General and relative time in urban general practice
Oliver R Frank

TO THE EDITOR: Academic researchers and staff of Divisions of General Practice often perceive that urban general practitioners “don’t have time” to participate in various practice development or research activities, or even that they don’t have enough time overall. What does this really mean?

Urban GPs can ensure that they have too little time for anything by continuing to accept new patients when they already have more patients than the number to whom they can provide timely quality care.

Further, urban GPs’ apparent lack of time may be relative, rather than absolute. One GP may claim to have time to see patients, but not to write medical reports; a second GP may profess to have time to write medical reports, but not to create care plans; a third GP may claim to have time to create care plans, but not to provide home visits. The real reasons for such statements may include any one or a combination of: disliking the activity; finding the activity difficult to perform; feeling that the activity does not benefit the patient; or being able to earn more performing other activities.

Dislike of the activity may explain why some GPs claim to have insufficient time for relatively well paid activities, such as writing medical reports for insurance or legal purposes. The perceived difficulty of a task may explain why some GPs say that they don’t have enough time to provide psychological help or to perform surgical procedures. Perceived lack of benefit to the patient may explain why some GPs claim that they don’t have enough time to create care plans or perform health assessments. Being able to earn more performing other professional activities may explain why some GPs say that they don’t have enough time to visit residential aged care facilities.

Seeking honest, detailed explanations from GPs about their reasons for performing or not performing various activities that are believed to be useful will enable others in the health system to understand the barriers to getting GPs to perform them. Knowing the real reasons for GPs’ refusal to perform an activity will enable its promoter or sponsor to redesign it to make it more acceptable or useful. For example, when requesting medical reports, insurance companies and government agencies often request information that has already been provided on one or more earlier occasions. Asking for an update — containing only new information — is likely to increase GPs’ cooperation. Those who want more GPs to create care plans for their patients need to produce evidence of the benefits to patients of care plans. Those who wish for more GPs to visit residential aged care facilities have to find ways to make this as financially rewarding as consulting in the surgery.

“GPs don’t have time” should no longer be accepted as an adequate explanation for GPs’ failure or refusal to perform particular activities. The real reasons behind such a statement should be sought, listened to and acted upon.

Oliver R Frank, Lecturer
Discipline of General Practice, University of Adelaide, Adelaide, SA.
oliver.frank@adelaide.edu.au