (N=112)									
	RRMA 'n'	Not useful		Somewhat useful		No opinion		Useful		Very useful/ worthwhile		RRMA 'n'	Not useful		Somewhat useful		No opinion		Useful		Very useful/ worthwhile	
		n	%	n	%	n	%	n	%	n	%		n	%	n	%	n	%	n	%	n	%
Metro Divisions	50	5	4	18	16	20	18	7	6	0	0	50	10	9	11	10	26	23	3	3	0	0
Metro-rural Divisions	12	1	1	8	7	2	2	1	1	0	0	12	2	2	7	6	3	3	0	0	0	0
Rural Divisions	34	4	4	8	7	15	13	7	6	0	0	33	7	6	6	5	15	13	5	4	0	0
Rural-remote Divisions	13	4	4	3	3	2	2	4	4	0	0	13	0	0	7	6	5	4	1	1	0	0
Remote Divisions	4	1	1	1	1	1	1	1	1	0	0	4	1	1	1	1	2	2	0	0	0	0
Total	*113*	*15*	*13*	*38*	*34*	*40*	*35*	*20*	*18*	*0*	*0*	*112*	*20*	*18*	*32*	*29*	*51*	*45*	*9*	*8*	*0*	*0*

Note, proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Rural Workforce Agencies (RWAs)

RWA usage and satisfaction (Q8.3)

In 2009-10, 51 Divisions (46%) reported eligibility for RWA services. This figure includes 85% of rural-remote Divisions (n=11/13), 76% of rural Divisions (n=25/33), 3 out of 4 remote Divisions (75%), 67% of metro-rural Divisions (n=8/12), and 4 out of 50 metropolitan Divisions (8%). Seventy percent of Division staff reported using RWA services *somewhat* (41%) or *a great deal* (29%), which is a 20% decrease from 2008-09. This was just one percent below Division CEOs (71%). Division Boards reported using RWA services to a much lesser extent (28%; see Table 12.9).

An overall satisfaction level across the three groups was lower in 2009-10 with some Divisions reporting dissatisfaction with RWA services. However, four Division Boards reported remaining *very satisfied* with RWA services (see Table 12.10).

Table 12.9: Division Board, CEO and staff use of RWA services, 2008-09 & 2009-10

Use of RWA by	2008-09 (N=57)						2009-10 (N=51)					
	Very little		Somewhat		A great deal		Very little		Somewhat		A great deal	
	n	n	n	n	n	n	n	%	n	%	n	%
Division Board	43	75	12	21	2	4	37	73	11	22	3	6
Division CEO	17	30	33	58	7	12	20	39	24	47	7	14
Division staff	6	11	30	53	21	37	15	29	21	41	15	29

Note, proportions are calculated using the number of eligible Divisions (N) as the denominator. Rounding errors may occur.

Table 12.10: Division Board, CEO and staff overall level of satisfaction with RWA, 2008-09 & 2009-10

Satisfaction with RWA by	2008-09 (N=57)										2009-10 (N=51)									
	Very dissatisfied		Dissatisfied		Neither		Satisfied		Very satisfied		Very dissatisfied		Dissatisfied		Neither		Satisfied		Very satisfied	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Division Board	-	-	-	-	34	60	19	33	4	7	-	-	8	16	26	51	13	26	4	8
Division CEO	-	-	1	2	17	30	31	54	8	14	-	-	7	14	15	29	23	45	6	12
Division staff	-	-	-	-	13	23	32	56	12	21	-	-	4	8	14	26	26	51	7	14

Note, proportions are calculated using the number of eligible Divisions (N) as the denominator. Rounding errors may occur.

REFERENCES

1 Kalucy E, Hordacre A-L, Patterson S. (2008). Going online - experiences with a web survey. *Australian Health Review, 32*(2), 366-370.

2 Hordacre A-L, Howard S, Moretti C, Kalucy E. (2008). *Moving ahead. Report of the 2006-2007 Annual Survey of Divisions of General Practice*. Adelaide: Primary Health Care Research & Information Service, Department of General Practice, Flinders University, and Australian Government Department of Health and Ageing.

3 Australian Government Department of Health & Ageing. (2005). *Review of the Rural, Remote, and Metropolitan Areas (RRMA) Classification. Discussion Paper (Without Prejudice)*. Canberra: Australian Government.

4 Australian Institute of Health & Welfare. (2004). *Rural, regional and remote health: A guide to remoteness classifications* (No. PHE 53). Canberra: AIHW.

5 Royal Australian College of General Practitioners. (2005, 6 September 2005). What is general practice. Retrieved 18 April 2008, from <www.racgp.org.au/whatisgeneralpractice>

APPENDIX A: ANNUAL SURVEY OF DIVISIONS 2009-10

2009-10 Annual Survey (PHC RIS)

Word version

Introduction

Welcome to the 2009-10 Annual Survey for your Division. This survey covers the period 1 July 2009 - 30 June 2010.

For further background information about the Annual Survey of Divisions (ASD), visit the main PHC RIS website at http://www.phcris.org.au/products/asd.

The ASD forms part of the contractual requirement of Divisions and is now an integrated component of the Divisions Online Reporting System.

Using the menu on the left please:

- Answer *all* questions
  - You can login as many times as you like
  - Your responses will be saved as you proceed to the next question
  - More than one user can enter data at the same time
- **Green icons** indicate that all questions in the area are complete
- **Review / Print** your responses, to confirm they are correct
- Finally your completed survey will be submitted to PHC RIS when you **submit** your 12 Month Report.

Please keep a record of how long it takes to complete the Survey, and record the total time spent at the end of the Survey.

If you have any problems or questions please contact us via our PHC RIS Assist service.

The deadline for this section is 30th September 2010.

To continue in this survey click the 'Next' button.

Privacy of Responses

Identified data from most sections of the Survey may be provided on request, eg. to identify which Divisions are involved in particular activities.
Sensitive data will not be provided in identified format. This includes data provided in the 'Relationship with Organisations in Division Network' and 'Funding' sections of the Survey.

View the PHC RIS data collection and privacy policy for further details.

To continue to the first question of the survey click the 'Next' button to the right.

CONTEXT

Division Staff

How many staff were employed by your Division during the last pay period ending at 30 June 2010?

Please indicate the number and Full-Time Equivalent (FTE) of GP and non-GP staff employed at this time. Include staff employed by the Division on a permanent, contract or casual basis, and those on leave at this time. Do not include time spent by staff (eg. medical or allied health care professionals) providing direct patient services.

	FTE	***Number of people***
GP Staff		
Non-GP Staff		

Other questions ask about number and FTE of staff providing direct patient services. These are addressed in **Access**. If you would like to answer these now, please follow the links below:

AHP Services (subquestions)

Practices

How many general practices were in your Division's catchment area at 30 June 2010?

If practices have more than one location, please count each location. The total number of practices should equal the sum of the following three categories.

If value not known please type 'unknown'

Practice Type	**Estimated number of practices**	**Data Source**
Solo practices:		
Practices with 2–5 GPs		
Practices with 6 or more GPs		
Total number of practices:		

If value not known please type 'unknown'

	Estimated number of practices	Data Source
How many of these practices were corporately owned?		
How many of these practices were accredited?		

Health Workforce

How many GPs do you estimate were practising in your Division's catchment area at 30 June 2010?

Please note that this only includes GPs who were practising in your Division's catchment area, and does not include those who are retired or who live, but do not practise, in the catchment area.

If value not known please type 'unknown'

	Estimated number	Data Source
Total estimated number of GPs practising in catchment		
How many were females?		
How many were aged > 55 years?		
How many were GPs working in corporate general practice?		
How many were registrars?		
How many were international medical graduates (IMGs; formerly OTDs)?		
How many GPs practise in Aboriginal Community Controlled Health Services?		

How many other primary medical care practitioners (eg. Royal Flying Doctor Service practitioners) were in your Division's catchment area at 30 June 2010?

If value not known please type 'unknown'

Estimated Number

Data Source

How many Aboriginal Community Controlled Health Services were in your Division's catchment area at 30 June 2010?

If value not known please type 'unknown'

Estimated Number

Data Source

Section **Workforce** addresses number of medical workforce accessing WSRGP. If you would like to answer these now, please follow the link below:

WSRGP

Division Members

How many members belonged to your Division on 30 June 2010?

Please list according to occupation. If any value is not known, please type 'unknown'. If none, please type 0.

Occupation of member	*Number of full members*	*Number of associate members*	*Total number of members*
GPs (excluding IMGs and Registrars)			
IMGs			
Registrars			
Allied health professionals			
Practice nurses			
Practice staff (other than practice nurses)			
Medical specialists			
Other – description (please specify):			
Total number of members in your Division:			

GOVERNANCE

Board

How many people were on your Division's Board of Directors?
If none, please type '0'

Type of Board member	*GPs*	*Non-GPs*
Total number of Board members		
Number of female Board members		
Number of Indigenous Board members		
Number of Allied Health Professional		
Number of consumer/community representatives		

Do any members of your Board of Directors also have paid positions in the Division?
For example, a Board member who is also the Division CEO or executive director.
! Note: expecting at least one selection

☐ **No**
☐ **Yes**

Please indicate the number of Board members with paid positions in Division

What proportion of DGPP funds are allocated to Director's fees?
Enter a number between 0 and 100
%

Funds (external)

What amount of *external* funding did your Division secure or receive, in addition to that provided by the Australian Government Department of Health and Ageing as core or Multi-Program Agreement (MPA) funding in the financial year 2009-10?

Include cash donations, sponsorship for newsletter publication, funding from local service clubs, sponsorship for CPD/CME, external funding for Division-sponsored activities, and external funding for Division representatives on committees, etc.
Exclude all funding provided through core funding and the MPA and funding raised from members.

If none please enter '0', or if amount not known please enter 'unknown'.

! Note: expecting a number with no more than two decimal places or 'unknown'

Source of Funding	*Amount received* ($)
Australian Government Department of Health and Ageing (excluding core or MPA funding)	
Australian Government (other than Department of Health and Ageing)	
AGPN (eg. Lifescripts, Practice Nursing, etc.)	
State/Territory government	
Local government	
Non-profit organisation	
Other commercial source	
Pharmaceutical company	
National Prescribing Service	
Pharmacy Guild	
Other (please specify):	

PREVENTION

Activities

What activities with a prevention and early intervention focus did your Division conduct in 2009-10?

Please specify activity focus areas only, as individual programs will be covered in a subsequent question.
Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Immunisation
☐	Injury prevention
☐	Type II diabetes prevention
☐	Health promotion
☐	Skin cancer screening
☐	Cervical screening
☐	Bowel cancer screening
☐	Breast cancer screening
☐	Smoking
☐	Nutrition
☐	Alcohol and other drugs
☐	Physical activity
☐	Healthy weight/obesity
☐	Mental health
☐	Other (please specify up to 5)
[+OTHER]	
☐	**No activities**

**Sub-questions for each prevention and early intervention activity selected as follows:*

Please provide details for the prevention and early intervention activity for '... *...'

What approaches were used to conduct this prevention and early intervention activity?

! Note: expecting at least one selection

☐	GP education
☐	Practice support
☐	Recall and reminder system
☐	Patient services
☐	Community awareness
☐	Collaboration with other organisations
☐	Other

Which population groups was this prevention and early intervention activity aimed at?

! Note: expecting at least one selection

☐	Indigenous Australians
☐	CALD
☐	Children/Youth
☐	Older people
☐	Women
☐	Men
☐	Low SES
☐	No specific group
☐	Other

Programs

What programs with a prevention and early intervention focus did your Division conduct in 2009-10?

Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Lifescripts
☐	Pit Stop
☐	Men's sheds
☐	Healthy for life
☐	Other (please specify up to 5)
[+OTHER]	
☐	**No programs**

**Sub-questions for each prevention and early intervention activity selected as follows:*

Please provide details for the prevention and early intervention program for '... *...'

What approaches were used to conduct this prevention and early intervention program?

! Note: expecting at least one selection

☐	GP education
☐	Practice support
☐	Recall and reminder system
☐	Patient services
☐	Community awareness
☐	Collaboration with other organisations
☐	Other

Which population groups was this prevention and early intervention program aimed at?

! Note: expecting at least one selection

☐	Indigenous Australians
☐	CALD
☐	Children/Youth
☐	Older people
☐	Women
☐	Men
☐	Low SES
☐	No specific group
☐	Other

ACCESS

GP Services

How was your Division involved in activities aimed at improving access to GP services in 2009-10?

This question relates to access to GP services, not workforce issues, which are addressed in another section. If applicable, please include alternative models of service provision in 'Other'.

☐	Locum services
☐	After hours services
☐	More flexible hours of GP services
☐	Alternative/expanded location of GP services
☐	Addressing financial barriers to accessing GP services
☐	Increased GP services in ACCHS settings
☐	Other (please specify up to 5):
	[+OTHER]
☐	**No programs or activities**

AHP Services – MAHS (Jul-Dec 2009)

Which AHPs were engaged to provide health services in your Division's programs from Jul-Dec 2009?

This includes AHPs who were employed or contracted by your Division.
Details of each will be required for sub-questions.

! Note: All resulting sub-questions must also be completed.

	Provider Type
☐	Aboriginal and Torres Straight Islander health workers
☐	Aboriginal and Torres Straight Islander mental health workers
☐	Audiologists
☐	Chiropractors
☐	Counsellors
☐	Dietician/nutritionists
☐	Occupational therapists
☐	Physiotherapists
☐	Podiatrists
☐	Psychologists
☐	RN – Diabetes educators
☐	RN – Mental health nurses
☐	RN – Asthma educators
☐	RN – General (not Practice nurses)
☐	Social workers
☐	Speech pathologists
☐	Other (please specify up to 1)
	[+OTHER]
☐	**No AHPs were engaged by our Division with MAHS funding in Jul-Dec 2009**

**Details for each will be required in sub-question as follows:*

*sub-questions

Please provide the FTE of AHPs of type '…*…' according to the program through which they were funded from Jul-Dec 2009.

This includes AHPs who were employed or contracted by your Division. If the actual number is not known please type 'unknown'.

MAHS (More Allied Health Services)

FTE staff funded

Number of MAHS services provided in Jul-Dec 2009

Please, list, separately, each area (ie. name of town/s or community) that this MAHS service covers and the estimated FTE for this area.

Please specify up to 15:

Area that MAHS service covers	FTE for this area

AHP Services – RPHS & Others

Which AHPs were engaged to provide health services in your Division's programs in 2009-10?

This includes AHPs who were employed or contracted by your Division.
Details of each will be required for sub-questions.

! Note: All resulting sub-questions must also be completed.

	Provider Type
☐	Aboriginal and Torres Straight Islander health workers
☐	Aboriginal and Torres Straight Islander mental health workers
☐	Audiologists
☐	Chiropractors
☐	Counsellors
☐	Dietician/nutritionists
☐	Occupational therapists
☐	Physiotherapists
☐	Podiatrists
☐	Psychologists
☐	RN – Diabetes educators
☐	RN – Mental health nurses
☐	RN – Asthma educators
☐	RN – General (not Practice nurses)
☐	Social workers
☐	Speech pathologists
☐	Other (please specify up to 1)
	[+OTHER]
☐	**No AHPs were engaged with RPHS and other fundings**

Details for each will be required in sub-question as follows:

*sub-questions

Please provide the FTE of AHPs of type '…*…' according to the program through which they were funded.

This includes AHPs who were employed or contracted by your Division. If the actual number is not known please type 'unknown'.

RPHS (Rural Primary Health Services)

FTE staff funded

Number of RPHS services provided in Jan-Jun 2010

Please, list, separately, each area (ie. name of town/s or community) that this RPHS service covers and the estimated FTE for this area.

Please specify up to 15:

Area that RPHS service covers	FTE for this area

Programs/funding sources *OTHER THAN* RPHS/MAHS from Jul 2009 – Jun 2010

FTE of staff funded	
Number of services provided in 2008-09	

Indigenous collaboration

How was your Division involved in conducting any programs or activities to improve access to primary health care services for Aboriginal and Torres Strait Islander patients?

For example, promotion of Indigenous health services to GPs.

☐	Recruitment and retention of Indigenous staff (clinical)
☐	Recruitment and retention of Indigenous staff (administrative)
☐	Recruitment and retention of staff for Indigenous services
☐	Introduce Indigenous services to existing clinic/practice
☐	Participation in community projects
☐	Support development of Indigenous clinics
☐	Engagement with Indigenous organisations
☐	Cultural awareness training
☐	Promoting Indigenous health issues
☐	Assist in grant applications and project proposals
☐	Professional development for Indigenous staff
☐	Assisting Aboriginal Community Controlled Health Services (ACCHOs) in the catchment to make optimal use of the MBS
☐	Supporting ACCHOs in PIP accreditation-related activities
☐	Supporting ACCHOs in immunisation-related activities
☐	Other [please specify up to 5]
☐	**No programs or activities**

Indigenous Status

How did your Division provide assistance to general practices to accurately record the Aboriginal and or Torres Strait Islander status of all patients?

☐	Specific information sessions
☐	Incorporated in other information sessions
☐	Practice visits conducted for this issue specifically
☐	Other [please specify up to 5]
☐	**No assistance to GPs to record status**

INTEGRATION

Shared care

Which structured shared care programs was your Division involved in conducting in 2009-10?

Shared care is defined as a collaborative approach to coordinating patient care between specialists/specialist teams and primary health care providers.

☐	Antenatal/postnatal
☐	Diabetes
☐	Mental health
☐	Aged care
☐	Palliative care
☐	Cardiac rehabilitation
☐	Drug and alcohol
☐	Asthma
☐	Development of electronic communications
☐	Quality use of medicines
☐	Other (please specify up to 5):
	[+OTHER]
☐	**No structured shared care programs**

Hospitals & Specialists

Which programs or activities that aimed to improve GP collaboration with hospitals and/or specialists was your Division involved in conducting in 2009-10?

☐	Preventing avoidable admissions/ providing alternative to admissions
☐	Communication between emergency departments and GPs
☐	Admission/discharge notification
☐	Admission planning and assessment
☐	Negotiated discharge plan
☐	Home/hospital/post acute care in community
☐	GP Hospital Liaison
☐	After Hours Primary Medical Care Trial
☐	Quality Use of Medicines
☐	Multidisciplinary continuing professional development events
☐	Other (please specify up to 5):
☐	**No programs or activities to improve GP collaboration with hospitals and/or specialists**

Primary Care

Which programs or activities, to improve GP collaboration with other primary care providers, was your Division involved in conducting in 2009-10?

This includes community health services, pharmacists, podiatrists, dentists, dietitians, district nursing, domiciliary care, hospital-based primary care clinics, etc.

☐	CDM items or EPC
☐	Arranging access to allied health services
☐	Case conferencing
☐	Care planning
☐	Post discharge planning and management
☐	Specific programs to improve communication
☐	Partnerships with primary care providers

☐	Referral pathways/protocols
☐	Shared care
☐	Quality use of medicines
☐	Other (please specify up to 5):
[+OTHER]	
☐	**No programs or activities to improve GP collaboration with other primary care providers**

CHRONIC DISEASE MANAGEMENT

Chronic Disease

Which chronic diseases' did your Division's programs or activities focus on in 2009-10?

Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Cancer
☐	Diabetes
☐	Mental health
☐	CVD
☐	Asthma
☐	Arthritis
☐	Chronic Obstructive Pulmonary Disease (COPD)
☐	Other (please specify up to 5):
[+OTHER]	
☐	**We had no programs or activities with a specific focus on managing chronic disease**

**Sub-questions for each designated program or activity with a specific focus on managing chronic disease selected:*

Please provide details of your CDM program or activity for '…*…'

What approaches were used to conduct this CDM program or activity?

! Note: expecting at least one selection.

☐	GP education
☐	Practice support
☐	Recall and reminder system
☐	Patient services
☐	Community awareness
☐	Collaboration with other organisations
☐	Primary Care Collaboratives
☐	Chronic Disease Self Management education
☐	Other

Which population groups was this CDM program or activity aimed at?

! Note: expecting at least one selection.

☐	Indigenous Australians
☐	CALD
☐	Children/Youth
☐	Older people
☐	Women
☐	Men
☐	Low SES
☐	No specific group
☐	Other

GP SUPPORT

Practice Support

How did your Division provide support to practices (either via GPs or practice staff) in 2009-10?

If no support of a given type was provided, please enter '0', or if the number of practices is not known, please enter 'unknown'.

! Note: expecting a whole number or 'unknown'

Type of Practice Support	*Number of practices that received support*
Up-skilling practice staff	
Supporting implementation of new clinical procedures	
Development/distribution of resources	
IM/IT support	
Supporting introduction/employment of practice nurses	
Providing information about local services	
Support for accreditation	
Practice staff networks (including practice nurses and practice managers)	
Business management advice and support	
Clinical attachments	
Locum use	
Practice amalgamation	
Developing practice teamwork	
Developing practice systems	
Cultural sensitivity training	
Other (please specify):	
[+OTHER]	

Other questions ask about 'workforce' support for GPs; these are addressed in Section **Workforce**. If you would like to complete these now, follow the links below:

Needs & Wellbeing

IM/IT Training in Practices

What Information Management and Information Technology (IM/IT) *training* did your practices seek from your Division *and* what activities did your Division undertake with practices?

IM/IT training

! Note: each option must have a response

	General Practices request support with:		*My Division provides assistance with*	
Program/Activity	**Yes**	**No**	**Yes**	**No**
Basic computer literacy	○	○	○	○
The use of Clinical Information Systems	○	○	○	○
The use of Practice Management Systems (eg. billing)	○	○	○	○
The use of on-line health evidence databases	○	○	○	○
The use of disease registers and/or recall and reminder systems	○	○	○	○
Electronic data transfer (eg. the use of messaging software, broadband and security)	○	○	○	○
Support in accessing IM/IT Practice Incentive Payments	○	○	○	○
Web-site development	○	○	○	○
Other (please specify up to 5)	○	○	○	○
[+OTHER]				

Please comment on those areas in which practices have requested training that the Division has not provided

IM/IT Support in Practices

What Information Management and Information Technology (IM/IT) *support* did your practices seek from your Division *and* what activities did your Division undertake with practices?

IM/IT support

! Note: each option must have a response

	General Practices request support with:		*My Division provides assistance with*	
Program/Activity	**Yes**	**No**	**Yes**	**No**
Computer support and technical assistance (such as Helpdesk support)	○	○	○	○
Computing information and advice (such as in purchasing software and accessing vendor support)	○	○	○	○
Bulk purchases of computers/software	○	○	○	○
Developing new applications	○	○	○	○
In the use of disease registers and/or recall and reminder systems	○	○	○	○
Electronic data transfer (eg. the use of messaging software, broadband and security)	○	○	○	○
Support in accessing IM/IT Practice Incentive Payments	○	○	○	○
Other (please specify up to 5)	○	○	○	○
[+OTHER]				

Please comment on those areas in which practices have requested support that the Division has not provided

CONSUMER FOCUS

Indigenous Consumers

Which formal mechanisms did your Division use for involving Indigenous health organisations or Indigenous consumers in your Division in 2009-10?

! Note: All resulting sub-questions must also be completed

☐	Joint programs with ACCHOs, including Aboriginal Medical Services
☐	Joint programs with other Indigenous health organisations
☐	ACCHOs representation on Division management or decision making bodies
☐	Other Indigenous health body representation on Division management or decision making bodies
☐	Aboriginal or Torres Strait Islander Liaison Officer
☐	Aboriginal or Torres Strait Islander advisory/reference group
☐	Other (please specify up to 5):
[+OTHER]	
☐	**No formal mechanisms for Indigenous involvement**

Explanatory text

Please indicate why there were no formal mechanisms for Indigenous involvement of consumers in your Division in 2009-10?

Aged Care

How was your Division involved in conducting any activities or programs to improve GP care of the aged in 2009-10?

☐	Alternative to hospital admission
☐	Medication Review - QUM
☐	Improved after hours care within patient's usual residential setting
☐	Provided support for GPs visiting patients in RACFs
☐	Improving quality of patient records
☐	Dementia care
☐	Falls/injury prevention
☐	Care planning
☐	Health care assessments
☐	Case conferencing
☐	Conducted CPD activities about care needs for RACF patients
☐	Advocacy for the health needs of older patients
☐	Other (please specify up to 5)
[+OTHER]	
☐	**No programs or activities**

Consumer focus

What formal mechanisms did your Division use for *involving* consumers in your Division in 2009-10?

! Note: expecting at least one selection

☐	Consumer representation on Division Board of Directors
☐	Consumer representation on Division committees
☐	Consumer Liaison Officer
☐	Staff members are responsible for consumer engagement as part of their role
☐	Consumer/advisory reference group to Division
☐	Program reference or advisory group(s)
☐	Consumer adviser
☐	Other (please specify)
☐	**No formal mechanisms to involve consumers**

Involvement

Which of the following Division activities involved consumers or community members in 2009-10?

Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Needs assessment
☐	Strategic planning
☐	Evaluation of programs
☐	None of the above activities were conducted in 2009-10
☐	**No consumer or community involvement in these activities**

For each selected category, the following sub-questions apply:

Needs assessment

Where were your consumers/community members drawn from for the Division activity '*Needs assessment*' in 2009-10?

! Note: expecting at least one selection

☐	Past/current Division programs
☐	Consumer representatives from organised consumer groups
☐	Individual consumers
☐	Local organisations
☐	Community health centre
☐	State/Territory-wide organisations
☐	Local Government
☐	State/Territory Health Department
☐	Other (please specify up to 5)
[+OTHER]	

Strategic planning

Where were your consumers/community members drawn from for the Division activity '*Strategic planning*' in 2009-10?

! Note: expecting at least one selection

☐	Past/current Division Programs
☐	Consumer representatives from organised consumer groups
☐	Individual consumers
☐	Local organisations
☐	Community health centre
☐	State/Territory-wide organisations
☐	Local Government
☐	State/Territory Health Department
☐	Other (please specify up to 5)
[+OTHER]	

Evaluation of programs

Where were your consumers/community members drawn from for the Division activity '*Evaluation of programs*' in 2009-10?

! Note: expecting at least one selection

☐	Past/current Division Programs
☐	Consumer representatives from organised consumer groups
☐	Individual consumers
☐	Local organisations
☐	Community health centre
☐	State/Territory-wide organisations
☐	Local Government
☐	State/Territory Health Department
☐	Other (please specify up to 5)
[+OTHER]	

WORKFORCE

Practice Nurses

How many practice nurses were practising in your Division's catchment area at 30 June 2010?

If value is not known, please type 'unknown'

Estimated number of Practice Nurses	
Data source	

How many practices in your Divisions used the services of a practice nurse in general practice in 2009-10?

If value is not known, please type 'unknown'

Estimated number of practices with Practice Nurse	
Data source	

How was your Division involved in activities aimed at supporting practice nurses in general practice in 2009-10?

☐	Provision of mentoring to nurses
☐	Provision of clinical support to nurses
☐	Facilitation of networks of practice nurses
☐	Contracting nurses on behalf of practices
☐	Involving practice nurses in Division activities (eg. to assist in accreditation, IM/IT)
☐	Professional development/education/up-skilling
☐	Induction/orientation into general practice
☐	Chronic Disease Management support
☐	Enhanced Primary Care support/CDM items
☐	Other (please specify up to 5):
	[+OTHER]
☐	**No activities to support practice nurses**

WSRGP

How many members of the medical workforce in your Division receive support from the Workforce Support for Rural General Practitioners Program (WSRGP) in 2009-10?

If value not known please type 'unknown', if none please type '0'

! Note: expecting a whole number or 'unknown'

Type of medical workforce	*Number accessing WSRGP*
GPs (excluding Registrars and IMGs)	
Registrars	
Medical students	
International medical graduates (formerly OTDs)	
Other (please specify):	

Needs and wellbeing

Which activities did your Division undertake to support the workforce needs, and wellbeing, of GPs in 2009-10?

Please tick all that apply

Provision of support

! Note: expecting at least one selection

Tick those that apply	Program / Activity	Was funding provided from the WSRGP?	
		Yes	*No*
☐	GP support	○	○
☐	Practice support	○	○
☐	Locum support	○	○
☐	Student and registrar support	○	○
☐	International medical graduate (formerly OTD) support	○	○

☐	Teaching and mentoring support	○	○
☐	Facilitating peer support activities	○	○
☐	Family support (ie. social, house, school assistance, etc)	○	○
☐	Social support (eg. hosting an event for GPs and families)	○	○
☐	Other (please specify up to 5):	○	○
	[+OTHER]		
☐	**No provision of support activities**		

GP Health

! Note: expecting at least one selection

Tick those that apply	Program / Activity	Was funding provided from the WSRGP?	
		Yes	***No***
☐	Encouraging GPs to have their own GP	○	○
☐	Providing educational sessions on GP health	○	○
☐	Counselling and debriefing services for GPs	○	○
☐	Social or physical activity events	○	○
☐	Other (please specify up to 5):	○	○
	[+OTHER]		
☐	**No GP health activities**		

Practice Development and Education

! Note: expecting at least one selection

Tick those that apply	Program / Activity	Was funding provided from the WSRGP?	
		Yes	***No***
☐	Recruitment and/or retention	○	○
☐	GP and workforce surveys	○	○
☐	Needs analysis/ data collection	○	○
☐	Accreditation	○	○
☐	Continuing Professional Development (CPD)	○	○
☐	Education and/or training	○	○
☐	Other (please specify up to 5):	○	○
	[+OTHER]		
☐	**No practice development or education**		

RWAs

Was your Division eligible to receive services from the Rural Workforce Agency (RWA) in 2009-10?

A sub-question will appear if Yes is selected.

! Note: All resulting sub-questions must also be completed.

○	Yes
○	No

RWA Usage

How much did your Division use the Rural Workforce Agency's (RWA's) services in 2009-10?

! Note: expecting at least one selection for each option

	A great deal	Somewhat	Very little
Your Board	○	○	○
Your CEO	○	○	○
Your Staff	○	○	○

How would your Division rate your overall level of satisfaction with your RWA?

! Note: expecting at least one selection for each option

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Your Board	○	○	○	○	○
Your CEO	○	○	○	○	○
Your staff	○	○	○	○	○

Please comment.

RELATIONSHIPS

SBO Services

To what extent do you think your SBO provided the following in 2009-10?

! Note: expecting at least one selection for each option

	Not at all	To some extent	To a great extent
Effective leadership at a State or Territory level	○	○	○
Representation and advocacy at a state or territory level for DGPs	○	○	○
Help in building the capacity of Divisions	○	○	○
Adequate, timely and relevant information to assist Divisions	○	○	○

SBO Satisfaction Rating

How would your Division rate their overall level of satisfaction with the services your SBO delivers?

! Note: expecting at least one selection for each option

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Forums/ workshops	○	○	○	○	○
Education/ training	○	○	○	○	○
Communication	○	○	○	○	○
Other Services	○	○	○	○	○

SBO Support

Referring to the agreed roles of the SBO, please list the ways you feel your SBO could improve its support for your Division?

AGPN services

To what extent do you think the AGPN achieved the following in 2009-10?

! Note: expecting at least one selection for each option

	Not at all	To some extent	To a great extent
National leadership and governance to generate a strong and effective Divisions network	○	○	○
Links with the Australian Government and national organisations to strengthen the Australian primary care system	○	○	○

AGPN Satisfaction Rating

How would your Division rate overall satisfaction with the services the AGPN delivers?

! Note: expecting at least one selection for each option

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Forums/ workshops	○	○	○	○	○
Education/ raining	○	○	○	○	○
Communication	○	○	○	○	○
Other Services	○	○	○	○	○

AGPN National Resource Library

Did your Division make use of the AGPN National Resource Library (formerly known as the Clearing House) in 2009-10?

! Note: expecting at least one selection

○	A great deal
○	Somewhat
○	Very little

How would you rate the usefulness of the AGPN National Resource Library?

! Note: expecting at least one selection

○	Not useful
○	Somewhat useful
○	No opinion
○	Useful
○	Very useful/worthwhile

Please comment on why you chose this rating.

AGPN Support

Referring to the agreed roles of AGPN, please list the ways you feel *AGPN* could improve its support for your Division?

GENERAL

Gen.1 Suggestions

If you would like to make any comments or suggestions, or to provide feedback on the Annual Survey of Divisions section of the report, please use the space below.

Please include ways in which current and/or additional information gathered in this survey can be of most use to Divisions.

Gen.2 Time

Approximately how much time was taken to complete this Annual Survey of Divisions section of the report?

Please respond in hours taken, or type 'unknown' if not calculated.

Estimated time taken: hours