



Health Workforce
Queensland

Minimum Data Set Summary Report 2020

A snapshot of the general practitioner workforce
landscape in Queensland as at 30 November 2020



Our Vision

Working to ensure optimal health workforce to enhance the health of Queensland communities.

Our Purpose

Creating sustainable health workforce solutions that meet the needs of remote, rural and regional and Aboriginal and Torres Strait Islander communities.

Our Values

Integrity

We behave in an ethical and professional manner at all times showing respect and empathy.

Commitment

We enhance health services in rural and remote Queensland communities.

Equity

We provide equal access to services based on prioritised need.

Acknowledgements

Health Workforce Queensland is funded by the Australian Government Department of Health.



Health Workforce Queensland acknowledges the traditional custodians of the land and sea where we live and work, and pay our respects to Elders past, present and future.

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1. Introduction

Health Workforce Queensland (HWQ) maintains an up-to-date database of the general practitioner workforce in remote, rural, and regional Queensland that is informed by a mix of strategies, including an annual survey of General Practices and General Practitioners.

Information generated by the minimum data set informs policy development relevant to the remote, rural, and regional health workforce at local, state, and national levels, and supports services for the recruitment and retention of remote, rural, and regional medical professional services in Queensland. The project allows for effective monitoring of current workforce distributions and helps facilitate proactive planning against actual or potential areas of workforce shortage. Finally, HWQ uses this data to assist other organisations to research remote, rural, and regional health workforce issues. This includes assisting academic institutions, local, state, and federal governments, and private businesses.

The remoteness scale used to categorise geographic locations has been changed for this report from the Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA, last updated in 2011), to the 2016 Australian Statistical Geographical Standard - Remoteness Areas (ASGS-RA) system and

covers areas from Inner Regional Queensland (RA 2) to Very Remote Queensland (RA 5). This change brings the MDS geography into closer alignment with the 2019 Modified Monash Model (MMM) geographical classification used in Health Workforce Queensland's annual Health Workforce Needs Assessment for remote and rural Queensland.

One consequence of the change to ASGS - RA is a smaller geographical boundary for RA2 locations, with some locations in the Gold Coast and Sunshine Coast hinterlands normally included being re-classified into RA1 (metropolitan) and excluded from the report (e.g. Nambour). Therefore, medical practitioner numbers in RA 2 locations in this report will not be directly comparable to previous MDS reports. This summary report represents a minimum, specified set of data based on a data snapshot taken on 30 November 2020.

Data has been collated, de-identified and then compiled into this summary report to represent doctors practising in a general practice environment in Queensland remote, rural, and regional communities on 30 November 2020. It should be noted that the number of doctors reported reflect stable elements of the remote, rural, and regional medical workforce and do not include transient, short-term service providers (e.g. locum tenens).

2. Results

As of 30 November 2020, there were 2,609 medical practitioners working in ASGS - RA 5-2 Queensland

Synopsis of Results

As of 30 November 2020, there were 2,609 medical practitioners working in RA 5-2 Qld. The Northern Queensland Primary Health Network (PHN) region had the largest remote, rural, and regional medical workforce in the state. The average age of the workforce was 50.4 years and 45.0% of the remote and

rural workforce was female, although, in very remote communities (RA5), female practitioners represented only 37.4% of the workforce. Practitioners reported an average of 43 hours per week of medical-related work. Female practitioners (38 hours) averaged approximately eight hours per week less than males (46 hours). Male doctors in Remote QLD reported working an average 54 hours per week, approximately 15 hours per week more than their female Remote QLD peers (39 hours).

Approximately 53.4% of the workforce were trained in Australia and 3.4% of practitioners were working as solo practitioners, which increased to 5.9% when those who reported being a solo practitioner working in a co-located practice with at least one other GP were included.

Queensland Workforce

Figure 1 below outlines the proportion of medical practitioners in the four main remote and rural PHNs in Queensland according to ASGS - RA classifications. Northern Queensland PHN had the most medical practitioners ($n = 1,066$), the majority of whom worked in Outer

Regional locations. Over 80% of the practitioners in the Western Queensland PHN were in either Remote or Very Remote locations. As a result of the change from ASGC-RA to ASGS-RA the number of medical practitioners in Inner Regional QLD is not directly comparable to that of previous years.

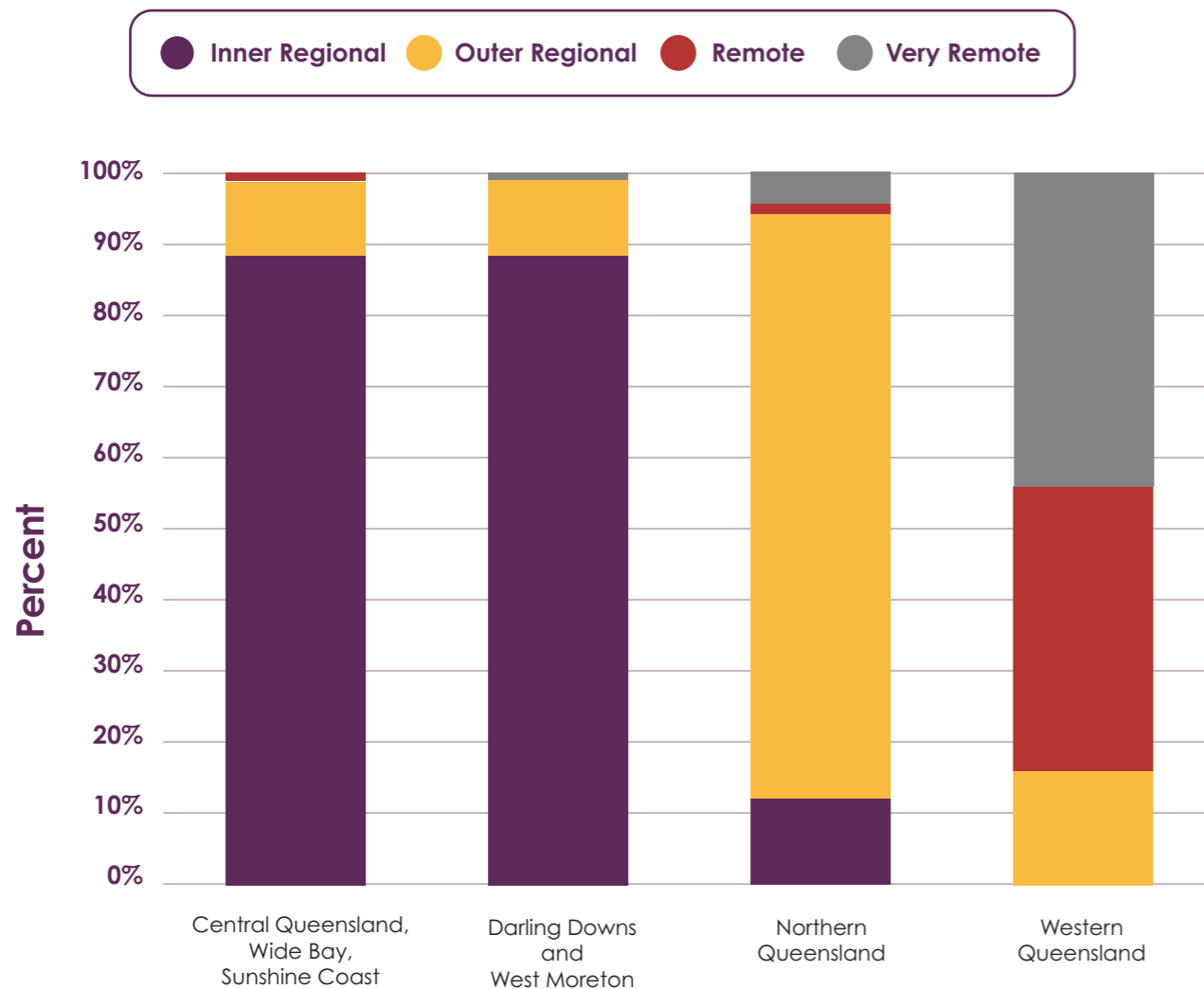


Figure 1: Percent of medical practitioners by Primary Health Network (PHN) and ASGS-RA classification

The majority of medical practitioners were employed in general practice positions followed by employment in Hospital and

Health Service and Aboriginal Medical Service positions (see, Table 1).

Table 1: Employment type by ASGS-RA classification

Employment type	Inner Regional	Outer Regional	Remote	Very Remote	Total
Aboriginal Service	46	55	5	6	112
General Practice	1289	827	41	14	2171
Hospital and Health Service	63	145	21	60	289
Royal Flying Doctors Service (RFDS)	0	18	8	11	37
Grand Total	1398	1045	75	91	2609

The proportion of the workforce engaged in general practice positions tended to decrease with increasing remoteness, reducing from 92% in Inner Regional Queensland to 15% in Very Remote

Queensland (Figure 2). Conversely, the proportion of the workforce working in Hospital and Health Service roles increased from 5% in Inner Regional Queensland to 66% in Very Remote Queensland.

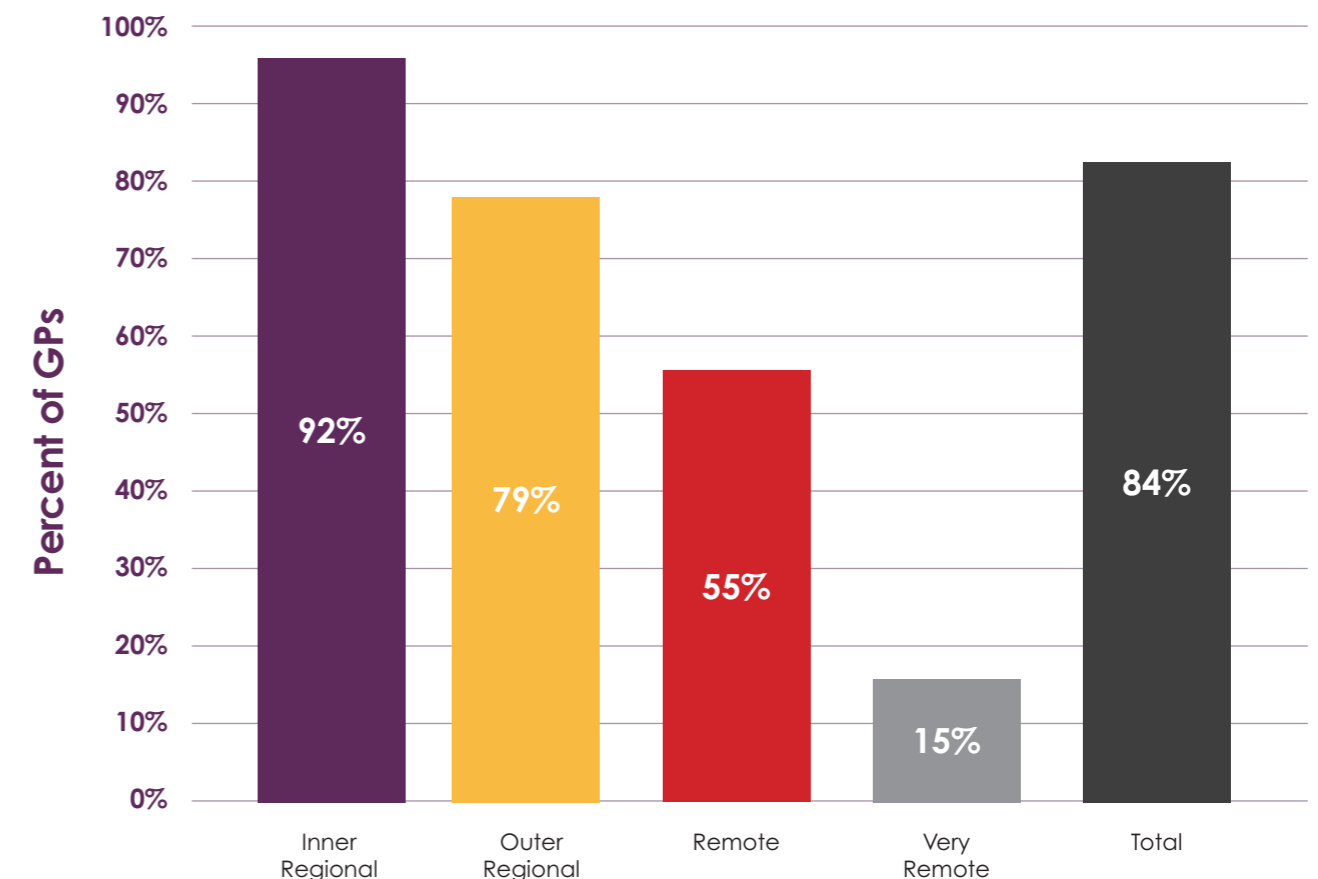


Figure 2: Percent of medical practitioners in GP roles by ASGS-RA classification

Workforce Demographics

Hours Worked

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 42.6 hours.

This represents a 1.3-hour reduction in the self-reported total hours since 2016 (see, Figure 3).

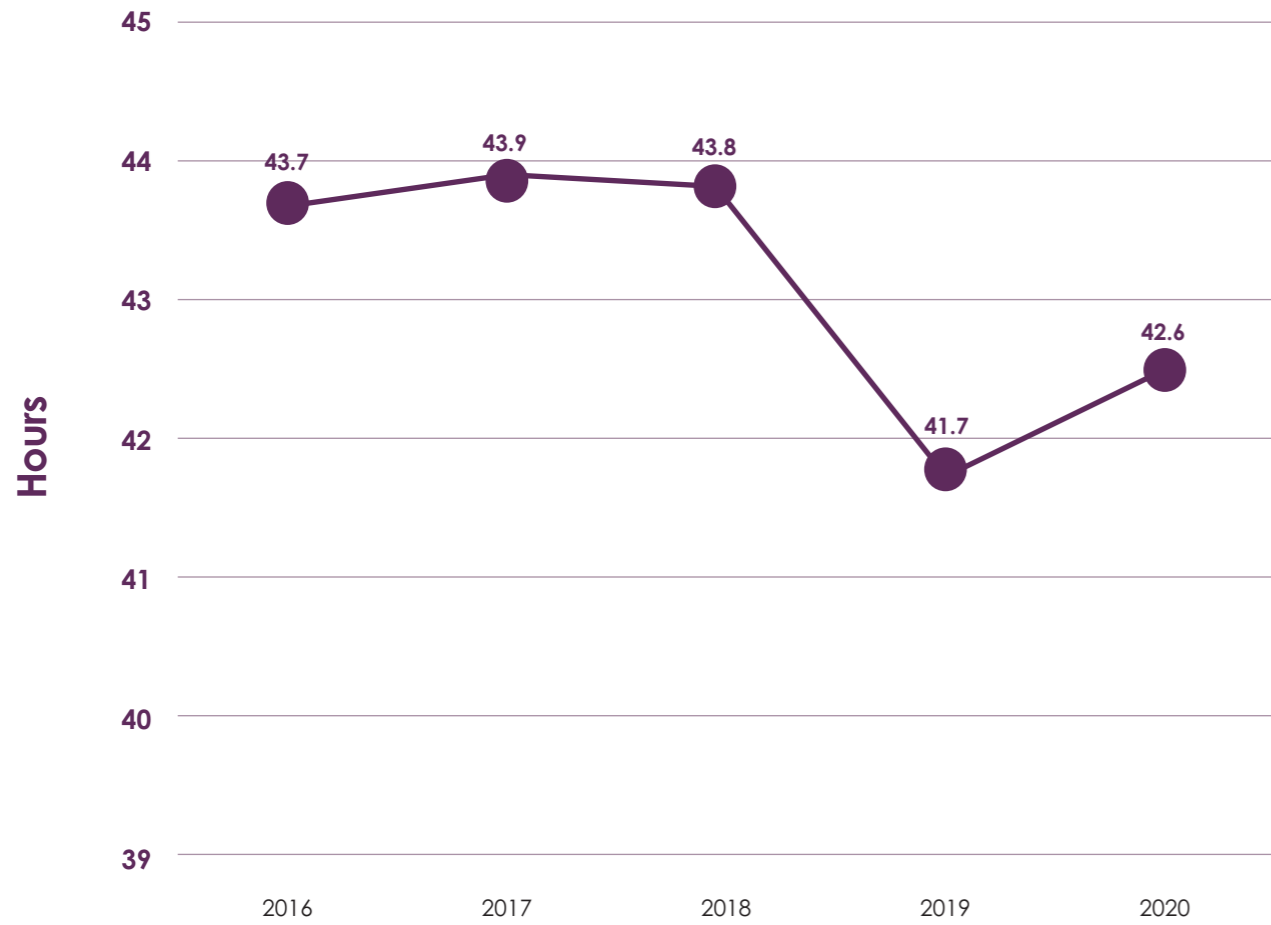


Figure 3: Average total hours worked per week 2016-2020

Males (M = 45.7 hours) reported working almost eight hours per week more than their female counterparts (M = 38.2 hours). The most marked difference was

between male and female practitioners in Remote RA4, where the difference was 15.4 hours per week (see Figure 4).

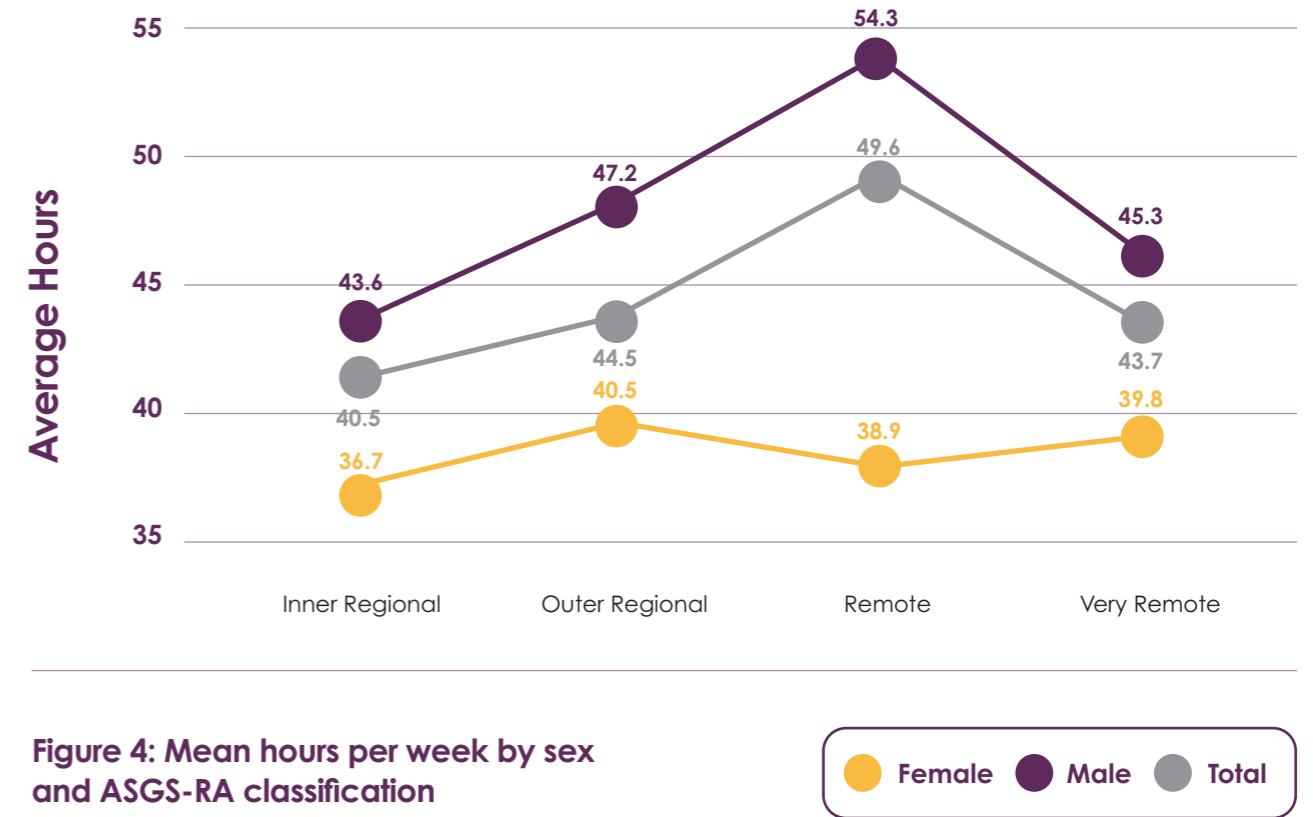


Figure 4: Mean hours per week by sex and ASGS-RA classification

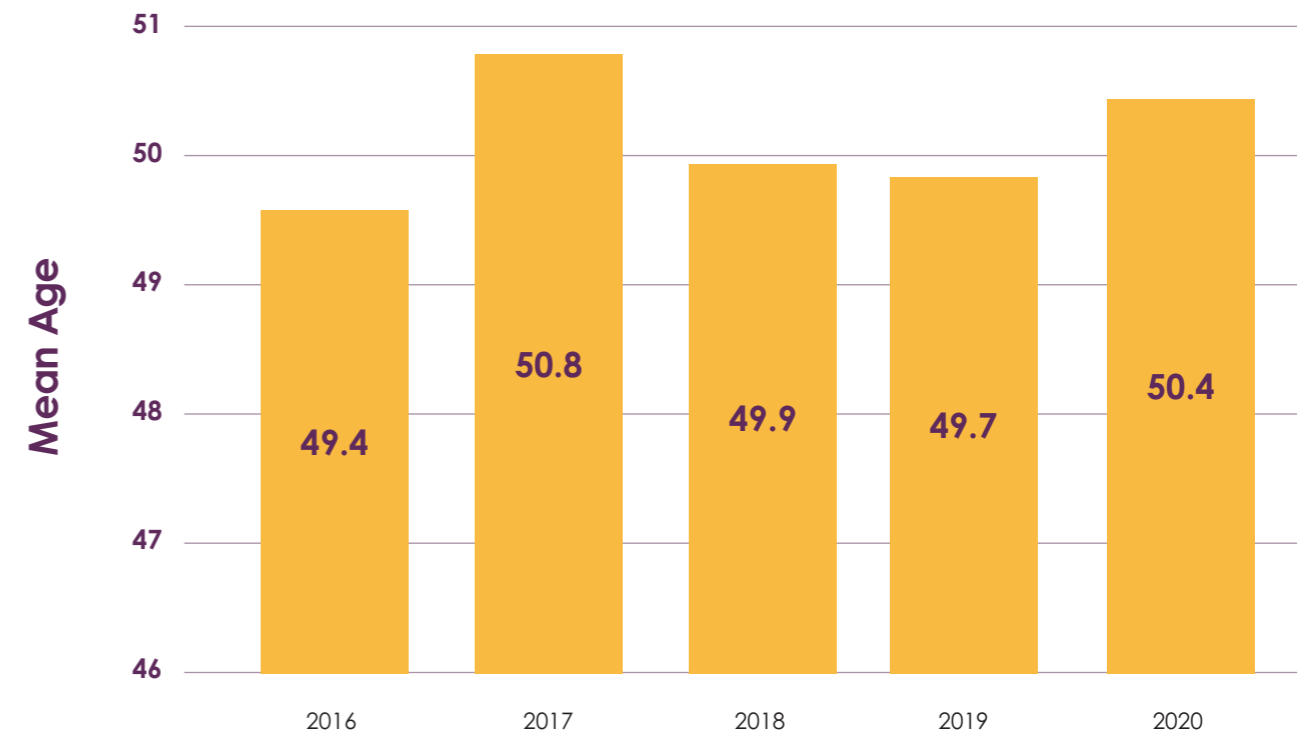


Figure 5: Average age 2016-2020

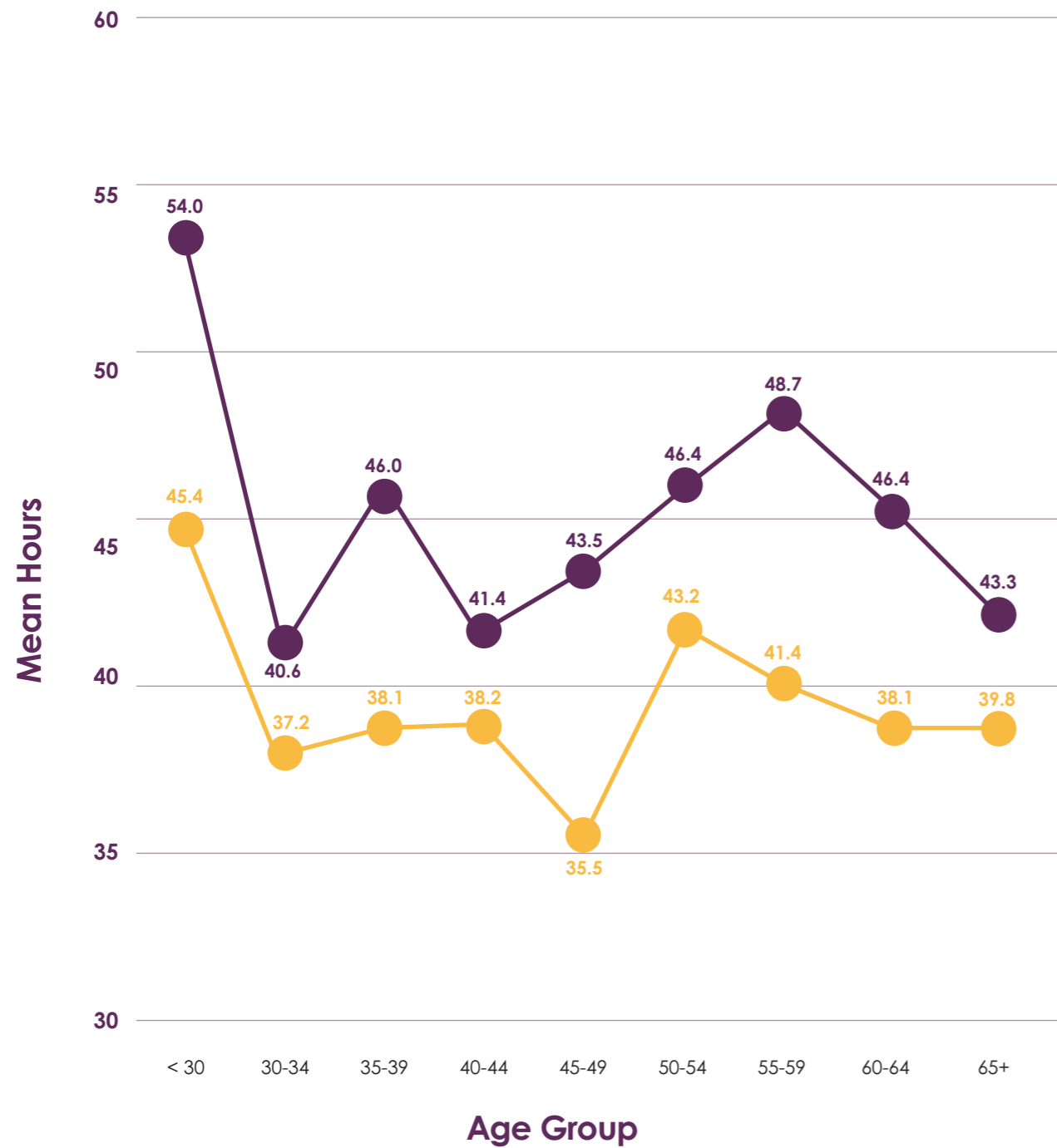


Figure 6: Mean total hours worked by sex and age group

● Female ● Male

Figure 6 illustrates the self-reported average total hours across age groups and sex. This indicates that for all age groupings (5-year increments),

female practitioners reported working approximately 3 to 9 hours less per week than their male colleagues.

Sex Distribution

Female practitioners comprised 45.0% of the overall rural and remote workforce but only 37.4% of the workforce in Very Remote Queensland (Figure 7).

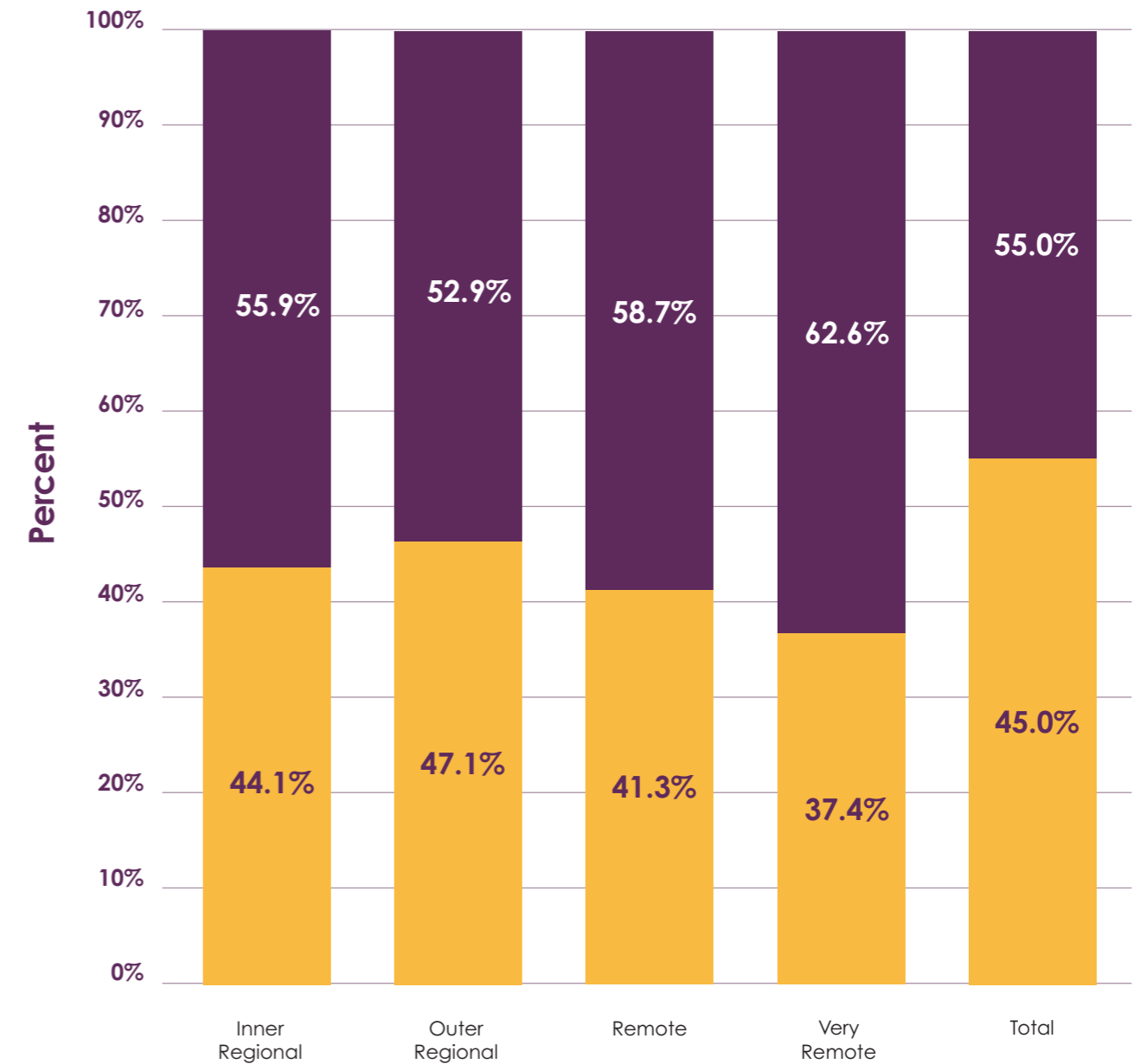


Figure 7: Proportion of practitioners by sex and ASGS-RA classification

● Female ● Male

In the last five years the proportion of female practitioners has increased by 3.4% (Figure 8). The increasing feminisation of the workforce and the trend for female general

practitioners to work less hours per week than male practitioners has implications for workforce planners and future workforce calculations.

How Do Doctors From Different Locations Spend Their Average Week?

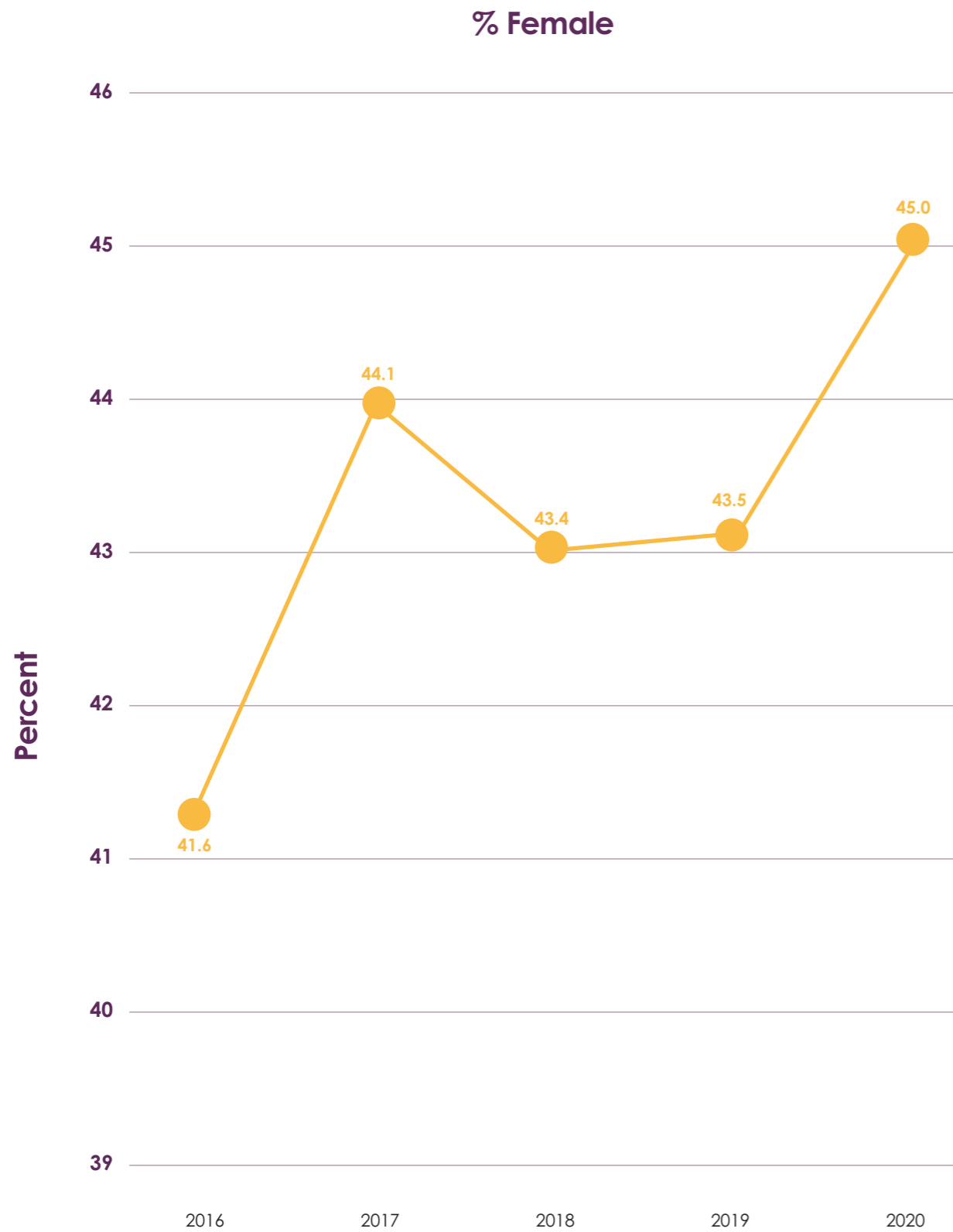


Figure 8: Percent of female medical practitioners 2016-2020

Figure 9 depicts the average total hours worked per week by RA classification. Hours worked increased from inner regional (RA2), approximately 40 hours per week, to remote (RA4), approximately

50 hours per week. However, very remote (RA5) practitioners reported working fewer hours than their remote counterparts (approximately 44 hours).

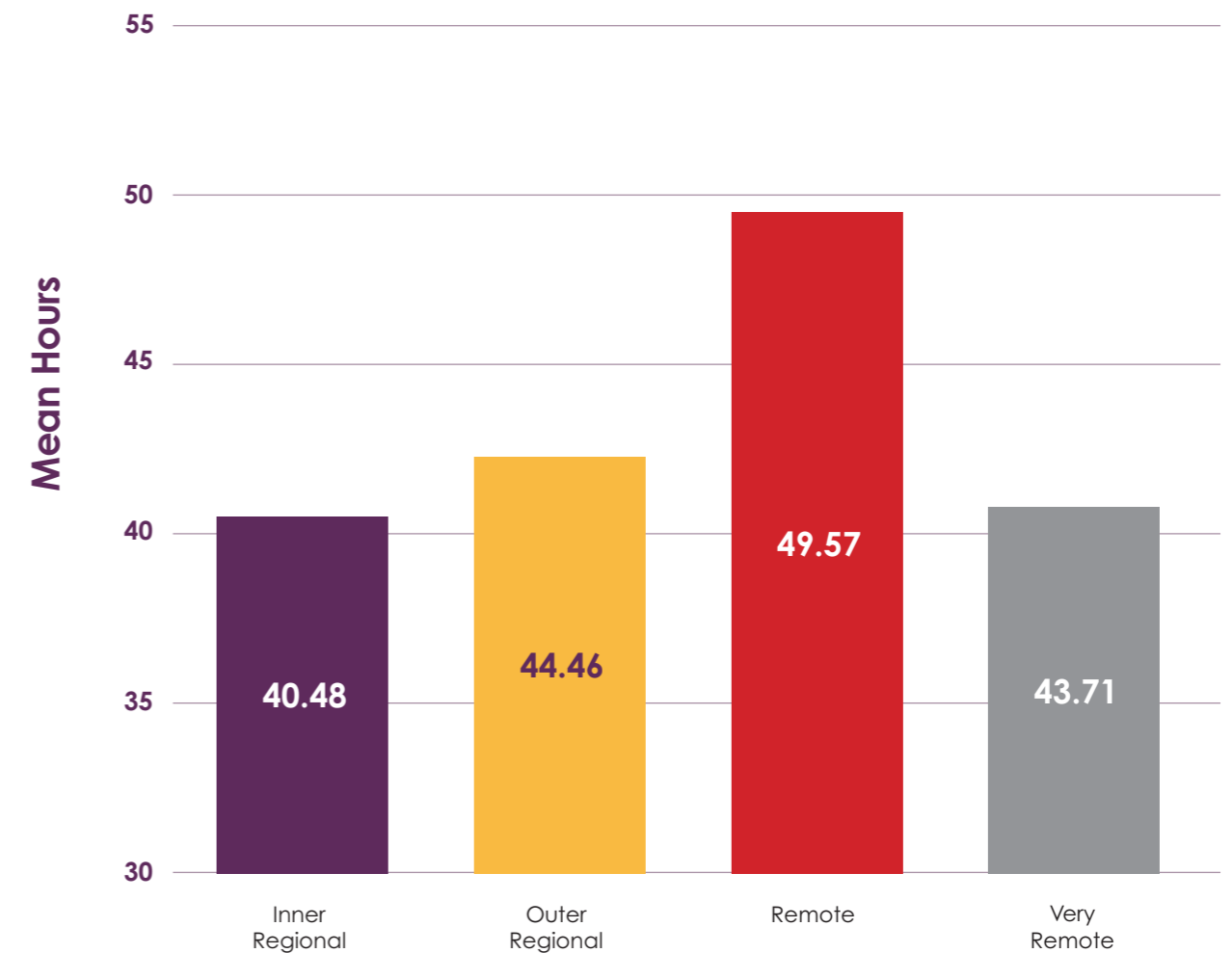


Figure 9: Mean total hours worked per week by ASGS-RA classification

Medical practitioners working in remote and very remote Queensland spent a greater proportion of their average weekly working hours involved in routine hospital work than inner and

outer regional practitioners. Figure 10a and 10b depict the breakdown of typical tasks undertaken during the week by practitioners in inner regional and very remote locations.

Inner Regional

- Routine GP Clinical Work
- Population Health Research
- Teaching/Supervision
- Routine Hospital Work
- Travel
- Other GP Related

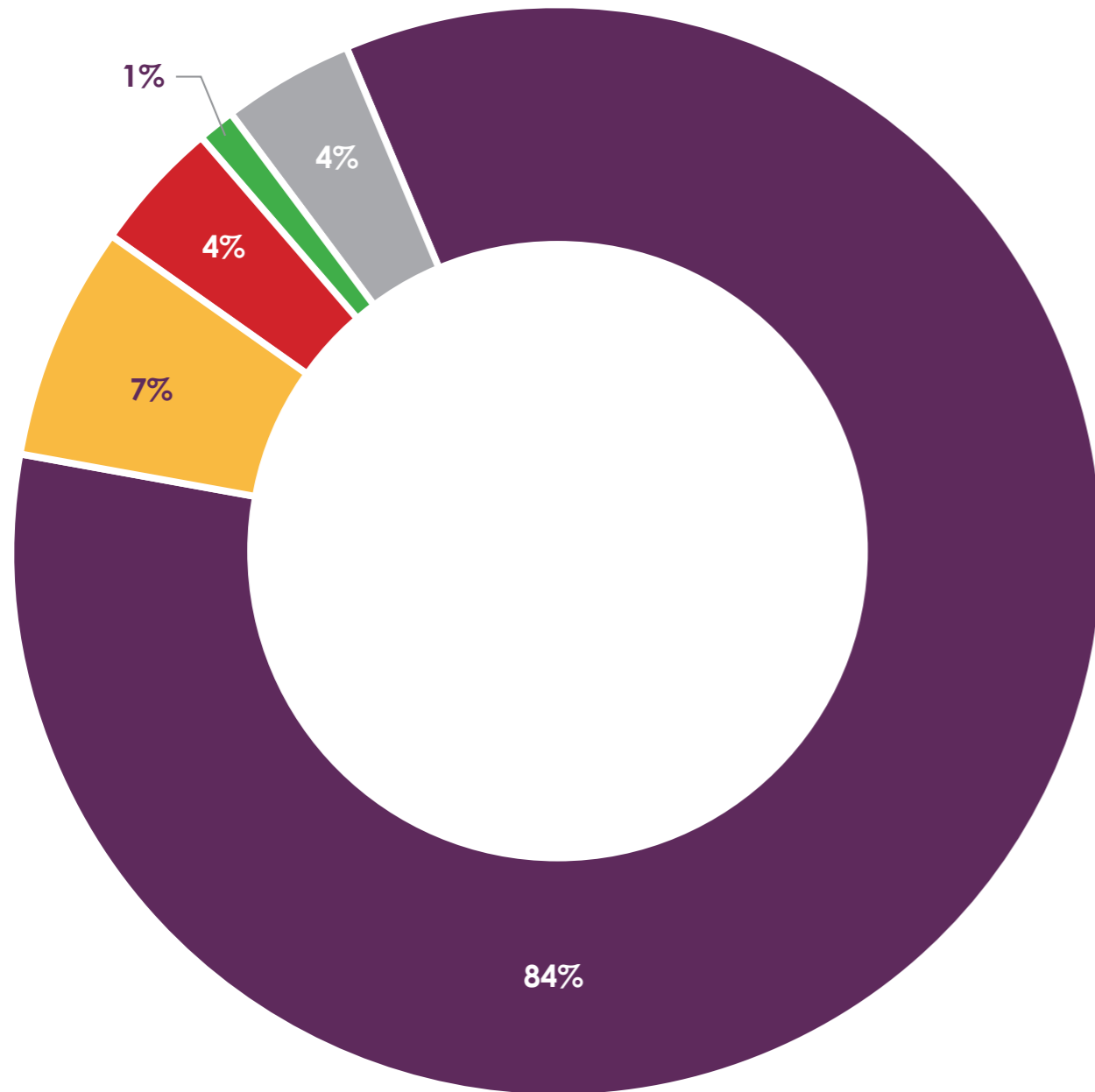


Figure 10a: Percentage of hours by task for Inner Regional practitioners

Very Remote

- Routine GP Clinical Work
- Population Health Research
- Teaching/Supervision
- Routine Hospital Work
- Travel
- Other GP Related

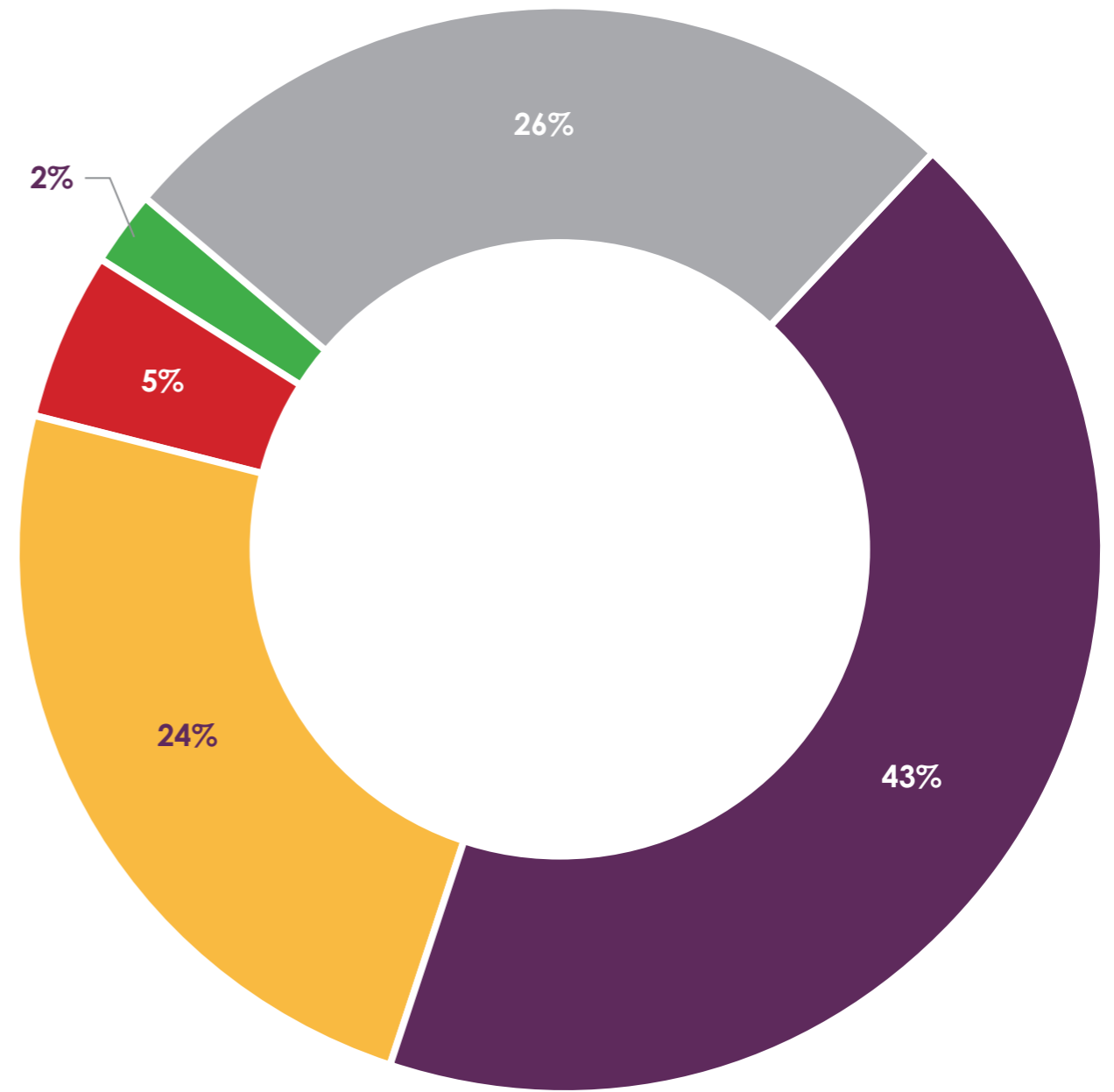


Figure 10b: Percentage of hours by task for Very Remote practitioners

Procedural Skills

The following Venn diagram displays the number of practitioners that self-reported regularly practising in the procedural skills of obstetrics, anaesthetics, and surgery. Fifteen practitioners reported regular practise in all three procedural areas.

Procedures	N
Surgery	46
Anaesthetics	15
Obstetrics	13
Obstetrics/Anaesthetics	2
Obstetrics/Surgery	9
Obstetrics/Anaesthetics/Surgery	4
Anaesthetics/Surgery	4

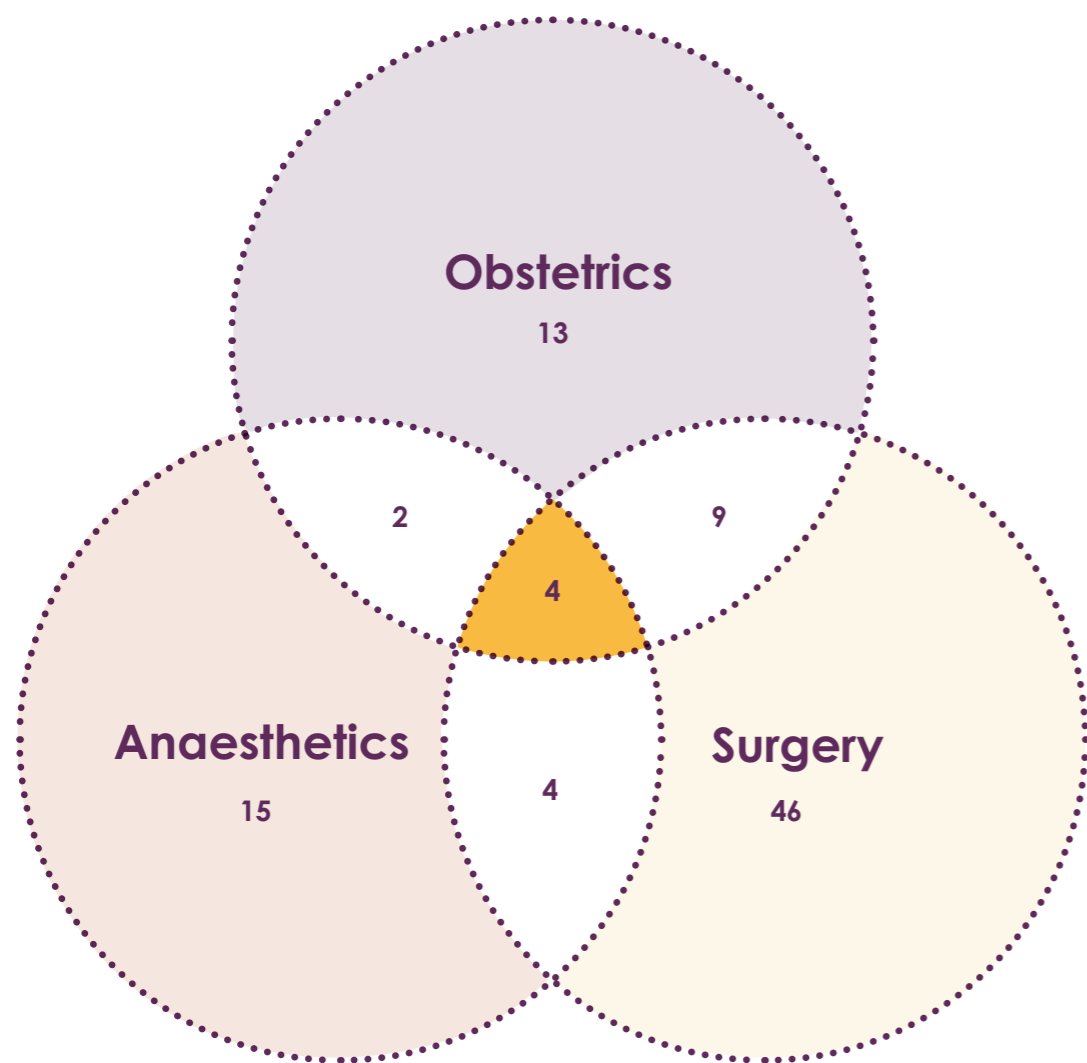


Figure 11: Number of practitioner self-reports regularly undertaking single and multiple procedures

Average Years of Employment at Current Practice

Medical practitioners working in inner regional areas have, on average, been employed at their current place of work for approximately 6 years, 3 years longer than those working in very remote areas (Figure 12). Male doctors in inner regional and

outer regional areas have been working at their primary practice an estimated 3 years longer than their female counterparts, this difference narrows substantially in remote and very remote locations.

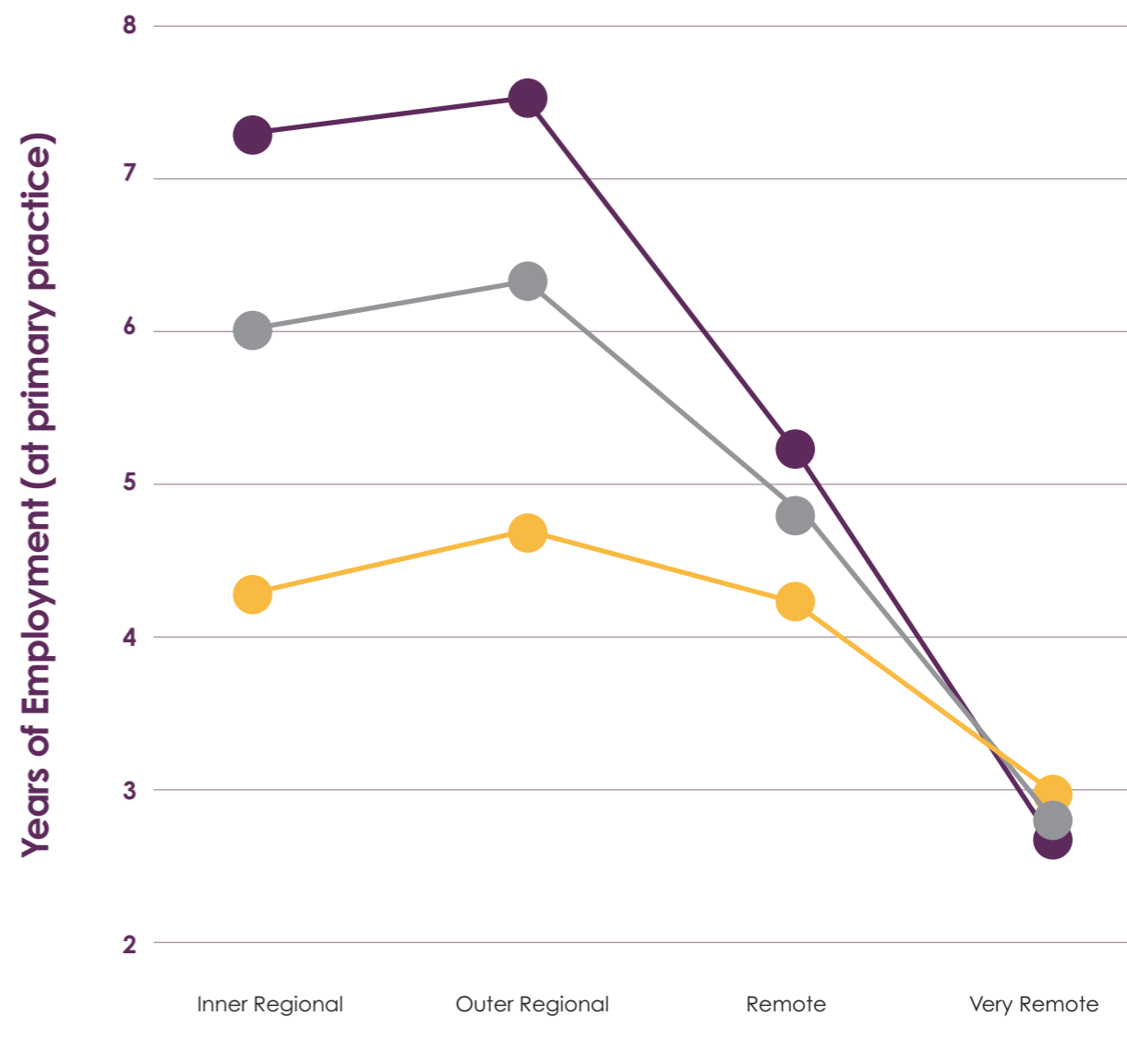


Figure 12: Length of stay at current practice by ASGS-RA

● Female ● Male ● Total

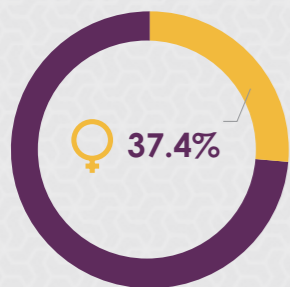


On average, female practitioners self-reported working 7.4 hours per week less than male practitioners.

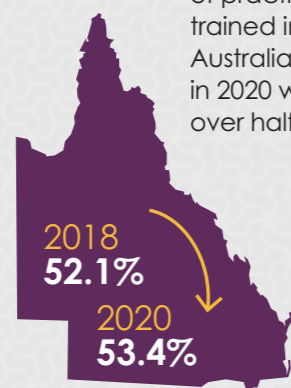


3 years less

Doctors working in very remote communities have been employed at their current workplace 3 years less than their inner regional counterparts.



In very remote communities, female practitioners represented 37.4% of the workforce, up from 32.9% in 2019.



The proportion of practitioners trained in Australia in QLD in 2020 was just over half at 53.4%.



Proportion of female practitioners working in remote, rural, and regional locations have increased from 36.7% in 2010 to 45% in 2020.

Only 3.4% of medical practitioners self-reported working as a 'Solo' doctor

3.4%



(although another 2.5% described themselves as 'Solo co-located', that is working solo at premises shared with at least one other doctor).

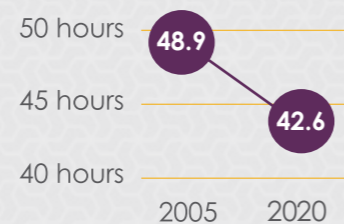


DID YOU KNOW?

The average age of remote, rural, and regional medical practitioners in Queensland was 50.4 years?



Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural, and regional Queensland has decreased by just over six hours, from 48.9 hours in 2005, to 42.6 hours in 2020.



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