

**OVERVIEW OF THE QUEENSLAND GENERAL PRACTICE
WORKFORCE 2003-2004**

HEALTH WORKFORCE QUEENSLAND

(FORMERLY QUEENSLAND RURAL MEDICAL SUPPORT AGENCY)

Health Workforce Queensland 2004

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Suggested citation

Health Workforce Queensland (2004). Overview of the Queensland General Practice Workforce 2003-2004. Brisbane: HWQ

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December 2004

ISBN: 0-9752159-1-4

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CHAPTER 1: INTRODUCTION

The purpose of this report is to provide an overview of the Queensland General Practice Workforce. While Health Workforce Queensland is primarily concerned with the rural and remote medical workforce, it is acknowledged that the supply and distribution of the provincial and urban medical workforce impacts on the recruitment and retention of medical practitioners in rural and remote communities.

As such, it is intended to utilise data obtained from the Health Insurance Commission to explore the distribution and workload contributions of General Practitioners across all 19 Divisions of General Practice in Queensland. HIC data was chosen in that it is based on the dollar value of general practice type services provided over a given period of time and allows analysis by gender, workload contribution and age category across defined boundaries.

The analysis will explore patterns of workload by age category and gender for each individual division and provide some comment as to trends revealed. It will also allow for comparison of trends across divisions and at a state or national level. It is anticipated that the data will allow divisions an improved understanding of the composition, workload contributions and mobility of their general practice workforce.

The remainder of this chapter will provide a brief overview of workforce supply measures and factors that have contributed to current perceptions of medical workforce undersupply.

1.1 Workload Measures

Throughout the 1990's and into the early 2000's the prevailing wisdom was that Australian General Practice workforce was in a condition of oversupply, although it was acknowledged that there was an undersupply in rural and remote areas. The Australian Medical Workforce Advisory Committee (AMWAC)¹ noted that in terms of adequacy of the GP workforce, the overall conclusion was that in 1998 there was a shortage of 1,240 GPs in rural and remote areas and supply in excess of benchmark level of approximately 2,300 GPs in metropolitan areas. Nationally, it was estimated that, in December 1998, there was a notional excess of GPs above the supply benchmark of 1,070¹.

The contention that Australia had an overall oversupply of General Practitioners became increasingly challenged in the early 2000's culminating in a report commissioned by the Australian Medical Association and undertaken by Access Economics in 2002². The report 'An analysis of the widening gap between community need and the availability of GP services', suggested that there was currently an overall shortage of GPs in Australia as well as misdistribution. The report also contended that shortages of GPs were by no means confined to rural and remote areas but were becoming increasingly apparent in provincial and outer urban areas.

Traditional measures of medical workforce supply and requirements have tended to use doctor to population ratios (DPRs) for determining need for GPs³. This approach normally involves the application of an existing or desired ratio of workforce size to population. However, AMWAC acknowledges that

¹ Australian Medical Workforce Advisory Committee (2000). The General Practice Workforce in Australia: AMWAC Report 2000.2. Sydney.

² Access Economics (2002). An analysis of the widening gap between community need and the availability of GP services. Canberra: Access Economics.

³ Australian Medical Council (2001). Annual Report.

factors other than population size (e.g. level of morbidity, sex, ethnicity, socioeconomic indicators, income and environment together with the age and gender composition of the medical workforce) impact on population need for medical services. As such, AMWAC suggests that DPRs (based on headcounts) are useful mainly for descriptive purposes and should not be used to determine future workforce requirements or for benchmarking purposes.

Headcounts can also be misleading for workforce planning and analysis due to variations among geographic areas in the proportions of doctors working full-time, part-time or casual. In an attempt to provide a comparable measure across geographic areas/regions, the concept of a full-time workload equivalent (FWE) was developed by the Health Insurance Commission (HIC). A (FWE) value is calculated for each doctor by dividing the doctor's Medicare billing (Schedule fee value of claims processed by the HIC during the reference period) by the mean billing of full-time doctors for the reference period. For the 2001-2002 reference period, this value was \$203,857 (value provided by DoHA, October 2002).

A previous measure developed by the HIC was Full-time Equivalent (FTE) which is used to assign a practitioner as casual, part-time or full-time based on levels of billings over a given reference period. However, based on the HIC definition of full-time as a billing income of \$82,414 or more over a 12 month period (2001-2002) this measure attracted criticism as it was considered that this income level was too low for most full-time GPs⁴. Use of FWE is claimed to overcome this limitation and in contrast with a FTE, a FWE can be fractional and exceed a value of 1 whereas FTE is capped at 1. For example, HIC billings of \$306,000 would derive a FWE value of approx 1.5 while HIC billings of \$153,000 would derive a FWE value of 0.75. These values are adjusted annually and are sometimes recalculated in retrospect by the Department of Health and Ageing.

While HIC data does have some limitations in that it is time delayed (usually six months before reliable data is available) and does not capture services not claimable through Medicare or the Department of Veteran Affairs (estimated at 9.1% by Britt et al., 1999)⁵, it is probably more reliable than self-reported data collections undertaken by agencies such as the Australian Institute of Health and Welfare and the Australian Bureau of Statistics. This is due to the fact that it is based on the (\$) dollar value of claims over a given reference period and does not depend on an incomplete, imputed snapshot at a given point in time. Following some recent changes in methodology the HIC data contained in this report now includes Department of Veteran Affairs activity as well.

1.2 Historical Factors Contributing to Workforce Shortfall

Until the late 1980's the size, structure and distribution of the medical workforce was largely unregulated by the Australian governments. However, in the late 1980s attention began to focus on the size and distribution of the medical workforce as medical services expenditure increased rapidly i.e., real growth in per capita health and medical expenditure outstripped per capita GDP growth. Furthermore, there was no correction of the geographic and sectoral undersupply of practitioners, with an oversupply of practitioners in capital cities, undersupply in rural and remote areas, and a shortage of practitioners providing services to indigenous people⁶.

⁴ Commonwealth Department of Health and Aged Care (2000). General practice in Australia: 2000. Canberra: CDHAC.

⁵ Britt H, Sayer G, Miller G, Charles J, Scahill S, Horn F, et al. (1999). General practice activity in Australia 1998-99. Canberra: Australian Institute of Health and Welfare (General Practice Series no 2).

⁶ Commonwealth Department of Health and Aged Care (2001). The Australian Medical Workforce. Occasional Papers: New Series No. 12, August 2001. Canberra: DHAC. p 3, 54.

In the mid 1990s the federal government instigated a number of measures to slow the growth in the overall size of the medical workforce and to affect the structure and geographical distribution of the workforce. These measures included:⁷

- **Restricting the number of Australian medical students, capping intake in 1996.** The number of medical graduates has remained static over the period 1991- 2000.⁸
- **Reduction in number of GP training places.** In 1995 the Federal Labour government cut GP training places from approximately 800 to 400⁹. This effectively reduced the number of GP registrars in training by 533 over a four year period i.e., 1,881 GP registrars in 1995 to 1,348 GP registrars in July 1999, and hence supply of Australian trained GPs.
- **Immigration restrictions.** Restricting the eligibility of overseas trained doctors (OTDs) to migrate to Australia on a permanent or temporary basis; establishing as a requirement that all OTDs were required to sit the Australian Medical Council (AMC) exam (including those from UK, Ireland, South Africa and Canada who had previously been automatically recognised); establishing a quota of 200 OTDs permitted to attempt the clinical component of the AMC exam each year (however quota abolished 1995); medical practitioners receiving negative points for preferred skills weighting system.
- **Provider number restrictions for OTDs.** Effective from 1996 and 1997, changes to the Health Insurance Act 1973, limited access to Medicare rebates by OTDs, where Temporary Resident Doctors (TRDs) could only access provider numbers if they worked in ‘districts of workforce shortage’, and OTDs entering Australia on a permanent basis (and not registered in Australia before January 1 1997) were ineligible for a provider number for 10 years unless they worked in a ‘district of workforce shortage’
- **Vocational registration** – From 1st November 1996, the Commonwealth government limited the issue of provider numbers to doctors who were recognised as medical practitioners, or were on a recognised postgraduate training program, or fully qualified as a specialist¹⁰. This measure arose from the growing recognition that general practice is a distinct medical discipline requiring a specific skill set. Prior to the 1970s there was no formal training for general practice. Training programs began to be developed and were introduced in the 1980s but were not compulsory, with medical graduates able to enter private general practice with as little as a year of undifferentiated hospital intern experience.

Whilst the introduction of vocational registration has negatively impacted on the supply of general practitioners, it has promoted the attainment of specific skill set for general practice medicine.

These measures have limited the supply of medical practitioners in Australia, and had some impact on the distribution of the medical workforce in rural and remote areas with the number of doctors working in these areas increasing by 11%¹¹. However, there continues to be a mal-distribution of the

⁷ Ibid. p 68-69, 88

⁸ Australian Medical Council (2001). Annual Report

⁹ General Practice Education and Training (2003). Submission to Senate Select Committee on Medicare

¹⁰ Queensland Rural Medical Support Agency. (2003). *Analysis of the Queensland Rural and Remote Medical Workforce (First Report - 30th June 2003)*. Brisbane: QRMSA. p48.

¹¹ Lennon B (2003). The overlapping roles of primary care physicians, general specialists and sub-specialists: An Australian Perspective. 7th International Medical Workforce Conference, Sept 11-14, Oxford UK.

medical workforce with workforce shortages evident across rural, remote, provincial and urban areas.

1.3 Current factors contributing to the Workforce Shortage

There have been a number of studies and reviews identifying factors that contribute to the ongoing shortage of primary care doctors in rural and remote areas, as well as regional areas. The most notable supply side factors are the ageing of the workforce, changes in participation (measured by hours worked per week) and the increase in female participation. Other factors are emerging that have an “upstream” impact on choosing general practice as a career including poor image of general practice and rural practice, consideration for the needs of spouse and family, satisfaction with vocational training, and changing attitudes to owning a practice.

1.3.1 Ageing Workforce

Over the last 15 years, age profile trends show that the general practice workforce (inclusive of metropolitan, large rural, other rural and remote) is ageing, and that older doctors are carrying a higher proportion of the workload. In the 15 years between 1985/86 and 1999/2000, the proportion of GPs over 50 years has risen from 28% to 36.9%, and the workload carried by these GPs has increased from 29.5% of GP Fulltime Workload Equivalents to 40.6% of Fulltime Workload Equivalents¹². The AMWAC report draws the conclusion that as older GPs retire they are replaced by GPs who prefer lighter clinical workloads and are increasingly female (therefore more likely to be working part time).

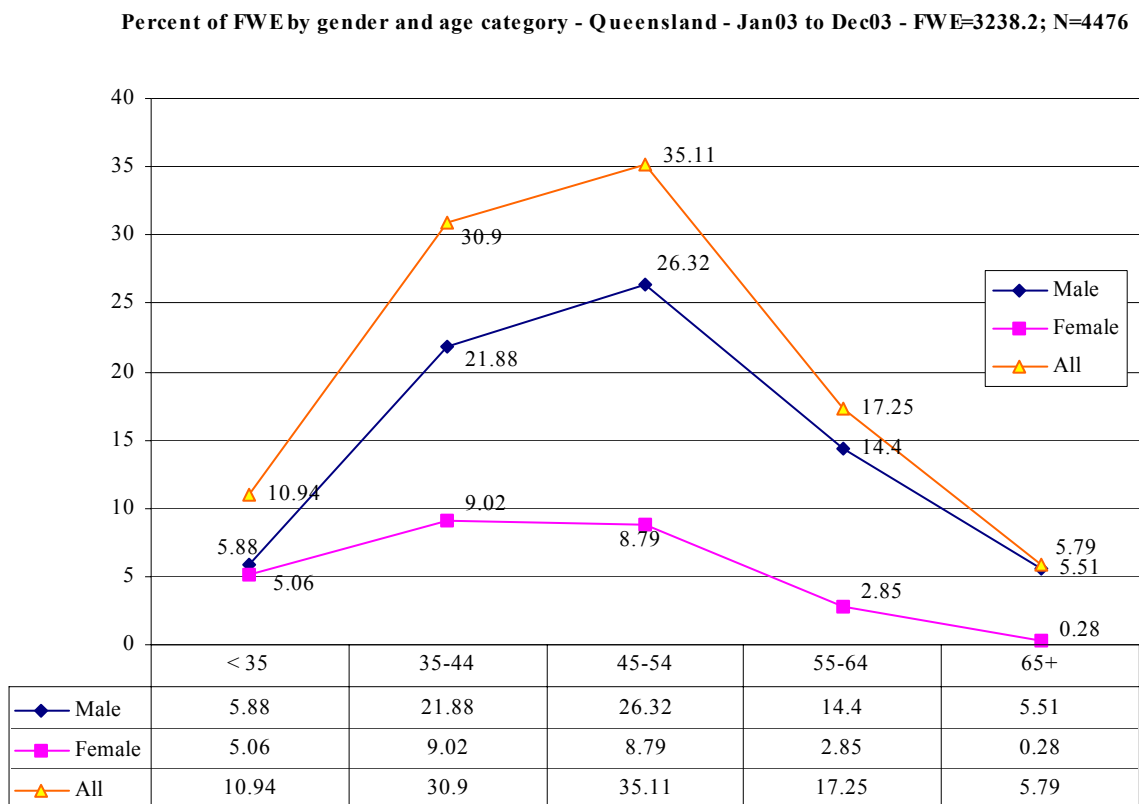
The relationship between changing work patterns and age is supported by recent data Health Workforce Queensland purchased from Hicstats that shows over a 12 month period (January 2003 – December 2003), at a national level 63.4% of fulltime workload equivalents are contributed by GPs over 45 years¹³. However, the age distribution of clinicians indicates that nationally the age group with the highest number of clinicians is 35-44 years¹⁴. In Queensland for the same period 58.2% of services billed to the HIC were provided by doctors over 45 years of age.

¹² Hirsh et al 2001, cited in Commonwealth Department of Health and Aged Care (2001). The Australian Medical Workforce. Occasional Papers: New Series No. 12, August 2001. Canberra: CDHAC.

¹³ Hicstats (2004). Medical Workforce Report (data file) – October 2004. Canberra. HIC.

¹⁴ Commonwealth Department of Health and Aged Care (2001). The Australian Medical Workforce. Occasional Papers: New Series No. 12, August 2001. Canberra: DHAC. p 23.

Figure 1. Percent of Fulltime Workload Equivalent by Gender and Age Category (Qld – Jan 03 to December 03)



1.3.2 Increased participation of women in the general practice workforce

The number of women entering medicine is increasing with more than half the intake being female. In 1998, women represented 32.3% of the GP total workforce, with 53.5% aged 25-34 years and 42.1% aged 35-44 years, in comparison to 1984–85 where women comprised only 22.7% of the GP workforce. In 1998, 57.8% of GP trainees were women, and a continuation of this pattern will lead to a relatively rapid rise in the proportion of female GPs over the next decade.

Whilst women are choosing general practice as it provides greater flexibility to meet family/social and professional objectives^{15,16}, they are providing fewer services due to part-time work and temporary absence for family reasons¹⁷. This is evidenced by the lower proportion of fulltime workload carried by women (Fig 2). In Queensland during the 12-month period January 2003 to December 2003, 36.7% of GPs billing the HIC were female, however, they carried only 26% of the fulltime equivalent workload.

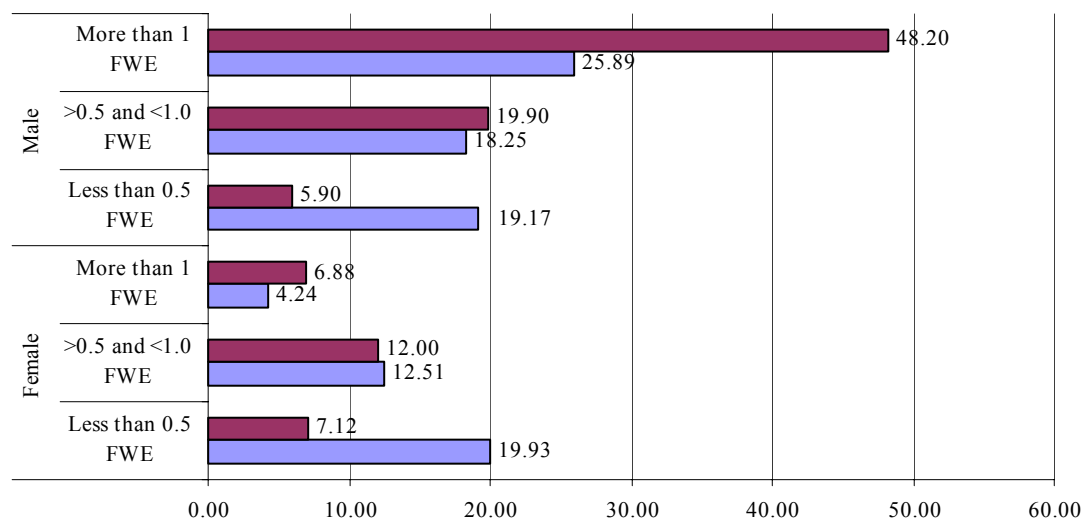
¹⁵ Horvath et al 1999, cited in Commonwealth Department of Health and Aged Care (2001). The Australian Medical Workforce. Occasional Papers: New Series No. 12, August 2001. Canberra: CDHAC.

¹⁶ Australian Medical Workforce Advisory Committee (2003). Career decision making by doctors in vocational training, AMWAC Report 2003.2, Sydney.

¹⁷ Hirsh et al 2001, cited in Commonwealth Department of Health and Aged Care (2001). The Australian Medical Workforce. Occasional Papers: New Series No. 12, August 2001. Canberra: CDHAC.

Figure 2. Proportion of Fulltime Workload Equivalent provided by % Headcount

Proportion of FWE provided by % headcount - male and female - Queensland - Jan03-Dec03 -
N=4476; FWE=3238.2



	Female			Male		
	Less than 0.5 FWE	>0.5 and <1.0 FWE	More than 1 FWE	Less than 0.5 FWE	>0.5 and <1.0 FWE	More than 1 FWE
% Total workload	7.12	12.00	6.88	5.90	19.90	48.20
% Headcount	19.93	12.51	4.24	19.17	18.25	25.89

1.3.3 Changes in Participation

Changes in work patterns are emerging, with younger doctors seeking to work shorter hours to have time for family, social and recreational activities. A recent AMWAC medical careers survey identified that across training programs, 42.8% of doctors in vocational training programs are dissatisfied/ very dissatisfied with time for family, social and recreational activities, while 34.1% were satisfied. Interesting 50.6% of trainees in the GPEA/ GPET program were satisfied with time for family and social interactions, which reflects some of the factors that influenced their choice of discipline i.e., appraisal of own domestic circumstances, opportunity to work flexible hours and number of years required to complete training¹⁸.

At a national level, geographic differences exist in work patterns. Practitioners working in rural and remote areas work longer hours than their metropolitan colleagues (51.1 v 48 h/week respectively). In rural and remote areas the proportion of doctors working > 65 hours/week was 20.4% and 19.8% respectively, compared to 14.8 % of doctors in metropolitan areas. Average hours on-call also increased proportionally with distance from capital cities. Long working hours and heavy after-hours

¹⁸ Australian Medical Workforce Advisory Committee (2003). Career decision making by doctors in vocational training, AMWAC Report 2003.2, Sydney, p 10, 15.

on-call commitments are seen as detractors to rural practice¹⁹, and is one of the factors that impact on career choice²⁰.

1.3.4 Changing attitudes to owning and managing a general practice

Changing work patterns are also likely to impact on the desire of doctors to own and manage their own practice. The AMWAC Medical Careers Survey 2002 found that about one third of GPEA/GPET vocational trainees intended working less than 35 hours/week, and a further 21% wishing to work under 40 hours. Whilst the long-term (5-10 years) career plans of 73% of doctors in GP training is to be working in a private clinical practice²¹, it is unlikely that the majority of these doctors are intending to own a practice given their desire to work less than full time.

Anecdotal evidence would indicate that fewer younger doctors are seeking to own or buy their own practice. In rural towns and regional cities in Queensland, there has been numerous instances of doctors closing their practice because they have been unable to sell it.

1.3.5 Poor image of general practice

The National Marketing and Communications Plan developed for the Australian Rural and Remote Workforce Agencies Group by McDonnell-Phillips Pty Ltd, July 2003²², raised the issue of the declining desire amongst medical students to become a GP, based on themes developed during the consultation process for the marketing project and past research. Whilst, McDonnell-Phillips did not provide references to support this, RACGP and GPEA commissioned reports showed a decline in the number of applicants to the general practice training program, and ratio of applicants to general practice training places since 2001, at a time when the number of training positions were increasing (see Table 1).

Table 1. Application to General Practice Training Program (1998 – 2004)

Year	No. Applicants ²³	No. Training Places	Applicants/ Training place
1998	729	400	1.82
1999	695	400	1.74
2000	756	400	1.89
2001	764	450	1.70
2002	661	450	1.47
2003	604	450	1.34
2004	661	600	1.10

¹⁹ McDonald J, Bibby L, Carroll S (2002). Recruiting and retaining general practitioners in rural areas: Evidence based review: Final Report. University of Ballarat.

²⁰ Australian Medical Workforce Advisory Committee (2003). Career decision making by doctors in vocational training, AMWAC Report 2003.2, Sydney.

²¹ Ibid. p 111, 116.

²² McDonnell-Phillips Pty Ltd. (2003). National Marketing and Communications Plan, Rural Workforce Agencies. Brisbane p 42.

²³ Data for 2003 and 2004 were supplied by General Practice Education Training. Data for 1998-2002 were from RACGP/GPEA commissioned reports entitled "Evaluation of the Selection Process for the January 2002 Intake, January 2001 and 2000 respectively, by B and N Kellet.

It is important to understand at what point medical students decide upon the training program that they will undertake, and identify where there is opportunity to promote general practice as a discipline. The AMWAC Medical Careers Survey, 2002, found that one fifth of doctors chose their discipline by the end of medical school, 59.3% of doctors by the end of PGY2 and 79.1% by the end of PGY3.

1.3.6 Factors Contributing to Rural Medical Workforce Shortages Overseas

The factors contributing to the shortage of primary care doctors in Australia are mirrored in Canada, United Kingdom, United States of America and New Zealand.

In Canada there appears to be multiple reason for the shortage of doctors including²⁴:

- Reduction in medical student enrolments in the 1990s
- Length of time it takes to train as a doctor (6 years)
- Ageing GP workforce, with the baby boomer generation of doctors soon starting to retire
- Lifestyle choices including reduced hours, less demanding specialties or restricting practice to particular cases of service
- Changes in the number and nature of services provided to the ageing population resulting in increased utilization of physicians (growing demand)
- Increased participation of female practitioners and desire to work more flexible hours
- Changing attitude of younger practitioners and desire to work more flexible hours

In the United Kingdom there is recognition that the country is not producing sufficient number of doctors to sustain the current workforce and meet growing demand and is tackling the shortage through²⁵:

- Increasing training places for both medicine and nursing
- Encouraging GPs to return to practice
- International recruitment of consultants, GPs and nurses concentrating on countries which have not been traditional sources of recruitment for the UK i.e., continental Europe
- Increasing flexibility for doctors who wish to work < 50% fulltime
- Flexible retirement options and National Health Service pension
- Restructuring post-registration training and hence quicker production of consultants

In the United States the latest (2002/3) assessment of the US medical workforce concluded that the nation is likely to face a significant shortage of physicians in the coming years and the shortage would be most significant for non-generalists. The latest reports being considered forecasts demand to exceed supply in the range of 130,000 physicians by 2020²⁶.

In 2001, United States health care spending grew 8.7 percent to \$5,035 per capita, and reached a total of \$1.4 trillion. This equates to 14.1% of GDP (2001). The United States relies heavily on overseas trained doctors, with 24% of physicians being international medical graduates.

²⁴ Chan B (2003). Physician workforce planning: What have we learned? Lessons for planning medical school capacity and IMG policies. The Canadian Perspective. International Medical Workforce Conference, Oxford.

http://www.healthworkforce.health.nsw.gov.au/amwac/amwac/pdf/Can_physician_planning_Ben_Chan.pdf

²⁵ Curson J (2003). Physician workforce planning: What have we learned? Lessons for planning medical school capacity and IMG policies. The United Kingdom Perspective. International Medical Workforce Conference, Oxford.

http://www.healthworkforce.health.nsw.gov.au/amwac/amwac/pdf/UK_physician_workforce_planning_Judy_Curson.pdf

²⁶ Salsberg E (2003). Physician workforce planning: What have we learned? Lessons for planning medical school capacity and IMG policies. The United States Perspective. International Medical Workforce Conference, Oxford.

http://www.healthworkforce.health.nsw.gov.au/amwac/amwac/pdf/Oxford_presentation_ess_final_Salsberg.pdf

Factors likely to add to the shortage of physicians in the United States:

- Changing life styles for the newest generation of physicians, with the possibility that new male and female physicians will work fewer hours over the course of their career
- A potential increase in non-patient care activities by physicians including research and administration and a decrease in patient care activities
- A potential change in practice patterns for physicians over 50 including a reduction in hours worked prior to retirement and earlier retirement patterns
- Possible increases in departures from practice due to liability concerns of physicians
- Decreases in hours worked by physicians in training
- Possible decreases in immigration of graduates of foreign medical schools
- Possible increases in numbers of physicians limiting the number of patients on their panel (“boutique medicine”)
- Continuation of the rate of increase in the use of physician services by those over 45 which has been increasing for the past 20 years
- Increased use of services by the baby-boom generation compared to prior generations
- Expected increases in the nation’s wealth which would facilitate continued increases in the use of medical services
- Advances in genetic testing which could lead to increases in the use of services as individuals learn they are at increased risk and
- Additional medical advances likely to keep individuals with chronic illness alive longer without curing the illness.

According to the New Zealand Medical Association, the medical workforce is rapidly approaching a crisis situation²⁷. In a macro sense the workforce has been allowed to develop in a completely uncoordinated and non-strategic way. While the Medical Council of New Zealand (MCNZ) surveys medical practitioners annually and produces statistics related to registration of doctors, no other body, including government agencies, monitors the medical workforce in any comprehensive way. Individual District Health Boards (DHBs), to varying degrees, consider the immediate workforce problems within their own areas, but there is no national strategy and no overall monitoring of the workforce.

The New Zealand medical workforce is under a great deal of pressure in a number of areas:

- Like nursing, it is an ageing workforce
- Increasing shortages in a number of medical disciplines, including psychiatry, pathology, obstetrics and gynaecology, and general practice
- Low morale contributed to by:
 - Long working hours with in general practice
 - Perception that the medico-legal environment in which they practice is a hostile one and there is an overall sense that the work of the profession is not valued, especially by the Government
 - Recent policy decisions, such as the introduction of extended prescribing rights for nurses and others, are seemingly ad hoc approach to the extension of autonomous nursing practice, and the apparently wide-spread assumption that others can do doctors’ work, are concerns of the medical profession
- Student debt, with significant numbers of graduating students leaving for overseas or indicating their intention to do so

²⁷ NZ Medical Association (2003). Crisis in the Medical Workforce. Auckland: NZMA.

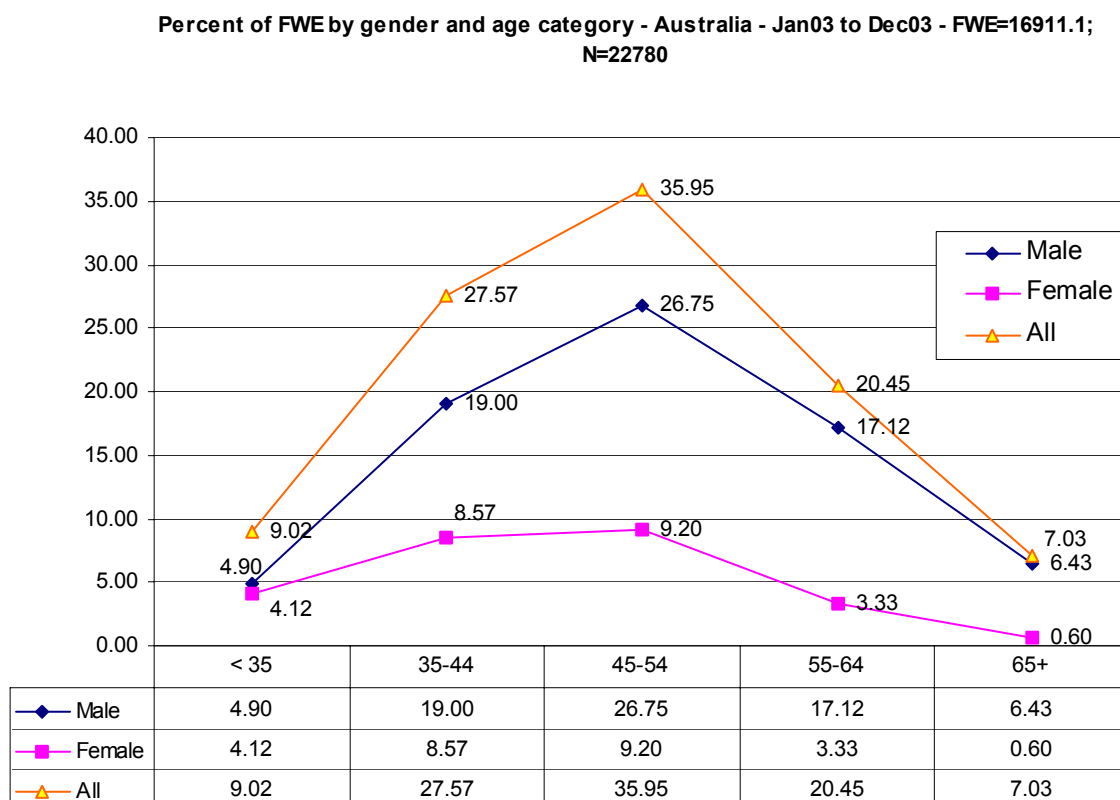
- Increased participation by women, about 50% of those entering the profession, with implication on working hours
- Large numbers of overseas doctors continue to enter the medical workforce (in 2000, 35% of New Zealand medical workforce trained overseas, and this does not include the 400-700 temporary registrants per annum)
- Ongoing difficulties in recruiting and retaining health care providers in rural areas
- Huge increase in cost compliance and administration, and the reduction in the commercial value of general practices, to the extent that few retiring general practitioners can now sell their practice
- Uncertainty about the future role for GPs in primary care
- Virtual disappearance of GP obstetrics.

In summary, similar themes underpin workforce shortages in the United Kingdom, Canada, United States, New Zealand and Australia. The majority of these countries recognize that they are not training sufficient doctors to meet current and future demand, and continue to heavily rely on recruiting overseas trained doctors to fill workforce shortages. The demographics of the medical workforce are changing. The workforce is ageing, and it is becoming increasingly feminised. There is a shift in work patterns with doctors seeking improved working conditions with shorter and more flexible working hours. In addition, doctors are struggling with the increasing medical indemnity issues, and in New Zealand and Australia, face changes in the nature of their practice with respect to the role of nurses and opportunities for advanced procedural practice.

CHAPTER 2: THE AUSTRALIAN GENERAL PRACTICE WORKFORCE

As indicated in the previous chapter, data displayed/analyzed in this report are based on data obtained from the HIC for the reference period 1st January 2003 to 31st December 2003²⁸. At the national level, for this period there were 22,780 medical practitioners providing one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 16,911. Figure 3 displays the percentage of total FWE provided by age category and gender.

Figure 3. Percentage of total FWE by age category and gender (National)



Trends evident nationally include:

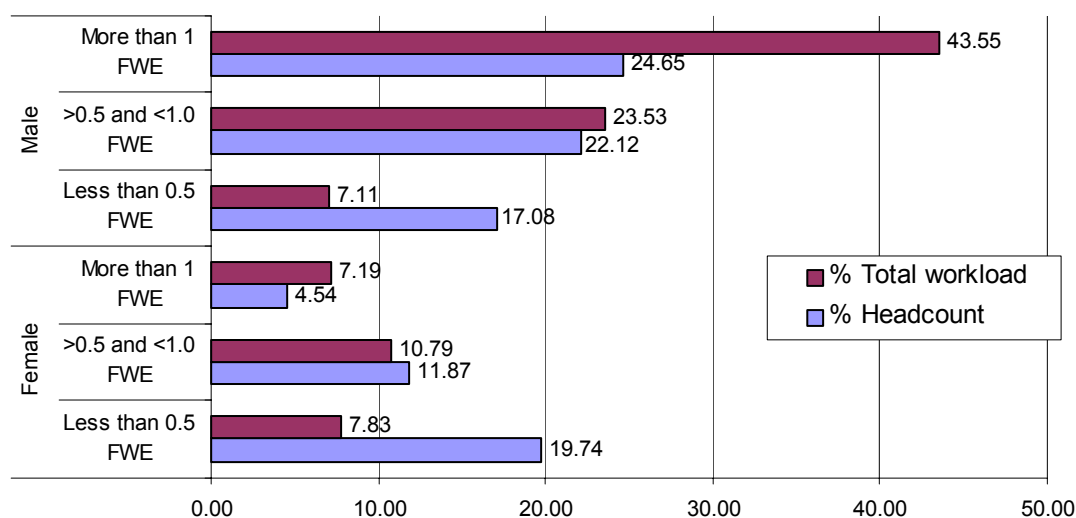
- The majority (35.95%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 26.75%, females 9.20%).
- The next most productive group is the 35 to 44 age category who carry 27.57% of the total workload.
- Practitioners in the 55 to 64 age category carry 20.45% of the total workload.
- Practitioners over 65 carry 7.03% of the total workload while those aged under 35 carry 9.02% of the total national general practice workload.

An alternate method of analysing the data can be undertaken by exploring the proportion of FWE provided by headcount (number of practitioners) and gender. The results of this analysis are displayed in Figure 4.

²⁸ Hicstats (2004). Medical Workforce Report (data file) – October 2004. Canberra: HIC.

Figure 4. Proportion of FWE provided by headcount – male and female (National)

Proportion of FWE provided by % headcount - male and female - Australia - Jan03-Dec03 -
N=22780; FWE=16911.1



	Female			Male		
	Less than 0.5	>0.5 and <1.0	More than 1 F	Less than 0.5	>0.5 and <1.0	More than 1 F
■ % Total workload	7.83	10.79	7.19	7.11	23.53	43.55
■ % Headcount	19.74	11.87	4.54	17.08	22.12	24.65

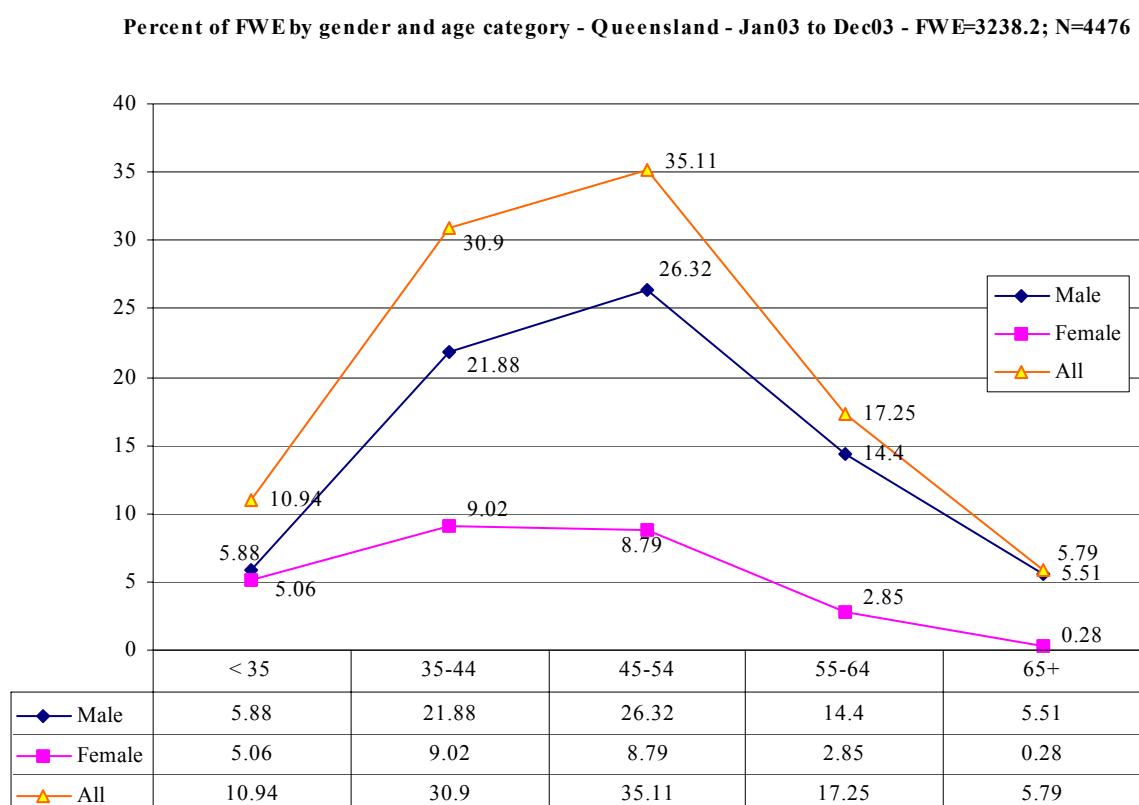
Trends evident in Figure 4 include:

- 36.82% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 17.08% worked less than 0.5 FWE and for females 19.74%. The workload contribution for this group was 15.02% of total FWE.
- 33.99% of practitioners provided between 0.5 and 1 FWE (22.12% males and 11.87% females). The workload contribution for this group was 34.32% of total FWE.
- 29.19% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 50.74% of total FWE.
- Nationally, female practitioners comprised 36.15% of the general practice workforce in terms of numbers and provided 25.81% of total FWE.

CHAPTER 3: THE QUEENSLAND GENERAL PRACTICE WORKFORCE

In Queensland for the period 1st January 2003 to 31st December 2003, 4476 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 3238.2. Figure 5 displays the percentage of total FWE provided by age category and gender.

Figure 5. Percent of FWE by gender and age category - Queensland



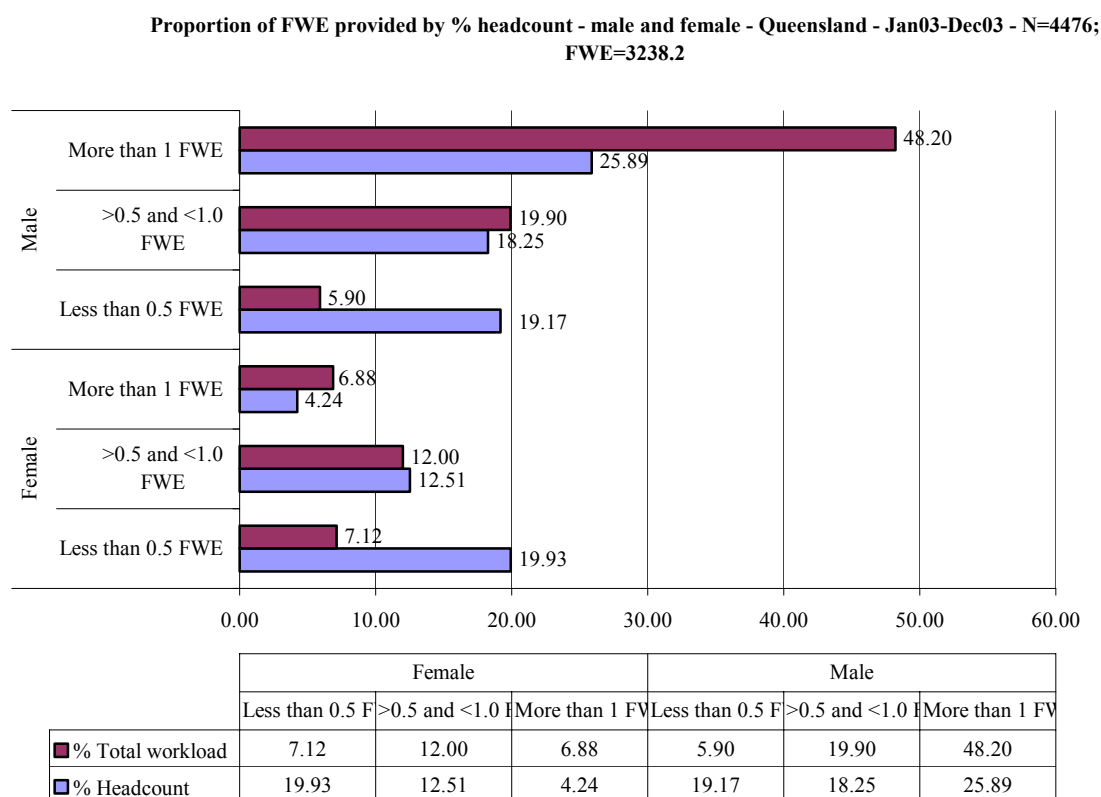
Trends evident for Queensland include:

- The majority (35.11%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 26.32%, females 8.79%).
- The next most productive group is the 35 to 44 age category who carry 30.9% of the total workload.
- Practitioners in the 55 to 64 age category carry 17.25% of the total workload.
- Practitioners over 65 carry 5.79% of the total workload while those aged under 35 carry 10.94% of the total national general practice workload.

While Queensland trends were broadly similar to the national trends, it was evident that in the under 35 and 35 to 44 age categories that workload contributions of these groups was slightly higher in comparison. Conversely, in the 55 to 64 and over 65 ages categories the workload contribution of Queensland practitioners falls below the national average.

The proportion of FWE provided by headcount (number of providers) and gender for Queensland is displayed in Figure 6.

Figure 6. Proportion of FWE provided by headcount – male and female (Queensland)



Trends evident for Queensland include:

- 39.1% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 19.17% worked less than 0.5 FWE and for females 19.93%. The workload contribution for this group was 13.02% of total FWE.
- 30.76% of practitioners provided between 0.5 and 1 FWE (18.25% males and 12.51% females). The workload contribution for this group was 31.9% of total FWE.
- 30.13% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 55.08% of total FWE.
- In Queensland, female practitioners comprised 36.68% of the general practice workforce in terms of numbers and provided 26.0% of total FWE.

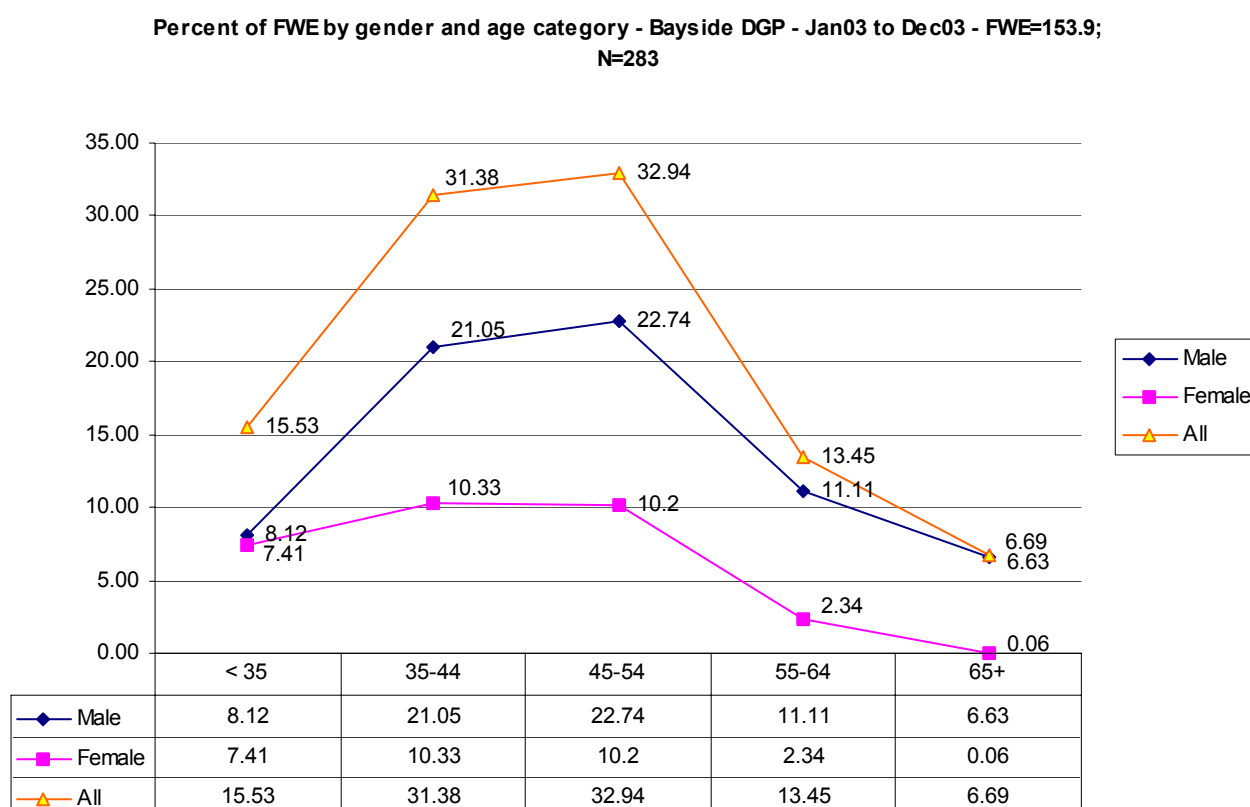
Therefore, in summary, the Queensland general practice workforce shows similar trends to the national general practice workforce, with greater than two thirds of doctors working less than a fulltime workload equivalent. This has significant implications at a federal level when developing policies to address workforce shortages as clearly there is under-utilization of existing general practice capacity and policies to increase general practice training and places will not result in a one for one return on investment under current conditions.

CHAPTER 4: BAYSIDE DIVISION OF GENERAL PRACTICE

The Bayside Division²⁹ services an area of 780 square kilometres in the Southeast area of Brisbane east of the Gateway Arterial road and extending from the Brisbane river in the north to Redland Bay in the south, including Stradbroke Island and other Bay Islands south of Moreton Island. The Statistical local areas covered by the Division are: Alexandra Hills, Belmont-Mackenzie, Birkdale, Burbank, Capalaba, Capalaba West, Chandler, Cleveland, Gumdale, Hemmant-Lytton, Lota, Manly, Manly West, Moreton Island, Ormiston, Ransome, Redland (S) Bal (Stradbroke, Russell and Macleay islands), Redland Bay, Sheldon-Mt Cotton, Thorneside, Thornlands, Tingalpa, Victoria Point, Wakerley, Wellington Point, Wynnum, Wynnum West.

For the Bayside Division over the period 1st January 2003 to 31st December 2003, 283 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 153.9. Figure 7 displays the percentage of total FWE provided by age category and gender.

Figure 7. Percent of FWE by gender and age category – Bayside DGP



Trends evident for the Bayside Division include:

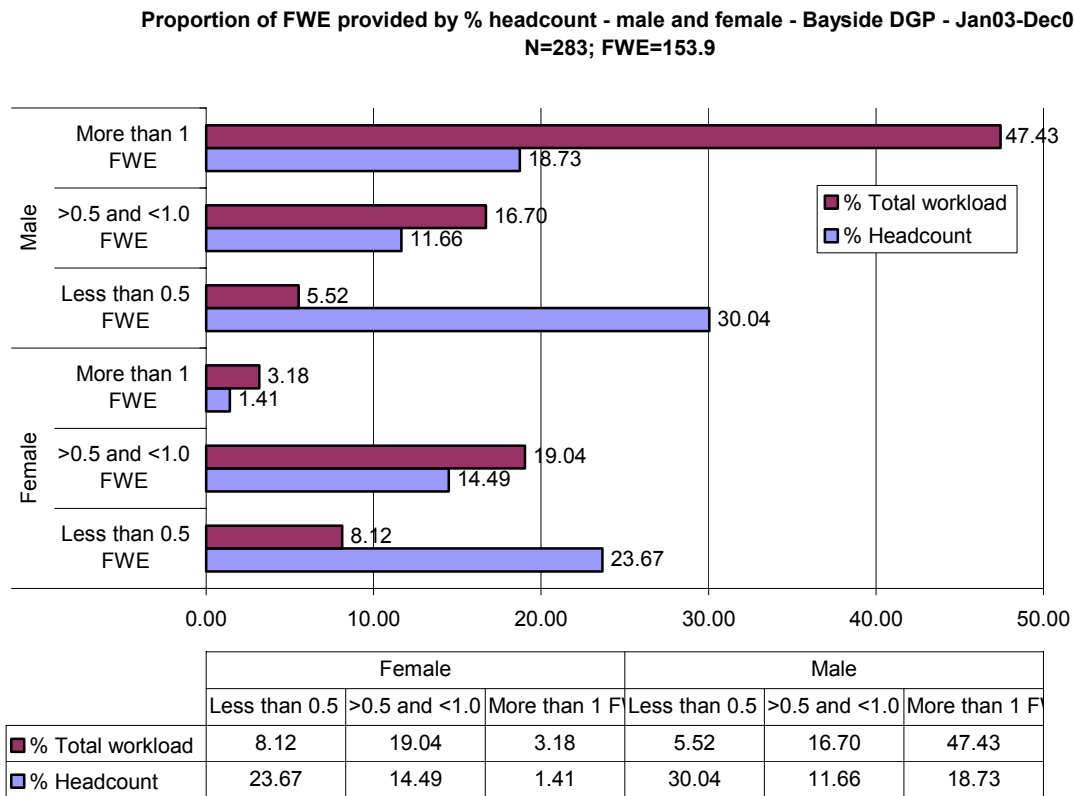
- The majority (32.94%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 22.74%, females 10.2%).
- The next most productive group is the 35 to 44 age category who carry 31.38% of the total workload.

²⁹ Bayside General Practice Division of General Practice Strategic Plan. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=4&div=403>

- Practitioners in the 55 to 64 age category carry 13.45% of the total workload.
- Practitioners over 65 carry 6.69% of the total workload while those aged under 35 carry 15.53% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Bayside Division is displayed in Figure 8.

Figure 8. Proportion of FWE provided by headcount – male and female (Bayside DGP)



Trends evident include:

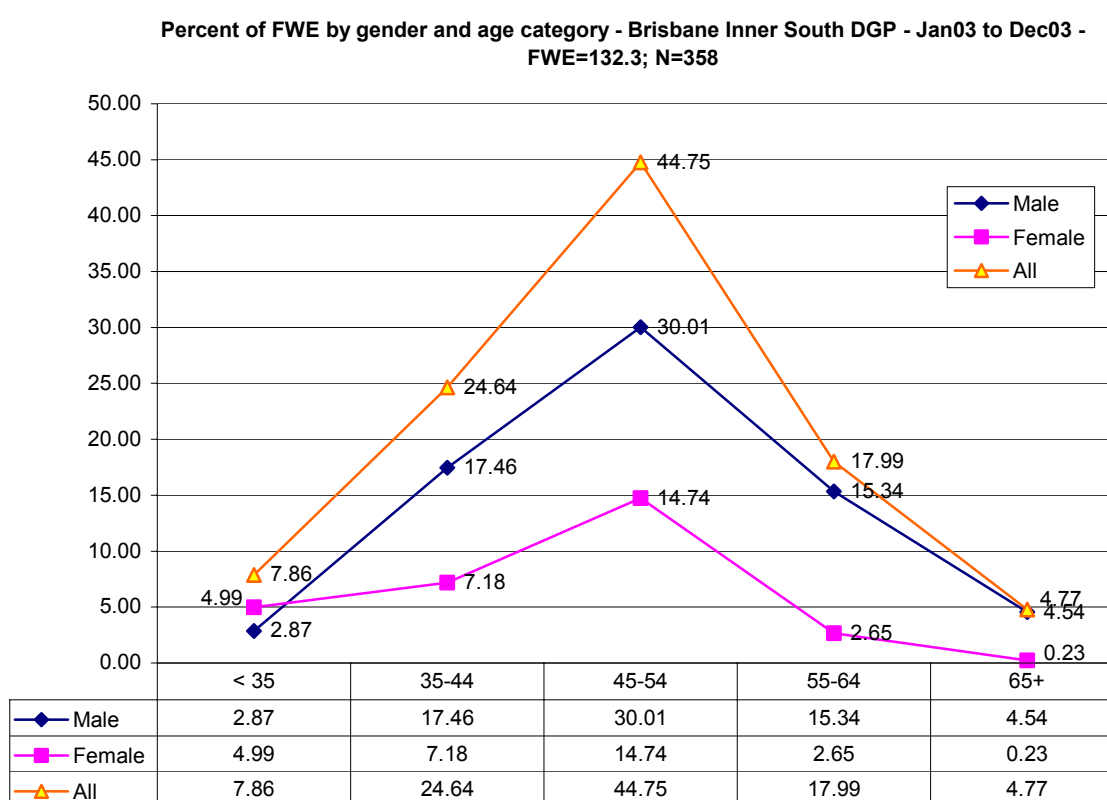
- 53.71% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. 30.04% of males worked less than 0.5 FWE and females 23.67%. The workload contribution for this group was 13.64% of total FWE.
- 26.15% of practitioners provided between 0.5 and 1 FWE (11.66% males and 14.49% females). The workload contribution for this group was 35.74% of total FWE.
- 20.14% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 50.61% of total FWE.
- For the Bayside Division, female practitioners comprised 39.58% of the general practice workforce in terms of numbers and provided 30.34% of total FWE.

CHAPTER 5: BRISBANE INNER SOUTH DIVISION OF GENERAL PRACTICE

Geographically, the Brisbane Inner South³⁰ region comprises an area of 73 square kilometres, which represents 6.4% of the total Brisbane City area with a population density of 1590 people/km². Major population centres are located in Moorooka, West End, Highgate Hill, Annerley, Coorparoo, Carindale, Morningside and Norman Park.

For the Brisbane Inner South Division over the period 1st January 2003 to 31st December 2003, 358 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 132.3. Figure 9 displays the percentage of total FWE provided by age category and gender.

Figure 9. Percent of FWE by gender and age category – Brisbane Inner South DGP



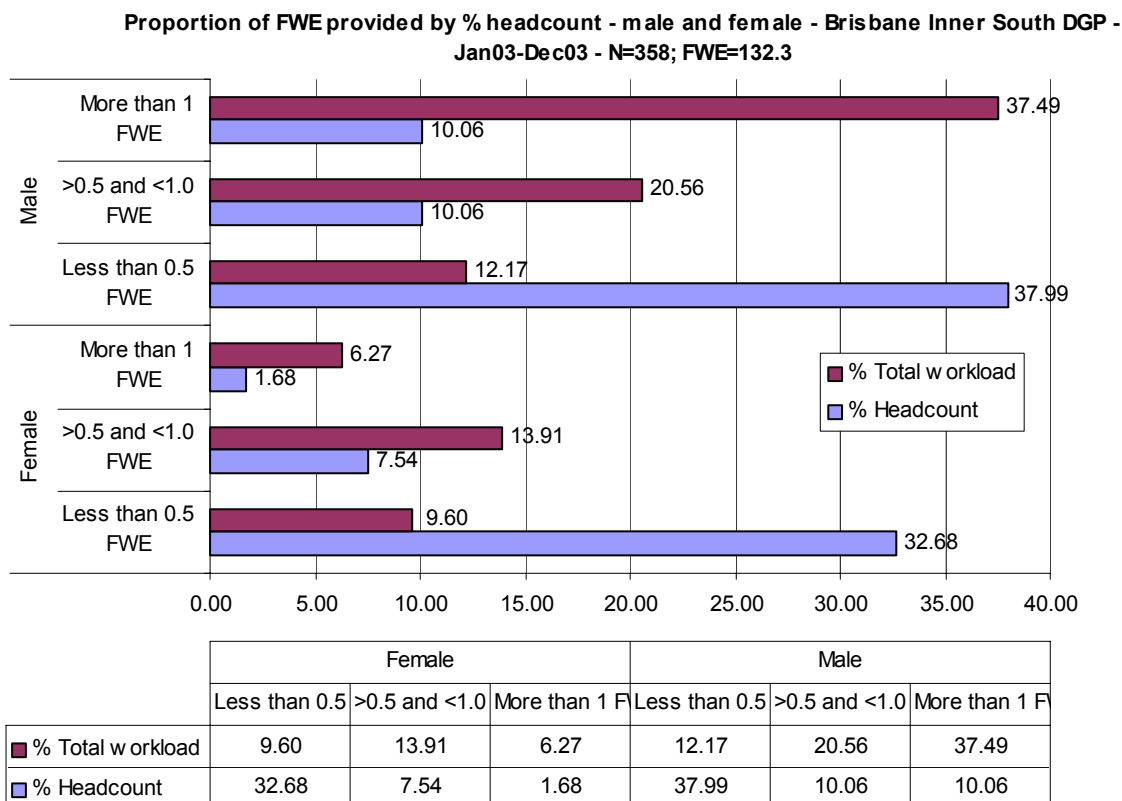
Trends evident for the Brisbane Inner South Division include:

- The majority (44.75%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 30.01%, females 14.74%).
- The next most productive group is the 35 to 44 age category who carry 24.64% of the total workload.
- Practitioners in the 55 to 64 age category carry 17.99% of the total workload.
- Practitioners over 65 carry 4.77% of the total workload while those aged under 35 carry 7.86% of the total divisional general practice workload.

³⁰ Brisbane Inner South Division of General Practice Strategic Plan 2002-2003. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=5&div=401>

The proportion of FWE provided by headcount (number of providers) and gender for the Brisbane Inner South Division is displayed in Figure 10.

Figure 10. Proportion of FWE provided by headcount – male and female (Brisbane Inner South DGP)



Trends evident include:

- 70.67% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 37.99% worked less than 0.5 FWE and for females 32.68%. The workload contribution for this group was 21.77% of total FWE.
- 17.6% of practitioners provided between 0.5 and 1 FWE (10.06% males and 7.54% females). The workload contribution for this group was 34.47% of total FWE.
- 11.74% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 43.76% of total FWE.
- For the Brisbane Inner South Division, female practitioners comprised 41.9% of the general practice workforce in terms of numbers and provided 29.78% of total FWE.

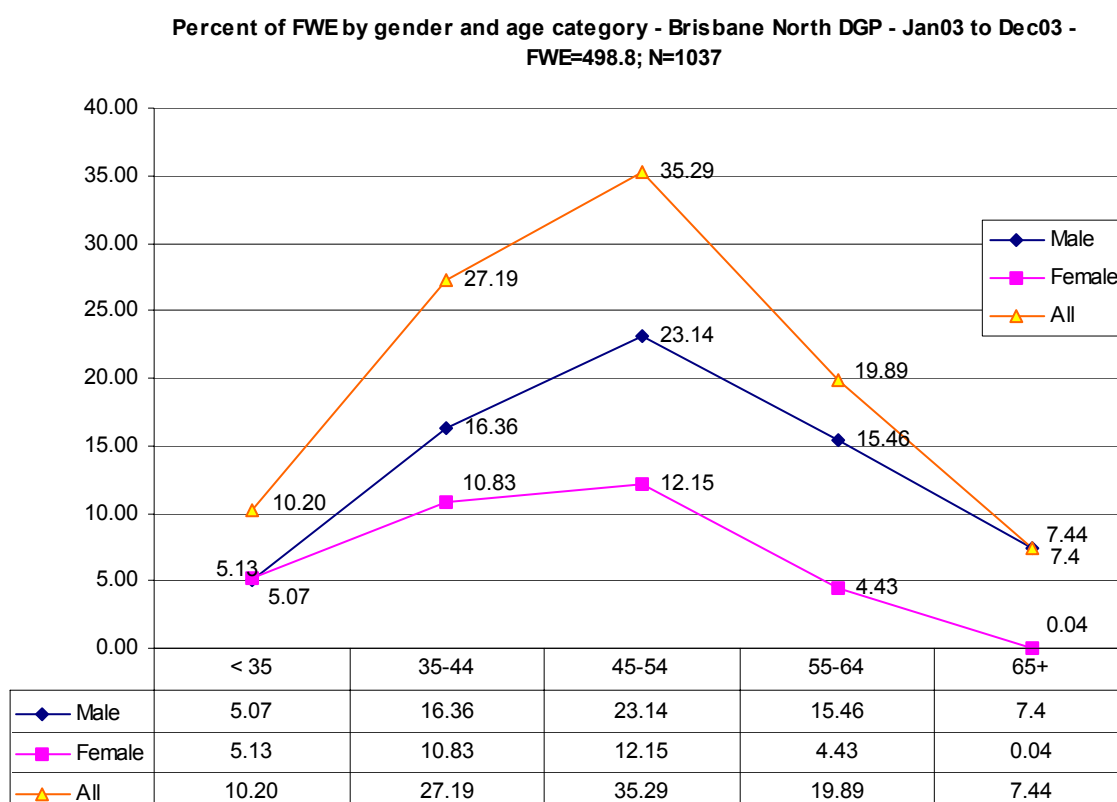
The high ratio of providers to FWE for the Brisbane Inner South Division would tend to suggest a high number of casual or part-time practitioners providing services in this Division.

CHAPTER 6: BRISBANE NORTH DIVISION OF GENERAL PRACTICE

The Brisbane North Division of General Practice³¹ has a catchment area similar to the boundaries of The Prince Charles Hospital and Royal Brisbane Hospital and Health District. The Division is bordered by the Brisbane River to the south, and includes all suburbs north of the Brisbane River including the Pine Rivers Shire, east to Moreton Bay, and west to Bellbowrie. The BNDGP borders with the Ipswich Division of General Practice to the west, Redcliffe Bribie Caboolture Division to the north and Brisbane Inner South, Brisbane South and Bayside Divisions to the south. Postcode areas covered include 4000-4014, 4017-4018, 4029-4032, 4034-4037, 4051-4055, 4059-4061, 4064-4070, 4500-4503, 4520-4521.

For the Brisbane North Division over the period 1st January 2003 to 31st December 2003, 1,037 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 498.8. Figure 11 displays the percentage of total FWE provided by age category and gender.

Figure 11. Percent of FWE by gender and age category – Brisbane North DGP



Trends evident for the Brisbane North Division include:

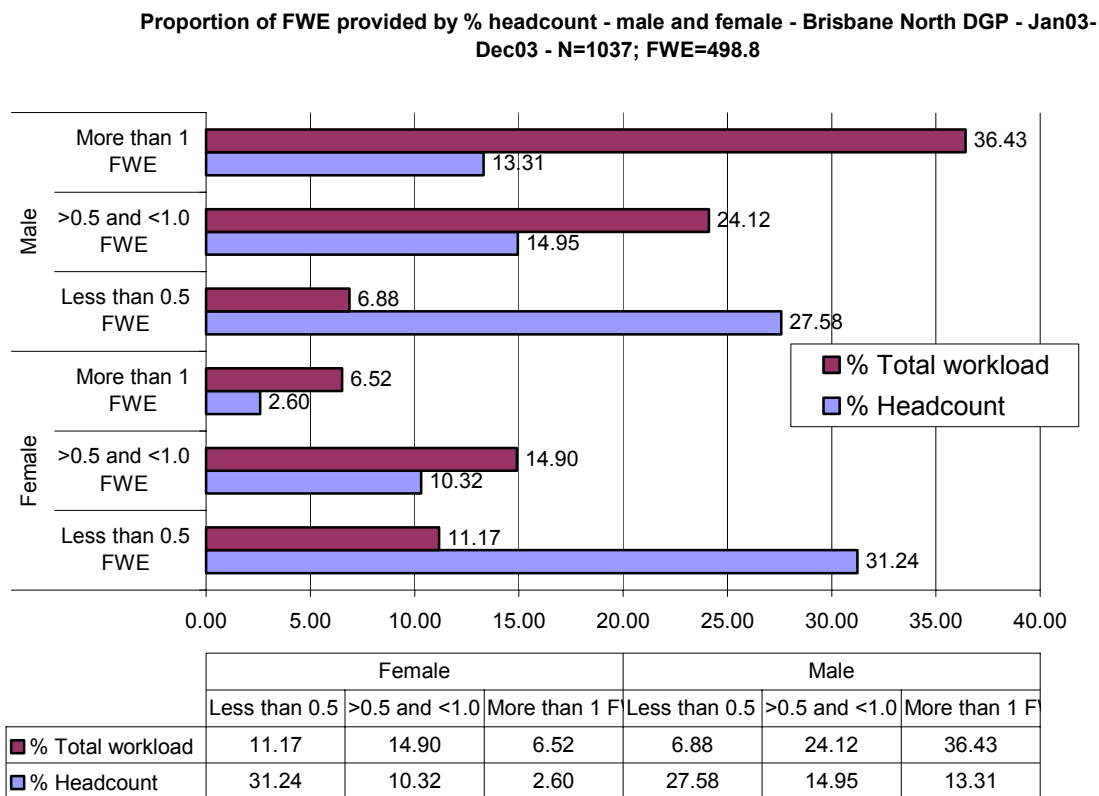
- The majority (35.29%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 23.14%, females 12.15%).
- The next most productive group is the 35 to 44 age category who carry 27.19% of the total workload.
- Practitioners in the 55 to 64 age category carry 19.89% of the total workload.

³¹ Brisbane North Division of General Practice Strategic Plan 2002-2005. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=4&div=405>

- Practitioners over 65 carry 7.44% of the total workload while those aged under 35 carry 10.2% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Brisbane North Division is displayed in Figure 12.

Figure 12. Proportion of FWE provided by headcount – male and female (Brisbane North DGP)



Trends evident include:

- 58.84% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. 27.58% and 31.24% females. The workload contribution for this group was 18.05% of total FWE.
- 25.27% of practitioners provided between 0.5 and 1 FWE (14.95% males and 10.32% females). The workload contribution for this group was 39.02% of total FWE.
- 15.91% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 42.95% of total FWE.
- In the Brisbane North Division, female practitioners comprised 44.17% of the general practice workforce in terms of numbers and provided 32.58% of total FWE.

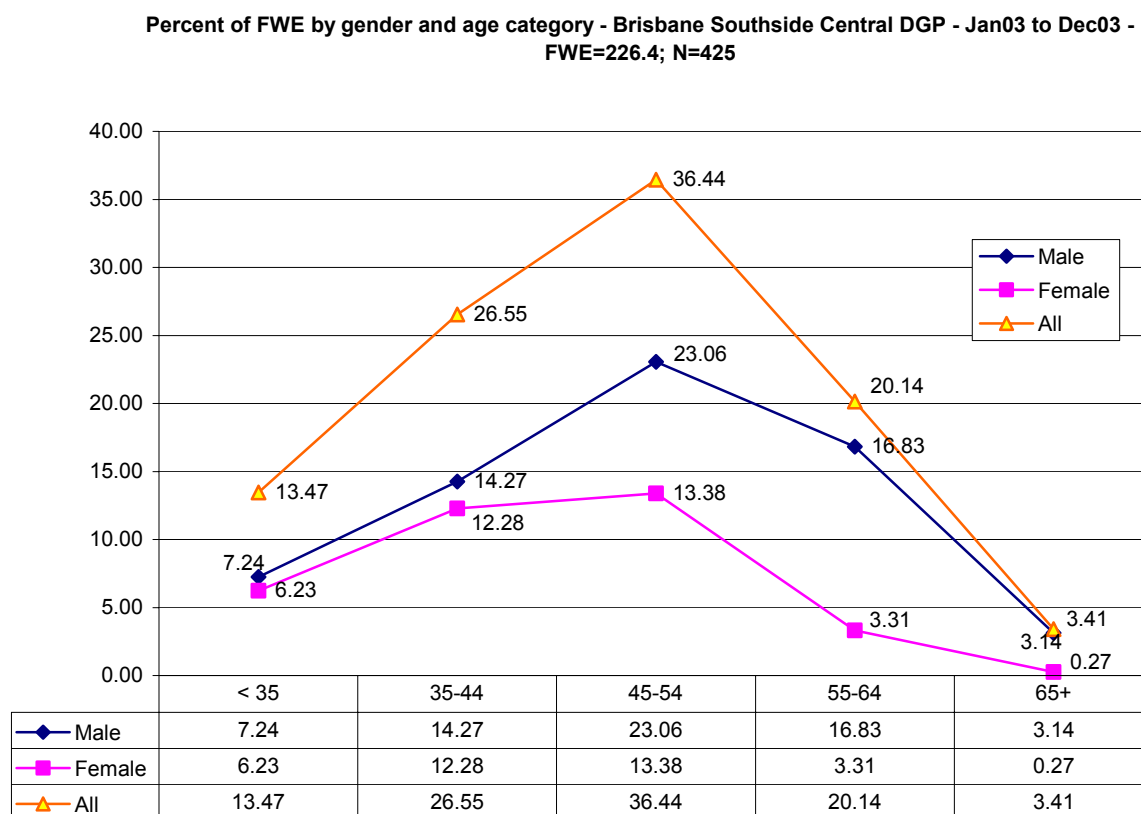
Similar to the Brisbane Inner South Division, the high ratio of providers to FWE in the Brisbane North Division would tend to suggest a high number of casual or part-time practitioners providing services in this Division.

CHAPTER 7: BRISBANE SOUTHSIDE CENTRAL DIVISION OF GENERAL PRACTICE

The Brisbane Southside Central Division³² covers an area of approximately 240 sq kms and includes 18 postcodes (46 suburbs) in metropolitan Brisbane. Two of these postcodes (4151 & 4152) are shared on a 50% population based with the Brisbane Inner South Division. The Divisional boundaries about those of the Brisbane Inner South, Bayside, Ipswich and West Moreton, Logan and Brisbane North Divisions of General Practice. Postcodes covered include 4073, 4074, 4075, 4076, 4077, 4078, 4106, 4107, 4108, 4109, 4110, 4111, 4112, 4113, 4121, 4122, 4151 and 4152.

For the Brisbane South Division over the period 1st January 2003 to 31st December 2003, 425 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 226.4. Figure 13 displays the percentage of total FWE provided by age category and gender.

Figure 13. Percent of FWE by gender and age category – Brisbane South DGP



Trends evident for the Brisbane South Division include:

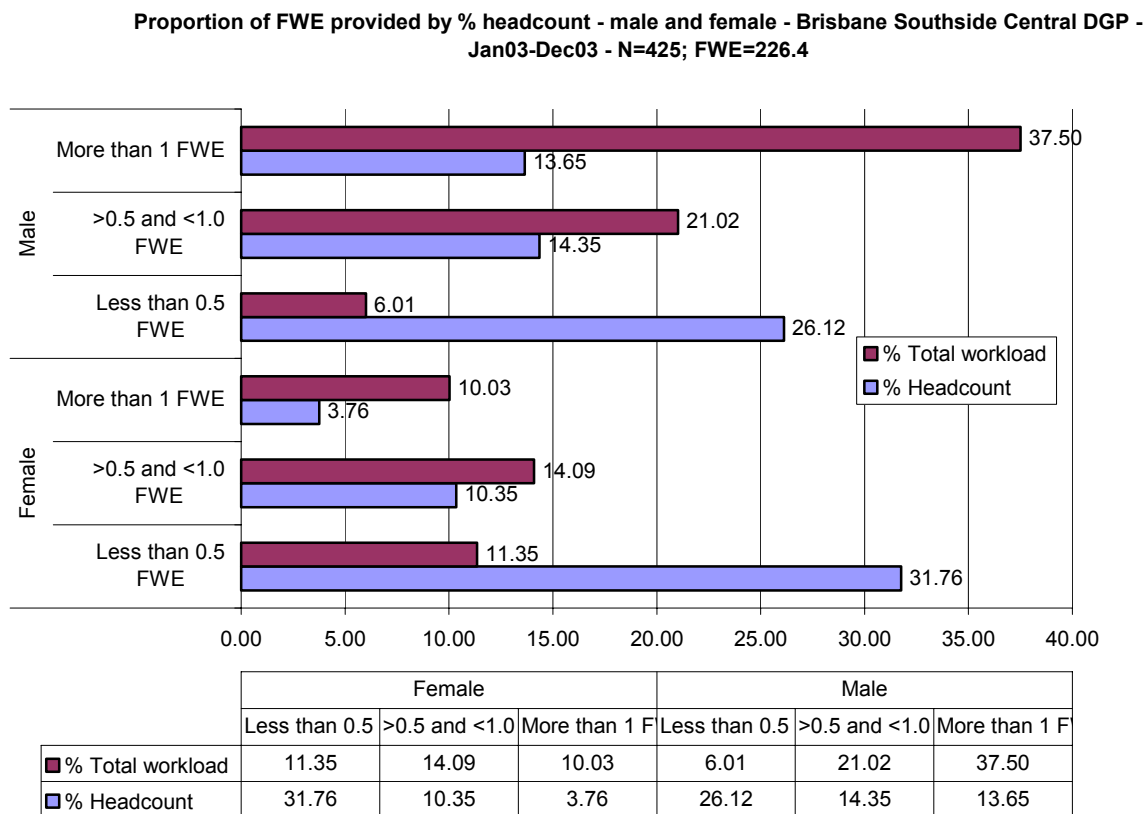
- The majority (36.44%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 23.06%, females 13.38%).
- The next most productive group is the 35 to 44 age category who carry 26.55% of the total workload.
- Practitioners in the 55 to 64 age category carry 20.14% of the total workload.

³² Brisbane South Division of General Practice Strategic Plan 2000-2003. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?div=402>.

- Practitioners over 65 carry 3.41% of the total workload while those aged under 35 carry 13.47% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Brisbane South Division is displayed in Figure 14.

Figure 14. Proportion of FWE provided by headcount – male and female (Brisbane South DGP).



Trends evident include:

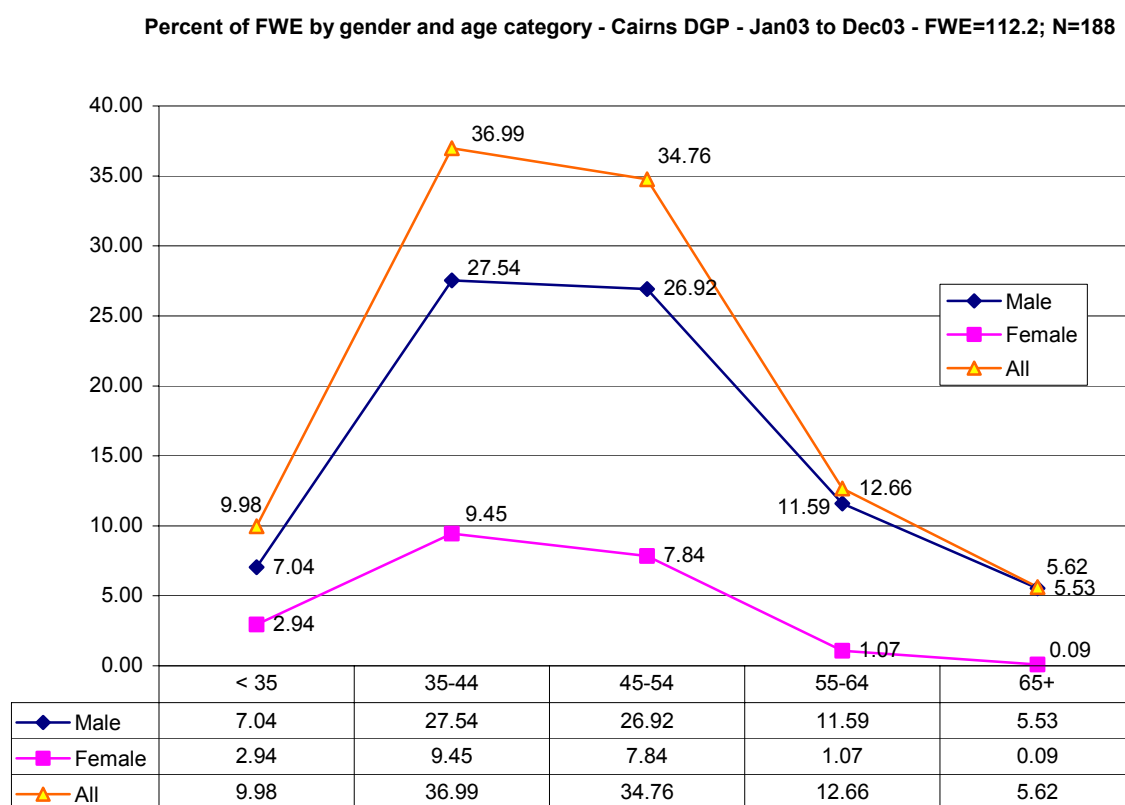
- 57.88% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 26.12% worked less than 0.5 FWE and for females 31.76%. The workload contribution for this group was 17.36% of total FWE.
- 24.7% of practitioners provided between 0.5 and 1 FWE (14.35% males and 10.35% females). The workload contribution for this group was 35.11% of total FWE.
- 17.41% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 47.53% of total FWE.
- For the Brisbane South Division, female practitioners comprised 45.88% of the general practice workforce in terms of numbers and provided 35.47% of total FWE.

CHAPTER 8: CAIRNS DIVISION OF GENERAL PRACTICE

The boundaries of the Cairns Division reflect those of the Cairns City Council.³³ The Division stretches from Babinda in the south to Buchan's Point in the north. While Port Douglas is outside the Cairns Division's boundary the town's population is shared by both the Cairns and Far North Queensland Rural divisions. General practitioners in Port Douglas have practices that resemble those in Cairns more so than those in rural and remote settings. The Division is classified as 'provincial'. Cairns and its surrounding suburbs have a population of approximately 100000 with the remainder of the population (approximately 33000) located in either rural towns or satellite beach communities to the south and north respectively. Postcodes covered include 4861, 4865, 4868, 4869, 4870, 4871(18%), 4878 and 4879.

For the Cairns Division over the period 1st January 2003 to 31st December 2003, 188 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 112.2. Figure 15 displays the percentage of total FWE provided by age category and gender.

Figure 15. Percent of FWE by gender and age category – Cairns DGP



Trends evident for the Cairns Division include:

- The majority (36.99%) of the general practice workload is being carried by practitioners in the 35 to 44 age category (males 27.54%, females 9.45%).
- The next most productive group is the 45 to 54 age category who carry 34.76% of the total workload.

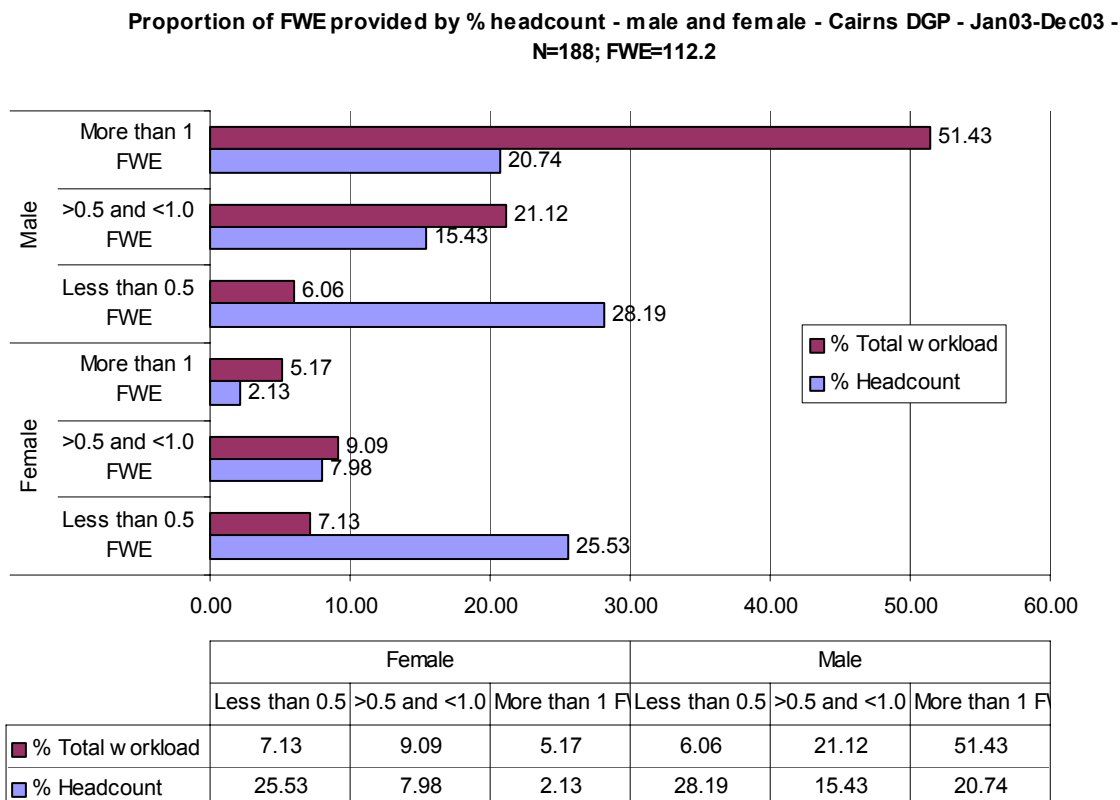
³³ Cairns Division of General Practice Strategic Plan 2001-2004. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=10&div=413>

- Practitioners in the 55 to 64 age category carry 12.66% of the total workload.
- Practitioners over 65 carry 5.62% of the total workload while those aged under 35 carry 9.98% of the total divisional general practice workload.

These workload patterns differ somewhat from the average Queensland and National trends and suggest that the workforce in this division may be younger in comparison. Conversely, the workload contributions of older practitioners are less than state and national trends.

The proportion of FWE provided by headcount (number of providers) and gender for the Cairns Division is displayed in Figure 16.

Figure 16. Proportion of FWE provided by headcount – male and female (Cairns DGP).



Trends evident include:

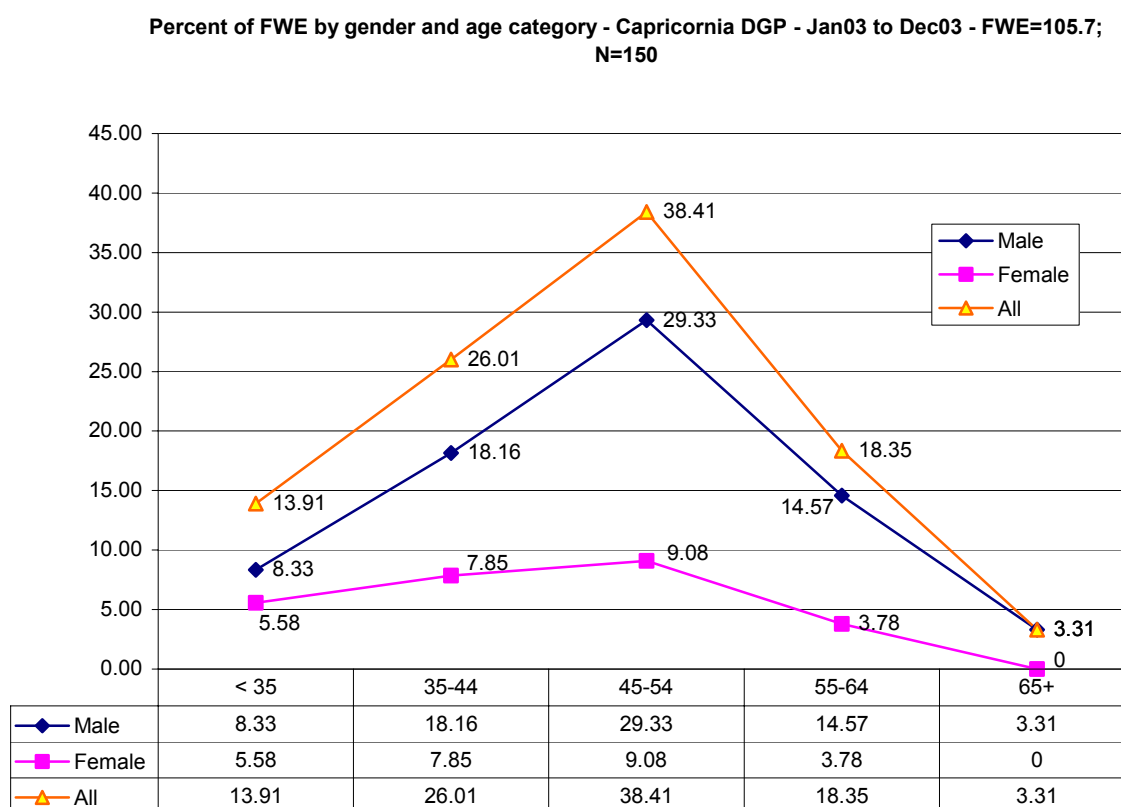
- 53.72% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 25.53% worked less than 0.5 FWE and for females 28.19%. The workload contribution for this group was 13.19% of total FWE.
- 23.41% of practitioners provided between 0.5 and 1 FWE (15.43% males and 7.98% females). The workload contribution for this group was 30.21% of total FWE.
- 22.87% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 56.6% of total FWE.
- For Cairns Division, female practitioners comprised 35.64% of the general practice workforce in terms of numbers and provided 21.29% of total FWE.

CHAPTER 9: CAPRICORNIA DIVISION OF GENERAL PRACTICE

The Capricornia Division of General Practice has a catchment area of 72,000 sq km and its boundaries include: the Rockhampton area; the Capricorn Coast, which includes Yeppoon and Emu Park and the Gladstone region, which includes Gladstone, Tannum Sands and Boyne Island. The Capricornia Division of General Practice is a provincial Division, however, it also includes a significant number of rural and remote areas. The RRMA classification for the Capricornia Division ranges from RRMA 3 - 5. Postcode areas covered include 4700, 4701, 4702, 4703, 4710, 4680, 4695, 4697 and 4699.

For the Capricornia Division³⁴ over the period 1st January 2003 to 31st December 2003, 150 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 105.7. Figure 17 displays the percentage of total FWE provided by age category and gender.

Figure 17. Percent of FWE by gender and age category – Capricornia DGP



Trends evident for the Capricornia Division include:

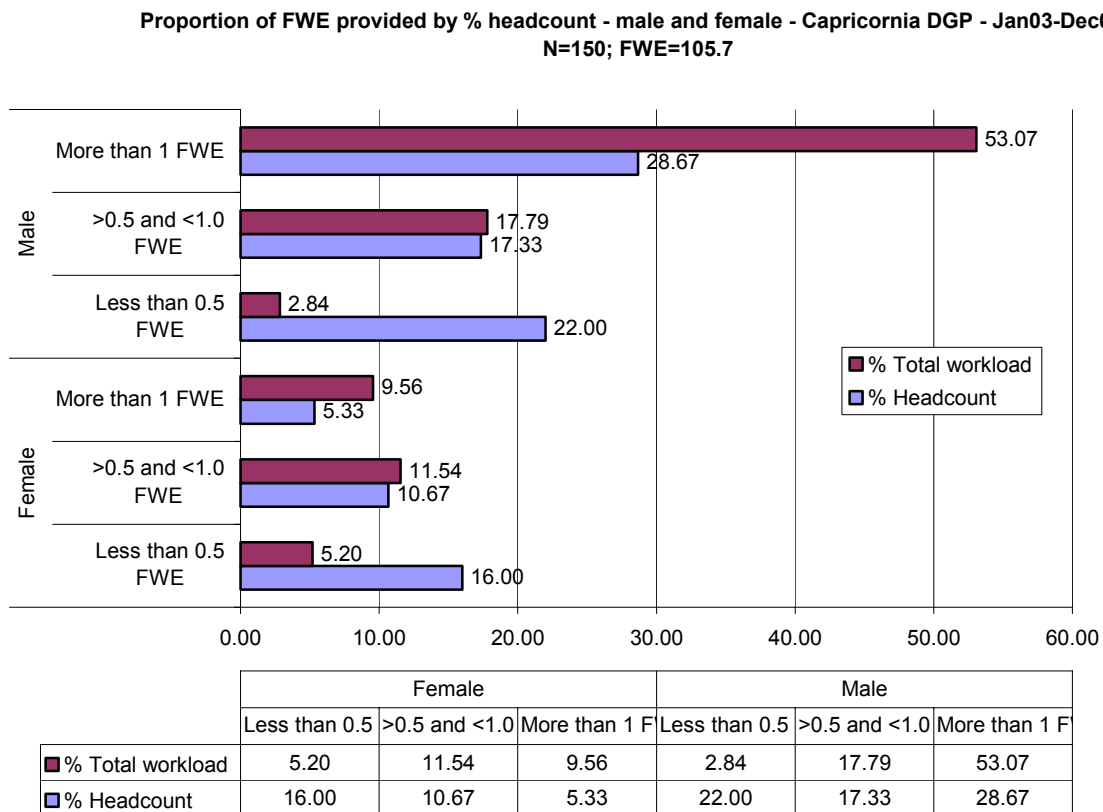
- The majority (38.41%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 29.33%, females 9.08%).
- The next most productive group is the 35 to 44 age category who carry 26.01% of the total workload.
- Practitioners in the 55 to 64 age category carry 18.35% of the total workload.

³⁴ Capricornia Division of General Practice Strategic Plan 2004-2007. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=6&div=419>.

- Practitioners over 65 carry 3.31% of the total workload while those aged under 35 carry 13.91% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Capricornia Division is displayed in Figure 18.

Figure 18. Proportion of FWE provided by headcount – male and female (Capricornia DGP).



Trends evident include:

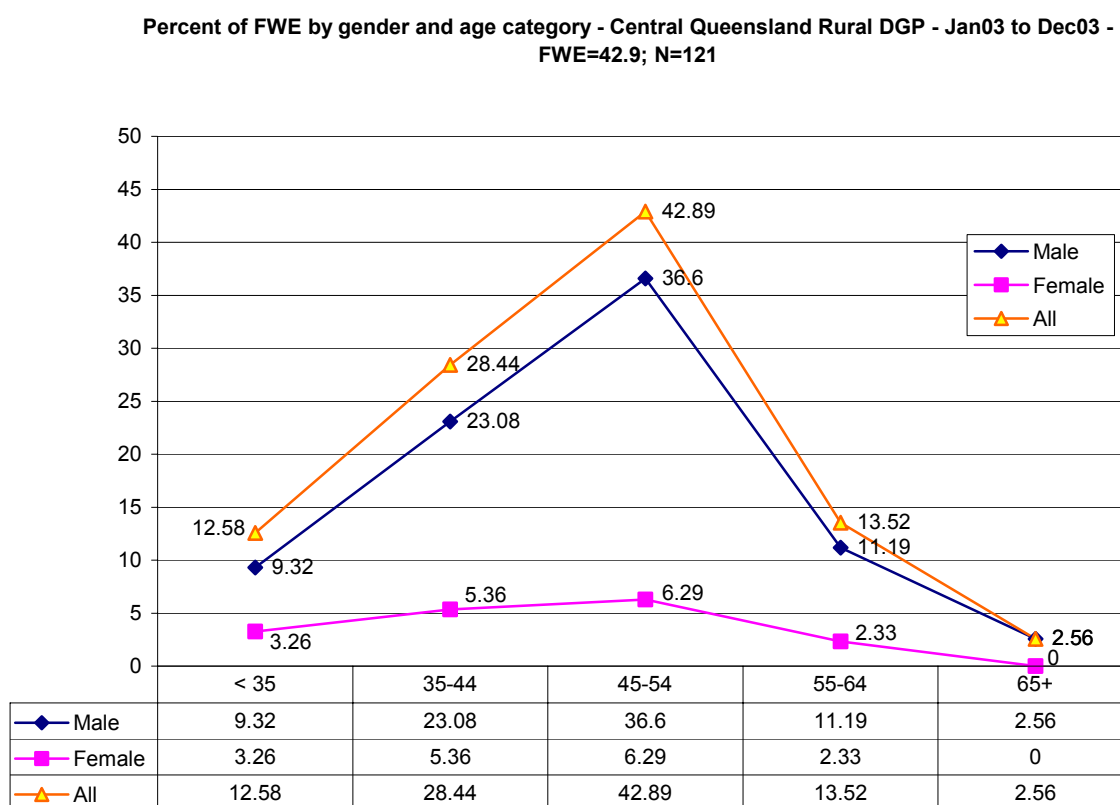
- 38% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 22.0% worked less than 0.5 FWE and for females 16.0%. The workload contribution for this group was 8.04% of total FWE.
- 28.0% of practitioners provided between 0.5 and 1 FWE (17.33% males and 10.67% females). The workload contribution for this group was 29.33% of total FWE.
- 34.0% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 62.63% of total FWE.
- For the Capricornia Division, female practitioners comprised 32.0% of the general practice workforce in terms of numbers and provided 26.30% of total FWE.

CHAPTER 10: CENTRAL QUEENSLAND RURAL DIVISION OF GENERAL PRACTICE

The Central Queensland Rural Division³⁵ covers an area of 163,919 square kilometres from Moranbah in the North to Theodore in the south and West to The Gemfields. The Division area does not include any urban or provincial Centres. There are 3 major highways running through the Division area and it is traversed by the East/West railway linking Rockhampton and Mt Isa. Biloela and Emerald receive daily flights from Brisbane. The main Industries within the Division are Mining and Agriculture. Postcode areas covered include 4702 (70%), 4705, 4707 (50%), 4709, 4714, 4715, 4716, 4717, 4718, 4719, 4720, 4721, 4722, 4744 (70%), 4745 (75%) and 4746.

For the Central Queensland Rural Division over the period 1st January 2003 to 31st December 2003, 121 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 42.9. Figure 19 displays the percentage of total FWE provided by age category and gender.

Figure 19. Percent of FWE by gender and age category – Central Queensland Rural DGP



Trends evident for the Central Queensland Rural Division include:

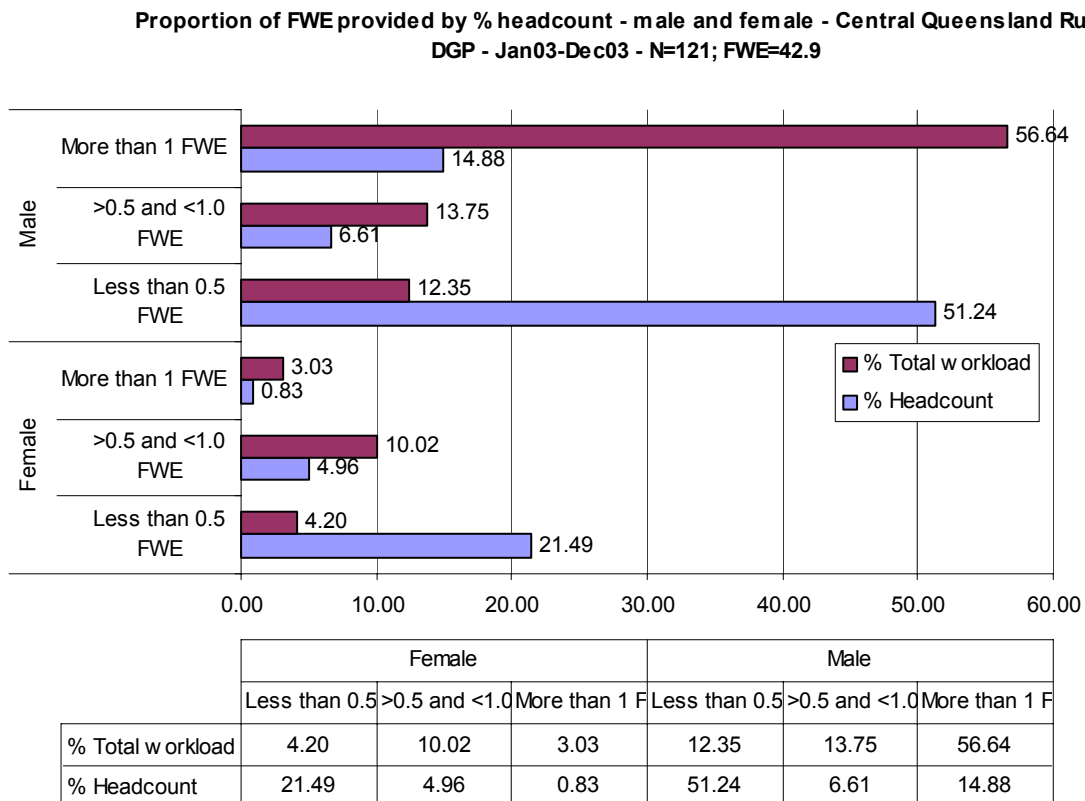
- The majority (42.89%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 36.6%, females 6.29%).
- The next most productive group is the 35 to 44 age category who carry 28.44% of the total workload.
- Practitioners in the 55 to 64 age category carry 13.52% of the total workload.

³⁵ Central Queensland Rural Division of General Practice Strategic Plan 2004-2007. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?div=410>

- Practitioners over 65 carry 2.56% of the total workload while those aged under 35 carry 12.58% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Central Queensland Rural Division is displayed in Figure 20.

Figure 20. Proportion of FWE provided by headcount – male and female (Central Queensland Rural DGP)



Trends evident include:

- 72.73% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 51.24% worked less than 0.5 FWE and for females 21.49%. The workload contribution for this group was 16.55% of total FWE.
- 11.57% of practitioners provided between 0.5 and 1 FWE (6.61% males and 4.96% females). The workload contribution for this group was 23.77% of total FWE.
- 15.71% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 59.77% of total FWE.
- For the Central Queensland Rural Division, female practitioners comprised 27.27% of the general practice workforce in terms of numbers and provided 17.25% of total FWE.

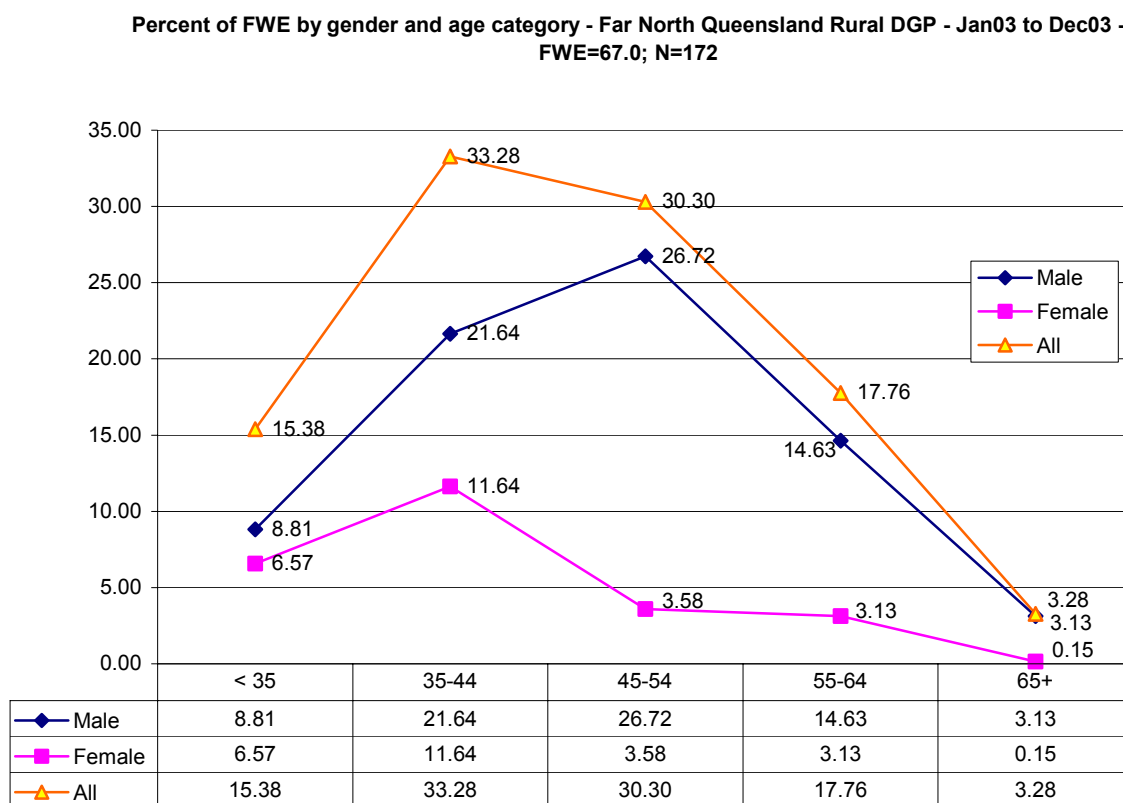
The ratio of providers to FWE for the Central Queensland Rural Division is the highest for all Queensland Divisions and would tend to suggest a highly mobile workforce and/or a high number of casual or part-time practitioners providing services across this Division. Data also suggests that there are a relatively small number of providers carrying the majority of the general practice workload for this Division.

CHAPTER 11: FAR NORTH QUEENSLAND RURAL DIVISION OF GENERAL PRACTICE

The Far North Queensland Rural Division³⁶ covers the area from Cardwell in the South to Thursday Island in the North, excluding the Cairns area that has its own Division. The majority of GPs are concentrated in the major rural centres of Atherton, Mareeba and Innisfail with smaller towns mainly being serviced by single doctor practices or multi-doctor practices which service several towns on a sessional basis. The northern and much of the western areas of the division, including the Torres Strait Islands, the Gulf and the Cape York Peninsula are serviced by the RFDS with Queensland Health hospital doctors at Weipa, and Thursday Island. Postcode areas covered include 4852, 4854, 4855, 4856, 4857, 4858, 4859, 4860, 4871, 4872, 4873, 4874, 4875, 4876, 4880, 4882, 4883, 4885, 4886.

For the Far North Queensland Division over the period 1st January 2003 to 31st December 2003, 172 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 67.0. Figure 21 displays the percentage of total FWE provided by age category and gender.

Figure 21. Percent of FWE by gender and age category – Far North Queensland Rural DGP



Trends evident for the Far North Queensland Rural Division include:

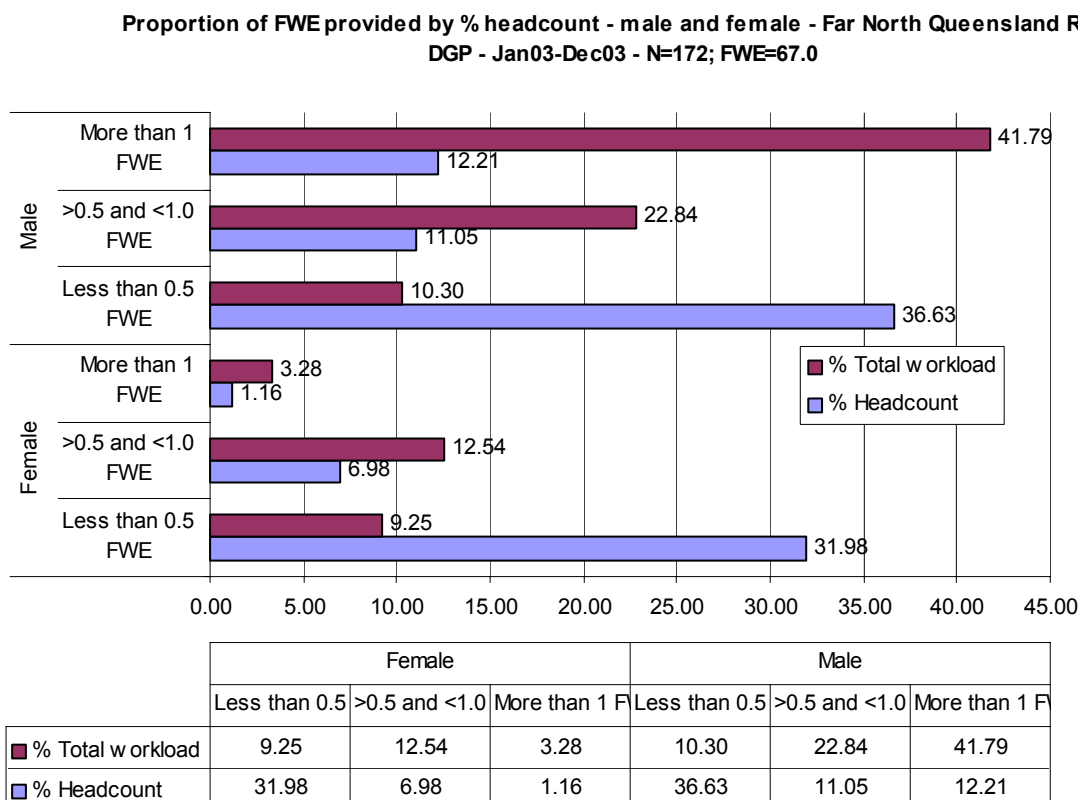
- The majority (33.28%) of the general practice workload is being carried by practitioners in the 35 to 44 age category (males 21.64%, females 11.64%).
- The next most productive group is the 45 to 54 age category who carry 30.3% of the total workload.

³⁶ Far North Queensland Rural Division of General Practice Strategic Plan 1999-2002. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=2&div=417>

- Practitioners in the 55 to 64 age category carry 17.76% of the total workload.
- Practitioners over 65 carry 3.28% of the total workload while those aged under 35 carry 15.38% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Far North Queensland Division is displayed in Figure 22.

Figure 22. Proportion of FWE provided by headcount – male and female (Far North Queensland Rural DGP)



Trends evident include:

- 68.61% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 36.63% worked less than 0.5 FWE and for females 31.98%. The workload contribution for this group was 19.55% of total FWE.
- 18.03% of practitioners provided between 0.5 and 1 FWE (11.05% males and 6.98% females). The workload contribution for this group was 35.38% of total FWE.
- 13.37% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 45.07% of total FWE.
- For the Far North Queensland Rural Division, female practitioners comprised 40.12% of the general practice workforce in terms of numbers and provided 25.07% of total FWE.

Similar to the Central Queensland Rural Division, the ratio of providers to FWE in the Far North Queensland Rural Division is quite high and would tend to suggest a highly mobile workforce and/or a high number of casual or part-time practitioners providing services across this Division.

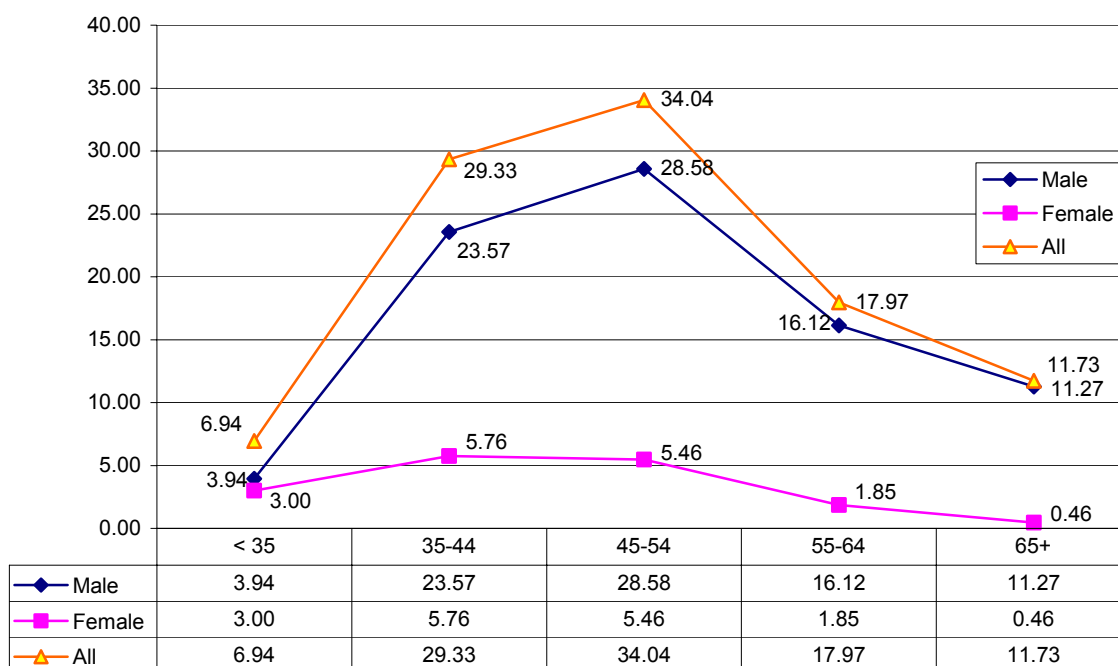
CHAPTER 12: GOLD COAST DIVISION OF GENERAL PRACTICE

The Gold Coast Division of General Practice³⁷ covers an area from the Queensland/NSW border to the northern limits of Willow Vale, Upper Coomera and Coomera; and west to Tamborine and Canungra. Postcodes areas covered include 4209 to 4228; 4270 to 4272 and 4275. By agreement with the Tweed Valley Division of General Practice, which shares, the Queensland/NSW border, the population enumerated in Postcode 4225 (Coolangatta and Bilinga) is shared 50:50 between the two Divisions.

For the Gold Coast Division over the period 1st January 2003 to 31st December 2003, 550 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 373.4. Figure 23 displays the percentage of total FWE provided by age category and gender.

Figure 23. Percent of FWE by gender and age category – Gold Coast DGP

Percent of FWE by gender and age category - Gold Coast DGP - Jan03 to Dec03 - FWE=373.4;
N=550



Trends evident for the Gold Coast Division include:

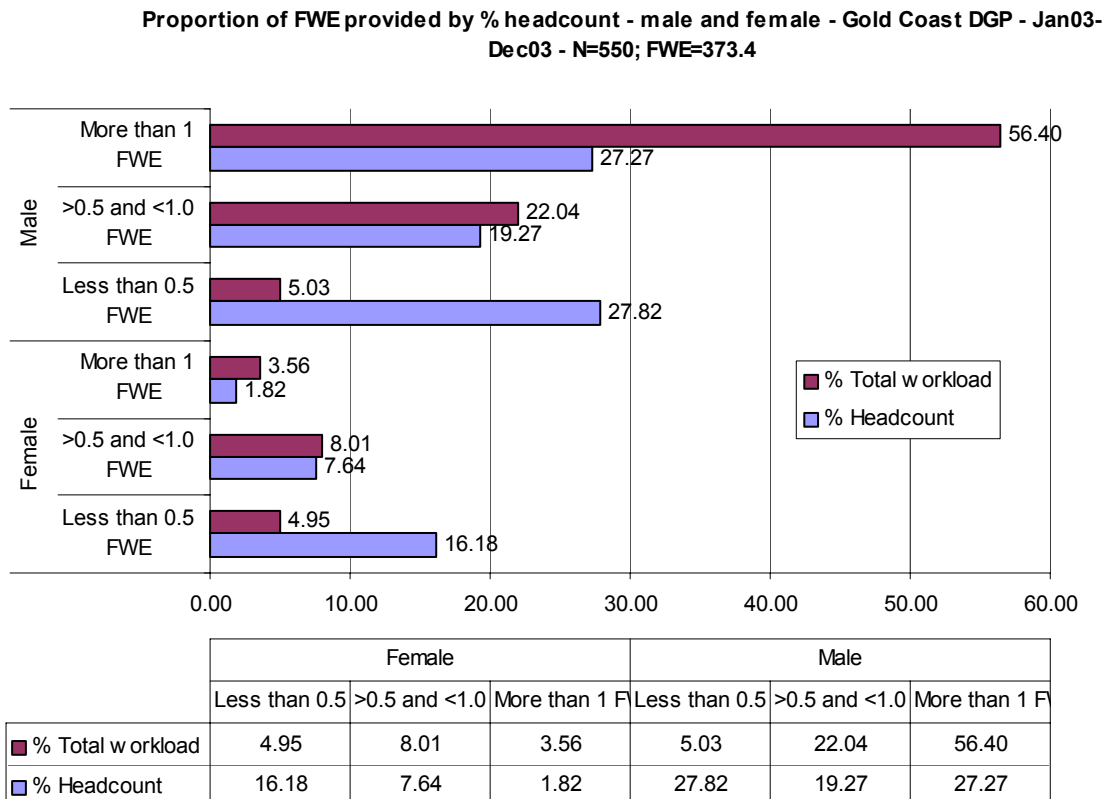
- The majority (34.04%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 28.58%, females 5.46%).
- The next most productive group is the 35 to 44 age category who carry 29.33% of the total workload.
- Practitioners in the 55 to 64 age category carry 17.97% of the total workload.

³⁷ Gold Coast Division of General Practice Strategic Plan 2002-2003. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=2&div=406>

- Practitioners over 65 carry 11.73% of the total workload while those aged under 35 carry 6.94% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Gold Coast Division is displayed in Figure 24.

Figure 24. Proportion of FWE provided by headcount – male and female (Gold Coast DGP).



Trends evident include:

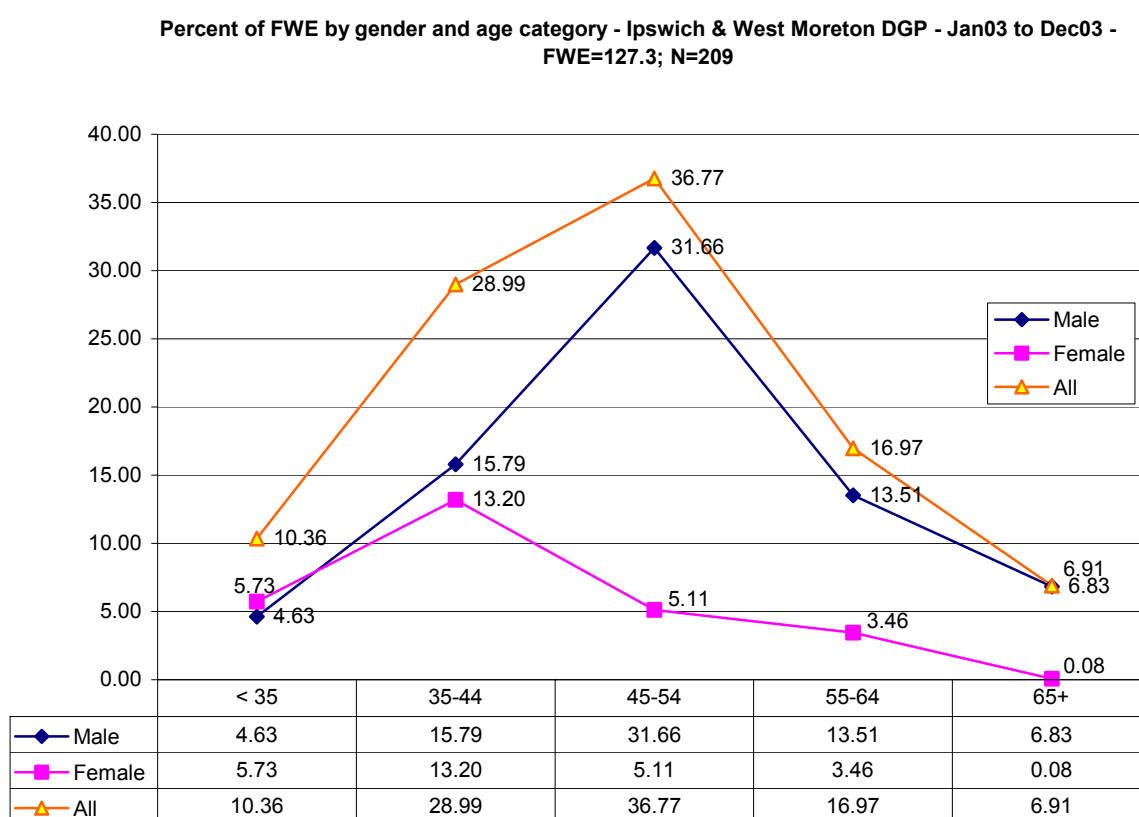
- 44.0% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 27.82% worked less than 0.5 FWE and for females 16.18%. The workload contribution for this group was 9.98% of total FWE.
- 26.91% of practitioners provided between 0.5 and 1 FWE (19.27% males and 7.64% females). The workload contribution for this group was 30.05% of total FWE.
- 29.09% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 59.96% of total FWE.
- For the Gold Coast Division, female practitioners comprised 25.64% of the general practice workforce in terms of numbers and provided 16.52% of total FWE.

CHAPTER 13: IPSWICH & WEST MORETON DIVISION OF GENERAL PRACTICE

The Ipswich and West Moreton³⁸ region lies in South-East Queensland and covers an area of 7,951 sq km. It is comprised of the City of Ipswich and the surrounding rural shires of Esk, Laidley and Boonah. It extends to the NSW border to the south, Toogoolawah to the north, Laidley to the west and Brisbane to the East. Postcode areas covered include: 4300, 4301, 4303, 4304, 4305, 4306, 4307, 4309, 4310, 4311, 4312, 4313, 4340, 4341, 4342, 4346.

For the Ipswich & West Moreton Division over the period 1st January 2003 to 31st December 2003, 209 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 127.3. Figure 25 displays the percentage of total FWE provided by age category and gender.

Figure 25. Percent of FWE by gender and age category – Ipswich & West Moreton DGP



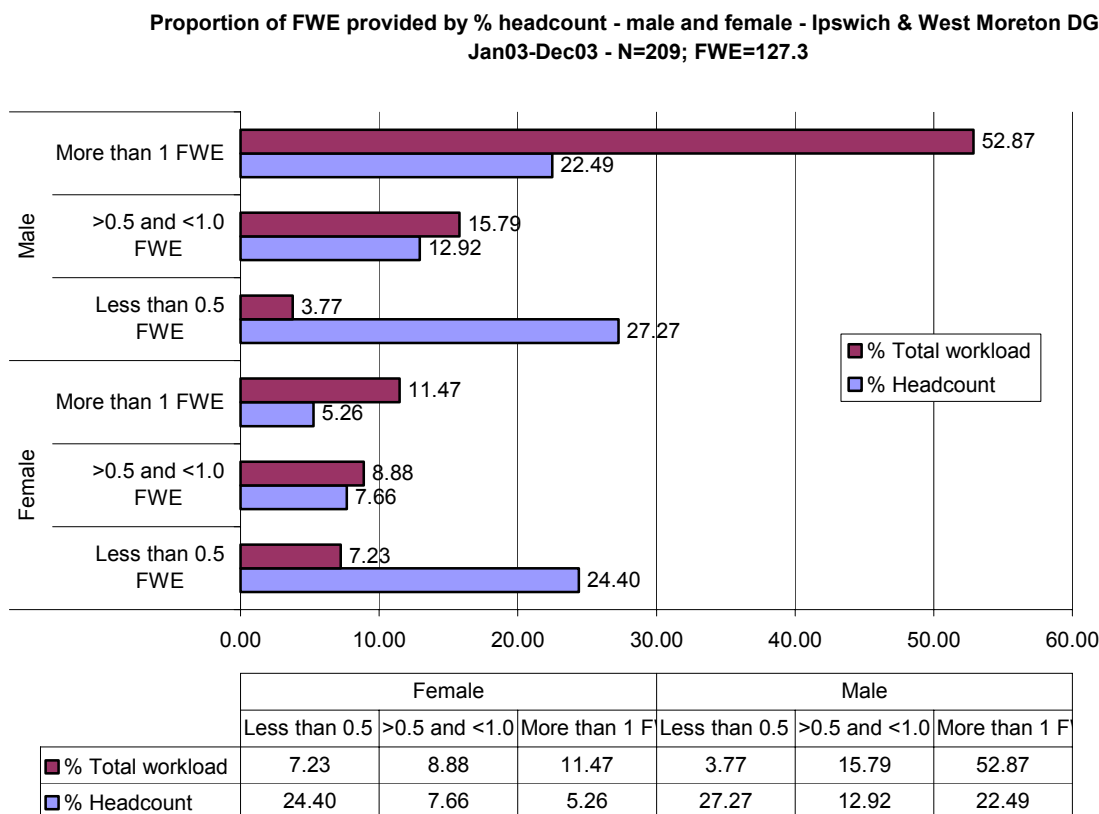
Trends evident for the Ipswich & West Moreton Division include:

- The majority (36.77%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 31.66%, females 5.11%).
- The next most productive group is the 35 to 44 age category who carry 28.99% of the total workload.
- Practitioners in the 55 to 64 age category carry 16.97% of the total workload.
- Practitioners over 65 carry 6.91% of the total workload while those aged under 35 carry 10.36% of the total divisional general practice workload.

³⁸ Ipswich & West Moreton Division of General Practice Strategic Plan 2000-2004. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=6&div=408>

The proportion of FWE provided by headcount (number of providers) and gender for the Ipswich & West Moreton Division is displayed in Figure 26.

Figure 26. Proportion of FWE provided by headcount – male and female (IWMDGP)



Trends evident include:

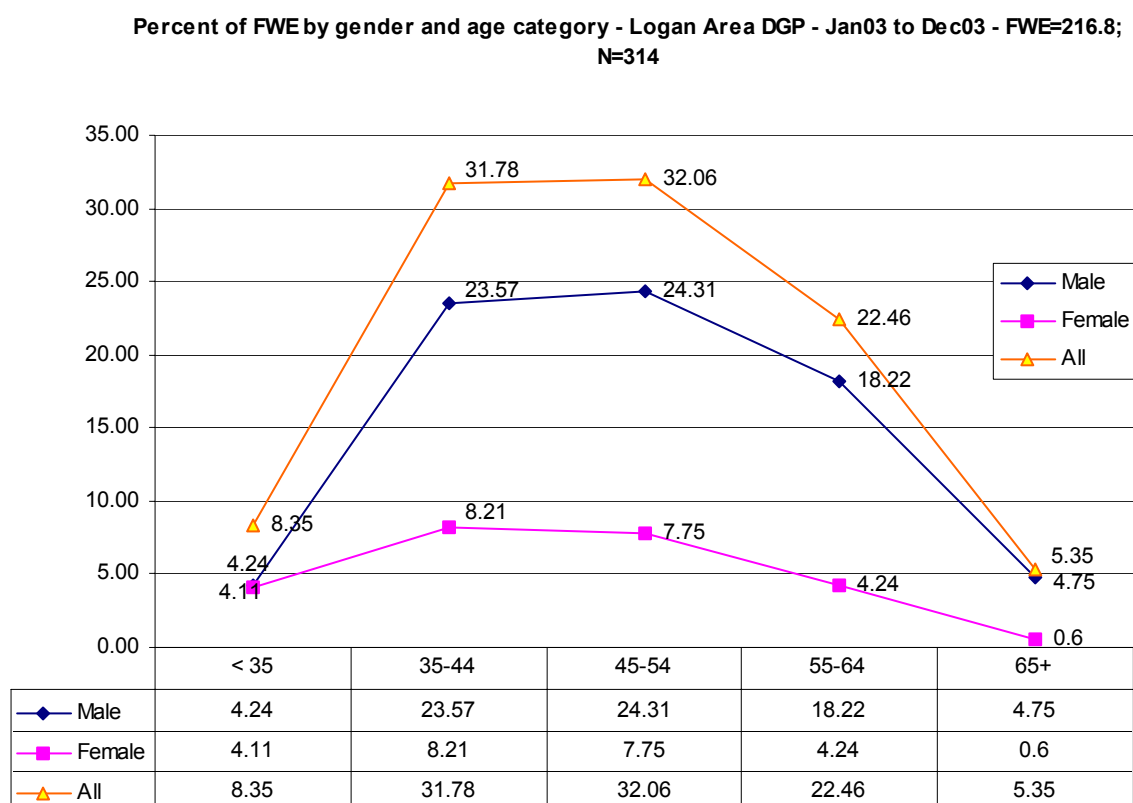
- 51.67% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 27.27% worked less than 0.5 FWE and for females 24.4%. The workload contribution for this group was 11.0% of total FWE.
- 20.58% of practitioners provided between 0.5 and 1 FWE (12.92% males and 7.66% females). The workload contribution for this group was 24.67% of total FWE.
- 27.75% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 64.34% of total FWE.
- For the Ipswich & West Moreton Division, female practitioners comprised 37.32% of the general practice workforce in terms of numbers and provided 27.57% of total FWE.

CHAPTER 14: LOGAN AREA DIVISION OF GENERAL PRACTICE

The Logan Area Division of General Practice³⁹ covers 757 square miles and in terms of geographical area is the 5th smallest of the 20 Divisions in Queensland. The LADGP takes in a sizeable proportion of the Brisbane southern urban fringe with a population growth rate amongst the highest in Australia. Postcode areas covered include: 4114, 4115, 4116, 4117, 4118, 4119, 4123, 4124, 4125, 4127, 4128, 4129, 4130, 4131, 4132, 4133, 4205, 4207, 4208. Most postcodes fall within the Logan City Council boundary, with the remainder spread between the Brisbane, Gold Coast and Beaudesert Council regions.

For the Logan Area Division over the period 1st January 2003 to 31st December 2003, 314 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 216.8. Figure 27 displays the percentage of total FWE provided by age category and gender.

Figure 27. Percent of FWE by gender and age category – Logan Area DGP



Trends evident for the Logan Area Division include:

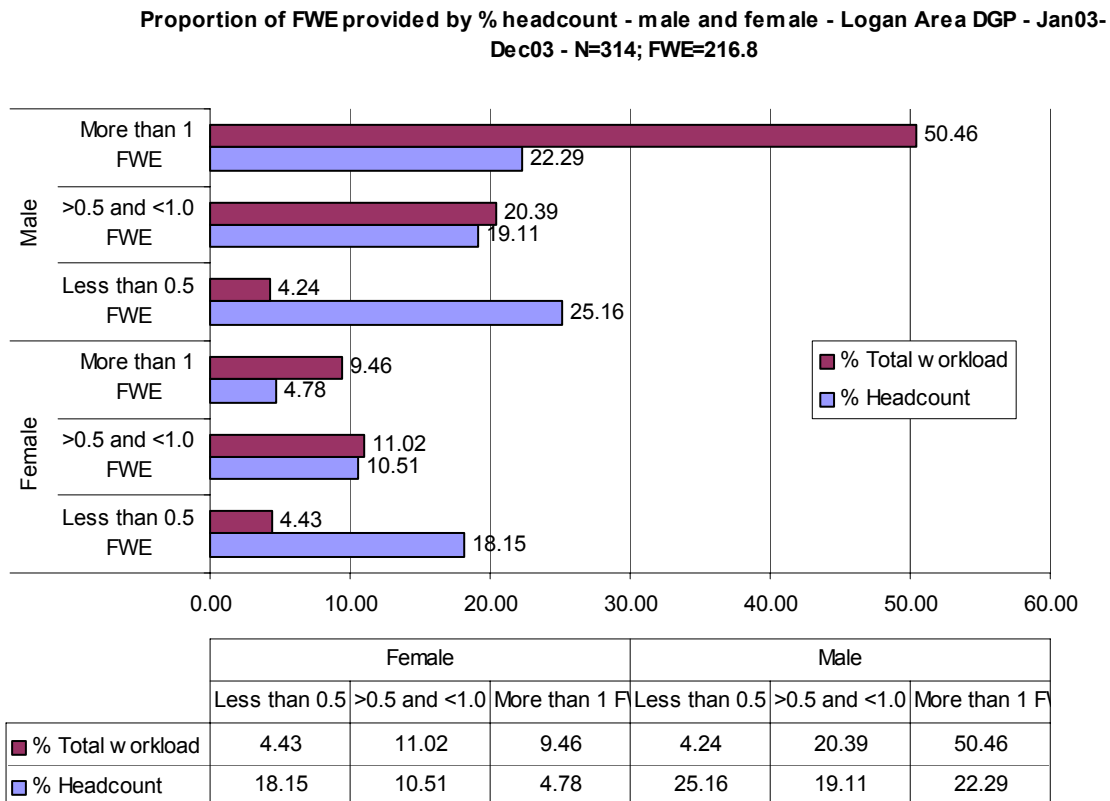
- The majority (32.06%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 24.31%, females 7.75%).
- The next most productive group is the 35 to 44 age category who carry 31.78% of the total workload.
- Practitioners in the 55 to 64 age category carry 22.46% of the total workload.

³⁹ Logan Area Division of General Practice Strategic Plan 2003-2006. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=5&div=404>

- Practitioners over 65 carry 5.35% of the total workload while those aged under 35 carry 8.35% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Logan Area Division is displayed in Figure 28.

Figure 28. Proportion of FWE provided by headcount – male and female (Logan Area DGP)



Trends evident include:

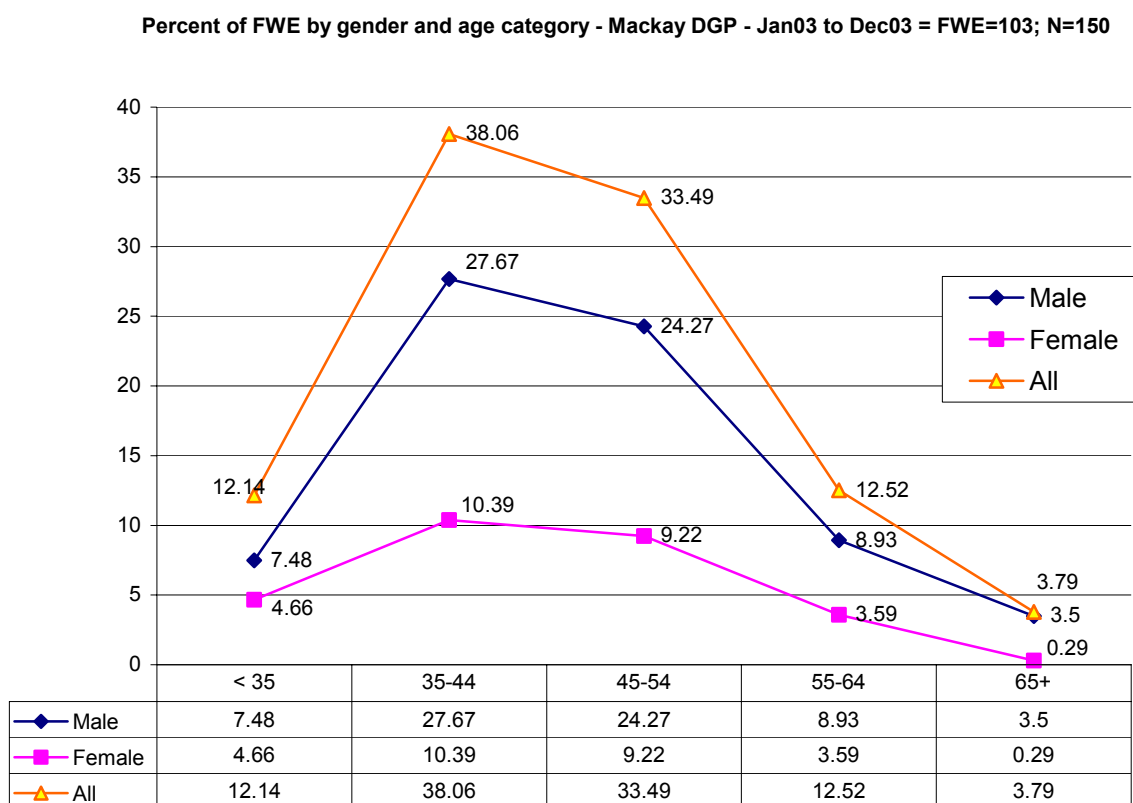
- 43.31% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 25.16% worked less than 0.5 FWE and for females 18.15%. The workload contribution for this group was 8.67% of total FWE.
- 29.62% of practitioners provided between 0.5 and 1 FWE (19.11% males and 10.51% females). The workload contribution for this group was 31.41% of total FWE.
- 27.07% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 59.92% of total FWE.
- For the Logan Area Division, female practitioners comprised 33.44% of the general practice workforce in terms of numbers and provided 24.91% of total FWE.

CHAPTER 15: MACKAY DIVISION OF GENERAL PRACTICE

The Mackay Division of General Practice⁴⁰ is located in north Queensland, and covers an area 24,648 square kilometres based around the city of Mackay and extends 157 kilometres south to St Lawrence, 125 kilometres north to Proserpine and the Whitsunday Islands and 190 kilometres inland to Moranbah. Mackay is a geographically remote regional centre located almost 1,000 kilometres north of Brisbane. Postcode areas covered include: 4707, 4737, 4738, 4739, 4740, 4741, 4742, 4743, 4744, 4745, 4750, 4751, 4753, 4754, 4756, 4757, 4798, 4799, 4800, 4801, 4802, and 4803.

For the Mackay Division over the period 1st January 2003 to 31st December 2003, 150 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 103. Figure 29 displays the percentage of total FWE provided by age category and gender.

Figure 29. Percent of FWE by gender and age category – Mackay DGP



Trends evident for the Mackay Division include:

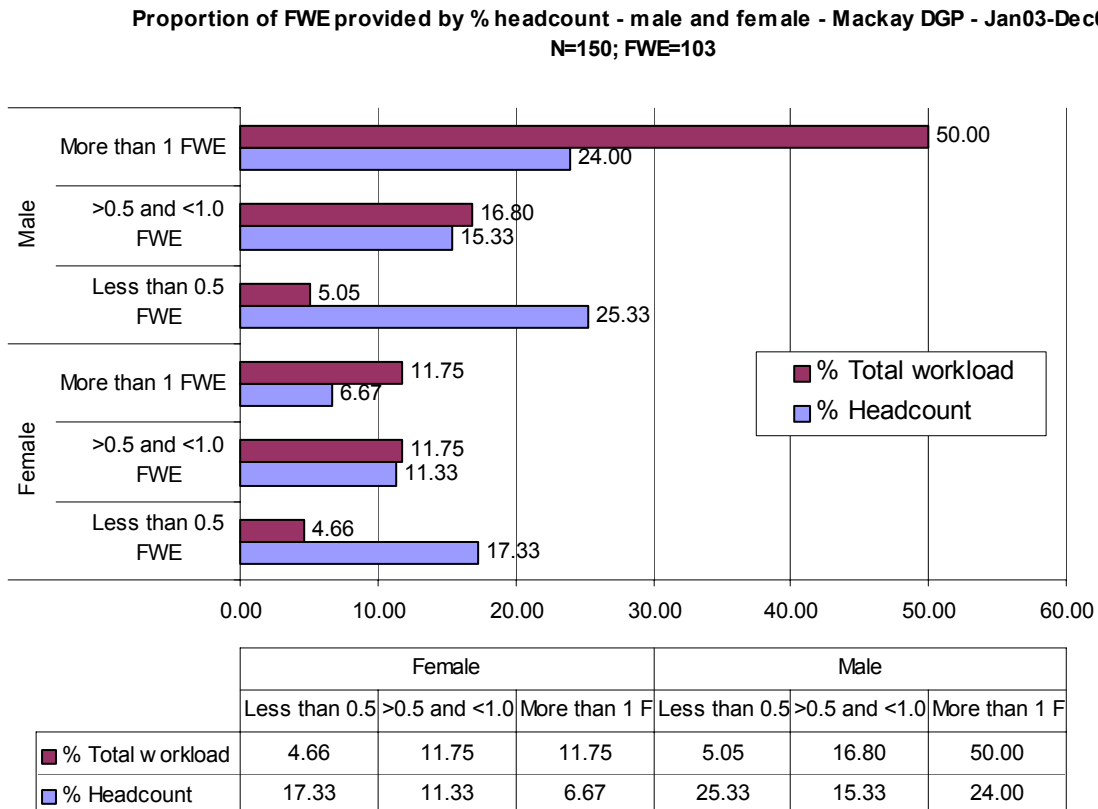
- The majority (38.06%) of the general practice workload is being carried by practitioners in the 35 to 44 age category (males 27.67%, females 10.39%).
- The next most productive group is the 55 to 54 age category who carry 33.49% of the total workload.
- Practitioners in the 55 to 64 age category carry 12.52% of the total workload.

⁴⁰ Mackay Division of General Practice Strategic Plan 2004-2007. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=6&div=411>

- Practitioners over 65 carry 3.79% of the total workload while those aged under 35 carry 12.14% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Mackay Division is displayed in Figure 30.

Figure 30. Proportion of FWE provided by headcount – male and female (Mackay DGP)



Trends evident include:

- 42.66% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 25.33% worked less than 0.5 FWE and for females 17.33%. The workload contribution for this group was 9.71% of total FWE.
- 26.66% of practitioners provided between 0.5 and 1 FWE (15.33% males and 11.33% females). The workload contribution for this group was 28.55% of total FWE.
- 30.67% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 61.75% of total FWE.
- For the Mackay Division, female practitioners comprised 35.33% of the general practice workforce in terms of numbers and provided 28.16% of total FWE.

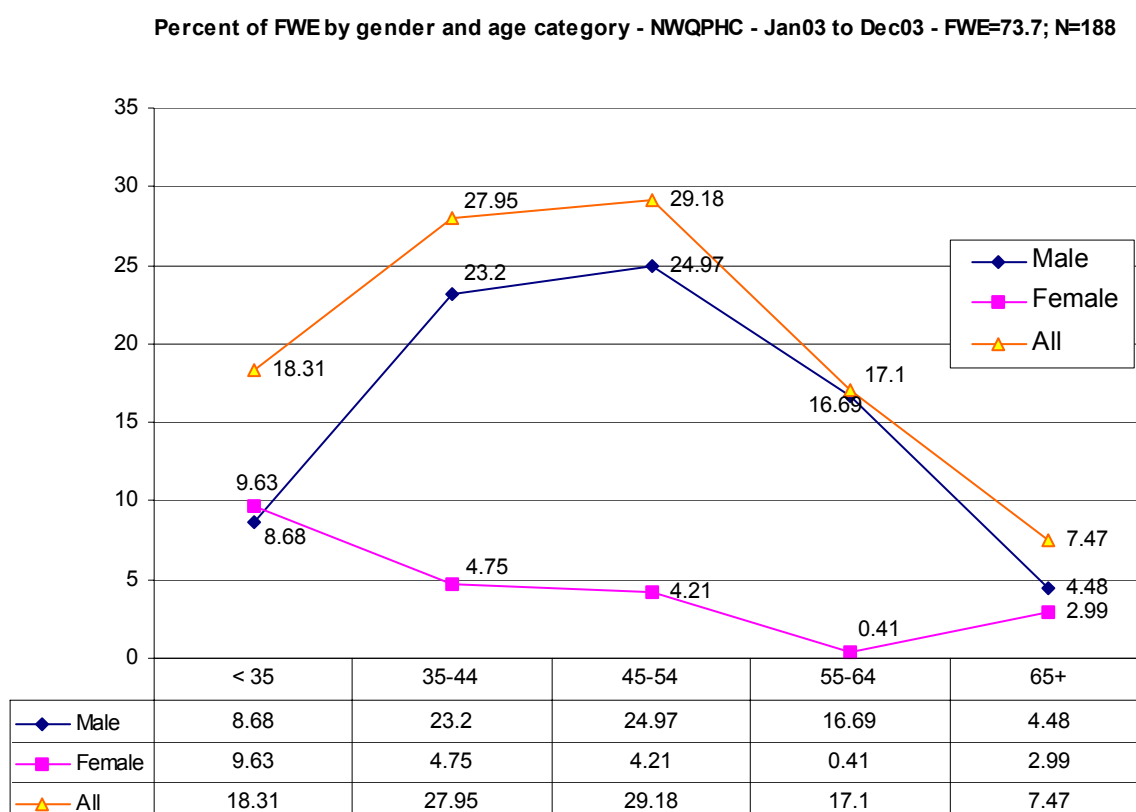
The workload profile for General Practitioners in the Mackay regions differs somewhat from Queensland and National trends. Data suggests that GP’s in this region are relatively younger and carry a higher proportion of workload.

CHAPTER 16: NORTH & WEST QUEENSLAND PRIMARY HEALTH CARE

The former North Queensland Rural Division of General Practice covered an extensive geographical area of 378,499 square kilometres, extending from Cardwell in the north, to Bowen in the south, east to Palm Island and westwards to Mt Isa and into the Gulf of Carpentaria. Since its merger with the former Central West Queensland Division of General Practice in July 2002, North & West Queensland Primary Health Care⁴¹ boundaries have been extended by a further 392,898 square kilometres and now also incorporates regions from Alpha in the east, Tambo in the south, west to Birdsville, north to Boulia and northeast to Winton. In terms of geographical spread it is the largest Division in Queensland and second largest nationally.

Over the period 1st January 2003 to 31st December 2003, 188 practitioners in North & West Queensland Primary Health Care provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 73.7. Figure 31 displays the percentage of total FWE provided by age category and gender.

Figure 31. Percent of FWE by gender and age category – NWQPHC



Trends evident for the North & West Queensland Primary Health Care Division include:

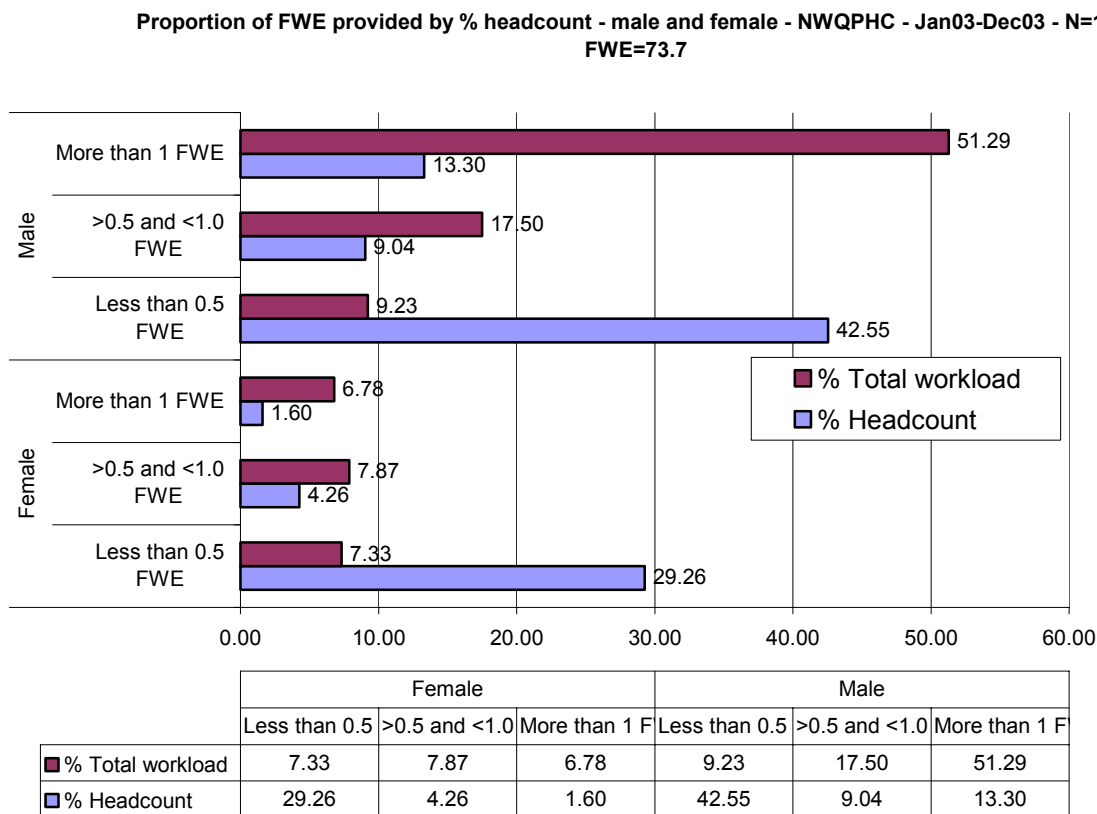
- The majority (29.18%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 24.97%, females 4.21%).
- The next most productive group is the 35 to 44 age category who carry 27.95% of the total workload.

⁴¹ North & West Qld Primary Health Care Strategic Plan 2003-2004. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?div=416>

- Practitioners in the 55 to 64 age category carry 17.1% of the total workload.
- Practitioners over 65 carry 7.47% of the total workload while those aged under 35 carry 18.31% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the NWQPHC Division is displayed in Figure 32.

Figure 32. Proportion of FWE provided by headcount – male and female (NWQPHC)



Trends evident include:

- 71.81% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 42.55% worked less than 0.5 FWE and for females 29.26%. The workload contribution for this group was 16.56% of total FWE.
- 13.3% of practitioners provided between 0.5 and 1 FWE (9.04% males and 4.26% females). The workload contribution for this group was 25.37% of total FWE.
- 14.9% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 58.07% of total FWE.
- In the NWQPHC Division, female practitioners comprised 35.11% of the general practice workforce in terms of numbers and provided 21.98% of total FWE.

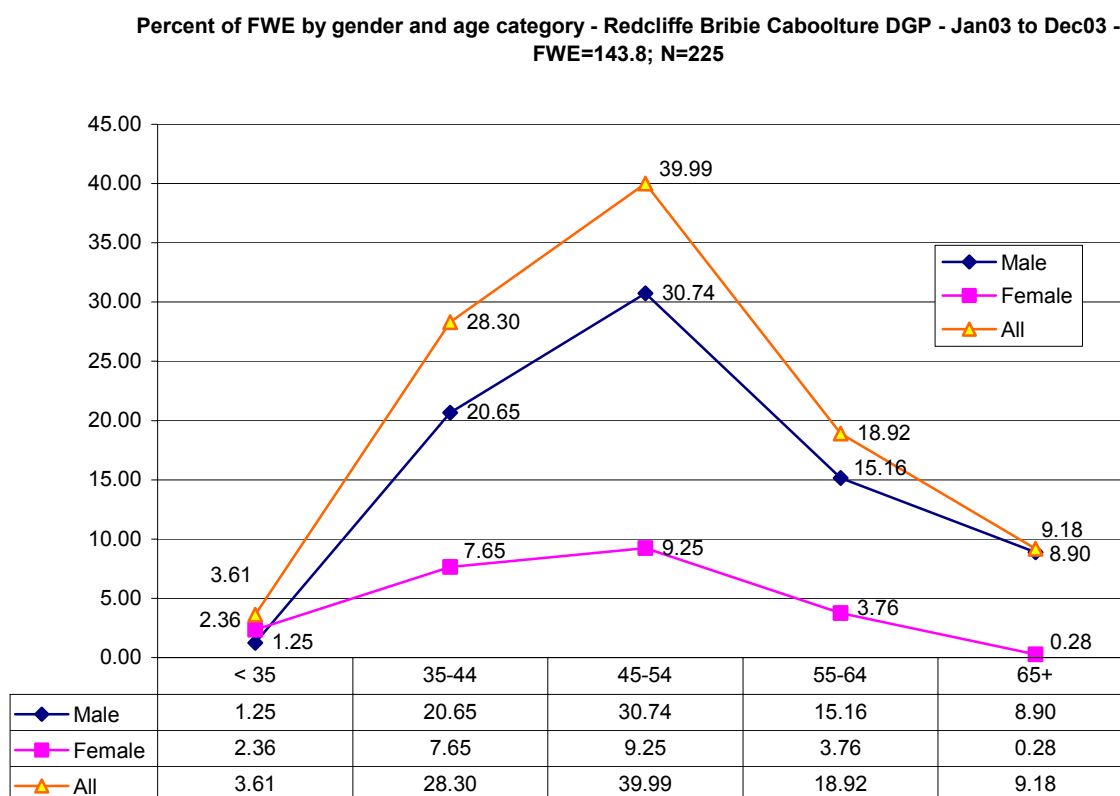
As with other rural divisions and a number of inner urban divisions, the NWQPHC has a high ratio of providers to FWE that suggests a highly mobile workforce and/or a high number of casual or part-time practitioners providing services across this Division. Additionally, due to its geographical spread and the nature of medical service provision in this region, there is a considerable amount of general practice type activity that is not, or only partially captured by HIC/Medicare data.

CHAPTER 17: REDCLIFFE-BRIBIE-CABOOLTURE DIVISION OF GENERAL PRACTICE

The Redcliffe-Bribie-Caboolture Division⁴² is situated in south-east Queensland to the north of Brisbane and covers an area of approximately 2,000sq. kms. It lies principally in the City of Redcliffe and the Caboolture Shire although some membership seepage occurs from Brisbane's northern suburbs and the Petrie Shire. The Division also covers much of the southern sector of the Sunshine Coast Health Region extending from Bribie Island around Deception Bay to Redcliffe and westward to the D'Aguilar Ranges and northward to the Glasshouse Mountains. The Divisional boundary totally encompasses the Shire of Caboolture and Redcliffe City, and includes small peripheral areas of the Shires of Kilcoy, Pine Rivers and Caloundra. Postcode areas covered include: 4019, 4020, 4021, 4022, 4025, 4504, 4505, 4506, 4507, 4508, 4510, 4511, 4512, 4514, 4516, 4517, 4518.

For the Redcliffe-Bribie-Caboolture Division over the period 1st January 2003 to 31st December 2003, 225 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 143.8. Figure 33 displays the percentage of total FWE provided by age category and gender.

Figure 33. Percent of FWE by gender and age category – Redcliffe-Bribie-Caboolture



Trends evident for the Redcliffe-Bribie-Caboolture Division include:

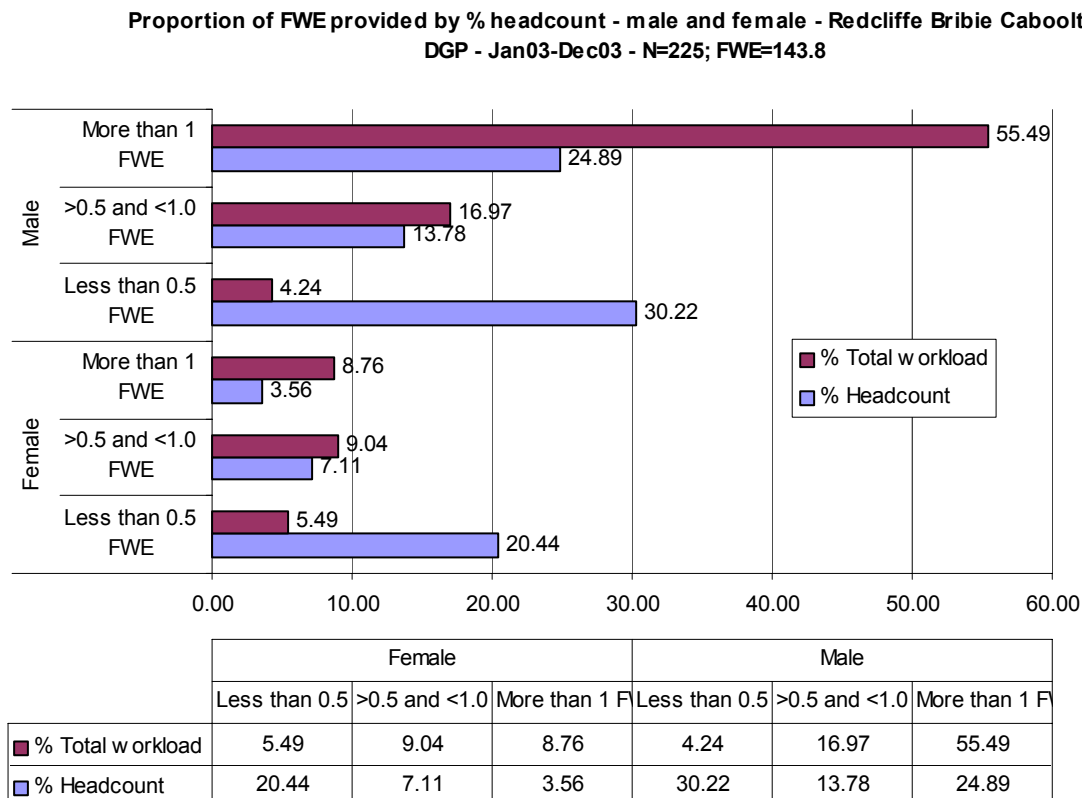
- The majority (39.99%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 30.74%, females 9.25%).

⁴² Redcliffe-Bribie-Caboolture Strategic Plan 1999-2004. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=4&div=407>

- The next most productive group is the 35 to 44 age category who carry 28.30% of the total workload.
- Practitioners in the 55 to 64 age category carry 18.92% of the total workload.
- Practitioners over 65 carry 9.18% of the total workload while those aged under 35 carry 3.61% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Redcliffe-Bribie-Caboolture Division is displayed in Figure 34.

Figure 34. Proportion of FWE provided by headcount – male and female (RBCDGP)



Trends evident include:

- 50.66% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 30.22% worked less than 0.5 FWE and for females 20.44%. The workload contribution for this group was 9.73% of total FWE.
- 20.89% of practitioners provided between 0.5 and 1 FWE (13.78% males and 7.11% females). The workload contribution for this group was 26.01% of total FWE.
- 28.45% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 64.25% of total FWE.
- For the Redcliffe-Bribie-Caboolture Division, female practitioners comprised 31.11% of the general practice workforce in terms of numbers and provided 23.3% of total FWE.

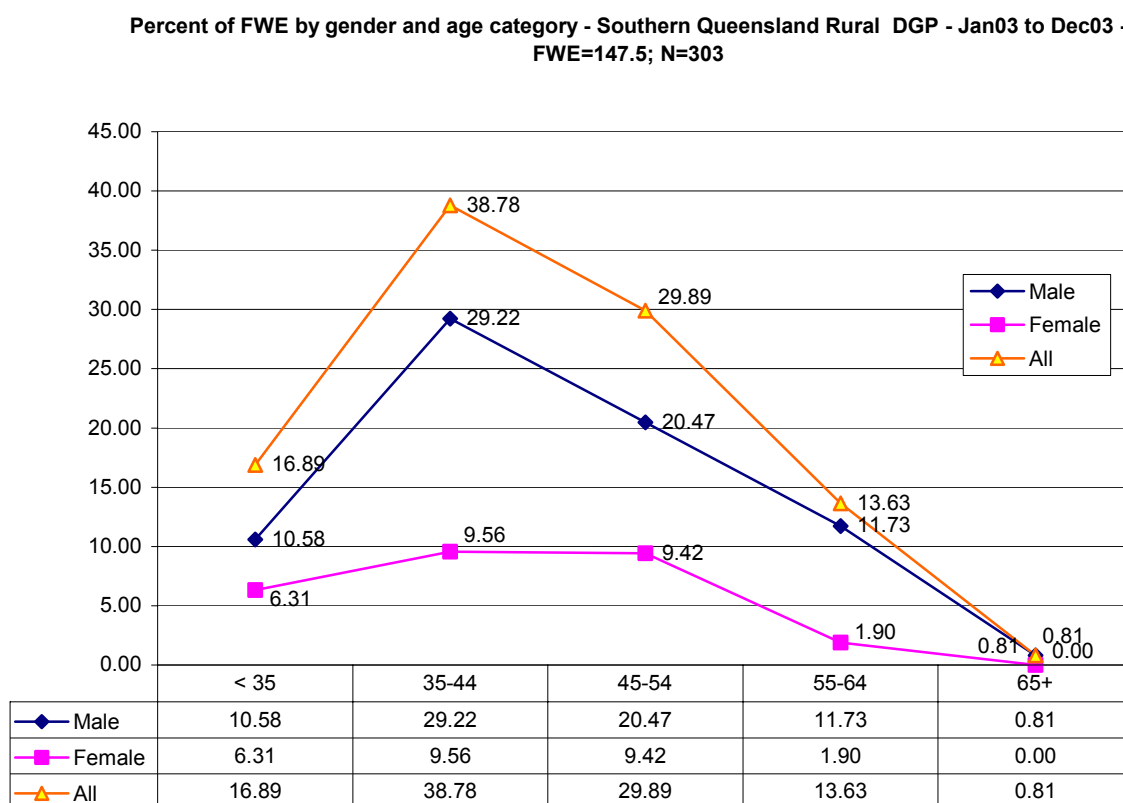
Data for the Redcliffe-Bribie-Caboolture Division suggests that a higher proportion of the general practice workload is being carried by practitioners in the 45 and over age categories.

CHAPTER 18: SOUTHERN QUEENSLAND RURAL DIVISION OF GENERAL PRACTICE

The South Queensland Rural Division of General Practice⁴³ encompasses a major area of Southern Queensland, with the exception of the large population centres in the southeast. A realignment of division boundaries occurred on the 1st July 2002 with a number of LGAs including Maryborough and Hervey Bay moving from the Southern Queensland Rural Division and joining the Wide Bay Division of General Practice. Revised estimates suggest the Division now covers an area of approximately 424,181 square kilometres that makes it geographically the second largest of the Queensland Divisions of General Practice. The South Queensland Division is made up of 34 Statistical Local Areas and includes only two centres with a population of over 10,000.

For the Southern Queensland Rural Division over the period 1st January 2003 to 31st December 2003, 303 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 147.5. Figure 35 displays the percentage of total FWE provided by age category and gender.

Figure 35. Percent of FWE by gender and age category – Southern Queensland Rural DGP



Trends evident for the Southern Queensland Rural Division include:

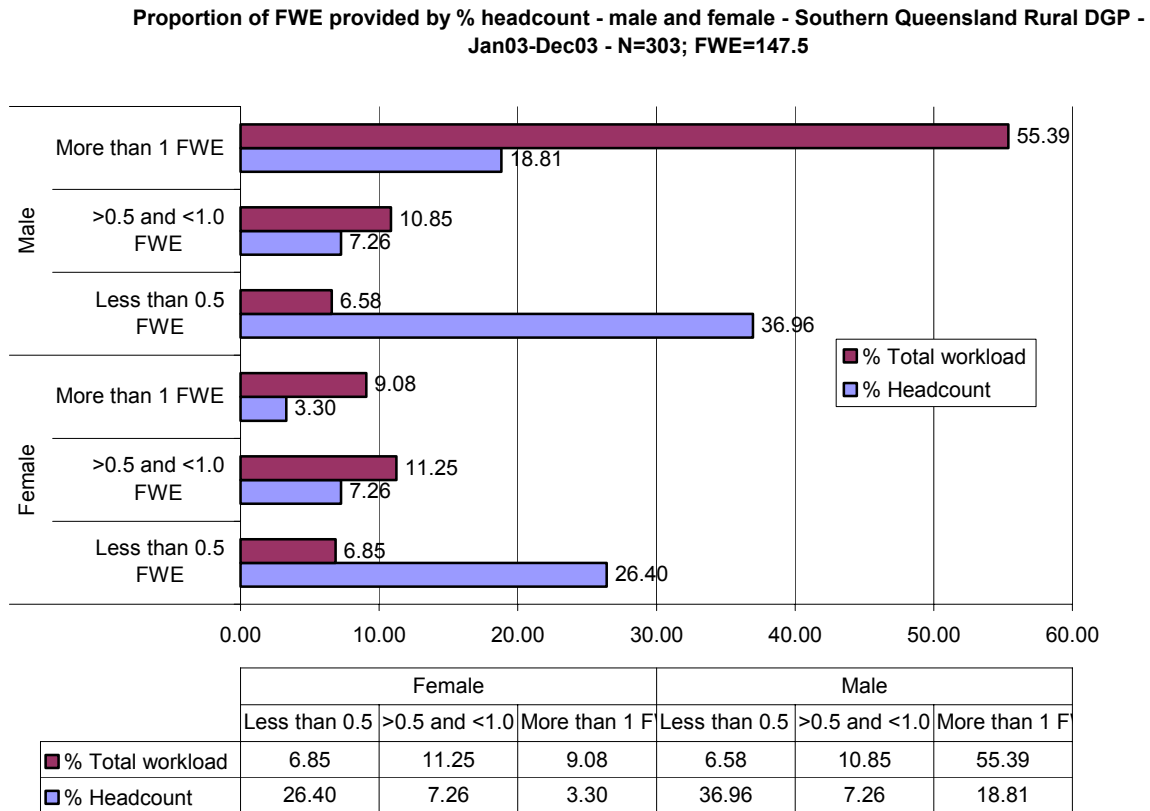
- The majority (38.78%) of the general practice workload is being carried by practitioners in the 35 to 44 age category (males 29.22%, females 9.56%).
- The next most productive group is the 45 to 54 age category who carry 29.89% of the total workload.
- Practitioners in the 55 to 64 age category carry 13.63% of the total workload.

⁴³ Queensland Rural Medical Support Agency. (2003). *Analysis of the Queensland Rural and Remote Medical Workforce (First Report - 30th June 2003)*. Brisbane: QRMSA.

- Practitioners over 65 carry 0.81% of the total workload while those aged under 35 carry 16.89% of the total divisional general practice workload.

The proportion of FWE provided by headcount (number of providers) and gender for the Southern Queensland Rural Division is displayed in Figure 36.

Figure 36. Proportion of FWE provided by headcount – male and female (SQRDGP)



Trends evident include:

- 63.36% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 36.96% worked less than 0.5 FWE and for females 26.40%. The workload contribution for this group was 13.43% of total FWE.
- 14.52% of practitioners provided between 0.5 and 1 FWE (7.26% males and 7.26% females). The workload contribution for this group was 22.10% of total FWE.
- 22.11% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 64.47% of total FWE.
- For the Southern Queensland Rural Division, female practitioners comprised 36.96% of the general practice workforce in terms of numbers and provided 27.19% of total FWE.

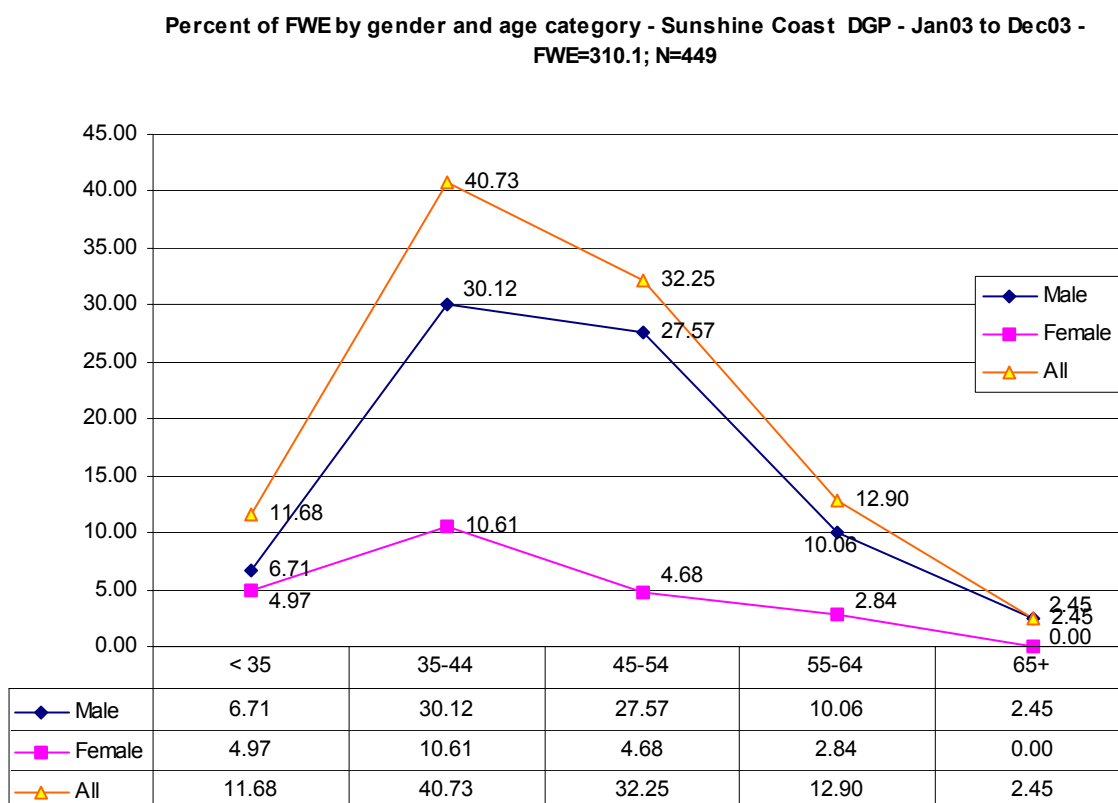
Data for the Southern Queensland Rural Division data suggests that a higher proportion of the general practice workload is being carried by practitioners in the under 45 age categories.

CHAPTER 19: SUNSHINE COAST DIVISION OF GENERAL PRACTICE

The Sunshine Coast Division of General Practice⁴⁴ covers a diverse geographic, economic and social area, from Caloundra and Beerwah in the South to Gympie and Tin Can Bay in the North, a size of 6,770 square kilometres. Significant portions of the Division are currently classified as rural RRMA's 4 and 5, the remainder of the Division is classified as RRMA 3. Postcode areas covered include: 4519, 4550, 4551, 4553, 4554, 4555, 4556, 4557, 4558, 4559, 4560, 4561, 4562, 4563, 4564, 4565, 4566, 4567, 4568, 4569, 4570, 4572, 4573, 4574, 4575, 4580 and 4581.

For the Sunshine Coast Division over the period 1st January 2003 to 31st December 2003, 449 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 310.1. Figure 37 displays the percentage of total FWE provided by age category and gender.

Figure 37. Percent of FWE by gender and age category – Sunshine Coast DGP



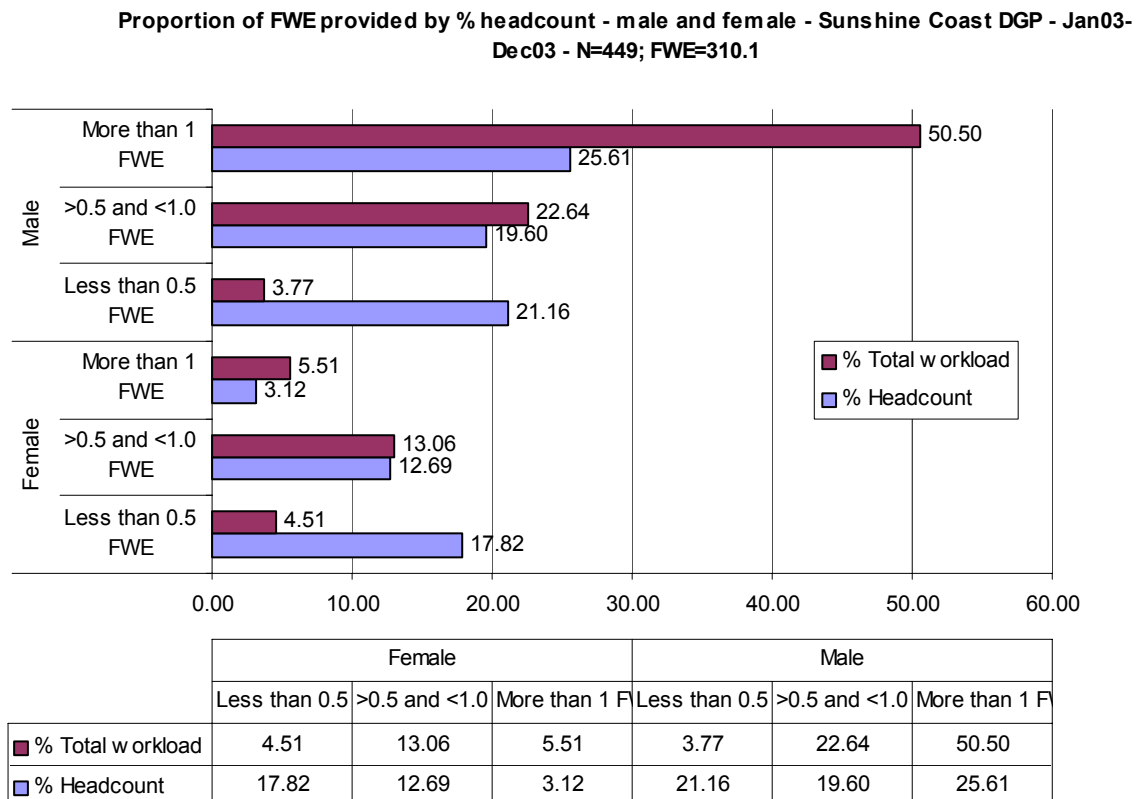
Trends evident for the Sunshine Coast Division include:

- The majority (40.73%) of the general practice workload is being carried by practitioners in the 35 to 44 age category (males 30.12%, females 10.61%).
- The next most productive group is the 45 to 54 age category who carry 32.25% of the total workload.
- Practitioners in the 55 to 64 age category carry 12.9% of the total workload.
- Practitioners over 65 carry 2.45% of the total workload while those aged under 35 carry 11.68% of the total divisional general practice workload.

⁴⁴ Sunshine Coast Division of General Practice Strategic Plan 1999-2002. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=3&div=418>

The proportion of FWE provided by headcount (number of providers) and gender for the Sunshine Coast Division is displayed in Figure 38.

Figure 38. Proportion of FWE provided by headcount – male and female (SCDGP)



Trends evident include:

- 38.98% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 21.16% worked less than 0.5 FWE and for females 17.82%. The workload contribution for this group was 8.28% of total FWE.
- 32.29% of practitioners provided between 0.5 and 1 FWE (19.6% males and 12.69% females). The workload contribution for this group was 35.7% of total FWE.
- 28.73% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 56.01% of total FWE.
- For the Sunshine Coast Division, female practitioners comprised 33.63% of the general practice workforce in terms of numbers and provided 23.09% of total FWE.

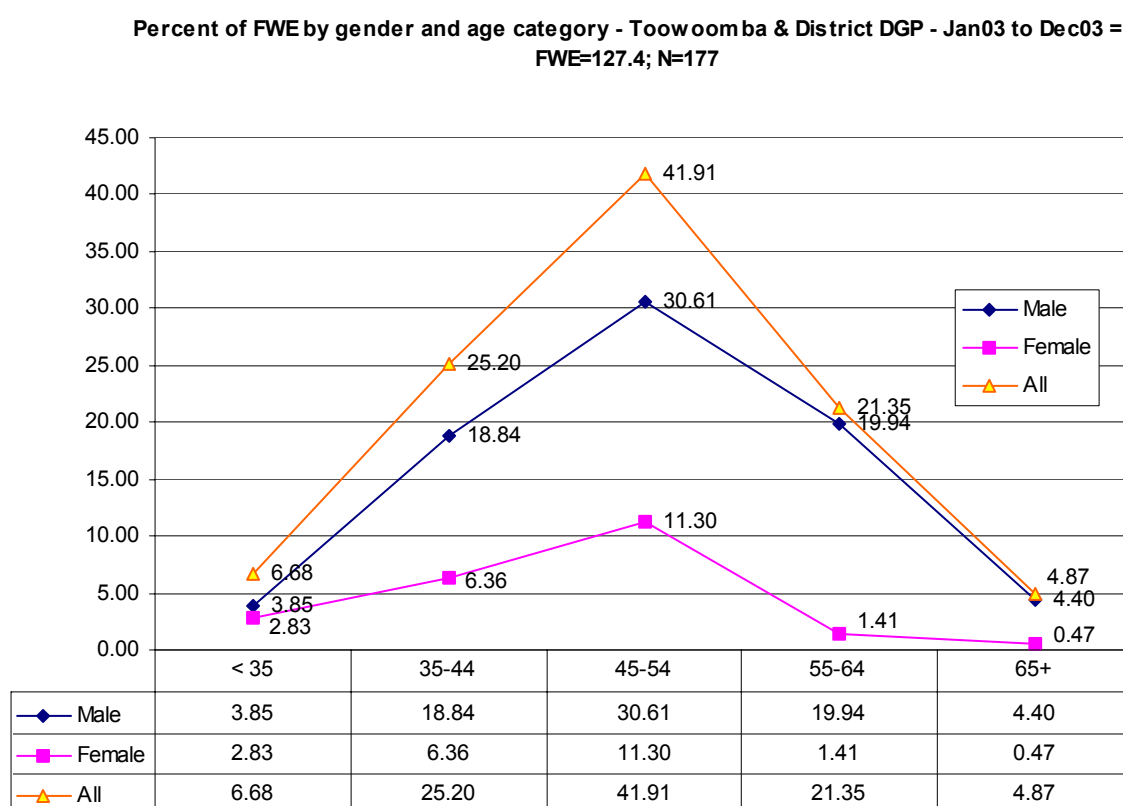
Data for the Sunshine Coast Division, data suggests that a higher proportion of the general practice workload is being carried by practitioners in the under 45 age categories.

CHAPTER 20: TOWOOMBA & DISTRICT DIVISION OF GENERAL PRACTICE

The area covered by the Toowoomba & District Division of General Practice⁴⁵ is approximately 10,405 square kilometres. It contains the local government area of Toowoomba city as well as parts of 13 surrounding shires extending over a 45 kilometre radius. Postcode areas covered include: 4342, 4343, 4344, 4347, 4350, 4352, 4354, 4355, 4356, 4358, 4359, 4400, 4401 and 4403.

For the Toowoomba & District Division over the period 1st January 2003 to 31st December 2003, 177 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 127.4. Figure 39 displays the percentage of total FWE provided by age category and gender.

Figure 39. Percent of FWE by gender and age category – Toowoomba & District DGP



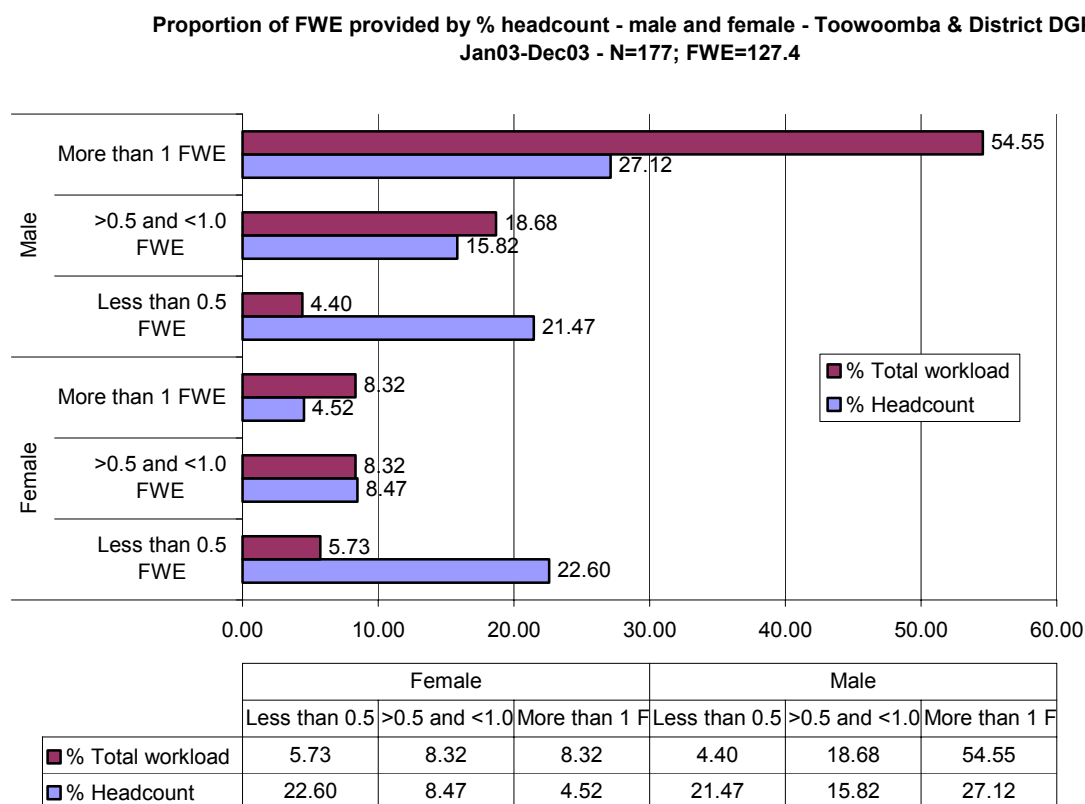
Trends evident for the Toowoomba & District Division include:

- The majority (41.91%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 30.61%, females 11.30%).
- The next most productive group is the 35 to 44 age category who carry 25.20% of the total workload.
- Practitioners in the 55 to 64 age category carry 21.35% of the total workload.
- Practitioners over 65 carry 4.87% of the total workload while those aged under 35 carry 6.68% of the total divisional general practice workload.

⁴⁵ Toowoomba and District Division of General Practice Strategic Plan 2002-2005. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=4&div=409>

The proportion of FWE provided by headcount (number of providers) and gender for the Toowoomba and District Division is displayed in Figure 40.

Figure 40. Proportion of FWE provided by headcount – male and female (T&DDGP)



Trends evident include:

- 44.07% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 21.47% worked less than 0.5 FWE and for females 22.60%. The workload contribution for this group was 10.13% of total FWE.
- 24.9% of practitioners provided between 0.5 and 1 FWE (15.82% males and 8.47% females). The workload contribution for this group was 27.0% of total FWE.
- 31.25% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 62.87% of total FWE.
- For the Toowoomba & District Division, female practitioners comprised 35.16% of the general practice workforce in terms of numbers and provided 22.37% of total FWE.

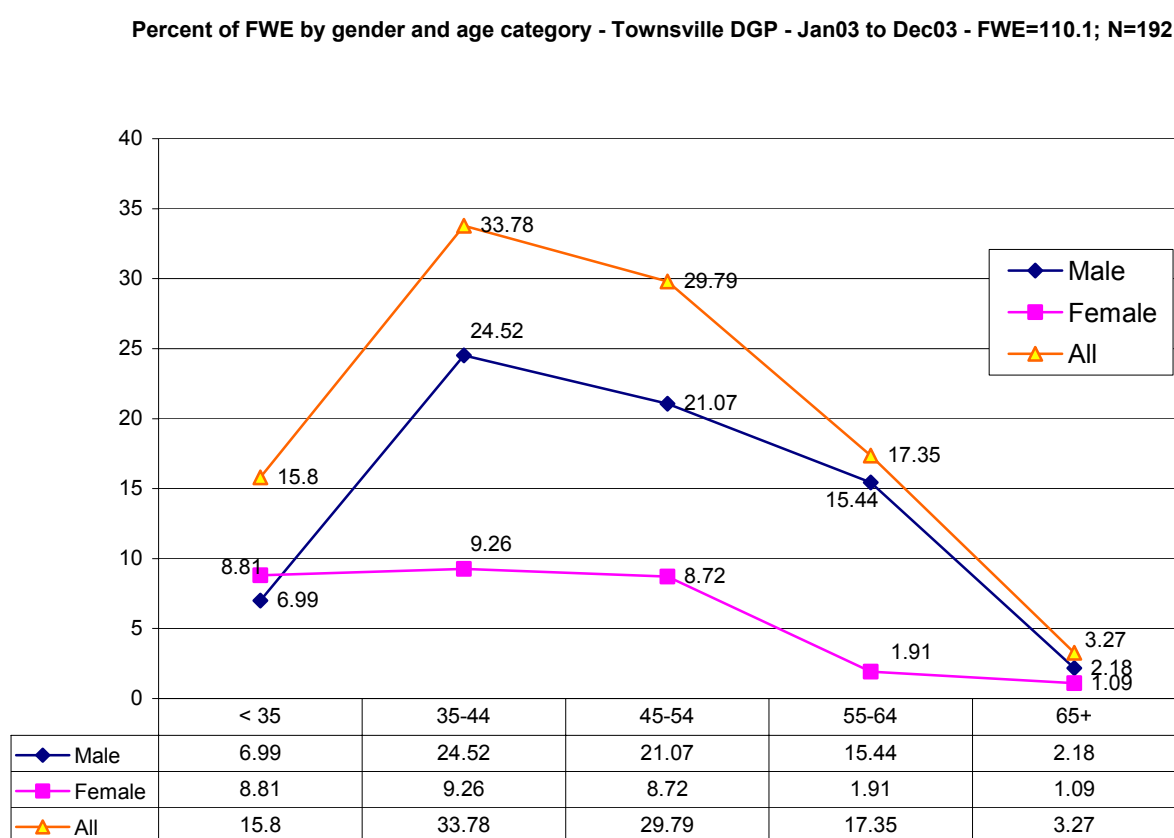
Data for the Toowoomba & District Division, data suggests that a higher proportion of the general practice workload is being carried by practitioners in the 45 and above age categories.

CHAPTER 21: TOWNSVILLE DIVISION OF GENERAL PRACTICE

The Townsville Division⁴⁶ has a catchment area similar to the boundaries of the Townsville Health Service District. The Division covers the postcode areas 4809 - 4819 excluding 4816. The North & West Primary Health Care Division borders the Townsville Division of General Practice to the north, south and west. An estimated 140,795 people reside in the Townsville-Thuringowa area. Postcode areas covered include: 4809 thru 4815, 4817, 4818 and 4819.

For the Townsville Division over the period 1st January 2003 to 31st December 2003, 192 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 110.1. Figure 41 displays the percentage of total FWE provided by age category and gender.

Figure 41. Percent of FWE by gender and age category – Townsville DGP



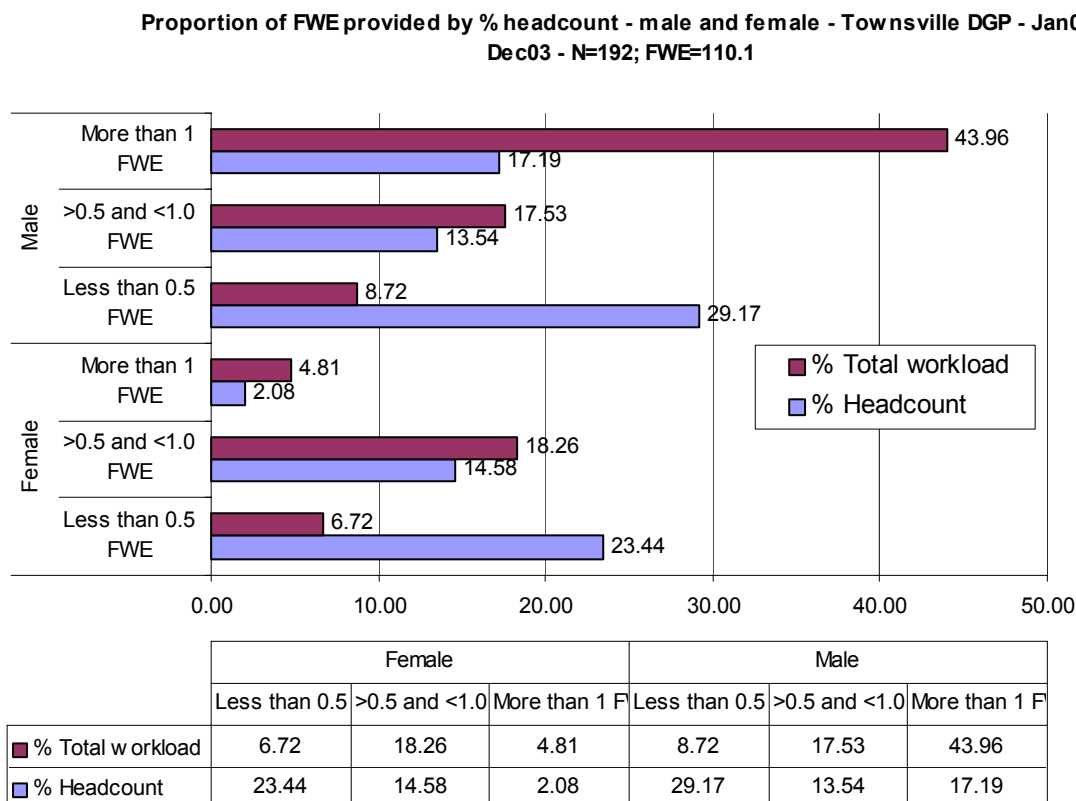
Trends evident for the Townsville Division include:

- The majority (33.78%) of the general practice workload is being carried by practitioners in the 35 to 44 age category (males 24.52%, females 9.26%).
- The next most productive group is the 45 to 54 age category who carry 29.79% of the total workload.
- Practitioners in the 55 to 64 age category carry 17.35% of the total workload.
- Practitioners over 65 carry 3.27% of the total workload while those aged under 35 carry 15.8% of the total divisional general practice workload.

⁴⁶ Townsville Division of General Practice Strategic Plan 2003-2004. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=3&div=412>

The proportion of FWE provided by headcount (number of providers) and gender for the Townsville Division is displayed in Figure 42.

Figure 42. Proportion of FWE provided by headcount – male and female (Townsville DGP)



Trends evident include:

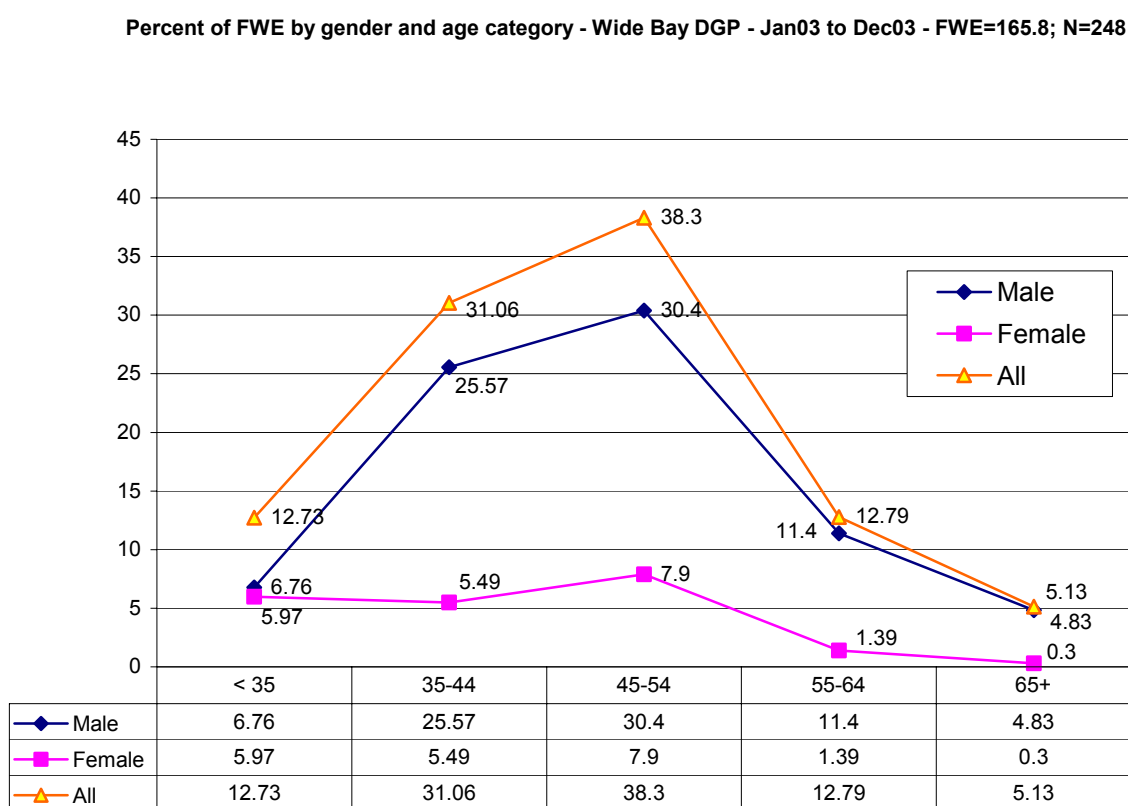
- 52.61% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 29.17% worked less than 0.5 FWE and for females 23.44%. The workload contribution for this group was 15.44% of total FWE.
- 28.12% of practitioners provided between 0.5 and 1 FWE (13.54 males and 14.58% females). The workload contribution for this group was 35.79% of total FWE.
- 19.27% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 48.77% of total FWE.
- For the Townsville Division, female practitioners comprised 39.58% of the general practice workforce in terms of numbers and provided 30.34% of total FWE.

CHAPTER 22: WIDE BAY DIVISION OF GENERAL PRACTICE

The Wide Bay Division⁴⁷ includes the city of Bundaberg and spreads from Agnes Water (RRMA 5) in the north, south-west through Miriam Vale to Eidsvold (RRMA 7) and then south-east through Mundubbera, Gayndah (RRMA 5) and Maryborough (RRMA 4) to Hervey Bay (RRMA 4). Postcode areas covered include: 4620, 4622, 4625, 4626, 4627, 4650, 4655, 4660, 4670, 4671, 4673, 4674, 4676, 4677 and 4678.

For the Wide Bay Division over the period 1st January 2003 to 31st December 2003, 248 practitioners provided one or more general practice type services through Medicare equating a Fulltime Workload Equivalent (FWE) total of 165.9. Figure 43 displays the percentage of total FWE provided by age category and gender.

Figure 43. Percent of FWE by gender and age category – Wide Bay DGP



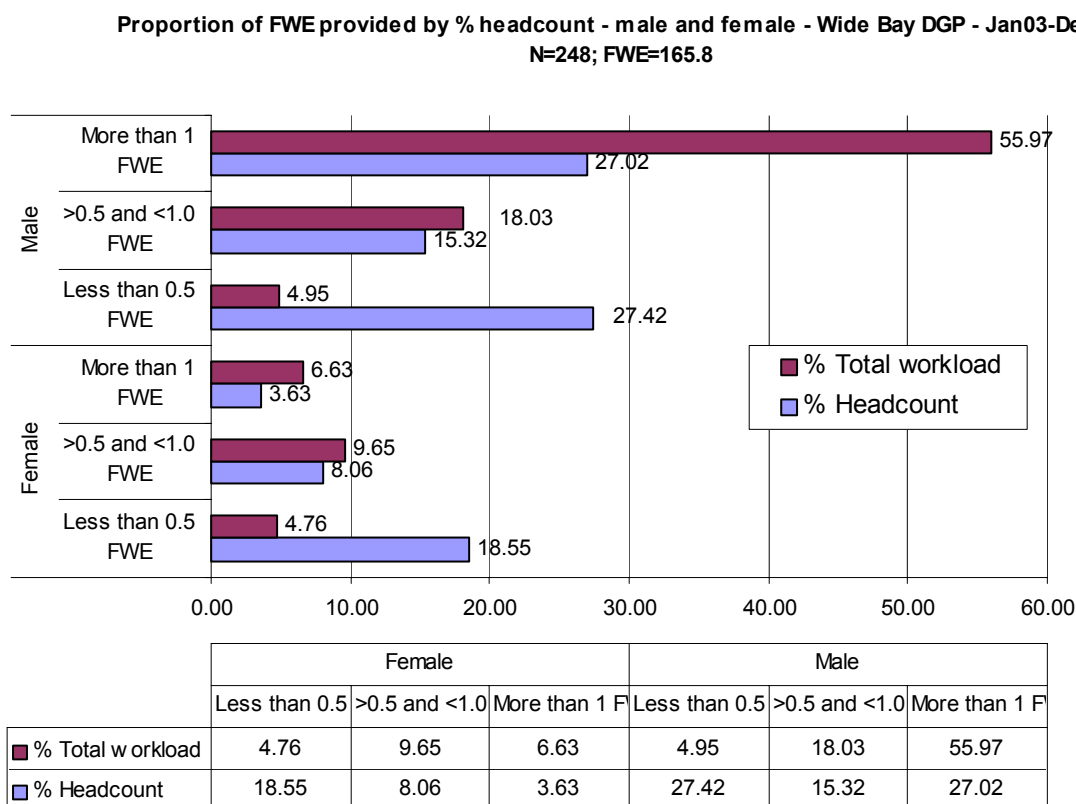
Trends evident for the Wide Bay Division include:

- The majority (38.3%) of the general practice workload is being carried by practitioners in the 45 to 54 age category (males 30.4%, females 7.9%).
- The next most productive group is the 35 to 44 age category who carry 31.06% of the total workload.
- Practitioners in the 55 to 64 age category carry 12.79% of the total workload.
- Practitioners over 65 carry 5.13% of the total workload while those aged under 35 carry 12.73% of the total divisional general practice workload.

⁴⁷ Wide Bay Division of General Practice Strategic Plan 2004-2007. Available: <http://150.101.248.131/cgi-bin/db.dll/divinfo?sp=6&div=420>

The proportion of FWE provided by headcount (number of providers) and gender for the Wide Bay Division is displayed in Figure 44.

Figure 44. Proportion of FWE provided by headcount – male and female (Wide Bay DGP)



Trends evident include:

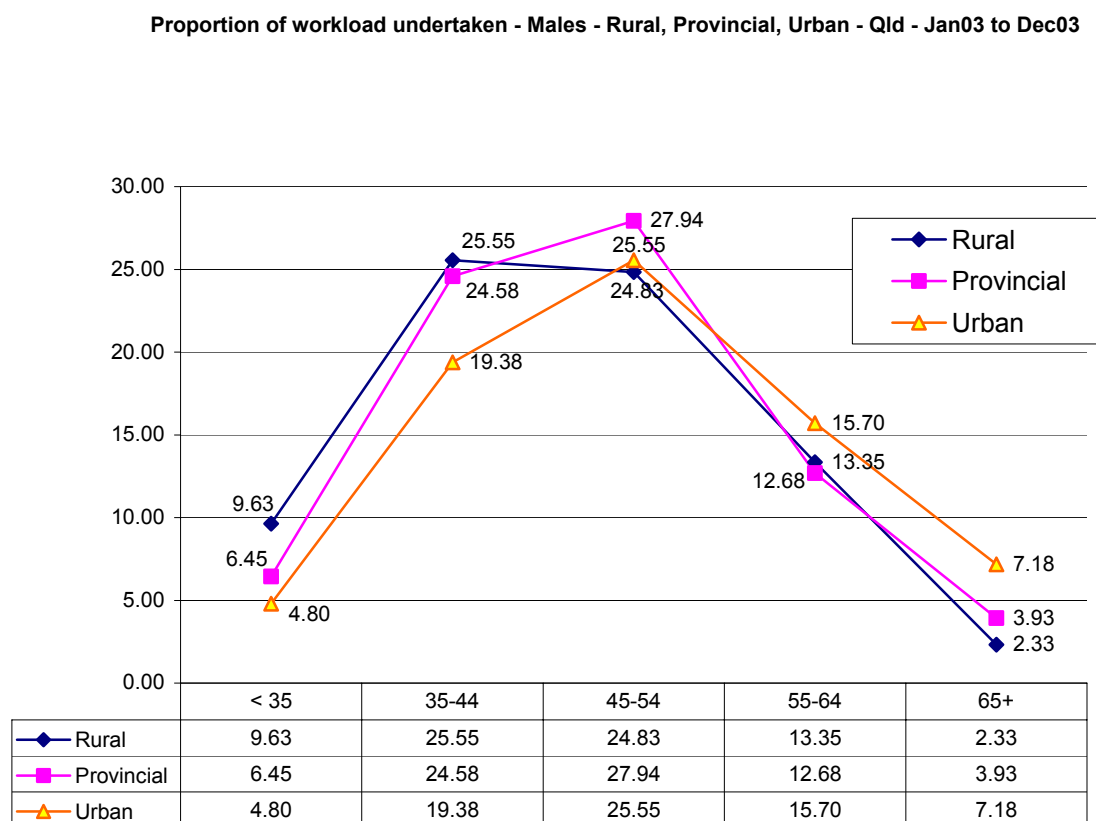
- 45.97% of the total headcount (available general practitioners) worked less than 0.5 of a FWE. For males 27.42% worked less than 0.5 FWE and for females 18.55%. The workload contribution for this group was 9.71% of total FWE.
- 23.38% of practitioners provided between 0.5 and 1 FWE (15.32 males and 8.06% females). The workload contribution for this group was 27.68% of total FWE.
- 30.65% of practitioners carried a workload greater than 1 FWE. The workload contribution for this group was 62.6% of total FWE.
- For the Wide Bay Division, female practitioners comprised 30.24% of the general practice workforce in terms of numbers and provided 21.05% of total FWE.

CHAPTER 23: RURAL, PROVINCIAL, URBAN WORKLOAD COMPARISONS

The previous chapters have demonstrated that there is considerable variation in workload patterns and contributions among Queensland Divisions of General Practice. The purpose of this chapter is to explore similarities and/or differences in workload patterns across rural, provincial and urban divisions.

To this end data for the Brisbane Inner South, Brisbane North, Brisbane Southside Central, Bayside, Logan Area, Redcliffe-Bribie-Caboolture and Gold Coast divisions were combined to represent urban regions. In a similar manner, data for the Cairns, Townsville, Ipswich & West Moreton, Wide Bay, Mackay, Sunshine Coast, Toowoomba & District and Capricornia divisions were combined to represent provincial regions. The Central Queensland Rural, Far North Queensland Rural, Southern Queensland Rural and North & West Queensland Primary Health Care divisions were combined to represent rural regions. Proportions of workload undertaken by males by age categories are displayed in Figure 45.

Figure 45. Proportion of workload undertaken – Males – Rural, Provincial, Urban



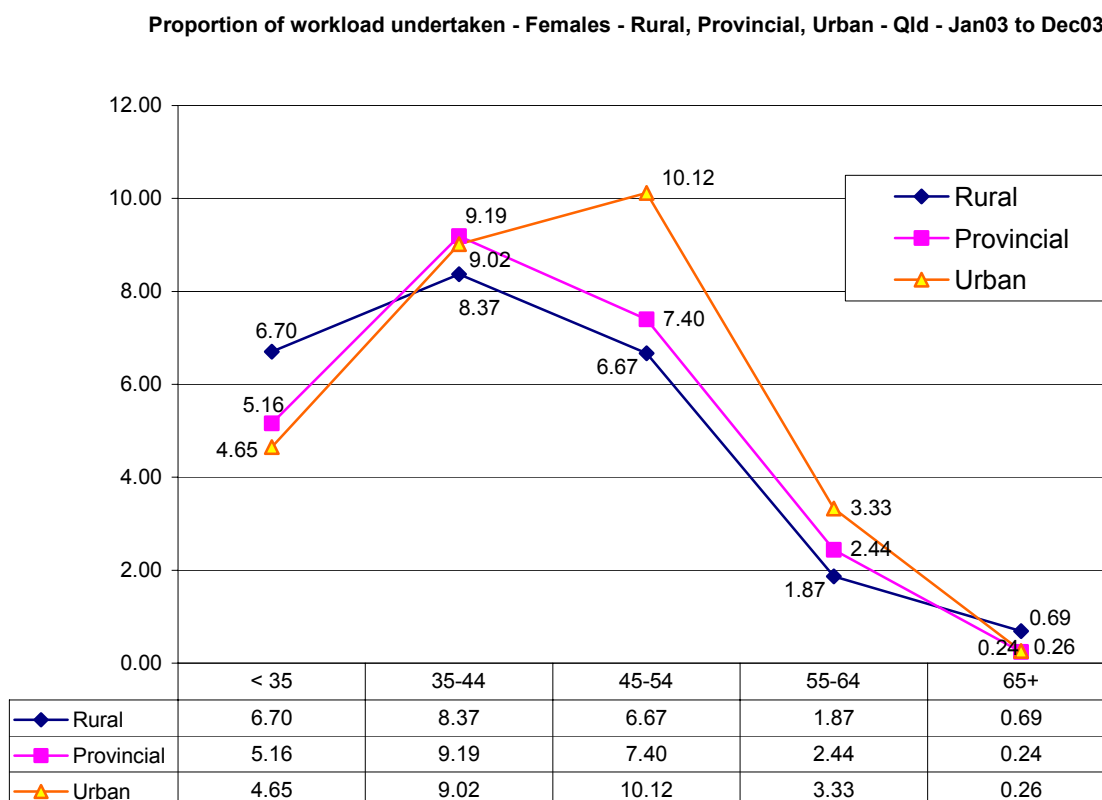
Data indicated that:

- Males in rural regions carried a higher workload compared to provincial and urban regions up unto age 45.
- In the 45 to 54 age category, workload contributions were reasonably similar although the rural contribution (24.83) fell below the provincial regions (27.94%) and urban regions (25.55%).
- In the 55 to 64 and over 65 age categories males in urban regions carried a higher workload compared with their provincial and rural counterparts.

It should be noted that there are considerable differences in numbers for the regions compared. The urban regions comprised 1,961 practitioners, the provincial regions 1,151 practitioners and the rural regions 504 practitioners. With the HIC data, at the divisional level, it is possible for a practitioner to be counted in more than one division i.e., the same practitioner could be counted in two or more divisions. This possible double count is controlled for at the state and national levels where a practitioner is only counted once.

A similar analysis was undertaken for female General Practitioners. Proportions of workload undertaken by females by age categories are displayed in Figure 46.

Figure 46. Proportion of workload undertaken – Females – Rural, Provincial, Urban



Data indicates that:

- Females in rural regions carried a higher workload compared to provincial and urban regions up unto age 35.
- In the 35 to 44 age category, workload contributions were reasonably similar although the rural contribution (8.37%) fell below the provincial regions (9.19%) and urban regions (9.02%).
- In the 45 to 54 and 55 to 64 age categories females in urban regions carried a higher workload compared with their provincial and rural counterparts.

Again, for female practitioners there were considerable differences in numbers for the regions compared. For the urban regions there were 1,231 practitioners, for the provincial regions 612 practitioners and for the rural regions 280 practitioners.

CHAPTER 24: INDEX OF MOBILITY/STABILITY

The availability of HIC data for all Queensland Divisions of General Practice allowed for the development of an Index of mobility/stability for all Queensland divisions. The index is based on the ratio of number of providers to FWE over the 12-month reference period. The underlying rationale is that higher values tend to imply greater mobility and a greater number of transient providers across a region/division. Alternatively, higher values may suggest a high number of practitioners providing medical services on a part-time or casual basis. Whichever explanation is accepted, higher ratios across a region tends to imply less stability of medical service provision and continuity of care across that region/division.

Data for Queensland as presented in Table 2 suggest that rural divisions tend to have a more mobile, less stable workforce compared with provincial and urban divisions. However, it needs to be acknowledged that there are several urban divisions, namely Brisbane Inner South and Brisbane North that also have a relatively mobile/transient medical workforce.

The data in Table 2 also details the number and percentage of female practitioners in each division and the percentage of workload provided.

Table 2. Index of Mobility/Stability

Division	FWE	Number of practitioners over 12 month period	Mobility Ratio	Number Female	%Female	%Female FWE
Central Qld Rural DGP	42.9	121	2.82	33	27.27	17.25
Brisbane Inner South DGP	132.3	358	2.71	150	41.90	29.78
Far North Queensland Rural	67.0	172	2.57	69	40.12	25.07
NWQPHC	73.7	188	2.55	66	35.11	21.98
Brisbane North DGP	498.8	1037	2.08	458	44.17	32.58
Southern Queensland Rural DGP	147.5	303	2.05	112	36.96	27.19
Brisbane Southside Central DGP	226.4	425	1.88	195	45.88	35.47
Bayside DGP	153.9	283	1.84	112	39.58	30.34
Townsville DGP	110.1	192	1.74	77	40.10	29.79
Cairns DGP	112.2	188	1.68	67	35.64	21.29
Ipswich West Moreton DGP	127.3	209	1.64	78	37.32	27.57
Redcliffe Bribie Caboolture DGP	143.8	225	1.56	70	31.11	23.30
Wide Bay DGP	165.8	248	1.50	75	30.24	21.05
Gold Coast DGP	373.4	550	1.47	141	25.64	16.52
Mackay DGP	103.0	150	1.46	53	35.33	28.16
Logan Area DGP	216.8	314	1.45	105	33.44	24.91
Sunshine Coast DGP	310.1	449	1.45	151	33.63	23.09
Capricornia DGP	105.7	150	1.42	48	32.00	26.30
Toowoomba and District DGP	127.4	177	1.39	63	35.59	22.37
Qld Divisions	3238.2	4476	1.38	1642	36.68	26.00

In the rural Divisions of Queensland, short term relievers provide regular backfill for doctors working as Medical Superintendents and Medical Officers with Right to Private Practice and would contribute to the increased number of transient providers in the rural Divisions. In urban Divisions it is likely that a greater proportion of doctors are choosing to work shorter hours or less clinical hours in favour of other pursuits. Alternatively, it is possible that some practitioners are choosing to work

part-time across several divisions. The recently released Medical Labour Force 2002 report by the Australian Institute of Health and Welfare⁴⁸ indicates that in addition to working a shorter week in 2002 compared with 1997 survey results (44.4 hours v 47.6 hours respectively), the average clinical hours worked per week fell by 6 hours.

The reasons behind the perceived mobility of doctors in both rural and urban areas require exploration. Firstly mobility negatively impacts on continuity of patient care and is a factor in the continuing poorer health status for people residing in remote areas. Secondly, if the greater mobility of the urban workforce is a reflection of the under-utilization of existing medical workforce capacity and less desire by doctors to provide clinical care, then this needs to be understood by government and policy makers who continue to invest in medical training.

⁴⁸ Australian Institute of Health and Welfare. (2004). *Medical labour force 2002. AIHW cat. no. HWL 30*. Canberra: AIHW (National Health Labour Force Series No. 30).

CHAPTER 25: SUMMARY

The purpose of this report has been to provide an overview of the Queensland General Practice workforce. While sound data are available for the rural and remote medical workforce, access to reliable data in relation to the provincial and urban areas are more problematic. As such, it was decided to utilize data obtained from the HIC to explore workload patterns and contributions by age category and gender for all Queensland Divisions of General Practice.

While it is acknowledged that HIC data do have a number of limitations, it is undoubtedly the most accurate and reliable measure of general practice activity in Australia that is currently available. Other measures such as headcounts or doctor to population ratios, while useful for descriptive purposes, are relatively uninformative in terms of medical workload participation and contributions by age and gender.

It will be argued by some that the volume of services as measured by HIC data provides no information as to the quality of the services provided. This point is acknowledged in the same way that it is acknowledged that extended working hours undertaken by some medical practitioners do not necessarily equate to quality of service.

Survey data such as the Medical Labour Force series produced by the Australian Institute of Health and Welfare (AIHW) are also problematic in that only activity in the four weeks prior to survey completion is measured, differential distribution times across states/territories, changes in survey methodology over time periods, incomplete responses, survey non-response, data currency, and reliance on imputation to generate population data.

It was envisaged that data as presented in this report would be useful for Divisions of General Practice and others involved in medical workforce planning to gain an improved and more detailed understanding of general practice workforce characteristics and service delivery within and across regions/divisions. The data also allows for the exploration of workforce participation and workload contributions by gender and age categories. The data are also useful for exploring the mobility and/or level of part-time medical service provision within and across regions/divisions.

General Practice data for Queensland as outlined in the previous chapters would suggest that there are significant variations in the patterns of medical service delivery, workload contributions, age distributions and gender compositions across Divisions of General Practice. While data has been presented at three broad levels, the underlying HIC data allows for more detailed analysis at the divisional level. For Queensland, the number of providers for each of the 16 FWE categories is displayed in Appendix 1.

Interpretation of the data at the divisional level can be a little misleading in that a practitioner can be counted in more than one division (i.e. be counted as 1 providing 0.1 FWE in region A, counted as 1 providing 0.3 FWE in region B and counted as 1 providing 0.2 FWE in region C). However, at the state level, this double count is controlled for and the practitioner will only be counted once as providing a FWE of 0.6.

Data for Queensland suggest that approximately 39% of General Practitioners are working less than 0.5 of a FWE and carry 13% of the general practice workload as measured by HIC billings. Approximately 31% of general practitioners work between 0.5 and 1 FWE and carry 32% of the general practice workload. Approximately 30% of practitioners carry a workload greater than 1 FWE. This group carry 55% of the general practice workload.

It has been acknowledged previously that HIC data do have certain limitations and do not capture all general practice type activity. However, there are no other data sources that provide better or more current information. A major limitation of HIC data are its confidentiality provisions that largely prevent analysis at smaller levels (e.g., town, postcode). Survey and database data while useful, are largely based on self-report and also have many limitations.

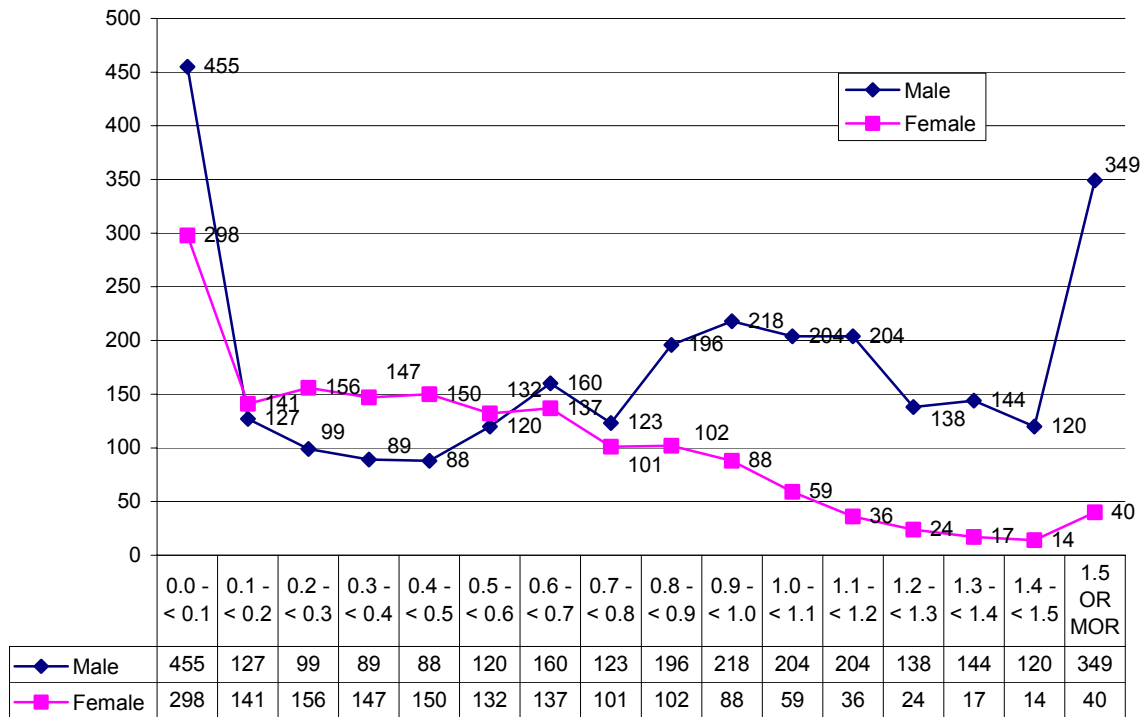
While utilizing the same source data, reports provided by the HIC differ from reports provided by the Department of Health and Ageing (DoHA) in a number of ways. Firstly, HIC reports incorporate Department of Veteran Affairs (DVA) data while DoHA reports do not. Secondly, HIC reports are based on date of service while DoHA reports are based on date of processing. Thirdly, the HIC uses a postcode to SLA concordance methodology that differs from that used by DoHA. As a result, figures available from HIC may not be entirely consistent with figures sourced through DoHA.

The primary intent of this report has been to provide an overview of workforce trends and characteristics of the general practice workforce in Queensland. It is not intended as a detailed medical workforce analysis and its main purpose is to assist Divisions and workforce planners in understanding patterns of general practice medical service delivery within and across regions/divisions. It provides a platform for Divisions of General Practice to understand and explore the nature of general practice services in their region.

One trend that has become apparent throughout this overview is that the supply of general practice services to a community/region is not purely a function of the number of GPs available due to highly varied work practices that appear to include relatively high proportions of part-time work. The cause of these trends towards part-time work is not fully understood and from a workforce planning perspective requires further investigation and research. The apparent increased tendency toward part-time work also has implications for governments and policy makers who make decisions in relation to medical training numbers and funding.

APPENDIX 1: NUMBER OF PROVIDERS FOR EACH FWE CATEGORY

Number of providers (male/female) for each FWE category



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