

10A General practice — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.6. Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from Commonwealth, State and Territory governments.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp). Users without Internet access can contact the Secretariat to obtain these tables (see details on the inside front cover of the Report).

Table 10A.1

Table 10A.1 **Location of GPs who saw Indigenous people, 2001-02**

<i>Practice location</i>	<i>GPs who saw Indigenous people</i>		<i>Total GP sample</i>
	<i>Number</i>	<i>Per cent of GPs (n=272)</i>	<i>Per cent of GPs (n=983)</i>
Capital	148	54.6	69.3
Other metropolitan	23	8.3	8.1
Large rural	22	8.0	5.9
Small rural	23	8.4	4.9
Other rural	44	16.2	10.5
Remote central	6	2.3	0.5
Other remote, offshore	6	2.3	0.8

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J, *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no.10).

Table 10A.2

Distribution of Indigenous encounters by remoteness (RRMA category)

Table 10A.2

	<i>Capital</i>	<i>Other metro</i>	<i>Large rural</i>	<i>Small rural</i>	<i>Other rural</i>	<i>Remote central</i>	<i>Other remote/off shore</i>
Per cent	36.0	5.3	7.1	15.2	26.9	4.5	4.0

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J, *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.3

Table 10A.3 **Most frequent patient reasons for encounter, 2001-02**

<i>Patient reason for encounter</i>	<i>Indigenous encounters</i>				<i>All encounters</i>				
	<i>No. of encounters</i>	<i>Rate per 100 encounters (n=982)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>No. of encounters</i>	<i>% of total reasons for encounter</i>	<i>Rate per 100 encounters (n=96 973)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
Prescription—all (b)	81	8.3	5.2	11.3	9 450	6.5	9.8	9.2	10.3
Cough	68	6.9	2.8	11.0	6 280	4.3	6.5	6.1	6.9
Check-up—all (b)	51	5.2	1.2	9.1	12 945	9.0	13.4	12.7	14
Back complaint (b)	43	4.4	–	9.2	3 716	2.6	3.8	3.6	4.1
Test results (b)	41	4.2	–	11.9	4 565	3.2	4.7	4.4	5.1
Immunisation all (b)	41	3.9	–	8.3	4 452	3.1	4.6	4.1	5.1
Fever	38	3.9	–	8.3	na	na	2.0	1.7	2.3
Abdominal pain (b)	28	2.9	–	6.1	2 041	1.4	2.1	2.0	2.3
Throat symptom/complaint	27	2.7	–	6.5	3 642	2.5	3.8	3.4	4.1
Rash (b)	26	2.7	–	7.1	2 724	1.9	2.8	2.6	3
Diabetes (non-gestational) (b)	23	2.4	–	5.6	na	na	1.0	0.8	1.2
Nasal congestion/sneeze	23	2.4	–	6.4	na	na	2.3	2.0	2.7
Asthma	22	2.3	–	5.9	na	na	2.1	2.0	2.3
Hypertension/high BP (b)	22	2.3	–	6.5	na	na	2.1	1.7	2.4
Chest pain NOS (c)	22	2.2	–	4.7	na	na	1.2	1.1	1.4
Sub-total	556	37.8	..	..	na	na	36.8	..	..
Total reasons for encounters	1469	149.5	143.6	155.5	na	na	149.2	147.4	150.9

(a) LCL = lower confidence limit; UCL = upper confidence limit.

(b) Includes multiple primary care classification codes.

(c) NOS = Not otherwise specified.

na Not available. .. Not applicable. – Nil or rounded to zero.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J, *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.4

Table 10A.4 **Most common health problems managed, 2001-02**

<i>Problems managed</i>	<i>Indigenous encounters</i>				<i>All encounters</i>			
	<i>No. of problems</i>	<i>Rate per 100 encounters (n=982)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>No. of problems</i>	<i>Rate per 100 encounters (n=96 973)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
Hypertension (b)	65	6.6	3.1	10.2	8 735	9.0	8.6	9.5
Diabetes (b)	59	6.0	3.1	8.9	2 993	3.1	2.9	3.3
Asthma	49	5.0	–	10.5	2 756	2.8	2.6	3.0
Upper respiratory tract infection	49	4.9	1.0	8.8	6 035	6.2	5.8	6.6
Immunisation all (b)	45	4.6	–	12.2	4 516	4.7	4.2	5.1
Acute bronchitis/bronchiolitis	38	3.9	0.3	7.5	2 644	2.7	2.5	3.0
Depression (b)	32	3.2	–	6.7	3 329	3.4	3.2	3.6
Back complaint (b)	31	3.1	–	8.5	2 540	2.6	2.4	2.8
Acute otitis media/myringitis	29	3.0	–	6.1	na	1.3	1.2	1.5
Lipid disorder	22	2.3	–	5.7	2 841	2.9	2.7	3.1
General check-up (b)	21	2.2	–	6.0	na	1.8	1.6	2.0
Urinary tract infection (b)	20	2.1	–	5.8	na	1.6	1.5	1.7
Impetigo	20	2.1	–	11.0	na	0.2	–	0.5
Pregnancy (b)	20	2.0	–	5.0	na	0.9	0.7	1.1
Sub-total	500	501.0	35.2	..	na	29.9	..	..
Total problems	1422	144.7	136.8	152.7	na	143.4	141.7	145.2

(a) LCL = lower confidence limit; UCL = upper confidence limit.

(b) Includes multiple primary care classification codes.

na Not available. .. Not applicable. – Nil or rounded to zero.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J. *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.5

Table 10A.5 Summary of patient management activities for Indigenous patients, 2001-02

<i>Problems managed</i>	<i>Number</i>	<i>Rate per 100 encounters (n=983)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
Problems managed	1 422	144.7	136.8	152.7
New problems	606	61.7	52.9	70.5
Work-related	19	1.9	–	6.6
Medications	1 176	119.7	105.5	134.0
Prescribed	1 001	101.0	85.8	118.0
Advised OTC (b)	58	5.9	0.9	10.9
GP supplied	117	11.9	–	28.8
Other treatments	559	56.9	46.9	66.9
Clinical	427	43.5	35.2	51.8
Procedural	132	13.4	10.0	16.9
Referrals	106	11.9	7.6	16.2
Specialist	62	6.3	3.0	9.7
Allied health services	35	3.5	0.3	6.8
Pathology	375	38.1	22.6	53.7
Imaging	92	9.3	5.4	13.2
Total management activities	1 469	149.5	143.6	155.5

(a) LCL = lower confidence limit; UCL = upper confidence limit.

(b) OTC = over the counter.

– Nil or rounded to zero.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J. *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.6

Table 10A.6 **Types of encounter, 2001-02**

	No.	Rate per 100 encounters (a)	95% LCL (b)	95% UCL (b)	Per cent of direct encounters	Per cent of Medicare paid
General practitioners	983	..	..	..	..	..
Direct consultations	87 564	97.7	97.4	98.0	100.0	..
No charge	552	0.6	0.2	1.1	0.6	..
Medicare items of service (c)	84 196	93.9	93.5	94.4	96.2	100.0
Short surgery consultations	937	1.0	0.5	1.6	..	11.0
Standard surgery consultations	70 772	79.0	78.0	79.9	..	84.1
Long surgery consultations	7 285	8.1	7.5	8.7	..	8.7
Prolonged surgery consultations	554	0.6	–	1.2	..	0.7
Home visits	1 358	1.5	0.8	2.2	..	1.6
Hospital	160	0.2	–	1.4	..	0.2
Nursing home	832	0.9	–	2.4	..	1.0
Case conference (d)	2	–	–	2.3	..	–
Care plan (e)	117	0.1	–	1.7	..	0.1
Health assessments (f)	118	0.1	–	0.7	..	0.1
Other items	2 060	2.1	1.0	3.2	..	2.4
Workers compensation	1 799	2.0	1.8	2.3	2.1	..
Other paid (hospital, State, etc.)	1 019	1.1	0.2	2.0	1.2	..
Indirect consultations	2 072	2.3	1.8	2.8	..	..
Missing	7 336	..	..	..	..	..
Total encounters	96 973	..	..	..	..	..

(a) Missing data removed. Per cent base (N) = 89 636.

(b) UCL = upper confidence limit; LCL = lower confidence limit.

(c) Includes 1 799 encounters that were recorded as claimable for the Commonwealth Department of Veterans' Affairs (DVA).

(d) Medicare EPC item numbers 734-779

Table 10A.6

Table 10A.6 **Types of encounter, 2001-02**

	<i>Rate per</i>			<i>Per cent of</i>	
	<i>No. 100 encounters (a)</i>	<i>95% LCL (b)</i>	<i>95% UCL (b)</i>	<i>direct encounters</i>	<i>Per cent of Medicare paid</i>

(e) Medicare EPC item numbers 720-730

(f) Medicare EPC item numbers 700-706

.. Not applicable. – Nil or rounded to zero.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J. *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.7 Total expenditure on non-specialist medical practitioners, 1998–99 (\$ million)

	1998–99
Government	
Commonwealth	
DVA (a)	109
Medicare (b)	2 539
Other (c)	461
Total	3 109
State	–
Total	3 109
Non-government	
Health Insurance Funds (d)	5
Out-of-pocket (e)	220
Other (f)	692
Total	917
Total all sources	4 026

(a) Britt, H., Sayer, G.P., Miller, G.C., Charles, J., Scahill, S., Horn, F., Bhasale and A., McGeechan, K. (2000), *General Practice Activity in Australia 1999-2000*. AIHW cat. no. GEP 5, Canberra, Australian Institute of Health and Welfare.

(b) Britt, H., Sayer, G.P., Miller, G.C., Charles, J., Scahill, S., Horn, F., Bhasale and A., McGeechan, K. (2000), *General Practice Activity in Australia 1999-2000*. AIHW cat. no. GEP 5, Canberra, Australian Institute of Health and Welfare.

(c) AIHW Health Expenditure Database (Other funding of General Practice by the Commonwealth Government).

(d) Calculated by taking the difference between the estimated Schedule fees for services provided in hospital by non-specialists and the Medicare benefit paid for those services and applying the estimated proportion of gaps covered by health insurance funds for all in-hospital medical services.

(e) Calculated by deducting from fee charged for all non-specialist services (in-hospital plus out-of-hospital) total Medicare benefit paid plus estimated health insurance funds gap medical benefits.

(f) Sum of payments by Workers' Compensation and Compulsory Motor Vehicle Third Party insurers.

– Nil or rounded to zero.

Source: AIHW Health Expenditure data base; Britt, H., Sayer, G.P., Miller, G.C., Charles, J., Scahill, S., Horn, F., Bhasale and A., McGeechan, K. (2000), *General Practice Activity in Australia 1999-2000*. AIHW cat. no. GEP 5, Canberra, Australian Institute of Health and Welfare.

Table 10A.8 Government real expenditure per person on GPs and other medical practitioners (2001-02 dollars) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1997-98	169.7	161.7	165.8	141.8	168.8	151.5	141.5	89.3	162.4
1998-99	170.4	164.9	170.0	143.6	171.3	155.3	138.2	87.0	164.6
1999-2000	173.0	169.1	172.3	147.2	170.9	159.0	136.0	89.3	167.4
2000-01	168.2	163.2	168.9	144.2	174.3	155.7	133.0	90.7	163.5
2001-02	163.3	158.1	162.7	139.7	170.1	152.5	129.7	89.1	158.5

- (a) The data used include Medicare, Practice Incentives Program, Department of Veterans' Affairs (DVA), Divisions and General Practice Immunisation Incentives Scheme data.
- (b) DVA data cover consultations by Local Medical Officers, whether vocationally registered GPs or not. From available files, it is not possible to extract the amounts paid to LMOs, as opposed to specialists, for procedural items. It is expected, however, that the amounts for these services will be rather small in comparison with payments for consultations.
- (c) Some primary care services are provided by salaried GPs in community health settings, particularly in rural and remote areas through accident and emergency departments and Aboriginal Community Controlled Health Services (ACCHSs). Consequently, expenditure reported through Medicare fee-for-service statistics will be understated in jurisdictions with larger proportions of rural and remote populations.

Source: DHA (unpublished); table A.26.

Table 10A.9

Table 10A.9 Medical practitioners billing Medicare and full time workload equivalent GPs (a), (b), (c), (d)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
GP numbers									
1996-97	8 229	6 064	4 471	2 386	2 060	659	417	240	24 526
1997-98	8 107	5 952	4 438	2 363	2 032	667	414	257	24 230
1998-99	8 029	5 917	4 556	2 327	2 020	655	413	259	24 176
1999-2000	8 011	5 906	4 655	2 334	1 999	647	418	264	24 234
2000-01	7 983	5 881	4 681	2 365	2 016	643	421	278	24 268
2001-02	7 991	5 887	4 713	2 353	2 023	653	406	281	24 307
Full time workload equivalent GPs									
1996-97	5 796	4 088	3 031	1 403	1 308	374	230	86	16 316
1997-98	5 870	4 031	3 108	1 416	1 319	366	233	90	16 432
1998-99	5 797	4 060	3 128	1 405	1 319	361	230	89	16 389
1999-2000	5 803	4 117	3 138	1 412	1 289	364	222	88	16 433
2000-01	5 770	4 098	3 177	1 424	1 345	366	219	94	16 493
2001-02	5 898	4 144	3 212	1 443	1 351	382	212	93	16 736
GPs per 100 000 people									
1996-97	130.9	131.8	131.6	132.8	139.0	139.1	134.7	128.1	132.3
1997-98	127.5	128.0	128.5	129.3	136.3	141.2	133.1	134.6	129.2
1998-99	124.7	125.9	129.9	125.5	134.7	138.8	131.6	133.4	127.3
1999-2000	122.9	124.1	130.4	124.2	132.7	137.1	131.9	133.7	126.1
2000-01	120.8	121.9	128.8	124.1	133.1	136.0	130.9	139.0	124.5
2001-02	119.7	120.6	127.3	121.8	132.9	137.9	125.3	140.1	123.3
Full time workload equivalent per 100 000 people									
1996-97	92.2	88.8	89.2	78.1	88.2	79.0	74.2	46.1	88.0
1997-98	92.3	86.7	90.0	77.5	88.5	77.4	74.9	47.1	87.6
1998-99	90.0	86.4	89.1	75.8	88.0	76.6	73.2	45.9	86.3
1999-2000	89.0	86.5	87.9	75.1	85.6	77.1	70.1	44.5	85.5
2000-01	87.3	85.0	87.4	74.7	88.8	77.5	68.1	46.9	84.7
2001-02	88.4	84.9	86.8	74.7	88.8	80.7	65.5	46.1	84.9

(a) 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 two indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(b) GP and FWE numbers include GPs and OMPs.

(c) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.

(d) Population data - Estimated resident population was based on the 2001 Census Benchmark. The 2001/02 projections were calculated by taking the average of the preliminary estimated resident population at 31 December 2001 and the projected population (produced for Commonwealth Treasury in June 2002) at 31 December 2002. External territories are excluded from state/territory totals, but included in the totals for Australia consistent with the ABS publication 3101.0.

Source: DHA (unpublished).

Table 10A.10

Table 10A.10 **Number of non-referred attendances per standardised whole patient equivalent (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1996-97	6.8	6.5	6.5	6.0	6.3	5.9	5.8	4.9	6.5
1997-98	6.8	6.5	6.5	5.9	6.3	5.9	5.8	4.8	6.5
1998-99	6.8	6.4	6.4	5.8	6.2	5.8	5.7	4.7	6.4
1999-2000	6.7	6.4	6.4	5.8	6.1	5.8	5.6	4.7	6.4
2000-01	6.6	6.3	6.4	5.8	6.2	5.8	5.5	4.7	6.3

(a) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

Source: DHA (unpublished).

Table 10A.11 Number of non-referred attendances per standardised whole patient equivalents, by region (a), (b)

	1996-97	1997-98	1998-99	1999-2000	2000-01
Capital city	7.0	7.0	6.9	6.8	6.8
Other metro centre	6.4	6.4	6.3	6.2	6.1
Large rural centre	5.5	5.5	5.4	5.4	5.4
Small rural centre	5.4	5.4	5.3	5.3	5.4
Other rural area	5.4	5.4	5.3	5.3	5.4
Remote centre	4.9	4.8	4.8	4.8	5.0
Other remote area	5.2	5.1	5.1	5.0	5.2
Australia	6.5	6.5	6.4	6.4	6.3

- (a) Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.
- (b) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

Source: DHA (unpublished).

Table 10A.12

Table 10A.12 **Most frequent patient reasons for encounter, 2001-02 (a)**

<i>Patient reason for encounter</i>	<i>No. of encounters</i>	<i>% of total reasons for encounter</i>	<i>Rate per 100 encounters (b)</i>	<i>95% LCI (c)</i>	<i>95% UCL (c)</i>
Check-up (all) (d)	12 945	9.0	13.4	12.7	14.0
Prescription (all) (d)	9 450	6.5	9.8	9.2	10.3
Cough	6 280	4.3	6.5	6.1	6.9
Test results (d)	4 565	3.2	4.7	4.4	5.1
Immunisation/vaccination (all) (d)	4 452	3.1	4.6	4.1	5.1
Back complaint (d)	3 716	2.6	3.8	3.6	4.1
Throat complaint	3 642	2.5	3.8	3.4	4.1
Rash (d)	2 724	1.9	2.8	2.6	3.0
Upper respiratory tract infection	2 234	1.5	2.3	2.0	2.7
Abdominal pain (d)	2 041	1.4	2.1	2.0	2.3
Subtotal	52 049	36.0	..	..	..
Total reasons for encounters	144 654	100.0	149.2	147.4	150.9

(a) An encounter is any professional interchange between a patient and a GP.

(b) Figures do not total 100 as more than one reason for the encounter can be recorded at each encounter.

(c) LCL = lower confidence limit; UCL = upper confidence limit

(d) Multiple primary care classification codes.

.. Not applicable.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J, *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.13

Table 10A.13 Most common health problems managed, 2001-02

<i>Problem managed</i>	<i>No. of problems</i>	<i>% of total problems</i>	<i>Rate per 100 encounters</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
Hypertension (b)	8 735	6.3	9.0	8.6	9.5
Upper respiratory tract infection	6 035	4.3	6.2	5.8	6.6
Immunisation/vaccination-all (b)	4 516	3.3	4.7	4.2	5.1
Depression (b)	3 329	2.4	3.4	3.2	3.6
Diabetes (b)	2 993	2.2	3.1	2.9	3.3
Lipid disorder	2 841	2.0	2.9	2.7	3.1
Asthma	2 756	2.0	2.8	2.6	3.0
Acute bronchitis/bronchiolitis	2 644	1.9	2.7	2.5	3.0
Back complaint (b)	2 540	1.8	2.6	2.4	2.8
Osteoarthritis (b)	2 524	1.8	2.6	2.4	2.8
Subtotal	38 913	28.0	..	..	..
Total problems	139 092	100.0	143.4	141.7	145.2

(a) UCL = upper confidence limit; LCL = lower confidence limit.

(b) Multiple primary care classification codes.

.. Not applicable.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J et al. 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General practice Series no. 10).

Table 10A.14

Table 10A.14 **Summary of patient management, 2001-02 (a)**

<i>Management type</i>	<i>No. management activities</i>	<i>Rate per 100 encounters</i>			<i>Rate per 100 problems</i>		
		<i>95% LCL</i>	<i>95% UCL</i>	<i>95% LCL</i>	<i>95% UCL</i>	<i>95% LCL (b)</i>	<i>95% UCL (b)</i>
Medications	101 350	104.5	102.2	106.9	72.9	71.4	74.3
Prescribed	85 332	88.0	85.6	90.4	61.4	59.8	62.9
Advised over the counter	8 606	8.9	8.1	9.6	6.2	5.7	6.7
GP supplied	7 412	7.6	6.3	9.0	5.3	4.4	6.3
Other treatments	50 308	51.9	49.6	54.2	36.2	34.7	37.7
Clinical	36 909	38.1	36.1	40.1	26.5	25.2	27.9
Procedural	13 399	13.8	13.1	14.5	9.6	9.1	10.1
Referrals	10 167	10.5	10.1	10.9	7.3	7.0	7.6
Specialist	7 096	7.3	7.0	7.6	5.1	4.9	5.3
Allied health services	2 206	2.3	2.1	2.5	1.6	1.5	1.7
Hospital	423	0.4	0.3	0.6	0.3	0.2	0.4
Emergency department	123	0.1	–	0.4	0.1	–	0.3
Other referral	320	0.3	–	0.6	0.2	–	0.4
Pathology	30 086	31.0	29.7	32.4	21.6	20.8	22.5
Imaging	7 642	7.9	7.6	8.2	5.5	5.3	5.7
Other investigation	880	0.9	0.8	1.0	0.6	0.5	0.7
Total management activities	200 433	206.7	..	..	144.1	..	..

(a) An encounter is any professional interchange between a patient and a GP.

(b) UCL = upper confidence limit; LCL = lower confidence limit.

.. Not applicable. – Nil or rounded to zero.

Source: Britt H, Miller GC, Charles J, Valenti L, Henderson J. *et al.* 2002, *General practice activity in Australia 2001-02*, AIHW Cat. No. GEP 10. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).

Table 10A.15

Table 10A.15 **Valid vaccinations supplied to children under seven years of age, by the type and State/Territory of the immunising provider, 2002 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Unknown</i>	<i>Aust</i>
Valid vaccinations provided (no.)										
Division of GP	18	124	–	7	231	–	–	–	–	380
GPs	6 456 485	3 036 279	3 717 824	1 406 248	1 135 530	469 629	155 616	11 078	–	16 388 689
Council	529 750	2 894 755	347 239	181 956	286 026	78 854	–	–	–	4 318 580
State health department	3	–	408	113 496	884	717	164 172	162	–	279 842
Flying doctor service	1 713	–	15 753	7	2 471	–	–	–	–	19 944
Public hospital	226 930	13 824	138 386	119 770	77 897	828	4 478	6 684	2 108	590 905
Private hospital	14 474	43	1 195	71	–	–	25	3 479	–	19 287
Aboriginal health service	38 228	5 669	22 400	10 517	5 370	–	781	23 613	–	106 578
Aboriginal health worker	1 881	–	24 099	69	1 489	–	–	642	–	28 180
Community health centre	530 661	45 157	202 349	403 322	123 228	2 091	83 390	319 424	1 247	1 710 869
Community nurse	–	130	–	–	–	–	–	–	–	130
Total	7 800 143	5 995 981	4 469 653	2 235 463	1 633 126	552 119	408 462	365 082	3 355	23 463 384

Table 10A.15

Table 10A.15 Valid vaccinations supplied to children under seven years of age, by the type and State/Territory of the immunising provider, 2002 (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Unknown</i>	<i>Aust</i>
Proportion of total valid vaccinations										
Division of GP	–	–	–	–	–	–	–	–	–	–
GPs	82.8	50.6	83.2	62.9	69.5	85.1	38.1	3.0	–	69.9
Council	6.8	48.3	7.8	8.1	17.5	14.3	–	–	–	18.4
State health department	–	–	–	5.1	0.1	0.1	40.2	–	–	1.2
Flying doctor service	–	–	0.4	–	0.2	–	–	–	–	0.1
Public hospital	2.9	0.2	3.1	5.4	4.8	0.2	1.1	1.8	62.8	2.5
Private hospital	0.2	–	–	–	–	–	–	1.0	–	0.1
Aboriginal health service/worker	0.5	0.1	0.5	0.5	0.3	–	0.2	6.5	–	0.5
Aboriginal health worker	–	–	0.5	–	0.1	–	–	0.2	–	0.1
Community health centre	6.8	0.8	4.5	18.0	7.6	0.4	20.4	87.5	37.2	7.3
Community nurse	–	–	–	–	–	–	–	–	–	–
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) At 30 June 2002. Data collected since 1 January 1996.

(b) Totals may not add as a result of rounding.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.16 Proportion of children aged 12 months to less than 15 months who are fully immunised (per cent) (a), (b), (c), (d)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
% fully immunised									
30 June 1997	73.2	80.1	80.6	66.9	77.0	76.0	77.4	61.7	75.9
30 June 1998	82.3	86.2	85.8	83.2	85.3	86.2	85.0	76.0	84.3
30 June 1999	83.5	87.9	88.0	85.9	88.6	87.7	88.7	77.3	86.1
30 June 2000	86.5	90.0	89.7	86.9	90.2	91.1	91.1	82.7	88.4
30 June 2001	91.1	92.3	91.7	90.0	92.5	93.9	91.5	88.7	91.5
30 June 2002	89.9	90.7	90.6	88.5	90.9	91.7	89.8	88.6	90.2
Immunised against (at 30 June 2002)									
Diphtheria, tetanus and pertussis	91.7	92.5	91.7	90.2	92.1	93.0	91.2	89.7	91.8
Polio	91.7	92.5	91.6	90.1	92.1	92.9	91.2	89.4	91.7
Haemophilus influenzae type b	93.1	94.3	93.7	93.2	94.3	95.2	92.7	94.7	93.7

(a) Data refer to children who turned 12 months of age at 31 March.

(b) The Australian Childhood Immunisation Register includes all children under 7 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).

(c) There may be some underreporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data should be considered minimum estimates (NCIRS 2000). Since 1997, several initiatives have been introduced to improve immunisation uptake and notification of immunisation encounters. These initiatives are likely to have changed previous coverage estimates. Recalculation of immunisation coverage estimates for previously reported cohorts suggests original coverage estimates for 1996 and 1997 may underestimate coverage by 2 to 4 per cent on average (Hull, B. and McIntyre, P., (2000) A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register, Communicable Diseases Intelligence, V24, No. 6, June).

(d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the HIC, or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull, B. and McIntyre, P. 2000, A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register, Communicable Diseases Intelligence, V24, No. 6, June).

Source: DHA (unpublished).

Table 10A.17

Table 10A.17 **Proportion of children aged 24 months to less than 27 months who are fully immunised (per cent) (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
% fully immunised									
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
Immunised against (at 30 June 2002)									
Diphtheria, tetanus and pertussis	90.4	90.6	90.6	87.7	91.0	93.1	90.2	88.8	90.3
Polio	94.0	94.8	93.9	93.1	95.4	95.6	93.9	95.9	94.2
Haemophilus influenzae type b	95.0	95.5	94.5	93.7	95.6	96.2	94.7	95.0	95.0
Measles, mumps and rubella	93.1	93.7	92.9	91.4	94.2	94.3	93.4	95.2	93.2

- (a) Data refer to children who turned 24 months of age at 31 March.
- (b) The Australian Child Immunisation Register includes all children under 7 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).
- (c) There may be some underreporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data should be considered minimum estimates (NCIRS 2000). Since 1997, several initiatives have been introduced to improve immunisation uptake and notification of immunisation encounters. These initiatives are likely to have changed previous coverage estimates. Recalculation of immunisation coverage estimates for previously reported cohorts suggests original coverage estimates for 1996 and 1997 may underestimate coverage by 2 to 4 per cent on average (Hull, B. and McIntyre, P., (2000) A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register).
- (d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the HIC, or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull, B. and McIntyre, P., (2000) A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register, Communicable Diseases Intelligence, V24, No. 6, June).

Source: DHA (unpublished).

Table 10A.18

Table 10A.18 **Notifications of *Haemophilus influenzae* type b, 0–14 year olds (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Notifications (no.)									
1991	191	106	103	–	41	14	9	–	464
1992	200	113	79	–	60	4	10	4	470
1993	119	76	58	26	44	9	9	19	360
1994	49	24	30	10	16	4	1	1	135
1995	23	13	8	4	6	4	1	4	63
1996	10	8	8	1	6	1	2	3	39
1997	11	7	12	3	2	2	–	3	40
1998	11	2	6	5	1	2	–	–	27
1999	8	3	6	3	2	–	1	2	25
2000	4	2	7	–	1	–	–	–	14
2001	6	2	3	1	2	–	–	3	17
2002	4	1	1	5	1	–	–	1	13
Notifications per 100 000 population (0–14 year olds) (c)									
1991	15.0	11.3	15.3	–	13.7	13.0	13.2	–	12.3
1992	15.6	11.9	11.6	–	20.0	3.7	14.6	8.6	12.3
1993	9.2	8.0	8.3	6.8	14.6	8.4	13.2	40.3	9.4
1994	3.8	2.5	4.2	2.6	5.3	3.7	1.5	2.1	3.5
1995	1.8	1.4	1.1	1.0	2.0	3.8	1.5	8.2	1.6
1996	0.8	0.8	1.1	0.3	2.0	0.9	2.9	6.1	1.0
1997	0.8	0.7	1.6	0.8	0.7	1.9	–	6.0	1.0
1998	0.8	0.2	0.8	1.3	0.3	2.0	–	–	0.7
1999	0.6	0.3	0.8	0.7	0.7	–	1.5	3.9	0.6
2000	0.3	0.2	0.9	–	0.3	–	–	–	0.4
2001	0.4	0.2	0.4	0.2	0.7	–	–	5.8	0.4
2002	0.4	0.2	0.2	1.9	0.5	–	–	2.9	0.5

(a) Notified cases are likely to only represent a proportion of the total cases that occurred. The notified fraction may vary between States and Territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council: *Surveillance Case Definitions* (1994).

(c) Notifications reported in 2002 were only for the period of January to August 2002. The notification rates were estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.19

Table 10A.19 **Notifications of measles, 0–14 year olds (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Notifications (no.)									
1991	370	275	103	55	108	16	39	57	1 023
1992	712	148	73	31	122	8	38	19	1 151
1993	1 963	121	430	30	63	629	107	3	3 346
1994	1 154	129	1 282	92	53	30	89	259	3 088
1995	442	103	158	31	2	34	39	66	875
1996	161	69	47	23	8	18	9	17	352
1997	196	74	160	69	20	35	19	4	577
1998	104	27	27	43	3	35	6	–	245
1999	22	34	21	10	2	10	4	19	122
2000	21	8	10	3	3	1	–	–	46
2001	15	17	5	1	1	2	–	–	41
2002	4	1	5	–	–	–	–	–	10
Notifications per 100 000 population (0–14 year olds) (c)									
1991	29.1	29.2	15.3	14.5	36.1	14.8	57.4	123.7	27.0
1992	55.5	15.6	10.7	8.1	40.6	7.4	55.6	40.7	30.2
1993	152.3	12.8	61.7	7.8	21.0	585.0	156.6	6.4	87.2
1994	89.1	13.7	180.5	23.9	17.6	28.0	131.0	542.2	80.0
1995	33.9	10.9	21.8	8.0	0.7	31.9	57.5	136.0	22.5
1996	12.3	7.3	6.4	5.9	2.7	17.0	13.3	34.5	9.0
1997	14.8	7.8	21.5	17.4	6.7	33.5	27.9	8.0	14.7
1998	7.8	2.8	3.6	10.8	1.0	34.2	8.9	–	6.2
1999	1.6	3.6	2.8	2.5	0.7	9.9	6.0	37.5	3.1
2000	1.6	0.8	1.3	0.7	1.0	1.0	–	–	1.2
2001	1.1	1.8	0.6	0.2	0.3	2.0	–	–	1.0
2002	0.4	0.2	1.0	–	–	–	–	–	0.4

(a) Notified cases are likely to only represent a proportion of the total cases that occurred. The notified fraction may vary between States and Territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council: *Surveillance Case Definitions* (1994).

(c) Notifications reported in 2002 were only for the period of January to August 2002. The notification rates were estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.20

Table 10A.20 **Notifications of pertussis (whooping cough), 0–14 year olds (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Notifications (no.)									
1991	32	51	72	34	23	2	4	–	218
1992	140	99	105	84	38	25	8	–	499
1993	882	254	316	185	557	41	29	6	2 270
1994	832	179	888	398	346	24	14	91	2 772
1995	743	202	796	252	235	71	24	105	2 428
1996	498	651	365	113	318	7	17	8	1 977
1997	2 309	799	1 194	831	920	40	44	17	6 154
1998	1 092	476	678	194	293	14	34	9	2 790
1999	409	407	253	53	67	281	27	2	1 499
2000	1 549	299	211	48	217	40	103	5	2 472
2001	1 812	301	728	121	806	28	28	93	3 917
2002	463	144	450	83	94	6	6	19	1 265
Notifications per 100 000 population (0–14 year olds) (c)									
1991	2.5	5.4	10.7	9.0	7.7	1.9	5.9	–	5.8
1992	10.9	10.5	15.4	22.0	12.7	23.2	11.7	–	13.1
1993	68.4	26.9	45.4	48.3	185.4	38.1	42.4	12.7	59.2
1994	64.2	19.0	125.0	103.2	115.2	22.4	20.6	190.5	71.8
1995	57.0	21.3	109.9	64.7	78.3	66.6	35.4	216.4	62.4
1996	38.0	68.7	49.6	28.8	106.2	6.6	25.1	16.2	50.5
1997	174.7	84.1	160.8	209.9	307.9	38.3	64.6	33.9	156.5
1998	82.2	49.9	90.6	48.7	98.4	13.7	50.5	17.8	70.7
1999	30.6	42.6	33.5	13.2	22.6	277.5	40.4	3.9	37.8
2000	115.5	31.1	27.6	11.9	73.7	40.1	154.8	9.8	62.1
2001	134.2	31.2	94.0	30.0	275.5	28.2	42.0	181.2	97.9
2002	51.4	22.4	87.1	30.9	48.2	9.1	13.5	55.5	47.4

(a) Notified cases are likely to only represent a proportion of the total cases that occurred. The notified fraction may vary between States and Territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council: *Surveillance Case Definitions* (1994).

(c) Notifications reported in 2002 were only for the period of January to August 2002. The notification rates were estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.21

Table 10A.21 **Participation rates of women in cervical screening programs (per cent) (a)**

<i>Age group (years)</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA (e)</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
1996 and 1997									
20–24	44.6	49.8	na	58.1	55.5	66.3	52.1	60.1	49.9
25–29	59.8	67.8	na	70.9	68.7	71.7	66.0	67.1	65.0
30–34	62.4	71.5	na	73.0	69.5	71.4	68.3	67.1	67.6
35–39	63.4	75.0	na	73.4	70.8	69.7	68.6	67.0	69.2
40–44	62.0	74.1	na	71.8	68.8	68.6	69.2	66.6	68.0
45–49	60.9	74.2	na	70.0	67.8	67.5	70.3	69.8	67.3
50–54	64.1	82.0	na	71.8	71.1	67.6	75.7	67.2	71.5
55–59	53.2	69.8	na	62.1	62.0	58.0	66.1	62.5	60.7
60–64	44.2	59.7	na	55.0	54.5	50.3	60.1	48.4	51.7
65–69	32.8	48.8	na	42.1	42.5	38.3	43.9	37.4	40.1
70–74	24.4	25.5	na	19.4	33.9	15.6	19.9	22.7	25.0
75–79	na	12.3	na	8.7	na	7.1	9.2	14.9	5.0
80–84	na	6.6	na	4.6	na	3.9	5.0	12.3	2.7
Ages 20–84 years	50.9	61.1	na	61.7	56.9	57.8	62.5	67.3	56.3
Ages 20–69 years	56.7	68.0	na	67.4	64.9	65.9	65.1	65.1	62.4
1997 and 1998									
20–24	48.2	48.8	na	54.5	55.8	65.3	52.5	60.6	50.6
25–29	62.6	66.4	na	68.1	69.4	72.4	66.5	66.0	65.4
30–34	65.7	71.5	na	71.3	71.6	72.3	70.2	65.8	69.0
35–39	66.6	74.9	na	73.2	72.5	72.7	70.8	67.1	70.8
40–44	65.4	74.6	na	71.4	72.0	70.2	71.7	64.3	69.8
45–49	64.3	75.6	na	69.6	71.0	69.8	72.8	68.1	69.4
50–54	66.1	80.7	na	72.0	74.0	70.9	79.4	64.7	72.5
55–59	56.6	70.8	na	62.3	65.0	60.4	71.3	60.7	62.9
60–64	48.3	61.6	na	57.0	59.0	53.4	63.2	46.8	54.9
65–69	36.4	51.3	na	45.1	46.6	41.5	50.2	39.4	43.4
70–74	17.0	26.2	na	20.2	12.8	14.7	22.1	22.0	22.4
75–79	8.2	11.9	na	9.1	na	6.6	10.6	15.5	8.5
80–84	4.0	6.0	na	4.3	na	3.3	4.9	7.8	4.2
Ages 20–84 years	53.7	61.0	na	60.7	60.8	58.8	64.2	66.0	57.7
Age standardised (f)	54.2	62.3	na	60.0	60.2	60.7	61.3	57.0	58.4
Ages 20–69 years	60.1	68.1	na	66.4	67.2	67.5	67.4	64.1	63.9
Age standardised (f)	59.4	67.8	na	65.7	66.7	66.9	67.0	62.0	63.8
1998 and 1999									
20–24	48.1	53.6	na	54.7	55.9	63.7	51.9	59.7	52.0
25–29	62.3	69.2	na	67.6	68.9	70.1	65.4	65.8	66.0
30–34	66.6	72.9	na	71.2	71.5	71.6	69.3	66.9	69.7

Table 10A.21

Table 10A.21 **Participation rates of women in cervical screening programs (per cent) (a)**

<i>Age group (years)</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA (e)</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
35–39	67.9	75.5	na	72.3	72.9	72.4	71.5	67.7	71.4
40–44	67.2	74.9	na	71.2	74.0	70.0	71.8	68.0	70.9
45–49	66.1	74.7	na	68.8	72.2	68.8	73.1	71.1	69.9
50–54	68.5	78.0	na	70.7	75.4	71.1	82.4	70.6	72.8
55–59	59.2	69.6	na	61.9	66.9	60.7	74.3	67.0	63.9
60–64	52.0	63.6	na	57.5	61.2	54.1	66.1	53.8	57.4
65–69	39.1	52.2	na	45.7	48.5	42.3	51.7	44.9	45.2
70–74	18.3	21.1	na	20.2	34.4	14.3	24.0	26.8	21.1
75–79	8.3	9.6	na	8.8	na	6.6	9.9	20.5	7.8
80–84	3.8	5.1	na	4.3	na	3.1	4.1	7.7	3.8
Ages 20–84 years	56.9	64.1	na	61.9	62.2	60.9	64.2	64.9	60.6
Age standardised (f)	56.2	63.8	na	60.4	62.8	60.9	62.6	60.4	60.0
Ages 20–69 years	61.4	69.3	na	66.1	68.1	66.8	67.8	65.8	65.4
Age standardised (f)	60.8	68.9	na	65.4	67.6	66.3	67.6	64.5	64.8
1999 and 2000									
20–24	45.6	50.0	51.7	50.6	53.5	61.3	48.8	58.8	49.5
25–29	59.6	65.5	61.2	62.9	65.8	66.3	62.1	64.9	62.4
30–34	65.3	69.9	64.0	67.9	69.9	70.1	67.7	67.6	67.0
35–39	67.2	72.3	64.8	69.5	71.5	71.2	69.2	66.6	68.7
40–44	67.0	72.5	64.8	69.5	72.6	70.7	69.7	69.7	68.8
45–49	66.1	72.1	63.2	67.3	71.3	68.4	70.2	72.4	67.8
50–54	69.3	76.4	65.9	70.3	75.1	72.2	79.9	75.2	71.3
55–59	60.2	68.3	57.1	60.7	66.3	62.0	71.7	70.0	62.5
60–64	53.7	62.2	51.0	56.4	62.3	54.6	65.3	58.6	56.5
65–69	40.8	49.7	39.9	44.5	48.6	43.9	49.9	48.3	44.2
70–74	18.5	19.7	21.3	19.5	32.0	13.4	20.0	26.3	20.5
75–79	8.1	8.6	10.1	8.0	na	6.2	7.9	22.1	7.8
80–84	2.8	3.5	3.9	3.0	na	2.3	2.8	5.3	2.9
Ages 20–84 years	55.2	60.4	55.4	58.5	59.5	58.9	61.4	65.3	57.5
Age standardised (f)	55.0	60.4	54.5	57.4	60.4	59.4	59.5	60.7	57.2
Ages 20–69 years	60.7	66.6	60.2	63.5	66.7	66.0	65.3	66.4	63.1
Age standardised (f)	60.2	66.2	59.5	62.8	66.2	65.5	65.1	65.6	62.6
2000 and 2001									
20–24	45.1	49.6	50.5	51.0	54.0	61.9	47.3	59.1	49.2
25–29	58.4	63.5	59.6	62.3	64.7	67.3	60.2	64.2	61.2
30–34	63.6	67.8	61.9	66.6	69.5	69.2	66.1	65.7	65.5
35–39	66.0	70.4	62.9	68.8	71.2	72.8	68.3	66.8	67.6
40–44	66.3	72.2	63.7	69.1	73.0	71.7	69.2	67.2	68.5

Table 10A.21

Table 10A.21 **Participation rates of women in cervical screening programs (per cent) (a)**

<i>Age group (years)</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA (e)</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
45–49	65.8	71.8	62.5	67.2	71.9	70.4	69.3	68.3	67.7
50–54	68.7	76.3	64.2	69.6	74.5	74.1	77.9	69.4	70.8
55–59	60.2	68.3	56.2	60.6	66.6	64.0	69.8	60.5	62.5
60–64	53.4	62.3	49.8	56.2	62.1	56.3	64.4	55.8	56.5
65–69	42.0	50.6	40.6	45.2	49.8	46.3	52.7	40.5	45.3
70–74	na	18.2	21.3	19.4	32.2	13.6	19.4	24.7	20.1
75–79	na	7.2	9.5	7.5	na	6.3	7.7	13.9	7.1
80–84	na	2.7	3.5	2.8	na	2.1	2.0	6.3	2.6
Ages 20–84 years	54.5	59.4	54.1	58.1	59.4	59.8	60.1	63.2	56.9
Age standardised (f)	na	59.6	53.4	57.0	60.4	60.4	58.5	58.0	56.6
Ages 20–69 years	60.1	65.8	58.8	63.2	66.8	67.2	64.3	64.4	62.6
Age standardised (f)	59.5	65.4	58.2	62.5	66.2	66.6	64.1	62.9	62.0

- (a) All data are adjusted to remove women who have had a hysterectomy. Rates cannot be calculated for women 85 years and over because hysterectomy fractions are not available for this age group.
- (b) The NSW Register identified that two laboratories had not been reporting Pap test data for women aged 70 years and over. The Register calculates that the number of NSW women aged 70 years and over who were screened in 1997-98 is underestimated by approximately 10 per cent.
- (c) The Queensland Health Pap Smear Register did not begin operation until February 1999. Rates for other States and Territories before 1999 and 2000 have been calculated excluding Queensland. Queensland data for the 1999 and 2000 period refer to the two year period from March 1999 to February 2001.
- (d) The WA and ACT cervical cytology registers only register women with a valid WA and ACT address respectively.
- (e) SA groups together all women aged 70 years or more, and for the purposes of this table they appear in the 70–74 age group.
- (f) Rates are age standardised to the Australian 1991 population.

na Not available.

Source: AIHW; State and Territory Cervical Cytology Registry data.

Table 10A.22

Table 10A.22

Number of prescriptions for oral antibiotics most commonly used in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients, per 1 000 persons with Pharmaceutical Benefits Scheme concession cards (a), (b)

	<i>Unknown</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1996-97										
Scripts	618	2 890 506	2 277 575	1 538 375	628 241	692 261	222 477	79 901	35 642	8 365 596
Concession card holders		1 456 152	1 127 126	831 623	377 493	405 355	135 972	45 793	35 553	4 387 923
Rate per 1 000 holders		1985.0	2020.7	1849.8	1664.2	1707.8	1636.2	1744.8	1002.5	1906.5
1997-98										
Scripts	409	2 957 517	2 178 018	1 559 466	623 394	679 454	223 936	85 292	32 128	8 339 614
Concession card holders	38176	1505889	1174510	877159	396568	414804	142642	50449	34753	4 452 279
Rate per 1 000 holders		1964.0	1854.4	1777.9	1572.0	1638.0	1569.9	1690.7	924.5	1873.1
1998-99										
Scripts	567	2 760 165	2 050 432	1 443 410	553 984	635 600	203 358	79 281	28 462	7 755 259
Concession card holders	23803	1531565	1192225	888074	408275	424414	144912	52114	35 620	4 701 002
Rate per 1 000 holders		1802.2	1719.8	1625.3	1356.9	1497.6	1403.3	1521.3	799.0	1649.7
1999-2000										
Scripts	35	2 708 798	1 999 470	1 440 869	571 731	587 514	204 401	81 074	27 616	7 621 508
Concession card holders	32 111	1 573 802	1 236 757	929 726	435 224	440 187	151 281	52 436	39 247	4 890 771
Rate per 1 000 holders		1721.2	1616.7	1549.8	1313.6	1334.7	1351.1	1546.2	703.6	1558.3
2000-01										
Scripts		2 640 400	1 993 928	1 419 128	561 923	628 282	190 937	78 283	26 788	7 539 669
Concession card holders	29998	1 587 479	1 241 080	959 714	451 194	442 526	151 212	51 796	42 985	4 957 984
Rate per 1 000 holders		1 663.3	1606.6	1 478.7	1 245.4	1 419.8	1 262.7	1 511.4	623.2	1 520.7

Table 10A.22

Table 10A.22 **Number of prescriptions for oral antibiotics most commonly used in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients, per 1 000 persons with Pharmaceutical Benefits Scheme concession cards (a), (b)**

	<i>Unknown</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2001-02										
Scripts		2 598 443	1 959 914	1 447 694	586 781	624 201	196 923	77 622	25 242	7 516 820
Concession card holders	26 654	1 618 480	1 258 967	974 916	466 127	443 707	153 617	53 030	43 865	5 039 363
Rate per 1 000 holders		1 605.5	1 556.8	1 484.9	1 258.8	1 406.8	1 281.9	1 463.7	575.4	1 491.6

- (a) The oral antibiotics used most commonly in upper respiratory tract infection are: phenoxymethylpenicillin (penicillin V); amoxicillin; erythromycin; roxithromycin; cefaclor; amoxicillin+clavulanic acid; doxycycline; clarithromycin; and cefuroxime. All active PBS item codes associated with each of these generic names were pulled out for each year. GPs have tended to prescribe 90-98% of each of these generic pharmaceuticals throughout this period with only minor additional variations by jurisdiction. Consequently, the "all prescriptions" approach among concessional patients has been chosen for data presentation purposes. Any noticeable changes in trend will predominantly pick up changes in GP behaviour.
- (b) Numbers of concession card holders were obtained from the Department of Family and Community Services.

Source: DHA (unpublished).

Table 10A.23 Hospital separation rates for type 2 diabetes mellitus with complications as principal diagnosis, all hospitals, 2000-01 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Circulatory	18.9	32.9	13.0	29.4	33.2	27.1	37.3	48.2	24.6
Renal	8.1	12.9	10.6	11.2	9.2	7.8	8.3	47.8	10.5
Ophthalmic	27.0	50.7	24.7	63.9	50.1	23.1	34.1	59.1	38.1
Other specified	24.1	37.1	30.5	32.4	39.2	44.2	16.0	178.4	32.0
Multiple	13.1	26.5	26.6	32.5	28.8	24.4	9.1	118.8	23.0
No complications	12.3	20.9	14.3	17.2	29.8	17.9	8.9	16.9	16.9
Total	104.4	181.8	121.1	187.0	191.8	145.2	113.6	469.6	146.1

- (a) Figures include unspecified diabetes and same day separations. Separation rates are age-adjusted on the Australian total population at 30 June 1991 using direct standardisation.
- (b) Totals include separations for unspecified complications.
- (c) Data on hospital separations were extracted from the National Morbidity Data Sets.
- (d) Crude rates for each jurisdiction were calculated using ABS estimated resident population by age group for the respective jurisdiction.
- (e) Figures are based on the ICD-10-AM classification. The codes used were E11.x and E14.x, where x=2 (renal complications), x=3 (ophthalmic complications), x=5 (peripheral circulatory complications), x=7 (multiple complications), x=8 (unspecified complications), x=9 (without complications), and x=0,1,4,6 (other specified complications).
- (f) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.
- (g) The principal diagnosis data are episode based, but the secondary diagnosis data are diagnosis based. A separation is represented three times in secondary diagnosis if given three different diabetes codes.
- (h) Age-standardisation tends to exaggerate the effect of multiple episodes for individual patients, particularly in small populations.
- (i) Although same day admission for dialysis is not normally coded with a principal diagnosis of type 2 diabetes, the data contain a significant number in several jurisdictions. The results for small jurisdictions reflect both this type of distortions and unreliability arising from small numbers.
- (j) Results for individual complications may be affected by small numbers, particularly in the smaller jurisdictions, and should be interpreted with caution.
- (k) Treatment for type 2 diabetes related conditions is also provided in ambulatory care settings. The availability of outpatient services may vary between jurisdictions and over time.
- (l) Morbidity data are coded under coding standards that may differ over time and jurisdictions.

Source: DHA (unpublished).

Table 10A.24 **Hospital separation rates for principal diagnosis of selected diseases of the circulatory system where type 2 diabetes mellitus was an additional diagnosis, 2000-01 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Coronary heart disease (I20-I25)	114.6	132.6	139.7	117.5	123.9	114.2	91.5	218.3	126.3
Stroke (I60-69)	36.4	43.7	35.6	36.2	44.1	32.0	24.7	64.2	38.8
Disease of arteries (I70-I79)	11.0	12.9	14.5	8.7	17.1	10.3	9.1	3.6	12.4
Other circulatory	107.6	121.5	117.9	109.0	126.0	94.2	77.1	174.0	115.0
Total circulatory diseases (I00-I99)	258.7	297.8	293.1	262.7	294.0	240.4	193.3	456.5	280.1

(a) Includes unspecified diabetes. Separation rates are age-adjusted on the Australian total population at 30 June 1991 using direct standardisation. The figures are based on the ICD-10-AM classification. The codes used are E11.x and E14.x, where x=0-9 for diabetes, and I00-I99 for diseases of the cardiovascular system.

(b) G45 (Transient cerebral ischaemic attacks and related syndromes) and G46 (Vascular syndromes of brain in cerebrovascular diseases) are included in stroke and total circulatory diseases.

Source: DHA (unpublished).

Table 10A.25 **Hospital separation rates for type 2 diabetes mellitus with complications as any diagnosis, all hospitals, 2000-01 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Circulatory	84.0	139.3	75.7	100.2	135.1	124.8	177.9	197.1	106.2
Renal	61.1	105.8	82.4	99.1	76.7	74.8	72.6	474.1	85.1
Ophthalmic	55.1	85.3	55.0	88.2	77.2	78.7	63.7	128.9	69.1
Other specified	76.5	100.9	97.6	102.8	117.3	139.7	81.5	263.8	95.5
Multiple	108.7	290.8	152.5	230.2	94.5	200.4	92.2	505.9	178.2
No complications	887.1	893.8	1019.2	901.8	1103.3	695.2	585.6	1221.8	931.6
Total	1207.6	1449.9	1386.2	1388.2	1515.1	1140.1	943.9	2507.6	1355.3

(a) Figures include unspecified diabetes and same day separations. Separation rates are age-adjusted on the Australian total population at 30 June 1991 using direct standardisation.

(b) Totals include separations for unspecified complications.

(c) Data on hospital separations were extracted from the National Morbidity Data Sets.

(d) Crude rates for each jurisdiction were calculated using ABS estimated resident population by age group for the respective jurisdiction.

(e) Figures are based on the ICD-10-AM classification. The codes used were E11.x and E14.x, where x=2 (renal complications), x=3 (ophthalmic complications), x=5 (peripheral circulatory complications), x=7 (multiple complications), x=8 (unspecified complications), x=9 (without complications), and x=0,1,4,6 (other specified complications).

(f) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.

(g) The principal diagnosis data are episode based, but the secondary diagnosis data are diagnosis based. A separation is represented three times in secondary diagnosis if given three different diabetes codes.

(h) Age-standardisation tends to exaggerate the effect of multiple episodes for individual patients, particularly in small populations.

(i) Although same day admission for dialysis is not normally coded with a principal diagnosis of type 2 diabetes, the data contain a significant number in several jurisdictions. The results for small jurisdictions reflect both this type of distortions and unreliability arising from small numbers.

(j) Results for individual complications may be affected by small numbers, particularly in the smaller jurisdictions, and should be interpreted with caution.

(k) Treatment for type 2 diabetes related conditions is also provided in ambulatory care settings. The availability of outpatient services may vary between jurisdictions and over time.

(l) Morbidity data are coded under coding standards that may differ over time and jurisdictions.

Source: DHA (unpublished).

Table 10A.26 Hospital separation rates for lower limb amputation with principal or additional diagnosis of type 2 diabetes, 2000-01 (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2000-01									
ASR	10.0	13.4	13.5	12.1	12.0	10.4	8.8	28.4	12.0
Crude	11.3	15.0	14.3	12.4	14.4	12.5	7.2	18.1	13.2
Number	742.0	718.0	515.0	234.0	218.0	59.0	23.0	36.0	2551.0

- (a) Includes unspecified diabetes. Separation rates are age-adjusted on the Australian total population at 30 June 1991 using direct standardisation. The figures are based on the ICD-10-AM classification. The codes used are E11.x and E14.x, where x=0-9 for diabetes, and Blocks 1533, 44367, 44370 and 44373 for amputations.
- (b) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.

Source: DHA (unpublished).

Table 10A.27 Per cent same day separations for principal diagnosis of type 2 diabetes mellitus by complication and place of residence, all hospitals, all episode types, 2000-01 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Circulatory	12.1	14.5	17.3	26.4	27.8	40.0	12.5	8.3	17.5
Renal	14.9	10.7	9.3	11.7	17.4	9.1	13.0	4.5	11.9
Ophthalmic	75.1	78.1	79.8	71.3	80.9	74.2	66.3	86.9	76.7
Other specified	14.2	26.8	13.8	9.6	27.9	37.7	9.1	61.4	21.1
Multiple	4.6	6.0	13.4	18.0	45.7	31.9	–	48.6	15.2
Unspecified	7.9	12.2	9.6	–	–	na	na	na	8.0
No complications	11.4	25.8	5.4	4.5	30.7	43.8	3.7	8.3	18.0
Total	28.1	34.6	25.9	34.0	44.2	42.1	26.0	46.2	32.9

- (a) Figures include unspecified diabetes and same day separations. Separation rates are age-adjusted on the Australian total population at 30 June 1991 using direct standardisation.
- (b) Totals include separations for unspecified complications.
- (c) Data on hospital separations were extracted from the National Morbidity Data Sets.
- (d) Crude rates for each jurisdiction were calculated using ABS estimated resident population by age group for the respective jurisdiction.
- (e) Figures are based on the ICD-10-AM classification. The codes used were E11.x and E14.x, where x=2 (renal complications), x=3 (ophthalmic complications), x=5 (peripheral circulatory complications), x=7 (multiple complications), x=8 (unspecified complications), x=9 (without complications), and x=0,1,4,6 (other specified complications).
- (f) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.
- (g) The principal diagnosis data are episode based, but the secondary diagnosis data are diagnosis based. A separation is represented three times in secondary diagnosis if given three different diabetes codes.
- (h) Age-standardisation tends to exaggerate the effect of multiple episodes for individual patients, particularly in small populations.
- (i) Although same day admission for dialysis is not normally coded with a principal diagnosis of type 2 diabetes, the data contain a significant number in several jurisdictions. The results for small jurisdictions reflect both this type of distortions and unreliability arising from small numbers.
- (j) Results for individual complications may be affected by small numbers, particularly in the smaller jurisdictions, and should be interpreted with caution.
- (k) Treatment for type 2 diabetes related conditions is also provided in ambulatory care settings. The availability of outpatient services may vary between jurisdictions and over time.
- (l) Morbidity data are coded under coding standards that may differ over time and jurisdictions.
- na** Not available. – Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.28

Table 10A.28 Pathology ordered by GPs and OMPs (a), (b), (c)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1996-97										
Benefits paid										
Benefits paid	\$million	228.3	142.3	139.7	59.4	33.9	14.7	9.7	4.7	632.8
Per person	\$	36	31	41	33	23	31	31	25	34
Tests										
Number of tests	'000	14 439	8 977	8 106	3 646	2 195	977	602	275	39 217
Tests per person	no.	2.3	2.0	2.4	2.0	1.5	2.1	2.0	1.5	2.1
1997-98										
Benefits paid										
Benefits paid	\$million	243.2	152.4	152.2	63.5	36.5	16.0	10.2	4.9	678.8
Per person	\$	38	33	44	35	24	34	33	26	36
Tests										
Number of tests	'000	14 961	9 450	8 575	3 796	2 277	1 028	610	278	40 977
Tests per person	no.	2.4	2.0	2.5	2.1	1.5	2.2	2.0	1.5	2.2
1998-99										
Benefits paid										
Benefits paid	\$million	267.6	172.9	168.5	68.4	39.4	17.4	10.9	5.2	750.4
Per person	\$	42	37	48	37	26	37	35	27	40
Tests										
Number of tests	'000	15 980	10 406	9 298	3 941	2 412	1 092	640	289	44 058
Tests per person	no.	2.5	2.2	2.7	2.1	1.6	2.3	2.0	1.5	2.3
1999-2000										
Benefits paid										
Benefits paid	\$million	291.7	192.7	180.8	74.3	43.9	18.9	11.5	5.5	819.2
Per person	\$	45	40	51	40	29	40	36	28	43
Tests										
Number of tests	'000	17 081	11 373	9 758	4 190	2 627	1 156	662	300	47 145
Tests per person	no.	2.6	2.4	2.7	2.2	1.7	2.5	2.1	1.5	2.5
2000-01										
Benefits paid										
Benefits paid	\$million	294.5	201.7	186.6	80.0	60.2	19.4	13.2	5.9	861.4
Per person	\$	45	42	51	42	40	41	41	30	44
Tests										
Number of tests	'000	17 200	11 901	10 087	4 500	3 475	1 189	729	322	49 403
Tests per person	no.	2.6	2.5	2.8	2.4	2.3	2.5	2.3	1.6	2.5
2001-02										
Benefits paid										
Benefits paid	\$million	317.5	210.0	198.7	87.5	70.4	20.6	13.7	6.9	925.2
Per person	\$	48	43	54	45	46	43	42	34	47
Tests										
Number of tests	'000	18 773	12 559	10 959	4 978	4 091	1 275	766	383	53 784
Tests per person	no.	2.8	2.6	3.0	2.6	2.7	2.7	2.4	1.9	2.7

Table 10A.28

- (a) DVA data included for number of tests and benefits paid on pathology items.
- (b) Standard DVA reports do not distinguish between the various providers who request pathology services and do not record numbers of tests but rather items paid for. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.
- (c) Population data - Estimated resident population was based on the 2001 Census Benchmark. The 2001-02 projections were calculated by taking the average of the preliminary estimated resident population at 31 December 2001 and the projected population (produced for Treasury in June 2002) at 31 December 2002. External territories are excluded from state/territory totals, but included in the totals for Australia consistent with the ABS publication 3101.0.

Source: DHA (unpublished).

Table 10A.29

Table 10A.29		Diagnostic imaging ordered by GPs and OMPs (a), (b), (c)								
	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1996-97										
Benefits paid										
Benefits paid	\$million	234.8	137.6	108.6	52.9	35.9	13.5	8.9	2.7	594.8
Per person	\$	37	30	32	29	24	28	29	14	32
Referrals										
Number of referrals	'000	2 849	1 743	1 402	711	470	167	103	36	7 481
Referrals per person	no.	0.5	0.4	0.4	0.4	0.3	0.4	0.3	0.2	0.4
1997-98										
Benefits paid										
Benefits paid	\$million	250.1	146.0	119.0	58.4	40.0	14.5	9.3	2.8	640.2
Per person	\$	39	31	34	32	27	31	30	15	34
Referrals										
Number of referrals	'000	2 965	1 782	1 494	745	506	173	104	38	7 807
Referrals per person	no.	0.47	0.38	0.43	0.41	0.34	0.37	0.33	0.20	0.42
1998-99										
Benefits paid										
Benefits paid	\$million	273.0	167.1	134.1	65.0	43.7	16.2	10.4	2.9	712.4
Per person	\$	42	36	38	35	29	34	33	15	38
Referrals										
Number of referrals	'000	3080	1930	1592	773	525	180	111	36	8228
Referrals per person	no.	0.48	0.41	0.45	0.42	0.35	0.38	0.36	0.19	0.43
1999-2000										
Benefits paid										
Benefits paid	\$million	270.9	164.1	133.4	64.2	42.7	16.4	10.1	3.0	704.7
Per person	\$	42	34	37	34	28	35	32	15	37
Referrals										
Number of referrals	'000	3109	1934	1606	792	519	184	110	39	8294
Referrals per person	no.	0.48	0.41	0.45	0.42	0.34	0.39	0.35	0.20	0.43
2000-01										
Benefits paid										
Benefits paid	\$million	279.7	170.5	137.8	68.8	46.4	17.1	11.2	3.2	734.7
Per person	\$	42	35	38	36	31	36	35	16	38
Referrals										
Number of referrals	'000	3 195	1 995	1 648	828	564	193	119	43	8 585
Referrals per person	no.	0.48	0.41	0.45	0.43	0.37	0.41	0.37	0.21	0.44
2001-02										
Benefits paid										
Benefits paid	\$million	290.3	175.8	142.4	69.7	47.4	17.7	11.8	3.2	758.4
Per person	\$	43	36	38	36	31	37	36	16	38
Referrals										
Number of referrals	'000	3 276	2 042	1 674	833	576	200	124	43	8 768
Referrals per person	no.	0.49	0.42	0.45	0.43	0.38	0.42	0.38	0.21	0.44

Table 10A.29

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(a)	DVA data included for number of referrals and benefits paid on diagnostic imaging items.									
(b)	Standard DVA reports do not distinguish between the various providers diagnostic imaging services and do not record numbers of tests but rather items paid for. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.									
(c)	Population data - Estimated resident population was based on the 2001 Census Benchmark. The 2001/02 projections were calculated by taking the average of the preliminary estimated resident population at 31 December 2001 and the projected population (produced for Treasury in June 2002) at 31 December 2002. External territories are excluded from state/territory totals, but included in the totals for Australia consistent with the ABS publication 3101.0.									

Source: DHA (unpublished).

Table 10A.30

Table 10A.30 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a), (b), (c)

	Unit	Capital city	Other metro	Large rural centre	Small rural centre	Other rural	Remote centre	Other remote	Aust total
PIP practices (May 2002)	no.	2 862	347	283	277	587	49	77	4 482
Standardised whole patient equivalents (b)	no.	8 045 199	1 022 625	933 702	1 030 341	1 524 102	110 044	94 372	12 760 385
Electronic prescribing									
Share of PIP practices (May 2002)	%	86.6	88.5	92.6	93.1	92.3	83.7	83.1	88.2
Share of PIP practices (May 2001)	%	76.0	79.0	88.9	84.1	85.3	64.2	66.3	78.3
Share of PIP practices (Aug 2000)	%	70.5	75.0	83.8	80.6	80.5	60.0	62.5	73.0
Share of PIP practices (Aug 1999)	%	46	58	60	60	59	41	41	50
Use computers to send and/or receive clinical data									
Share of PIP practices (May 2002)	%	87.3	86.2	91.9	93.1	90.8	85.7	77.9	88.1
Share of PIP practices (May 2001)	%	85.3	86.6	93.5	90.8	91.1	90.6	87.0	87.0
Share of PIP practices (Aug 2000)	%	82.5	83.5	91.2	89.4	88.6	84.0	84.1	84.0
Share of PIP practices (Aug 1999)	%	65	73	76	73	77	69	69	68

(a) Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.

(b) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

(c) Not all practices are involved in PIP and the proportion may vary across jurisdictions. The last quarter of the financial year has been supplied from 2001 as it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.

Source: DHA (unpublished).

Table 10A.31

Table 10A.31 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a), (b)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
PIP practices (May 2002)	no.	1 544	1 111	848	374	372	128	78	27	4 482
Standardised whole patient equivalents (b)	no.	3 910 962	3 412 079	2 464 353	1 233 265	1 121 125	349 286	213 975	55 340	12 760 385
Electronic prescribing	no.	1 331	999	753	320	338	121	73	17	3 952
Share of PIP practices	%	86.2	89.9	88.8	85.6	90.9	94.5	93.6	63.0	88.2
Use computers to send and/or receive clinical data	no.	1 341	993	753	319	342	112	70	20	3 950
Share of PIP practices	%	86.9	89.4	88.8	85.3	91.9	87.5	89.7	74.1	88.1
PIP practices (May 2001)	no.	1 908	1 250	934	434	468	145	88	33	5 260
Standardised whole patient equivalents (b)	no.	4 142 427	3 508 262	2 531 301	1 279 820	1 211 346	361 790	222 826	57 122	13 314 894
Electronic prescribing	no.	1 422	1 021	751	335	378	123	72	15	4 117
Share of PIP practices	%	74.5	81.7	80.4	77.2	80.8	84.8	81.8	45.5	78.3
Use computers to send and/or receive clinical data	no.	1 597	1 118	821	378	412	137	79	32	4 574
Share of PIP practices	%	83.7	89.4	87.9	87.1	88.0	94.5	89.8	97.0	87.0
PIP practices (August 2000)	no.	1 913	1 231	934	417	478	142	83	33	5 231
Standardised whole patient equivalents (b)	no.	4 135 395	3 344 657	2 438 165	1 211 950	1 181 606	354 937	192 574	53 407	12 912 691
Electronic prescribing										
Share of PIP practices	%	69	77	76	71	75	80	82	45	73
Use computers to send and/or receive clinical data										
Share of PIP practices	%	81	86	86	82	86	94	87	97	84

Table 10A.31

- (a) Not all practices are involved in PIP and the proportion may vary across jurisdictions. The last quarter of the financial year has been supplied from 2001 as it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.
- (b) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

Source: DHA (unpublished).

Table 10A.32

Table 10A.32 Proportion and number of full time workload equivalent GPs with vocational recognition

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Full time workload equivalent GPs with vocational recognition (no.)									
1996-97	5 140	3 576	2 777	1 245	1 198	348	217	76	14 578
1997-98	5 218	3 534	2 843	1 282	1 218	337	219	77	14 728
1998-99	5 218	3 580	2 845	1 278	1 213	329	218	79	14 760
1999-2000	5 281	3 648	2 857	1 288	1 199	327	212	77	14 887
2000-01	5 295	3 648	2 892	1 304	1 249	330	208	81	15 007
2001-02	5 452	3 682	2 866	1 319	1 244	338	203	80	15 184
Proportion of full time workload equivalent GPs with vocational recognition (%)									
1996-97	88.7	87.5	91.7	88.8	91.6	93.1	94.6	87.8	89.4
1997-98	88.9	87.7	91.5	90.5	92.4	92.2	94.2	85.3	89.6
1998-99	90.0	88.2	91.0	91.0	92.0	91.1	94.8	88.6	90.1
1999-2000	91.0	88.6	91.0	91.2	93.0	89.8	95.3	87.4	90.6
2000-01	91.8	89.0	91.0	91.6	92.9	90.2	94.9	86.7	91.0
2001-02	92.4	88.8	89.2	91.4	92.1	88.5	95.9	86.3	90.7

Source: DHA (unpublished).

Table 10A.33

Table 10A.33 Proportion of full time workload equivalent GPs with vocational recognition, by region (a), (b)

	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02
Capital city	88.0	88.3	89.2	90.2	91.4	92.1
Other metro centre	91.9	93.1	92.8	93.7	94.2	93.9
Large rural centre	94.1	94.6	94.9	94.8	93.2	90.4
Small rural centre	93.0	93.1	92.5	92.0	90.2	88.4
Other rural area	93.1	93.2	92.5	90.3	88.1	84.0
Remote centre	91.3	89.8	85.9	83.2	78.5	77.6
Other remote area	79.3	71.5	65.8	68.7	68.5	62.6
Australia	89.4	89.6	90.1	90.6	91.0	90.7

(a) Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.

(b) FWE numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.

Source: DHA (unpublished).

Table 10A.34

Table 10A.34 General practice accreditation by Australian General Practice Accreditation Limited

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
October 2002										
Registered for accreditation	no.	1 639	1 200	918	406	447	147	62	44	4 795
Per cent registered	%	74.1	82.1	94.8	74.3	88.3	96.1	56.1	83.0	81.0
Registered and accredited	no.	1 385	1 057	809	352	408	133	58	31	4 174
October 2001										
Registered for accreditation	no.	1 705	1 198	967	405	474	148	63	46	5 003
Per cent registered	%	76.9	85.2	99.8	78.5	93.9	98.7	85.2	86.8	84.0
Registered and accredited	no.	918	767	640	238	311	95	46	20	3 026
August 2000										
Registered for accreditation	no.	1 216	949	778	325	393	117	57	29	3 864
Per cent registered	%	49.8	77.8	80.3	62.9	87.2	84.2	47.7	54.7	65.2
Registered and accredited	no.	331	342	310	114	128	51	24	6	1 306

Source: <http://www.agpal.com.au> (3 October 2002); SCRCSSP (2001) *Report on Government Services*.

Table 10A.35

Table 10A.35 Proportion of non-referred attendances to GPs that were bulk billed (per cent)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1984-85	60.2	46.6	50.3	50.1	48.5	42.3	30.0	44.8	52.5
1985-86	64.5	48.5	53.2	53.0	51.6	45.8	32.0	47.1	55.8
1986-87	69.3	52.5	57.4	56.4	55.5	47.3	34.6	48.5	60.1
1987-88	71.0	53.3	61.1	58.8	57.8	49.0	40.1	50.8	62.0
1988-89	72.7	56.8	64.8	61.6	60.1	53.4	47.1	54.1	64.7
1989-90	74.5	60.3	68.5	64.3	62.6	55.8	50.6	55.8	67.4
1990-91	76.1	64.5	72.0	68.4	65.7	58.7	55.7	57.9	70.3
1991-92	76.9	69.0	71.8	70.6	67.0	59.4	58.9	59.2	72.0
1992-93	78.6	72.4	74.4	72.9	68.3	60.9	61.3	62.9	74.2
1993-94	81.0	75.8	76.9	76.0	71.5	62.9	64.3	65.4	77.0
1994-95	82.2	77.5	78.8	77.1	72.5	64.3	64.8	67.6	78.5
1995-96	83.7	79.1	80.6	79.5	74.3	66.2	64.9	70.1	80.1
1996-97	83.6	79.9	81.3	80.2	74.9	66.8	65.9	69.6	80.6
1997-98	82.9	79.1	81.1	78.4	74.1	65.1	66.1	67.9	79.8
1998-99	82.4	78.9	80.9	77.6	74.1	63.0	65.6	65.2	79.4
1999-2000	82.4	78.6	80.3	76.7	74.2	61.6	63.0	65.4	79.1
2000-01	81.2	76.7	78.9	75.1	73.2	60.5	59.3	65.5	77.6
2001-02	79.8	73.4	75.3	71.9	69.6	58.5	51.2	63.9	74.9

Source: DHA (unpublished).

Table 10A.36

Table 10A.36 Proportion of non-referred attendances to GPs that were bulk billed, by region (a)

	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02
Capital city	85.9	85.6	85.4	85.2	83.8	80.8
Other metro centre	81.3	80.1	79.5	78.6	76.2	72.3
Large rural centre	65.7	63.7	61.7	60.8	59.8	59.0
Small rural centre	64.8	63.1	61.7	61.7	60.9	59.3
Other rural area	62.1	59.6	59.1	58.6	57.7	56.6
Remote centre	56.0	56.7	57.6	59.0	60.0	58.9
Other remote area	70.1	69.6	70.1	70.1	69.5	70.0
Unknown	68.8	70.3	71.4	73.4	72.7	71.5
Australia	80.6	79.8	79.4	79.1	77.6	74.9

(a) Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.

Source: DHA (unpublished).

Table 10A.37

Table 10A.37 **Full time workload equivalent GPs by region (including OMPs) (a), (b), (c)**

	<i>Capital city</i>	<i>Other metro centre</i>	<i>Large rural centre</i>	<i>Small rural centre</i>	<i>Other rural area</i>	<i>Remote centre</i>	<i>Other remote area</i>	<i>Aust</i>
1996-97								
Total GPs	17 169	1 768	1 362	1 306	2 301	246	374	24 526
FWE	11 445	1 274	924	923	1 504	120	125	16 316
FWE per 100 000	96.8	89.9	80.9	74.8	63.1	53.8	40.2	88.0
1997-98								
Total GPs	16 787	1 737	1 349	1 323	2 325	257	452	24 230
FWE	11 502	1 288	941	934	1 510	122	134	16 432
FWE per 100 000	96.0	89.5	81.5	75.0	63.0	54.1	42.9	87.6
1998-99								
Total GPs	16 495	1 713	1 377	1 375	2 435	296	485	24 176
FWE	11 472	1 283	936	926	1 513	119	142	16 389
FWE per 100 000	94.5	87.5	80.3	73.7	62.7	52.4	45.3	86.3
1999-2000								
Total GPs	16 305	1 719	1 390	1 474	2 542	309	495	24 234
FWE	11 475	1 286	935	951	1 526	118	142	16 433
FWE per 100 000	93.2	86.1	79.4	75.0	62.9	51.6	45.2	85.5
2000-01								
Total GPs	16 165	1 740	1 435	1 493	2 629	311	495	24 268
FWE	11 383	1 285	953	996	1 601	124	150	16 493
FWE per 100 000	91.5	83.5	78.4	77.5	65.0	55.3	48.0	84.7
2001-02								
Total GPs	16 007	1 712	1 449	1 571	2 747	310	511	24 307
FWE	11 433	1 298	982	1 043	1 700	124	155	16 736
FWE per 100 000	90.8	83.3	79.7	80.2	68.3	54.5	49.0	84.9

- (a) Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.
- (b) GP numbers were based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services.
- (c) FWE numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.

Source: DHA (unpublished).

Table 10A.38

Table 10A.38 **Female GPs**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Female GPs (no.)									
1996-97	2 636	1 917	1 453	760	640	214	167	91	7 878
1997-98	2 613	1 894	1 459	784	629	222	174	100	7 875
1998-99	2 636	1 905	1 543	791	649	228	180	106	8 038
1999-2000	2 674	1 964	1 623	790	658	230	188	101	8 228
2000-01	2 724	1 997	1 627	829	657	238	189	119	8 380
2001-02	2 766	2 036	1 651	842	674	237	181	123	8 510
Female FWEs (no.)									
1996-97	1 321	896	718	308	275	88	70	24	3 700
1997-98	1 372	891	741	323	286	87	71	27	3 798
1998-99	1 382	918	759	329	295	92	73	28	3 876
1999-2000	1 413	949	786	339	298	96	76	29	3 986
2000-01	1 419	978	791	354	316	98	76	31	4 063
2001-02	1 484	1 018	818	369	320	108	71	32	4 220
Female FWEs as a proportion of all FWE GPs (%)									
1996-97	22.8	21.9	23.7	22.0	21.1	23.5	30.4	28.3	22.7
1997-98	23.4	22.1	23.8	22.8	21.7	23.7	30.6	29.8	23.1
1998-99	23.9	22.6	24.3	23.4	22.4	25.5	31.7	31.3	23.7
1999-2000	24.4	23.0	25.1	24.0	23.1	26.4	34.0	32.6	24.3
2000-01	24.6	23.9	24.9	24.9	23.5	26.7	34.5	33.2	24.6
2001-02	25.2	24.6	25.5	25.6	23.7	28.2	33.5	34.4	25.2
Female FWE GPs per 100 000 female population									
1996-97	41.7	38.4	42.3	34.5	36.8	36.6	44.7	27.5	39.7
1997-98	42.8	37.8	42.9	35.5	38.0	36.2	45.5	29.5	40.2
1998-99	42.6	38.5	43.2	35.7	38.9	38.6	45.9	30.2	40.5
1999-2000	43.0	39.2	43.9	36.2	39.1	40.1	47.0	30.4	41.1
2000-01	42.6	39.9	43.3	37.2	41.3	40.8	46.3	32.5	41.4
2001-02	44.1	41.0	44.0	38.2	41.6	44.8	43.3	33.2	42.4

Source: DHA (unpublished).