

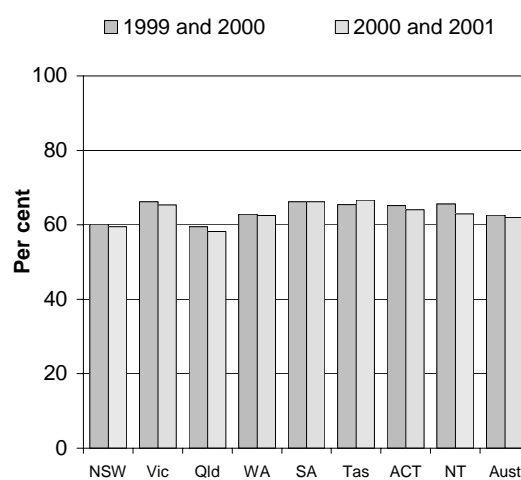
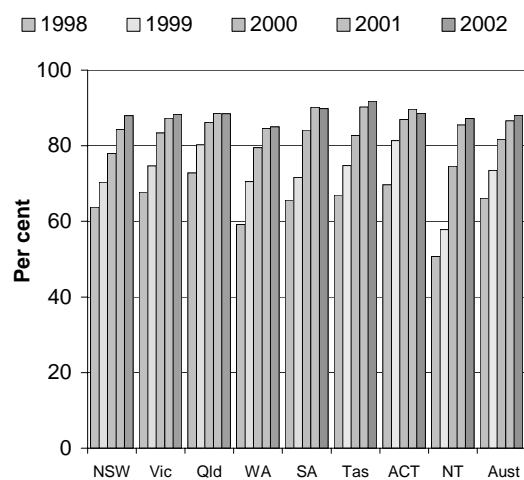
GENERAL PRACTICE (CHAPTER 10)

- General practitioners (GPs) are central to patient management in the health care system and support to general practice is an important part of government strategy to improve health outcomes in Australia.
- GPs also play a significant role in the management of diseases such as diabetes by diagnosing their patients and enrolling them in structured care, and by following best practice condition management guidelines (see below).
- In 2001-02 there were 24 307 GPs and other medical practitioners billing Medicare in Australia. (p. 10.5). This translates to 16 736 full time workload equivalent¹ GPs in 2001-02 (table 10.9). Australia-wide in 2001-02, there were 84.9 FWE GPs per 100 000 people. The highest number per 100 000 was in SA (88.8) and the lowest was in the NT (46.1) (p. 10.6).
- Commonwealth Government expenditure on GP services was around \$3.1 billion in 2001-02, or about \$159 per person in Australia. (p.10.4).

Selection of results

Proportion of children aged 24 to 27 months who were fully immunised (per cent) (p.10.20)

Participation rates of women aged 20-69 years in cervical screening programs (per cent) (p. 10.24)



See over for data and footnotes.

See over for data and footnotes.

- GPs played a major role in immunising children under seven in all jurisdictions except the ACT and the NT. 90.2 per cent of all children aged 12 to 15 months in June 2002 were fully immunised (p. 10.19). For children aged 24 to 27 months Tasmania had the highest proportion of children immunised (91.8 per cent) with a national average of 88.1 per cent immunised in June 2002 (p. 10.20).
- General practitioners play an important role in cervical screening as they are often the first point of contact with the health system. Medicare data indicates that around 80 per cent of smears are taken by GPs. The National Cervical Screening Program is targeted at women aged

¹ 'Full time workload equivalents' (FWEs) are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full-time practitioners for that reference period. For example, an FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full-time practitioner.

20–69 years and the screening interval is two years. In the 1999 and 2000 screening period, participation rates were highest in SA and Victoria (each 66.2 per cent) on an age-standardised basis. In the 2000 and 2001 screening period, participation rates were highest in Tasmania (66.6 per cent) (p. 10.24).

- Data are also reported for the management by GPs of diabetes. Poorly controlled diabetes mellitus results in the development of various associated conditions, the most common being renal, circulatory and ophthalmic complications which usually require admission to hospital. As primary care providers, GPs are well placed to both detect diabetes early and to provide care which can assist in the prevention or slowing of the development of the complications of diabetes. Hospital separation rates for complications of Type 2 diabetes mellitus were highest in the NT (469.6 separations per 100 000 people) and lowest in NSW (104.4 separations per 100 000 people) (A separation refers to the discharge, transfer, death or change of episode of care of an admitted hospital patient.) (p. 10.26). Other data reported include hospital separation rates for diseases of the circulatory system — diagnoses where Type 2 diabetes mellitus was an additional diagnosis and hospital separations for lower limb amputations where Type 2 diabetes mellitus was a principal or additional condition (amputation of a lower limb can be a serious outcome of diabetes-related complications).

Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Proportion of children aged 24 to 27 months who were fully immunised (per cent)</i> ^{a, b}									
30 June 1998	63.8	67.7	72.8	59.2	65.6	67.0	69.7	50.7	66.1
30 June 1999	70.4	74.7	80.3	70.5	71.6	74.8	81.4	57.8	73.5
30 June 2000	78.0	83.4	86.2	79.5	84.2	82.7	87.0	74.6	81.7
30 June 2001	84.3	87.3	88.6	84.6	90.2	90.3	89.7	85.5	86.6
30 June 2002	88.0	88.3	88.5	85.0	89.8	91.8	88.6	87.2	88.1
<i>Participation rates of women aged 20–69 years in cervical screening programs (per cent)</i> ^{c, d}									
1999 and 2000	60.2	66.2	59.5	62.8	66.2	65.5	65.1	65.6	62.6
2000 and 2001	59.5	65.4	58.2	62.5	66.2	66.6	64.1	62.9	62.0

^a The Australian Childhood Immunisation Register (ACIR) includes all children under seven years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000). ^b There may be some underreporting by providers, and as a result, vaccine coverage estimates calculated using ACIR data should be considered minimum estimates (NCIRS 2000). ^c The ACT register only records women with an ACT address. ^d All data are adjusted to remove women who have had a hysterectomy.

Sources: figures 10.6 and 10.10; tables 10A.17 and 10A.21.

[END]

Background information: Dr Robyn Sheen, Assistant Commissioner 03 9653 2184/0419 637 068

Other information: Ms Clair Angel, Media and Publications 02 6240 3239/0417 665 443

Please do not approach other parties for comment before Thursday, 6 February 2003.

Media copies of this report are available from Clair Angel on 02 6240 3239.

Other requests for this report should be directed to Government Info Shops. The report can also be accessed via the Internet at <http://www.pc.gov.au/> on the morning of release.