



Health Workforce
Queensland

Minimum Data Set Summary Report 2015

A snapshot of the health workforce
landscape in Queensland

as at 30 November 2015



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.

We value your feedback. If you have questions or comments about this report or any of Health Workforce Queensland's activities, please contact us.

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1 Introduction

Since 2001, Health Workforce Queensland and its partner rural workforce agencies across Australia have been collecting comprehensive data in relation to the General Practice workforce in remote, rural and regional Australia.

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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.

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As part of their contractual agreement with the Australian Government Department of Health, all state and territory Rural Workforce Agencies are required to report a minimum, specified set of data based on a data snapshot taken on 30 November each year.

Health Workforce Queensland maintains an up-to-date database of the medical workforce in remote, rural and regional Queensland that is informed by an annual survey of General Practices and General Practitioners (GPs), 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).

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 practitioners 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, including academic institutions, local, state and federal governments, and private businesses.

Data has been collated, de-identified and compiled into this summary report to represent doctors practising in a general practice environment in remote, rural and regional Queensland communities on 30 Nov 2015. 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).

A complete version of the Minimum Data Set will be available later in the year. If you would like to receive a copy of the comprehensive report or have any questions regarding the data included in this summary report please email data@healthworkforce.com.au.

2 Results

As at 30 November, 2015, there were 1,960 medical practitioners working in RA 5-2 Queensland, the second highest number of any state in Australia (behind New South Wales).

Synopsis of results

The Northern Queensland Primary Health Network (PHN) had the largest remote, rural and regional medical workforce in the state. The average age of the workforce was 49.4 years and 39% were female, although, in very remote communities female practitioners represented only 28% of the workforce. Practitioners reported an average 44 hours per week on routine GP clinical work but there were increased hours from remote (52 hours) and very remote (49 hours) practitioners. Female practitioners (38 hours) averaged approximately 10 hours per week less than males (48 hours). Just 53% of the workforce were trained in Australia and less than 4% of practitioners were working in solo practices. Nine out of 10 practitioners were working in private practices but this decreased with increasing remoteness to only four out of 10 in very remote Queensland.

Australian Workforce

The below map indicates the number of medical practitioners in rural and remote Queensland compared to the other states and the Northern Territory. Almost a quarter of all remote, rural and regional medical practitioners in Australia work in Queensland.

Table 1 below shows that Queensland had the highest proportion of Outer Regional medical practitioners in Australia and the second highest in Remote and Very Remote Australia.

	Inner Regional ASGC-RA 2	Outer Regional ASGC-RA 3	Remote ASGC-RA 4	Very Remote ASGC-RA 5	Total
State	%	%	%	%	%
NSW	34%	19%	8%	2%	28%
NT	0%	8%	12%	10%	3%
QLD	18%	33%	19%	33%	23%
SA	5%	10%	15%	5%	7%
TAS	9%	7%	1%	1%	8%
VIC	27%	12%	2%	0%	21%
WA	6%	12%	42%	49%	10%

Table 1: Percentage of medical practitioners in RA 5-2 by state and territory.

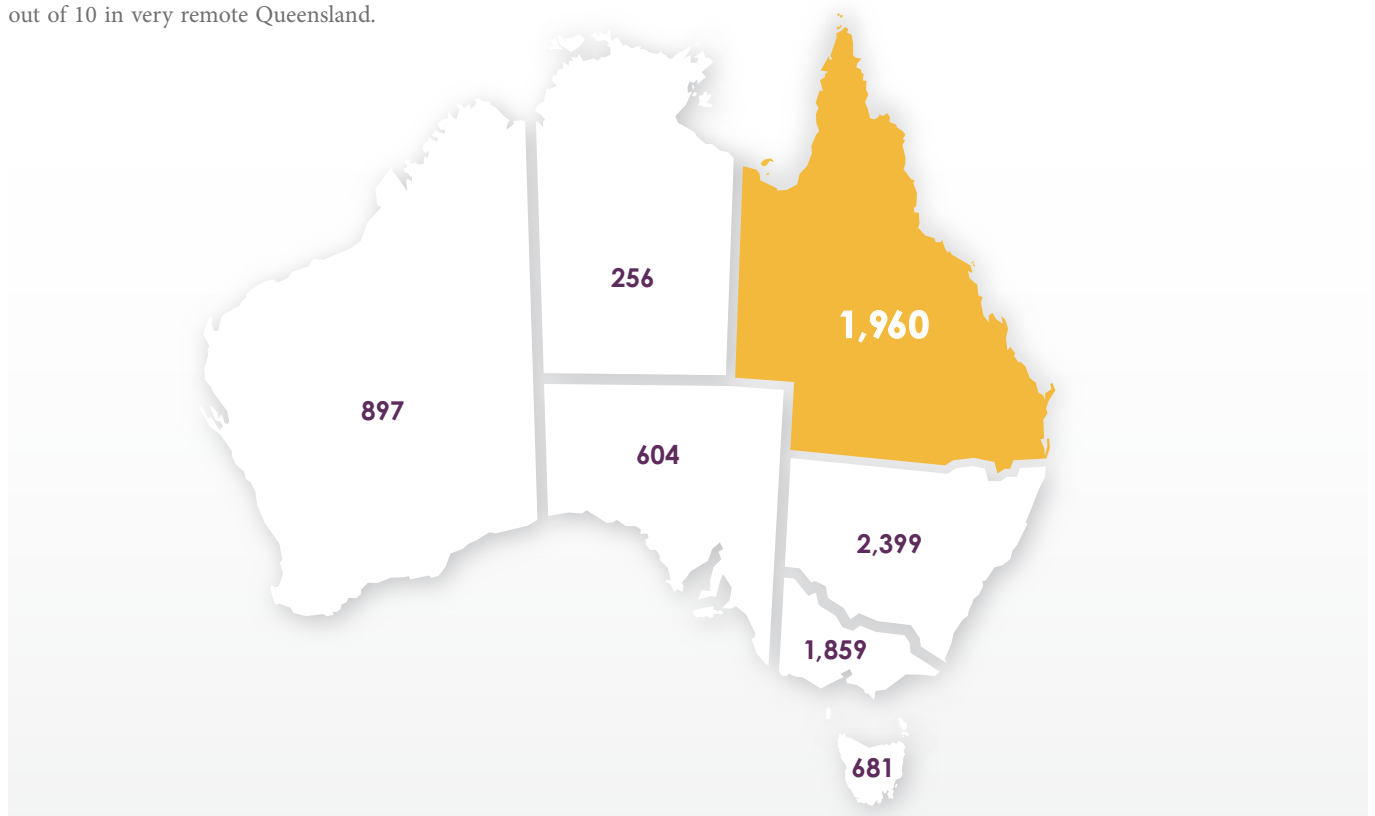


Figure 1: Number of medical practitioners in RA 5-2 for each state and the Northern Territory.

Queensland Workforce

Figure 2 below outlines the number of medical practitioners in the four main rural and remote PHNs by RA 5-2 locations.

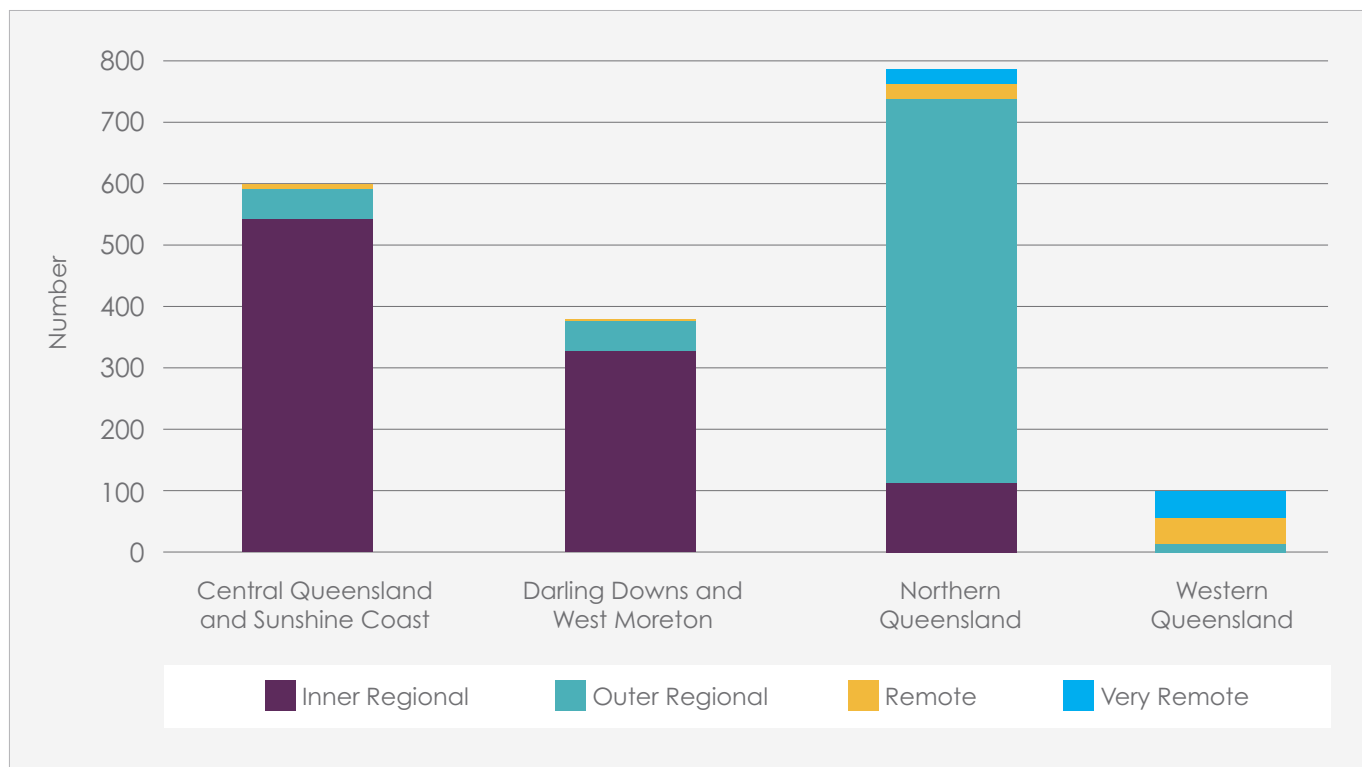


Figure 2: Medical practitioner numbers by PHN and RA classification.

The majority of medical practitioners were in GP roles followed by Senior Medical Officers (SMOs) and practitioners attached to Aboriginal Community Controlled Health Services (ACCHS).

	Inner Regional	Outer Regional	Remote	Very Remote	Total
Employment Type	N	N	N	N	N
ACCHS	17	21	2	-	40
General Practitioner	998	627	46	27	1,698
Medical Superintendent	2	8	3	3	16
MORPP	14	8	1	3	26
MSRPP	8	15	5	4	32
RFDS	-	14	7	-	21
RMO	3	16	3	3	25
SMO	14	57	13	18	102
Total	1,056	766	80	58	1,960

Table 2: Employment type by ASGC-RA.

The percentage of the medical workforce that are General Practitioners reduces as locations become more remote.

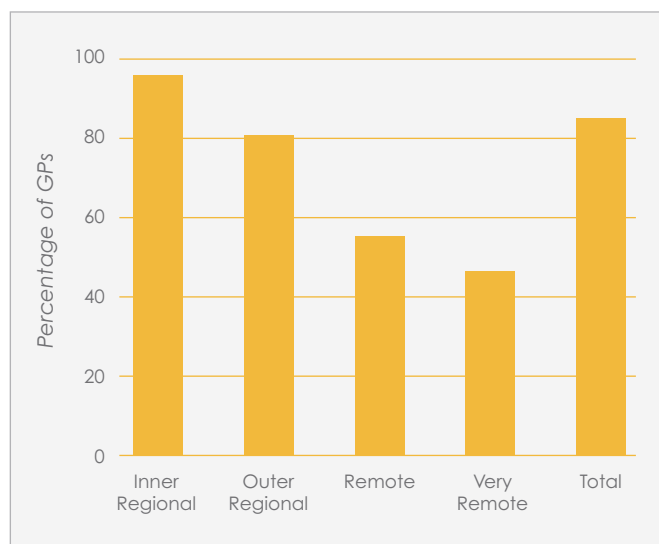


Figure 3: Percentage of medical practitioners in GP roles by RA classification.

3 Workforce Demographics

Hours worked

The average total hours self-reported by Queensland RA 5-2 doctors was 43.9 hours. This is 13 hours more than the 2015 national average of 38.7 hours. How have the average hours changed over the last five years? Since 2011 the average self-reported weekly hours of Queensland remote, rural and regional medical practitioners have reduced by 1.5 hours (see Figure 4 below).

The reduction in reported hours over the last five years could be related to an increased number of females in the workforce (see Figure 5) as well as an aging workforce (see Figure 6).

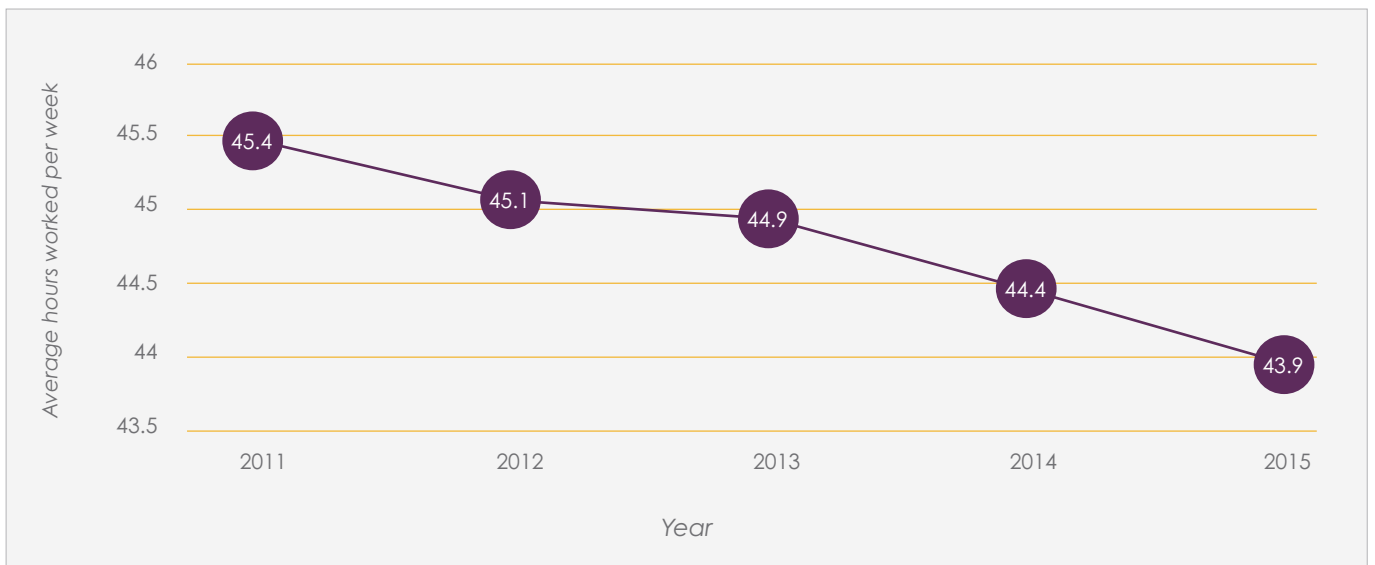


Figure 4: Average hours worked per week 2011-2015.

Using five-year age groupings, Figure 7 shows that in every age group male practitioners worked more hours per week than female practitioners. However, both groups reported a reduction in hours from age 30 to age 40 which could relate to lifestyle factors such as starting a family.

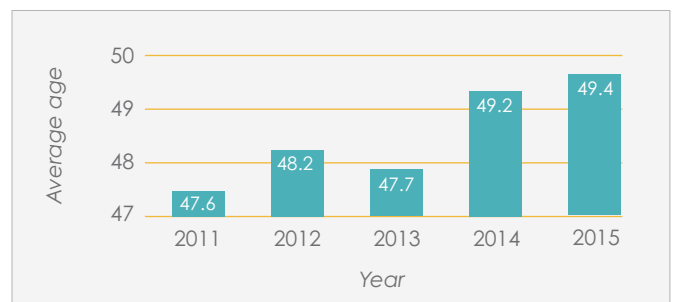


Figure 5: Average age of the workforce from 2011-2015.

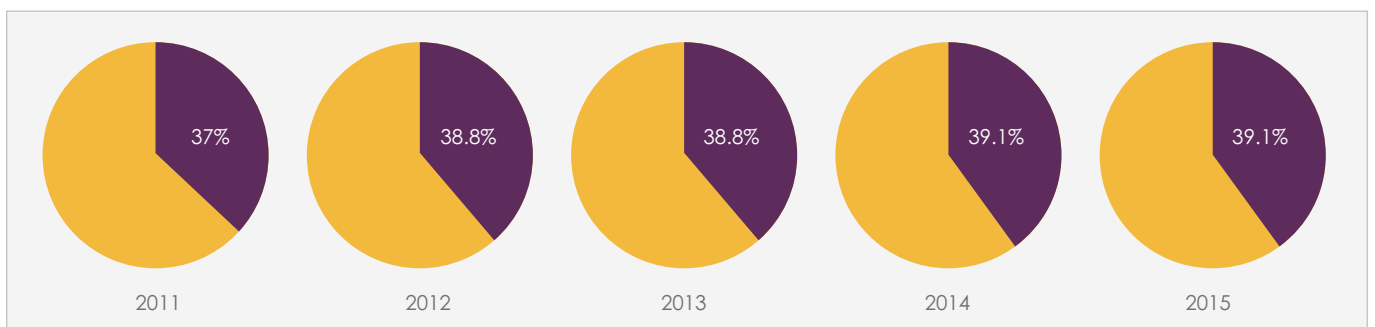


Figure 6: Percentage of females in the workforce from 2011-2015.

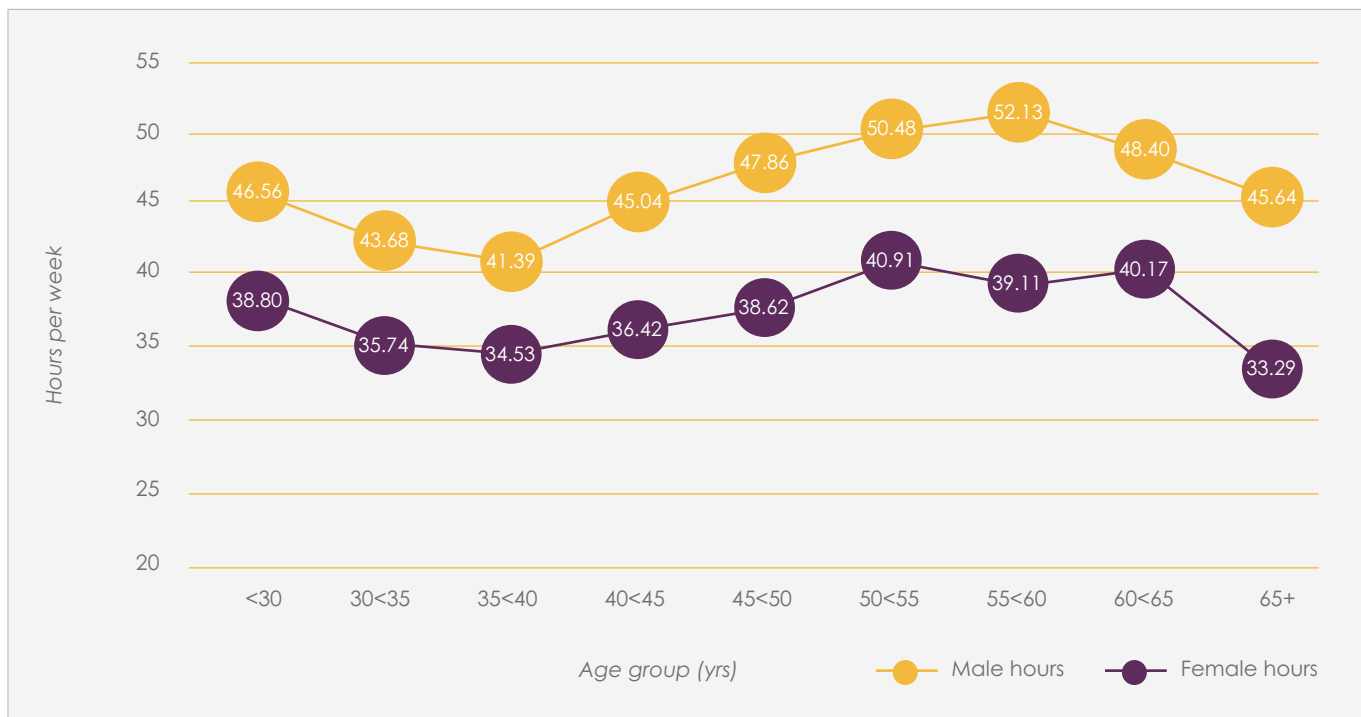


Figure 7: Average total hours worked by gender and age grouping.

In all areas except for Very Remote Queensland, female practitioners comprised approximately 40% of the medical workforce and the average total hours worked by females was 37.6 hours per week, over 10 hours less than the male average of 47.8 hours.

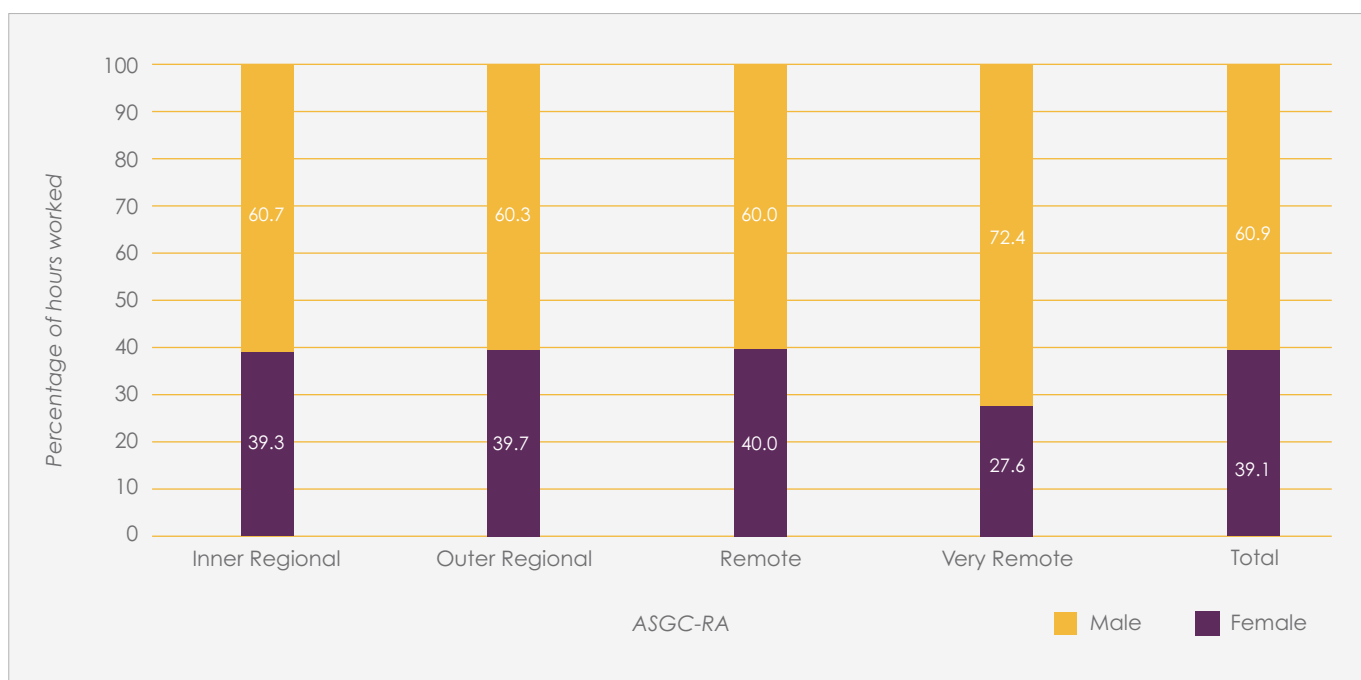


Table 8: Gender percentage by RA classification.

How do doctors from different locations spend their average week?

Remote and very remote medical practitioners reported working up to eight more hours per week than their Inner and Outer regional colleagues.

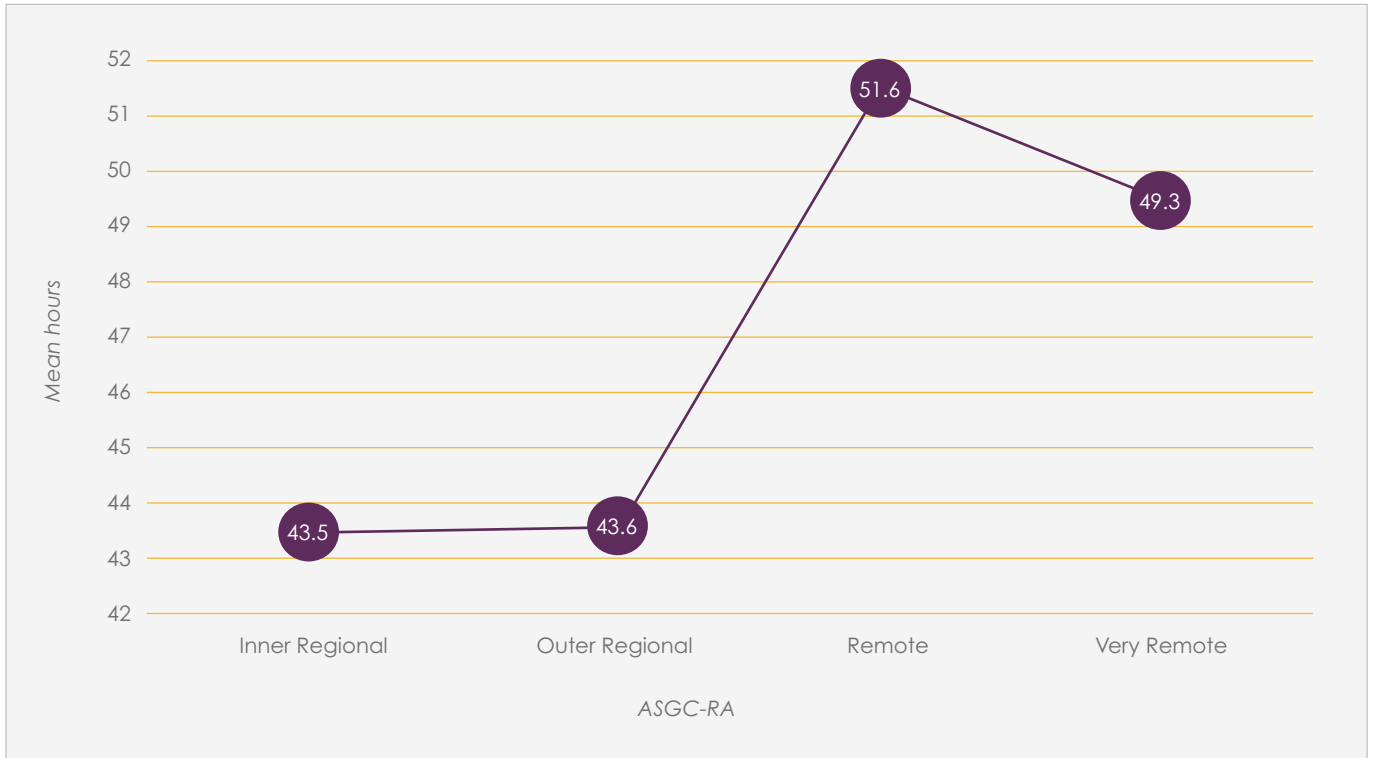


Figure 9: Mean hours worked per week by RA classification.

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 their Inner and Outer regional colleagues. The two examples in Figure 10 provide the breakdown of typical tasks undertaken during the week by Inner Regional and Very Remote practitioners.

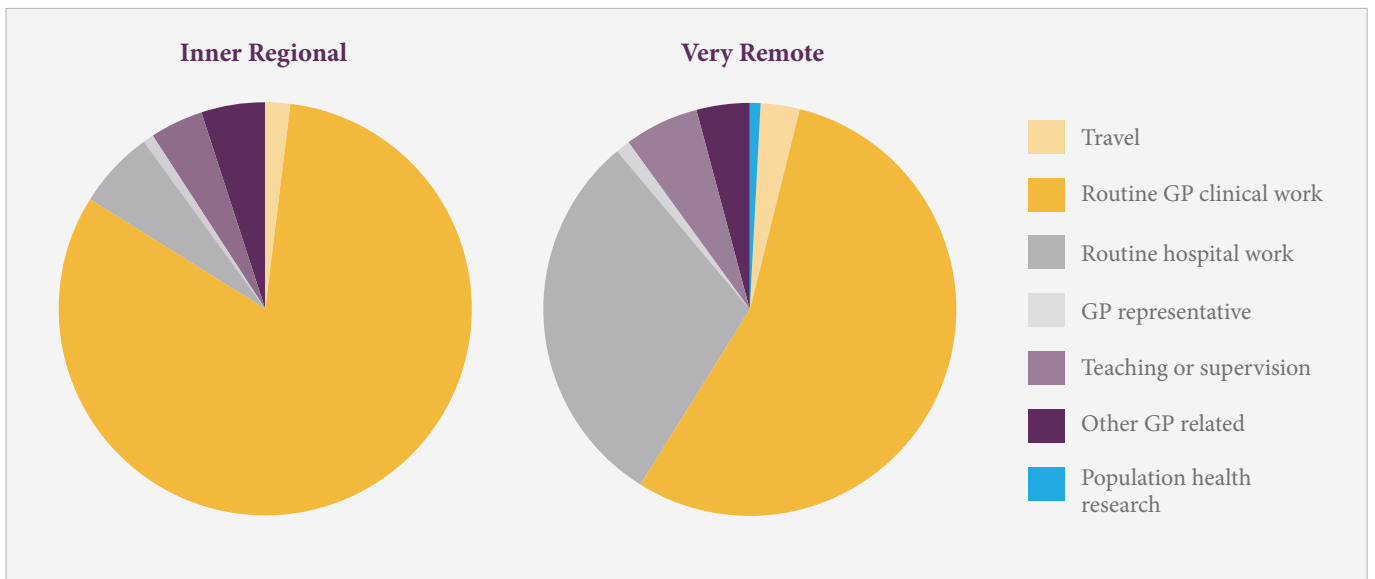


Figure 10: Hours by task for Inner Regional and Very Remote practitioners.

Procedural Skills

The following Venn diagram shows the number of medical practitioners that regularly practise procedural skills in obstetrics, anaesthetics and surgery. More practitioners reported that they regularly practised obstetrics (n = 90), than either anaesthetics (n = 81) or surgery (n = 69). However, many practitioners regularly practised more than one of these procedural skills as can be seen in Figure 11.

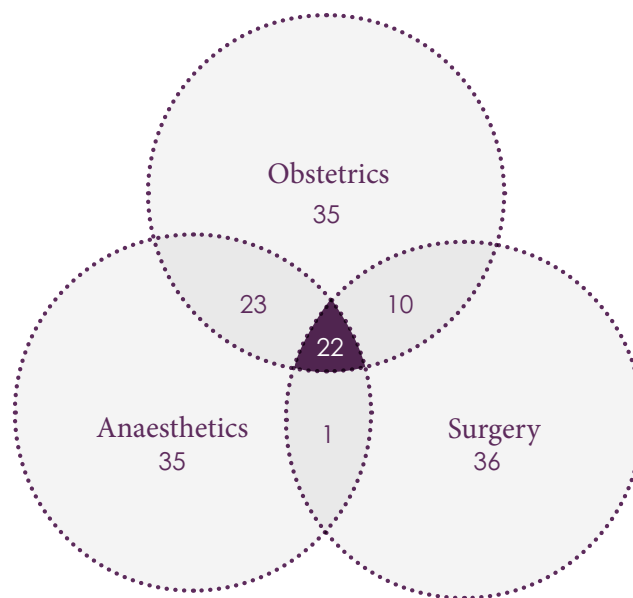


Figure 11: Number of practitioners undertaking single and multiple procedures.

Australian trained doctors and overseas trained doctors

Overseas trained doctors made up just under half (46.9%) of the medical practitioners in remote, rural and regional Queensland. Since 2011 the percentage of overseas trained doctors has been relatively stable and has only varied by approximately five per cent. (Figure 12).



Figure 12: Percentage of Australian trained and overseas trained doctors 2011-2015.

Summary

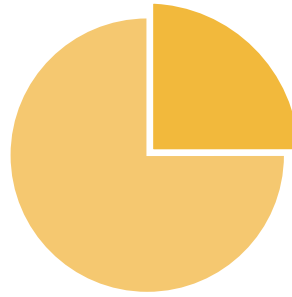
The full report

The full Minimum Data Set Report will be available in September from Health Workforce Queensland. These will be available in printed form or as a download from www.healthworkforce.com.au. If you would like to receive a printed copy please email your request along with your postal information to data@healthworkforce.com.au.



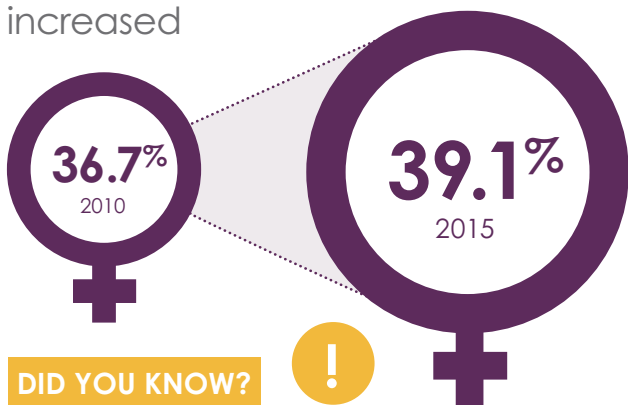


2nd LARGEST
remote, rural and regional medical workforce in Australia
= Queensland



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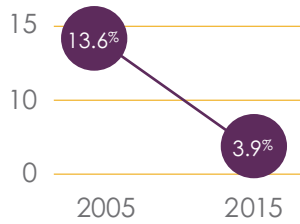
Female practitioners working in remote, rural and regional locations increased



DID YOU KNOW?

On average remote GPs work **8 hours more per week** than their inner regional colleagues.

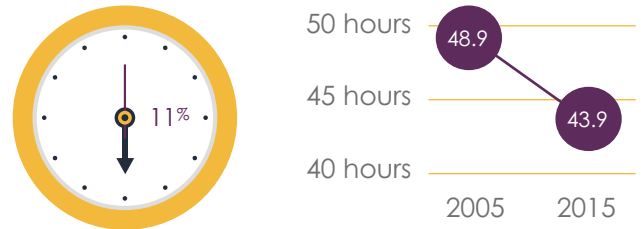
Solo medical practitioners in the workforce



DID YOU KNOW?

The average age of remote, rural and regional Queensland medical practitioners was 49.4 years

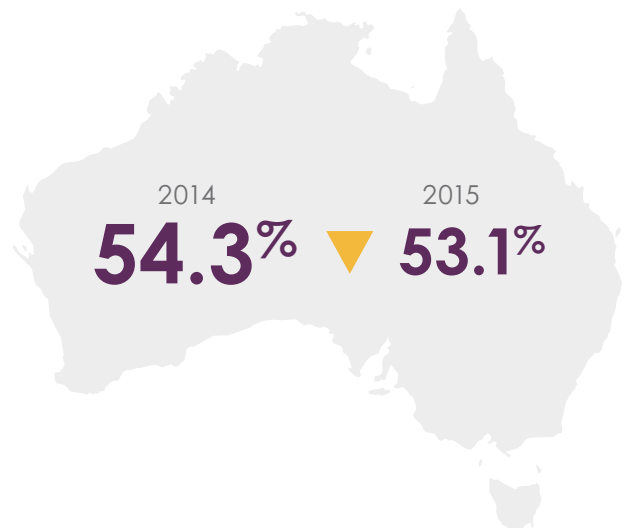
Average total hours worked by remote, rural and regional medical practitioners decreased



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

Domestically trained practitioners

Slight decrease of the current remote, rural and regional medical workforce obtaining their initial medical qualification in Australia.





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Queensland**