



Gold Coast Primary Health Network

# General Practice Profile

December 2023

**phn**  
GOLD COAST

An Australian Government Initiative





*Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.*

*Artwork: Narelle Urquhart – Wiradjuri woman. Artwork depicts a strong community, with good support for each other, day or night. One mob.*

# Contents

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<b>General practices and general practitioners in the Gold Coast Primary Health Network (GCPHN) region</b>	<b>5</b>
Overview	5
Gold Coast general practice workforce	6
General practitioner Distribution Priority Areas	6
Number of general practitioners	7
General practitioners by age and gender	7
General practitioners trained in Australia and overseas	8
Number of nurses in general practice	9
 <b>Utilisation of general practice services</b>	 <b>10</b>
General practice services	10
Telehealth services	11
Enhanced Primary Care services	11
After-hours services	12
GP attendances over time	13
Bulk-billing	13
 <b>Practice Incentives Program Quality Improvement Incentive</b>	 <b>14</b>
 <b>General practice digital health capability</b>	 <b>15</b>
Secure messaging	15
My Health Record	15
Electronic prescribing	15
General practice electronic data reporting	15
Primary Sense	16
Smart Referrals	16
HealthPathways	16
 <b>GCPHN interaction with general practices</b>	 <b>17</b>







# General practices and general practitioners in the Gold Coast Primary Health Network (GCPHN) region

## Overview

The below numbers reflect the regional profile as at 11 October 2023. Data is sourced from the GCPHN Client Relationship Management System (ChilliDB).

### Number of general practices in the GCPHN region:

- **210 general practices**  
Number as at 15 November 2022: 212

### Number of general practitioners in the GCPHN region:

- **857 unique general practitioners\***  
Number as at 15 November 2022: 849

### Number of special interest general practices in the GCPHN region:

- **45 special interest general practices** delivering services such as skin checks and related services  
Number as at 15 November 2022: 31

### Number of general practices in the GCPHN region by accreditation status:

- **169 general practices** were accredited:
  - Accredited: 169
  - In process\*\*: 14
  - Not accredited: 13
  - Not planning accreditation: 12
- Number as at 15 November 2022: 170

\*Number of GPs working in the region does not equate to full-time equivalent (FTE).

\*\*In process: Newly established general practices working towards accreditation or existing practices working through re-accreditation (re-accreditation cycle occurs every three years).

# Gold Coast general practice workforce

Table 1. Composition of general practice workforce in the GCPHN region, as at 11 October 2023

General practice workforce	Change from 15 November 2022
General practitioners (n=857)	Increase by 8
Nursing staff (n=445)	Increase by 21
Allied health staff (n=118)	Decrease by 11
Practice managers (n=133)	Decrease by 11
Registrars (n=85)	Decrease by 15
Total (n=1,638) <sup>1</sup>	Decrease by 8

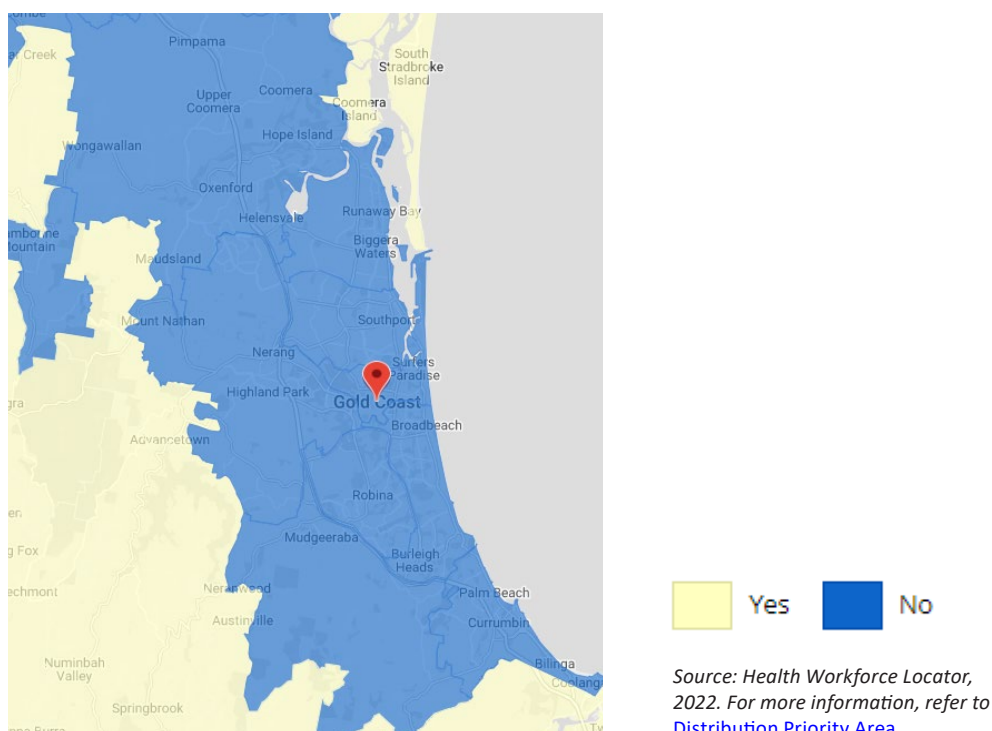
Source: GCPHN Client Relationship Management System

As at 11 October 2023, the total number of health practitioners and practice managers working in general practices was 1,638.

## General practitioner Distribution Priority Areas

A Distribution Priority Area (DPA) is a location where people do not have enough access to doctors, based on the needs of the community. The DPA classification considers gender, age demographics, and the socio-economic status of residents living in the area.

Figure 1. Distribution Priority Area, Gold Coast, July 2022



Designated DPA areas in the GCPHN region as of July 2022 include:

- Guanaba-Springbrook is classified as a DPA,
- Tamborine – Canungra, and Mudgeeraba–Tallebudgera are classified as a partial DPA (North Tamborine – Canungra is not a DPA and South Tamborine – Canungra is a DPA).

<sup>1</sup>The 'total' number of general practice workforce includes the profiles listed in Table 1; however, a range of other profiles can also be employed in general practices: administration, business manager, company director, complementary therapist, consultant, coordinator, dentist, executive, manager, operations, pharmacist, specialist, student, and support worker.

## Number of general practitioners

Table 2. Number of general practices within the GCPHN region with one or more GPs, as at 11 October 2023

Gold Coast SA3 regions	Number of general practices	Number of general practitioners	Average number of GPs per general practice	Number of GPs per 1,000 people
GCPHN region	210	857	4.1	1.3
Broadbeach-Burleigh	29	156	5.4	2.3
Coolangatta	20	94	4.7	1.6
Gold Coast-North	22	81	3.7	1.2
Gold Coast Hinterland	6	26	4.3	1.3
Mudgeeraba-Tallebudgera	7	27	3.9	0.7
Nerang	15	73	4.9	1.0
Ormeau-Oxenford	41	180	4.4	1.1
Robina	23	105	4.6	1.9
Southport	28	132	4.7	2.0
Surfers Paradise	19	68	3.6	1.5

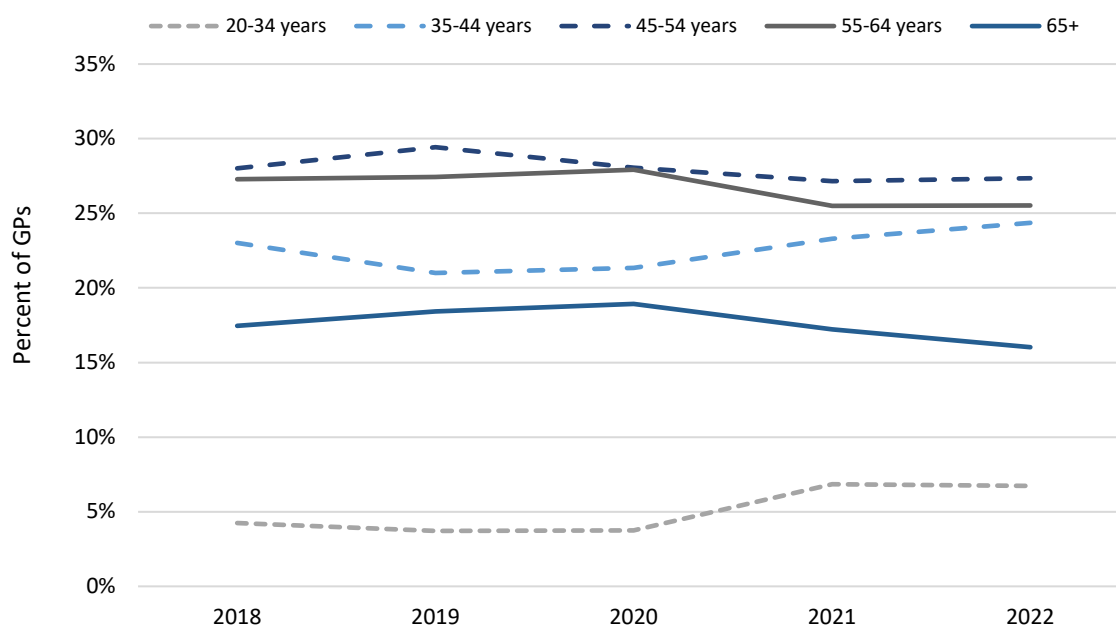
Source: GCPHN Client Relationship Management System. Note: The number of GPs listed in this table includes non-unique GPs and GPs who may work at more than one general practice.

The average number of GPs per practice was 4.1 (or 1.3 per 1,000 population).

SA3 region with the highest number of GPs was Ormeau-Oxenford (n=180), while Broadbeach-Burleigh had the highest rate of GPs (2.3 per 1,000 people).

## General practitioners by age and gender

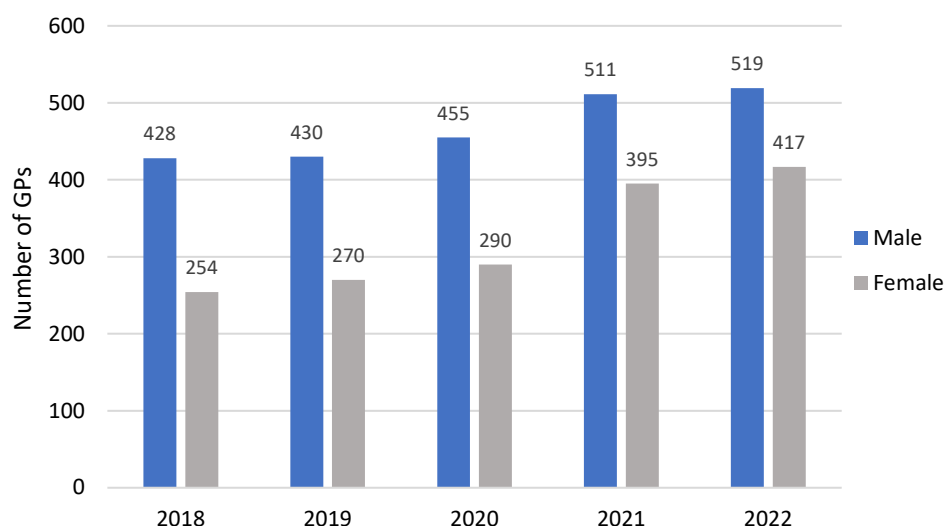
Figure 2. General practitioners by age group, GCPHN region, 2018 to 2022



Source: Health Workforce Data tool

In 2022, 27.4% of GPs in the GCPHN region were aged 45-54, while GPs aged under 34 years accounted for around 6% of the workforce and GPs over 65 or over accounted for 16%; these figures mirror national trends.

Figure 3. General practitioners by gender, GCPHN region, 2018 to 2022



Source: Health Workforce Data tool

Between 2018 and 2022, there were more male GPs than female GPs working in the GCPHN region; this ratio mirrors the national trends.

During the same period, the number of female GPs increased by 64.2%, compared to 21.3% increase of male GPs. Nationally, the number of female GPs increased by 45.0% and male GPs increased by 17.1% during the same period.

## General practitioners trained in Australia and overseas

Over the last few years, the number of overseas-trained GPs has been higher than the number of GPs trained domestically. In 2022, there were 469 GPs trained overseas (excluding New Zealand) and 425 GPs trained in Australia.

Table 3. General practitioners trained in Australia and overseas, in the GCPHN region, 2018 to 2022

Location of training	2018	2019	2020	2021	2022
Australia	280	287	325	420	425
New Zealand	27	25	28	41	38
Other overseas	366	383	390	442	469
Not stated	9	5	3	3	4

Source: Health Workforce Data tool



## Number of nurses in general practice

Table 4. Number of general practices within the GCPHN region with one or more nurses, as at 11 October 2023

Gold Coast SA3 regions	Number of general practices	Number of nurses	Average number of nurses per general practice	Number of nurses per 1,000 people
GCPHN region	210	445	2.1	0.7
Broadbeach-Burleigh	29	66	2.3	1.0
Coolangatta	20	47	2.4	0.8
Gold Coast-North	22	50	2.3	0.7
Gold Coast Hinterland	6	19	3.2	0.9
Mudgeeraba-Tallebudgera	7	16	2.3	0.4
Nerang	15	34	2.3	0.5
Ormeau-Oxenford	41	96	2.3	0.6
Robina	23	48	2.1	0.9
Southport	28	59	2.1	0.9
Surfers Paradise	19	32	1.7	0.7

Source: GCPHN Client Relationship Management System. Note: this includes nurses that work at multiple practices.

The average number of nurses per practice was 2.1 (or 0.7 per 1,000 people).

SA3 regions with the highest numbers of nurses working in general practices was Gold Coast Hinterland (3.2 nurses / practice). Broadbeach-Burleigh had the highest number of nurses per capita (1.0 per 1,000 population).



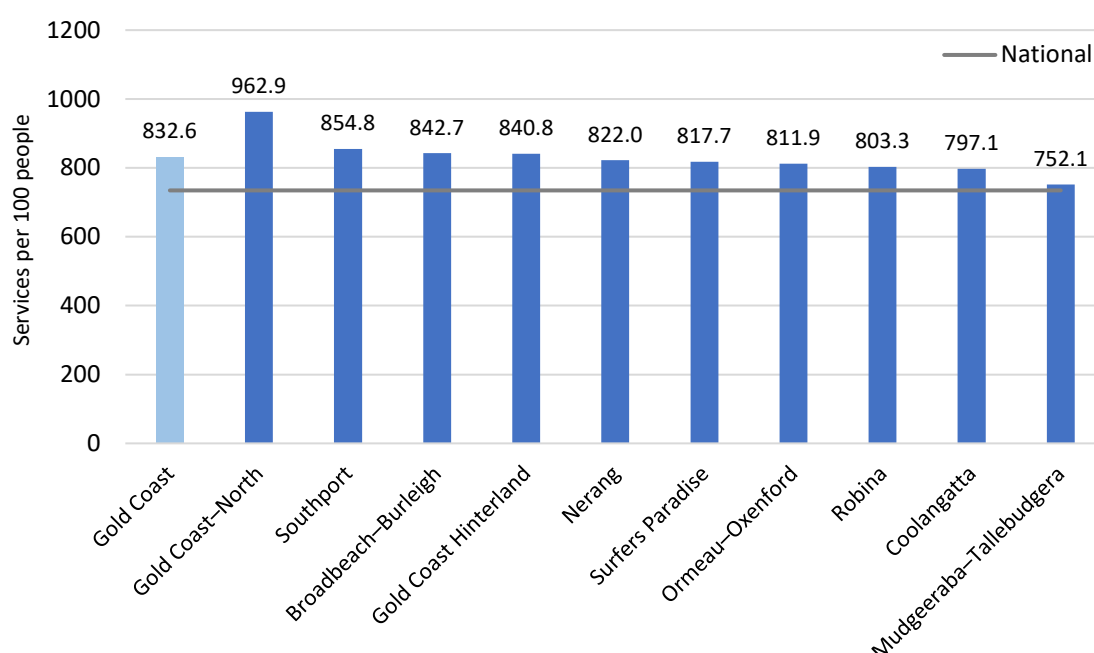
# Utilisation of general practice services

## General practice services

GP attendances include enhanced primary care, after-hours GP attendances, and 'other' GP services. These services are Medicare-subsidised patient/doctor encounters, such as visits and consultations, for which the patient has not been referred by another doctor. A GP or other medical practitioners can provide these services. It excludes services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on GP's behalf.

In 2019-2020, 80.5% of Gold Coast adults saw a GP in the preceding 12 months (compared to 83.5% of adults nationally)<sup>2</sup>.

Figure 4. Rate of GP attendances per 100 people, Gold Coast SA3 regions, 2021-2022



Source: Australian Institute of Health and Welfare, Medicare-subsidised GP, allied health and specialist health care across local areas 2013-2014 to 2021-2022. Note: all results are based on the patient's Medicare enrolment postcode, not where they received the health care service.

In 2021-2022, the rate for GP services in the GCPHN region was above the national rate (833 vs 735 per 100 people).

Compared to the year before (2020-2021), the GCPHN rate of GP attendances increased by 16.8%, and the national rate increased by 17.2%.

Within the region, all SA3 regions were above the national rate; Gold Coast North had the highest rate of services (963 per 100 people) and Mudgeeraba - Tallebudgera had the lowest rate (752 per 100 people). Similar geographical distribution was observed in 2020-2021.

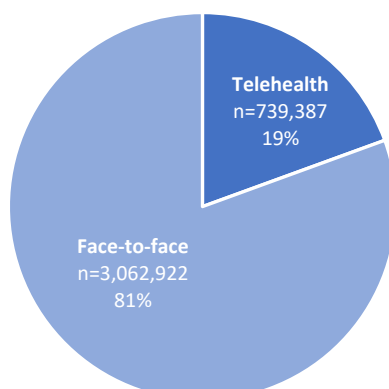
<sup>2</sup>AIHW (2021). Patient experiences in Australia by small geographic areas in 2019-20.



## Telehealth services

The COVID-19 pandemic prompted an unexpected and rapid implementation of telehealth services in general practices. During 2022-2023, face-to-face consultations accounted for 81% (n=3,062,922) of GP consultations and 19% (n=739,387) were telehealth, as shown in Figure 5.

Figure 5. Face-to-face and telehealth consultations in general practices, Gold Coast, 2022-2023

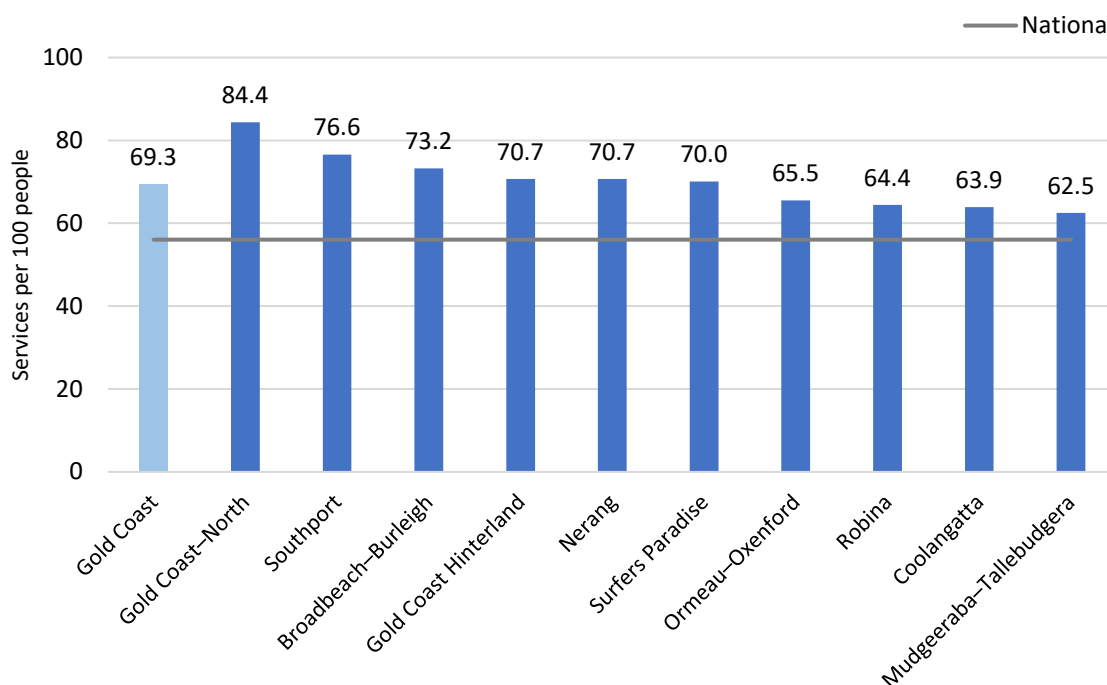


Source: Primary Sense, 159 Gold Coast general practices

## Enhanced Primary Care services

Enhanced Primary Care (EPC)\* includes health assessments, chronic disease management plans, multidisciplinary case conferences, domiciliary and residential medication management reviews, and mental health services (including preparation or review of mental health treatment plans)<sup>3</sup>. These services are designed to provide a structured approach for GPs to care for people with chronic conditions and complex care needs, and to improve the coordination of care for people who require multidisciplinary, team-based care.

Figure 6. Rate of Enhanced Primary Care GP services per 100 people, Gold Coast SA3 regions, 2021-2022



Source: Australian Institute of Health and Welfare, Medicare-subsidised GP, allied health and specialist health care across local areas: 2021-2022. Note: all results are based on the patient's Medicare enrolment postcode, not where they received the health care service.

In 2021-22, the GCPHN region's rate for EPC was above the national rate (69.3 vs 56.1 per 100 people).

All GCPHN SA3 regions were above the national rate of EPC services; Gold Coast-North had the highest rate (84.4 per 100 people) while Nerang had the lowest rate (62.5 per 100 people).

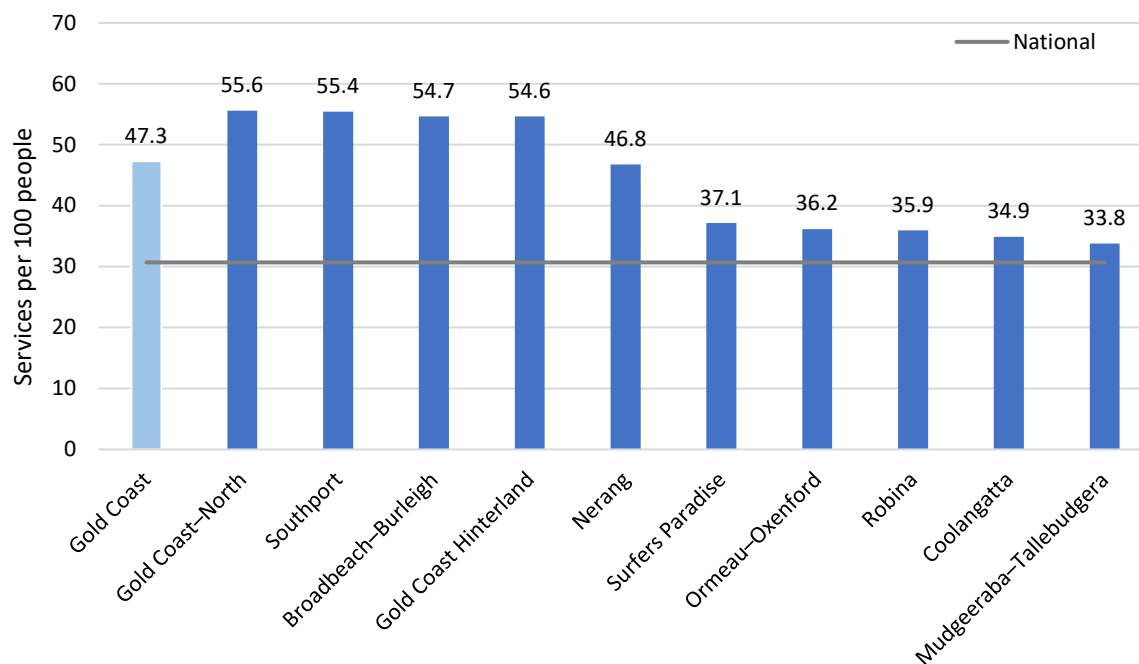
\*Note: EPC was an MBS-subsidised program that ended in 2005 and was replaced by the Chronic Disease Management Items. The terminology used in this report is based on the naming and grouping of MBS items from the data source.

## After-hours services

After-hours services include urgent and non-urgent after-hours GP care provided on:

- public holidays,
- Sundays,
- Saturdays before 8am or after 1pm (after 12pm for urgent care or at a place other than a consulting room), or
- weekdays before 8am or after 8pm (after 7pm for urgent care or at a place other than a consulting room).

Figure 7. Total number of after-hours GP attendances per 100 people, Gold Coast SA3 regions, 2021-2022



Source: Australian Institute of Health and Welfare, Medicare-subsidised GP, allied health and specialist health care across local areas 2013-14 to 2021-22. Note: all results are based on the patient's Medicare enrolment postcode, not where they received the health care service.

In 2021-2022, the GCPHN region's rate for after-hours GP services was above the national rate (47.3 vs 30.7 per 100 people).

GCPHN saw an increase in rates of after-hours GP attendance since 2020-2021 (from 44 per 100 people), while the national rate decreased (from 33 per 100 people).

Gold Coast North and Southport SA3 regions had the highest rates of after-hours GP attendance in 2021-2022, and Coolangatta had the lowest.





## GP attendances over time

As the population increases in the GCPHN region, so does the number of the services delivered in general practices. In 2021-2022, 5,408,459 services were delivered to residents in the GCPHN region, an increase of 9.1% from the year before (n=4,957,718).

As of 2021, the GCPHN region's population was 659,498 people with an average annual growth rate of 2.3%, which is lower than the increase of 9.1% in GP attendances between 2020-21 to 2021-22<sup>4,5</sup>.

Table 5. GP attendances, GCPHN region, 2016-2017 to 2021-2022

Year	Number of attendances	Change from previous year
2016-2017	3,993,205	
2017-2018	4,239,661	+6.2%
2018-2019	4,438,199	+4.7%
2019-2020	4,687,443	+5.6%
2020-2021	4,957,718	+5.8%
2021-2022	5,408,459	+9.1%

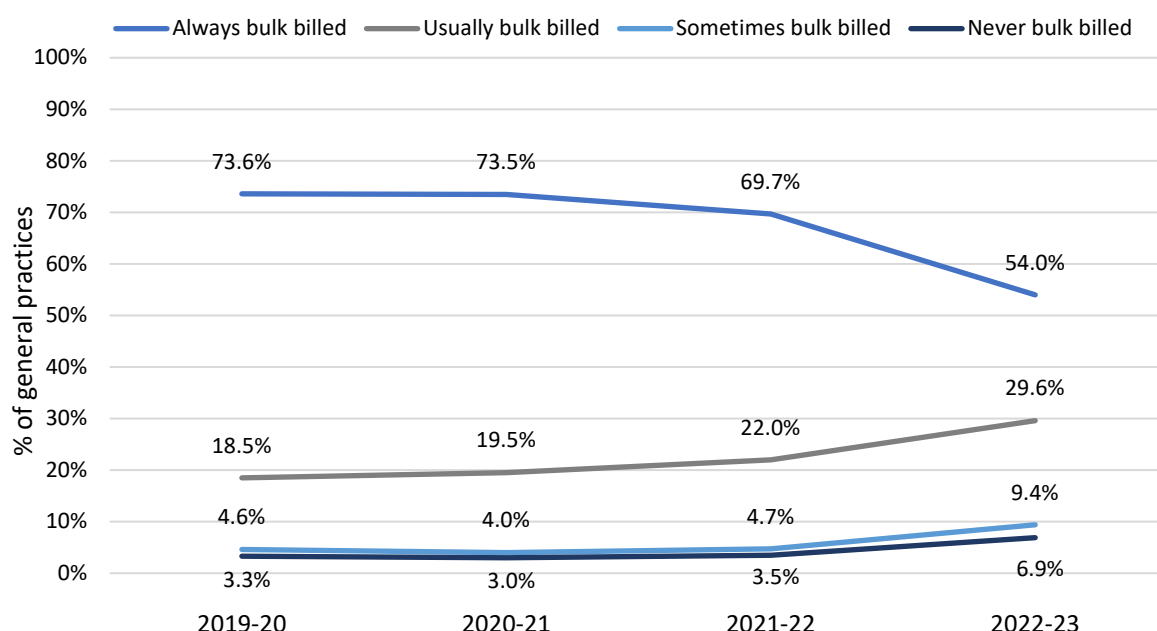
Source: Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2020-2021

## Bulk-billing

In recent years, there has been a change in the proportion of general practices that bulk-bill their services. As seen in Figure 8, in 2019-20, 73.6% of practices always bulk-billed; this has reduced to 54.0% in 2022-2023. Conversely, the proportion of practices that never bulk-bill doubled over this period (3.3% in 2019-2020 to 6.9% in 2022-2023).

These changes in bulk-billing are also reflected nationally; in 2022-2023, 51.6% of practices always bulk-billed, and 11.3% never bulk-billed.

Figure 8. General practices per bulk-billing ranges, GCPHN region, 2019-2020 to 2022-2023



Source: Department of Health and Aged Care, Medicare GP Non-Referral Attendances patient bulk-billing ranges – Primary Health Networks (2009–10 to 2022-23).

GCPHN's client relationship management tool has also shown a decline in numbers of bulk-billing practices in the region. In January 2023, 42% of practices were bulk-billing and 48% were mixed billing, however, by October 2023 bulk-billing practices decreased to 32% and mixed billing practices increased to 56%.

<sup>4</sup>ABS 3218.0, Regional Population Growth, Australia, various editions.

<sup>5</sup>AIHW analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2021–22.

# Practice Incentives Program

## Quality Improvement Incentive

As part of the Practice Incentives Program (PIP) Quality Improvement (QI) Incentive, general practices work with their local PHN to undertake continuous quality improvement activities through the collection and review of practice data on specified Quality Improvement Measures (QIMs).

A general practice needs to meet two components to qualify for a PIP QI Incentive payment:

- participation in continuous quality improvement activities, and
- submission of the PIP QI Eligible Data Set.

This initiative supports regional and national chronic disease management requirements in areas of high need, and future iterations will respond to emerging evidence about areas of high need. The 10 QIMs are:

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza
7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result

As of October 2023, 87% (183) of general practices in the GCPHN region that were accredited or were in the process of being accredited were enrolled in the PIP QI Incentive.

These practices participate in continuous quality improvement activities and submit the PIP QI eligible data set quarterly to GCPHN. The practices receive a quarterly aggregated PIP QI report, averaging results for the 10 QIMs of all general practices enrolled in PIP QI in the region. General practices can then use these data as a benchmark against which they can compare their own results on the 10 QIMS, obtained through the PIPQI report in Primary Sense.

GCPHN is a PIP QI regional data custodian and securely transfers deidentified PHN PIP QI aggregated data to the national data custodian the Australian Institute of Health and Welfare (AIHW). The AIHW produce a national report which is informed by deidentified PIP QI aggregated data; to date, data for 2020/21, 2021/22 and 2022/23 have been released<sup>6</sup>.

<sup>6</sup>Australian Institute of Health and Welfare (2022). *Practice Incentives Program Quality Improvement Measures: data update 2022-23*.



# General practice digital health capability

## Secure messaging

The need for a connected healthcare system has never been greater. The impact of COVID-19 highlighted the need for healthcare providers to connect with each other in a safe and secure digital environment. Secure messaging is an efficient and timely method for healthcare providers to send and receive information and minimise the burden of manual processes. Increased uptake of secure messaging improves continuity of care for patients, saves time, and protects health information<sup>7</sup>.

Secure messaging systems allow healthcare professionals to send health information securely to other healthcare professionals involved in their patients' care. The exchange of health information is typically conducted via the healthcare professional's clinical system. Secure messaging is a Point-to-Point (P2P) exchange, which is distinct from the Point-to-Multipoint (P2MP) exchange used by electronic health records such as My Health Record.

## My Health Record

An individual's 'My Health Record' stores their health information which can be viewed securely online, from anywhere, at any time. An individual can access their health information from any computer or device that is connected to the internet.

Healthcare providers authorised by their patients can access My Health Record to view and add patient health information. Through the My Health Record system healthcare professionals can access timely information about patients such as shared health summaries, discharge summaries, prescription and dispense records, pathology reports and diagnostic reports.

As of 11 October 2023, 100% (n=210) of general practices in the GCPHN region, were aware of My Health Record. Of those, 99% (n=209) were registered or in the process to participate in My Health Record.

## Electronic prescribing

Electronic prescribing allows prescribers and their patients to use an electronic Pharmaceutical Benefits Scheme (PBS) prescription. Electronic prescriptions are part of the broader digital health and medicines safety framework. They enable the prescribing, dispensing, and claiming of medicines, without the need for a paper prescription.

Under the National Health Plan for coronavirus (COVID-19), the Australian Government accelerated electronic prescribing and interim arrangements were established to enable GPs to dispense electronic prescriptions.

## General practice electronic data reporting

201 general practices in the GCPHN region were registered and able to upload shared health summaries as of 11 October 2023. This equates to around 98% of all general practices<sup>8</sup>.

Until 30 June 2022, 169 general practices provided de-identified population health data to GCPHN via Pen CS clinical audit tool and all of them had a formally signed data sharing agreement. This included 166 general practices receiving quarterly Quality Improvement (QI) feedback through facilitated QI feedback reports focused on improved prevention and management of chronic disease.

<sup>7</sup>National E-Health Transition Authority 2015. My eHealth record to national eHealth record transition impact evaluation: phase 1 evaluation report. Sydney: National E-Health Transition Authority Ltd.

<sup>8</sup>This information is provided to GCPHN monthly by the Commonwealth Department of Health.

## Primary Sense

Designed by GPs, data experts and researchers, Primary Sense extracts de-identified general practice data and uses evidence-based algorithms to provide GPs with real time medication alerts, reports, and patient care prompts. It also provides general practices and Primary Health Networks with on-demand reporting to help with population health management. Data Sharing Agreements between each general practice and its PHN specify what de-identified data is being extracted and what purposes it can be used for.

Primary Sense is now used in over 1,500 general practices in Australia with Western Australia Primary Health Alliance taking the lead in Primary Sense management and development. As of 11 October 2023, 161 general practices in the GCPHN region were providing de-identified data through Primary Sense.

## Smart Referrals

Smart Referrals is a digital referrals capability enabling faster, streamlined management of referrals to and within Queensland public hospitals. Smart Referrals guides the user to the correct pre-requisite tests based on the condition being referred. A dashboard within the system allows GPs to track the receipt and progress of the referral through the system.

Over 85% of eligible Gold Coast general practices are registered for Smart Referrals. Over ten thousand referrals have been received via this platform since August 2021.

## HealthPathways

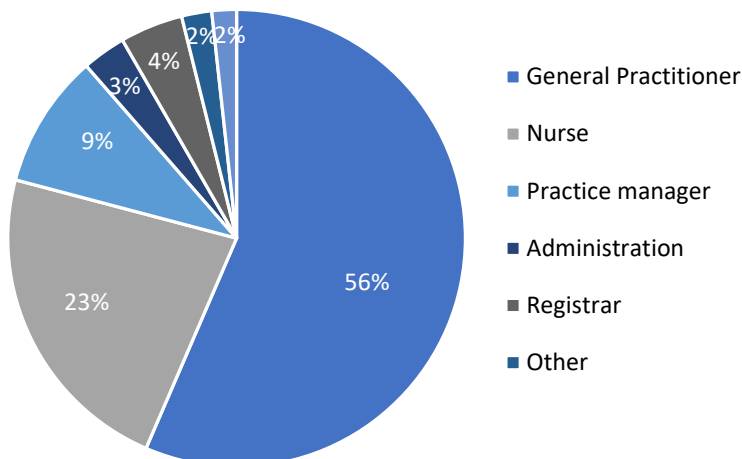
HealthPathways is a web-based portal with evidence-based information on the assessment and management of common clinical conditions including referral guidance. It offers clinicians locally agreed information to make decisions together with patients at the point of care. The pathways are delivered by Gold Coast Health and written by local GPs with support from hospital-based specialists and other subject matter experts. The pathways, designed primarily for general practice teams are also available to specialists, allied health professionals and other health professionals.

In October 2023, there were 485 live pathways Gold Coast HealthPathways website.

# GCPHN interaction with general practices

Between July 2022 to June 2023, 517 unique staff from general practices in the GCPHN region attended 77 GCPHN events (including face-to-face and online events). Of those, 40 provided education and training, 21 were advisory events, and 16 were categorised as stakeholder engagement.

Figure 9. General practice staff that attended GCPHN events, July 2022 - June 2023



Source: GCPHN Client Relationship Management System. Other general practice staff include manager, health professional, specialist, business manager, complementary therapist, director, executive, pharmacists and support worker.

In comparison, in 2020-21, 484 general practice staff in the GCPHN region attended 103 events. The percentage of GPs attending these events increased from 44% to 56%, and attendances by nurses decreased from 27% to 23%.







**Australian Government**



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*“Building one world class health system for the Gold Coast.”*

**Gold Coast Primary Health Network**

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