

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000312

OUTCOME: 2 - Health Access and Support Services

Topic: GP Numbers

Type of Question: Written Question on Notice

Senator: Watt, Murray

Question:

Previous answer SQ16-000684 advises that doctor numbers Full-time Service Equivalent (FSE) by MMM classification have increased, yet the Medical Practitioner Workforce 2015 report by the Australian Institute of Health and Welfare showed decreases in the number of GPs (Full Time Equivalent) per 100,000 decreased in Remote/Very Remote and Outer Regional Areas.

- a) How do you explain the discrepancy between these figures?
- b) Does that mean that the number of hours worked per doctor has increased?
- c) How do the work hours of doctors in rural and remote areas compare to their city counterparts
- d) Does that show that GPs in these areas are now being even further overworked than previously?

Answer:

- a) The data reported in previous answer SQ16-000684 is derived from Medicare claims data for General Practitioners. The data used in the Australian Institute of Health and Welfare (AIHW) report, *Medical Practitioner Workforce 2015*, differs for a number of reasons:
 - Data in the AIHW report is derived from survey data and registration data, rather than Medicare claims data.
 - Responses to the survey are not limited to General Practitioners who bill Medicare and includes
 - General Practitioners
 - Hospital non-specialists
 - Specialists
 - Specialist-in-training
 - Other clinicians/non-clinicians
 - The graph in the AIHW report shows a small decrease in FTE per 100,000 population. The remoteness area for this report is derived from the 'remoteness area of main job', 'remoteness area of principal practice', or 'remoteness area of residence'. The remoteness area for the data used in SQ16-000684 takes into account all geographic areas a GP may practice in and apportions the workload accordingly.

- The same AIHW graph excludes provisional registrants. Data used in SQ16-000684 includes all medical practitioners working in General Practice, including GP registrars and non-vocationally registered GPs.

The following answers rely on the Department's Full-time Service Equivalent (FSE) measure of workforce. This measure of workforce activity is more meaningful than simple headcounts when monitoring the availability of medical practitioners, as not all practitioners work standard hours. One FSE is the statistical equivalent of a workload of 7.5 hours per day, five days per week.

- b) The workload, based on Medicare billing data, for all medical practitioners increased in remote/very remote areas in the 2015 FY by approximately 4 per cent per doctor from the previous financial year. For GPs the increase in workload is approximately 3 per cent per doctor.
- c) In major cities workload increase in 2015 FY for all medical practitioners billing Medicare increased by approximately 2 per cent per doctor, medical practitioners practicing in non-urban areas also increased their workload by approximately 2 per cent per doctor. For GPs in major cities, the increase in workload in 2015 FY is approximately 3 per cent per doctor, where GPs in non-urban areas increased their workload by 5 per cent per doctor.
- d) See comments to b) and c) above.