



Summary Data Report of the 2007-2008 Annual Survey of Divisions of General Practice

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Summary Data Report of the 2007–2008 Annual Survey of Divisions of General Practice.

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This report is the fourteenth in a 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*

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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
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

RN	Registered nurse
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

The Divisions Network today consists of 111 Divisions, six State Based Organisations (SBOs), two hybrid SBO-Divisions (ACT and NT) and the Australian General Practice Network (AGPN), having evolved from the ten demonstration Divisions funded by the Australian Government Department of Health and Ageing in 1992. The broad aim of the Divisions of General Practice Program is to improve health service delivery to local communities, through local Divisions, SBOs operating at state and territory level and the national peak representative body, AGPN. The members of the Network function independently but are united in the objective of strengthening the primary health care capacity of Australian general practice. To ensure Divisions are accountable for their funding, each year all Divisions have been required to complete the Annual Survey of Divisions (ASD), one of two formal National Quality and Performance System (NQPS) contractual reporting requirements (the other being the 6 and 12 month reports). PHC RIS commenced managing and reporting on this survey in 1997-98 and this 2007-08 report is the 14th in the series.

The administration and structure of the ASD have changed considerably since the first survey in 1993-94. Two major milestones in this process were in 2005-06, with the implementation of the NQPS, aligning ASD questions with the national priority areas, and the conversion of the survey from a word document to a web-based survey with online submission. Some of the advantages of the ASD are that it has been an annual, standardised, comprehensive survey with a 100% response rate permitting identification of longitudinal patterns and trends. Benefits of the online reporting system include improved data quality (via automated validity checks) and efficiency of collection thereby reducing the time and effort required by Divisions to report. These benefits also extend to dissemination of the data with more accurate and timely information reaching policy makers, researchers and other stakeholders¹.

Traditionally, a comprehensive national-level report is generated from each year's survey with trends and patterns in Division activities and infrastructure highlighted in the context of broader health and political developments. The 2007-08 ASD report is now in the form of a *Summary Data Report* which captures longitudinal patterns and offers some explanatory text. This abbreviated format excludes a broader perspective on data trends, Division qualitative responses, and comparisons by state or rurality, some of which can be discerned from the more comprehensive ASD reports prepared in previous years².

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

PHC RIS also generates tailored feedback reports for Divisions, SBOs, AGPN and Rural Workforce Agencies (RWAs), providing information about local activities and relationships between Division Network members. 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. Overall, the review process tends to reduce the number and complexity of the questions resulting in a lower reporting burden for Divisions. Survey changes were informed by both ongoing requirements for the information and its availability from alternate sources. In addition, in order to respond to the changing needs of policy makers and stakeholders (reflecting the fact that health policy and issues fluctuate over time), several new questions are typically included each year.

Changes for 2007-08

Significant removal of questions

In 2008, there were significant changes to the survey content. The 2007-08 survey was reduced by approximately two-thirds (following the 20% reduction in questions for the 2006-07 ASD) with some sections (in prevention, chronic disease management and quality support) removed altogether. As shown in Table 2.1, most of the remaining sections also experienced substantial cuts to their content.

Table 2.1: Examples of the content that was removed from the 2007-08 ASD by section

Section	Examples of the content removed
Context	Number of medical students and prevocational general practice placements
Governance	Division representation on external committees; reciprocal agreements with other health organisations
Access	Programs and activities to improve access to GP services and GP care of the aged; allied health professionals involved in improving care in residential aged care facilities
GP support	GPs paid for involvement in programs and activities; continuing and professional development activities
Consumers	Programs and activities to improve GP collaboration with patient and community groups and with Indigenous organisations; activities to involve consumers and community members

Note, not all questions are shown.

New questions

In 2007-08, new questions were introduced to two sections – Access and GP support. In the Access section, questions were added to address Division activities to improve access to Aboriginal and Torres Strait Islander major health services and also to determine what Divisions were doing to improve the accuracy of the recording of Indigenous status for all patients. More significant changes occurred in the GP support section where several new questions focused on:

- Division management and use of information infrastructure in program delivery (e.g. Information Management Maturity Framework and Customer Relationship Management software);
- the usefulness of IM/IT support and services provided by SBOs; and
- IM/IT training and support activities in practices, separated into activities which practices requested and activities which the Division provided.

Other smaller additions included the number of GPs working in corporate general practice (Context section) and usage of the AGPN National Network Library (Relationships section).

Administration

The information provided in the 2007-08 ASD report is gathered directly from Divisions. Therefore, it is important to recognise that the accuracy and quality of the self-reported data provided is largely dependent on the nature of Division administration and information systems, as well as extrinsic factors such as staff turnover. However, PHC RIS also makes every effort to enhance the quality of the data by conducting a range of data checks.

Data collection and preparation

The timeliness of Divisions in submitting their ASD continued to improve in 2007-08. One hundred and ten Divisions out of 115 (96%) had submitted their survey by the deadline – the highest completion rate yet. Four of the remaining five Divisions submitted their survey a week after the deadline with the last Divisions submitting their ASD on 14 October 2008.

Once all data were available, they were downloaded, prepared and checked without delay by PHC RIS staff. All data processes were completed by 19 November 2008 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 5 December 2008 (two weeks after they received it). All corrections (238 data points from 35 Divisions) were provided by 9 December. To provide the most accurate data possible, correcting data anomalies is an ongoing process, with Divisions contacted during data analysis and report writing for clarification and correction when necessary. Once population data were availableⁱ, *final* tailored feedback reports were sent to Divisions on 2 March 2009.

Data analysis

The majority of questions in the survey require 'yes/no' responses. These dichotomous data are presented in this summary report as frequencies and proportionsⁱⁱ. Questions requiring 'continuous data' (e.g. number of GPs and practices) can be reported as a mean (average), medianⁱⁱⁱ value, or sum (total). Mean scores are reported when the data are normally distributed (i.e. no outliers^{iv} or skewed data^v) and median values when the data are *not* normally distributed. The median value is often preferred because it is less affected by deviating responses and is easier to interpret.

ⁱ Revised estimated resident population (ERP) figures were generated by the Public Health Information Development Unit (PHIDU) from ABS data. It is available at www.publichealth.gov.au.

ⁱⁱ Note that rounding errors may occur when reporting proportions.

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

^{iv} An outlier is an unusually large or small number relative to a set of numbers.

^v Skewed data occurs when the distribution of responses is asymmetrical.

RRMA

The Rural Remote Metropolitan Area (RRMA) classification system was developed in 1994³; 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 are 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)

The RRMA classification system reflected populations from the 1991 Census³. A review of the system has resulted in the Federal Government introducing a new system, the Australian Standard Geographical Classification (ASGC-RA) which will be effective from 1 July 2010. This has been developed and supported by the Australian Bureau of Statistics and will be updated with each new Australian Census.

CHAPTER 3

DIVISION CONTEXT

Distribution of Divisions

In 2007-08, 115 Divisions completed the Annual Survey of Divisions (ASD) in line with Departmental contractual requirements and agreements. This is a reduction from the 119 Divisions reporting in 2006-07. Two Divisions were amalgamated with others (*GP Coastal* merged into *Perth Primary Care Network*; and *Canterbury* merged into *Central Sydney GP Network*); the amalgamated Division includes their combined responses.

Some data regarding the number of primary care providers, practice numbers and Division members were collected from the two dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) in order to provide a comprehensive Australian-wide picture; the presence of these additional data has been appropriately noted. However, not all data were available and therefore several figures will be an underestimate of the true national figures.

All 119 Divisions of General Practice in Australia completed the ASD in both 2006-07 and 2005-06 as part of their contractual agreement with the Department of Health and Ageing. In 2004-05, this requirement was waived for *Western Sydney Division* due to changes in their operations and administration during that period, resulting in a 99% response rate that year^{vi}. The distribution of Divisions across the states and within metropolitan, rural and remote areas can be seen in Figure 3.1. There were no changes from 2005-06 to 2006-07. Categorisation by rurality has been determined using the RRMA classification^{vii}.

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 communities⁵.

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 2007-08 ASD, Divisions were asked to report on the number of general practices in their catchment area at 30 June 2008 (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.

^{vi} The less than 100% response rate is referred to, when relevant, during this report.

^{vii} As described in: www.phcris.org.au/fastfacts/fact.php?id=4801

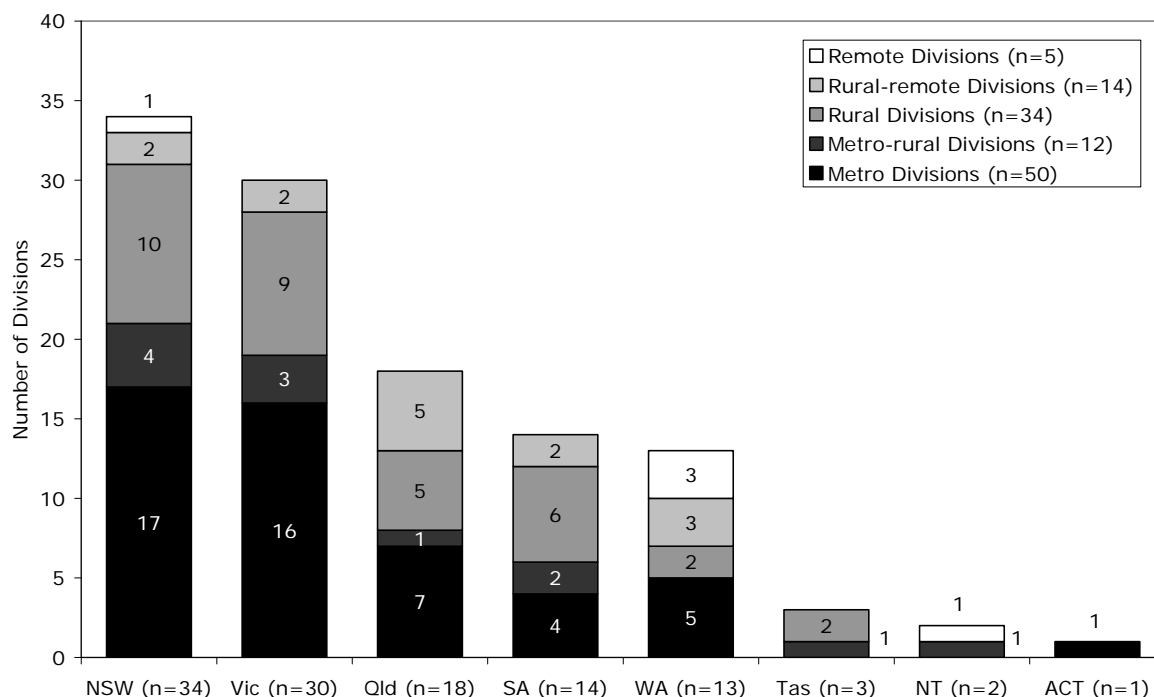


Figure 3.1: Distribution of Divisions of General Practice by State and RRMA, 2007-08

The number of general practices across Australia has declined gradually over time (as shown in Figure 3.2); this has been coupled with an increase in the number of practising GPs over the same period of time (see Figure 3.5). The result has been a decrease in the number of solo GP practices. Therefore, multi-GP practices now constitute the majority (see Figure 3.3), with the exception of the Northern Territory where 62% of practices have only one GP. This is likely to be due in part to the Northern Territory's remote settings (also see Figure 3.4).

Figure 3.6 illustrates how GPs are concentrated in metropolitan areas, consistent with the density of the population in these areas. In a similar vein, New South Wales reports the greatest proportion of GPs (32%; also see Table 3.3), while New South Wales and Victoria share the greatest proportion of practice nurses (26% respectively; see Table 3.2).

Table 3.1: Number of practices in Division catchment by State, 30 June 2008

		Number of practices			
		Median	Minimum	Maximum	Total
Total number of practices	NSW (n=36)	71	6	302	2782
	Vic (n=30)	48.5	20	152	1687
	Qld (n=18)	60	24	216	1278
	SA (n=14)	19.5	7	120	567
	WA (n=13)	22	8	139	569
	Tas (n=3)	49	28	90	167
	NT (n=2)	59.5	46	73	119
	ACT (n=1)	92	92	92	92
	<i>Total</i>	<i>52</i>	<i>6</i>	<i>302</i>	<i>7261</i>
Number of solo practices	NSW (n=36)	26	1	159	1298
	Vic (n=30)	14.5	3	66	532
	Qld (n=18)	17	7	68	358
	SA (n=14)	6.5	1	47	191
	WA (n=13)	10	1	36	173
	Tas (n=3)	21	5	27	53
	NT (n=2)	37	33	41	74
	ACT (n=1)	24	24	24	24
	<i>Total</i>	<i>17</i>	<i>1</i>	<i>159</i>	<i>2703</i>
Number of practices with 2-5 GPs	NSW (n=34)	26.5	3	110	1081
	Vic (n=30)	23.5	7	58	784
	Qld (n=18)	29	13	98	685
	SA (n=14)	9.5	0	54	231
	WA (n=13)	10	5	63	249
	Tas (n=3)	17	15	43	75
	NT (n=2)	15	7	23	30
	ACT (n=1)	48	48	48	48
	<i>Total</i>	<i>24</i>	<i>0</i>	<i>110</i>	<i>3183</i>
Number of practices with 6 or more GPs	NSW (n=34)	6	0	39	325
	Vic (n=30)	10	3	28	371
	Qld (n=18)	8.5	0	50	235
	SA (n=14)	4.5	1	43	145
	WA (n=13)	4	0	40	147
	Tas (n=3)	11	8	20	39
	NT (n=2)	7.5	6	9	15
	ACT (n=1)	20	20	20	20
	<i>Total</i>	<i>7</i>	<i>0</i>	<i>50</i>	<i>1297</i>

Note, the total number of general practices and solo practices were 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. Information about the other practice sizes was not available.

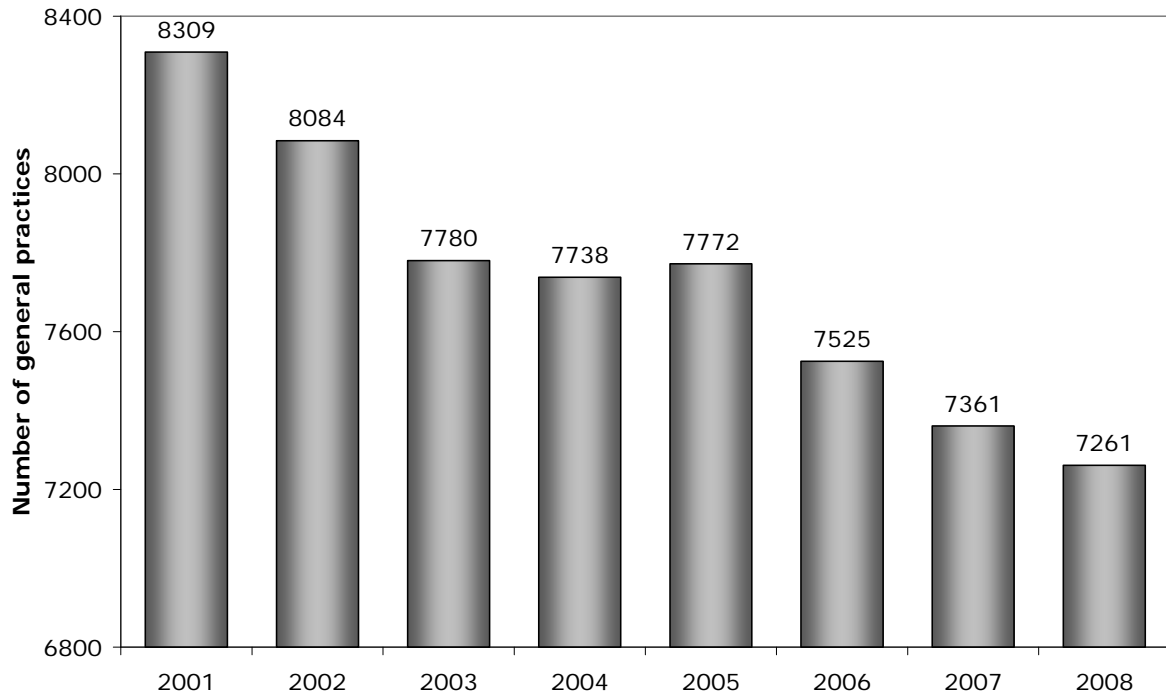


Figure 3.2: Estimated number of practices in Australia, 30 June 2001-2008

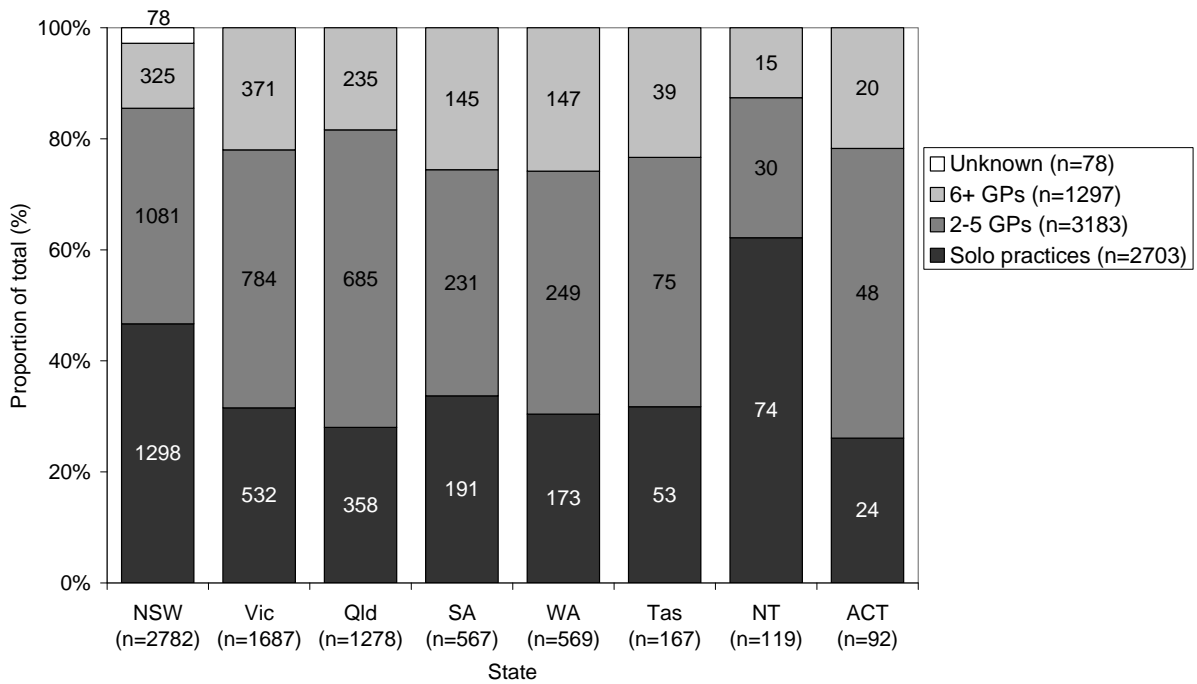


Figure 3.3: Estimated number of practices by practice size in Division catchment by state, 30 June 2008

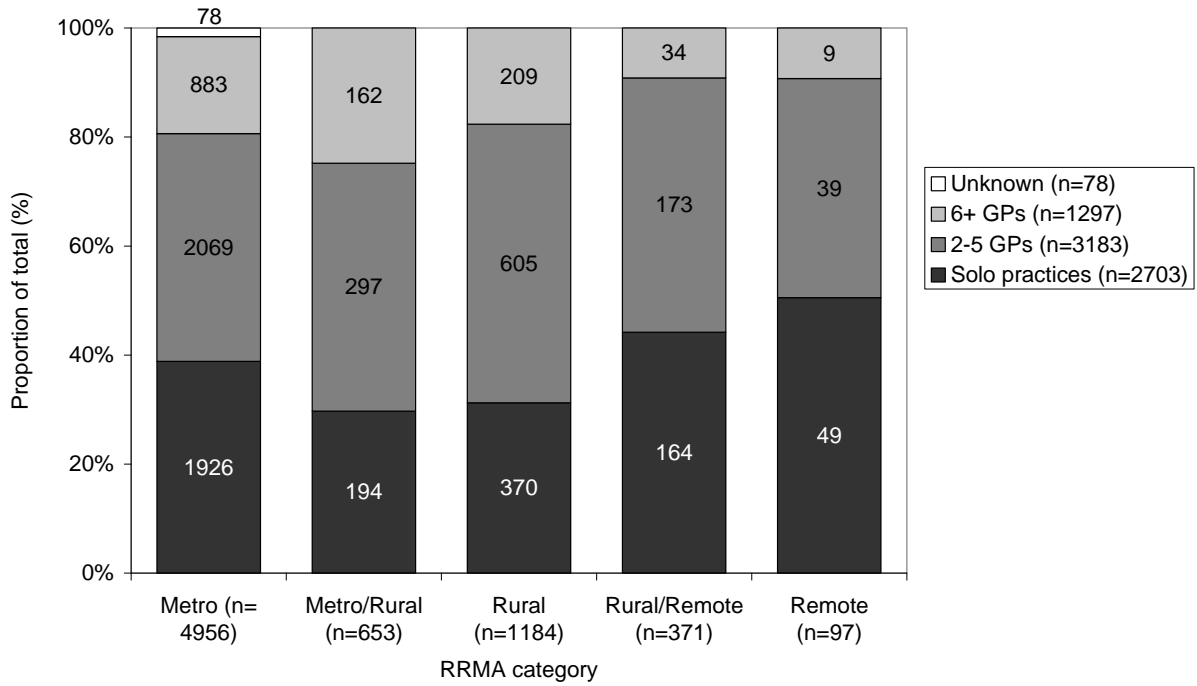


Figure 3.4: Estimated number of practices by practice size in Division catchment by RRMA, 30 June 2008

Primary care providers (Context 3)

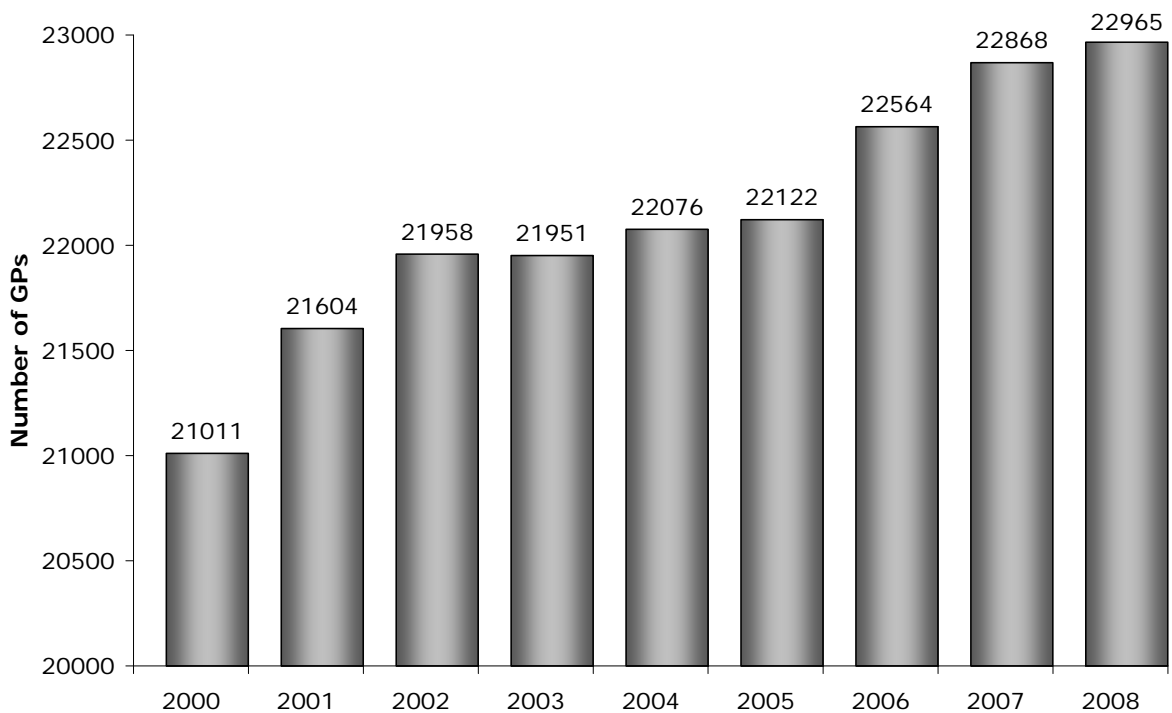
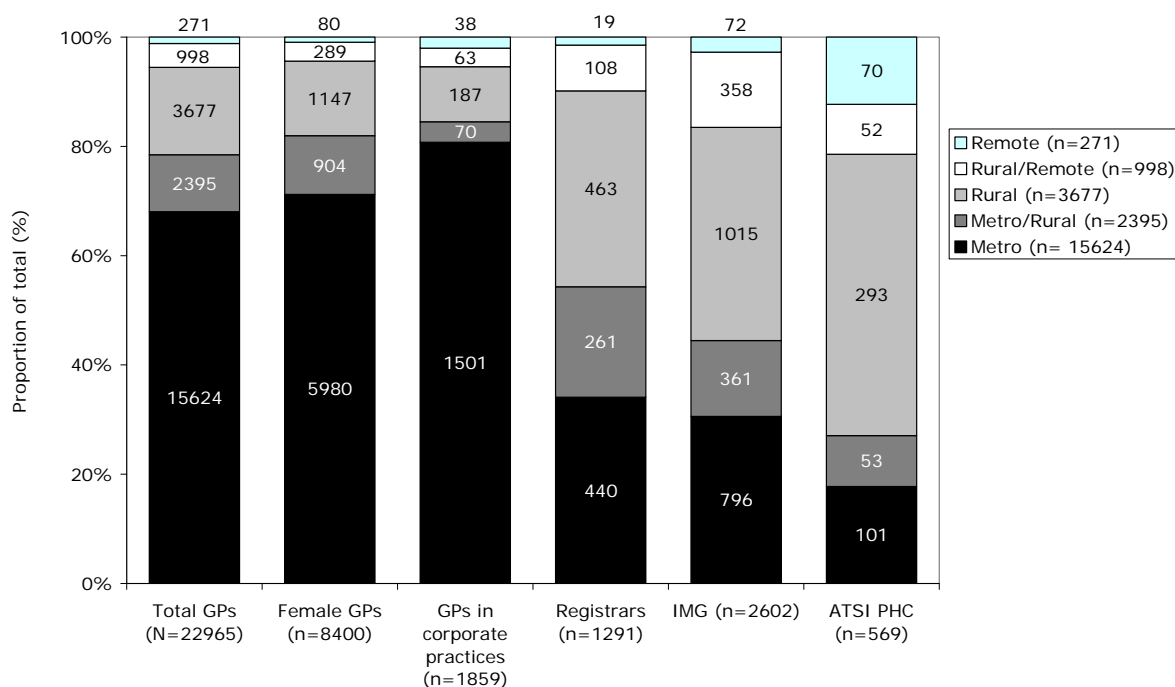


Figure 3.5: Estimated number of GPs in Australia, 30 June 2000-2008



Note. Some Divisions listed the number of GPs in one or more of these categories as unknown (see Table 3.3), these data are not included.

Figure 3.6: Estimated number of GPs in Division catchment by RRMA, 30 June 2008

Table 3.2: Estimated number of practice nurses in catchment by state, 30 June 2008

		Number			
		Median	Minimum	Maximum	Total
Practice nurses working in catchment area	NSW (n=36)	45	7	254	2229
	Vic (n=30)	65	35	167	2245
	Qld (n=18)	79	41	256	1925
	SA (n=14)	35	15	170	736
	WA (n=13)	35	3	218	862
	Tas (n=3)	95	65	133	293
	NT (n=2)	99	40	157	197
	ACT (n=1)	88	88	88	88
	<i>Total</i>	65	3	256	8575
Number of practices using a practice nurse	NSW (n=36)	27	5	101	1080
	Vic (n=30)	30	9	89	1003
	Qld (n=18)	41	16	101	868
	SA (n=14)	18	6	58	288
	WA (n=13)	18	5	85	383
	Tas (n=3)	41	23	60	124
	NT (n=2)	53	40	66	106
	ACT (n=1)	55	55	55	55
	<i>Total</i>	30	5	101	3907

Note. Practice nurse data were also 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.

Table 3.3: Estimated number of practising GPs in catchment by state, 30 June 2008

		Number of Divisions unable to report	Number of GPs			
			Median	Minimum	Maximum	Total
Total GPs	NSW (n=36)	0	208	13	635	7388
	Vic (n=30)	0	191.5	59	470	5966
	Qld (n=18)	0	172	35	856	4274
	SA (n=14)	0	56	30	474	2004
	WA (n=13)	0	82	45	557	2205
	Tas (n=3)	0	136	105	304	545
	NT (n=2)	0	123.5	94	153	247
	ACT (n=1)	0	336	336	336	336
	<i>Total</i>	<i>0</i>	<i>163</i>	<i>13</i>	<i>856</i>	<i>22965</i>
Female GPs	NSW (n=36)	0	51.5	3	298	2692
	Vic (n=30)	1	63	9	179	2049
	Qld (n=18)	0	51.5	7	406	1670
	SA (n=14)	0	19	7	175	662
	WA (n=13)	1	24.5	12	202	776
	Tas (n=3)	0	56	38	142	236
	NT (n=2)	0	73.5	40	107	147
	ACT (n=1)	0	168	168	168	168
	<i>Total</i>	<i>2</i>	<i>51.5</i>	<i>3</i>	<i>406</i>	<i>8400</i>
GPs working in a corporate general practice	NSW (n=34)	1	9	0	300	739
	Vic (n=30)	5	10	0	59	362
	Qld (n=18)	3	9	0	55	256
	SA (n=14)	0	0	0	50	104
	WA (n=13)	1	15	0	80	334
	Tas (n=3)	0	8	0	22	30
	NT (n=2)	0	0	0	0	0
	ACT (n=1)	0	34	34	34	34
	<i>Total</i>	<i>10</i>	<i>9</i>	<i>0</i>	<i>300</i>	<i>1859</i>
Registrars	NSW (n=34)	2	11.5	0	35	409
	Vic (n=30)	4	7.5	1	36	250
	Qld (n=18)	0	10	3	67	293
	SA (n=14)	0	5.5	2	43	124
	WA (n=13)	0	7	0	23	115
	Tas (n=3)	0	10	9	17	36
	NT (n=2)	0	21.5	8	35	43
	ACT (n=1)	0	21	21	21	21
	<i>Total</i>	<i>6</i>	<i>9</i>	<i>0</i>	<i>67</i>	<i>1291</i>
International medical graduates	NSW (n=34)	11	16	0	133	602
	Vic (n=30)	5	20	0	88	640
	Qld (n=18)	4	40.5	2	143	658
	SA (n=14)	1	12	0	32	191
	WA (n=13)	2	27	0	120	363
	Tas (n=3)	1	71	64	78	142
	NT (n=2)	1	6	6	6	6
	ACT (n=1)	1	na	na	na	na
	<i>Total</i>	<i>26</i>	<i>21</i>	<i>0</i>	<i>143</i>	<i>2602</i>
Practising in Aboriginal and Torres Strait Islander primary health care setting	NSW (n=34)	3	2	0	13	98
	Vic (n=30)	2	1	0	11	51
	Qld (n=18)	0	3	0	189	247
	SA (n=14)	1	2	0	12	41
	WA (n=13)	0	2	0	17	45
	Tas (n=3)	0	1	1	2	4
	NT (n=2)	0	37	35	39	74
	ACT (n=1)	0	9	9	9	9
	<i>Total</i>	<i>6</i>	<i>2</i>	<i>0</i>	<i>189</i>	<i>569</i>

Note. The total number of GPs and female GPs were 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. Numbers of other PHC providers were not available. Some Divisions listed the number of PHC providers in one or more of these categories as 'unknown', these data are not included in the minimums.

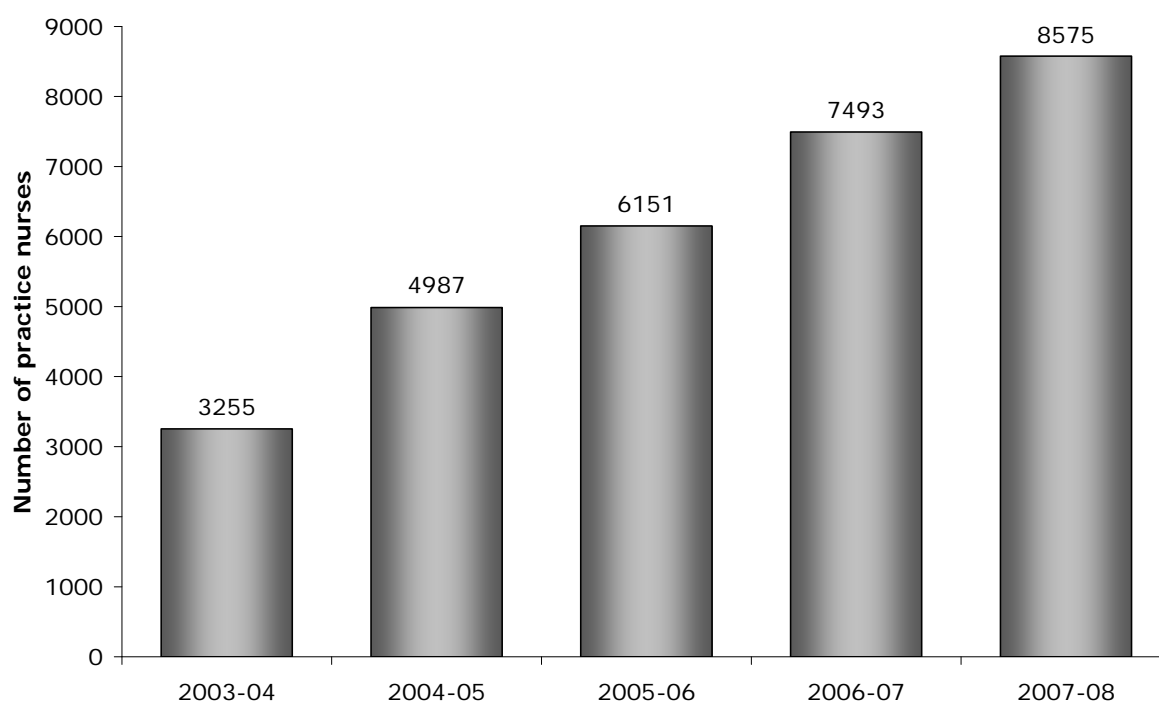


Figure 3.7: Estimated number of practice nurses in Australia, 2003-2008

The pattern of practice nurse engagement in 2007-08 remained the same as the previous year; a larger proportion of non-metropolitan practices (76%) reported having a practice nurse compared to metropolitan practices (44%; see Table 3.4). This demonstrates the valuable and continuing contribution of practice nurses in supplementing primary health care services in areas where accessing GPs in adequate numbers can be difficult. Consistent with last year, practices in the Northern Territory remain most likely to engage a practice nurse and New South Wales practices least likely (see Table 3.5).

In 2007-08, South Australia (9%), Victoria (26%), Western Australia (10%) and the Australian Capital Territory (1%) all reported equal proportions^{viii} of GPs and practice nurses working in general practices. In contrast, New South Wales continues to have a greater proportion of GPs (32%) than practice nurses (26%). The reverse holds for Queensland (GPs=19%; practice nurses=22%), Tasmania (GPs=2%; practice nurses=3%) and Northern Territory (GPs=1%; practice nurses=2%).

^{viii} Proportion was calculated using the total number of GPs or practice nurses in a state (numerator) divided by the total number of GPs or practice nurses in Australia (denominator).

Table 3.4: Practice nurse engagement in general practices by RRMA, 2007-08

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=52)	4584	4956	2163	44
Metro-rural (n=12)	1112	653	444	68
Rural (n=34)	2171	1184	935	79
Rural-remote (n=14)	620	371	286	77
Remote (n=5)	88	97	79	81
<i>Total (n=117)</i>	<i>8575</i>	<i>7261</i>	<i>3907</i>	<i>53</i>

Note, the total number of general practices, number of practice nurses, and number of practices using a practice nurse were 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.

Table 3.5: Practice nurse engagement in general practices by state, 2007-08

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=36)	2229	2782	1080	39
Vic (n=30)	2245	1687	1003	59
Qld (n=18)	1925	1278	868	68
SA (n=14)	736	567	288	51
WA (n=13)	862	569	383	67
Tas (n=3)	293	167	124	74
NT (n=2)	197	119	106	89
ACT (n=1)	88	92	55	60
<i>Total (n=117)</i>	<i>8575</i>	<i>7261</i>	<i>3907</i>	<i>53</i>

Note, the total number of general practices, number of practice nurses, and number of practices using a practice nurse were 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.

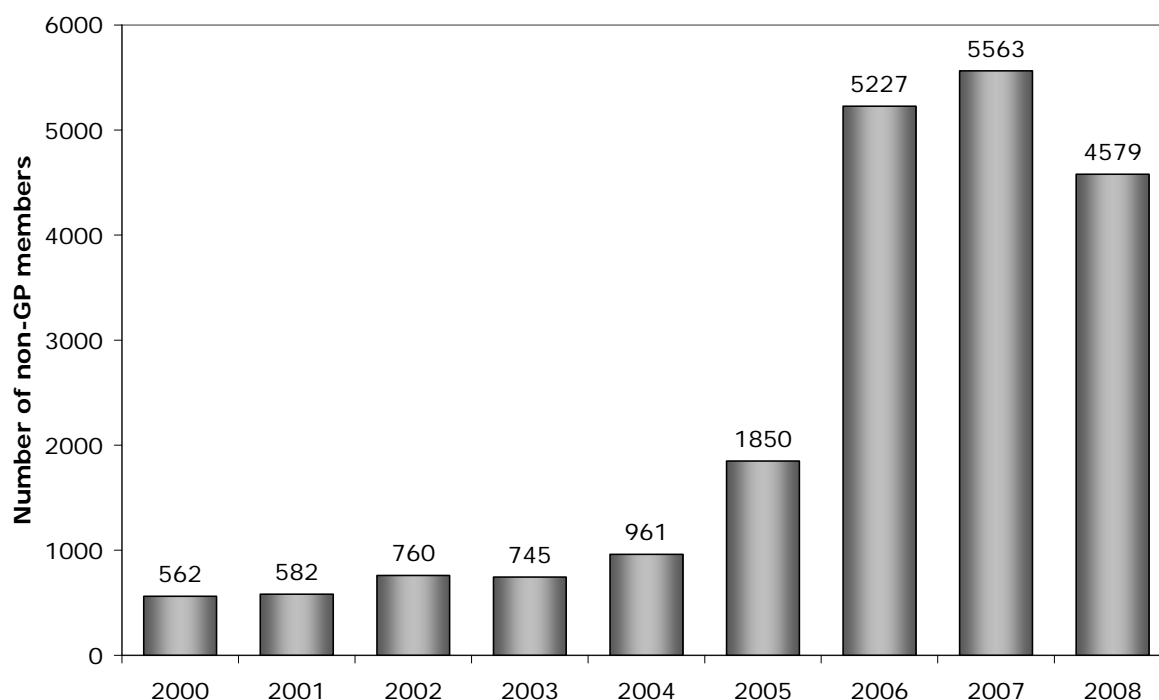
Division membership

Members in Division (Context 5)

In 2007-08:

- Total membership^{ix} fell by 2 234 to 23 289 (see Table 3.6). Decreases occurred for all types of members.
- There was an 18% drop in the number of non-GP members; this is largely accounted for by a substantial decrease in the number of practice staff (n=2 584 in 2006-07) (as shown in Figure 3.8).
- *Northern Division of General Practice (Melbourne)* had the highest total number of members (n=474) and *WentWest Ltd* continued to report no members.

^{ix} It is of note that membership of more than one Division does occur.



Note, 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 3.8: Estimated number of non-GP Division members, 30 June 2000-2008

Table 3.6: Number of Division members, 30 June 2008

	% of Divisions	Number of Division members		
		Median	Maximum	Total
Total Division members (estimated)	97%	138.5	948	23289
GPs all (including IMGs* & registrars)	99%	122.5	474	18710
Allied health professionals	23%	5	73	395
Practice nurses	32%	29	164	1588
Practice staff	26%	15	289	1591
Medical specialists	20%	3	44	190
Others	29%	7	308	815

Note, 115 Divisions reported on the number of Division members at 30 June 2008, except for the number of 'all GP' members which was available for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*). Divisions reported 25 523 members in 2006-07. The apparent decline to 23 289 for the 2007-08 report is likely to be accounted for Division closure and amalgamations. Divisions with 'unknown' or zero responses are not included in calculations for proportions or medians.

* International medical graduate (IMG) formerly overseas trained doctor (OTD).

CHAPTER 4 GOVERNANCE

Board

Membership (Q1.1)

In 2007-08:

- There were 919 Division Board members at 30 June 2008 (see Table 4.1 for a breakdown of the members)
- The proportion of female Board members remained static (at 29-30%)
- The proportion of non-GP Board members continued to increase (to 14%)
- Board size ranged from a minimum of 4 to a maximum of 16 members
- There were 2 non-GP Indigenous Board members, 8 allied health professionals and 92 consumer or community representatives
- Eight Boards had no females and 4 of these boards comprised male GPs only.

Table 4.1: Number of members on Division Boards of Directors, 2002-03 to 2007-08

	2002-03 (N=121)		2003-04 (N=120)		2004-05 (N=119)		2005-06 (N=119)		2006-07 (N=119)		2007-08 (N=115)	
	Total	% of total	Total	% of total	Total	% of total	Total	% of total	Total	% of total	Total	% of total
Female GP	262	25	265	26	258	26	252	26	242	25	232	25
Female non-GP	36	3	39	4	44	4	36	4	35	4	41	5
<i>All females</i>	<i>298</i>	<i>29</i>	<i>304</i>	<i>30</i>	<i>302</i>	<i>30</i>	<i>288</i>	<i>30</i>	<i>277</i>	<i>29</i>	<i>273</i>	<i>30</i>
GP	963	93	944	92	901	90	863	90	840	88	786	86
Non-GP	78	7	86	8	98	10	98	10	117	12	133	14
<i>Total</i>	<i>1041</i>		<i>1030</i>		<i>999</i>		<i>961</i>		<i>957</i>		<i>919</i>	

Note, the total number of female GPs, non-GPs and all GPs was 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.

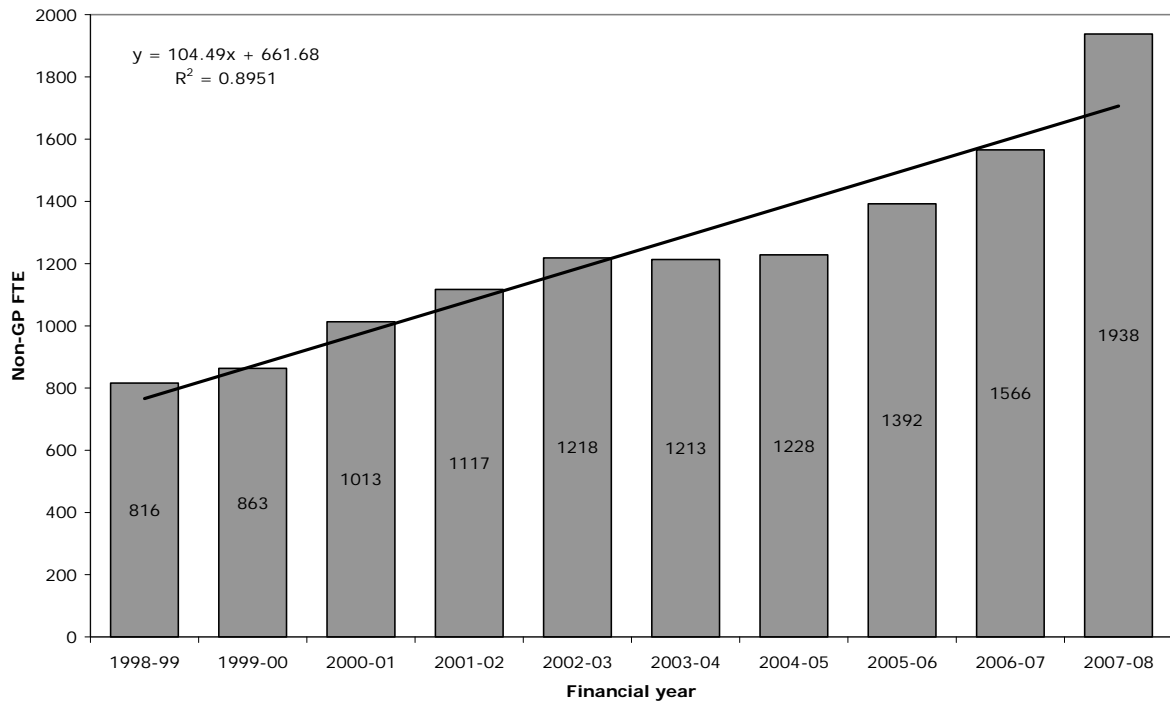
Note, Western Sydney DGP not included in 2004-05 data.

Division staffing

Staff (Context 1)

In 2007-08:

- There were a total of 3 000 staff (at 1 988 FTE) employed by Divisions at 30 June 2008^x
- Staff numbers (and FTE) continued to rise, in particular non-GP numbers (see Figure 4.1)
- Staff numbers ranged from a minimum of 7 (5.1 FTE) to a maximum of 101 (85.3 FTE)
- 311 GP staff (10.4% of total staff numbers) contributed 36.3 FTE (1.8% 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.

Figure 4.1: Non-GP FTE for staff employed by Divisions, 1998-99 to 2007-08

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 Aged Care GP Panels Initiative are not reported here.

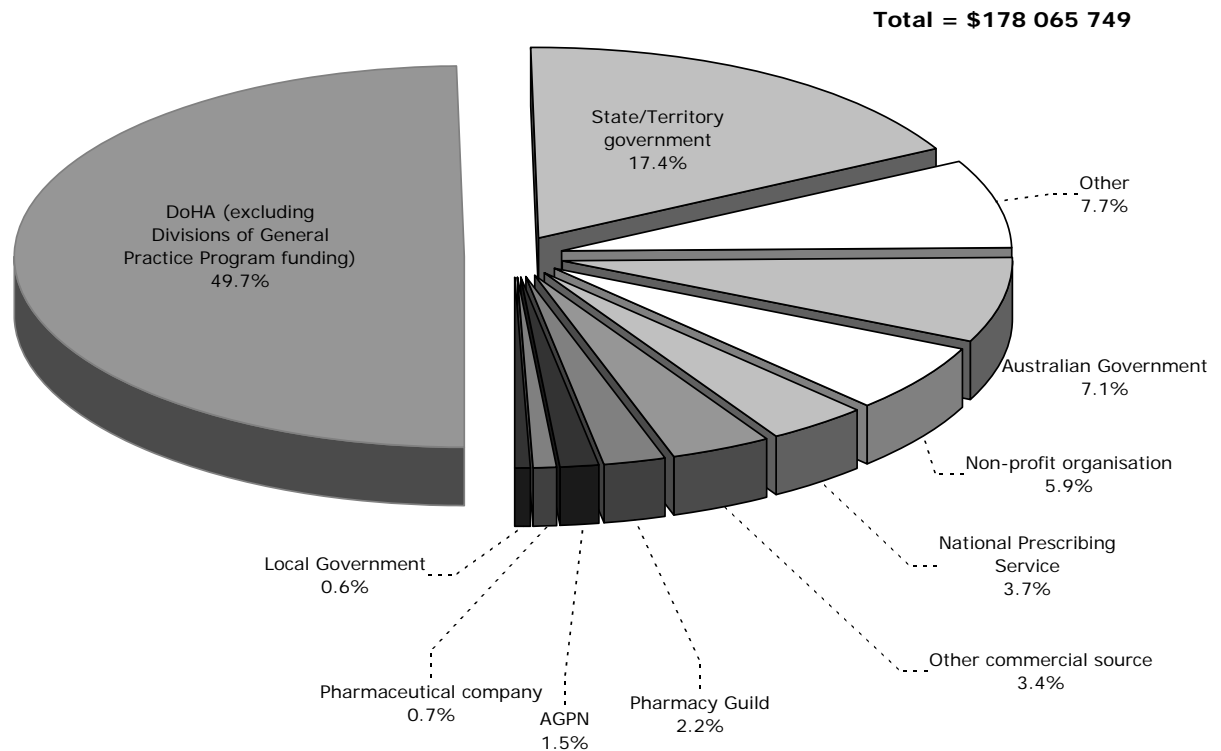
In 2007-08:

- The total funding allocation for core Division activities was \$69 800 982, GST exclusive.

^x Note, the total number of Division staff and their total FTE was 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.

Additional funding (Q1.2)

Total additional funding reported by Divisions in 2007-08 was \$178 065 749^{xi} (up from \$123 414 291 in 2006-07). Amounts ranged from a minimum of \$33 765 in one Division to a maximum of \$12 059 241 in another. Excluding funding provided for the Divisions of General Practice Program, the Australian Government Department of Health and Ageing (DoHA) funds half of all additional funding for Divisions (see Figure 4.2 for a breakdown of all additional funding). In terms of total funding, the amount Divisions receive from pharmaceutical companies and local governments has decreased over the last 12 months (see Table 4.2). In contrast, funding from non-profit organisations has more than doubled from 2006-07 to 2007-08.



Note, one Division reported the amounts from some funding sources as 'unknown'.

Figure 4.2: Source of additional Division funding (proportion of total amount reported), 2007-08

^{xi} Note that one Division 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, 2004-05 to 2007-08

	2004-05 (N=119)			2005-06 (N=119)			2006-07 (N=119)			2007-08 (N=115)		
	% of Division	Maximum	Total	% of Division	Maximum	Total	% of Division	Maximum	Total	% of Division	Maximum	Total
DoHA (excluding Divisions of General Practice Program funding)*	na	na	na	90	6948153	50476683	95	8270564	61225548	94	7634987	88443904
Other Australian Government*	na	na	na	29	1633166	5633278	29	884584	6159726	35	2701067	12554687
State/Territory government	61	1108996	12982948	70	1518495	16982685	76	1913663	20848292	76	2659722	31071206
Other source	67	534065	7605934	59	717015	7150068	61	1639973	9814153	60	2974646	13660572
Non-profit organisation	46	399090	2546596	50	396546	4687351	53	316500	4825285	65	882580	10505728
National Prescribing Service	89	151750	4425663	92	171834	7698560	99	176890	7339725	97	261471	6627528
Other commercial source	32	737052	2421003	48	1385254	3769830	47	521440	4390265	47	1441120	6116975
Pharmacy Guild	88	132082	3977973	86	131805	4150039	88	85021	3544981	89	102201	3981414
AGPN*	na	na	na	68	490937	3067474	63	273319	2506167	59	282382	2746613
Pharmaceutical company	71	80094	1421670	69	60757	1486919	73	79171	1610980	62	121646	1328642
Local Government	9	100000	214461	12	588996	694147	11	781065	1149169	14	792474	1028478

* 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. Note, totals do not include responses of two Divisions who reported some data as 'unknown'. Funding from the Pharmacy Guild was not assessed prior to 2004-05, funding from AGPN was not assessed prior to 2005-06, these may have contributed to the amount reported as 'other source'. Data for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) were unavailable in 2007-08.

CHAPTER 5 ACCESS

Allied health professionals

Access to allied health professionals (Q2.1)

In 2007-08, 108 Divisions (94%) reported they had contracted a total of 1 973 allied health professionals to deliver services to patients^{xii}. Similar to previous years, 66 Divisions (57%) reported eligibility to receive More Allied Health Services (MAHS) funding in 2007-08. Approximately 120 263 MAHS funded services reached more than 85 106 people. All Divisions reported receiving Access to Allied Psychological Services (ATAPS)^{xiii} funding; these services reached around 47 868 people. In terms of FTE, psychologists (187.2 FTE) receive the most funding from both MAHS and ATAPS (see Table 5.1)^{xiv}. Two Victorian Divisions in metropolitan areas reported no engagement with allied health professionals in 2007-08. Twenty-seven Divisions engaged 46 'other' types of allied health professionals; common responses included exercise physiologists (n=6 Divisions) and youth workers (n=4).

^{xii} These figures include data from the two dissolved NSW metro Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) to provide a more comprehensive Australian-wide picture.

^{xiii} Prior to 2006-07, Divisions were asked to report Better Outcomes in Mental Health Care Initiative (BOiMHCI) FTE, whilst this addressed FTE provided through the Access to Allied Psychological Services (ATAPS) component of BOiMHCI funding, the BOiMHCI also includes other strategies. This year the ambiguity of the questions has been addressed and Divisions have been asked to report specifically on ATAPS.

^{xiv} Note that one Division was unable to provide an estimate of the number of MAHS patients seen, 6 Divisions were unable to estimate the number of MAHS services provided, and 4 Divisions were unable to estimate MAHS FTE.

Table 5.1: Allied health professionals (FTE) engaged by Divisions and funded through MAHS, ATAPs or other programs to provide services, 2007-08

	MAHS Services		MAHS FTE		ATAPS ¹ FTE		Other program FTE		Total FTE
	Number of Divisions (unknown)*	Number of services	Number of Divisions (unknown)*	MAHS FTE	Number of Divisions (unknown)*	ATAPS FTE	Number of Divisions (unknown)*	Other program FTE	
ATSI health workers	3 (1)	1134	3 (1)	1.7	na	na	12	24.2	25.9
ATSI mental health workers	1 (2)	1095	3	10.0	1	2.0	3	3.2	15.2
Audiologists	2	236	1 (1)	0.2	na	na	1	1.0	1.2
Chiropractors	0	0	0	0.0	na	na	1	0.2	0.2
Counsellors	22 (2)	12756	22 (2)	22.0	na	na	14 (3)	17.1	39.2
Dietician/nutritionists	32	19666	31 (1)	20.5	na	na	20 (1)	24.1	44.6
Occupational therapists	8	2446	8	2.6	8 (3)	3.2	9 (1)	12.6	18.4
Physiotherapists	22	12195	21 (1)	7.3	na	na	10 (4)	1.8	9.1
Podiatrists	30	19217	30	10.7	na	na	6 (2)	4.1	14.7
Pharmacists	na	na	na	na	na	na	34	18.8	18.8
Practice nurses	na	na	na	na	na	na	24	33.5	33.5
Psychologists	36 (2)	16749	36 (2)	30.5	81 (16)	115.8	35 (1)	40.9	187.2
RN - Mental health nurses	6 (1)	1631	6 (1)	2.2	17 (7)	7.6	34 (1)	38.7	48.5
RN - Diabetes educators	30	17926	30	21.4	na	na	13 (1)	11.4	32.8
RN - Asthma educators	10	2888	10	6.5	na	na	4	2.5	9.0
RN - General	1	317	1	0.7	na	na	17	58.0	58.7
Social workers	11 (1)	6041	10 (2)	7.6	17 (6)	12.1	18	14.6	34.3
Speech pathologists	5 (1)	2861	6	2.4	na	na	3 (1)	3.4	5.8
Other type of AHP	7	3105	7	2.8	4	4.6	17 (3)	58.4	65.7
Total	64	120263	65	149.1	83	145.4	84	368.2	662.8

Note, rounding errors may occur; 'na' indicates where funding source is not applicable for type of AHP.

¹ Prior to 2006-07, Divisions reported on funding through the Better Outcomes in Mental Health Care Initiative (BOIMHCI) rather than the ATAPS component.

* 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 major health services (Q2.2)

This question was introduced in 2007-08. Nearly all Divisions (95%) conducted at least one activity to improve access to Aboriginal and Torres Strait Islander major health services. All of the six Divisions which did not were from Victoria, four of which were located in metropolitan areas. Figure 5.1 illustrates that nearly three-quarters of Divisions are improving access by promoting Indigenous health issues.

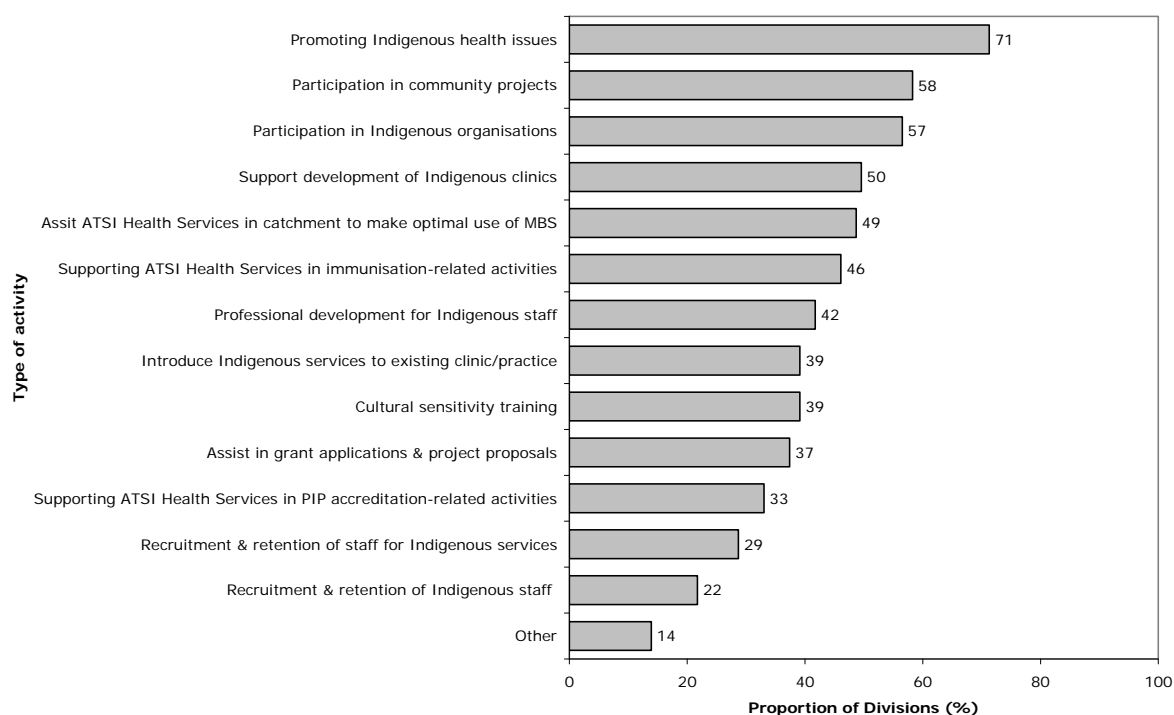


Figure 5.1: Proportion of Divisions (n=115) conducting programs to improve access to ATSI major health services, 2007-08

Indigenous status (Q2.3)

Also new to the ASD in 2007-08 was a question addressing Division activities to assist GPs in accurately recording the Indigenous status of all patients. Seven Divisions reported providing no assistance; these were typically metropolitan Divisions from Victoria. The most common activity conducted by Divisions was to include this issue into other information sessions (see Figure 5.2).

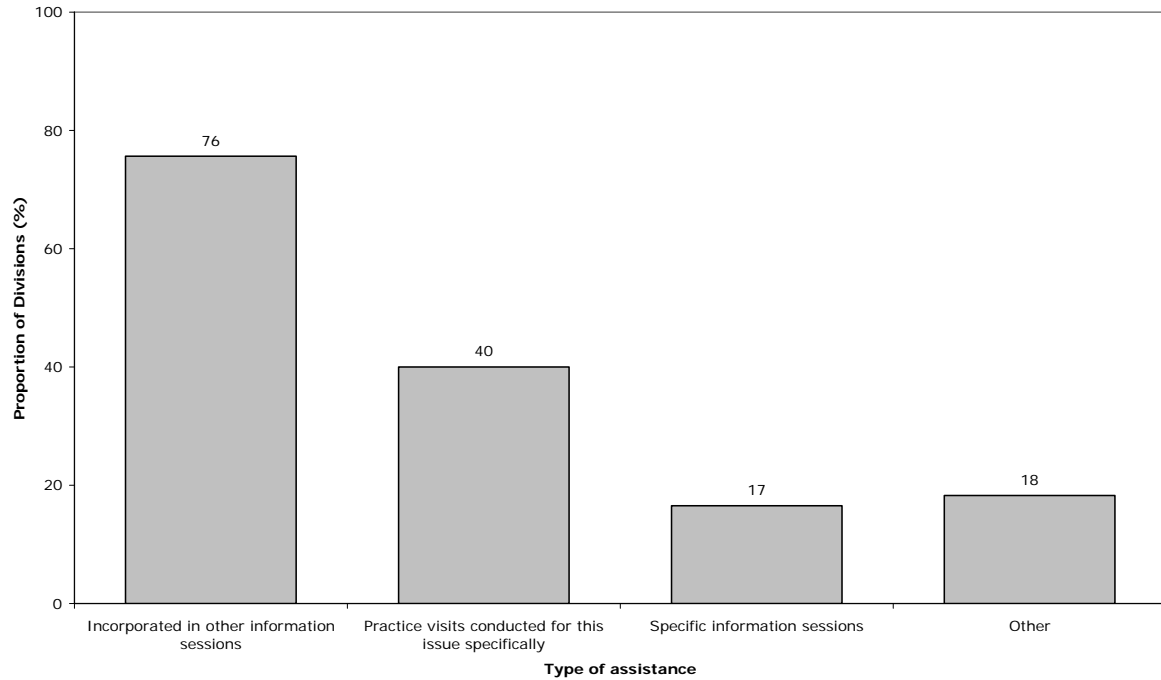


Figure 5.2: Proportion of Divisions (n=115) providing assistance to GPs to accurately record the Indigenous status of all patients, 2007-08

CHAPTER 6 COLLABORATION AND INTEGRATION

The Divisions Network

Collaborating with the Network and RWA (Context 4)

For the second year in a row all Divisions reported collaborating with at least one other member of the Divisions Network or Rural Workforce Agencies (RWA; see Table 6.1). In 2007-08

- ‘Implementation of national programs rolled out through Divisions’ was the most common collaborative activity between:
 - Divisions and SBOs (98%); and
 - Divisions and AGPN (89%)
- Sharing information continued to be the most common method of collaboration between:
 - Divisions and other Divisions (94%); and
 - Divisions and RWAs (54%).

Improving GP collaboration with other health care providers

Structured shared care programs (Q3.1)

In 2007-08, 109 Divisions (95%) reported involvement in structured shared care programs. This is the highest rate of involvement to date. Over a six year period, mental health programs have remained the most common (see Figure 6.1).

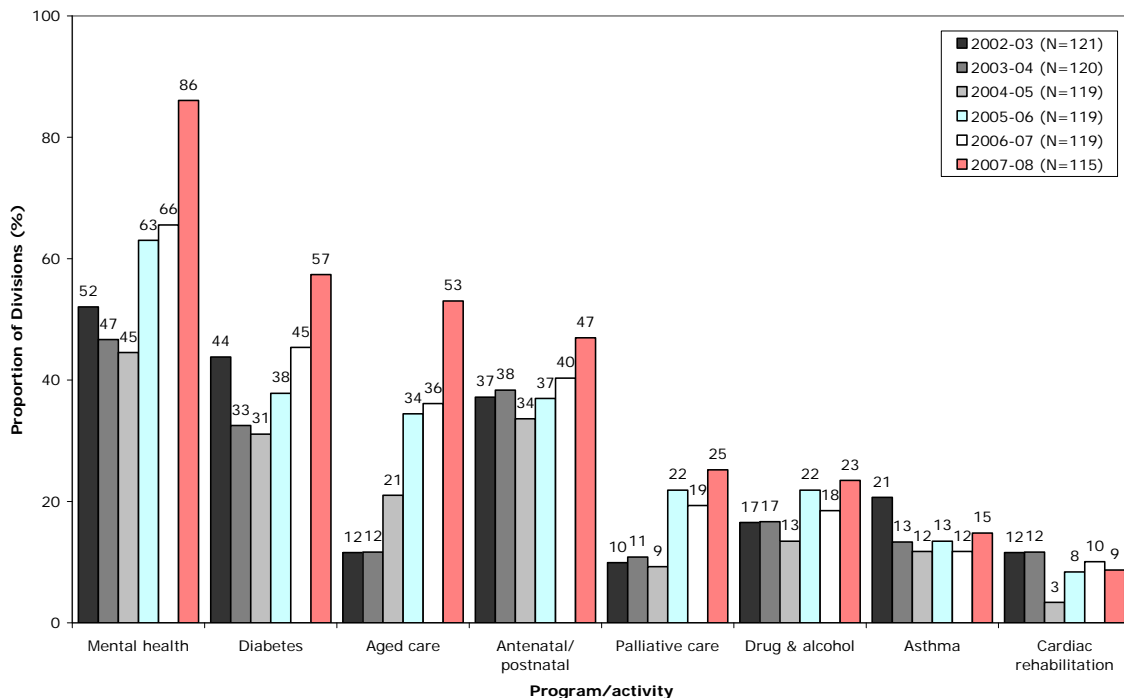


Figure 6.1: Proportion of Divisions involved in conducting structured shared care programs, 2002-03 to 2007-08

Table 6.1: Proportion of Divisions collaborating on activities with the Divisions Network and RWA, 2005-06 to 2007-08

	SBO			AGPN			Other Divisions			RWA			Any		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Implementation of national programs rolled out through Divisions	89	90	98	71	78	89	73	76	92	18	18	46	94	98	100
Sharing information	87	92	91	66	72	73	94	100	94	45	55	54	98	100	98
Implementation of State/Territory programs rolled out through Divisions	76	81	96	32	38	63	66	72	83	19	18	31	87	93	98
Implementation of other programs	53	55	70	33	29	48	73	71	79	21	20	24	87	86	94
Participation in conferences, workshops etc.	87	89	90	58	69	70	50	53	61	29	26	34	92	95	92
Responding to State/National discussion papers, policy issues etc.	71	72	78	60	66	64	48	39	46	18	14	17	82	85	84
General practice workforce professional development	50	57	48	17	28	29	63	70	72	41	43	41	79	84	84
Funding submissions	54	51	50	31	25	28	72	68	67	18	12	13	89	85	83
Supporting/mentoring other Divisions	na	na	na	na	na	na	65	69	78	na	na	na	65	69	78
Contributing to State/National submissions to government	55	59	63	35	36	47	41	40	38	11	10	12	66	71	73
Other	3	4	4	3	4	4	10	4	4	3	7	3	13	15	9
<i>Involvement in any activity</i>	<i>97</i>	<i>97</i>	<i>99</i>	<i>83</i>	<i>85</i>	<i>83</i>	<i>97</i>	<i>100</i>	<i>96</i>	<i>54</i>	<i>57</i>	<i>57</i>	<i>99</i>	<i>100</i>	<i>100</i>

Note, most metropolitan Divisions did not report collaboration with RWAs. Implementation of State/Territory programs rolled out through Divisions and sharing information were not addressed prior to 2005-06. Supporting/mentoring other Divisions was only asked in relation to collaboration with Other Divisions. Note, data were not available from the two dissolved NSW metro Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*).

Hospitals and/or specialists (Q3.2)

In 2007-08, 114 Divisions (99%) engaged in activities to improve GP collaboration with hospitals or specialists. As Figure 6.2 shows, admission and/or discharge notification has consistently been the preferred form of collaboration.

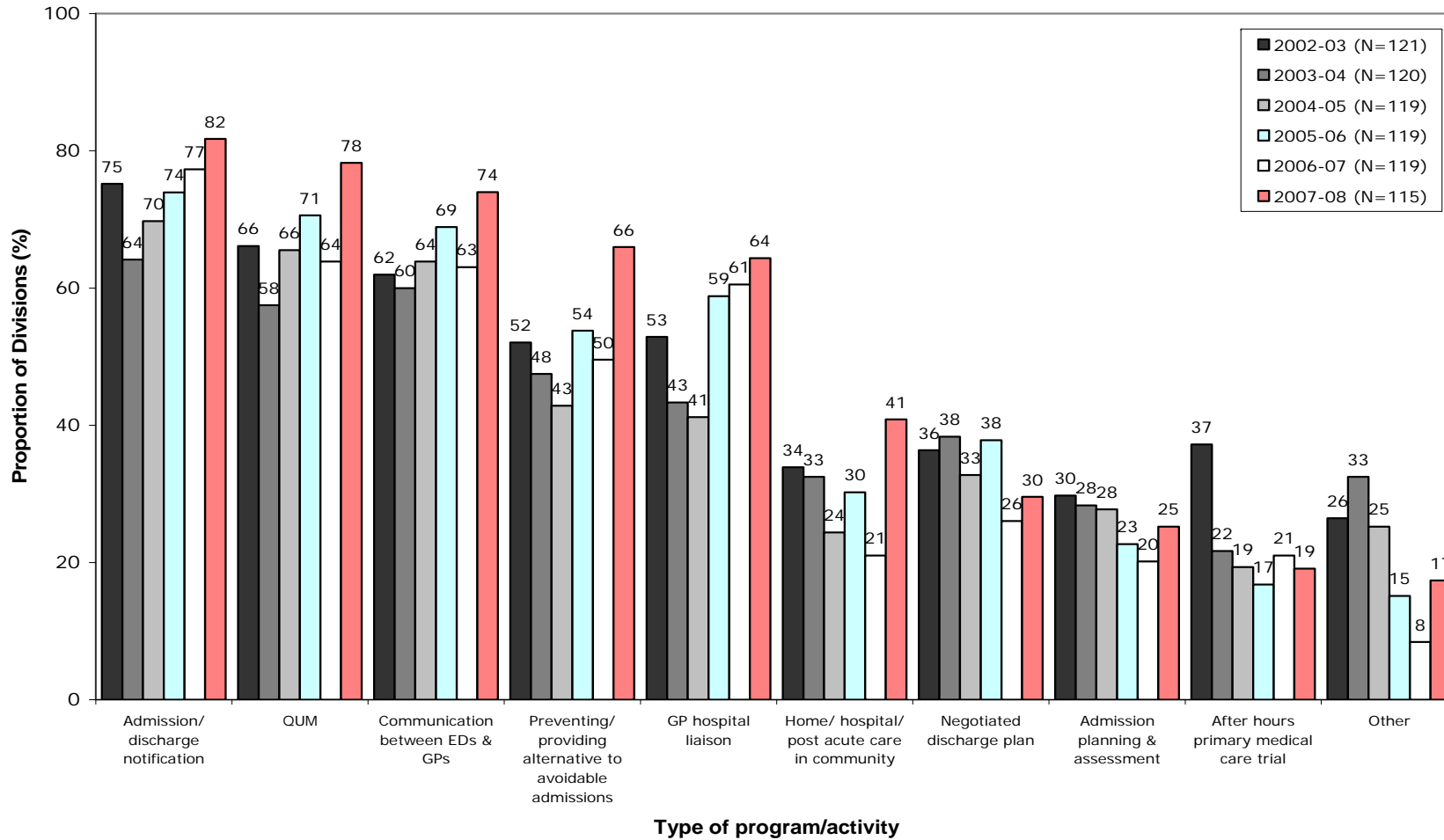
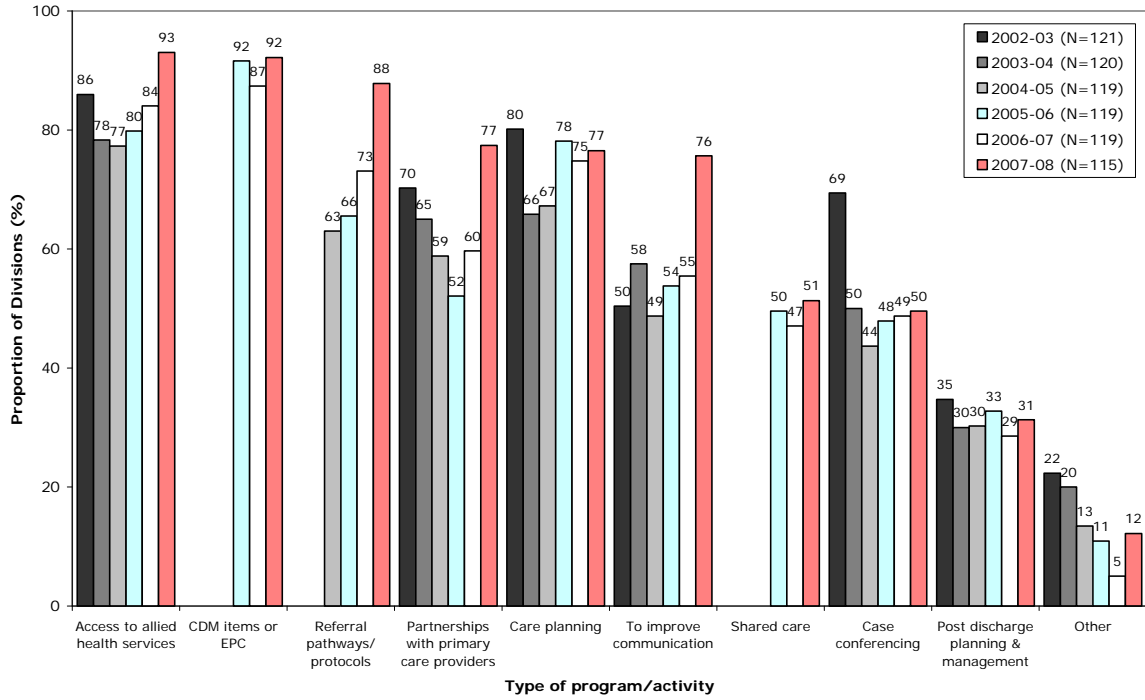


Figure 6.2: Proportion of Divisions with programs or activities aimed at improving GP collaboration with hospitals and/or specialists, 2002-03 to 2007-08

Other primary care providers (Q3.3)

For the second year in a row, all Divisions in 2007-08 reported conducting programs or activities to improve GP collaboration with other primary care providers. For the first time since 2005-06, addressing access to allied health services was the most common type of activity, closely followed by activities looking at chronic disease management (CDM) items or enhanced primary care (EPC) which have dominated in recent times (see Figure 6.3).



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.

Figure 6.3: Proportion of Divisions involved in conducting programs or activities to improve GP collaboration with other primary care providers, 2002-03 to 2007-08

CHAPTER 7

GENERAL PRACTICE SUPPORT

IM/IT activities in Divisions

Information Infrastructure (Q4.1)

A series of questions was introduced in 2007-08 to investigate how Divisions manage and use information infrastructure in program delivery. Eighty Divisions (70%) reported using an Information Management Plan that supports and is integrated with the Division's Business Plan and 56 Divisions (49%) reported currently using the **Information Management Maturity Framework (IMMF)**^{xv}. As illustrated in Table 7.1, over half of all Divisions intend to use the IMMF resource annually. Of the 11 Divisions who reported they were not going to use the IMMF *at all*, six were from metropolitan areas and three from rural areas.

Table 7.1: Intended future use of the IMMF resource by Divisions, 2007-08

Type of use	Current users of IMMF (n=56)		Not current users of IMMF (n=59)		All Divisions (n=115)	
	n	% of current users	n	% of non-users	n	% of all Divisions
Annually, as part of business planning cycle	40	71	29	49	69	60
Ad hoc basis	15	27	20	34	35	30
Not at all	1	2	10	17	11	10

Use of **Customer Relationship Management (CRM) software** was high with around 80% of Divisions reporting staff used it for the following activities:

- Recording their program delivery (n=95 Divisions);
- Program planning (n=94); and
- Maintaining local health and community services records (n=90).

Divisions also showed strong involvement in **IM/IT support activities** with:

- 92 Divisions (80%) reporting participation in coordinated activities with other Divisions on a regional, state/territory or national basis;
- 83 Divisions (72%) reported referring requests from general practice for technical support to vendors, local IT support services and other organisations
- 52 Divisions (45%) reported providing IT support to general practice specifically due to a lack of responsiveness or capacity (to needs expressed by general practice) on the part of IT vendors.

^{xv} This framework, developed by the Australian Government and AGPN, has been designed to build Divisions' capacity in information management (IM). The framework enables Divisions to benchmark their IM capacity, plan for continuous improvement in IM and link across programs and services. It is anticipated that sound IM will promote quick access to information from both internal and external stakeholders, create greater funding opportunities for Divisions and improve the delivery of services to patients. The IMMF was available to Divisions from September 2007.

Eighty-three Divisions (72%) reported delivering programs that use a database of **clinical data** provided by general practice. As Figure 7.1 shows, the most common type of data provided is de-identified.

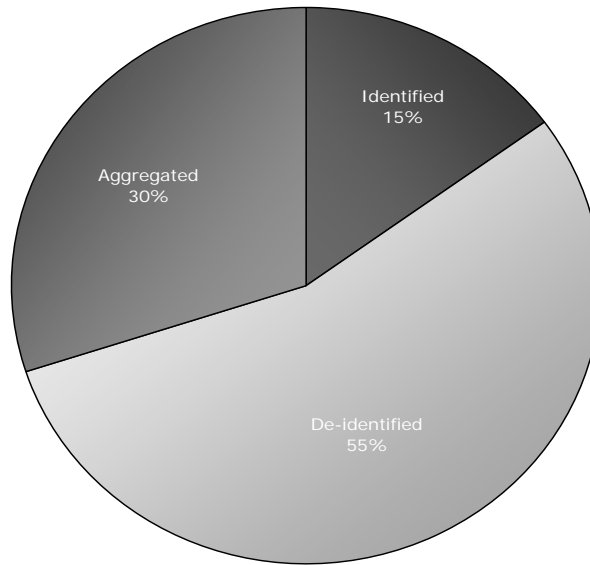


Figure 7.1: Proportion of Divisions (n=83) using clinical data provided by general practice by type of data, 2007-08

IM/IT activities in SBOs (Q4.2)

In 2007-08, 93 Divisions (81%) reported finding the support and services of their SBO useful in increasing their organisation’s capacity in IM/IT. Divisions reported support with processes (e.g. using CRM software) as most useful (see Figure 7.2). Just over half of the Divisions reporting ‘other’ forms of useful support (n=8 of 14) identified this was in relation to the IMMF.

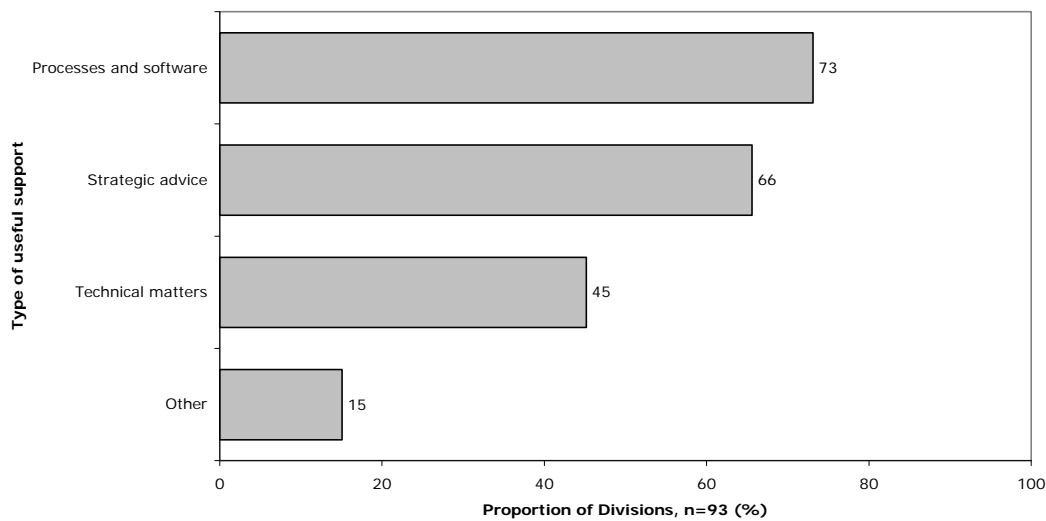


Figure 7.2: Proportion of Divisions (n=93) rating SBO IM/IT support and services as useful by type of useful support, 2007-08

IM/IT activities in Practices

Training and support (Q4.3)

For the first time, the 2007-08 ASD addressed Division IM/IT training and support activities in relation to general practice, both in terms of practice requests and Division provision. As demonstrated in Table 7.2, training was typically provided by a Division if requested by a practice and in quite a few instances, training was provided without request. A similar result was found for support activities (see Table 7.3).

Table 7.2: Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT training activities, 2007-08

Type of training	Requested		Provided		Requested & Provided	
	n	%	n	%	n*	%
Use of Clinical Information Systems	99	86	100	87	94	82
Electronic data transfer	97	84	95	83	91	79
Use of disease registers and/ or recall & reminder systems	95	83	101	88	93	81
Use of Practice Management Systems	84	73	80	70	77	67
Support in accessing IM/IT Practice	80	70	82	71	77	67
Incentives Program Payments						
Basic computer literacy	49	43	54	47	43	37
Use of on-line health evidence databases	37	32	57	50	36	31
Web-site development	12	10	19	17	10	9

*This number includes Divisions where practices requested this type of training AND the Division provided the training. Used in conjunction with the 'requested' and 'provided' columns, it can be used as an indication of unmet or 'over-met' need, respectively. For example in 'use of Clinical Information Systems', 94 Divisions both requested and received training for this activity; 99 Divisions **requested** training in this activity, suggesting that there were 5 Divisions (99 subtract 94) with unmet need. Given that 100 Divisions reported **providing** this training, it also suggests that one Division (100 subtract 99) 'over-met' need.

Table 7.3: Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT support activities, 2007-08

Type of support	Requested		Provided		Requested & Provided	
	n	%	n	%	n	%
Electronic data transfer	98	85	98	85	95	83
Use of disease registers and/or recall & reminder systems	95	83	102	89	93	81
Support in accessing IM/IT Practice	80	70	81	70	76	66
Incentives Program payments						
Computing information & advice	71	62	68	59	65	57
Computer support & technical assistance	62	54	53	46	53	46
Developing new applications	32	28	33	29	26	23
Bulk purchases of computer/software	22	19	21	18	19	17

CHAPTER 8 CONSUMER FOCUS

Collaborating with consumers

Indigenous involvement in the Division (Q5.1)

In 2007-08, 94 Divisions (82%) reported at least one formal mechanism to involve Indigenous consumers. This continues the steady increase reported in previous years: 73 Divisions (61%) in 2004-05; 86 Divisions (72%) in 2005-06 and 90 Divisions (76%) in 2006-07. Figure 8.1 shows to what extent various mechanisms are used.

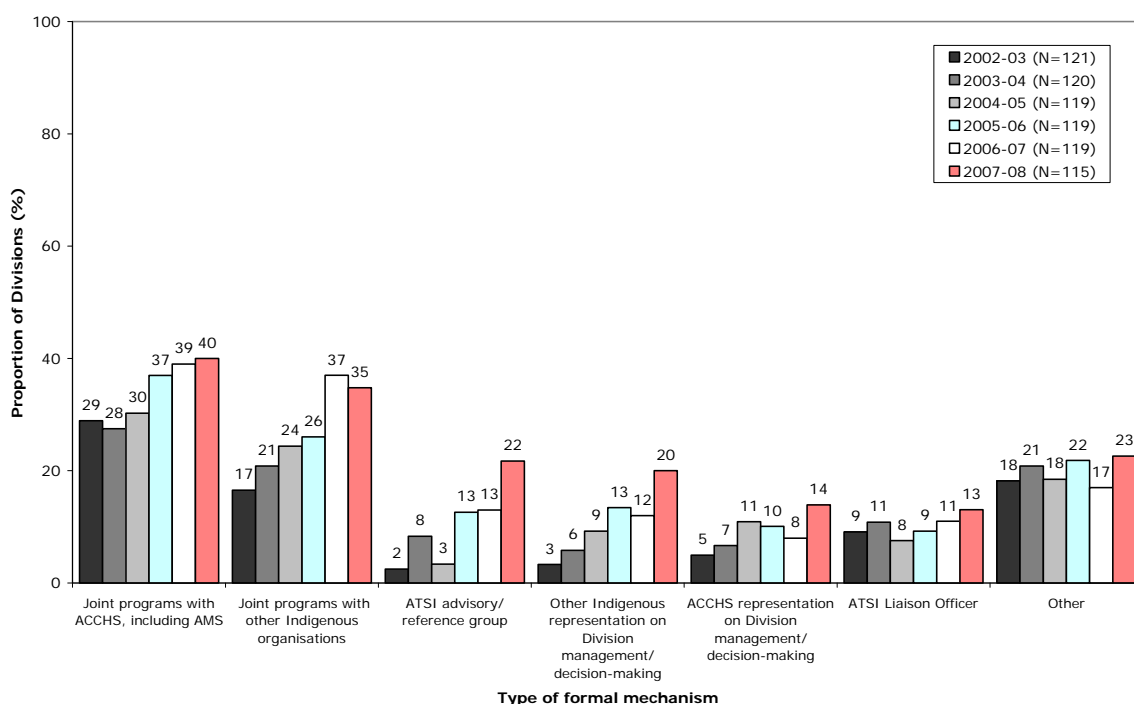


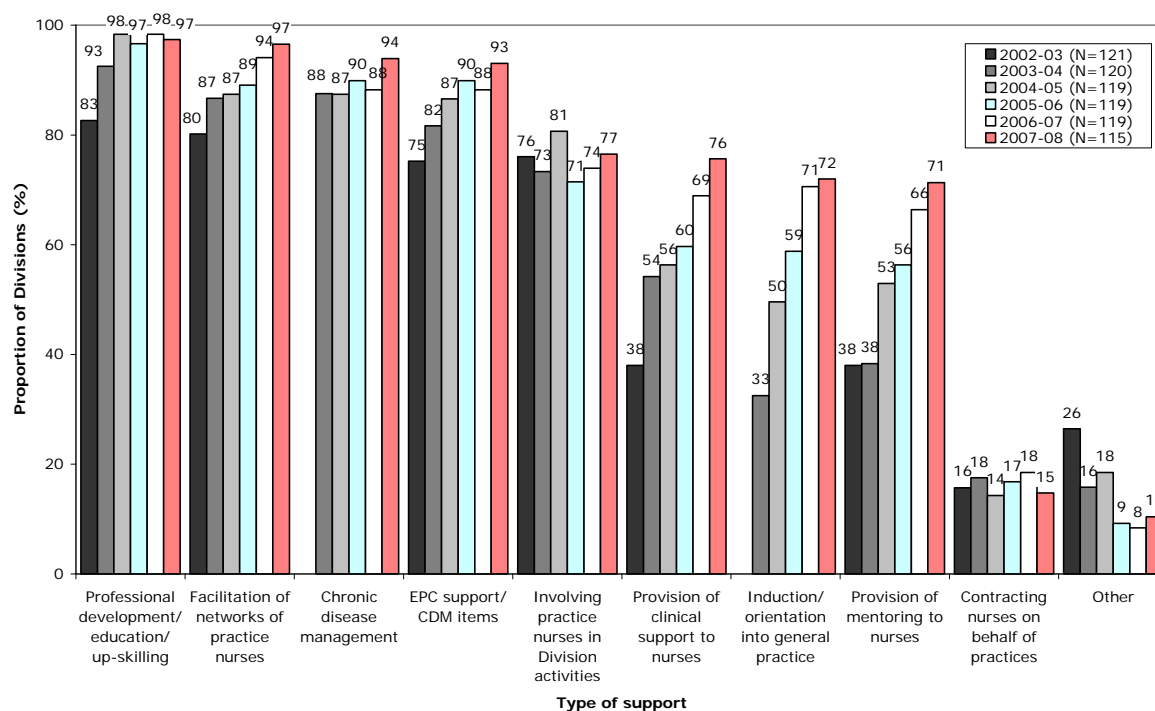
Figure 8.1: Proportion of Divisions with specific formal mechanisms to involve Indigenous health consumers or organisations, 2002-03 to 2007-08

CHAPTER 9 WORKFORCE

Practice Nurses

Supporting practice nurses (Q6.1)

For the fourth year in a row, all Divisions reported providing at least one activity to support practice nurses. Figure 9.1 shows that the popularity of professional development, education and up-skilling activities has been ongoing for many years.



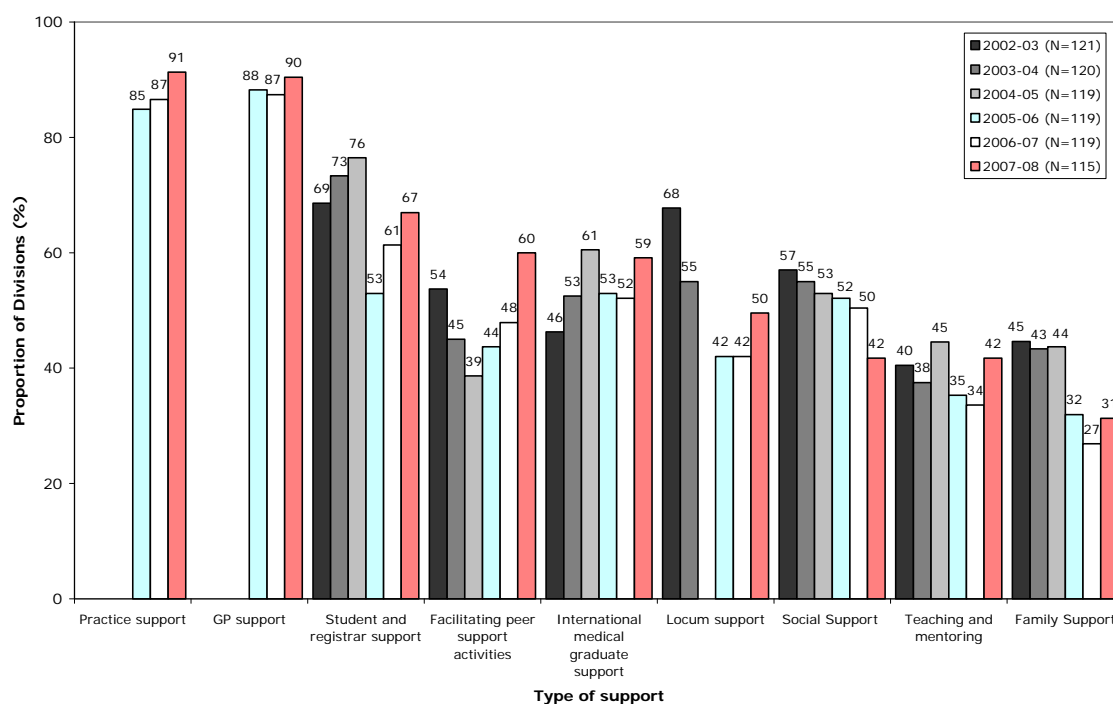
Note, chronic disease management and induction/ orientation into general practice were not assessed prior to 2003-04

Figure 9.1: Proportion of Divisions providing support to practice nurses, 2002-03 to 2007-08

Workforce

GP workforce support (Q6.3)

Almost all Divisions (98%) reported providing at least one activity to support the workforce needs and wellbeing of GPs in 2007-08. This is a slight drop compared to 2006-07 when all Divisions did so. The two Divisions who no longer provided this support were from metropolitan areas. In recent years, Divisions have provided activities focusing on family support to a lesser extent (see Figure 9.2).



Note, GP support and practice support were not addressed in this manner prior to 2005-06 and locum support data in 2004-05 were not comparable.

Figure 9.2: Proportion of Divisions undertaking activities to support the workforce needs of GPs, 2002-03 to 2007-08

GP health

In 2007-08, 92 Divisions (80%) provided at least one activity to support GP health. The overall provision of such activities has remained more or less unchanged since 2005-06. Encouraging GPs to have their own GP has remained the most common activity, as illustrated in Figure 9.3.

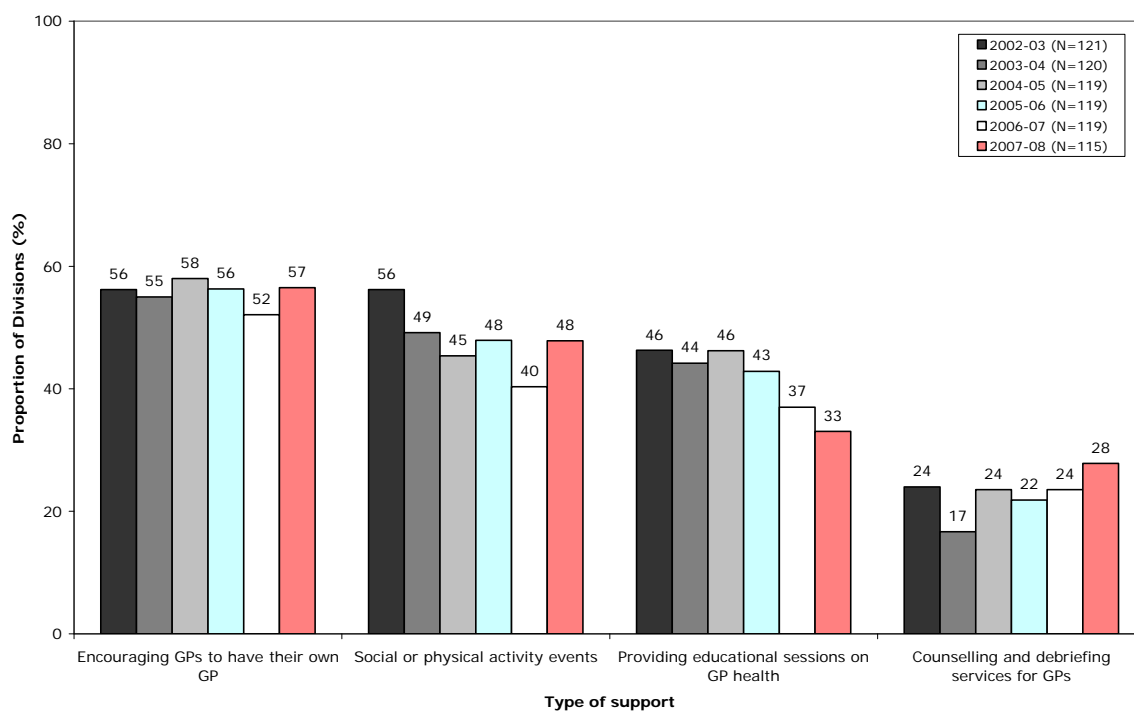
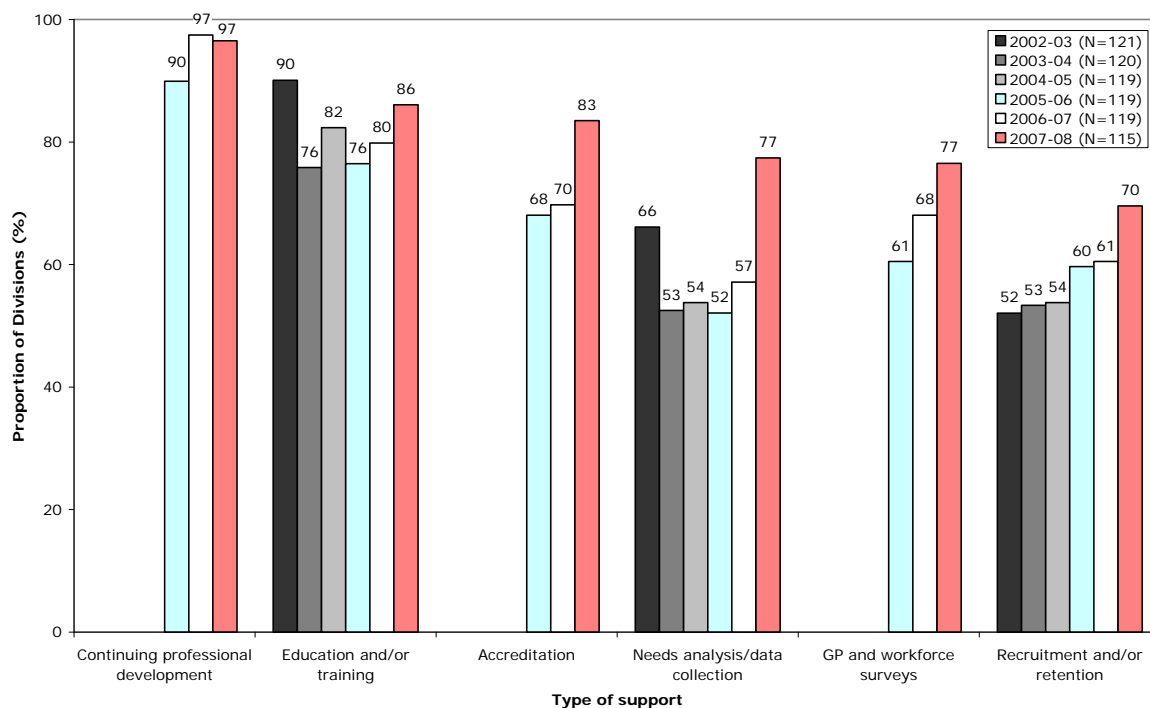


Figure 9.3: Proportion of Divisions undertaking activities to support GP health, 2002-03 to 2007-08

Practice development and education

One-hundred and fourteen Divisions (99%) provided at least one GP practice development and education activity in 2007-08, compared to 100% of Divisions in 2006-07. One SA metropolitan Division no longer reported providing these activities. Figure 9.4 displays an increase in many individual practice development and education activities in 2007-08.



Note, continuing & professional development, accreditation and GP & workforce surveys were not addressed in this manner prior to 2005-06.

Figure 9.4: Proportion of Divisions undertaking activities to support GP practice development and education, 2002-03 to 2007-08

Workforce Support for Rural General Practitioners (WSRGP) Program (Q6.2 & 6.3)

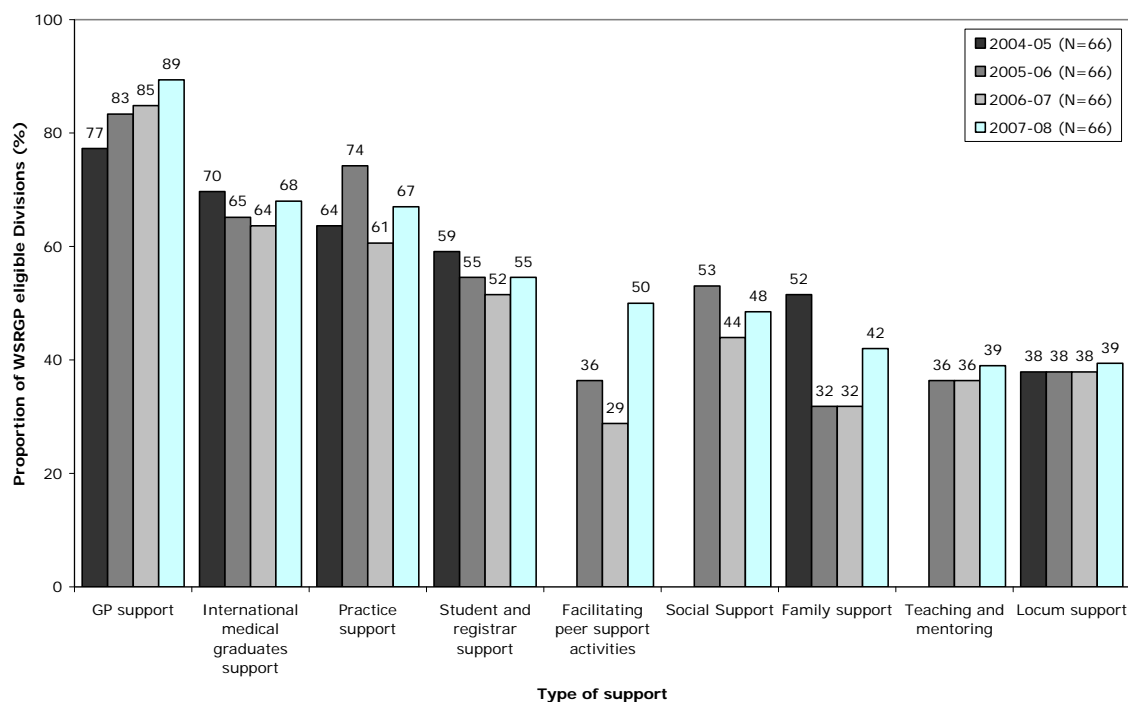
More GP staff received WSRGP support in 2007-08 than in 2006-07 (see Table 9.1). However, this increase is explained, in part, by the reduction in the number of Divisions reporting 'unknown' for the number of medical students receiving support.

Table 9.1: Number of GP workforce receiving WSRGP support, 2007-08

Type of GP staff receiving WSRGP support	2006-07			2007-08		
	Number of Divisions reporting unknown	Number of Divisions reporting	Sum	Number of Divisions reporting unknown	Number of Divisions reporting	Sum
GP	3	62	3372	5	61	3622
Registrars	4	54	415	8	51	486
Medical students	21	27	444	9	36	665
International medical graduates	9	51	808	9	52	986
Other	0	6	76	0	6	21
Total	25	66	5115	17	67	5780

GP workforce support funded by WSRGP

In 2007-08, 66 Divisions reported receiving some funding from the WSRGP Program to conduct one or more activities that support the workforce needs of GPs. As shown in Figure 9.5, Divisions have most frequently reported WSRGP funding for general GP support activities.



Note, social support, teaching & mentoring and facilitating peer support activities were not addressed in this manner prior to 2005-06. Number of Divisions with WSRGP funding (n=66) used as the denominator.

Figure 9.5: Proportion of Divisions funded by the WSRGP Program undertaking activities to support the workforce needs of GPs, 2004-05 to 2007-08

GP health activities funded by WSRGP

Thirty-five Divisions reported receiving WSRGP funding for GP health activities. Divisions reported a relatively even incidence of funding from WSRGP for all GP health activities (see Figure 9.6).

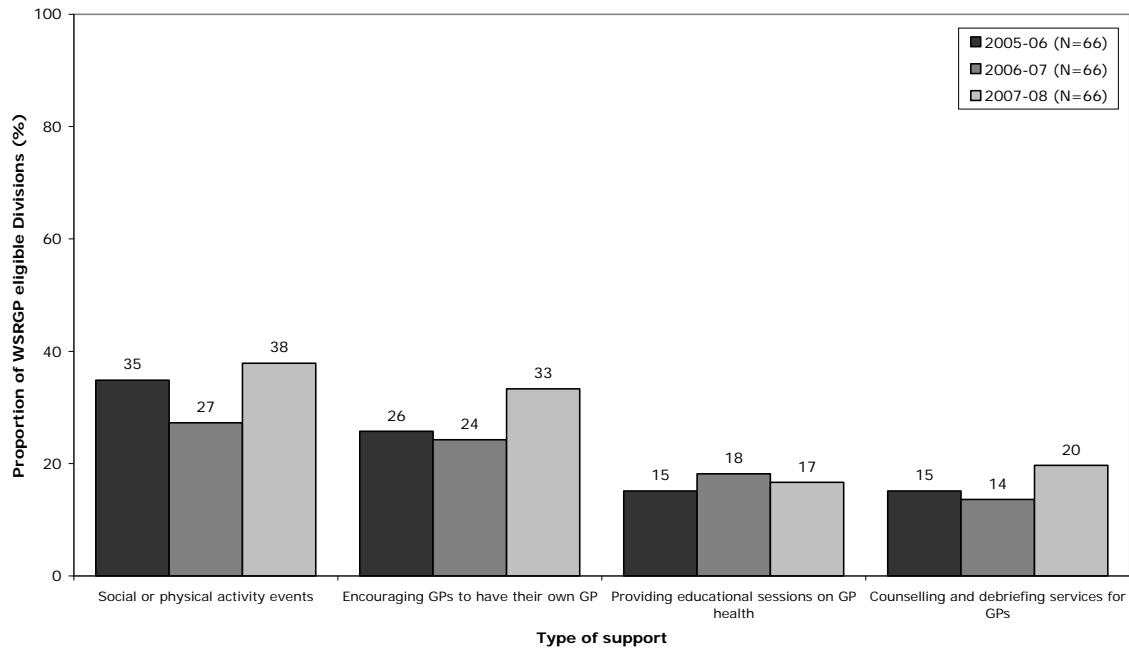
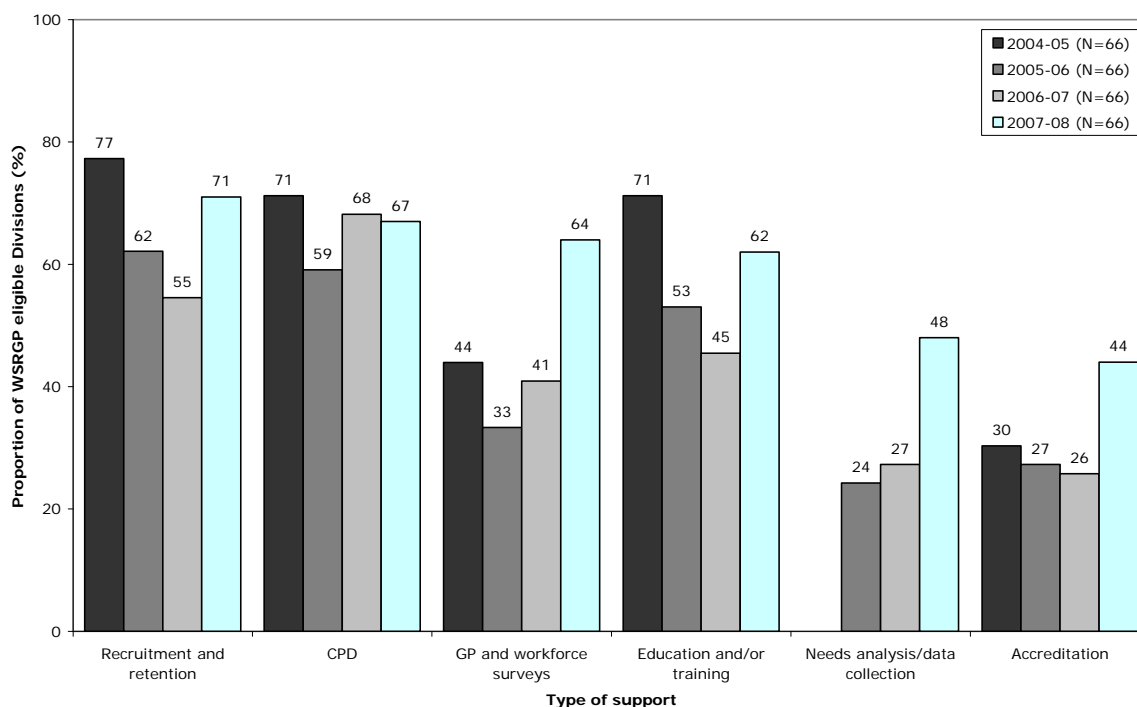


Figure 9.6: Proportion of Divisions funded by the WSRGP Program undertaking activities to support GP health, 2004-05 to 2007-08

GP practice development and education funded by WSRGP

Overall, 63 Divisions reported receiving WSRGP funding for at least one GP practice development and education activity. The proportion of Divisions reporting WSRGP funding for recruitment and retention programs has increased by almost one third from 2006-07 to 2007-08 (see Figure 9.7).



Note, needs analysis/data collection was not addressed in this manner prior to 2005-06. Number of Divisions with WSRGP funding (n=66) used as the denominator.

Figure 9.7: Proportion of Divisions funded by the WSRGP Program undertaking activities to support GP practice development and education, 2004-05 to 2007-08

CHAPTER 10

THE DIVISIONS NETWORK (AND RWA)

State Based Organisations (SBO)

SBO services (Relationships Q7.1)

In 2007-08

- 97% of Divisions reported that representation and advocacy and adequate, timely and relevant information were provided to either *some* or *a great* extent
- Effective leadership was also rated highly with 94% of Divisions reporting this was achieved to either *some* or *a great* extent
- SBOs were deemed least successful in building capacity in Divisions; 50% considered this role was achieved 'to some extent' and 36% 'to a great extent' (see Table 10.1).

Table 10.1: Extent to which SBOs provided services at a State or Territory level, 2006-07 & 2007-08

SBO provides	2006-07 (N=119)						2007-08 (N=115)					
	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	%
Effective leadership	6	5	54	45	59	50	7	6	55	48	53	46
Representation & advocacy	1	1	55	46	63	53	4	3	46	40	65	57
Help in Division capacity building	12	10	58	49	49	41	16	14	58	50	41	36
Adequate, timely, relevant information	5	4	48	40	66	56	4	3	46	40	65	57

Note, rounding errors may occur.

SBO usage and satisfaction (Relationships Q7.1)

Consistent with previous years, Division staff made the most use of SBO services, followed by Division CEOs and Boards (see Table 10.2). Satisfaction levels (shown in Table 10.3) are significantly correlated with usage^{xvi}.

Table 10.2: Division Board, CEO and staff use of SBO services, 2006-07 & 2007-08

Use of SBO by	2006-07 (N=119)						2007-08 (N=115)					
	Very little		Somewhat		A great deal		Very little		Somewhat		A great deal	
	n	%	n	%	n	%	n	%	n	%	n	%
Division Board	49	41	57	48	13	11	54	47	53	46	8	7
Division CEO	11	9	53	45	55	46	10	9	54	47	51	44
Division staff	6	5	49	41	64	54	4	3	47	41	64	56

Note, rounding errors may occur.

^{xvi} Board (r=0.66, p<.001); CEO (r=.74, p<.001); staff (r=0.60, p<.001)

Table 10.3: Division Board, CEO and staff overall level of satisfaction with SBO, 2006-07 & 2007-08

Satisfaction with SBO by	2006-07 (N=119)										2007-08 (N=115)									
	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	0	0	6	5	45	38	42	35	26	22	4	3	4	3	45	39	50	43	12	10
Division CEO	0	0	10	8	14	12	54	45	41	35	1	1	7	6	19	17	53	46	35	30
Division staff	0	0	6	5	19	16	55	46	39	33	0	0	5	4	20	17	58	50	32	28

Note, rounding errors may occur.

Australian General Practice Network (AGPN)

AGPN services (Relationships Q7.2)

In 2007-08, Divisions appraised AGPN's role in strengthening the primary health care system as more successful than its provision of national leadership and governance. However, as Table 10.4 highlights, the number of Divisions rating both services were achieved 'to a great extent' almost halved.

Table 10.4: Extent to which AGPN achieved national leadership and governance and links to strengthen the Primary Health Care System, 2006-07 & 2007-08

AGPN provides	2006-07 (N=119)						2007-08 (N=115)					
	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	6	5	74	62	39	33	12	10	83	72	20	17
Links to strengthen the primary health care system	8	7	57	48	54	45	6	5	77	67	32	28

Note, rounding errors may occur.

AGPN usage and satisfaction (Relationships Q7.2)

Out of the three Division perspectives, Division Boards reported using AGPN the least with 38% recording *some* or '*a great deal*' of use (see Table 10.5). This compares to 60% of Division staff and 71% of Division CEOs. Again, satisfaction levels (shown in Table 10.6) are significantly correlated with usage^{xvii}.

^{xvii} Board (r=0.49, p<.001); CEO (r=.62, p<.001); staff (r=0.56, p<.001)

Table 10.5: Division Board, CEO and staff use of AGPN services, 2006-07 & 2007-08

Use of AGPN by	2006-07 (N=119)						2007-08 (N=115)					
	Very little		Somewhat		A great deal		Very little		Somewhat		A great deal	
	n	%	n	%	n	%	n	%	n	%	n	%
Division Board	77	65	38	32	4	3	72	63	41	36	2	2
Division CEO	25	21	75	63	19	16	33	29	69	60	13	11
Division staff	34	29	77	65	8	7	45	39	66	57	4	3

Note, rounding errors may occur.

Table 10.6: Division Board overall level of satisfaction with AGPN, by State 2006-07 & 2007-08

Satisfaction with AGPN by	2006-07 (N=119)										2007-08 (N=115)									
	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	3	3	7	6	65	55	37	31	7	6	8	7	16	14	61	53	26	23	4	3
Division CEO	2	2	3	3	31	26	67	56	16	13	5	4	12	10	38	33	51	44	9	8
Division staff	2	2	1	1	46	39	65	55	5	4	1	1	6	5	62	54	42	37	4	3

Note, rounding errors may occur.

AGPN National Network Library (Q7.4)

Division assessment of AGPN's National Network Library was first introduced in the 2007-08 survey. More than three-quarters of Divisions reported *very little* use of this resource; only one rural NSW Division reported using it '*a great deal*' (see Table 10.7 & Table 10.9). Not surprisingly, (and shown in Table 10.8 and Table 10.10), usefulness ratings mapped with usage ratings. Equal proportions of Divisions had no opinion about how useful the library was (44%), and reported that it was either useful to *some extent* or *not at all* (44%).

Table 10.7: Division usage of AGPN's National Network Library by state, 2007-08

State	2007-08 (N=115)					
	Very little		Somewhat		A great deal	
	n	%	n	%	n	%
NSW (n=34)	27	23	6	5	1	1
Vic (n=30)	26	23	4	3	0	0
Qld (n=18)	11	10	7	6	0	0
SA (n=14)	10	9	4	3	0	0
WA (n=13)	12	10	1	1	0	0
Tas, NT & ACT (n=6)	5	4	1	1	0	0
<i>Total (n=115)</i>	<i>91</i>	<i>79</i>	<i>23</i>	<i>20</i>	<i>1</i>	<i>1</i>

Note, rounding errors may occur.

Table 10.8: Division ratings of the usefulness of AGPN's National Network Library by state, 2007-08

State	2007-08 (N=115)									
	Not useful		Somewhat useful		No opinion		Useful		Very useful/ worthwhile	
	n	%	n	%	n	%	n	%	n	%
NSW (n=34)	7	6	11	10	12	10	3	3	1	1
Vic (n=30)	4	3	10	9	13	11	3	3	0	0
Qld (n=18)	0	0	4	3	11	10	2	2	1	1
SA (n=14)	2	2	4	3	6	5	2	2	0	0
WA (n=13)	2	2	5	4	6	5	0	0	0	0
Tas, NT & ACT (n=6)	1	1	1	1	3	3	1	1	0	0
Total (n=115)	16	14	35	30	51	44	11	10	2	2

Note, rounding errors may occur.

Table 10.9: Division usage of AGPN's National Network Library by RRMA, 2007-08

RRMA	2007-08 (N=115)					
	Very little		Somewhat		A great deal	
	n	%	n	%	n	%
Metro (n=50)	44	38	6	5	0	0
Metro-rural (n=12)	9	8	3	3	0	0
Rural (n=34)	26	23	7	6	1	1
Rural-remote (n=14)	8	7	6	5	0	0
Remote (n=5)	4	3	1	1	0	0
Total (n=115)	91	79	23	20	1	1

Note, rounding errors may occur.

Table 10.10: Division ratings of the usefulness of AGPN's National Network Library by RRMA, 2007-08

RRMA	2007-08 (N=115)									
	Not useful		Somewhat useful		No opinion		Useful		Very useful/ worthwhile	
	n	%	n	%	n	%	n	%	n	%
Metro (n=50)	7	6	18	16	22	19	3	3	0	0
Metro-rural (n=12)	2	2	3	3	4	3	3	3	0	0
Rural (n=34)	4	3	9	8	18	16	2	2	1	1
Rural-remote (n=14)	2	2	4	3	4	3	3	3	1	1
Remote (n=5)	1	1	1	1	3	3	0	0	0	0
Total (n=115)	16	14	35	30	51	44	11	10	2	2

Note, rounding errors may occur.

Rural Workforce Agencies (RWAs)

RWA usage and satisfaction (Q6.4)

In 2007-08, 63 Divisions (55%) reported eligibility for RWA services. This figure includes 100% of metro-rural (n=12) and rural-remote (n=14) Divisions, 4 out of 5 remote Divisions (80%), 31 out of 34 rural Divisions (91%) and 2 out of 50 metropolitan Divisions (4%). Consistent with the ratings for SBOs, Division staff used the services of RWAs the most (84% reporting *some* or *'a great deal'* of use) followed by Division CEOs (68%) and Division Boards (30%; see Table 10.11). As with ratings of other Network members, satisfaction levels (shown in Table 10.12) are significantly correlated with usage^{xviii}.

Table 10.11: Division Board, CEO and staff use of RWA services, 2006-07 & 2007-08

Use of RWA by	2006-07 (N=61)						2007-08 (N=63)					
	Very little		Somewhat		A great deal		Very little		Somewhat		A great deal	
	n	%	n	%	n	%	n	%	n	%	n	%
Division Board	47	77	12	20	2	3	44	70	16	25	3	5
Division CEO	24	39	27	44	10	16	20	32	34	54	9	14
Division staff	18	30	25	41	18	30	10	16	32	51	21	33

Note, rounding errors may occur.

Table 10.12: Division Board, CEO and staff overall level of satisfaction with RWA, 2006-07 & 2007-08

Satisfaction with RWA by	2006-07 (N=61)										2007-08 (N=63)									
	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	2	3	4	7	32	53	19	31	4	7	3	5	1	2	39	62	17	27	3	5
Division CEO	4	7	9	15	19	31	21	34	8	13	3	5	1	2	20	32	32	51	7	11
Division staff	3	5	6	10	18	30	28	46	6	10	2	3	4	6	14	22	31	49	12	19

Note, rounding errors may occur.

^{xviii} Board (r=0.59, p<.001); CEO (r=.68, p<.001); staff (r=0.69, p<.001)

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 2007-08

2007-08 Annual Survey

Welcome to the 2007-08 Annual Survey for your Division. This survey covers the period 1 July 2007 - 30 June 2008. 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
 - 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 **Submit** your completed survey to PHC RIS.

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 2008.**

*Please note the [2007-08 SBO Core Indicators](#) tab above. Your responses to these questions are required for the submission of your State Based Organisation's Annual Report. We ask that you complete and submit your responses to those two questions as soon as possible, but **no later than the 31st August 2008** (the deadline for that part of the survey). We recommend that you complete and submit that section independent of this, the main survey.*

Overview

The Annual Survey of Divisions has given us insight into the growth of Divisions since 1993-94. The Annual Survey of Divisions is now the integrated 'Survey' component of the Divisions Information Online System. Standardised items from the Annual Survey of Divisions have been reviewed, to reduce duplication and respondent burden, and items incorporated with the 12 month report.

The purpose of the Survey component of the Divisions Information Online System is:

- To collect information from all Divisions about their activities in a standardised format.
- To provide information about Divisions' activities to policy makers, the Division Network, Rural Workforce Agencies, consumers and researchers.

Presentation of Survey results

- Descriptive results of the Survey will be presented Online.
- Feedback will be provided to Divisions, State Based Organisations and the Australian General Practice Network.
- An integrated report and summary will be produced.
- Additional information will be available on request.

The Australian Government Department of Health and Ageing (DoHA) uses the Survey results to:

- Describe the range and focus of programs being undertaken by Divisions.
- Measure trends developing over time.
- Recognise trends developing within and between different Division classifications.

The Divisions Network uses the Survey results to:

- Assist with planning and determining priorities.
- Identify Divisions for collaboration and knowledge sharing purposes.

Others (e.g. State and local health services, consumer organisations and researchers) use the Survey results to:

- Understand Division activities.
- Identify opportunities to strengthen links with the Divisions Network.

For further background information about this survey, visit the main PHC RIS website at <http://www.phcris.org.au/products/asd>.

Privacy of Responses

Identified data from most sections of the Survey may be provided on request for the purposes mentioned in the [Overview](#), e.g. to identify which Divisions are involved in particular activities.

Sensitive data will not be provided in identified format. Such data includes the sections 'Relationship with Organisations in Division Network' and 'Funding'.

View the [PHC RIS data collection and privacy policy](#) for further details.

CONTEXT

CTXT.1 Staff

How many staff were employed by your Division during the last pay period ending in June 2008?

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 (e.g. medical or allied health care professionals) providing direct patient services.

	FTE	Number of people
GP Staff		
Non-GP Staff		

CTXT.2 Practices

How many general practices were in your Division's catchment area at 30 June 2008?

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
Solo practices:	
Practices with 2–5 GPs	
Practices with 6 or more GPs	
Total number of practices:	

CTXT.3 Primary Care Providers

How many Primary Care Providers do you estimate were practising in your Division's catchment area at 30 June 2008?

Please note that this only includes providers 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
Total estimated number of GPs practising in catchment	
How many were females?	
How many were corporate GPs	
How many were registrars?	
How many were international medical graduates (formerly OTDs)?	
How many GPs practise in Aboriginal and Torres Strait Islander primary health care services	
How many practice nurses were practising in catchment?	

CTXT.4.1 Network

CTXT 4.1 Which members of the Divisions Network or RWA did your Division collaborate with in the implementation of national programs rolled out through Divisions in the past 12 months?

<input type="checkbox"/>	State Based Organisation (SBO)
<input type="checkbox"/>	Australian General Practice Network (AGPN)
<input type="checkbox"/>	Other Divisions
<input type="checkbox"/>	Rural Workforce Agency (RWA)
<input type="checkbox"/>	No collaboration with members of the Divisions Network or RWA

Please briefly describe the outcome of the collaborations

CTXT.4.2 Network

CTXT 4.2 Which members of the Divisions Network or RWA did your Division collaborate with on *any activities* in the past 12 months?

<input type="checkbox"/>	State Based Organisation (SBO)
<input type="checkbox"/>	Australian General Practice Network (AGPN)
<input type="checkbox"/>	Other Divisions
<input type="checkbox"/>	Rural Workforce Agency (RWA)
<input type="checkbox"/>	No collaboration with members of the Divisions Network or RWA

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

<input type="checkbox"/>	Implementation of State/Territory programs rolled out through Divisions
<input type="checkbox"/>	Implementation of other programs
<input type="checkbox"/>	General practice workforce professional development
<input type="checkbox"/>	Contributing to State/Territory/National submissions to government
<input type="checkbox"/>	Responding to State/Territory/National discussion papers, policy issues etc.
<input type="checkbox"/>	Participation in State/Territory level conferences, workshops etc.
<input type="checkbox"/>	Funding submissions
<input type="checkbox"/>	Sharing information
<input type="checkbox"/>	Other (please specify up to 5):
	[+OTHER]

CTXT.5 Members

How many Division members belonged to your Division on 30 June 2008?

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

Occupation of member	<i>Number of members</i>
GPs (including IMGs and Registrars)	
Allied health professionals	
Practice nurses	
Practice staff (other than practice nurses)	
Medical specialists	
Other (please specify):	
[+OTHER]	
Total number of members in your Division:	

GOVERNANCE

1.1 Board Composition

How many people were on your Division's Board of Directors?

If none, please type 0

Type of Board member	<i>GPs</i>	<i>Non-GPs</i>
Total number of Board members		
Number of female Board members		
Number of Indigenous Board members		
Number of Allied Health Professionals		
Number of consumer/community representatives		

1.2 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 2007-08?

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'.

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 (e.g. 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):	
[+OTHER	

ACCESS

2.1 AHPs

Did your Division contract any allied health professionals (AHPs) to deliver services to patients in 2007-08?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

Please indicate the number of allied health professionals

2.1.1 MAHS & ATAPS (BOiMHC)

These questions relate to funding of Division activities under MAHS (if applicable) and ATAPS (BOiMHC).

If value is not known, please type 'unknown'.

Please estimate the total number of patients who received services under MAHS in 2007-08.

Please estimate the total number of patients who received services under ATAPS in 2007-08.

2.1.2 AHP Services

Which AHPs were engaged to provide health services in your Division's programs in 2007-08?

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

<input type="checkbox"/>	Aboriginal and Torres Straight Islander health workers
<input type="checkbox"/>	Aboriginal and Torres Straight Islander mental health workers
<input type="checkbox"/>	Audiologists
<input type="checkbox"/>	Chiropractors
<input type="checkbox"/>	Counsellors
<input type="checkbox"/>	Dietician/nutritionists
<input type="checkbox"/>	Occupational therapists
<input type="checkbox"/>	Pharmacists
<input type="checkbox"/>	Physiotherapists
<input type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Practice nurses
<input type="checkbox"/>	Psychologists
<input type="checkbox"/>	RN – Diabetes educators
<input type="checkbox"/>	RN – Mental health nurses
<input type="checkbox"/>	RN – Asthma educators
<input type="checkbox"/>	RN – General
<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Speech pathologists
<input type="checkbox"/>	Other (please specify up to 5)
	[+ OTHER]

No AHPs were engaged by our Division

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

Please provide the FTE of AHPs of type [selected type, eg. 'ATSI health workers'] 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'.

MAHS (More Allied Health Services)

FTE of staff funded

Number of MAHS services provided in 2007-08

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

Area that MAHS service covers	FTE for this area

ATAPS Program

FTE of staff funded

Programs/funding sources *other* than MAHS or ATAPS

FTE of staff funded

2.2 Indigenous Collaboration

How was your Division involved in conducting any programs or activities to improve access to Aboriginal and Torres Straits Islander major health services?

For example, promotion of Indigenous health services to GPs.

<input type="checkbox"/>	Recruitment and retention of Indigenous staff
<input type="checkbox"/>	Recruitment and retention of staff for Indigenous services
<input type="checkbox"/>	Introduce Indigenous services to existing clinic/practice
<input type="checkbox"/>	Participation in community projects
<input type="checkbox"/>	Support development of Indigenous clinics
<input type="checkbox"/>	Participation in Indigenous organisations
<input type="checkbox"/>	Cultural sensitivity training
<input type="checkbox"/>	Promoting Indigenous health issues
<input type="checkbox"/>	Assist in grant applications and project proposals
<input type="checkbox"/>	Professional development for Indigenous staff
<input type="checkbox"/>	Assisting Aboriginal and Torres Strait Islander Health Services (ATSIHS) in the catchment to make optimal use of the MBS
<input type="checkbox"/>	Supporting ATSIHS in PIP accreditation-related activities
<input type="checkbox"/>	Supporting ATSIHS in immunisation-related activities
<input type="checkbox"/>	Other [please specify up to 5]
<input type="checkbox"/>	No programs or activities

2.3 Indigenous Status

In what way did your Division provide assistance to GPs to accurately record the Aboriginal and or Torres Strait Islander status of all patients?

For example, promotion of Indigenous health services to GPs.

<input type="checkbox"/>	Specific information sessions
<input type="checkbox"/>	Incorporated in other information sessions
<input type="checkbox"/>	Practice visits conducted for this issue specifically
<input type="checkbox"/>	Other [please specify up to 5]
<input type="checkbox"/>	No assistance to GPs to record status

INTEGRATION

3.1 Shared Care

Which structured shared care programs was your Division involved in conducting in 2007-08?

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

<input type="checkbox"/>	Antenatal/postnatal
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Mental health
<input type="checkbox"/>	Aged care
<input type="checkbox"/>	Palliative care
<input type="checkbox"/>	Cardiac rehabilitation
<input type="checkbox"/>	Drug and alcohol
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Other (please specify up to 5):
	[+OTHER]
<input type="checkbox"/>	No structured shared care programs

3.2 Hospitals & Specialists

Which programs or activities that aimed to improve GP collaboration with hospitals and/or specialists was your Division involved in conducting in 2007-08?

<input type="checkbox"/>	Preventing avoidable admissions/ providing alternative to admissions
<input type="checkbox"/>	Communication between emergency departments and GPs
<input type="checkbox"/>	Admission/discharge notification
<input type="checkbox"/>	Admission planning and assessment
<input type="checkbox"/>	Negotiated discharge plan
<input type="checkbox"/>	Home/hospital/post acute care in community
<input type="checkbox"/>	GP Hospital Liaison
<input type="checkbox"/>	After Hours Primary Medical Care Trial
<input type="checkbox"/>	Quality Use of Medicines
<input type="checkbox"/>	Other (please specify up to 5):
	[+OTHER]
<input type="checkbox"/>	No programs or activities to improve GP collaboration with hospitals and/or specialists

3.3 Primary Care

Which programs or activities, to improve GP collaboration with other primary care providers, was your Division involved in conducting in 2007-08?

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

<input type="checkbox"/>	CDM items or EPC
<input type="checkbox"/>	Arranging access to allied health services
<input type="checkbox"/>	Case conferencing
<input type="checkbox"/>	Care planning
<input type="checkbox"/>	Post discharge planning and management
<input type="checkbox"/>	Specific programs to improve communication
<input type="checkbox"/>	Partnerships with primary care providers
<input type="checkbox"/>	Referral pathways/protocols
<input type="checkbox"/>	Shared care
<input type="checkbox"/>	Other (please specify up to 5):
	[+OTHER]
<input type="checkbox"/>	No programs or activities to improve GP collaboration with other primary care providers

GP SUPPORT

4.1.1 IM/IT Divisions

How does your Division manage and use information infrastructure in program delivery?

*This question relates to **Divisions** only. Question 4.2 refers to IM/IT for SBO.*

My Division uses an Information Management Plan that supports and is integrated with the Division's Business Plan

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

My Division currently uses the Information Management Maturity Framework (IMMF)

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

My Division intends to use the IMMF resource in the future:

<input type="checkbox"/>	Annually as part of your business planning cycle
<input type="checkbox"/>	On an ad hoc basis
<input type="checkbox"/>	Not at all

4.1.2 IM/IT Divisions

How does your Division manage and use information infrastructure in program delivery?

*This question relates to **Divisions** only. Question 4.2 refers to IM/IT for SBO.*

Customer Relationship Management (CRM) software

Answer YES or NO to the following options:

<input type="checkbox"/>	My Division's staff use CRM software to record their program delivery activities
<input type="checkbox"/>	My Division's staff use the data received from CRM for program planning activities
<input type="checkbox"/>	My Division maintains a record of local health and community services within a CRM system

IM/IT support activities

Answer YES or NO to the following options:

<input type="checkbox"/>	My Division participates in coordinated activities focusing on IM/IT with other Divisions on a regional, state, territory or national basis
<input type="checkbox"/>	My Division refers requests from general practice for technical support to vendors, local IT support services and other organisations
<input type="checkbox"/>	My Division provided IT support to general practice due to a lack of responsiveness or capacity (to needs expressed by general practice) on the part of IT vendors

4.1.3 IM/IT Divisions

How does your Division manage and use information infrastructure in program delivery?

*This question relates to **Divisions** only. Question 4.2 refers to IM/IT for SBO.*

Clinical database

My Division delivers programs that use a database of clinical data provided by general practice

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

If yes, is the data:

<input type="checkbox"/>	Identified
<input type="checkbox"/>	De-identified
<input type="checkbox"/>	Aggregated in a way that prevents the identification of patient data

(none of these responses are necessarily inappropriate, and depend on the purpose for which you have collected the data and your compliance with the Privacy Act 1998)

4.2 IM/IT SBOs

Usefulness of IM/IT support and services provided to your Division by your State Based Organisation (SBO)

Have you found the support and services of your State Based Organisation (SBO) to be useful in increasing your organisation's capacity in IM/IT?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

What form of support did you find useful?

<input type="checkbox"/>	Strategic advice
<input type="checkbox"/>	Support with processes, such as using IM/IT or other CRM software
<input type="checkbox"/>	Support with technical matters, such as broadband and secure messages
<input type="checkbox"/>	Other (please specific up to 5)

4.3.1 IM/IT Training in Practices

What IM/IT *training* did your practices seek from your Division *and* what activities did your Division undertake with practices?

Program/activity	<i>General practice requests support with</i>		<i>My Division provides assistance with</i>	
	No	Yes	No	Yes
Basic computer literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of Clinical Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of Practice Management Systems (e.g. billing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of on-line health evidence databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of disease registers and/or recall and reminders systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic data transfer (e.g. the use of messaging software, broadband and security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support in accessing IM/IT Practice Incentive Program payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-site development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify up to 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3.2 IM/IT Support in Practices

What IM/IT *support* did your practices seek from your Division and what activities did your Division undertake with practices?

Program/activity	General practice requests support with		My Division provides assistance with	
	No	Yes	No	Yes
Computer support and technical assistance (such as Helpdesk support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing information and advice (such as in purchasing software and accessing vendor support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk purchase of computers/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing new applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the use of disease registers and/or recall and reminders systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic data transfer (e.g. the use of messaging software, broadband and security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support in accessing IM/IT Practice Incentive Program payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify up to 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSUMER FOCUS

5.1 Indigenous Consumers

Which formal mechanisms did your Division use for involving Indigenous health organisations or Indigenous consumers in your Division in 2007-08?

<input type="checkbox"/>	Joint programs with ACCHS, including AMS
<input type="checkbox"/>	Joint programs with other Indigenous health organisations
<input type="checkbox"/>	ACCHS representation on division management or decision making bodies
<input type="checkbox"/>	Other Indigenous health body representation on division management or decision making bodies
<input type="checkbox"/>	Aboriginal or Torres Strait Islander Liaison Officer
<input type="checkbox"/>	Aboriginal or Torres Strait Islander advisory/reference group
<input type="checkbox"/>	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 2007-08

6.1 Practice Nurses

How many practices in your Division used the services of a practice nurse in 2007-08?

If value is not known, please type 'unknown'

Estimated number of practices:

How was your Division involved in activities aimed at supporting practice nurses in general practice in 2007-08?

<input type="checkbox"/>	Provision of mentoring to nurses
<input type="checkbox"/>	Provision of clinical support to nurses
<input type="checkbox"/>	Facilitation of networks of practice nurses
<input type="checkbox"/>	Contracting nurses on behalf of practices
<input type="checkbox"/>	Involving practice nurses in Division activities (e.g. to assist in accreditation, IM/IT)
<input type="checkbox"/>	Professional development/education/up-skilling
<input type="checkbox"/>	Induction/orientation into general practice
<input type="checkbox"/>	Chronic Disease Management support
<input type="checkbox"/>	Enhanced Primary Care support/CDM items
<input type="checkbox"/>	Other (please specify):
	[+OTHER]

No activities to support practice nurses

6.2 WSRGP

How many members of the GP workforce in your Division receive support from the Workforce Support for Rural General Practitioners Program (WSRGP) in 2007-08?

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

Type of medical workforce	Number accessing WSRGP
GPs	
Registrars	
Medical students	
International medical graduates (formerly OTDs)	
Other (please specify up to 5)	
[+OTHER]	

Division not eligible for WSRGP

6.3 Needs & Wellbeing

How did your Division undertake activities specifically to support the workforce needs, and wellbeing, of GPs in 2007-08?

Tick those which apply	Program/Activity	Was funding provided from the WSRGP	
		Yes	No
Provision of support			
<input type="checkbox"/>	GP support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Practice support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Locum support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Student and registrar support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	International medical graduate (formerly OTD) support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Teaching and mentoring support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Facilitating peer support activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Family support (i.e. social, house, school assistance, etc)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Social support (e.g. hosting an event for GPs and families)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please specify up to 5):		
	[+OTHER]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No provision of support activities		

Tick those which apply	Program/Activity	Was funding provided from the WSRGP	
		Yes	No
GP Health			
<input type="checkbox"/>	Encouraging GPs to have their own GP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Providing educational sessions on GP health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Counselling and debriefing services for GPs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Social or physical activity events	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please specify):		
	[+OTHER]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No GP health activities		
Practice development and education			
<input type="checkbox"/>	Recruitment and/or retention	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	GP and workforce surveys	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Needs analysis/ data collection	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Accreditation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Continuing Professional Development (CPD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Education and/or training	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please specify):		
	[+OTHER]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No practice development or education		

6.4 RWAs

Was your Division eligible to receive services from the Rural Workforce Agency (RWA) in 2007-08?

A sub-question will appear if Yes is selected.

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

RWA Usage

How much did your Division use the Rural Workforce Agency's (RWA's) services in 2007-08?

	A great deal	Somewhat	Very little
Your Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Your Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

RELATIONSHIPS

7.1 SBO Services

To what extent do you think your SBO provided the following in 2007-08?

	Not at all	To some extent	To a great extent
Effective leadership at a State or Territory level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representation and advocacy at a State or Territory level for Divisions and general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in building the capacity of Divisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate, timely and relevant information to assist Divisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.1.1 SBO Usage

How much did your Division use the services of your SBO in 2007-08?

For example, participating in SBO activities such as workshops, receiving information, advice and support etc.

	A great deal	Somewhat	Very little
Your Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Your Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

7.1.3 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?

7.2 AGPN Services

To what extent do you think AGPN achieved the following in 2007-08?

	Not at all	To some extent	To a great extent
National leadership and governance to generate a strong and effective Divisions Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Links with the Australian Government and national organisations to strengthen the Australian primary care system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.2.1 AGPN Usage

How much did your Division use the services of the AGPN in 2007-08?

For example, participating in AGPN activities such as workshops, receiving information, advice and support etc.

	A great deal	Somewhat	Very little
Your Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would your Division rate their overall satisfaction with the AGPN?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	<i>Very dissatisfied</i>
Your Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

7.2.3 AGPN Support

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

7.3 Network

Please provide any additional comments regarding the overall functioning of the Divisions Network.

7.4 AGPN National Network Library

7.4.1 Did your Division make use of the AGPN National Network Library in 2007-08?

<input type="checkbox"/>	A great deal
<input type="checkbox"/>	Somewhat
<input type="checkbox"/>	Very little

7.4.2 How would you rate the usefulness of the AGPN National Network Library?

<input type="checkbox"/>	Not useful
<input type="checkbox"/>	Somewhat useful
<input type="checkbox"/>	No opinion
<input type="checkbox"/>	Useful
<input type="checkbox"/>	Very useful/worthwhile

Please comment on why you chose this rating.

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