



Minimum Data Set Summary Report 2016

A snapshot of the health workforce landscape
in Queensland as at 30 November, 2016



**Health Workforce
Queensland**

HEALTH WORKFORCE QUEENSLAND

Health Workforce Queensland is a rural workforce agency that meets the needs of remote, rural and regional and Aboriginal and Torres Strait Islander communities. The Agency has a long track record in collaborating with remote and rural communities to identify health workforce needs, developing strategic workforce plans and implementing solutions to address workforce shortages and maldistribution.

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

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, 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 (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 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, Queensland and Australian Governments, and private businesses.

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, 2016. 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 at 30 November, 2016, there were 2,300 medical practitioners working in RA 5-2 Queensland, the second highest number of any state in Australia.

Synopsis of Results

As at 30 November, 2016 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 42% were female although, in very remote communities, female practitioners represented only 36% of the workforce. Practitioners reported an average 44 hours per week of medical-related work but there were increased hours reported from Remote (50 hours) and Very Remote (46 hours) practitioners. Female practitioners (38 hours) averaged approximately 10 hours per week less than males (48 hours). Approximately 51% of the workforce were trained in Australia and less than 5% of practitioners were working as solo practitioners.

Australian Workforce

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

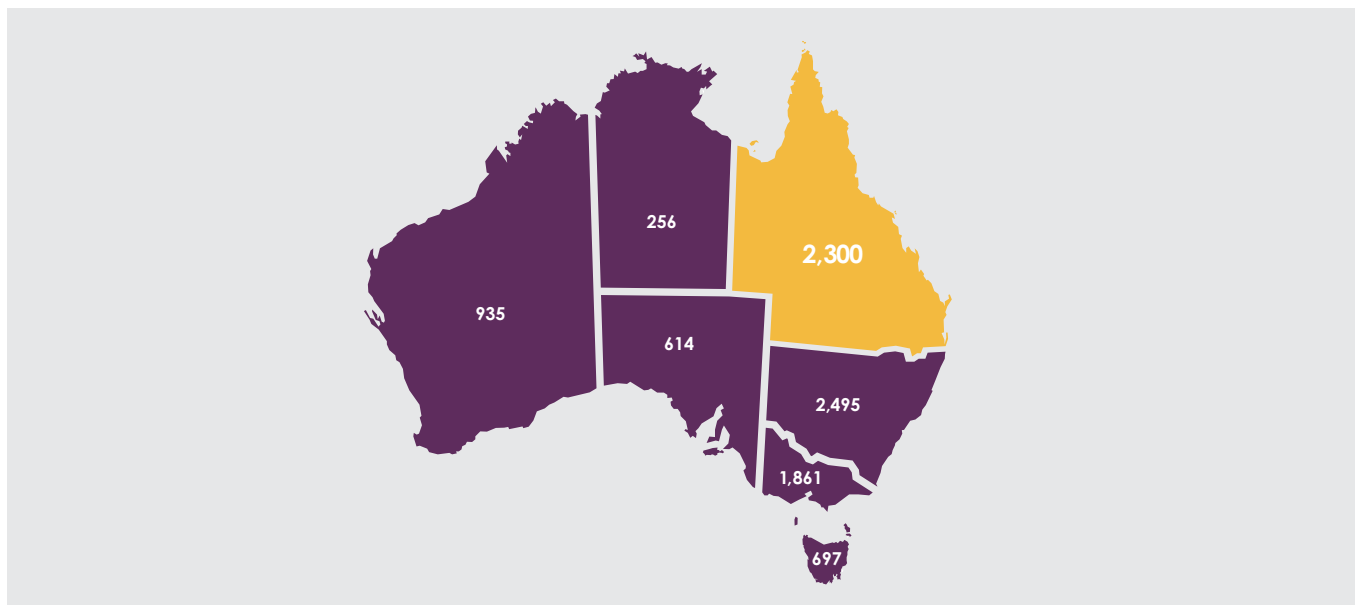


Figure 1: Number of medical practitioners in RA 5-2 for each state and the Northern Territory

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

Table 1: Number and percent of medical practitioners in RA 5-2 by state/territory

State	Inner Regional ASGC-RA2	Outer Regional ASGC-RA3	Remote ASGC-RA4	Very Remote ASGC-RA5	Total
NSW	2,015 (33.2%)	442 (17.7%)	34 (8.2%)	4 (2.2%)	2,495 (27.2%)
NT	0 (0.0%)	188 (7.5%)	51 (12.3%)	17 (9.2%)	256 (2.8%)
QLD	1,233 (20.3%)	910 (36.4%)	79 (19.1%)	78 (42.4%)	2,300 (25.1%)
SA	310 (5.1%)	237 (9.5%)	58 (14.0%)	9 (4.9%)	614 (6.7%)
TAS	527 (8.7%)	161 (6.4%)	8 (1.9%)	1 (0.5%)	697 (7.6%)
VIC	1,582 (26.1%)	273 (10.9%)	6 (1.4%)	0 (0.0%)	1,861 (20.3%)
WA	395 (6.5%)	287 (11.5%)	178 (43.0%)	75 (40.8%)	935 (10.2%)
Total	6,062 (100%)	2,498 (100%)	414 (100%)	184 (100%)	9,158 (100%)

Queensland Workforce

Figure 2 below outlines the proportion of medical practitioners in the four main remote and rural PHNs in Queensland according to ASGC-RA classifications. Northern Queensland PHN had the most medical practitioners ($n = 918$), the majority of whom worked in Outer Regional locations. Almost 50% of the practitioners in the Western Queensland PHN were in Very Remote locations.

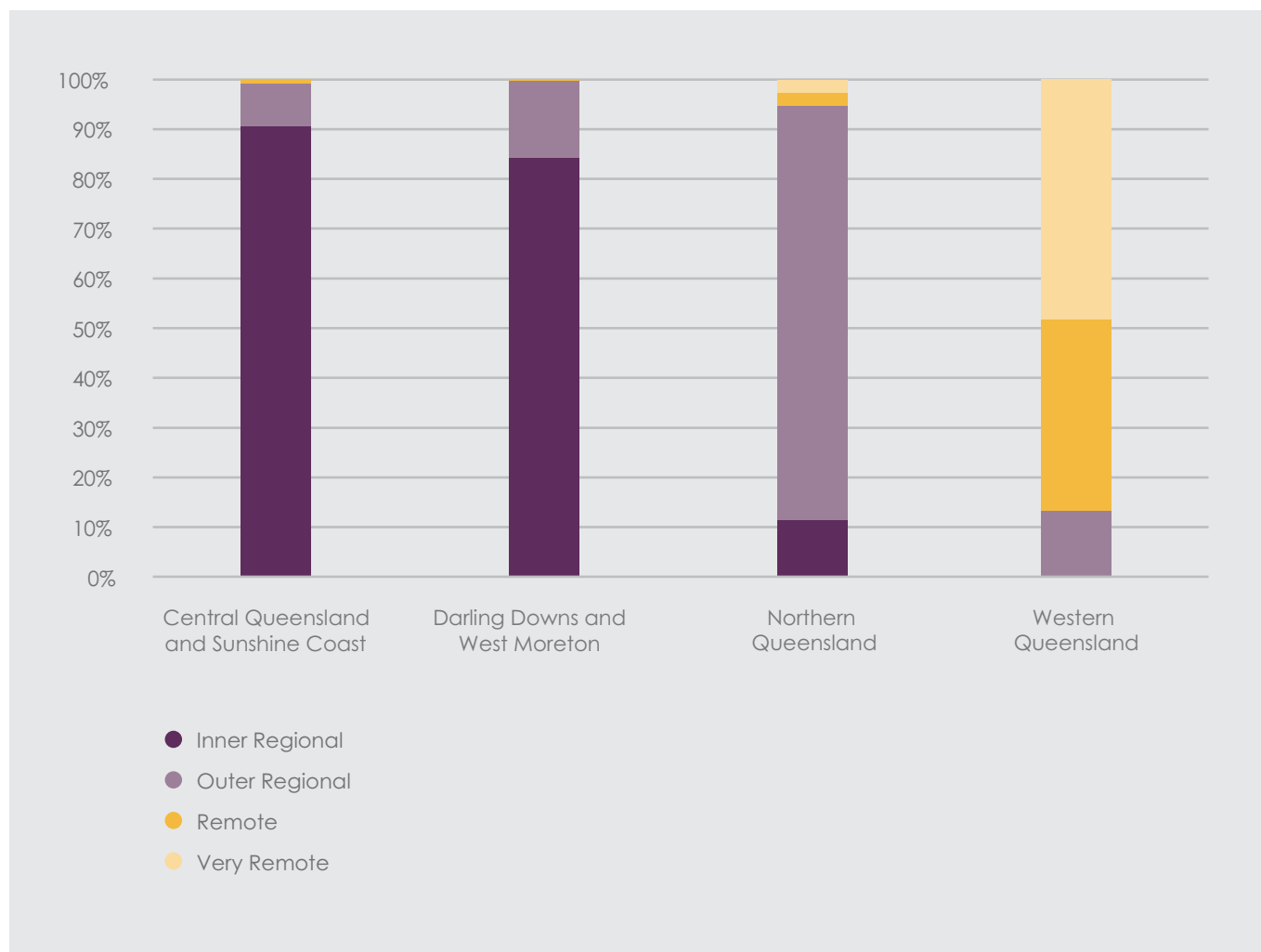


Figure 2: Percent of medical practitioners by Primary Health Network and RA classification

The primary employment type for the majority of medical practitioners was in general practice followed by Hospital and Health Service and Aboriginal Medical Service.

Table 2: Employment type by RA

Employment Type	Inner Regional	Outer Regional	Remote	Very Remote	Total
Aboriginal Medical Service	36	45	2	5	88
General Practice	1,164	751	50	26	1,991
Hospital and Health Service	33	99	21	40	193
Royal Flying Doctors Service	0	15	6	7	28
Total	1,233	910	79	78	2,300

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

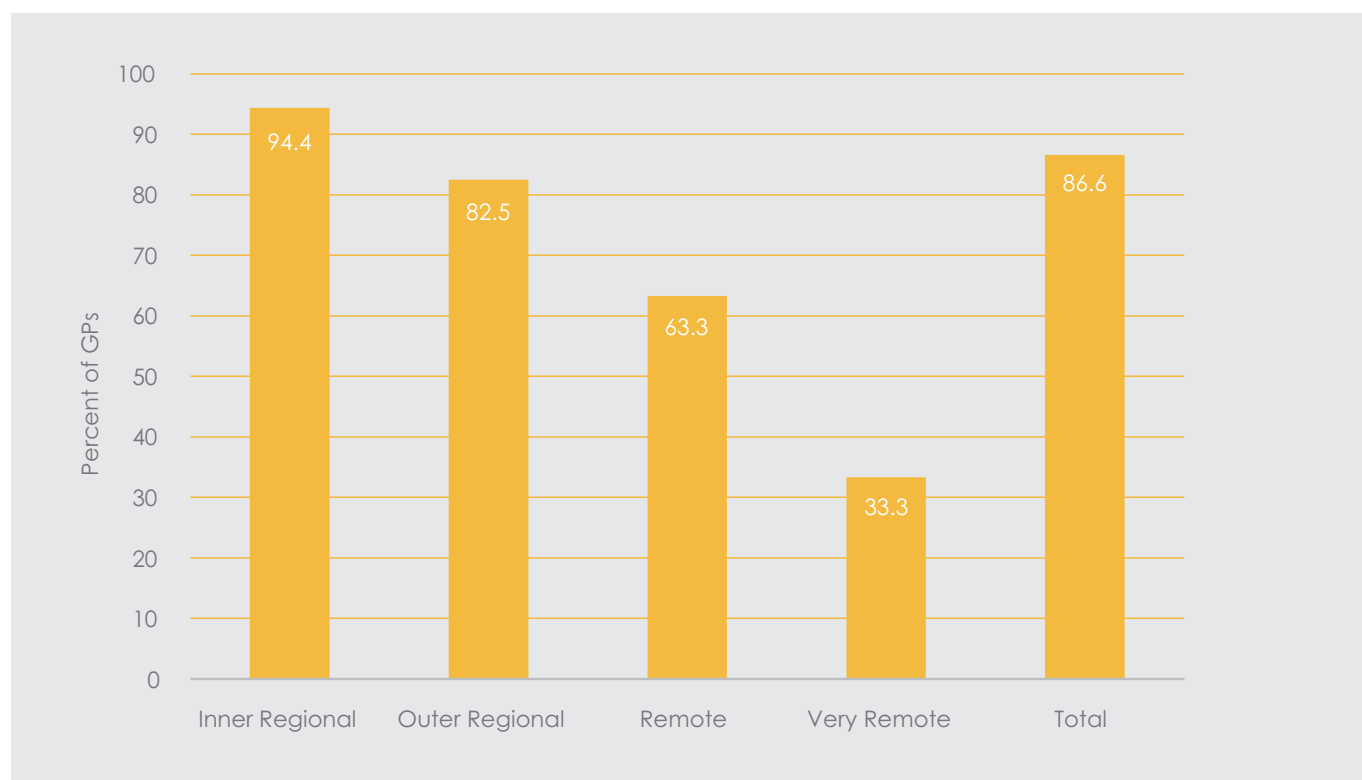


Figure 3: Percent of medical practitioners in GP roles by RA classification

3 Workforce Demographics

Hours Worked

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 43.7 hours. This was approximately 5 hours more than the 2016 national average of 38.3 hours. For Queensland practitioners this represents a 1.7 hour reduction in the self-reported total hours since 2011 (Figure 4).



Figure 4: Average total hours worked per week 2011-2016

Hours Worked – Continued

The reduction in self-reported total hours since 2011 is probably related to an increase in the average age of practitioners over this time (Figure 5) and an increasing proportion of female practitioners (Figure 6).

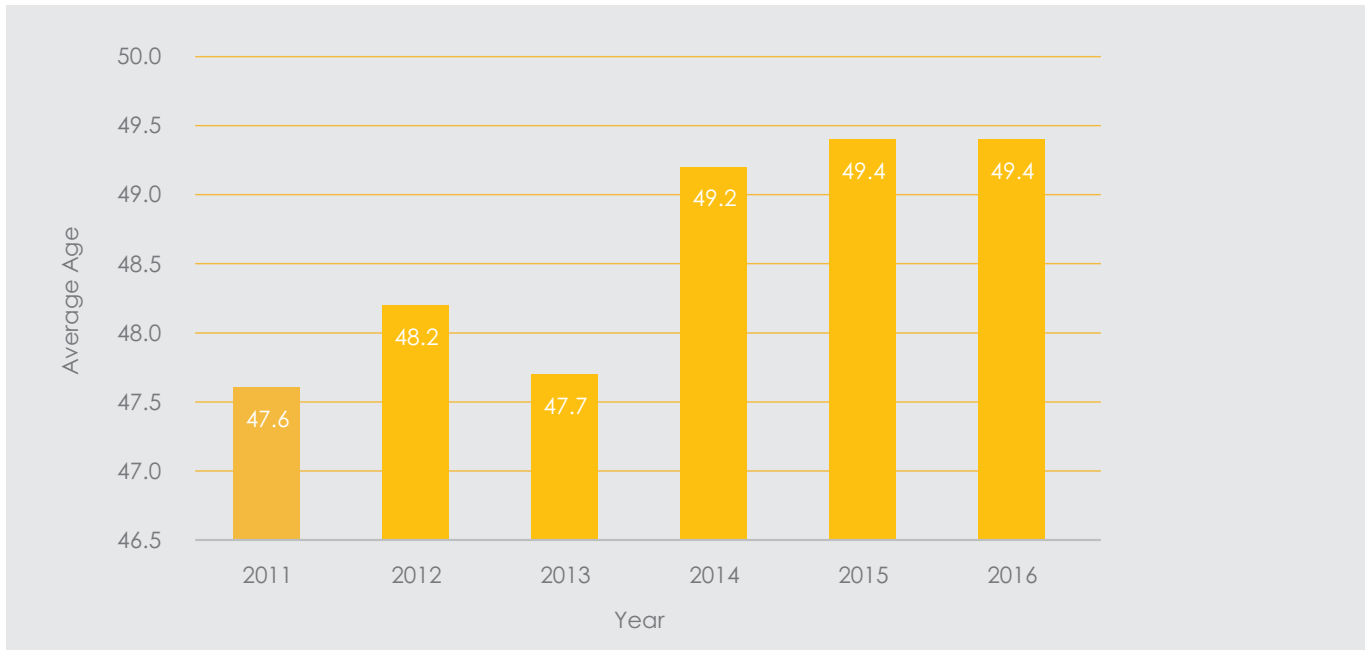


Figure 5: Average age 2011-2016

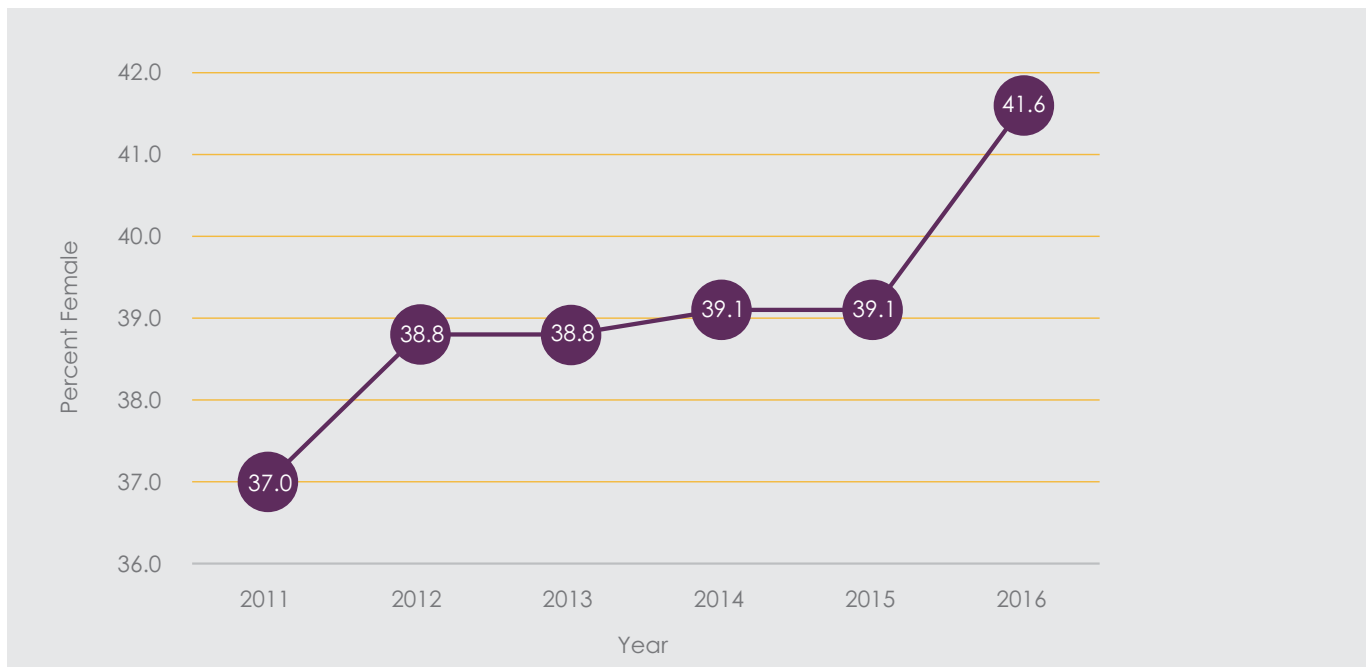


Figure 6: Percent of female medical practitioners 2011-2016

Female practitioners comprised just over 40% of the workforce in Inner Regional and Outer Regional locations, and under 40% in Remote and Very Remote (Figure 7). The average self-reported total hours worked by female practitioners was 37.7 hours per week, almost 10 hours less than the male average of 47.5 hours.

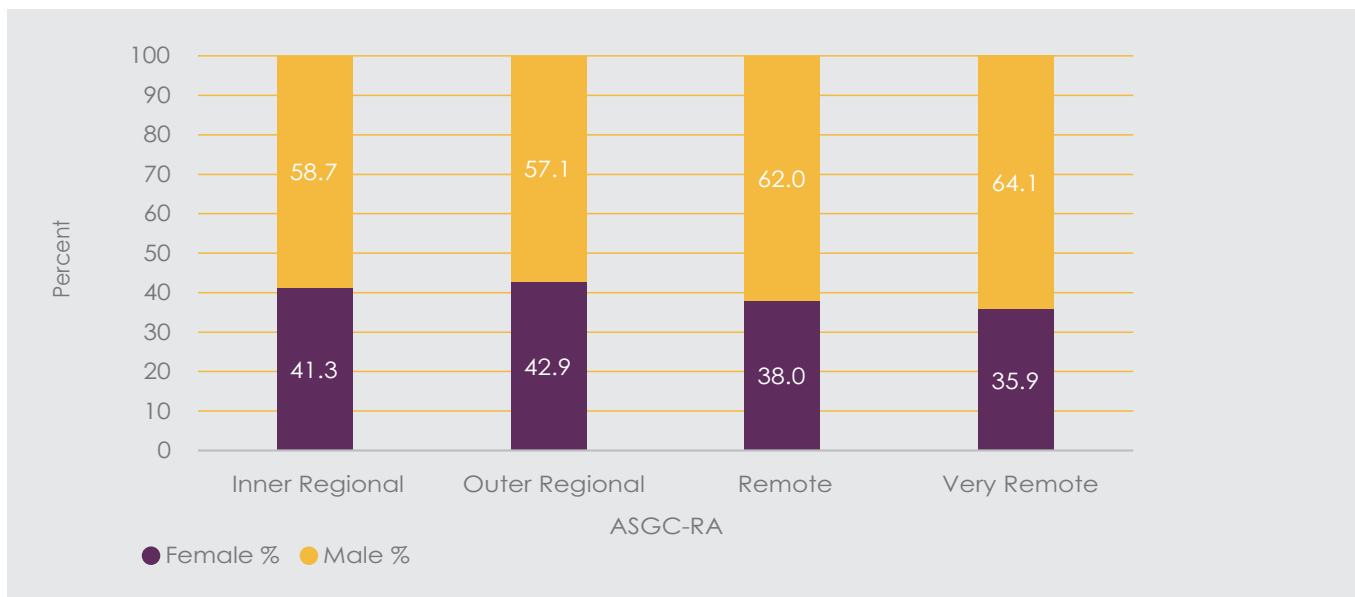


Figure 7: Gender percent by RA classification

Remote and Very Remote medical practitioners reported working up to seven more hours per week than their Inner and Outer Regional colleagues (Figure 8).

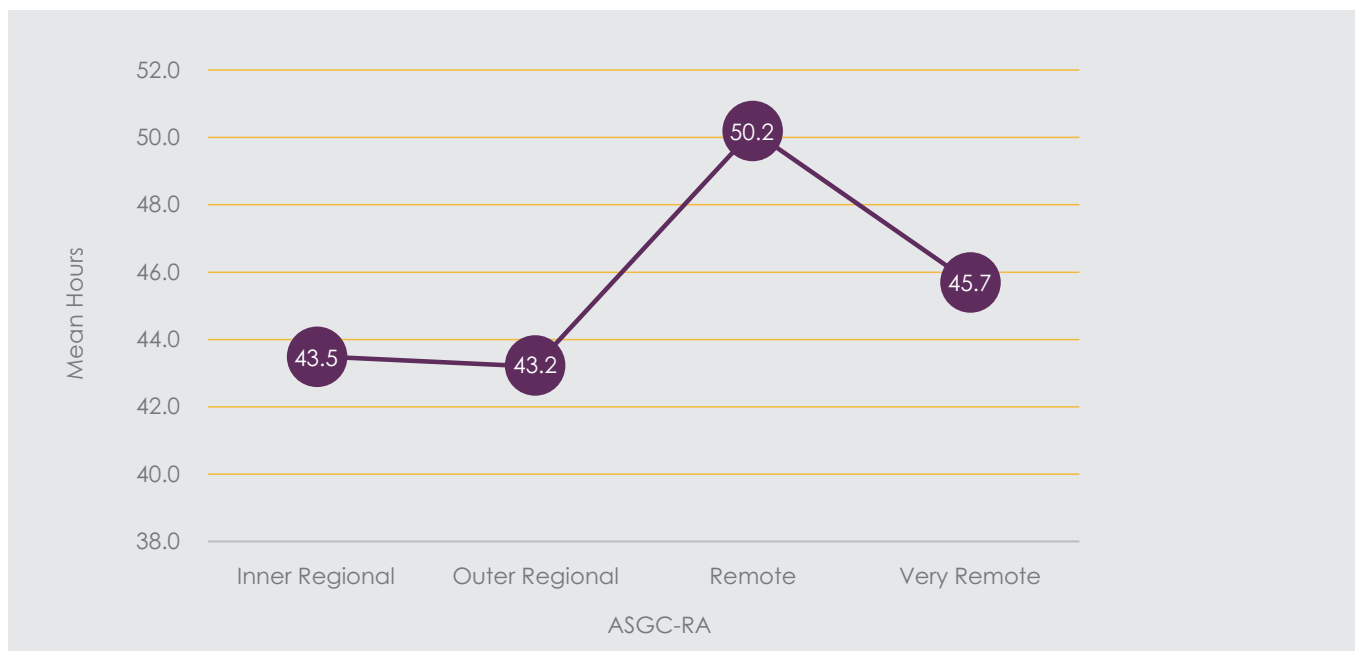


Figure 8: Mean hours worked per week by RA classification

Average Working Week by Location

How do doctors from different locations spend their average week?

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 9 provide the breakdown of typical tasks undertaken during the week by practitioners in Inner Regional locations and Very Remote locations.

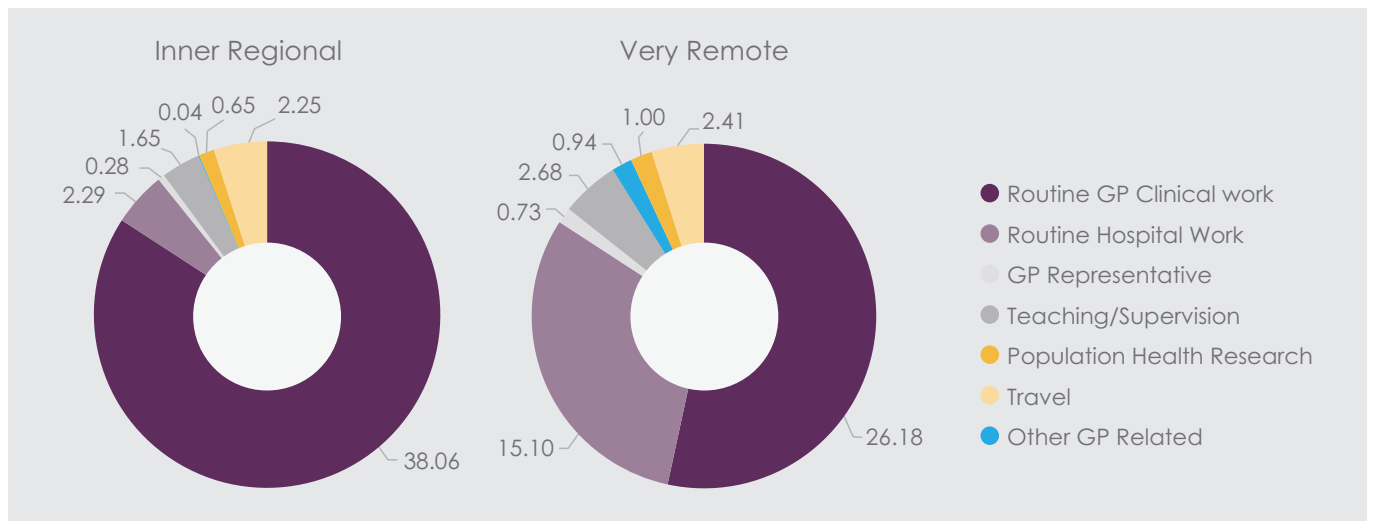


Figure 9: Mean hours by task for Inner Regional and Very Remote practitioners

Procedural Skills

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

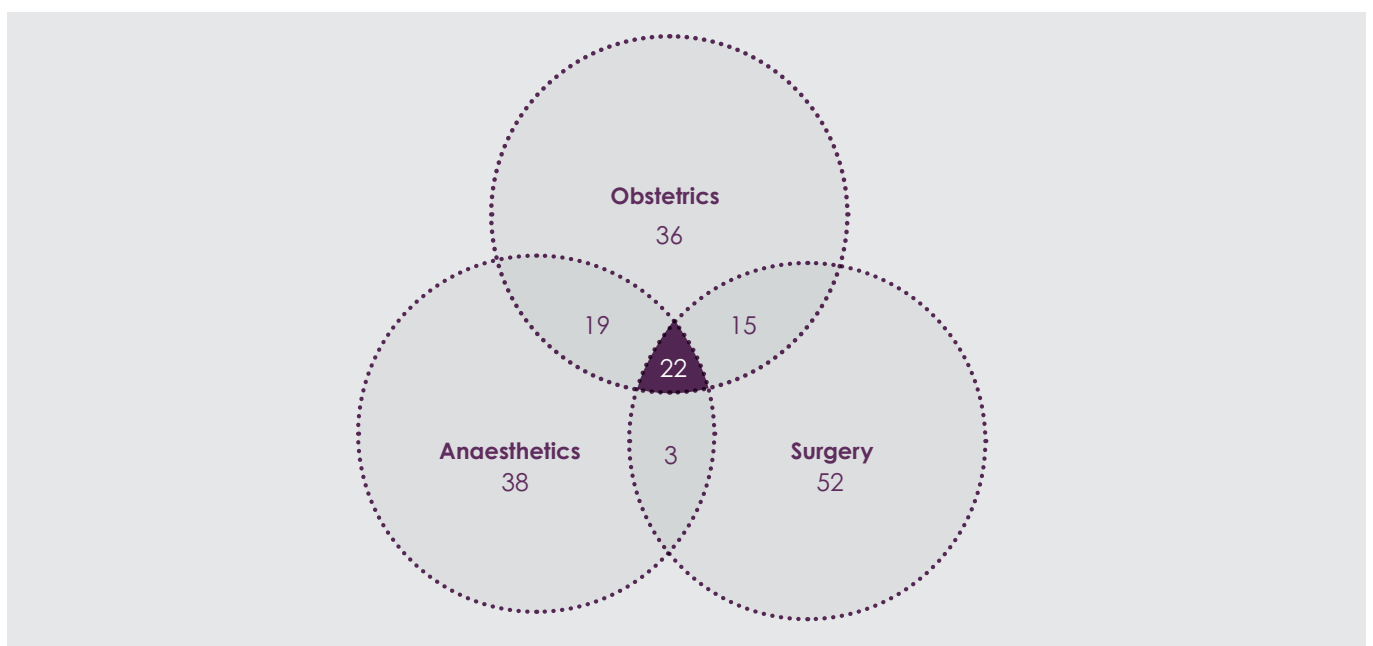


Figure 10: Number of practitioners undertaking single and multiple procedures

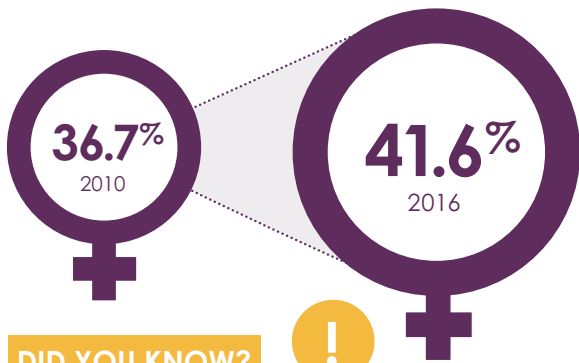


2nd LARGEST

remote, rural and regional medical workforce in Australia

= Queensland

Proportion of female practitioners working in remote, rural and regional Queensland locations has increased since 2010

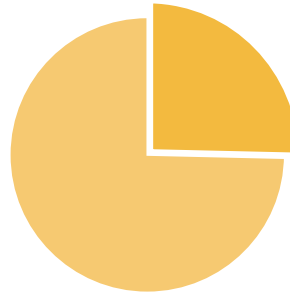


DID YOU KNOW?

On average remote GPs work **7 hours more per week** than their inner regional colleagues.

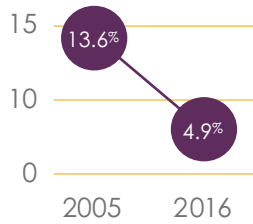


On average, female medical practitioners self-reported working almost 10 hours per week less than male practitioners.



Just over one quarter of all medical practitioners in remote, rural and regional Australia work in Queensland

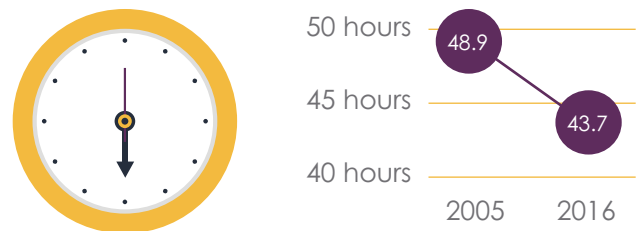
Solo medical practitioners in the workforce



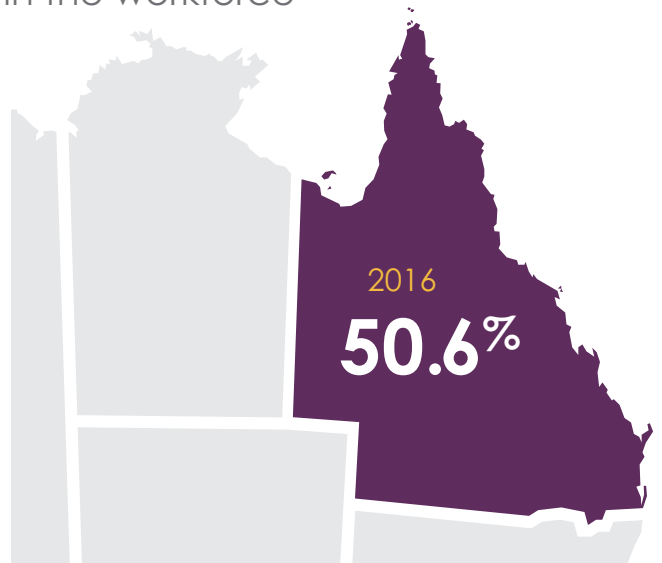
DID YOU KNOW?

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

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



Domestically trained practitioners in the workforce



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