



National Prescribing Service Limited

4th National GP Survey: Executive Summary

This fourth survey of general practitioners (GPs) undertaken by the National Prescribing Service Limited (NPS) was carried out after six years of NPS quality use of medicines (QUM) education to GPs in Australia. The survey provides data on GPs' knowledge and behaviour around the activities of the NPS and knowledge of evidence-based prescribing practices, their use of different types of information sources and awareness of the various NPS education materials, services and programs.

This report details survey methods, analysis and results, and is intended primarily for internal NPS use. NPS will use the report to comment on any changes in GP awareness and perceived value of the organisation, products, activities and services as part of its internal program evaluation. It is also used to examine changes in GP knowledge of evidence-based prescribing and comment on whether any observed changes are consistent with expectations of specific NPS programs.

NPS will also use the data to help inform program refinement and development. Recommendations recorded in this report are limited to those for NPS as part of program evaluation and, in particular, relating to national GP surveys. Specific recommendations for program refinement and development will be discussed and reviewed with program implementation staff. Informed decisions will then be made by NPS in the light of strategic priorities and budgetary considerations.

Response, respondents and representativeness

- Of the 2 080 surveys mailed, 921 (44%) were returned. Of these, 815 (40%) were included in the analysis.
- There was a slight under-representation of male GPs in the survey sample compared to national data, and a slight over-representation of GPs in the 45–54 age category. This should be borne in mind in any extrapolation of the survey to the national level.
- The average GP in the survey was a 49 year old male who saw 122 patients per week, was in a practice of three or more GPs and had been in practice for 19 years.

High awareness

- Most (98%) of the surveyed GPs had heard of NPS. Awareness of NPS activities undertaken by local divisions of general practice was also relatively high (69%). Comparison with previous surveys shows that awareness of divisional activities has tripled since the inception of NPS in 1998.
- There were some geographical variations in awareness of divisional NPS programs with GPs from Tasmania (90%) and Queensland (77%) being most likely to be aware and those from South Australia (64%) and New South Wales (63%) being least aware.
- Just over half of GPs (56%) correctly knew the NPS to be an independent organisation. This proportion has increased markedly from 39% in the last survey of GPs in 2002.

A valuable program

- Encouragingly, most GPs (84%) rated NPS to be of either 'great' or 'moderate' value. The value of NPS to GPs has also grown noticeably over the years. In 2000, 14% of surveyed GPs considered the NPS to be 'great' value, by 2002 this figure was 20% and in 2004 it has reached 23%.
- The importance of the Practice Incentive Program (PIP) in influencing involvement with NPS activities has fallen in the two years since the last survey. Just under half of those who claimed PIP (48%) rated it as moderately or very important in influencing their involvement with NPS activities compared to 57% in the 2002 survey.

Quality use of prescription medicines

- In terms of GPs' evidence-based knowledge of quality use of prescription medicines, the results are encouraging but the survey has also highlighted areas where there is still work to be done in addressing gaps.
 - COX-2 selective NSAIDs
Most GPs (91%) thought that COX-2 selective NSAIDs had an advantage over NSAIDs in reducing the incidence of gastrointestinal bleeding or perforations. Half of the GPs (50%) thought that COX-2 selective NSAIDs provided an advantage over NSAIDs in not causing dyspepsia.
 - Dosage of inhaled corticosteroids in asthma
GPs were asked about their knowledge of effective doses of inhaled corticosteroids in the treatment of asthma. Only 37 GPs (5%) correctly identified the doses of all four inhaled corticosteroids.
 - Treatment of heart failure
GPs knowledge around heart failure was variable. While nearly all (97%) correctly answered that angiotensin converting enzyme (ACE) inhibitors have been shown to reduce mortality in heart failure, only 33% knew that this was also true for spironolactone. Only three GPs were able to correctly identify the five medications known to reduce mortality in heart failure.
 - Choice of antibiotic for acute sinusitis
GPs were asked to record which antibiotic they would prescribe as their first choice for a patient presenting for the first time with acute sinusitis. Most GPs (70%) correctly indicated that they would use amoxicillin, this proportion has increased greatly over time from 44% in the 2000 GP survey and 59% in 2002 survey.
 - Target International Normalized Ratio (INR) for patients with atrial fibrillation treated with warfarin
GPs were asked to indicate the correct target range for INR in patients treated with warfarin. Most GPs (85%) correctly identified the INR range to be 2.0–3.0.
 - Current evidence around hormone replacement therapy (HRT)
GPs were asked to assess various statements in relation to current evidence around HRT. Most GPs (88%) knew that HRT should be reserved for the relief of unpleasant menopause symptoms but were much less sure about the use of HRT to prevent fractures in women aged 65–75 years; only 11% recognised this statement as true. Only 10 GPs (1%) correctly identified all the true and false statements.
 - Length of therapy for antidepressants
Most GPs (96%) answered correctly that antidepressants should be continued for more than three months to reduce the risk of relapse in major depression.

- Treatment for gastro-oesophageal reflux disease (GORD)
GPs were given a scenario relating to the treatment of a patient with GORD. GPs were asked how they would manage this patient. The incorrect option was chosen by 11% of GPs. The remainder selected other options to reduce the dose of medication, discontinue therapy or change to another medication, all considered acceptable according to current guidelines.

Sources of therapeutic information

- The most recognised and used of the NPS sources of therapeutic information was *Australian Prescriber*; 86% of GPs were aware of this and of those 90% 'sometimes' or 'frequently' read it. Two-thirds of those who read it rated it as 'good' or 'very good'.
- Other NPS information resources were less well recognised. Nationally, only 28% were aware of the Therapeutic Advice and Information Service (TAIS) a slight decrease from 30% in 2002. Awareness of TAIS varied by state, the highest being Tasmania (46%) and the lowest New South Wales (26%). Interestingly, despite the apparent decrease in awareness of TAIS in this survey, there has been a noticeable increase in its use among those aware, from 40% in 2002 to 55%.
- The high awareness of *NPS RADAR* (45%) is encouraging as this has only been available for less than a year.
- GPs continue to prefer the more traditional forms of education with continuing education events and journals being ranked highest when GPs were asked what their favoured options were for keeping up to date with changes and advances in medicines. GPs ranked visits from NPS facilitators as the sixth most preferred out of a possible 10 options.
- The *MIMs Annual*, the *Schedule of Pharmaceutical Benefits* and *Therapeutic Guidelines* were reported to be the most used sources of information in the past four weeks.

Computerised prescribing

- Most GPs in the survey (86%) used a computer for prescribing. Computerised prescribing was closely associated with GP age, gender, number of years in practice, state and size of practice.
- As may be expected, older GPs and those in practice longest were least likely to be using a computer for prescribing. Less than half of GPs aged over 66 used a computer. More females (90%) than males (84%) used computer prescribing. The highest computer use was in Tasmania (94%), while the lowest was New South Wales (80%). GPs from larger practices were more likely to use a computer for prescribing.

Awareness of NPS consumer programs and other resources

- The campaign "Common colds need common sense" was the NPS consumer program most recognised by GPs (79%). More importantly, 83% of these GPs felt that the campaign was helpful in promoting the message to patients that antibiotics were inappropriate for the common cold. Awareness of other consumer programs and resources was mixed:
 - 47% were aware of Consumer Medicine Information (CMI)
 - 46% of GPs were aware of the NPS campaign "Medicines without the mix-ups"
 - 39% of GPs were aware of the NPS *Medimate* brochure
 - 26% were aware of NPS Medicines Line.