

# 14 Consultation time and GP satisfaction

## 14.1 Background

There has been considerable interest in the time general practitioners spend with their patients, particularly under a fee-for-service system. The debate is centred on the argument that short consultations do not provide sufficient time to deal with complex patient issues, particularly psychosocial issues and preventive or health promotion activities.

Many factors have been found to be associated with consultation time including patient age and gender (Carr-Hill et al. 1998). The main finding is that female patients with female GPs have longer consultations. Consistent with this, in Australia, female GPs tend to manage more problems per consultation, with a greater likelihood of psychological problems being managed (Britt et al. 1996), thereby increasing the length of the consultation. Martin et al. (1997) also demonstrated that longer consultations were more likely to include the management of psychological problems and multiple problems than shorter consultations, irrespective of GP gender.

While there has been considerable research into patient satisfaction, research into GP satisfaction with the consultation and GP perception of the patient's satisfaction is limited. However, it has been shown that doctors tend to view more negatively than do patients the doctor's ability to assess, put patients at ease, explain, advise and allow expression of emotional feelings during a consultation (Rashid et al. 1989).

## 14.2 Research questions

What is the average consultation length in general practice?

1. How satisfied are GPs with consultations?
2. How satisfied are patients with the consultation, according to the GP?
3. How satisfied are GPs with the consultation in terms of their own:
  - response to the presenting problem?
  - disease management?
  - medication and treatment review?
  - preventive care and lifestyle advice?
  - psychosocial assessment, counselling and referral?
  - care coordination/case management?

## 14.3 SAND questions

### Box 14.1: Consultation time and GP satisfaction

*For three recording blocks:*

*GPs were asked to:*

- ◆ *record the start and finish time for each encounter*
- ◆ *rate their satisfaction with the consultation on a scale of 1–7, where 1 was ‘very unsatisfied’ and 7 was ‘very satisfied’.*

*For one recording block:*

*GPs were asked to rate the patient’s satisfaction with the consultation on a scale of 1–7, where 1 was ‘very unsatisfied’ and 7 was ‘very satisfied’.*

*For one recording block:*

*GPs were asked if, in the time available, they were satisfied with:*

- |   |                                  |
|---|----------------------------------|
| ◆ <i>Response to the presenting problem</i>         | <i>Yes / No / Not applicable</i> |
| ◆ <i>Disease management</i>                         | <i>Yes / No / Not applicable</i> |
| ◆ <i>Medication and treatment review</i>            | <i>Yes / No / Not applicable</i> |
| ◆ <i>Preventive care and lifestyle advice</i>       | <i>Yes / No / Not applicable</i> |
| ◆ <i>Psychosocial assessment, counsel, referral</i> | <i>Yes / No / Not applicable</i> |
| ◆ <i>Care coordination/case management</i>          | <i>Yes / No / Not applicable</i> |

## 14.4 Results

Sample sizes were:

- GP satisfaction and consultation time—11,053 patient encounters from 277 GPs;
- GPs’ view of patient satisfaction—3,647 patient encounters from 91 GPs; and
- GP satisfaction on aspects of consultation—3,644 patient encounters from 91 GPs.

Some of these encounters were ‘indirect’ (encounters where the patient was not seen but a service provided). These were removed from the samples, leaving a sample of 10,502 direct (patient seen) encounters.

The nature of the distribution (skewed with large outliers) suggested that the median was a better measure of central tendency than the mean. The median length for the 10,502 direct consultations for which the GP recorded a time was 12 minutes. The mean consultation time was 14.6 minutes (95% C.I 14.1–15.0). There was only a slight difference in the median consultation length for male (11 minutes) and female (12 minutes) patients. The median length of consultation increased slightly with the age of the patient, those with patients aged less than 15 years having a median length of 10 minutes and those with patients aged 45 years or more, a median length of 13 minutes (Figure 14.1).

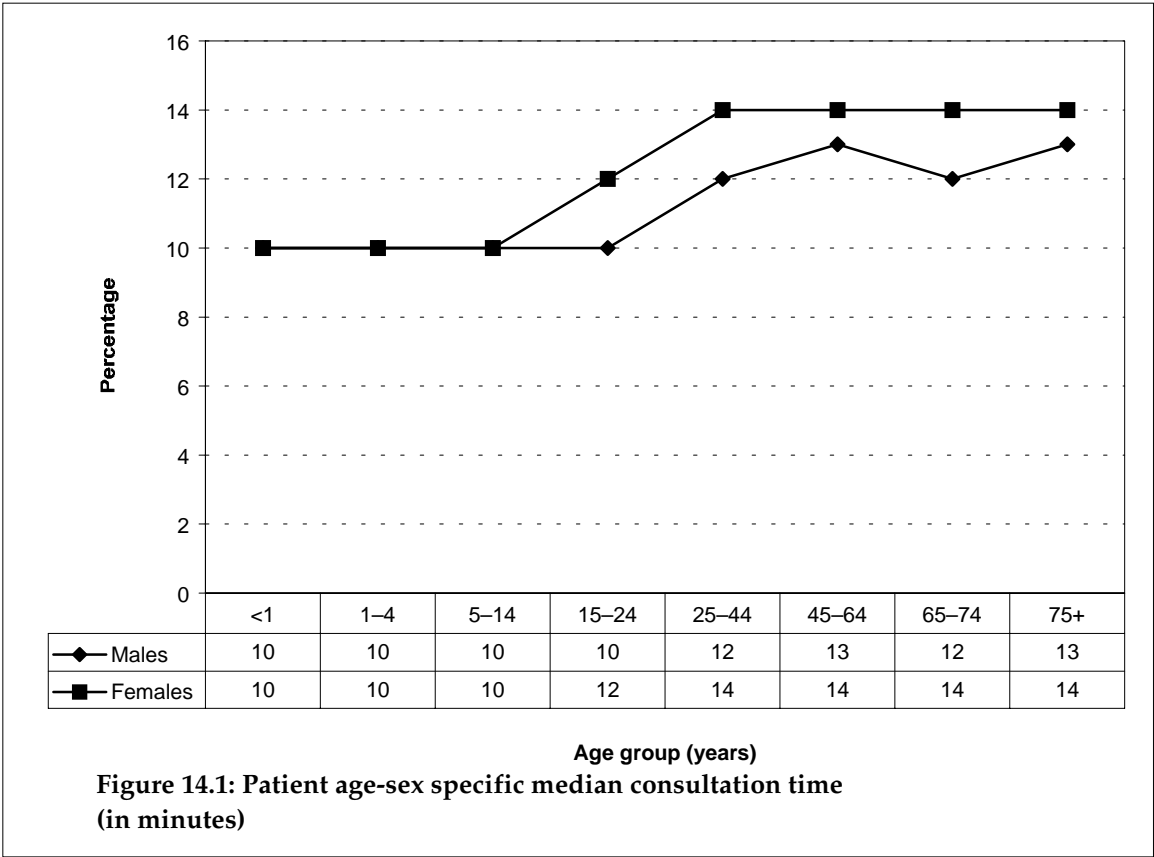
Younger GPs (under 35 years) had marginally longer consultation times, with a median of 13 minutes, compared with 12 minutes for those in older age groups. Female GPs had a median consultation length of 13 minutes compared with that for male GPs of 11 minutes.

Three-quarters of the 10,502 direct consultations (76.3%) were between five and 19 minutes in duration. Only 2.4% were of less than five minutes duration, and 2.5% were 40+ minutes long. The majority of consultations (93.3%) were between the hours of 08:00 and 18:00. As would be expected, the length of consultation increased with the number of problems being managed by the GP, with a median of 20 minutes for encounters involving the management of four problems compared with 10 minutes for those involving only one problem.

Average consultation lengths for encounters with particular problems are provided in Table 14.1. Results showed that encounters with a social problem (regardless of other problems managed) had the longest median consultation length of 20 minutes compared with a median of 10 minutes for eye, ear and respiratory problems.

GPs stated that they were satisfied with the consultation at 55.1% of encounters, were neutral at 42.8%, and dissatisfied at only 2.1% of encounters. GPs were generally satisfied with their response to the presenting problem (97.6%), disease management (92.2%) and medication/treatment review (91.4%) but were a little less satisfied with preventive care (80.6%) psychosocial assessment (78.8%) and care coordination (86.3%).

For the majority of encounters (69.5%), the GP felt that the patient was satisfied with the consultation.



**Table 14.1: Median and mean consultation length for encounters by problem managed (ICPC-2 chapter)**

<b>Problem managed</b>	<b>Number<sup>a</sup></b>	<b>Median</b>	<b>Mean</b>
General & unspecified	1558	12	14.5
Blood	216	14	17.2
Digestive	1044	13	15.3
Eye	297	10	13.0
Ear	559	10	12.4
Circulatory	1657	15	15.8
Musculoskeletal	1755	14	15.5
Neurological	430	15	16.4
Psychological	1120	15	18.3
Respiratory	2180	10	13.5
Skin	1755	12	14.0
Endocrine & metabolic	839	15	15.7
Urological	332	14	14.8
Pregnancy & family planning	470	12	14.1
Female genital system	769	15	17.2
Male genital system	141	14	15.8
Social	112	20	23.2

(a) Column total (n=15,044) is greater than the number of consultations because more than one problem could be managed at an encounter.

## 14.5 Discussion

The average direct consultation was 12 minutes long with considerable variation between GP encounters. The problems managed, the patient characteristics (which are inherently related to the problems managed), and GP characteristics influence the length of time spent on a consultation. Other sections of this report demonstrate the opportunities for the general practitioner in the areas of psychosocial problem management, in preventive medicine and health promotion activity. This section has demonstrated that at almost all encounters GPs were satisfied, in the time available, with their disease management and response to the presenting problem. However at about one in five encounters they were not satisfied with their preventive care and life style advice, psychosocial assessment or care coordination. More detailed analyses of these data in the future may provide a better understanding of the relationship between length of consultation and GP satisfaction with their management of specific patient groups (e.g. the elderly, the chronically ill) and/or specific problem types (e.g. depression).