



Minimum Data Set Summary Report 2018

A snapshot of the general practitioner workforce landscape
in Queensland as at 30 November, 2018



Health Workforce
Queensland

HEALTH WORKFORCE QUEENSLAND

Health Workforce Queensland is a not-for-profit Rural Workforce Agency focused on making sure remote, rural and Aboriginal and Torres Strait Islander communities have access to highly skilled health professionals when and where they need them, now and into the future.

OUR VISION

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

OUR MISSION

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

1 Introduction

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

The locations for which data have been collected are those defined under the Australian Standard Geographical Classification (ASGC) Remoteness Areas (RA) system and covers areas from Inner Regional Queensland (RA 2) through to Very Remote Queensland (RA 5). This summary report represents a minimum, specified set of data based on a data snapshot taken on 30 November 2018.

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 for identified areas of current, or potential future areas of workforce shortage. Finally, the data allows Health Workforce Queensland to assist other institutions and organisations to research remote, rural and regional health workforce issues. This includes assisting academic institutions, local, state and federal governments, and private businesses.

Data have 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 2018. It should be noted that the number of doctors reported reflect stable elements of the remote, rural and regional medical workforce and does not include transient, short-term service providers (e.g. locum tenens).

2 Results

As at 30 November 2018, there were 2,362 medical practitioners working in RA 5-2 Queensland.

Synopsis

As at 30 November 2018, there were 2,362 medical practitioners working in RA 5-2 Queensland. The Northern Queensland PHN had the largest remote, rural and regional medical workforce in the state. The average age of the workforce was 49.9 years and 43% were female, although, in very remote communities, female practitioners represented only 26.5% of the workforce. Practitioners reported an average of 44 hours per week of medical-related work. Female practitioners (38 hours) averaged approximately ten hours per week less than males (48 hours). There were increased hours from male doctors in Remote Queensland ($M = 54$ hours), who also worked almost 14 hours per week more than their female Remote area peers (40 hours). Approximately 52% of the workforce were trained in Australia and approximately 4% of practitioners were working as solo practitioners.

Queensland Workforce

Figure 1 outlines the proportion of medical practitioners in the four main remote and rural PHNs in Queensland according to ASGC-RA classification. Northern Queensland PHN had the most medical practitioners ($n = 896$), 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.

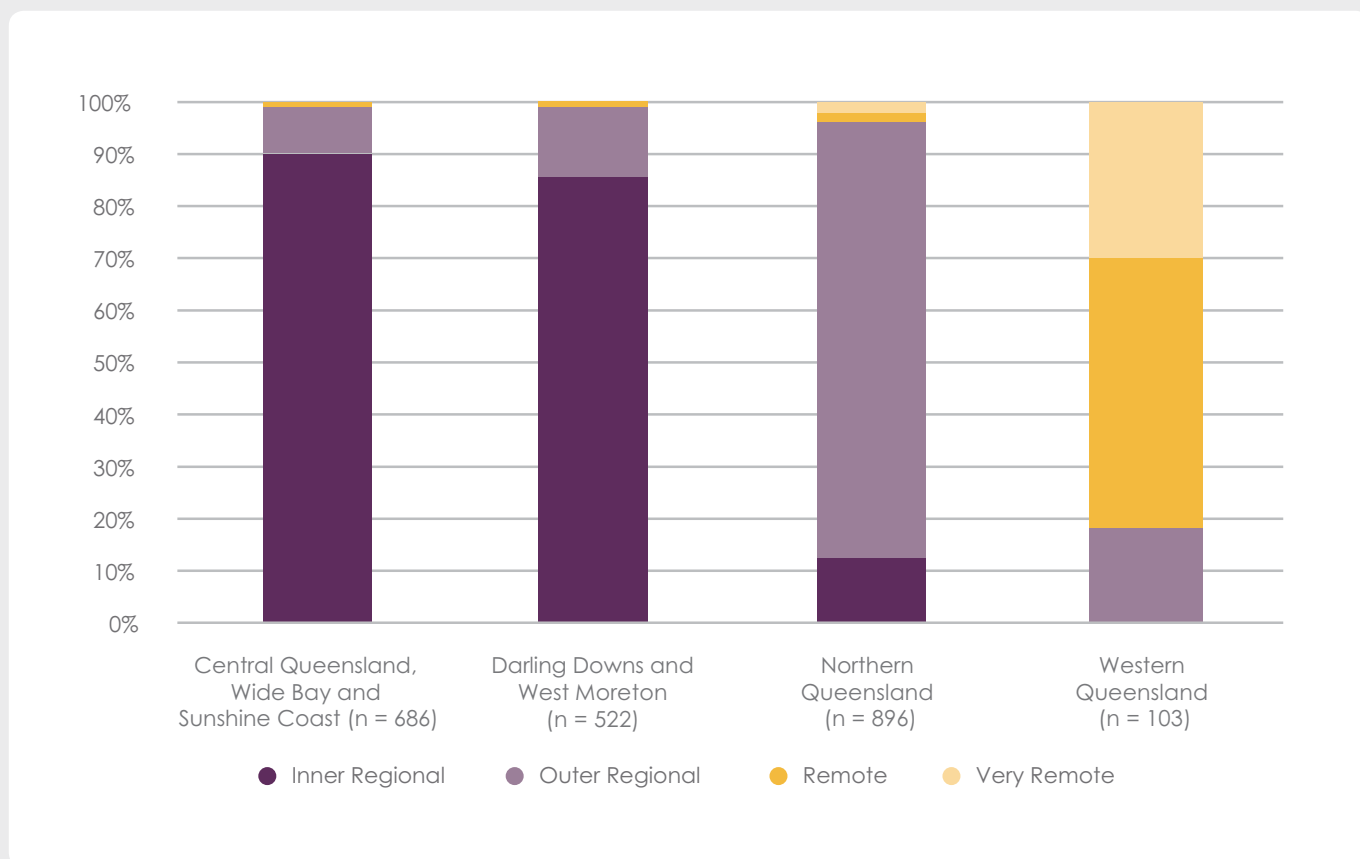


Figure 1: Percent of medical practitioners by Primary Health Network and ASGC-RA classification

The primary employment type for the majority of medical practitioners were in general practice positions followed by Hospital and Health Service and Aboriginal Medical Service position (Table 1).

Table 1: Employment type by ASGC-RA classification

| Employment Type | Inner Regional | Outer Regional | Remote | Very Remote | Total |
|------------------------------|----------------|----------------|-----------|-------------|--------------|
| Aboriginal Medical Service | 34 | 50 | 11 | 1 | 96 |
| General Practice | 1,240 | 722 | 39 | 16 | 2,017 |
| Hospital and Health Service | 44 | 128 | 19 | 32 | 223 |
| Royal Flying Doctors Service | 0 | 15 | 11 | 0 | 26 |
| Total | 1,318 | 915 | 80 | 49 | 2,362 |

The proportion of the workforce engaged in private general practice positions tended to decrease with increasing remoteness, reducing from 94% in Inner Regional Queensland to 33% in Very Remote Queensland (Figure 2).

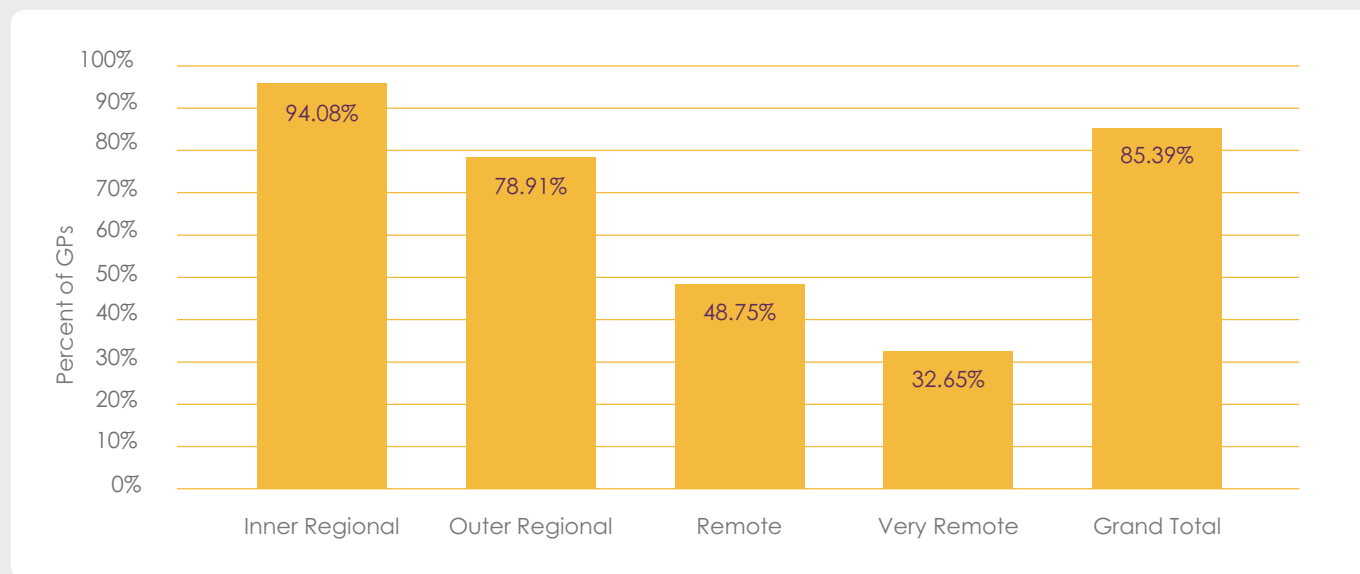


Figure 2: Percent of medical practitioners in GP roles by ASGC-RA classification

Workforce Characteristics

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 43.8 hours. This represents a 1.1 hour reduction in the self-reported total hours since 2013 (Figure 3).

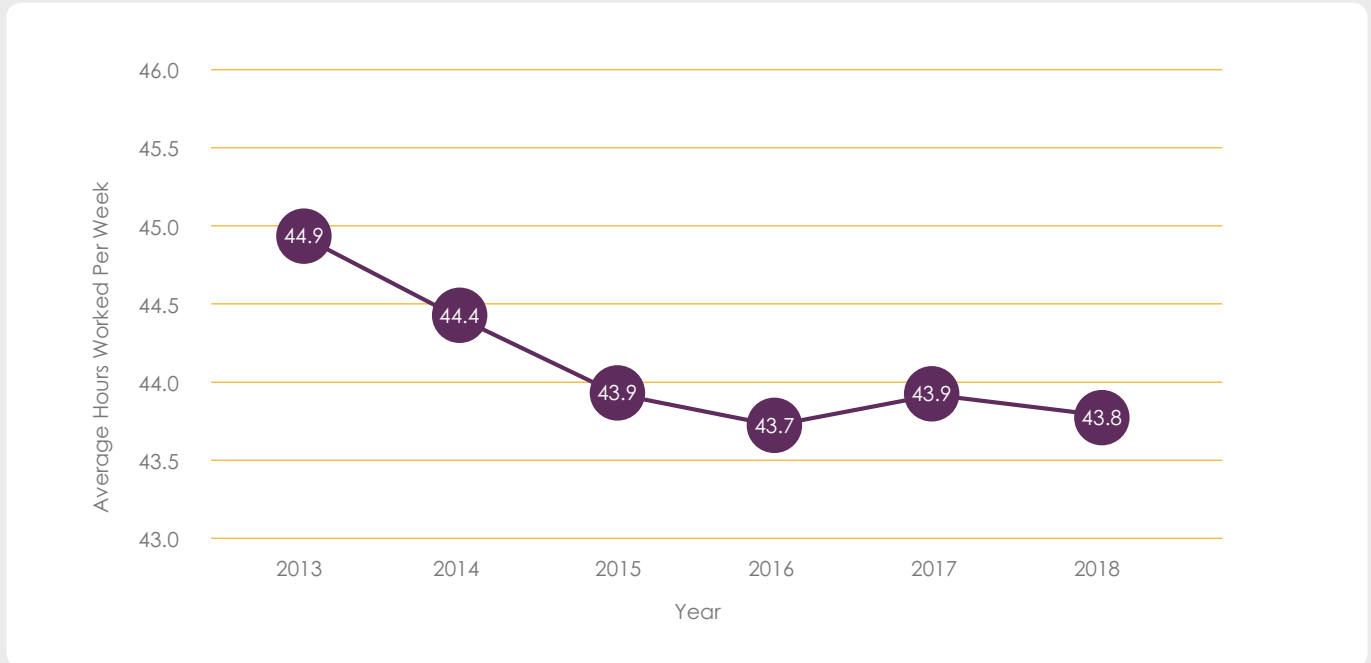


Figure 3: Average total hours worked per week 2013-2018

Males ($M = 47.7$ hours) tended to work almost 10 hours per week more than females ($M = 37.9$). The most marked difference was between male and female practitioners in Remote RA4, where the difference was 13.8 hours per week (Table 2 and Figure 4).

Table 2: Total mean hours by sex and ASGC-RA classification

| Sex | Inner Regional | Outer Regional | Remote | Very Remote | Grand Total |
|--------------------|----------------|----------------|--------------|--------------|--------------|
| Female | 38.08 | 37.58 | 39.88 | 38.25 | 37.94 |
| Male | 47.65 | 46.22 | 53.63 | 48.00 | 47.70 |
| Grand Total | 43.76 | 43.37 | 48.13 | 46.97 | 43.81 |

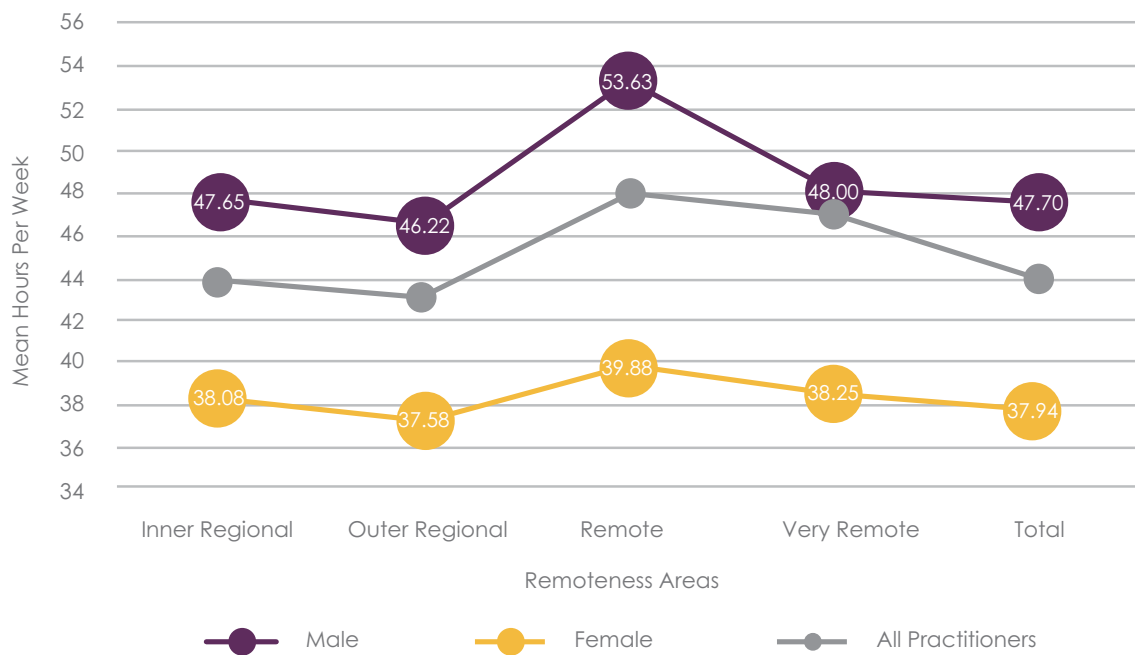


Figure 4: Mean hours per week by sex and ASGC-RA classification

Since 2013, the average age of practitioners has increased by more than two years (Figure 5).

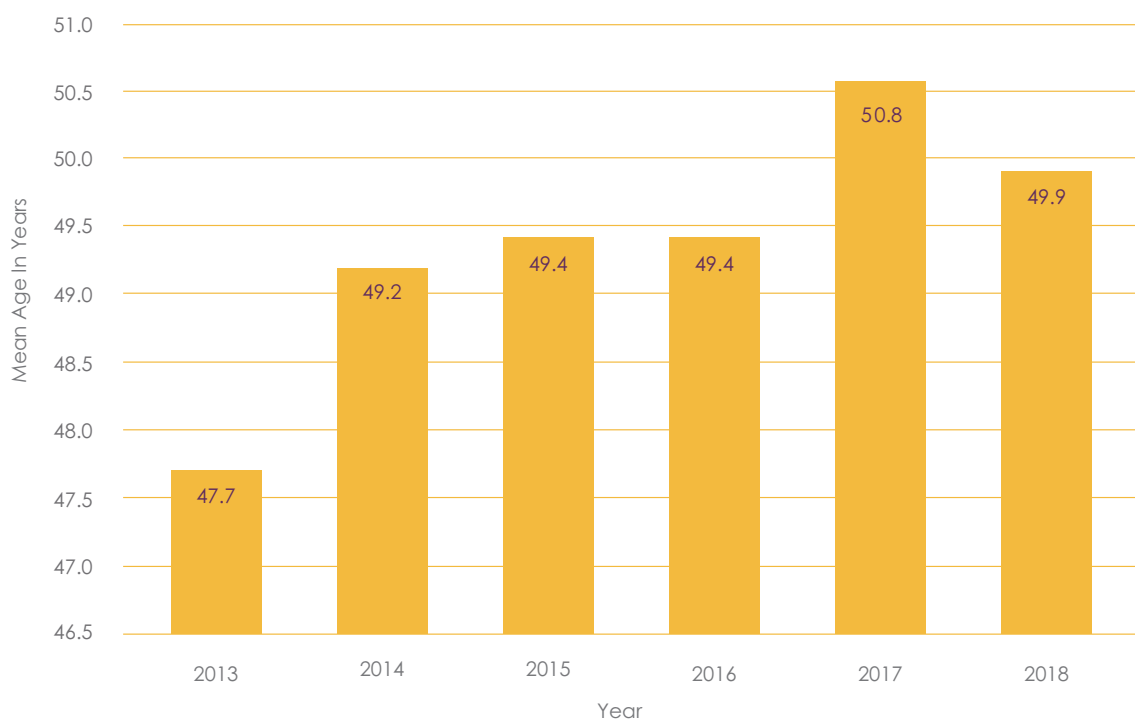


Figure 5: Average age 2013-2018

The percent of female practitioners has increased since 2013 (Figure 6).

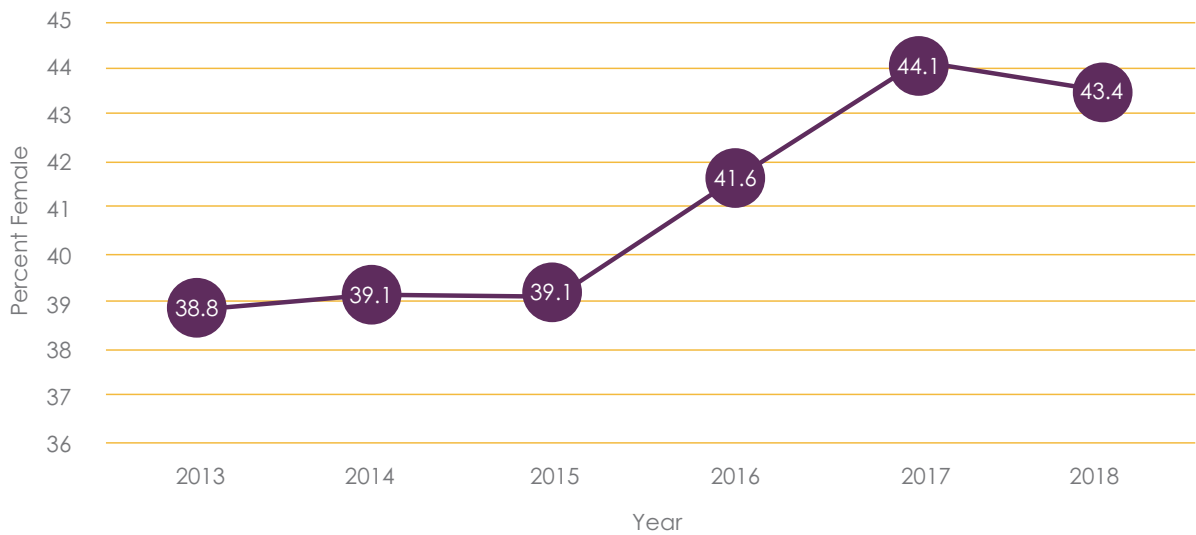


Figure 6: Percent of female medical practitioners 2013-2018

Female practitioners comprised just over 43% of the overall workforce but only 26.5% in Very Remote Queensland (Figure 7).

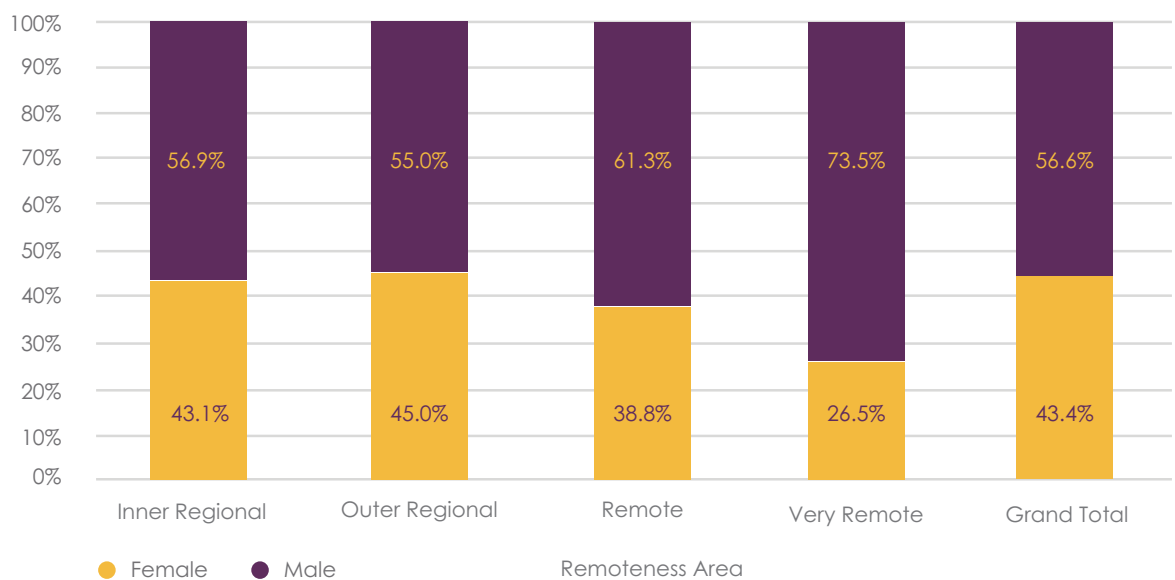


Figure 7: Sex percent by ASGC-RA classification

Figure 8 displays the self-reported average total hours across age groups and sex. This indicates that for all age groupings (5-year increments), female practitioners tended to work between 3 and 13 less hours per week than their male colleagues.

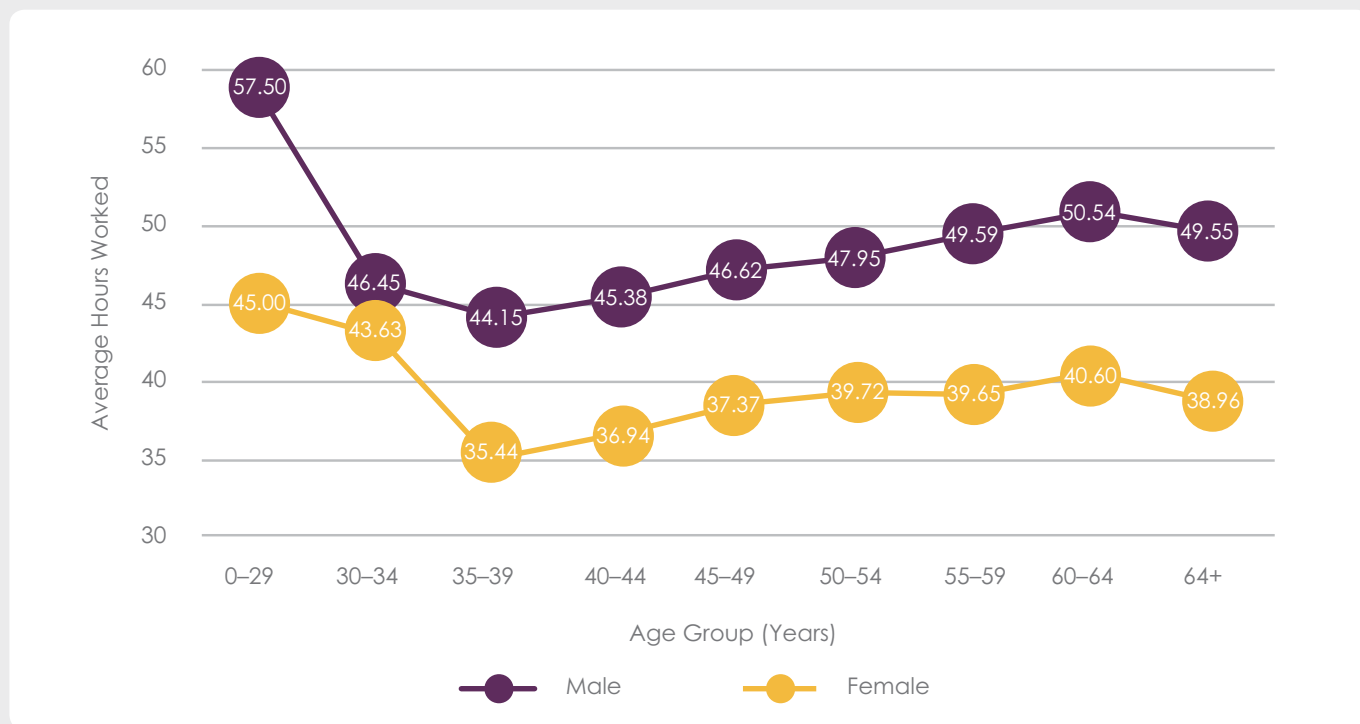


Figure 8: Average total hours worked by sex and age group

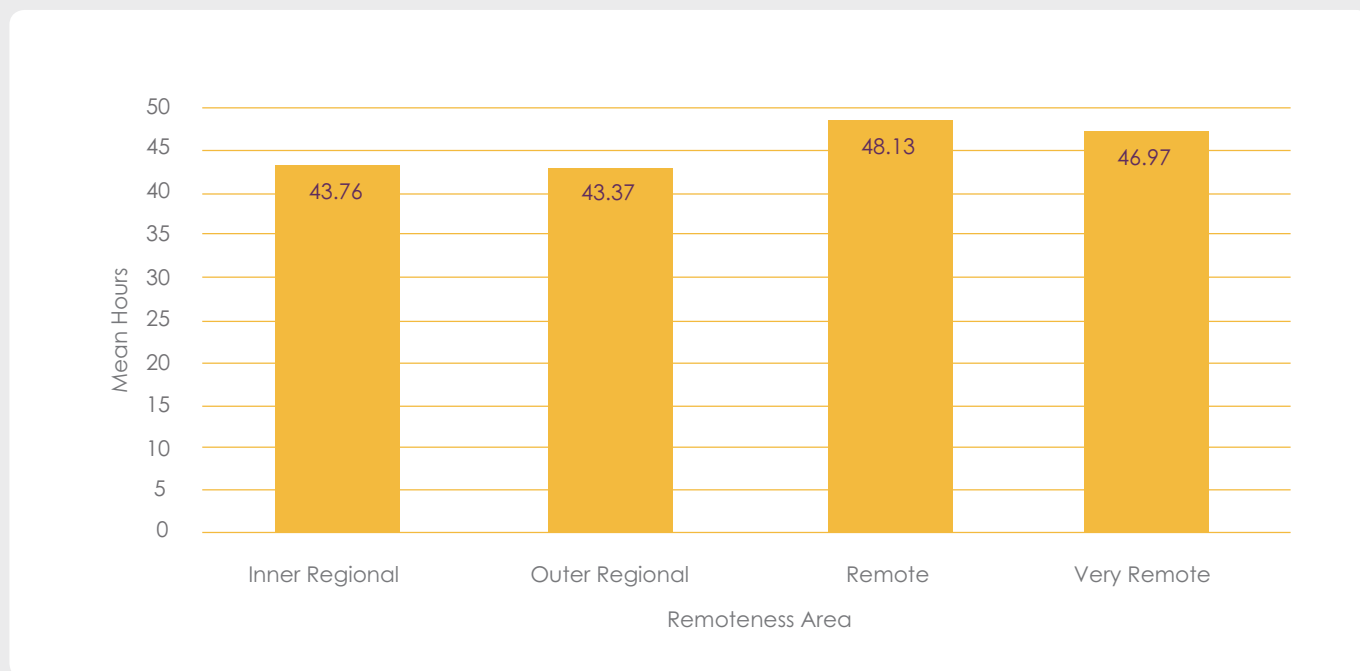


Figure 9: Mean hours worked per week by ASGC-RA classification

The main differences in the types of tasks that practitioners were involved with on a weekly basis was that practitioners 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. The two examples in Figure 10 provide the breakdown of typical tasks undertaken during the week by practitioners in Inner Regional locations and Very Remote locations.

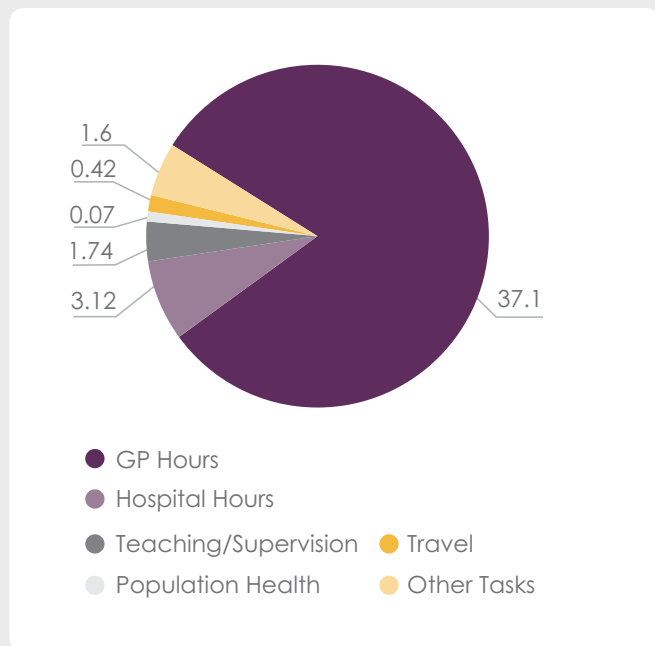


Figure 10a: Mean hours by task for Inner Regional practitioners

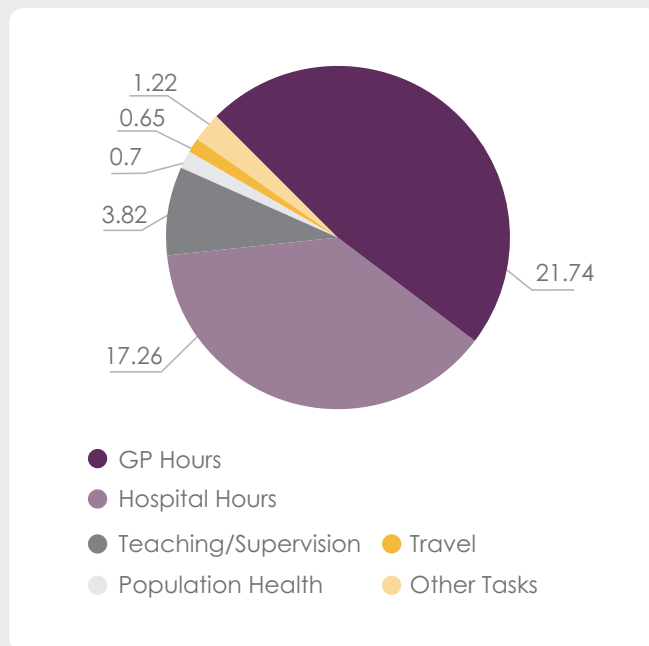


Figure 10b: Mean hours by task for Very Remote practitioners

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

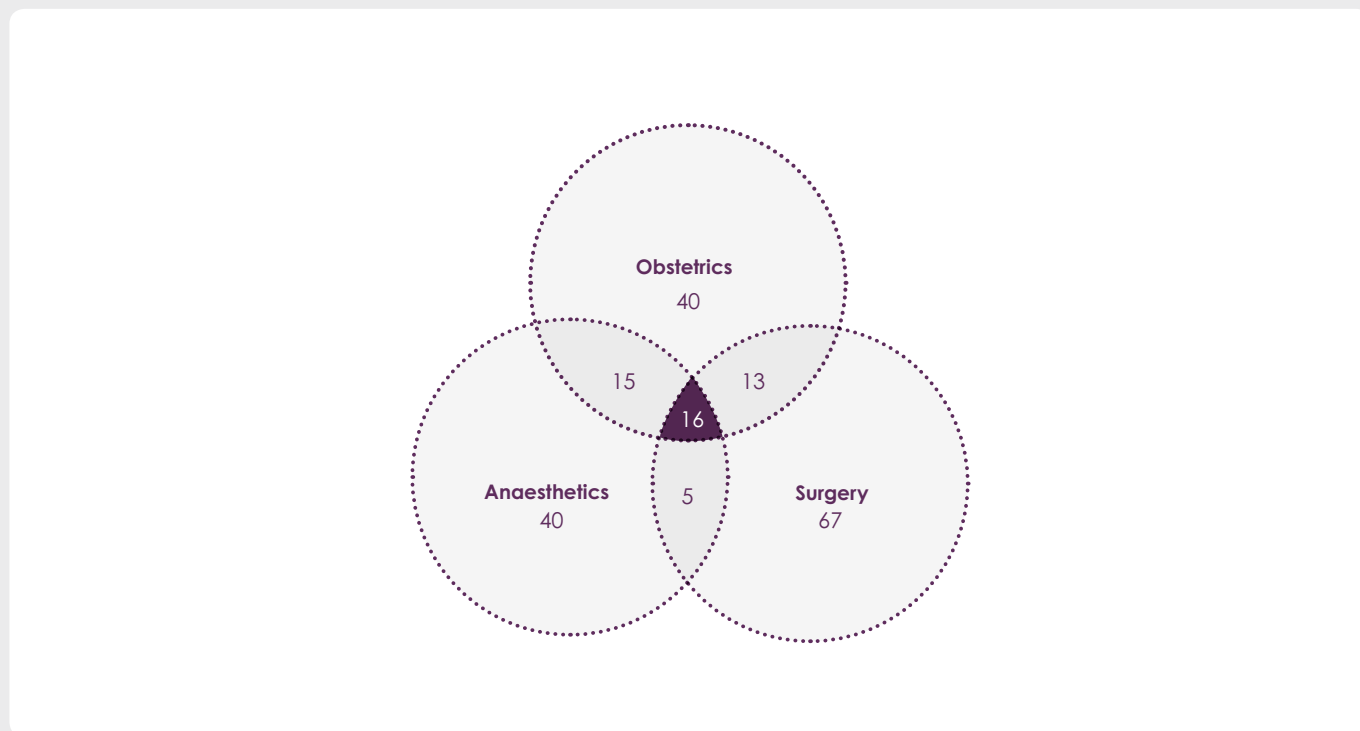
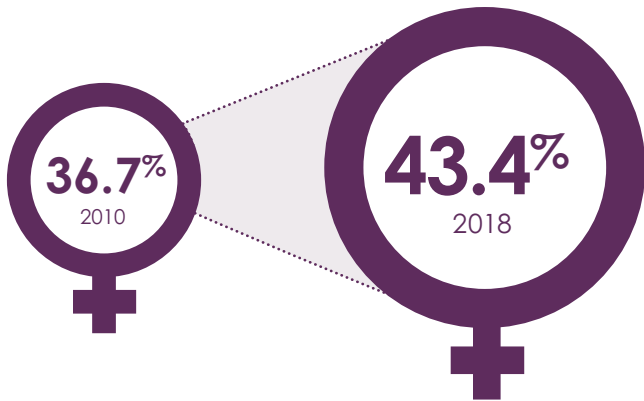


Figure 11: Number of practitioners undertaking single and multiple procedures

Proportion of female practitioners working in remote, rural and regional locations have increased from 36.7% in 2010 to 43.4% in 2018.



Only 4% of medical practitioners self-reported working as a 'Solo' doctor.

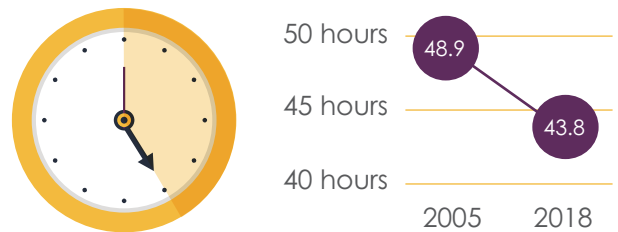


2.3% described themselves as 'Solo co-located', that is working solo at premises shared with at least one other doctor.

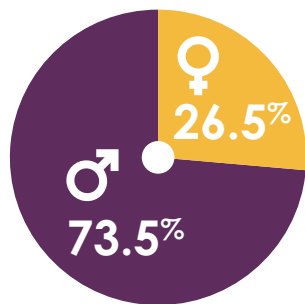


On average, female practitioners self-reported working approximately 10 hours per week less than male practitioners.

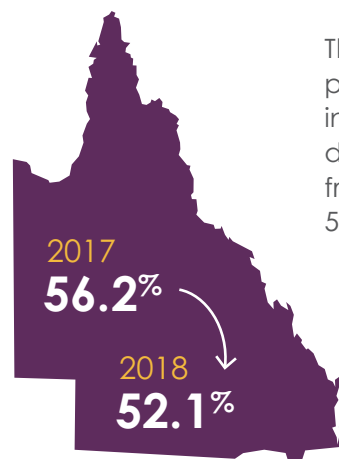
Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural and regional Queensland has decreased by five hours, from 48.9 hours in 2005, to 43.8 hours in 2018.



In very remote communities, female practitioners represented only 26.5% of the workforce.



The proportion of practitioners trained in Australia has decreased in QLD from 56.2% in 2017 to 52.1% in 2018.



DID YOU KNOW?

The average age of remote, rural and regional medical practitioners in Queensland was 49.9 years

49.9 years

**Level 13, 288 Edward Street
Brisbane QLD 4000
GPO Box 2523
Brisbane QLD 4001**

**P: 07 3105 7800 | F: 07 3105 7801
E: admin@healthworkforce.com.au
W: healthworkforce.com.au**



**Health Workforce
Queensland**