

Appendices

Appendix 1: Example of a 2006–07 recording form

BEACH (Bettering the Evaluation And Care of Health) - Morbidity and Treatment Survey - National © BEACH General Practice & Statistics Classification Unit University of Sydney 1996 **DOC ID**

Encounter Number	Date of encounter ____/____/____	Date of Birth ____/____/____	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Patient Postcode _____	Yes / No	PATIENT SEEN BY GP <input type="checkbox"/> PATIENT NOT SEEN BY GP <input type="checkbox"/> Medicare Item Nos: (if applicable)
START Time ____:____ AM / PM (please circle)	Patient Reasons for Encounter		1. _____ 2. _____ 3. _____		New Patient <input type="checkbox"/> <input type="checkbox"/> Health Care/Benefits Card <input type="checkbox"/> <input type="checkbox"/> Veterans Affairs Card <input type="checkbox"/> <input type="checkbox"/> NESB <input type="checkbox"/> <input type="checkbox"/> Aboriginal <input type="checkbox"/> <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> <input type="checkbox"/>	Workers comp paid ... <input type="checkbox"/> State Govt/Other paid <input type="checkbox"/> No charge <input type="checkbox"/>

Diagnosis/ Problem ① :								Problem Status							
								New <input type="checkbox"/> Old <input type="checkbox"/> Work related <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status								
1.							New Cont.								
2.															
3.															
4.															

Diagnosis/ Problem ② :								Problem Status							
								New <input type="checkbox"/> Old <input type="checkbox"/> Work related <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status								
1.							New Cont.								
2.															
3.															
4.															

Procedures, other treatments, counselling this consult for this problem

1. _____ Prac nurse? 2. _____ Prac nurse?

Procedures, other treatments, counselling this consult for this problem

1. _____ Prac nurse? 2. _____ Prac nurse?

Diagnosis/ Problem ③ :								Problem Status							
								New <input type="checkbox"/> Old <input type="checkbox"/> Work related <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status								
1.							New Cont.								
2.															
3.															
4.															

Diagnosis/ Problem ④ :								Problem Status							
								New <input type="checkbox"/> Old <input type="checkbox"/> Work related <input type="checkbox"/>							
Drug Name AND Form for this problem	Strength of product	Dose	Frequency	No. of Rpts	OTC	GP Supply	Drug status								
1.							New Cont.								
2.															
3.															
4.															

Procedures, other treatments, counselling this consult for this problem

1. _____ Prac nurse? 2. _____ Prac nurse?

Procedures, other treatments, counselling this consult for this problem

1. _____ Prac nurse? 2. _____ Prac nurse?

NEW REFERRALS, ADMISSIONS	IMAGING/Other tests
Problem(s) 1. _____ 1 2 3 4 2. _____ 1 2 3 4	Body site Problem(s) 1. _____ - _____ 1 2 3 4 2. _____ - _____ 1 2 3 4

PATHOLOGY	PATHOLOGY(cont)
Problem(s) 1. _____ 1 2 3 4 2. _____ 1 2 3 4 3. _____ 1 2 3 4	Problem(s) 4. _____ 1 2 3 4 5. _____ 1 2 3 4

Patient reported Height: _____ cm

Weight: _____ kg

To the patient if 18+:
Which best describes your smoking status?

Smoke daily

Smoke occasionally

Previous smoker

Never smoked

To the patient if 18+:
How often do you have a drink containing alcohol?

Never

Monthly or less

Once a week/fortnight

2-3 times a week

4+ times a week

How many 'standard' drinks do you have on a typical day when you are drinking?

How often do you have 6 or more standard drinks on one occasion?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

FINISH Time

____:____

AM / PM
(please circle)

BA9

Appendix 2: GP characteristics questionnaire, 2006–07



The University of Sydney
at Westmead Hospital

Australian General Practice
Statistics and
Classification Centre



a collaborating unit of the

Australian Institute of Health and Welfare

Doctor Identification Number

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Please fill in boxes or circle answers

1. Sex Male / Female

2. Age

3. How many years have you spent in general practice?

4. How many GPs work with you at this practice?
(Practice = shared medical records)

5. Postcode of major practice address ..

6. In which GP Division is this practice
.....

7. Year of graduation

8. Place of graduation (primary medical degree):
Aust 1
NZ 2
Asia 3
UK / Ireland 4
Other: (specify) 5

9. Do you conduct any of your consultations in a language other than English?
No 1
Yes - <25% 2
Yes - 25 to 50% 3
Yes - >50% 4

10. Are you a GP registrar (i.e. in training)?... Yes / No

11. Are you DVA registered? Yes / No

12. Do you hold FRACGP ? Yes / No

13. Is your major practice accredited ? Yes / No

14. Is there a practice nurse at your major practice address ? Yes / No

15. Number of general practice sessions you usually work per week?
(1 session = ~4 hrs eg a morning session)

16. Direct patient care hours worked per week? (Include hours of direct patient care, instructions, counselling etc and other services such as referrals, prescriptions, phone calls etc.)

17. Over the past four weeks have you provided any patient care(Circle all that apply)

As a locum 1
In a deputising service 2
In a residential aged care facility 3
As a salaried/sessional hospital medical officer.... 4
None of the above 5

18. What are the normal after-hours arrangements for your practice? (Circle all that apply)

Practice does its own.....1
Co-operative with other practices2
Deputising service.....3
Referral to other service (eg A&E)4
Other5
None6

19. Do you bulk bill ALL patients?..... Yes / No
If No, which groups are bulk billed?
(Tick those that apply) All Some
Pensioner/Healthcare Card holders ...
Children <16 years
Selected other patients

20. To what extent are computers used -
(i) at your major practice? (ii) by you (at work)?
Not at all.....1 Not at all 1
Billing.....2 Test ordering 2
Prescribing.....3 Prescribing3
Medical Records.....4 Medical Records 4
Other Admin.....5 Internet 5
Internet / Email.....6 Email6

(iii) Prescribing / Health record software used is -
.....

21. Is your major practice site a teaching practice? (Circle all that apply)
for undergraduates..... 1
for GP registrars..... 2
No..... 3

22. Did any of your BEACH consultations take place in an Aboriginal Community Controlled Health Service (ACCHS)?
No.....1
Yes - all.....2
Yes - some (which dates?) 3

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Thank you for participating in the BEACH PROGRAM.

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Appendix 3: Dissemination of results from the BEACH program

Available from

<www.aihw.gov.au/publications/index.cfm/subject/19>

A full list of BEACH publications is also available from the Family Medicine Research Centre website: < www.fmrc.org.au/publications/>.

Appendix 4: Code groups from ICPC-2 and ICPC-2 PLUS

Available from

<www.aihw.gov.au/publications/index.cfm/subject/19>

Appendix 5: Chronic code groups from ICPC-2 and ICPC-2 PLUS

Available from

<www.aihw.gov.au/publications/index.cfm/subject/19>