

Gold Coast Primary Health Network

# General Practice Profile

December 2024



**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.*

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

## Overview

The below numbers reflect the regional profile as of 12 September 2024. Data is sourced from the GCPHN Client Relationship Management System (ChilliDB).

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

- **212 general practices**  
Increase of 2 since 11 October 2023

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

- **880 unique general practitioners\***  
Increase of 23 since 11 October 2023

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

- **36 special interest general practices\*\*** delivering services such as skin checks and related services  
11 October 2023: 45

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

- **173 general practices** were accredited:
  - Accredited: 173
  - In process\*\*\*: 14
  - Not accredited: 11
  - Not planning accreditation 14
- Increase of 4 since 11 October 2023

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

\*\* Number of special interest general practices has changed in accordance with the new RACGP definition of general practice.

\*\*\*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, GCPHN region, as at 12 September 2024

General practice workforce
General practitioners (n=880)
Nursing staff (n=463)
Allied health staff (n=100)
Practice managers (n=126)
Registrars (n=83)
Total (n=1,652) <sup>1</sup>

Source: GCPHN Client Relationship Management System. <sup>1</sup> Note: 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 GPs per practice, GCPHN region, as at 12 September 2024

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	212	880	4.2	1.4
Broadbeach-Burleigh	28	143	5.1	2.1
Coolangatta	20	91	4.6	1.6
Gold Coast-North	23	82	3.6	1.2
Gold Coast Hinterland	6	35	5.8	1.7
Mudgeeraba-Tallebudgera	6	22	3.7	0.6
Nerang	15	73	4.9	1.0
Ormeau-Oxenford	41	188	4.6	1.2
Robina	24	118	4.9	2.2
Southport	28	128	4.6	2.0
Surfers Paradise	20	75	3.8	1.6

Source: GCPHN Client Relationship Management System. Note: The number of GPs listed in this table includes GPs who may work at more than one general practice. Note: One general practice in GCPHN region did not have SA3 allocated at the time of extraction.

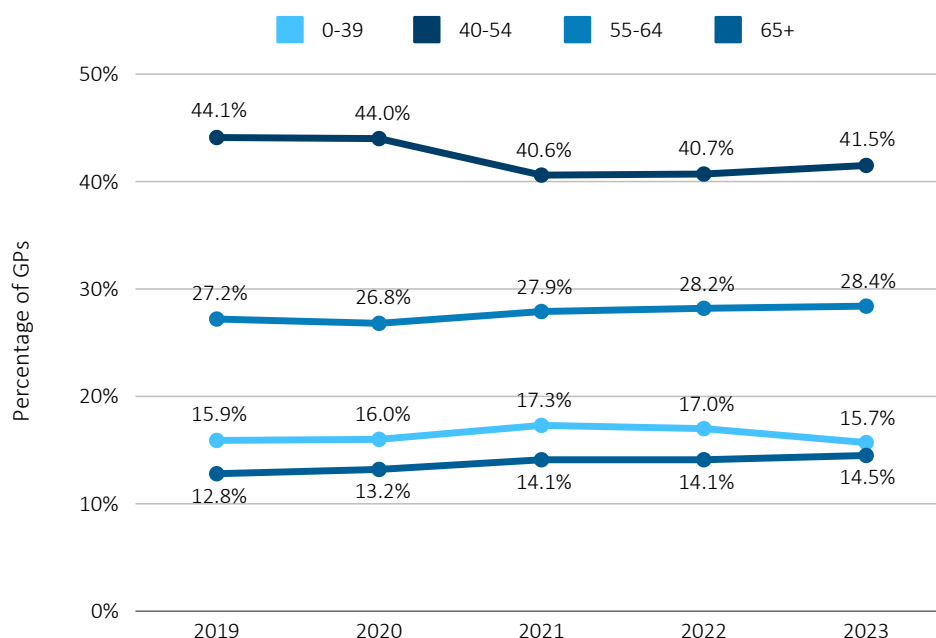
The average number of GPs per practice was 4.2 (or 1.4 per 1,000 population).

SA3 region with the highest number of GPs was Ormeau-Oxenford (n=188). Broadbeach-Burleigh had the highest rate of GPs per capita (2.1 per 1,000 people).

## GPs by age group

From 2019 to 2023, most GPs in the Gold Coast were aged between 40 and 54 years. In recent years, there has been a rise in the proportion of GPs aged 65 years and older, suggesting an increase in those nearing retirement from 12.8% in 2019 to 14.5% in 2023.

Figure 1. GPs by age group, Gold Coast, 2019-2023

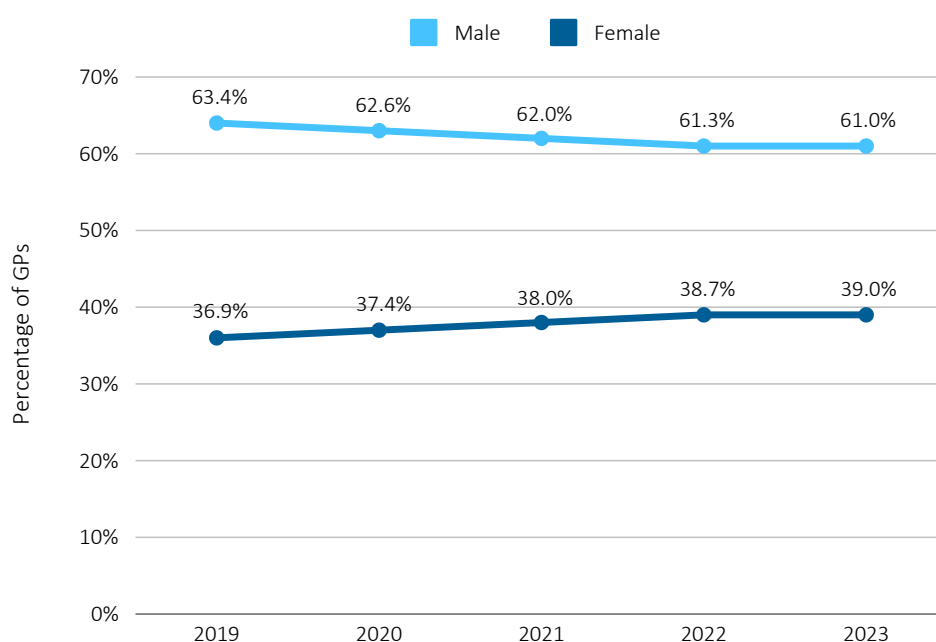


Source: Commonwealth Department of Health and Aged Care HeaDS UPP Tool, Needs Assessment, extracted 04/07/2024.

## GPs by gender

In the Gold Coast region, the count of male GPs exceeded that of female GPs from 2019 to 2023. However, the proportion of women GPs has slightly increased during this time, from 36% in 2019 to 39% in 2023.

Figure 2. GPs by sex, Gold Coast region, 2019 to 2023



Source: Commonwealth Department of Health and Aged Care HeaDS UPP Tool, Needs Assessment, extracted 04/07/2024.

## General practitioners trained in Australia and overseas

Due to a sustained increase in the number of GPs from 2019 to 2023, the number of overseas-trained GPs exceeded those trained domestically. In 2023, there were 479 GPs trained overseas (excluding New Zealand), and 430 GPs trained in Australia.

Table 3. General practitioners trained in Australia and overseas, GCPHN region, 2019 to 2023

Location of training	2019	2020	2021	2022	2023
Australia	287	325	420	425	430
New Zealand	25	28	41	38	40
Other overseas	383	390	442	469	479
Not stated	5	3	3	4	3

Source: Health Workforce Data tool.

## Number of nurses in general practice

Table 4. Number of general practices with one or more nurses, GCPHN region, as at 12 September 2024

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	212	464	2.2	0.7
Broadbeach-Burleigh	28	65	2.3	1.0
Coolangatta	20	45	2.3	0.8
Gold Coast-North	23	44	1.9	0.6
Gold Coast Hinterland	6	22	3.7	1.1
Mudgeeraba-Tallebudgera	6	14	2.3	0.4
Nerang	15	35	2.3	0.5
Ormeau-Oxenford	41	107	2.6	0.7
Robina	24	50	2.1	0.9
Southport	28	69	2.5	1.1
Surfers Paradise	20	37	1.9	0.8

Source: GCPHN Client Relationship Management System. Note: this includes nurses that work at multiple practices. Note: One general practice in GCPHN region had not had a SA3 allocated at time of extraction.

The average number of nurses per practice was 2.2 (or 0.7 per 1,000 people).

SA3 regions with the highest numbers of nurses working in general practices was Gold Coast Hinterland (3.7 nurses / practice). Gold Coast Hinterland and Southport had the highest number of nurses per capita (1.1 per 1,000 population).

## General practitioner Distribution Priority Areas

The Distribution Priority Area (DPA) classification identifies locations in Australia with a shortage of general practitioner (GP) services. The DPA classification considers gender, age demographics, and the socio-economic status of residents living in the area.

Table 5 displays the DPA classification for the year 2022, as assessed by DoHAC for both international medical graduates and Bonded Medical Places<sup>1</sup>. A “Yes” indicates the entire catchment falls under the DPA classification, “No” indicates that no part of the catchment is categorised as DPA, and “Partial” signifies that some areas of the catchment are classified as DPA, while others are classified as non-DPA.

Table 5. DPA classifications for General Practitioners, 2022

GP Catchment	DPA 2022 international medical graduates	DPA 2022 Bonded Medical Places
Broadbeach-Burleigh	No	No
Coolangatta	No	No
Gold Coast-North	No	No
Guanaba - Springbrook	Yes	Yes
Mudgeeraba-Tallebudgera	Partial	Partial
Nerang	No	No
Ormeau-Oxenford	Partial	Partial
Robina	No	No
Southport	No	No
Surfers Paradise	No	No
Tamborine - Canungra	Partial	Partial

Source: <https://www.health.gov.au/topics/rural-health-workforce/classifications/dpa> and <https://www.health.gov.au/resources/publications/dpa-classifications-for-gps-2022>.

DPA regions designated in the Gold Coast region include:

- Guanaba - Springbrook

DPA regions partially designated in the Gold Coast region include:

- Mudgeeraba – Tallebudgera
- Ormeau – Oxenford
- Tamborine - Canungra

<sup>1</sup> The Bonded Medical Places Scheme accepted participants between 2004 and 2019. This scheme provided a Commonwealth Supported Place at a medical school in an Australian university. In exchange, after graduation, participants must work for a specified period in an eligible regional, rural or remote area (a ‘return of service obligation’). The scheme aims to provide a well-distributed workforce, targeted to areas of most need, such as in regional, rural and remote Australia.



# Utilisation of general practice services

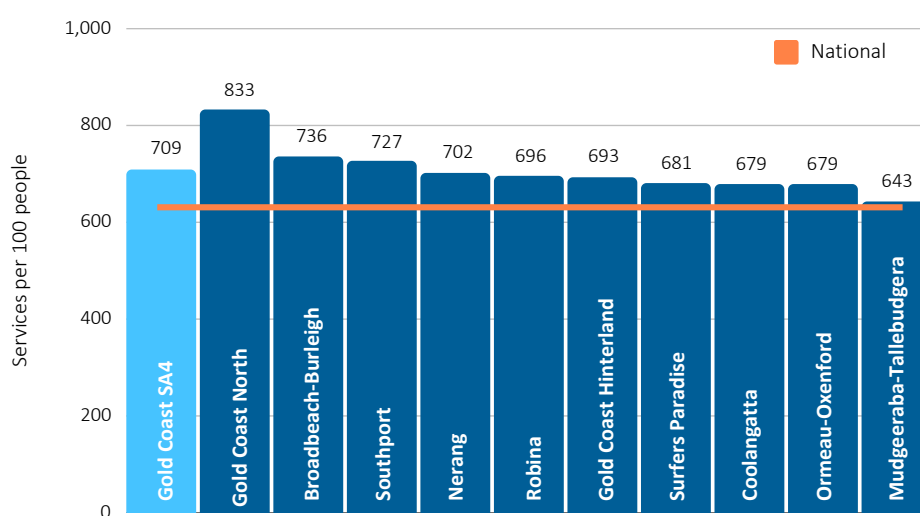
## General practice services

In 2022-23, the rate of GP attendances in the Gold Coast region was above the national rate (709 vs 629 per 100 people).

Gold Coast-North had the highest rate of GP attendances per 100 people (833 per 100 people). Ormeau-Oxenford had the highest number of services with 1,139,749; this is linked to the large population of Ormeau-Oxenford (174,709).

In 2022-23, 88% of Gold Coast residents had a Medicare subsidised GP attendance (compared to 86% of Australians)<sup>2</sup>.

Figure 3. GP services per 100 people, national and Gold Coast SA3 regions, 2022-23



Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2017-18 to 2022-23, AIHW. Note: GP attendances include Enhanced Primary Care, After-hours GP attendances, Practice Incentive Program (PIP) services, 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.

In 2022-23, the number of GP attendances declined compared to the previous year, with decreases of 13.1% on the Gold Coast and 11.9% nationally. Possible factors contributing to this trend include delays in seeking care due to cost, reducing GP per capita rates, and higher rates of GP visits in prior years driven by COVID-19.

In 2023, the total number of GP services increased compared to pre-COVID levels both nationally and within the GCPHN region, returning to levels similar to those seen before COVID<sup>3</sup>.

<sup>2</sup> Australian Institute of Health and Welfare. (2024). Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23. \* All results are based on the patient's Medicare enrolment postcode, not where they received the health care service.

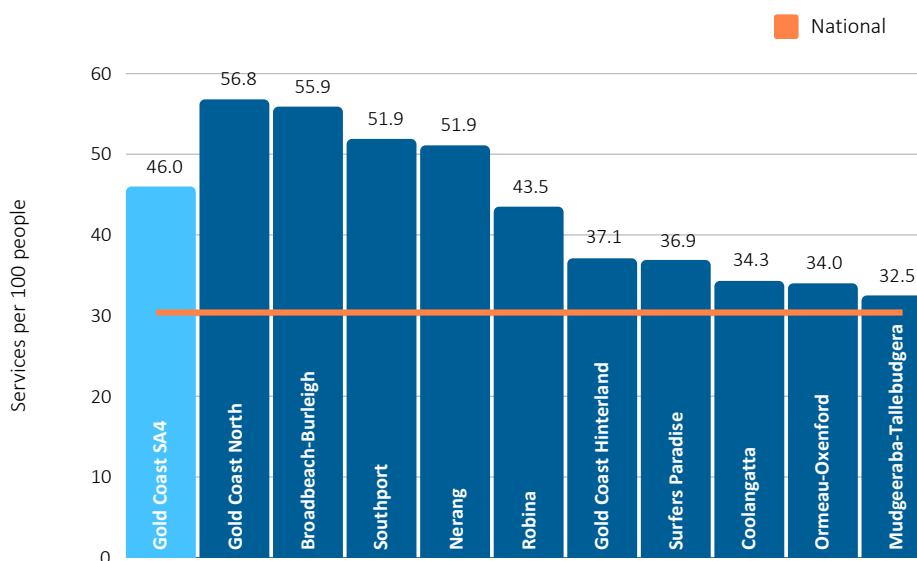
<sup>3</sup> Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2017-18 to 2022-23, AIHW. Note: GP attendances include Enhanced Primary Care, After-hours GP attendances, Practice Incentive Program (PIP) services, and 'Other' GP services. These services are Medicare-subsidised patient/doctor encounters, such as visits and consultations, for which the patient has not been referred by another doctor.

## 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 4. After-hours GP services per 100 people, Gold Coast SA3 regions, 2022-2023



Source: Australian Institute of Health and Welfare, Medicare-subsidised GP, allied health and specialist health care across local areas 2022-23.  
Note: all results are based on the patient's Medicare enrolment postcode, not where they received the health care service.

In 2022-2023, the GCPHN region's rate for after-hours GP services was above the national rate (46.0 vs 30.8 per 100 people).

GCPHN region experienced a slight decrease in after-hours GP services from 47.3 per 100 people in 2021-22, while the national rate remained stable.

Gold Coast North and Southport SA3 regions had the highest rates of after-hours GP attendance in 2022-2023, and Coolangatta had the lowest.

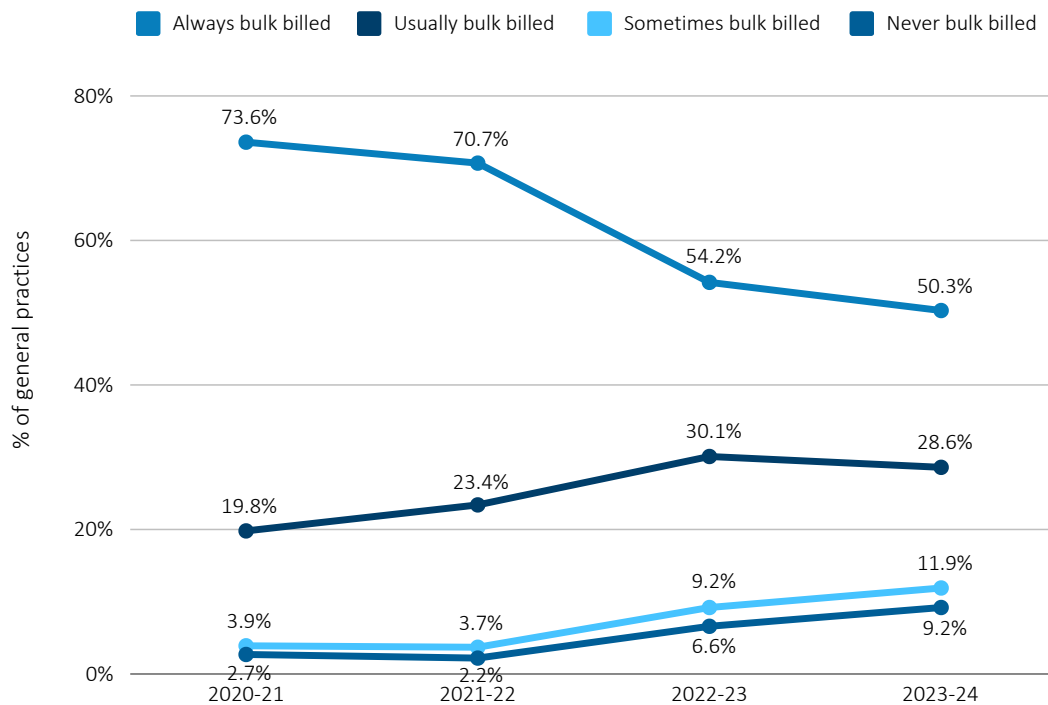
## Bulk billing

In recent years, there has been a change in the proportion of general practices that bulk bill their services.

As seen in Figure 5, in 2020-21, 73.6% of practices always bulk billed; this has reduced to 50.3% in 2022-23. Conversely, the proportion of practices that never bulk bill tripled over this period (2.7% in 2020-21 to 9.2% in 2022-23).

These changes in bulk billing are also reflected nationally; in 2022-23, 51.6% of practices always bulk billed, and 11.3% never bulk billed.

Figure 5. General practices per bulk billing ranges, GCPHN region, 2020-21 to 2023-24



Source: Department of Health and Aged Care, Medicare GP Non-Referred Attendances patient bulk billing ranges – Primary Health Networks (2009–10 to 2022-23). This data set excludes temporary MBS COVID-19 vaccine items.

GCPHN's Client Relationship Management tool has also shown a decline in numbers of practices in the region bulking billing. In January 2023, the proportion of practices that bulk billed was 42%, and 48% were mixed billing; however, by October 2023, bulk billing practices dropped to 32% and mixed billing practices increased to 56%.



## Medicare Urgent Care Clinic

The Medicare Urgent Care Clinics (UCCs) provide improved access to clinically appropriate urgent care in a non-hospital setting. The clinics provide urgent, non-life-threatening health care, including diagnostic services such as radiology and pathology, with no out-of-pocket costs for patients.

Medicare UCCs provide acute episodic care and treatment that does not require a hospital admission. This may include:

- minor infections
- minor fractures, sprains, sports injuries and neck and back pain
- urinary tract infections
- sexually transmitted infections
- stitches and glue for minor cuts
- insect bites and rashes
- minor eye and ear problems
- respiratory illness
- gastroenteritis
- mild burns

There are currently two UCCs on the Gold Coast: in Oxenford (opened in November 2023) and Southport (opened in November 2024). Both clinics are open seven days a week from 8am until 10pm, including public holidays.



# 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 a regional and national understanding of 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 2024, 95% 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<sup>4</sup>.

<sup>4</sup> Australian Institute of Health and Welfare (2024). Practice Incentives Program Quality Improvement Measures: data update 2023-24.

# 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>5</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.

## Smart Referrals

Smart Referrals is a digital capability that enables faster, streamlined management of outpatient referrals to and within Queensland public hospitals. It is delivered and technically supported by Queensland Health and guides users to the correct prerequisite tests based on the condition being referred. A dashboard within the system allows GPs to track the receipt and progress of referrals. Smart Referrals is integrated with Medical Director and Best Practice. Secure messaging is still available for practices with incompatible software.

As of December 2024, 95% of eligible Gold Coast general practices are registered for Smart Referrals. Additionally, 61.7% of all referrals from the Gold Coast region were made using the Smart Referrals, one of the highest utilisation rates in the state. Since April 2019, over 1 million referrals have been submitted statewide using the GP Smart Referral platform<sup>6</sup>.

A new option within Smart Referrals is 'Request for Advice', enabling GPs to seek specialist advice directly. This feature supports GPs in managing patient care within primary care settings, reducing the need for hospital referrals. This service is available in 11 out of 16 Hospital and Health Services. As of December 2024, the Gold Coast has the highest volume of Requests for Advice statewide, accounting for 29.3% of all requests (n=606 of 2069)<sup>6</sup>.

## My Health Record

An individual's 'My Health Record' stores their health information which can be viewed securely online, from anywhere, at any time - even if the individual moves or travels interstate. 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 (MHR) 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.

<sup>5</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>6</sup> Queensland Health (2024). *GP Smart Referrals and Request for Advice (RFA) Update 6 June 2024*.



As of July 2024, 100% (n=211) of general practices in the GCPHN region were aware of My Health Record. Of these, 99.7% (n=202) were registered to participate, with the remaining 9 practices in the process of registering.

During the financial year 2023-24, 22.3% (n=45 of 202) of registered general practices uploaded at least one document each week, and 60.4% (n=122 of 202) uploaded at least one document per quarter. The proportion of uploads by general practices in the Gold Coast has been maintained with minimal decrease compared to the baseline.

In the same reporting period, the proportion of My Health Record cross-views increased by 114.3% from the baseline data, indicating more meaningful use of My Health Record by GPs and pharmacists.

## Electronic prescribing

Electronic prescribing allows prescribers and patients to use an electronic Pharmaceutical Benefits Scheme (PBS) prescription, eliminating the need for paper prescriptions. Part of the broader digital health and medicines safety framework, ePrescribing supports the safe and secure transfer of prescription information between prescribers (doctors, specialists, dentists, optometrists, nurse practitioners) and dispensers (pharmacists) via a Prescription Exchange Service.

Electronic prescriptions are available nationally as a 'token' (sent to the patient via SMS or email) or can be added to an Active Script List (ASL), a virtual list of a patient's active prescriptions. Patients can register for an ASL by visiting a participating pharmacy.

## Primary Sense

Designed by GPs, data experts and researchers, Primary Sense extracts general practice data and uses evidence-based algorithms to provide practice staff with real time medication alerts, reports, and 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<sup>7</sup>.

Primary Sense is now used in over 1,600 general practices in Australia, with Western Australia Primary Health Alliance taking the lead in Primary Sense management and development. As of October 2024, 164 general practices in the GCPHN region were providing de-identified data through Primary Sense.

## 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 Services 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 December 2024, there were 568 live pathways Gold Coast HealthPathways website.

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<sup>7</sup> Primary Sense only extracts deidentified data. Identifiable patient information such as names and Medicare numbers are removed from data before it is sent to PHNs via Primary Sense. Only practices can see patient identifiable data while using their computers and servers.

# GCPHN interaction with general practices

## MyMedicare

MyMedicare is a voluntary patient registration model that aims to formalise the relationship between patients, their general practice, GP, and primary care team. The Australian Government has introduced MyMedicare as part of an ongoing commitment to strengthen Medicare for all Australians.

The MyMedicare program offers advantages for patients, general practices and health care providers such as:

- General practice in Aged Care incentive, supporting regular GP visits and better care planning for people living in a residential aged care home.
- Planned changes to the MBS items for Chronic disease management from 1 July 2025.
- Supports continuity of care.
- Longer MBS funded telehealth consultations available.
- Triple bulk billing incentives available for longer. MBS telehealth consultations for children under 16, pensioners, and concession card holders.

As at the 25 of November there are 177 practices registered for MyMedicare in the GCPHN region.

## GCPHN events

Between July 2023 to June 2024, GCPHN organised 125 events (including face-to-face and online events), which were attended by 610 unique staff from general practices.

Of those, 84 events provided education and training, 19 were advisory events, and 22 were categorised as stakeholder engagement.

Table 6. General practice staff that attended GCPHN events, 2023-24

General practice workforce	Number	Number of distinct attendees	Percentage of Gold Coast workforce
General practitioners	880	260	29.5%
Nursing staff	463	184	39.7%
Allied health staff	100	9	9.0%
Practice managers	126	48	38.1%
Registrars	83	39	47.0%
Other	639	70	10.0%

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

In comparison, in 2022-23, 517 general practice staff in the GCPHN region attended 77 events. The percentage of GPs attending these events has increased from 19.3% to 29.5%, while attendances by nurses increased from 37.1% to 39.7%.

















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

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