

**TECHNICAL DETAILS FOR COMMON POOL PERFORMANCE INDICATORS  
FOR DIVISIONS OF GENERAL PRACTICE**

**PRIORITY AREA:** Consumer Focus  
**DOMAIN:** Consumer Involvement

---

**C\_CON Objective** To ensure Divisions involve consumers in strategic planning, governance and service delivery aspects of the organisation.

**Rationale for the objective** The involvement of consumers and engagement with consumer and community organisations have been a consistent policy imperative throughout the history of Divisions of General Practice. As stated in the Government's Response to the Divisions Review<sup>1</sup>, 'if the Divisions Network is to have a more significant impact in primary care it will need to broaden its scope and integrate the views of consumers and their representatives'.

**Definitions:**

For the purposes of this objective, the following definitions are used:

*Consumer*

Health care consumers include patients and potential patients, carers, organisations representing consumer interests, and members of the public who are targets of health promotion programs and health care services. The key attribute that these people share is that they are not researchers or health professionals. Their main experience of health care is as a health consumer or community member<sup>2</sup>.

Consumers are people who have direct experience of receiving a health or community service, or have direct experience of a health condition or circumstance that means they require services to address that condition<sup>3</sup>.

*Consumer organisation*

Consumers sometimes organise themselves into groups, often based around a particular condition or service need. Self help and mutual support groups fit this definition. The Consumers' Health Forum has established the following criteria for genuine consumer organisations:

- the organisation must represent the interests of consumers on health matters rather than the interests of professional, provider or commercial interests;
- the organisations' membership is open to consumers and/or consumer organisations; and
- the organisation can elect consumers/consumer organisations to the governing body of the organisation.

*Community organisation*

Broader groups of people, who may or may not be consumers, may organise themselves into community groups. A community group is usually a group of people who share a common concern or interest and decide to work together in some way to achieve shared goals. Community groups commonly seek to improve services within a local area or geographic community<sup>4</sup>.

<sup>1</sup> Department of Health and Ageing. *Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice* (April 2004), p16. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\\$FILE/fut\\_dir.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/$FILE/fut_dir.pdf)

<sup>2</sup> Adapted from NHMRC. *Resource Pack for Consumer and Community Participation in Health and Medical Research: Investing in Australia's Health* (December 2004), pp2-3. Available at: [http://www7.health.gov.au/nhmrc/publications/\\_files/r34.pdf](http://www7.health.gov.au/nhmrc/publications/_files/r34.pdf)

<sup>3</sup> Divisions Evaluation Advisory Group. *Consumer and Community Liaison in Divisions of General Practice* (1997, unpublished).

<sup>4</sup> Divisions Evaluation Advisory Group. *Consumer and Community Liaison in Divisions of General Practice* (1997, unpublished).

## CONSUMER INVOLVEMENT INDICATORS

### CONSUMER INVOLVEMENT—Level 1 (Divisions)

C_CON 1.1	
Indicator	The Division collaborates with relevant consumer and community organisations to address access to general practice services issues.
Rationale for the indicator	<p>Health care access issues vary across different sections of the community. Aboriginal and Torres Strait Islander people, people from lower socio-economic groups, culturally and linguistically diverse communities, young people and those with disabilities are examples of groups for whom access to health services generally, and primary medical care in particular, can be difficult. Consumer and community groups representing these people provide an effective means to gauge the issues for each group of consumers. This can be achieved in various ways, from consultation through to representation from consumer and community groups on Divisional committees. During the period 1999–2000, more than 75% of Divisions with outreach programs for disadvantaged groups had involved consumers in planning and implementation of those programs<sup>1</sup>.</p> <p><sup>1</sup> National Resource Centre for Consumer Participation in Healthcare (NRCCPH). <i>Consumer Participation in Australian Primary Care: A Literature Review</i> (2002, Melbourne: NRCCPH).</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* relating to collaborations with relevant consumer and community organisations to address access to general practice services, with particular focus on sub-populations, including Aboriginal and Torres Strait peoples, for whom access to general practice services can be difficult</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_CON 1.1 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report

Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## CONSUMER INVOLVEMENT INDICATORS

### CONSUMER INVOLVEMENT—Level 1 (Divisions)

C_CON 1.2	
Indicator	The Division supports general practices to have processes in place to receive and respond to patient feedback and complaints.
Rationale for the indicator	<p>The RACGP Standards for General Practice<sup>1</sup> include a criterion relating to patient feedback (Criterion 2.1.2). When the RACGP undertook the review of the standards for general practices it concluded that a range of practices would have difficulty attributing any improvements they had made to specific patient feedback. Divisions can support practices to actively seek, and particularly respond to feedback. The provision of practical advice and access to resources such as the guide <i>Improving Health Services Through Consumer Participation</i><sup>2</sup> are simple but potentially effective strategies.</p> <p><sup>1</sup> RACGP. <i>Standards for General Practice (3rd Edition)</i>. Available at: <a href="http://www.racgp.org.au/standards/">http://www.racgp.org.au/standards/</a></p> <p><sup>2</sup> Department of Public Health, Flinders University and the South Australian Community Health Research Unit. <i>Improving Health Services Through Consumer Participation: A Resource Guide for Organisations</i> (2000). Available at: <a href="http://www.participateinhealth.org.au/Clearinghouse/Docs/Improvingsection1.pdf">http://www.participateinhealth.org.au/Clearinghouse/Docs/Improvingsection1.pdf</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from support to general practices to have processes in place to receive and respond to patient feedback and complaints</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_CON 1.2 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	None
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## CONSUMER INVOLVEMENT INDICATORS

### CONSUMER INVOLVEMENT—Level 1 (Divisions)

C_CON 1.3	
Indicator	The Division supports general practices to involve consumers in their quality improvement activities.
Rationale for the indicator	<p>The RACGP Standards for General Practice<sup>1</sup> include a criterion relating to quality improvement activities (Criterion 3.1.1): ‘These can vary from activities designed to improve the day-to-day operations of the practice...to those specifically designed to improve the health of the whole practice population’. In keeping with the broad remit of improved consumer engagement, Divisions can have a role in supporting practices to involve consumers in these activities. The provision of practical advice and access to resources such as the resource guide for organisations <i>Improving Health Services Through Consumer Participation</i><sup>2</sup> are simple but potentially effective strategies.</p> <p><sup>1</sup> RACGP. <i>Standards for General Practice (3rd Edition)</i>. Available at: <a href="http://www.racgp.org.au/standards/">http://www.racgp.org.au/standards/</a></p> <p><sup>2</sup> Department of Public Health, Flinders University and the South Australian Community Health Research Unit. <i>Improving Health Services Through Consumer Participation: A Resource Guide for Organisations</i> (2000). Available at: <a href="http://www.participateinhealth.org.au/Clearinghouse/Docs/Improvingsection1.pdf">http://www.participateinhealth.org.au/Clearinghouse/Docs/Improvingsection1.pdf</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from support to general practices to involve consumers in their quality improvement activities.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_CON 1.3 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	None
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

#### Future Directions

#### Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

## CONSUMER INVOLVEMENT INDICATORS

### CONSUMER INVOLVEMENT—Level 2 (General Practices/GPs)

C_CON 2.1	
Indicator	The number and proportion of general practices that can describe an improvement they have made in response to patient feedback or complaints.
Rationale for the indicator	<p>The RACGP Standards for General Practice<sup>1</sup> include a criterion relating to patient feedback (Criterion 2.1.2) When the RACGP undertook the review of the standards for general practices it concluded that a range of practices would have difficulty articulating a link between improvements they had made and patient feedback. Divisions can support practices to actively seek and respond to feedback. The provision of practical advice and access to resources such as the resource guide for organisations ‘Improving Health Services Through Consumer Participation’<sup>2</sup> are simple but potentially effective strategies.</p> <p><sup>1</sup> RACGP. Standards for General Practice (3rd Edition). Available at: <a href="http://www.racgp.org.au/standards/">http://www.racgp.org.au/standards/</a></p> <p><sup>2</sup> Department of Public Health, Flinders University and the South Australian Community Health Research Unit. Improving Health Services Through Consumer Participation: A Resource Guide for Organisations (2000). Available at: <a href="http://www.participateinhealth.org.au/Clearinghouse/Docs/Improvingsection1.pdf">http://www.participateinhealth.org.au/Clearinghouse/Docs/Improvingsection1.pdf</a></p>
Indicator type	Quantitative
Numerator	Number of general practices that can describe an improvement they have made in response to patient feedback or complaints in the past 12 months
Source of numerator data	<p>Division survey of practices and/or face-to-face, telephone or email contact with practices, using a Standard National Question, as follows:</p> <p><b>C_CON 2.1(Q) Can you describe an improvement that your practice has made in response to consumer feedback in the past 12 months?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If ‘Yes’, please specify _____</p>
Data coding (if applicable)	<p>0 No            1 Yes            9 Missing</p> <p>Capture detail from ‘please specify’ in explanatory text.</p>
Mechanism for QA on numerator data	<p>Audit of Division records            Random audit of practices to verify improvements</p>
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	None
Comments	

**PRIORITY AREA:** Access  
**DOMAIN:** More Allied Health Services

**C\_MAHS Objective** To improve the health care of key groups within a rural community through the provision of efficient and effective allied health services, which have been selected on the basis of the identified needs of the community.

To provide additional (in quantity or range) professional allied health services to rural communities.

To facilitate an integrated approach to health care provision by allied health care professionals and general practitioners working together to meet the care needs of patients, and link the More Allied Health Services Program with other State/Australian Government funded health initiatives.

**Rationale for the objective** Refer to the *More Allied Health Services Program Guidelines*  
<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pcd-programs-mahs>

**MORE ALLIED HEALTH SERVICES INDICATORS**

**MAHS—Level 1 (Divisions)**

<b>C_MAHS 1.1</b>	
Indicator	The Division has undertaken a needs assessment in consultation with relevant stakeholders* that identifies local priorities for More Allied Health Services (MAHS).
Rationale for indicator	Contractual arrangements specify that Divisions must undertake MAHS needs assessments as part of their three-year Agreement planning cycle. Divisions need to demonstrate that they have undertaken needs assessments in consultation with relevant stakeholders that identify local priorities for MAHS. A needs assessment must be completed at least once every three years.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>The needs assessment must be formally documented for the MAHS program. If not done, a brief description on progress towards completing and documenting a needs assessment is required.</p> <p>Has your MAHS needs assessment been completed and documented?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give month and year of documentation ___/ ___/</p> <p>If this is a <b>new</b> MAHS needs assessment (i.e. documented in this reporting year) please attach a copy.</p> <p>If <b>no</b>, please provide a brief description of progress towards completing and documenting your MAHS needs assessment.</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	N/A
Comments	<p>*Relevant stakeholders may include:</p> <ul style="list-style-type: none"> <li>• general practitioners in RRMA 4–7 locations;</li> <li>• existing allied health service providers in the Division such as: <ul style="list-style-type: none"> <li>– local, State/Territory, Australian Government Services;</li> <li>– non-government organisations;</li> <li>– private medical services (e.g. private hospitals including bush nursing hospitals);</li> <li>– private allied health practitioners;</li> <li>– Aboriginal and Torres Strait Islander health services;</li> <li>– consumer representatives;</li> <li>– Royal Flying Doctor Service; and</li> <li>– local allied health networks and associations.</li> </ul> </li> </ul>

## MORE ALLIED HEALTH SERVICES INDICATORS

### MAHS—Level 1 (Divisions)

<b>C_MAHS 1.2</b>	
Indicator	The Division delivers More Allied Health Services (MAHS) programs that are consistent with the priorities identified in its MAHS needs assessment.
Rationale for indicator	It is considered critical to the success of the MAHS program that Divisions act on the priorities identified in their needs assessments, to ensure appropriate services are delivered in their local areas.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from the Division delivering MAHS programs that are consistent with the priorities identified in its MAHS needs assessment.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_MAHS 1.2 Significant achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Nil relevant
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## MORE ALLIED HEALTH SERVICES INDICATORS

### MAHS—Level 2 (General Practices/GPs)

C_MAHS 2.1	
Indicator	The number and proportion of GPs in the Division who referred patients to allied health professionals through More Allied Health Services (MAHS).
Rationale for indicator	The MAHS program was designed to increase capacity for GPs to refer their patients to allied health professionals. The indicator seeks to assess the extent of GP uptake.
Indicator type	Quantitative
Numerator	Number of GPs in the Division who referred at least one patient to allied health professionals through MAHS in the reporting period.
Source of numerator data	Division records of MAHS activity data
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of GPs in the Division in the reporting period
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division Records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by denominator multiplied by 100 Explanatory text may be provided*
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration State or Territory, geographic size and rurality issues.
Comments	*Explanatory text should be used to describe the patterns and changes over time of GP participation relative to practice location (in terms of RRMA).

## MORE ALLIED HEALTH SERVICES INDICATORS

### MAHS—Level 2 (General Practices/GPs)

<b>C_MAHS 2.2</b>	
Indicator	The number and proportion of GPs who referred patients for services provided through the More Allied Health Services (MAHS) program who are satisfied with the care provided.
Rationale for indicator	GPs are well placed to identify the strengths and weaknesses of the services delivered through the MAHS program in their Division. In addition, if satisfaction with the care provided deteriorates it can be expected that GPs will reduce their referral, resulting in less comprehensive care for patients.
Indicator type	Quantitative
Numerator	Number of GPs who referred patients for services provided through the MAHS program who are satisfied with the care provided in the past 12 months.
Source of numerator data	Division survey of GPs who have referred patients for services provided under the MAHS program in the past 12 months, using a Standard National Question, as follows:  <b>C_MAHS 2.2(Q) Overall, how satisfied are you with the care provided to your patients through the MAHS program in the past 12 months?</b> [ ] Satisfied [ ] Unsure [ ] Not satisfied
Data coding (if applicable)	1 satisfied 2 unsure 3 not satisfied 9 missing
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of GPs who referred patients for services provided through the MAHS program in the past 12 months for whom data are available.
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration State or Territory, geographic size and rurality issues.
Comments	

## MORE ALLIED HEALTH SERVICES INDICATORS

### MAHS—Level 2 (General Practices/GPs)

C_MAHS 2.3	
Indicator	The number and proportion of participating allied health professionals who are satisfied with the Divisions' More Allied Health Services (MAHS) program.
Rationale for indicator	allied health professionals are well placed to identify the strengths and weaknesses of the MAHS program in a Division. In addition, if satisfaction with the program deteriorates it can be expected that Allied Health Professionals will reduce their participation in the program, resulting in less comprehensive care for patients.
Indicator type	Quantitative
Numerator	Number of participating Allied Health Professionals who are satisfied with the Divisions' MAHS program in the past 12 months.
Source of numerator data	Division survey of allied health professionals participating in the MAHS program in the past 12 months, and/or face-to-face, telephone or email contact with allied health professionals using a Standard National Question as follows:  C_MAHS 2.3(Q) Overall, how satisfied are you with the Division's MAHS program in the past 12 months? <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsure <input type="checkbox"/> Not satisfied
Data coding (if applicable)	1 satisfied 2 unsure 3 not satisfied 9 missing
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of allied health professionals participating in the MAHS program in the past 12 months for whom data are available.
Source of denominator data	Division records for the MAHS program
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparison may need to take into consideration State or Territory, geographic size and rurality issues.
Comments	

## MORE ALLIED HEALTH SERVICES INDICATORS

### MAHS—Level 3 (Process of Care)

C_MAHS 3.1	
Indicator	The number and proportion of More Allied Health Services (MAHS) consultations delivered compared to the number of consultations scheduled.
Rationale for indicator	A key focus of the MAHS program is expansion of access to allied health services for patients. The aim of this indicator is to encourage optimal access and identify if access is a problem. The number of services scheduled and the proportion of scheduled services being delivered will demonstrate the level of uptake of the program by GPs, allied health professionals and patients.
Indicator type	Quantitative
Numerator	Number of MAHS consultations delivered in the past 12 months
Source of numerator data	Division records of MAHS activity data
Data coding (if applicable)	1 Scheduled consultation delivered 2 Scheduled consultation cancelled due to patient non-attendance 3 Scheduled consultation cancelled by allied health professional 4 Scheduled consultation did not take place for other reason 9 Outcome for scheduled consultation not known/missing
Mechanism for QA on numerator data	Audit of Divisions records
Denominator	Number of MAHS consultations scheduled in the past 12 months
Source of denominator data	MAHS activity data
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators in each coded category divided by the denominator and multiplied by 100 Explanatory text for the result may be provided*
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration State or Territory, geographic size and rurality issues.
Comments	*Explanatory text should be used to provide information regarding why scheduled consultations did not take place, such as increased workload of allied health professionals, patient dissatisfaction.

**PRIORITY AREA:** General Practice Support  
**DOMAIN:** Practice Teams / Practice Nursing

**C\_PTN Objective** To ensure Divisions support enhanced capacity in general practice through the development of practice nursing.

**Rationale for the objective** Within general practice teams, nurses can improve the quality and accessibility of primary care for patients, particularly those with chronic and/or complex conditions. Studies have indicated that nurses can bring a number of benefits to a practice, including improved health outcomes in chronic disease<sup>1</sup>, assistance in primary-acute care integration, better coordination of care, increased workforce capacity, the provision of practical and professional support to GPs, and an enhancement in the range of services available to people attending general practice<sup>2</sup>.

In some areas, Aboriginal and Torres Strait Islander health workers (AHWs) play important clinical roles in general practice teams, including in the management of chronic disease. Australian Government support for this is demonstrated by the fact that in some circumstances the practice nursing Practice Incentives Program (PIP) payment can be claimed for the employment of an Aboriginal Health Worker. Further, the role of Aboriginal Health Workers is acknowledged in the Department of Health and Ageing's guidelines for the Nursing in General Practice (NiGP) Program. An appropriate approach to practice nurse engagement and support will therefore include Aboriginal Health Workers, as appropriate.

<sup>1</sup> Wagner E, Austin B and Von Korff M. Organising Care for Patients with Chronic Illness. *The Millbank Quarterly* 1996; 74:511–534.

<sup>2</sup> Watts I, Foley E, Hutchinson R, Pascoe T, Whitecross L, Snowdon T. *General Practice Nursing in Australia* (2004: RACGP/RCNA).

## PRACTICE TEAMS / PRACTICE NURSING INDICATORS

### PRACTICE TEAMS / PRACTICE NURSING—Level 1 (Divisions)

<b>C_PTN 1.1</b>	
Indicator	The Division takes a systematic approach to supporting general practices to recruit and/or have access to practice nurses and/or Aboriginal Health Workers.
Rationale for the indicator	General practice is experiencing increased workforce pressures due to a range of factors, including health profile changes <sup>1</sup> . Practice nurses can increase the capacity of general practice and improve the quality and accessibility of primary care for patients <sup>2</sup> .  <sup>1</sup> Australian Medical Workforce Advisory Committee (AMWAC). <i>The General Practice Workforce in Australia</i> (2005: North Sydney). <sup>2</sup> Laurant M, Reeves D, Hermens R, Braspenning J, Grol R, Sibbald B. Substitution of doctors and nurses in primary care. <i>The Cochrane Database of Systematic Reviews</i> 2004, Issue 4. Art. No. CD001271. DOI:10.1002/14651858.CD001271.pub2.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A

Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division taking a systematic approach to supporting general practices to recruit and/or have access to practice nurses and/or Aboriginal Health Workers.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_PTIN 1.1 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes</b></p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 1 (Divisions)**

<b>C_PTN 1.2</b>	
Indicator	The Division takes a systematic approach to supporting nurses and/or Aboriginal Health Workers working in general practice.
Rationale for the indicator	<p>Divisions play a key role in supporting general practice and primary care teams<sup>1</sup>. Practice nurses are core members of the general practice team<sup>1</sup>. The Divisions Network reaches at least 94% of practice nurses nationally<sup>2</sup> and is strategically placed with its existing infrastructure and knowledge of general practice to provide comprehensive support services# for practice nurses and Aboriginal Health Workers, where relevant.</p> <p><sup>1</sup> ADGP. <i>Primary Health Care Position Statement</i> (2005). Available at: <a href="http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548">http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548</a></p> <p><sup>2</sup> Healthcare Management Advisors. <i>Evaluation of the 2001 Nursing in General Practice Initiative. Final Report</i> (2005; DoHA). Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-nursing-eval">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-nursing-eval</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division taking a systematic approach to supporting# nurses and/or Aboriginal Health Workers working in general practice.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p>Specify where Aboriginal Health Workers were included in these activities.</p> <p><b>C_PTN 1.2 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.

Comments	<p>* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p># Support might include mentoring, networking, promotion of nursing roles, teamwork and integration, and/or access to external professional support (see Report on Continuing Professional Development at C_PTIN 1.3).</p>
----------	---

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 1 (Divisions)**

C_PTN 1.3	
Indicator	The Division facilitates access to effective Continuing Professional Development for nurses and/or Aboriginal Health Workers working in general practice.
Rationale for the indicator	<p>A well-functioning Division will play a role in meeting the training and development needs of other practice staff in addition to general practitioners<sup>1</sup>. Continuing Professional Development (CPD) of nurses is essential to ensure that nursing practice is congruent with the health needs of contemporary society<sup>2</sup>.</p> <p><sup>1</sup> Divisions Review Panel. <i>The Future Role of the Divisions Network: Report on the Review of the Role of Divisions of General Practice</i>. (2003: DoHA). Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/\$FILE/divfuture.pdf">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/\$FILE/divfuture.pdf</a></p> <p><sup>2</sup> Royal College of Nursing Australia. <i>Position Statement. Continuing Professional Development</i> (revised 1998). Available at: <a href="http://www.rcna.org.au/content/continuing_professional_development_2002-under_review_-_25nov04.pdf">http://www.rcna.org.au/content/continuing_professional_development_2002-under_review_-_25nov04.pdf</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Statement of CPD for nurses in general practice provided by the Division, formatted as follows:</p> <p><b>C_PTIN 1.3 (S1)</b> We undertook [insert type of CPD activity/activities] on [insert topic(s); specify focus where appropriate.]</p> <p>Specify where Aboriginal and Torres Strait Islander Health Workers were included in these activities.</p> <p>Comments: _____</p> <p><b>AND/OR</b></p> <p>Statement of CPD for nurses in general practice provided by others that the Division facilitated access to, formatted as follows:</p> <p><b>C_PTIN 1.3 (S2)</b> We facilitated access to [insert type of CPD activity/activities] on [insert topic(s); specify focus where appropriate] provided by [insert provider(s)]. We facilitated access by [insert activities].</p> <p>Specify where Aboriginal and Torres Strait Islander Health Workers were included in these activities.</p> <p>Comments: _____</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration State or Territory and rurality issues.</p>
Comments	

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 1 (Divisions)**

C_PTIN 1.4	
Indicator	The Division Board includes a practice nurse and/or Aboriginal Health Worker.
Rationale for the indicator	<p>The Australian Government's priorities for strengthening primary care include supporting multidisciplinary care<sup>1</sup>. Multidisciplinary teams, with practice nurses as core members of the team, are considered to be the future for general practice in Australia<sup>2</sup>. As core members of multidisciplinary teams, practice nurses should be involved in decision making and leadership roles<sup>3</sup>.</p> <p><sup>1</sup> Department of Health and Ageing. <i>Annual Report 2003–2004</i>. Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/content/annual-report2003.htm">http://www.health.gov.au/internet/wcms/publishing.nsf/content/annual-report2003.htm</a></p> <p><sup>2</sup> ADGP. <i>Primary Health Care Position Statement (2005)</i>. Available at: <a href="http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548">http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548</a></p> <p><sup>3</sup> Rogers W, Veale B. <i>Primary Health Care and General Practice: A scoping report</i>. National Information Service, Department of General Practice, Flinders Medical Centre; 2000.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Statement relating to a practice nurse and/or Aboriginal Health Worker on the Board</p> <p>C_PTIN 1.4 (S) At the time of reporting, the Division has the following practice nurse(s) and/or Aboriginal Health Worker(s) on its Board.</p> <p>[Give name(s), and date(s) appointed]. Specify whether nurse or Aboriginal Health Worker</p> <p>_____</p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	None
Comments	

PRACTICE TEAMS / PRACTICE NURSING INDICATORS

PRACTICE TEAMS / PRACTICE NURSING—Level 1 (Divisions)

C_PTIN 1.5	
Indicator	Practice nurses and/or Aboriginal Health Workers influence Division strategic directions and annual plans.
Rationale for the indicator	<p>The Australian Government's priorities for strengthening primary care include supporting multidisciplinary care<sup>1</sup>. Multidisciplinary teams, with practice nurses as core members of the team, are considered the future for general practice in Australia<sup>2</sup>. As core members of multidisciplinary teams practice nurses should be involved in decision-making and leadership roles<sup>3</sup>.</p> <p><sup>1</sup> Department of Health and Ageing. <i>Annual Report 2003–2004</i>. Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/content/annual-report2003.htm">http://www.health.gov.au/internet/wcms/publishing.nsf/content/annual-report2003.htm</a></p> <p><sup>2</sup> ADGP. <i>Primary Health Care Position Statement (2005)</i>. Available at: <a href="http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548">http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548</a></p> <p><sup>3</sup> Rogers W, Veale B. <i>Primary Health Care and General Practice: A scoping report</i>. National Information Service, Department of General Practice, Flinders Medical Centre; 2000.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from practice nursing and/or Aboriginal Health Worker influence on Division strategic directions and annual plans</p> <p>Description should include the level of involvement of practice nurses and/or Aboriginal Health Workers in Division planning committees and reference groups</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_PTIN 1.5 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	None

Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.
----------	---

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 2 (General Practices/GPs)**

<b>C_PTIN 2.1</b>	
Indicator	The number and proportion of general practices employing and/or contracting the services of one or more practice nurses and/or Aboriginal Health Workers.
Rationale for the indicator	Multidisciplinary teams with practice nurses as core members of the team are considered the future for general practice in Australia <sup>1</sup> . In 2003, the ADGP reported that only 40% of practices employed a nurse, with higher ratios in rural practices, as compared to urban practices <sup>2</sup> .  <sup>1</sup> ADGP. <i>Primary Health Care Position Statement</i> (2005). Available at: <a href="http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548">http://www.adgp.com.au/site/index.cfm?display=329&amp;PageMode=indiv&amp;page_id=6548</a>  <sup>2</sup> ADGP. <i>National Practice Nurse Workforce Survey 2003</i> . Available at: <a href="http://www.adgp.com.au/site/content.cfm?page_id=2397&amp;current_category_code=82">http://www.adgp.com.au/site/content.cfm?page_id=2397&amp;current_category_code=82</a>
Indicator type	Quantitative
Numerator	Number of practices employing and/or contracting the services of one or more nurses and/or Aboriginal Health Workers*
Source of numerator data	Division survey of practices and/or face-to-face, telephone or email contact with practices, using Standard National Questions, as follows:  C_PTIN 2.1(Q1) Does your practice currently employ one or more practice nurses and/or Aboriginal Health Workers? <input type="checkbox"/> Yes, practice nurse(s) <input type="checkbox"/> Yes, Aboriginal Health Worker(s) <input type="checkbox"/> Yes, Both <input type="checkbox"/> No  C_PTIN 2.1(Q2) Does your practice currently contract the services of one or more practice nurses and/or Aboriginal Health Workers? <input type="checkbox"/> Yes, practice nurse(s) <input type="checkbox"/> Yes, Aboriginal Health Worker(s) <input type="checkbox"/> Yes, Both <input type="checkbox"/> No
Data coding (if applicable)	0 No 1 Yes, practice nurse(s) 2 Yes, Aboriginal Health Worker(s) 3 Yes, both 9 Missing
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	Numerators in each coded category divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*Employment of a nurse or Aboriginal Health Worker can include direct employment, or contract nursing/Aboriginal Health Worker hours provided by the Division, local health service or other entity on a regular basis.

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 2 (General Practices/GPs)**

C_PTN 2.2	
Indicator	The number and proportion of eligible practices accessing the practice nursing Practice Incentives Program (PIP) payment.
Rationale for the indicator	The benefits of nurses and Aboriginal Health Workers working in general practice have been recognised by the Australian Government through the introduction of several initiatives, including the practice nursing PIP*. These initiatives assist general practice by providing funding and support for the employment or retention of the services of a nurse or Aboriginal Health Worker.
Indicator type	Quantitative
Numerator	Number of eligible practices accessing the practice nursing PIP in the last reporting period.
Source of numerator data	See below#
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	See below#
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	# Both number and proportion to be obtained by the Division from the Medicare Australia website—use most recent available at time of reporting. Available at: <a href="http://www.medicareaustralia.gov.au/statistics/imd/forms/gpStatistics.shtml">http://www.medicareaustralia.gov.au/statistics/imd/forms/gpStatistics.shtml</a> and click on ‘practice coverage’ bottom right screen on the website.  Explanatory text for the result may be provided.
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	* The practice nursing PIP targets areas where patient access to medical services is limited, such as rural and remote communities and urban areas with workforce shortages.  Practices can obtain eligibility criteria and further information from the Practice Incentives Program enquiry line on 1800 222 032.

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 2 (General Practices/GPs)**

C_PTIN 2.3	
Indicator	The number and proportion of practice nurses and/or Aboriginal Health Workers who attended at least one support activity provided by the Division.
Rationale for the indicator	It is important that support activities offered by the Division are accessible, relevant and meet the needs of local practice nurses and Aboriginal Health Workers.
Indicator type	Quantitative
Numerator	Number of practice nurses and/or Aboriginal Health Workers who attended at least one support activity provided by the Division in the past 6 to 12 months
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of practice nurses and/or Aboriginal Health Workers in the Division in the past 6 to 12 months
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by denominators and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration geographic size and rurality issues.
Comments	

**PRACTICE TEAMS / PRACTICE NURSING INDICATORS**

**PRACTICE TEAMS / PRACTICE NURSING—Level 2 (General Practices/GPs)**

<b>C_PTN 2.4</b>	
Indicator	The number and proportion of general practices employing and/or contracting the services of one or more practice nurses and/or Aboriginal Health Workers in which the practice nurses/Aboriginal Health Workers contribute to chronic disease prevention and/or management*.
Rationale for the indicator	There is a growing body of literature from both overseas and Australia that indicates the benefits that practice nurses can bring to the provision of primary care services including improved outcomes in chronic disease <sup>1</sup> .  <sup>1</sup> Sibbald B. <i>Nurses in General Practice: An evolution in primary care?</i> (2002: National Primary Care Research and Development Centre, University of Manchester. England).
Indicator type	Quantitative
Numerator	Number of practices with access to practice nurses in which practice nurses contribute to chronic disease prevention and/or management#
Source of numerator data	Division survey of practices <i>and/or</i> face-to-face, telephone or email contact with practices, using Standard National Questions, as follows: [Follows Standard National Question C_PTN 2.1(Q1). If practice currently employs or contracts one or more practice nurses ....]  <b>C_PTN 2.4(Q1) If yes, does/do the practice nurse(s) currently contribute to chronic disease prevention and/or management? [e.g. patient education, EPC health assessments, GP Management Plans, Team Care Arrangements, Asthma 3+ Plans, Diabetes Cycle of Care, Lifescripts and home health assessments]</b> [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No If yes, please specify _____  <b>AND/OR</b>  [Follows standard national question C_PTN 2.1(Q2). If practice currently employs or contracts one or more Aboriginal Health Workers ....]  <b>C_PTN 2.4(Q2) If yes, does/do the Aboriginal Health Worker(s) currently contribute to chronic disease prevention and/or management? [e.g. patient education, EPC health assessments, GP Management Plans, Team Care Arrangements, Asthma 3+ Plans, Diabetes Cycle of Care, Lifescripts and home health assessments]</b> [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No If yes, please specify _____
Data coding (if applicable)	0 No 1 Yes 9 Missing Capture detail from 'please specify' in explanatory text.
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of practices with access to one or more practice nurses and/or Aboriginal Health Workers.

Source of denominator data	Division Records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by denominators and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*Division must report on C_PTN 2.1 in order to also report on this indicator.  # For example, patient education, EPC health assessments, GP Management Plans, Team Care Arrangements, Asthma 3+ Plans, Diabetes Cycle of Care, Lifescripts and home health assessments.

**PRIORITY AREA:** Workforce  
**DOMAIN:** Recruitment and Retention

---

**C\_RAR Objective** To ensure Divisions enhance the sustainability of general practice services through a range of GP recruitment and retention strategies.

**Rationale for the objective** Community expectations of general practice and its workforce are undergoing significant change. The Productivity Commission Report on Australia's health workforce<sup>1</sup> identifies some key challenges, including changes in the population structure and burden of disease, workforce shortages and mal-distribution, changes in the gender mix and working hours of health care workers, increasing reliance on overseas trained doctors, and greater reliance on multidisciplinary care. The key objective of workforce reform should be to enhance community access to high quality, safe, efficient, effective and sustainable health services<sup>1</sup>. This should be achieved by facilitating the development of health workforce arrangements that: maximise the efficiency and effectiveness of the available health workforce at any point in time and help to reduce its mal-distribution; and are able to respond in a timely and effective manner to changing needs and pressures<sup>1</sup>.

The Review of the Role of Divisions of General Practice recognised that 'one of the major achievements of the Divisions Network has been its support for general practices and GPs' and 'should continue to be a strong focus of the Divisions Network'<sup>2</sup>. Divisions can work with GPs and their practices to keep them attractive, viable and rewarding through a range of recruitment and retention activities<sup>3</sup>.

<sup>1</sup> Australian Government Productivity Commission. *Australia's Health Workforce* (December 2005), p33. Available at: <http://www.pc.gov.au/study/healthworkforce/finalreport/index.html>

<sup>2</sup> Divisions Review Panel. *The Future Role of the Divisions Network: Report on the Review of the Role of Divisions of General Practice*. (2003: DoHA), p6. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/\\$FILE/divfuture.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/$FILE/divfuture.pdf)

<sup>3</sup> Department of Health and Ageing. *Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice* (April 2004), p14. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\\$FILE/fut\\_dir.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/$FILE/fut_dir.pdf)

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

C_RAR 1.1	
Indicator	The Division collaborates with the Rural Workforce Agency and/or other relevant agencies to address workforce needs at the local level.
Rationale for the indicator	<p>While GP workforce shortages are most acute in rural Australia, significant difficulties in the attraction, recruitment and retention of GPs also exist in some urban regions, especially outer-metropolitan areas. For these issues to be successfully addressed, a collaborative effort is required involving shared undertakings between relevant agencies such as Rural Workforce Agencies, State or Territory health departments, professional bodies, and Divisions of General Practice<sup>1,2</sup>.</p> <p>In rural practices, the retention of doctors is essential to avoid disruption to continuity of care. Doctors leave rural practices because of professional dissatisfaction and family issues<sup>3</sup> as well as institutional conflict with hospitals and employers<sup>4</sup>. Using established methods, Divisions can intervene on behalf of doctors to negotiate conditions, improve communication and resolve conflict with hospitals and local health authorities. This and other aspects of workforce support and training can be accomplished at the local level through Divisions engaging in collaboration and partnership with other agencies<sup>4,5</sup>.</p> <p><sup>1</sup> Department of Health and Ageing. <i>The Australian Medical Workforce Occasional Papers: New Series No 12</i> (2001). Available at: <a href="http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubs-hfsocc-ocpanew12-cnt.htm">http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubs-hfsocc-ocpanew12-cnt.htm</a></p> <p><sup>2</sup> Divisions Review Panel. <i>The Future Role of the Divisions Network: Report on the Review of the Role of Divisions of General Practice</i>. (2003: DoHA), p6. Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/\$FILE/divfuture.pdf">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/\$FILE/divfuture.pdf</a></p> <p><sup>3</sup> Kamien, M. 'Staying in or leaving rural practice: 1996 outcomes of rural doctors' 1986 intentions. <i>Medical Journal of Australia</i> 1998; 169:318–321.</p> <p><sup>4</sup> MacIsaac P, Snowdon T, Thompson R, Crossland L, Veitch C. 'General Practitioners leaving rural practice in Western Victoria'. <i>Australian Journal of Rural Health</i> 2000; 8:68–72.</p> <p><sup>5</sup> Department of Health and Ageing. <i>Guidelines for the workforce support for Rural General Practitioners Program—Divisions of General Practice program</i> (2004). Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-workforce">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-workforce</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records

Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division collaboration with the Rural Workforce Agency and/or other relevant agencies# to address workforce needs at the local level.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_RAR 1.1 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>*Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p># Other relevant agencies might include State or Territory health departments and area health services; Rural Doctors Association, Royal Australian College of General Practitioners, the Australian Medical Association, Regional Training Providers and Rural Medical Family Networks (RMFNs).</p>

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

C_RAR 1.2	
Indicator	The Division assists general practices and local communities to recruit suitably qualified GPs.
Rationale for the indicator	<p>The attraction of locally trained doctors to Australian regional areas is hampered by both the mal-distribution of GPs and an undersupply of suitably qualified practitioners<sup>1</sup>. As a result, Division-reported activities to recruit GPs have increased. Most of these activities have involved collaboration with Rural Workforce Agencies and other recruiting agents<sup>2</sup>.</p> <p>Local agencies need to offer a range of marketing approaches (including promotional materials) to attract GPs to their town or region. Adequate orientation and support for medical students, GP registrars, and new doctors and their families enable community integration which has a significant impact on retention rates<sup>3</sup>.</p> <p><sup>1</sup> Birrell, RJ. 'Australian policy on overseas-trained doctors'. <i>Medical Journal of Australia</i> 2004; 181: 635–639.</p> <p><sup>2</sup> Kalucy E, Hann K, Whaites L. <i>Divisions: a matter of balance. Report of the 2002–03 Annual Survey of Divisions of General Practice</i> (2004: PHCRIS: Adelaide, Department of General Practice, Flinders University and DoHA).</p> <p><sup>3</sup> McDonald J, Bibby L, Carroll S. <i>Recruiting and retaining general practitioners in rural areas: Improving outcomes through evidence-based research and community capacity building</i> (2002: The Centre for Health Research and Practice, Ballarat).</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division assisting general practices and local communities to recruit suitably qualified GPs#</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_RAR 1.2 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	* Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.  # May include reporting the number of GPs recruited to the Division's area in the past 12 months.

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

<b>C_RAR 1.3</b>	
Indicator	The Division supports overseas trained doctors (OTDs) to address their specific needs.
Rationale for the indicator	<p>Nearly one-quarter of the currently registered and practising Australian medical workforce gained their initial qualifications overseas<sup>1</sup>, and 250 of those are registered on the five-year OTD recruitment scheme<sup>2</sup>. Consequently, OTDs are a critical and valued part of the general practice workforce.</p> <p>OTDs have reported feeling lonely, isolated and unsupported, and are at risk of burn-out unless they receive adequate professional and personal support<sup>2</sup>. Appropriate local strategies are required to support orientation, education and training including exam preparation, and in regard to provider number and registration issues<sup>2,3</sup>. The importance of a supportive community environment to meet the specific social and cultural needs of OTDs should also not be underestimated.</p> <p><sup>1</sup> Sims G, Bolton P. 'The supply and distribution of general practitioners', in <i>General Practice in Australia: 2004</i> (Department of Health and Ageing). Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/03A249B7F2345922CA25705700121A1A/\$File/intro.pdf">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/03A249B7F2345922CA25705700121A1A/\$File/intro.pdf</a></p> <p><sup>2</sup> Australian Medical Workforce Advisory Council (AMWAC) and the Department of Health and Ageing. <i>Survey of doctors working in rural and remote locations under Australia's five-year OTD recruitment scheme</i>. (2004: Sydney). Available at: <a href="http://www.health.nsw.gov.au/amwac/pdf/otd5_survey20041.pdf">http://www.health.nsw.gov.au/amwac/pdf/otd5_survey20041.pdf</a></p> <p><sup>3</sup> McGrath BP. 'Integration of overseas-trained doctors into the Australian medical workforce'. <i>Medical Journal of Australia</i> 2004; 181:640–642.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division support to OTDs to address their specific needs</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_RAR 1.3 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

C_RAR 1.4	
Indicator	The Division works with Aboriginal Community Controlled Health Services and/or local practices and other relevant agencies to recruit and retain suitably qualified GPs to provide sustainable general practice services for Aboriginal and Torres Strait Islander people.
Rationale for the indicator	<p>GPs providing services to Indigenous communities continue to be in short supply<sup>1</sup>. Coordinated action is required to improve the training, supply, recruitment and retention of appropriate GPs in both mainstream and Indigenous-specific services. This action should include improved engagement with Aboriginal Community Controlled Health Services (ACCHS) in partnership with Rural Workforce Agencies and Divisions to ensure health system reform can be achieved<sup>2</sup>.</p> <p>In 2000–01, 31% of ACCHS reported having had no regular liaison with their local Division<sup>3</sup>.</p> <p><sup>1</sup> Department of Health and Ageing. <i>The Australian Medical Workforce Occasional Papers: New Series No 12</i> (2001). Available at: <a href="http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubs-hfsocc-ocpanew12-cnt.htm">http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubs-hfsocc-ocpanew12-cnt.htm</a></p> <p><sup>2</sup> Standing committee on Aboriginal and Torres Strait Islander Health. <i>Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework</i> (2002: Australian Health Ministers Advisory Council). Available at: <a href="http://www.health.gov.au/oatsih/pubs/healthstrategy.htm">http://www.health.gov.au/oatsih/pubs/healthstrategy.htm</a></p> <p><sup>3</sup> Hunter P et.al. Aboriginal community controlled health services, in <i>General Practice in Australia: 2004</i> (Department of Health and Ageing). Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/03A249B7F2345922CA25705700121A1A/\$File/intro.pdf">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/03A249B7F2345922CA25705700121A1A/\$File/intro.pdf</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division working with ACCHS and/or local practices and other relevant agencies to recruit and retain suitably qualified GPs to provide sustainable general practice services for Aboriginal and Torres Strait Islander people.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_RAR 1.4 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	<p>6 Month Report  12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>* Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

C_RAR 1.5	
Indicator	The Division collaborates with universities, regional training providers and other organisations to help facilitate vertical integration of medical education.
Rationale for the indicator	<p>The need for the development of collaborative* GP education mechanisms operating at the local level has been well demonstrated. Joint funding consortia have been proposed as an effective means of delivering GP training in regional and rural areas. Consortia working in partnership create flexible and portable advantages and optimise the use of educators and resources<sup>1</sup>.</p> <p>Local activities include encouraging high school students' interest in medicine, and orientation, family and professional support for medical students, interns and GP registrars<sup>2</sup>.</p> <p><sup>1</sup> Beaton NS, Nichols A, McLellan A, Cameron B, Sen Gupta T. Regionalisation of rural medical training in far north Queensland: A learning experience for medical educators and managers. <i>Australian Journal of Rural Health</i> 2001; 9(Suppl.):S32–S38</p> <p><sup>2</sup> Department of Health and Ageing. <i>Guidelines for the Workforce Support for Rural General Practitioners Program—Divisions of General Practice program</i> (2004). Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-workforce">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-workforce</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement# resulting from Division collaboration with universities, regional training providers and other organisations to help facilitate vertical integration of medical education.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_RAR 1.5 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size and rurality.

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Comments	<p>* Collaborators may include Divisions, hospitals and other health service providers, regional training providers, Rural Workforce Agencies, universities, medical colleges and other educators.</p> <p># Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>
----------	--

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

C_RAR 1.6	
Indicator	The Division provides personal support for GPs and their families.
Rationale for the indicator	<p>Lack of personal support is one of the factors cited as contributing to doctors' decisions to leave rural practice<sup>1</sup>. While lack of support may encompass a variety of issues, partner and family considerations are among the most commonly reported. Despite this, little attention has been given to the key issues related to the support of GPs' families<sup>2</sup>.</p> <p>The need for GPs to receive support in the area of psychological health has also been well documented. Some rural GPs have benefited from increased contact with colleagues and local Divisions<sup>3</sup>. It might be expected that urban Divisions could play a crucial role in addressing the psychological needs of metropolitan GPs.</p> <p><sup>1</sup> Humphreys J et al. 'A critical review of rural medical workforce retention in Australia'. <i>Australian Health Review</i> 2001; 24(4):91–102.</p> <p><sup>2</sup> Veitch C, Crossland LJ. 'Medical family support needs and experiences in rural Queensland'. <i>Rural and Remote Health</i> 2005; 5:467. Available at: <a href="http://rrh.deakin.edu.au">http://rrh.deakin.edu.au</a></p> <p><sup>3</sup> Gardiner M, Sexton R, Durbridgel M, Garrard K. 'The role of psychological well-being in retaining rural general practitioners'. <i>Australian Journal of Rural Health</i> 2005; 13:149–155.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division providing personal support for GPs and their families</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_RAR 1.6 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size and rurality.

Comments	* Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.
----------	--

## RECRUITMENT AND RETENTION INDICATORS

### RECRUITMENT AND RETENTION—Level 1 (Divisions)

C_RAR 1.7	
Indicator	The Division assists general practices to access locum services.
Rationale for the indicator	<p>A shortage of locum cover exists in both urban and rural general practice, though the problem is more marked in rural areas<sup>1</sup>. Locums are required so GPs can take leave for recreational, Continuing Professional Development and other purposes. GPs in small towns or solo practices find it especially difficult to obtain locum relief. The difficulty of attracting GPs to locum work has been a constant workforce issue given community expectations of continuous care<sup>2</sup>. A lack of locum relief is also a frequently cited reason for problems in retaining rural doctors<sup>2,3</sup>.</p> <p>Some Divisions employ a roving locum (with Rural Workforce Agency funding and support) while others organise a shared locum between a few practices. Rural Workforce Agency Innovative funding is often provided for Divisions to develop new ways of obtaining and retaining locums.</p> <p><sup>1</sup> Australian Medical Workforce Advisory Council (AMWAC) <i>The General Practice workforce in Australia: supply and requirements 1999–2010</i> (2000: AMWAC, Sydney).</p> <p><sup>2</sup> Department of Health and Ageing. <i>The Australian Medical Workforce Occasional Papers: New Series No 12</i> (2001). Available at: <a href="http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubs-hfsocc-ocpanew12-cnt.htm">http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubs-hfsocc-ocpanew12-cnt.htm</a></p> <p><sup>3</sup> Humphreys J et al. A critical review of rural medical workforce retention in Australia. <i>Australian Health Review</i> 2001; 24(4):91–102.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division assisting general practices to access locum services#.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_RAR 1.7 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	6 Month Report 12 Month Report

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	<p>* Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p># May include report of the number of locum sessions, relative to number of GPs, arranged by the Division</p>

**PRIORITY AREA:** Prevention and Early Intervention  
**DOMAIN:** Risk Factor Management

**C\_RSK Objective** The Division promotes and supports optimal chronic disease risk factor management through general practice.

**Rationale for the objective** Risk factors contribute significantly to the burden of disease, especially chronic disease<sup>1</sup>. General practice has a good opportunity to address risk factors because: (a) a high proportion of the population consult a general practitioner at least once a year<sup>2</sup>; (b) there is evidence that general practice can intervene effectively with smoking, physical activity, alcohol and (to a more limited extent) unhealthy eating<sup>3</sup>; and (c) patients see GPs as having a supportive role in lifestyle interventions<sup>3</sup>.

<sup>1</sup> Australian Institute of Health and Welfare (AIHW): Mathers C, Vos T, Stevenson C. *The burden of disease and injury in Australia*. (1999, AIHW cat. no. PHW 17, AIHW, Canberra).

<sup>2</sup> Australian Bureau of Statistics (ABS). *1989–90 National Health Survey health related actions*. (ABS, Canberra).

<sup>3</sup> RACGP. (Green Book) *Putting prevention into practice: a guide for the implementation of prevention in a general practice setting* (2nd edition, Melbourne, RACGP).

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 1 (Divisions)

C_RSK 1.1	
Indicator	The Division collaborates with State or Territory health and/or other local health and health-related services to facilitate access to optimal chronic disease risk factor management for high risk patients.
Rationale for the indicator	Lack of physical activity and inappropriate diet are significant risk factors for chronic disease <sup>1</sup> . Where practices lack the opportunity to provide systematic advice or comprehensive programs, referral to external programs may be needed.  <sup>1</sup> Australian Institute of Health and Welfare (AIHW): Mathers C, Vos T, Stevenson C. <i>The burden of disease and injury in Australia</i> . (1999, AIHW cat. no. PHW 17, AIHW, Canberra).
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division collaborations with State or Territory health and/or other local health and health-related services to facilitate access to optimal chronic disease risk factor management for high risk patients</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_RSK 1.1 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>*Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 1 (Divisions)

C_RSK 1.2	
Indicator	The Division collaborates with relevant Aboriginal and Torres Strait Islander and other organisations to facilitate access to optimal chronic disease risk factor management for Aboriginal and Torres Strait Islander people.
Rationale for the indicator	The prevalence of risk factors for chronic disease is higher among Indigenous Australians than among non-Indigenous Australians <sup>1</sup> .  <sup>1</sup> National Aboriginal Community Controlled Health Organisation and the Chronic Disease Alliance of non-Government Organisations. <i>National guide to a preventive health assessment in Aboriginal and Torres Strait Islander Peoples</i> (2005: RACGP and Department of Health and Ageing, Canberra).
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from Division collaboration with relevant Aboriginal and Torres Strait Islander and other organisations to facilitate access to optimal chronic disease risk factor management for Aboriginal and Torres Strait Islander people.  Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.  <b>C_RSK 1.2 Significant Achievement</b> <b>Aim:</b> <b>Actions taken:</b> <b>Outcomes:</b>
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 1 (Divisions)

<b>C_RSK 1.3</b>	
Indicator	The Division undertakes and/or supports community-based activities to promote and support optimal chronic disease risk factor management.
Rationale for the indicator	Risk factor management requires consumers to change patterns of behaviour or aspects of their lifestyle. These changes need to be encouraged and supported through health promotion in the community settings where consumers live <sup>1</sup> .  <sup>1</sup> Kaplan RM. Two pathways to prevention. <i>American Psychologist</i> 2000; 55(4):382–96.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of a significant achievement* resulting from Division undertaking and/or supporting community-based activities to promote and support optimal chronic disease risk factor management.  Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.  <b>C_RSK 1.3 Significant Achievement</b> <b>Aim:</b> <b>Actions taken:</b> <b>Outcomes:</b>
Timing of reporting	6 Month Report  12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*Significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 1 (Divisions)

C_RSK 1.4	
Indicator	The Division supports general practices/GPs to take a systematic approach to providing optimal chronic disease risk factor management.
Rationale for the indicator	<p>Divisions have a role in promoting better chronic disease management and prevention in general practice, and in promoting relevant national initiatives to general practice<sup>1</sup>. Lifestyle Prescriptions is an initiative of the Department of Health and Ageing<sup>2</sup> being implemented through Divisions, that promotes risk factor management in general practice and primary health care services. It provides tools for GPs to use when providing lifestyle advice to patients. Advice may be about quitting smoking, increasing physical activity, eating a healthier diet, maintaining healthy weight, reducing alcohol consumption, or a combination of these.</p> <p>The Australian General Practice Network has developed a LifeScripts Resource Library to support Division activities in risk factor management.<sup>3</sup></p> <p><sup>1</sup> Department of Health and Ageing. <i>Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice</i> (April 2004), p15. Available at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\$FILE/fut_dir.pdf">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\$FILE/fut_dir.pdf</a></p> <p><sup>2</sup> See Department of Health and Ageing website at: <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publhlth-strateg-lifescrpts-index.htm">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publhlth-strateg-lifescrpts-index.htm</a></p> <p><sup>3</sup> ADGP. <i>Lifescrpts Resource Library</i>. Available at: <a href="http://www.adgp.com.au/site/index.cfm?display=5271">http://www.adgp.com.au/site/index.cfm?display=5271</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division support for general practices/GPs to take a systematic approach # to optimal chronic disease risk factor management</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_RSK 1.4 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.  # 'Systematic' means adopting a planned approach within the practice to identifying patients with risk factors, assessing their needs, intervening/ referring as appropriate and recalling them for follow up as required.

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 1 (Divisions)

<b>C_RSK 1.5</b>	
Indicator	The Division facilitates access to effective Continuing Professional Development (CPD) for chronic disease risk factor management focused on behaviour change.
Rationale for the indicator	Risk factor management is a relatively new area for many GPs and other practice staff, involving activities where they may lack confidence and requiring skills that they may not have.  Motivational interviewing is a core skill for risk factor management <sup>1</sup> .  <sup>1</sup> RACGP. <i>Chronic condition self management guidelines for general practice. Summary for general practitioners</i> (2002: RACGP, Melbourne).
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Statement of CPD for chronic disease risk factor management, focused on behaviour change, provided by the Division, formatted as follows:  <b>C_RSK1.5(S1)</b> We undertook [insert type of CPD activity/activities] on [insert topic(s); specify focus where appropriate.] Comments: _____  <b>AND/OR</b> Statement of CPD for chronic disease risk factor management, focused on behaviour change, to which access was facilitated by the Division, formatted as follows:  <b>C_RSK1.5(S2)</b> We facilitated access to [insert type of CPD activity/activities] on [insert topic(s); specify focus where appropriate] provided by [insert provider(s)]. We facilitated access by [insert activities]. Comments: _____
Timing of reporting	6 Month Report 12 Month Report

Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	Consideration might be given to at least one CPD activity in the period 2005–08 being related to chronic disease risk factor management for Aboriginal and Torres Strait Islander patients.

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 2 (General Practices/GPs)

<b>C_RSK 2.1</b>	
Indicator	The number and proportion of general practices taking a systematic approach to chronic disease risk factor management.
Rationale for the indicator	A systematic approach <sup>1</sup> enables a practice to integrate risk factor management into its routine work and offer a combination of strategies to support behaviour change <sup>2</sup> .  <sup>1</sup> Department of Health and Ageing (2005). <i>Lifescrpts practice manual: Supporting lifestyle risk factor management in general practice</i> . Canberra: the Department of Health and Ageing—available at <a href="http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-lifescrpts-index.htm">http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-lifescrpts-index.htm</a>  <sup>2</sup> RACGP. <i>(Green Book) Putting prevention into practice: a guide for the implementation of prevention in a general practice setting</i> (2nd edition, Melbourne, RACGP).
Indicator type	Quantitative
Numerator	Number of general practices taking a systematic approach* to chronic disease risk factor management.
Source of numerator data	Division survey of practices and/or face-to-face, telephone or email contact with practices, using a Standard National Question, as follows:  C_RSK 2.1(Q) Does your practice take a systematic* approach to chronic disease risk factor management? [ ] Yes [ ] No If yes, please specify: _____
Data coding (if applicable)	0 No 1 Yes 9 Missing Provide detail captured under ‘please specify’ in explanatory text.
Mechanism for QA on numerator data	Audit of Division records
Denominator	Number of practices for whom data available
Source of denominator data	Division records
Data coding (if applicable)	0 No 1 Yes 9 Missing
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report

Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size, rurality, Division IRSD (Index of Relative Socio-economic Disadvantage) and GP:population ratio.
Comments	*‘Systematic’ means adopting a planned approach within the practice to identifying patients with risk factors, assessing their needs, intervening/ referring as appropriate and recalling for them for follow up as required.

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 3 (Processes of Care)

<b>C_RSK 3.1</b>	
Indicator	The number and proportion of patients on practice register/recall/reminder systems for whom weight has been recorded in the past 12 months.
Rationale for the indicator	<p>Excess weight is a significant risk factor for heart disease and diabetes<sup>1</sup>. Weight management is a recognised element of managing vascular disease<sup>2</sup>. Management strategies are more likely to be initiated in general practice when obesity is recorded<sup>3</sup> and patients who are advised to lose weight by health professionals are more likely to attempt to do so than those not advised<sup>4</sup>.</p> <p><sup>1</sup> Australian Institute of Health and Welfare (AIHW): Mathers C, Vos T, Stevenson C. <i>The burden of disease and injury in Australia</i>. (1999, AIHW cat. no. PHW 17, AIHW, Canberra).</p> <p><sup>2</sup> National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand. <i>Reducing risk in heart disease 2004</i>. Available at: <a href="http://www.heartfoundation.com.au/downloads/RRHHD_fullguide_update_010405.pdf">http://www.heartfoundation.com.au/downloads/RRHHD_fullguide_update_010405.pdf</a></p> <p><sup>3</sup> McArtor RE, Iverson DC, Benken D, Dennis LK. 'Family Practice residents' identification and management of obesity'. <i>International Journal of Obesity and Related Metabolic Disorders</i> 1992; 16:335–340.</p> <p><sup>4</sup> Galuska DA, Will JC, Serdula MK, Ford ES. 'Are health care professionals advising patients to lose weight?'. <i>Journal of the American Medical Association</i> 1999; 282:1576–1578.</p>
Indicator type	Quantitative
Numerator	Number of patients on practice register/recall/reminder system for whom weight has been recorded in the past 12 months
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients for review and appropriate action using a Standard National Question as follows:</p> <p><b>C_RSK 3.1(Q) For patients on your practice register/recall/reminder system aged 10 years and over use the attached table to show recording of weight in the past 12 months:</b></p> <ul style="list-style-type: none"> <li>• for all patients;</li> <li>• for patients of Aboriginal or Torres Strait Islander origin; and</li> <li>• by age and sex.</li> </ul>
Data coding (if applicable)	<p>0 weight not recorded past 12 months</p> <p>1 weight recorded past 12 months</p>
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients recorded on the practice register/recall/reminder systems
Source of denominator data	Practice register/recall/reminder system (aggregated to Division)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Mechanism for QA on qualitative data	N/A

Mechanism for indicator data transfer to collation agency	Paper or electronic data transfer from practices to Divisions Report to the Department
Method of calculation of the indicator	Collation of electronic and paper-based data from practices Numerators in each coded category divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 3 (Processes of Care)

C_RSK 3.2	
Indicator	The number and proportion of patients on practice register/recall/reminder systems aged 10 years and over with a record of smoking status.
Rationale for the indicator	<p>Smoking is a significant risk factor for CVD and diabetes<sup>1</sup>. Support for quitting smoking is an established part of managing heart disease<sup>2</sup>. There are effective strategies for supporting quitting in general practice<sup>3</sup>. Further, Lawrence and Olesen suggest that ‘the proportion of patients with their smoking habit recorded correlates with other preventive procedures and so is a valid indicator of preventive care’<sup>4</sup>.</p> <p><sup>1</sup> Australian Institute of Health and Welfare (AIHW): Mathers C, Vos T, Stevenson C. <i>The burden of disease and injury in Australia</i>. (1999, AIHW cat. no. PHW 17, AIHW, Canberra).</p> <p><sup>2</sup> National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand. <i>Reducing risk in heart disease 2004</i>. Available at: <a href="http://www.heartfoundation.com.au/downloads/RRHID_fullguide_update_010405.pdf">http://www.heartfoundation.com.au/downloads/RRHID_fullguide_update_010405.pdf</a></p> <p><sup>3</sup> RACGP. <i>Smoking, Nutrition, Alcohol and Physical Activity: a population health guide to risk factors for general practices</i> (2004: RACGP, Melbourne). Available at: <a href="http://www.racgp.org.au/document.asp?id=14803">http://www.racgp.org.au/document.asp?id=14803</a></p> <p><sup>4</sup> Lawrence M, Olesen F. ‘Indicators of quality in health care’. <i>European Journal of General Practice</i> 1997; 3 September:103–108, p104.</p>
Indicator type	Quantitative
Numerator	Number of patients on practice register/recall/reminder systems aged 10 years and over with a record of smoking status
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients for review and appropriate action using a Standard National Question as follows:</p> <p><b>C_RSK 3.2(Q) For patients on your practice register/recall/reminder system aged 10 years and over use the attached table to show recording of smoking status:</b></p> <ul style="list-style-type: none"> <li>• for all patients;</li> <li>• for patients of Aboriginal or Torres Strait Islander origin; and</li> <li>• by age and sex.</li> </ul>
Data coding (if applicable)	<p>0 smoking status not recorded</p> <p>1 smoking status recorded</p>
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients on practice register/recall/reminder systems
Source of denominator data	Practice register/recall/ reminder system (aggregated to Division)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Mechanism for QA on qualitative data	N/A

Mechanism for indicator data transfer to collation agency	Paper or electronic data transfer from practices to Divisions Report to the Department
Method of calculation of the indicator	Collation of electronic and paper-based data from practices Numerators in each coded category divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	

## RISK FACTOR MANAGEMENT INDICATORS

### RISK FACTOR MANAGEMENT—Level 4 (Intermediate Outcomes)

C_RSK 4.1	
Indicator	The number and proportion of patients on practice register/recall/reminder systems aged 10 years and over recorded as a current smoker.
Rationale for the indicator	<p>Smoking is a major risk factor for CVD and diabetes<sup>1</sup> and non-smoking is a management goal for vascular disease<sup>2</sup>. General practitioners can intervene effectively to reduce smoking<sup>3</sup>.</p> <p><sup>1</sup> Australian Institute of Health and Welfare (AIHW): Mathers C, Vos T, Stevenson C. <i>The burden of disease and injury in Australia</i>. (1999, AIHW cat. no. PHW 17, AIHW, Canberra).</p> <p><sup>2</sup> National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand. <i>Reducing risk in heart disease 2004</i>. Available at: <a href="http://www.heartfoundation.com.au/downloads/RRHID_fullguide_update_010405.pdf">http://www.heartfoundation.com.au/downloads/RRHID_fullguide_update_010405.pdf</a></p> <p><sup>3</sup> RACGP. <i>Smoking, Nutrition, Alcohol and Physical Activity: a population health guide to risk factors for general practices (2004)</i>: RACGP, Melbourne). Available at: <a href="http://www.racgp.org.au/document.asp?id=14803">http://www.racgp.org.au/document.asp?id=14803</a></p>
Indicator type	Quantitative
Numerator	<p>Number of patients on practice register/recall/reminder systems aged 10 years and over:</p> <ul style="list-style-type: none"> <li>• recorded as not current smoker;</li> <li>• recorded as current smoker; or</li> <li>• whose smoking status has not been recorded.</li> </ul>
Source of numerator data	<p>Division survey of practices, and/or face-to-face, telephone or email contact with practices, for those practices who have a practice register/recall/reminder system which is used to identify patients for review and appropriate action using a Standard National Question as follows:</p> <p><b>C_RSK 4.1(Q) For patients on your practice register/recall/reminder system aged 10 years and over use the attached table to record smoking status:</b></p> <ul style="list-style-type: none"> <li>• for all patients;</li> <li>• for patients of Aboriginal or Torres Strait Islander origin; and</li> <li>• by age and sex.</li> </ul>
Data coding (if applicable)	<p>0 Smoking status not recorded</p> <p>1 Not current smoker</p> <p>2 Current smoker</p>
Mechanism for QA on numerator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Denominator	Number of patients on practice register/recall/reminder systems aged 10 years and over
Source of denominator data	Practice register/recall/reminder systems (aggregated to Division)
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	<p>Random audit of practice records</p> <p>Random audit of aggregated records</p>
Mechanism for QA on qualitative data	N/A

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Mechanism for indicator data transfer to collation agency	Paper or electronic data transfer from practices to Divisions Report to the Department
Method of calculation of the indicator	Collation of electronic and paper-based data from practices Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	

**PRIORITY AREA:** General Practice Support  
**DOMAIN:** Workforce Support for Rural General Practitioners Program

**C\_WSRGP Objective** To provide support (such as training, education, mentoring and professional development) to newly arrived and existing general practitioners.  
 Plan, develop and implement strategies to increase the number of general practitioners in areas of workforce shortage.

**Rationale for the objective** Refer to Workforce Support for Rural General Practice (WSRGP) Program Guidelines  
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-workforce>

**WORKFORCE SUPPORT FOR RURAL GPs INDICATORS**

**WSRGP—Level 1 (Divisions)**

<b>C_WSRGP 1.1</b>	
Indicator	The Division has a workforce strategic plan that includes strategies to maintain or increase the number of GPs in areas of workforce shortage.
Rationale for indicator	A well-developed strategic plan (based on a needs assessment* ) assists Divisions to target support activities to those most needed by new and existing GPs.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	The strategic plan must be formally documented for the Workforce Support for Rural General Practice (WSRGP) program. If not done, a brief description on progress towards completing and documenting the plan is required. Has your WSRGP strategic plan, that includes strategies to maintain or increase the number of GPs in areas of workforce shortage, been completed and documented? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give month and year of documentation ___/___/ If this is a new WSRGP strategic plan (i.e. documented in this reporting year) please attach a copy. If no, please provide a brief description on progress towards completing and documenting your WSRGP strategic plan.

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	
Comments	* Contractual arrangements specify that Divisions must undertake WSRGP needs assessments as part of their three-year Agreement planning cycle. New needs assessments should be completed, at least every three years.

## WORKFORCE SUPPORT FOR RURAL GPs INDICATORS

### WSRGP—Level 1 (Divisions)

C_WSRGP 1.2	
Indicator	The number and proportion of the GP workforce* receiving Workforce Support for Rural General Practice (WSRGP) services who are satisfied with the service.
Rationale for indicator	The focus of the WSRGP is to enhance the participation of the GP workforce in communities and address some of the professional issues and social isolation experienced by doctors and their families in these communities. GPs working in the community are best placed to assess the success of Divisions in this endeavour.
Indicator type	Quantitative
Numerator	Number of the GP workforce receiving WSRGP services who are satisfied with these services in the past 12 months.
Source of numerator data	Division survey of GP workforce receiving WSRGP services, in the past 12 months <i>and/or</i> face-to-face, telephone or email contact with those recipients using a Standard National Question as follows:  C_WSRGP 1.2Q Overall, how satisfied are you with the services you have received under the WSRGP program in the past 12 months? [ ] Satisfied [ ] Unsure [ ] Not satisfied
Data coding (if applicable)	1 satisfied 2 unsure 3 not satisfied 9 missing
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of the GP workforce receiving WSRGP services in the past 12 months for whom data are available
Source of denominator data	Division records of GP workforce receiving services under the WSRGP
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator and multiplied by 100  Explanatory text for the result may be provided
Timing of reporting	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, geographic size and rurality.
Comments	* GP workforce includes GPs, registrars, overseas trained doctors and others as specified in the WSRGP program guidelines.

**PRIORITY AREA:** Access  
**DOMAIN:** Youth Health

---

**C\_YTH Objective** To ensure Divisions facilitate access to general practice and other primary health care services that meet the needs of young people.

**Rationale for the objective** Because youth is a period of great and rapid emotional, physical and intellectual change, young people can experience significant fluctuations in health and wellbeing<sup>1</sup>. Major causes of morbidity and mortality include injury and poisoning, mental health problems and disorders, and sexual and reproductive health problems. There are a range of risk factors relevant to young people's health including substance use, diet and physical activity. Vulnerable sub-populations include Aboriginal and Torres Strait Islander young people, those from rural areas and areas of socio-economic disadvantage, and gay-lesbian young people<sup>1,2</sup>.

Given the breadth of the health issues faced by young people, a broad-based primary health care response is appropriate. 'GPs are ideally placed to respond to young peoples' complex health problems by providing comprehensive health care, and acting as a first point of call in the identification, treatment, follow up and referral of adolescent health problems'<sup>2</sup>. Because of their engagement with general practice, Divisions are well placed to facilitate access to general practice services that meet the needs of young people. As well, through their collaborative planning and service delivery activities with other primary health care providers, Divisions are uniquely placed to facilitate access to other services that meet the needs of young people.

**Resources:**

GP Resource Kit: Enhancing the skills of general practitioners in caring for young people from culturally diverse backgrounds<sup>2</sup>.  
MindMatters Plus GP Resource Kit<sup>3</sup>.

**Definitions:**

The Australian Institute of Health and Welfare<sup>1</sup> uses the age range 12–24 years to identify the population group known as 'young people'.

The World Health Organization defines adolescence as the period of life between 10–19 years, youth as between 15–24 years, and young people as those between 10–24 years. <http://www.un.org.in/Jinit/who.pdf>; <http://www.un.org/esa/socdev/unyin/documents/worldyouthreport.pdf>

For the National Quality and Performance System for Divisions, a lower benchmark of 10 years has been adopted.

- <sup>1</sup> Australian Institute of Health and Welfare (AIHW). *Australia's Young People: Their Health and Wellbeing* (2003: AIHW, Canberra). Available at: <http://www.aihw.gov.au/publications/index.cfm/title/9569>
- <sup>2</sup> NSW Centre for the Advancement of Adolescent Health (CAAH): Kang M, Chown P. *GP Resource Kit: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds* (2004: A collaboration between NSW TMHC and NSW CAAH) Available at: <http://www.caah.chw.edu.au/resources/#03>
- <sup>3</sup> ADGP. *Mindmatters Plus GP Resource Kit* (June 2005). Available at: <http://www.adgp.com.au/site/index.cfm?display=4770>

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.1	
Indicator	The Division assists young people, including those from vulnerable sub-populations, to access general practices.
Rationale for the indicator	<p>Young people are underrepresented in general practice<sup>1</sup>. Young people experience several barriers in accessing primary health care, even though they appreciate that many factors do impact on their health and do value the advice of health professionals, particularly GPs<sup>2,3</sup>. Facilitating help-seeking behaviour and making general practice more accessible and acceptable to young people is an important goal of adolescent health care<sup>4</sup>.</p> <p><sup>1</sup> Australian Institute of Health and Welfare General Practice Statistics and Classification Unit. The treatment of adolescents in Australian general practice. <i>Australian Family Physician</i> 2005; 34(1-2):8-9.</p> <p><sup>2</sup> Veit F, Sanci LA, Coffey CMM, Young DYL, Bowes G. Barriers to effective primary health care for adolescents. <i>Medical Journal of Australia</i> 1996; 165:131-133.</p> <p><sup>3</sup> Booth ML, Bernard D, Quine S, Kang M, Usherwood T, Alperstein G, Bennett DL. Access to health care among Australian adolescents: Young people's perspectives and their socio-demographic distribution. <i>Journal of Adolescent Health</i> 2004; 34(1):97-103.</p> <p><sup>4</sup> Sanci LA, Kang MS-L, Ferguson BJ. Improving adolescents' access to primary health care. <i>Medical Journal of Australia</i> 2005; 183(8):416-417.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division activities to assist young people, including those from vulnerable sub-populations, to access general practice services</p> <p>Description should specify where significant achievement relates to vulnerable sub-populations</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.1 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>

Reporting of the indicator	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.2	
Indicator	The Division collaborates with service providers, young people, consumer and community organisations and other stakeholders to facilitate young people's access to general practice services.
Rationale for the indicator	<p>While the physical health of young people is quite good, some 10–20% do suffer from chronic conditions, and morbidity and mortality in adolescence often arise from preventable behaviours and psychosocial issues which require coordinated care. Many health risk behaviours that have significant impacts on health later in life begin in adolescence<sup>1</sup>. GPs state that a lack of support and collaboration with relevant services is a barrier to providing optimal care to young people<sup>2</sup>. Collaboration within services and between and across services and sectors is an important principle of better practice in youth health<sup>3</sup>.</p> <p><sup>1</sup> Australian Institute of Health and Welfare (AIHW). <i>Australia's Young People: Their Health and Wellbeing</i> (2003: AIHW, Canberra). Available at: <a href="http://www.aihw.gov.au/publications/index.cfm/title/9569">http://www.aihw.gov.au/publications/index.cfm/title/9569</a></p> <p><sup>2</sup> Kang M, Bernard D, Booth ML, Quine S, Alperstein G, Usherwood T, Bennett DL. Access to primary health care for Australian young people: service provider perspectives. <i>British Journal of General Practice</i> 2003; 53(12):947–952.</p> <p><sup>3</sup> Kang M, Bernard D, Usherwood T, Quine S, Alperstein G, Kerr-Roubicek H, Elliott A., Bennett DL. <i>Access to health care among NSW adolescents: Phase 2. Research Report</i> (2005: NSW Centre for the Advancement of Adolescent Health). Available at: <a href="http://www.caah.chw.edu.au/resources/access_phase_2_report.pdf">http://www.caah.chw.edu.au/resources/access_phase_2_report.pdf</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division collaborations with service providers, young people, consumer and community organisations and other stakeholders# to facilitate young people's access to general practice services.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes.</p> <p><b>C_YTH 1.2 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Reporting of the indicator	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.  #Examples of relevant agencies include councils, service organisations, consumer and community organisations (see Consumer Involvement domain in the Common Pool Indicators for definitions of consumer and community organisations).

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.3	
Indicator	The Division collaborates with Aboriginal and Torres Strait Islander young people, Aboriginal Community Controlled Health Services and other relevant organisations to facilitate Aboriginal and Torres Strait Islander young people's access to general practice services.
Rationale for the indicator	<p>The Western Australian Aboriginal Child Health Survey (WAACHS) provides the most comprehensive population based data on Aboriginal children and youth. This shows that Aboriginal children are less likely to have contact with a doctor than non-Aboriginal children and youth. They are also at high risk of a range of health conditions and health risks including emotional and behavioural difficulties, living in families suffering recent major life events, being born to mothers less than 17 years of age, inadequate physical activity, smoking, alcohol consumption, marijuana use, sexual activity and suicidal ideation and attempts<sup>1,2</sup>.</p> <p><sup>1</sup> Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. <i>The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People</i> (2004: Telethon Institute for Child Health Research, Perth).</p> <p><sup>2</sup> Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. <i>The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People</i> (2005: Curtin University of Technology and Telethon Institute for Child Health Research, Perth).</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division collaborations with Aboriginal and Torres Strait Islander young people, Aboriginal Community Controlled Health Services and other relevant organisations# to facilitate Aboriginal and Torres Strait Islander young people's access to general practice services</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.3 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Reporting of the indicator	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, rurality, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p># Examples of relevant agencies include other Aboriginal and Torres Strait Islander organisations, local councils, other service organisations, and other consumer and community organisations (see Consumer Involvement domain in the Common Pool Indicators for definitions of consumer and community organisations).</p>

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

<b>C_YTH 1.4</b>	
Indicator	The Division supports general practices to provide services that meet the health care needs of young people, including those from vulnerable sub-populations.
Rationale for the indicator	<p>GPs face unique challenges in providing accessible primary care to young people. Barriers can be structural (time and cost factors, inadequate networking with and support from relevant services, particularly mental health services) or professional (lack of adequate training, knowledge and skills in communicating with adolescents)<sup>1,2</sup>.</p> <p><sup>1</sup> Veit FCM, Sanci LA, Young DY-L, Bowes G. Adolescent health care: perspectives of Victorian general practitioners. <i>Medical Journal of Australia</i> 1995; 163:16–18.</p> <p><sup>2</sup> Kang M, Bernard D, Booth ML, Quine S, Alperstein G, Usherwood T, Bennett DL. Access to primary health care for Australian young people: service provider perspectives. <i>British Journal of General Practice</i> 2003; 53(12):947–952.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division support for general practices to provide services that meet the health care needs# of young people, including those from vulnerable sub-populations</p> <p>Description should specify where significant achievement relates to vulnerable sub-populations</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.4 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Reporting of the indicator	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Comments	<p>* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p># This might include practice processes for assisting young people to obtain Medicare cards, display of confidentiality statement in waiting room, through to the provision of quality risk factor management for young people.</p>
----------	--

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.5	
Indicator	The Division provides services to young people through outreach activities.
Rationale for the indicator	<p>The World Health Organization recommends that primary health care for young people be delivered in a variety of settings and not simply traditional medical facilities. ‘Gold standard’ services are flexible, confidential, and ones where young people feel comfortable, would return to, and would recommend to their friends<sup>1</sup>. Furthermore, access to health care is increased when delivered in outreach settings such as schools, as well as in services that are youth specific<sup>2</sup>. Young people have stated that their ‘ideal’ health service would be one which was located in a setting where young people congregate, and feel comfortable, such as schools, and other youth oriented locations<sup>3</sup>. Young people prefer informal and holistic health care environments such as drop-in youth centres or locations connected to sport and leisure activities, rather than doctors’ surgeries which are perceived as being for ‘very unwell’ people<sup>4</sup>.</p> <p><sup>1</sup> World Health Organization. <i>Adolescent Friendly Health Services: an agenda for change</i> (2004: World Health Organization, WHO/FCH/CAH/02/14).</p> <p><sup>2</sup> Mathias K. <i>Youth-specific primary health care—access, utilisation and health outcomes</i>. New Zealand Health Technology Assessment Report 2002; 5(1).</p> <p><sup>3</sup> Bernard D, Quine S, Kang M, Alperstein G, Usherwood T, Bennett D, Booth M. Access to primary health care for Australian adolescents: how congruent are the perspectives of health service providers and young people, and does it matter? <i>Australian and New Zealand Journal of Public Health</i> 2004; 28(5): 487–492.</p> <p><sup>4</sup> Kefford CH, Trevena LJ and Willcock SM. Breaking away from the medical model: perceptions of health and health care in suburban Sydney youth. <i>Medical Journal of Australia</i> 2005; 183(8):418–421.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division services to young people through outreach activities#.</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.5 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Reporting of the indicator	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p># Outreach activities are services provided outside of general practice settings, e.g. Streetkids activities, parenting programs for young people.</p>

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.6	
Indicator	The Division works with schools to support relevant health curriculum and student welfare activities.
Rationale for the indicator	<p>Over the past decade, the link between the health and education sectors has been recognised as increasingly important in health promotion<sup>1</sup>, with positive health outcomes<sup>2</sup>. The National Mind Matters program, a mental health promotion initiative, expanded in 2004 to work with Divisions to include GPs as key stakeholders<sup>3</sup>. Among Division initiatives in youth health, ‘GPs in Schools’ is one of the most popular and long-standing having originated in 1995<sup>4</sup>. By integrating with school curricula, GPs can deliver health education that is relevant, as well as demystify and promote the roles of GPs to facilitate access. Evaluations of GPs in Schools programs have found them to be popular among students, teachers and GPs and have increased students’ intentions to seek help<sup>5</sup>.</p> <p><sup>1</sup> Wyn J, Cahill H, Carson S, Rowling L. ‘Mind Matters: national program for mental health promotion in schools’. <i>Health Promotion Journal of Australia</i> 1999; 9(2):146–148.</p> <p><sup>2</sup> Patton G, Bond L, Butler H and Glover S. ‘Changing schools, changing health? Design and implementation of the Gatehouse Project’. <i>Journal of Adolescent Health</i> 2003; 33(4): 231–239.</p> <p><sup>3</sup> ADGP. <i>Mind Matters Plus GP Initiative Info Sheet</i> (June 2005). Available at: <a href="http://www.adgp.com.au/client_images/25089.pdf">http://www.adgp.com.au/client_images/25089.pdf</a></p> <p><sup>4</sup> McGrath B, Groom G, Wild A, editors. <i>General Practitioners and Adolescents: Dismantling the Barriers</i>. (1995: Logan Area Division of General Practice).</p> <p><sup>5</sup> Kang M, Bernard D, Usherwood T, Quine S, Alperstein G, Kerr-Roubicek H, Elliott A, Bennett DL. <i>Access to health care among NSW adolescents: Phase 2. Research Report</i> (2005: NSW Centre for the Advancement of Adolescent Health).</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division work with schools to support relevant health curriculum and student welfare activities</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.6 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Reporting of the indicator	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p>
Comments	<p>*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p>

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.7	
Indicator	The Division facilitates access to general practice services through youth health clinics.
Rationale for the indicator	<p>Youth-specific health centres have been found to increase access to health care by young people<sup>1</sup>. The delivery of general practice in youth-specific settings, such as youth health centres or co-located with youth oriented venues (such as accommodation facilities and drop in centres) has also been trialled by a number of Divisions. Furthermore, long consultations and multidisciplinary support address important barriers that GPs face in providing health care to young people<sup>2,3</sup>. Evaluation of this model of general practice service delivery has found that access is facilitated and that the development of trusting relationships between young people and GPs in a youth specific clinic also facilitates access for young people to the GP's usual surgery<sup>4</sup>.</p> <p><sup>1</sup> Mathias K. Youth-specific primary health care—access, utilisation and health outcomes. <i>New Zealand Health Technology Assessment Report</i> 2002; 5(1).</p> <p><sup>2</sup> Veit FCM, Sanci LA, Young DY-L, Bowes G. Adolescent health care: perspectives of Victorian general practitioners. <i>Medical Journal of Australia</i> 1995; 163:16–18.</p> <p><sup>3</sup> Kang M, Bernard D, Booth ML, Quine S, Alperstein G, Usherwood T, Bennett DL. Access to primary health care for Australian young people: service provider perspectives. <i>British Journal of General Practice</i> 2003; 53(12):947–952.</p> <p><sup>4</sup> Success Works. <i>Evaluation of Clockwork Young People's Health Service</i> (1999: Department of Human Services, Barwon South West Region and GP Association, Geelong, Victoria).</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division facilitation of access to general practice services through youth health clinics</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.7 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>

#### Future Directions

#### Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Reporting of the indicator	6 Month Report 12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.8	
Indicator	The Division takes a systematic approach to obtaining feedback from young people in relation to general practice services.
Rationale for the indicator	<p>There is evidence that active consumer participation leads to more accessible and effective health services<sup>1</sup>. The RACGP Standards for General Practice includes a standard for collaborating with patients, and describes a criterion (2.1.2) for obtaining patient feedback<sup>2</sup>. The United Nations Convention on the Rights of the Child<sup>3</sup> affirms the right to participation for children and young people, recognising their status as assets within a community who can contribute in decision making and problem solving. Putting meaningful youth participation into practice can nevertheless be difficult and can take place on a number of levels. A planned and systematic approach involves deciding what the objectives of consultation are and at what level participation is required. If a new service is being planned (eg outreach, or youth clinic) it is likely to be more effective if young people are involved from the outset, such as by representation on a steering or advisory committee. If feedback about existing general practice services is required, there are a number of strategies for consulting with young people. Simple feedback can be obtained from young people via anonymous surveys and suggestion boxes, focus group discussions, forums and workshops<sup>4</sup>. Several practical resources have been developed to assist organisations, including health services, who wish to involve young people in service review or planning<sup>5,6,7</sup>.</p> <p><sup>1</sup> Consumer Focus Collaboration. <i>The evidence supporting consumer participation in health</i> (2001). Available at: <a href="http://www.participateinhealth.org.au/ClearingHouse/Docs/cfcevidence.pdf">http://www.participateinhealth.org.au/ClearingHouse/Docs/cfcevidence.pdf</a></p> <p><sup>2</sup> RACGP. <i>Standards for General Practice</i>. Available at: <a href="http://www.racgp.org.au/standards/">http://www.racgp.org.au/standards/</a></p> <p><sup>3</sup> UNICEF. <i>International Convention on the Rights of the Child</i> (1989).</p> <p><sup>4</sup> Kang M, Bernard D, Usherwood T, Quine S, Alperstein G, Kerr-Roubicek H, Elliott A, Bennett DL. <i>Access to health care among NSW adolescents: Phase 2. Research Report</i> (2005: NSW Centre for the Advancement of Adolescent Health). Available at: <a href="http://www.caah.chw.edu.au/resources/">http://www.caah.chw.edu.au/resources/</a></p> <p><sup>5</sup> NSW Centre for the Advancement of Adolescent Health. <i>ACCESS Study: Youth Health—Better Practice Framework Fact Sheets</i> (2005: NSW Centre for the Advancement of Adolescent Health). Available at: <a href="http://www.caah.chw.edu.au">www.caah.chw.edu.au</a></p> <p><sup>6</sup> NSW Commission for Children and Young People. <i>Taking participation seriously</i> (2001). Available at: <a href="http://www.kids.nsw.gov.au/files/tpsresources.pdf">http://www.kids.nsw.gov.au/files/tpsresources.pdf</a></p> <p><sup>7</sup> Office for Youth (Victoria). <i>Participation: Taking Young People Seriously Project</i>. Available at: <a href="http://www.youth.vic.gov.au">http://www.youth.vic.gov.au</a></p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	<p>Description of a significant achievement* resulting from Division taking a systematic approach to obtaining feedback from young people in relation to general practice services</p> <p>Description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p><b>C_YTH 1.8 Significant Achievement</b>  <b>Aim:</b>  <b>Actions taken:</b>  <b>Outcomes:</b></p>
Reporting of the indicator	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	None
Comments	* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 1 (Divisions)

C_YTH 1.9	
Indicator	The Division facilitates access to effective Continuing Professional Development (CPD) to enhance the skills of GPs and/or practice staff in meeting the health care needs of young people.
Rationale for the indicator	<p>Perceptions about lack of expertise and inadequate training are major barriers for GPs to providing accessible, quality health care for young people<sup>1,2</sup>. There is strong evidence that specific training in unique aspects of working with young people such as communication skills, psychosocial risk assessment and medico-legal issues improves GPs' knowledge, attitudes and confidence and this effect is sustained over the long term<sup>3,4</sup>.</p> <p><sup>1</sup> Veit FCM, Sanci LA, Young DY-L, Bowes G. Adolescent health care: perspectives of Victorian general practitioners. <i>Medical Journal of Australia</i> 1995; 163:16–18.</p> <p><sup>2</sup> Kang M, Bernard D, Booth ML, Quine S, Alperstein G, Usherwood T, Bennett DL. Access to primary health care for Australian young people: service provider perspectives. <i>British Journal of General Practice</i> 2003; 53(12):947–952.</p> <p><sup>3</sup> Sanci LA, Coffey CMM, Veit FCM, Carr-Gregg M., Patton GC, Day N, Bowes G, Ker J. Evaluation of the effectiveness of an educational intervention for general practitioners in adolescent health care: randomised controlled trial. <i>British Medical Journal</i> 2000; 320(7229):224–229.</p> <p><sup>4</sup> Sanci L Coffey C, Patton G, Bowes G. Sustainability of change with quality general practitioner education in adolescent health: a 5-year follow-up. <i>Medical Education</i> 2005; 39(6):557–560.</p>
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of Division records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Statement of CPD to enhance the skills of GPs and/or practice staff in meeting the health care needs of young people provided by the Division, formatted as follows:</p> <p><b>C_YTH 1.9(S1)</b></p> <p>We undertook [insert type of CPD activity/activities] on [insert topic(s)] for [insert type of staff, specify focus where appropriate.]</p> <p>Comments: _____</p> <p><b>AND/OR</b></p> <p>Statement of CPD to enhance the skills of GPs and/or practice staff in meeting the health care needs of young people for which access was facilitated by the Division, formatted as follows:</p> <p><b>C_YTH 1.9(S2)</b></p> <p>We facilitated access to [insert type of CPD activity/activities] on [insert topic(s)] for [insert type of staff, specify focus where appropriate;] provided by [insert provider(s)]. We facilitated access by [insert activities].</p> <p>Comments: _____</p>
Reporting of the indicator	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as State and Territory, geographic size, rurality, number of GPs in the Division, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p> <p>Consideration may need to be given to at least one CPD activity relating to the health care needs of Aboriginal and Torres Strait Islander young people.</p>
Comments	

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 2 (General Practices / GPs)

C_YTH 2.1	
Indicator	The number and proportion of general practices implementing specific strategies to optimise access for young people.
Rationale for the indicator	<p>‘Youth friendly practices’ have been described for general practice settings by a number of innovative youth health projects involving Divisions and other health organisations working collaboratively with young people. These are strategies which address the major barriers that young people<sup>1,2</sup> and service providers<sup>3,4</sup> face in accessing, and providing, optimal care. Resources have been developed that can assist in putting strategies into practice<sup>5,6,7</sup>.</p> <p><sup>1</sup> Veit F, Sanci LA, Coffey CMM, Young DY-L, Bowes G. Barriers to effective primary health care for adolescents. <i>Medical Journal of Australia</i> 1996; 165:131–133.</p> <p><sup>2</sup> Booth ML, Bernard D, Quine S, Kang M, Usherwood T, Alperstein G, Bennett DL. Access to health care among Australian adolescents: Young people’s perspectives and their socio-demographic distribution. <i>Journal of Adolescent Health</i> 2004; 34(1):97–103.</p> <p><sup>3</sup> Veit FCM, Sanci LA, Young DY-L, Bowes G. Adolescent health care: perspectives of Victorian general practitioners. <i>Medical Journal of Australia</i> 1995; 163:16–18.</p> <p><sup>4</sup> Kang M, Bernard D, Booth ML, Quine S, Alperstein G, Usherwood T, Bennett DL. Access to primary health care for Australian young people: service provider perspectives. <i>British Journal of General Practice</i> 2003; 53(12):947–952.</p> <p><sup>5</sup> ADGP. <i>National Divisions Youth Alliance: Youth Friendly General Practice</i>. Available at: <a href="http://ndya.adgp.com.au/site/index.cfm">http://ndya.adgp.com.au/site/index.cfm</a></p> <p><sup>6</sup> NSW Centre for the Advancement of Adolescent Health (CAAH): Kang M, Chown P. <i>GP Resource Kit: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds</i> (2004: A collaboration between NSW TMHC and NSW CAAH) Available at: <a href="http://www.caah.chw.edu.au/resources/#03">http://www.caah.chw.edu.au/resources/#03</a></p> <p><sup>7</sup> Access SERU. <i>Improving young people’s access to health care through general practice—a guide for general practitioners and Divisions of General Practice</i> (1999: Access SERU, Department of General Practice and Public Health, University of Melbourne, Melbourne).</p>
Indicator type	Quantitative
Numerator	Number of general practices implementing specific strategies* to optimise access for young people
Source of numerator data	<p>Division survey of practices and/or face-to-face, telephone or email contact with practices, using a Standard National Question, as follows:</p> <p><b>C_YTH 2.1(Q) Is your practice currently implementing specific strategies* to optimise access for young people?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No            If yes, please specify _____</p>

Data coding (if applicable)	0 No 1 Yes 9 Missing Provide detail captured under 'please specify' in explanatory text.
Mechanism for QA on numerator data	Audit of Division records, random audit of practices
Denominator	Number of general practices in Division for whom data are available
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by the denominator and multiplied by 100 Explanatory text for the result may be provided
Reporting of the indicator	12 Month Report
Disaggregation (equity)	Division comparisons may need to take into consideration issues such as State or Territory, rurality, population age distribution, Division IRSD (Index of Relative Socio-economic Disadvantage), GP:population ratio, and proportion of population of Aboriginal and/or Torres Strait Islander origin.
Comments	**'Specific strategies' might include documented processes to assist young people to access general practice services including such things as a confidentiality policy, billing/access to Medicare, appointments, staff training.

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 2 (General Practices / GPs)

C_YTH 2.2	
Indicator	The number and proportion of general practices that have specific strategies to optimise access for young people, which actively involved young people in their quality improvement activities.
Rationale for the indicator	The RACGP Standards for General Practice <sup>1</sup> include a criterion (3.1.1) relating to quality improvement activities. The explanation for the criterion notes the relevance of patient feedback to these activities. Divisions can support practices to actively involve patients in quality improvement activities.  See also indicator C_YTH 1.7  <sup>1</sup> RACGP. <i>Standards for General Practice</i> . Available at: <a href="http://www.racgp.org.au/standards/">http://www.racgp.org.au/standards/</a>
Indicator type	Quantitative
Numerator	Number of general practices that have specific strategies* to optimise access for young people, which actively involved young people in their quality improvement activities in the past 12 months
Source of numerator data	Division survey of practices and/or face-to-face, telephone or email contact with practices, using a Standard National Question, as follows:  [Follows from Standard National Question C_YTH 2.1(Q) Does your practice have specific strategies to optimise access for young people?]  C_YTH 2.2(Q) If yes, have you actively involved young people in your quality improvement activities in the past 12 months? [ ] Yes [ ] No If yes, please specify: _____
Data coding (if applicable)	0 No 1 Yes 9 Missing Provide detail captured under 'please specify' in explanatory text.
Mechanism for QA on numerator data	Audit of Division records, random audit of practices
Denominator	Practices identified in C_YTH 2.1
Source of denominator data	Division survey of practices and/or face-to-face, telephone or email contact with practices, using Standard National Questions
Data coding (if applicable)	1 Yes to C_YTH 2.1
Mechanism for QA on denominator data	Audit of Division records, random audit of practices
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by denominator and multiplied by 100 Explanatory text for the result may be provided
Reporting of the indicator	12 Month Report
Disaggregation (equity)	None

Comments	* Strategies might include involving school students in an audit of practice youth friendliness or having students develop youth friendly promotional materials.
----------	--

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 2 (General Practices / GPs)

C_YTH 2.3	
Indicator	The number and proportion of GPs attending at least one Division Continuing Professional Development (CPD) activity aimed at enhancing skills in meeting health care needs of young people, in the past 12 months.
Rationale for the indicator	<p>Perceptions about lack of expertise and inadequate training are major barriers for GPs to providing accessible, quality health care for young people<sup>1,2</sup>. There is strong evidence that specific training in unique aspects of working with young people such as communication skills, psychosocial risk assessment and medico-legal issues improves GPs' knowledge, attitudes and confidence and this effect is sustained over the long term<sup>3,4</sup>.</p> <p><sup>1</sup> Veit FCM, Sanci LA, Young DY-L, Bowes G. Adolescent health care: perspectives of Victorian general practitioners. <i>Medical Journal of Australia</i> 1995; 163:16–18.</p> <p><sup>2</sup> Kang M, Bernard D, Booth ML, Quine S, Alperstein G, Usherwood T, Bennett DL. Access to primary health care for Australian young people: service provider perspectives. <i>British Journal of General Practice</i> 2003; 53(12):947–952.</p> <p><sup>3</sup> Sanci LA, Coffey CMM, Veit FCM, Carr-Gregg M., Patton GC, Day N, Bowes G, Ker J. Evaluation of the effectiveness of an educational intervention for general practitioners in adolescent health care: randomised controlled trial. <i>British Medical Journal</i> 2000; 320(7229):224–229.</p> <p><sup>4</sup> Sanci L Coffey C, Patton G, Bowes G. Sustainability of change with quality general practitioner education in adolescent health: a 5-year follow-up. <i>Medical Education</i> 2005; 39(6):557–560.</p>
Indicator type	Quantitative
Numerator	Number of GPs attending CPD aimed at enhancing GP skills in meeting adolescent health care needs in the past 12 months
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of GP members in the Division
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by denominator and multiplied by 100 Explanatory text for the result may be provided
Reporting of the indicator	12 Month Report
Disaggregation (equity)	<p>Division comparisons may need to take into consideration issues such as population age distribution, number of GPs in the Division, and proportion of population of Aboriginal and/or Torres Strait Islander origin.</p> <p>Consideration may be given to a least one CPD activity in the period 2005–08 being to enhance GP skills in meeting the health care needs of Aboriginal and Torres Strait Islander young people.</p>
Comments	

#### Future Directions

Technical Details for Common Pool Performance Indicators for Divisions of General Practice

March 2007

## YOUTH HEALTH INDICATORS

### YOUTH HEALTH—Level 2 (General Practices / GPs)

C_YTH 2.4	
Indicator	The number and proportion of practices from which any staff member attended at least one Division activity aimed at optimising access for young people, in the past 12 months.
Rationale for the indicator	<p>Young people experience barriers to accessing general practice that extend beyond their concerns about the GP they will see. The physical environment, attitudes of reception staff and uncertainty about how to negotiate Medicare and cost are also important<sup>1,2</sup>. Confidentiality remains the most important barrier, and accidental breaches of confidentiality may also occur on the part of GPs and other practice staff when seeing young people. Training of practice staff is another important strategy for optimising access for young people in order to address these barriers that may sit outside doctor/patient communication.</p> <p><sup>1</sup> Veit F, Sanci LA, Coffey CMM, Young DY, Bowes G. 'Barriers to effective primary health care for adolescents'. <i>Medical Journal of Australia</i> 1996; 165:131–133</p> <p><sup>2</sup> Booth ML, Bernard D, Quine S, Kang M, Usherwood T, Alperstein G, Bennett DL. 'Access to health care among Australian adolescents: Young people's perspectives and their socio-demographic distribution'. <i>Journal of Adolescent Health</i> 2004; 34(1):97–103.</p>
Indicator type	Quantitative
Numerator	Number of practices from which any staff member attended at least one Division activity aimed at optimising access for young people in the past 12 months
Source of numerator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division records
Denominator	Total number of practices in the Division
Source of denominator data	Division records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Audit of Division records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by denominator and multiplied by 100 Explanatory text for the result may be provided
Reporting of the indicator	12 Month Report
Disaggregation (equity)	None
Comments	