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Debunking the myth that general practice is ‘6 minute medicine’

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Background

In recent media coverage of the proposed patient co-payment for each general practitioner (GP) visit, the term ‘6 minute medicine’ has frequently been used to describe GP consultations. This Byte tests the validity of the term ‘6 minute medicine’ in describing GP consultations, using recent data from the BEACH (Bettering the Evaluation and Care of Health) program.

BEACH is a continuous national study of GP activity, in which annual ever-changing randomly sampled GPs each records details of 100 GP-patient encounters. For each of 40 encounters the GP is asked to record start-time and finish-time. We calculate length of consultation as: finish time minus start time, in minutes.

For the last decade we have published the average consultation length for MBS/DVA claimable encounters with GPs for the past 12 year.1, 2 The average has remained consistent at about 15 minutes, with the median being 13-14 minutes in all years. All these reports are freely available through links in the “Publications” section of our web site, http://sydney.edu.au/medicine/fmrc/. We have also published journal articles on consultation length, how it varies among groups of GPs (e.g. males and females, younger and older), and identified the predictors of consultation length.3-6

In all our previous reports of consultation length, we have relied on the raw data from those ‘timed’ consultations for which a Medicare/DVA item was recorded as claimable.

Methods

We used BEACH data, collected 1 April 2012 to 31 March 2013, in which 988 GPs recorded start and finish times for 34,926 Medicare/DVA claimable encounters.

In this analysis, for the first time we weighted the timed encounters by GP age-sex and by activity level (the number of consultations they claimed in a year through Medicare or DVA). This ensured that the distribution of length of consultations reflected the distribution for length of all Medicare claimed GP encounters, rather than being a description of time spent by the sampled GPs. Post-stratification weighting is fully described in the Methods section of each of the GP activity annual reports.1,2

Results

The total encounter sample numbered 98,564. Of these, 85,885 had a MBS/DVA item recorded. Of these, 34,926 encounters also had start time and finish time completed. After post-stratification weighting for age-sex of GP and for their individual Medicare claims activity level, there were 34,984 timed MBS/DVA consultations.

Of all timed Medicare/DVA claimable encounters:
- the range was 1 to 165 minutes
- the average (mean) length was 14 minutes
- the median was 12 minutes (50% were less than, and 50% more than 12 minutes)
- the mode (the most popular consultation length) was 10 minutes (10 minutes)
- 10% were timed as 6 minutes or less.
Figure 1 shows the distribution of consultation length for MBS/DVA claimable patient consultations. You can see the peaks at 10 minutes, 15 minutes and 20 minutes, probably reflecting appointment times. Together these accounted for 28.5% of all timed consultations.

![Figure 1: Distribution of all MBS/DVA claimable GP-patient encounters by length (in minutes) (N=34,984 [weighted])]({})

Table 1 provides the number of encounters in each of six length categories, the mean length of the encounters in each length category, the proportion of total timed encounters, and the proportion of total consultation time accounted for by each length category. Figure 2 shows the relationship between consultation length and GP consulting time. The timed consultations added in total to 502,688 minutes of GP face-to-face consulting time, equivalent to about 8,378 hours, or 209 face-to-face clinical 40 hour weeks.

- It was earlier shown that consultations of 6 minutes or less accounted for 10% of all timed consultations. However, these short consultations accounted for only 3.3% of all time spent in the timed consultations.
- Consultations of 7-9 minutes accounted for 16% of consultations but only 9% of total consulting time.
- 26% of timed consultations were less than 10 minutes, but these only accounted for 12% of total time spent in consultations.
- Consultations of 10-20 minutes accounted for 58% of timed consultations, and accounted for almost the same proportion of the total consulting time (56%).
- Consultations lasting more than 20 minutes accounted for the remaining 16% of measured consultations but accounted for a third (32%) of the total face-to-face time spent by the GPs in all timed MBS/DVA claimable encounters.
- Consultations lasting longer than 30 minutes accounted for only 4% of all timed consultations but accounted for about 11% of total consultation time.
Table 1: Average length of consultations in each time band

<table>
<thead>
<tr>
<th>Length in minutes</th>
<th>Number of encounters</th>
<th>Total minutes</th>
<th>Mean length of consultations (minutes)</th>
<th>Percent of timed encounters</th>
<th>Percent of total consultation time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 inclusive</td>
<td>3,417</td>
<td>16,717</td>
<td>4.9</td>
<td>9.8</td>
<td>3.3</td>
</tr>
<tr>
<td>7-9</td>
<td>5,714</td>
<td>45,733</td>
<td>8.0</td>
<td>16.3</td>
<td>9.1</td>
</tr>
<tr>
<td>10-20</td>
<td>20,290</td>
<td>279,701</td>
<td>13.8</td>
<td>58.0</td>
<td>55.6</td>
</tr>
<tr>
<td>21-30</td>
<td>4,153</td>
<td>103,591</td>
<td>24.9</td>
<td>11.9</td>
<td>20.6</td>
</tr>
<tr>
<td>31-40</td>
<td>965</td>
<td>34,492</td>
<td>35.7</td>
<td>2.8</td>
<td>6.9</td>
</tr>
<tr>
<td>&gt;40</td>
<td>446</td>
<td>22,454</td>
<td>50.3</td>
<td>1.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Total</td>
<td>34,985</td>
<td>502,688</td>
<td>1,436.9</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 2: Distribution of all GP-patient consultations by length, in ranges (N=34,984 [weighted])

Discussion

We could have ‘cut’ the data many ways and many will have suggestions of other time ranges we should/could have used. If there is a need to do so, it can be done. However, this study has shown that GPs spend about 12% of their total consultation time at encounters of less than 10 minutes, over half in consultations of 10-20 minutes and one-third in consultations lasting longer than 20 minutes.

Conclusion

We have debunked the myth that Australian general practice =‘6 minute medicine’. It can now be dispelled for good. This study has demonstrated that there are some encounters of 6 minutes or less, but these short consultations (averaging 5 minutes) account for only 10% of all Medicare/DVA claimable consultations. Further they account for only 3.3% of the GPs MBS/DVA claimable time spent in patient consultations.
As demonstrated here, the length of GP consultations varies widely, and this variance has been shown in previous research to be due to multiple factors, but largely to the number of problems managed at the consultation and the types of problems managed.³

If people feel they MUST ignore the wide range, and refer to the length of GP consultations in one phrase it would be far more accurate to call it ‘14 minute medicine’.

**Suggested citation**


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**References**