



Health Workforce
Queensland

Minimum Data Set Summary Report 2019

A snapshot of the general practitioner workforce
landscape in Queensland as at 30 November, 2019



Our Vision

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.

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 2019.

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 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 2019. 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 2019, there were 2,602 medical practitioners working in RA 5-2 Queensland ”

Synopsis of results

As of 30 November 2019, there were 2,602 medical practitioners working in RA 5-2 Qld. The Northern Queensland PHN had the largest remote, rural and regional medical workforce in the state. The average age of the workforce was 49.7 years and 43.5% were female,

although, in very remote communities, female practitioners represented only 32.9% of the workforce. Practitioners reported an average of 42 hours per week of medical-related work. Female practitioners (37 hours) averaged approximately eight hours per week less than males (45 hours). Male doctors in Remote QLD reported working an average 49 hours per week, approximately 10 hours per week more than their female Remote QLD peers (38 hours).

Approximately 53% of the workforce were trained in Australia and approximately 4.9% of practitioners were working as solo practitioners, including in settings classified as solo practices co-located with at least one other general practitioner.

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Figure 1 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 = 1,013), 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.

PHN	Inner Regional	Outer Regional	Remote	Very Remote
Central Queensland, Wide Bay, Sunshine Coast	632	68	9	0
Darling Downs and West Moreton	493	62	2	0
Northern Queensland	120	848	19	26
Western Queensland	0	19	44	47

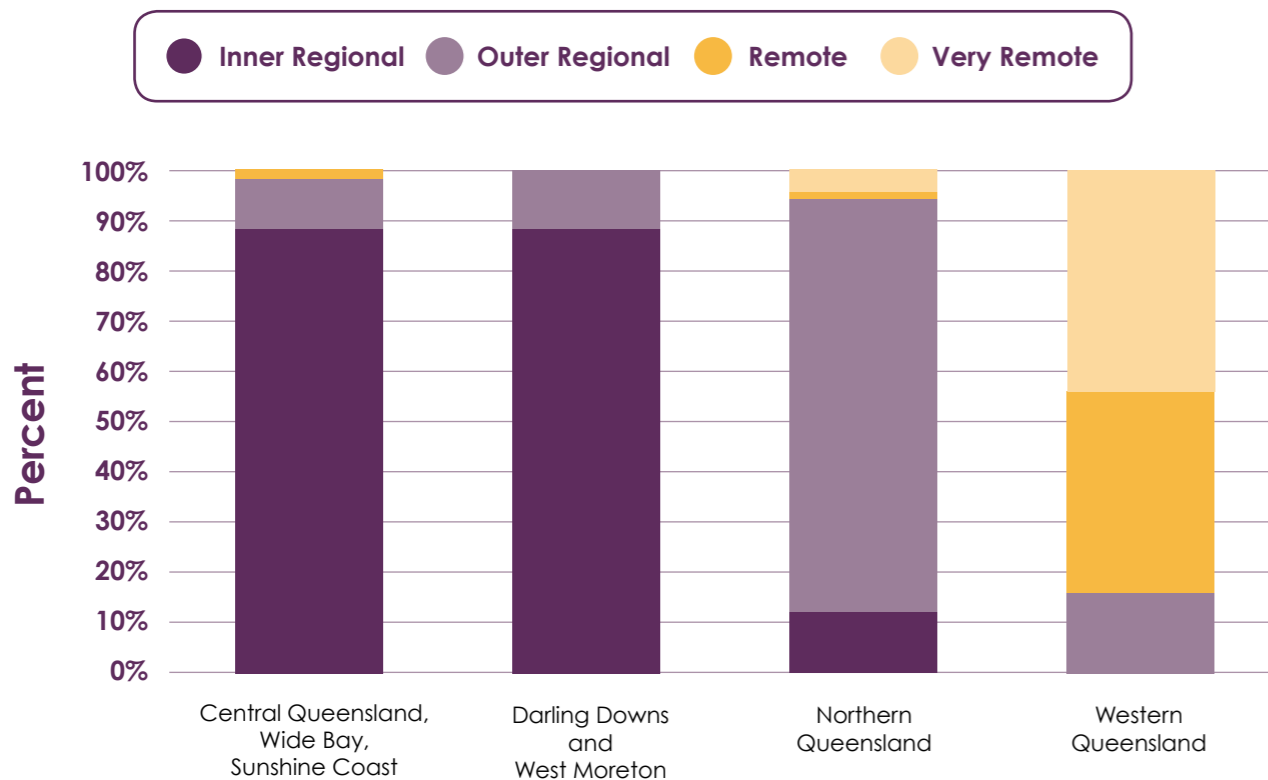


Figure 1: Percent of medical practitioners by Primary Health Network and ASGC-RA classification

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 positions (see, Table 1).

Table 1: Employment type by ASGC-RA

Employment type	Inner Regional	Outer Regional	Remote	Very Remote	Total
Aboriginal Medical Service	36	58	4	5	103
General Practice	1359	790	44	18	2211
Hospital and Health Service	55	133	23	41	252
Royal Flying Doctors Service	0	20	7	9	36
Grand Total	1450	1001	78	73	2602

The proportion of the workforce engaged in general practice positions tended to decrease with increasing remoteness,

reducing from 94% in Inner Regional Queensland to 25% in Very Remote Queensland (Figure 2).

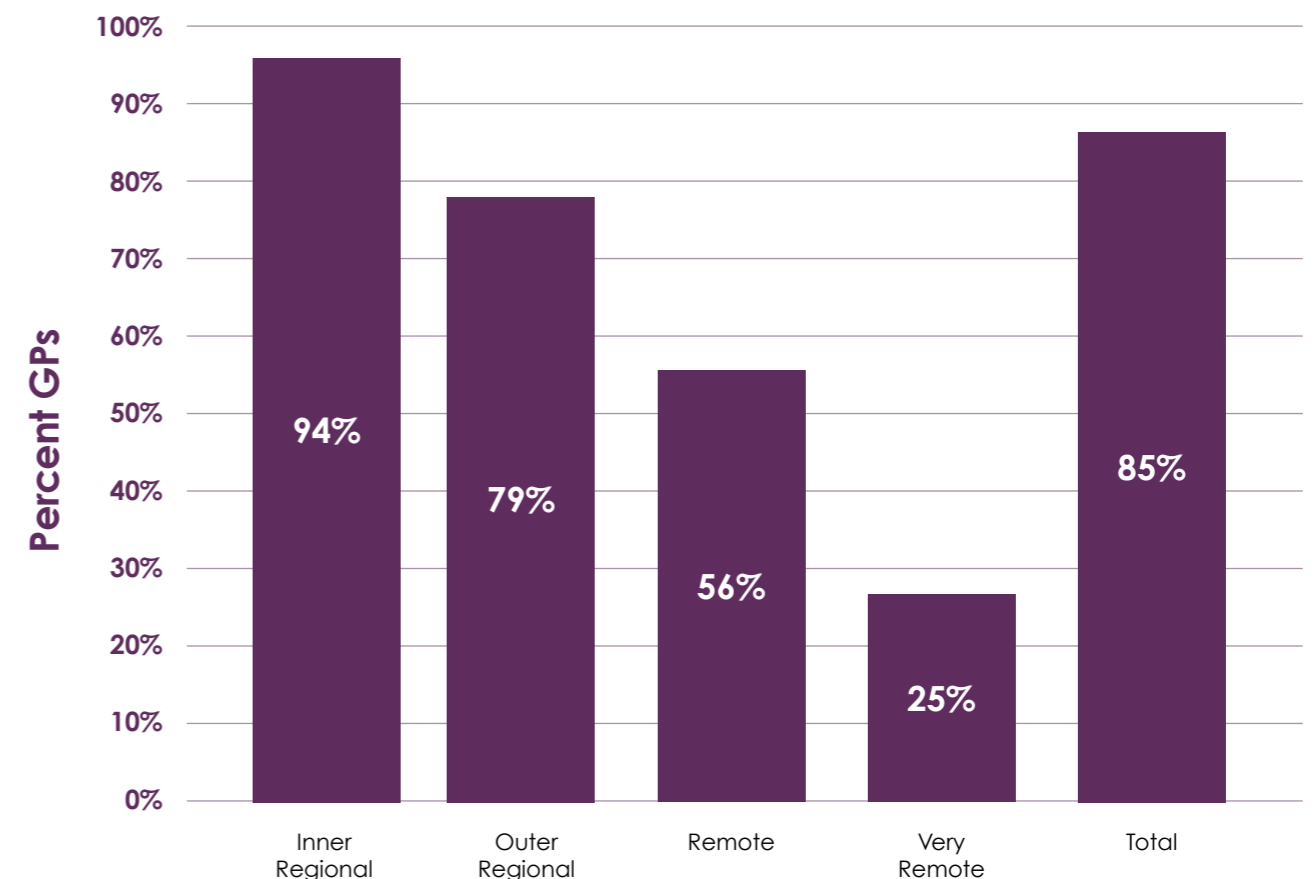


Figure 2: Percent of medical practitioners in GP roles by RA classification

Workforce Demographics

Hours Worked

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 41.7 hours.

For Queensland practitioners this represents a 2.2 hour reduction in the self-reported total hours since 2015 (see, Figure 3).

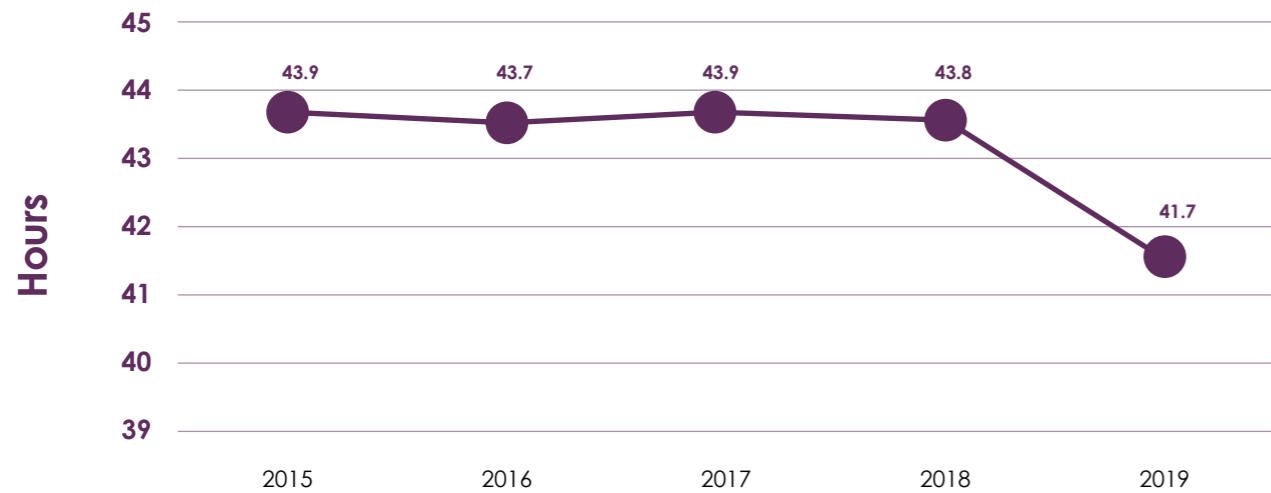


Figure 3: Average total hours worked per week 2015-2019

Males (M = 44.9 hours) tended to work almost eight hours per week more than females (M = 37.1 hours). The most marked difference was between male

and female practitioners in Remote RA4, where the difference was 10.8 hours per week (see Table 2 and Figure 4).

Table 2: Total mean hours by sex and RA

Sex	Inner Regional	Outer Regional	Remote	Very Remote	Grand Total
Female hours	36.97	37.24	37.86	37.10	37.10
Male hours	42.79	46.93	48.67	46.40	44.88
Total hours	40.23	42.92	45.96	44.08	41.65

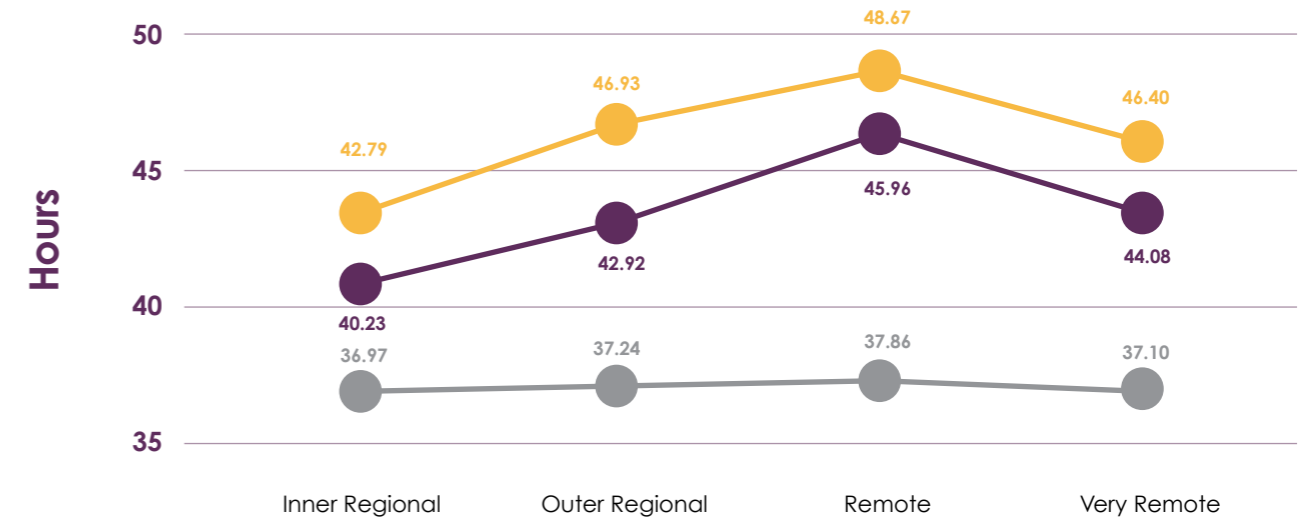


Figure 4: Mean hours per week by sex and RA

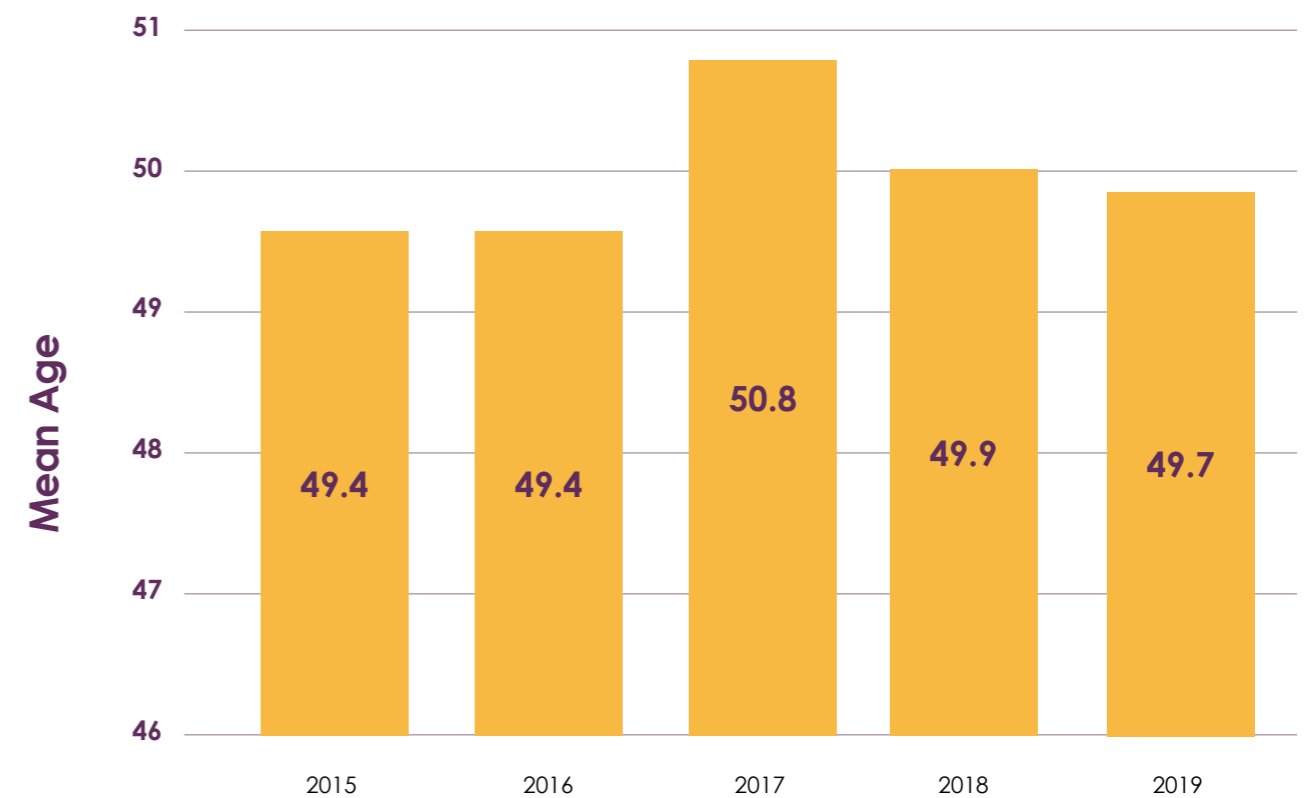


Figure 5: Average age 2015-2019

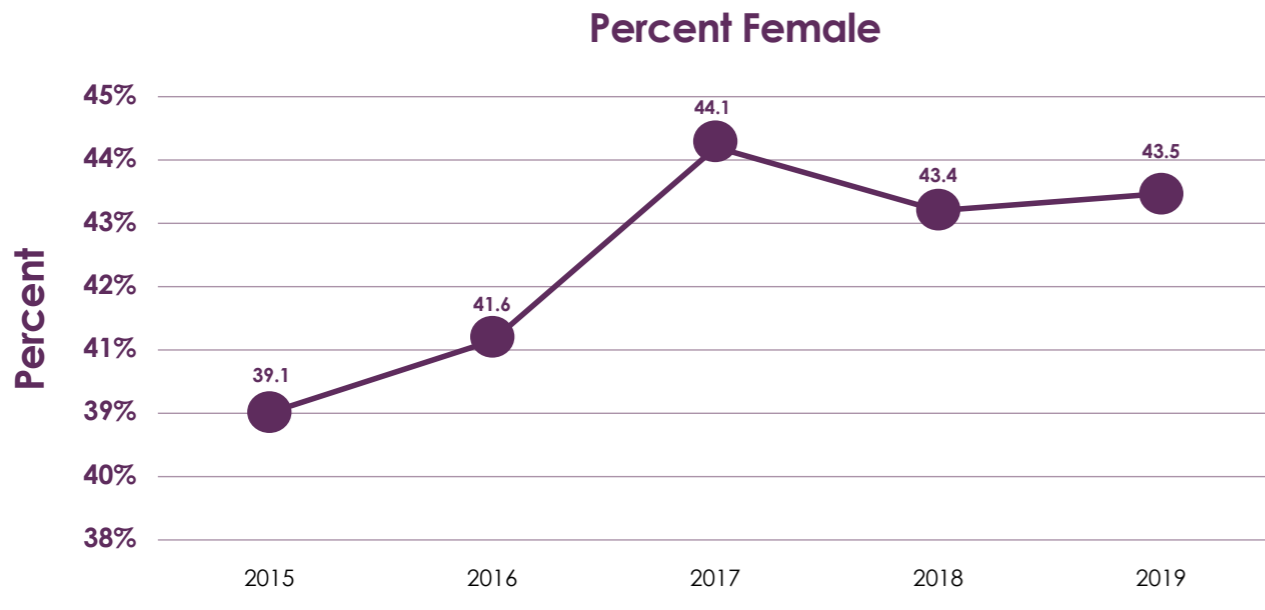


Figure 6: Percent of female medical practitioners 2015-2019

Figure 7 displays the self-reported average total hours across age groups and sex. This indicates that for all age groupings (5-year increments) except those younger than 30, female practitioners tended to work between approximately 5 - 12 hours less per week than their male colleagues.

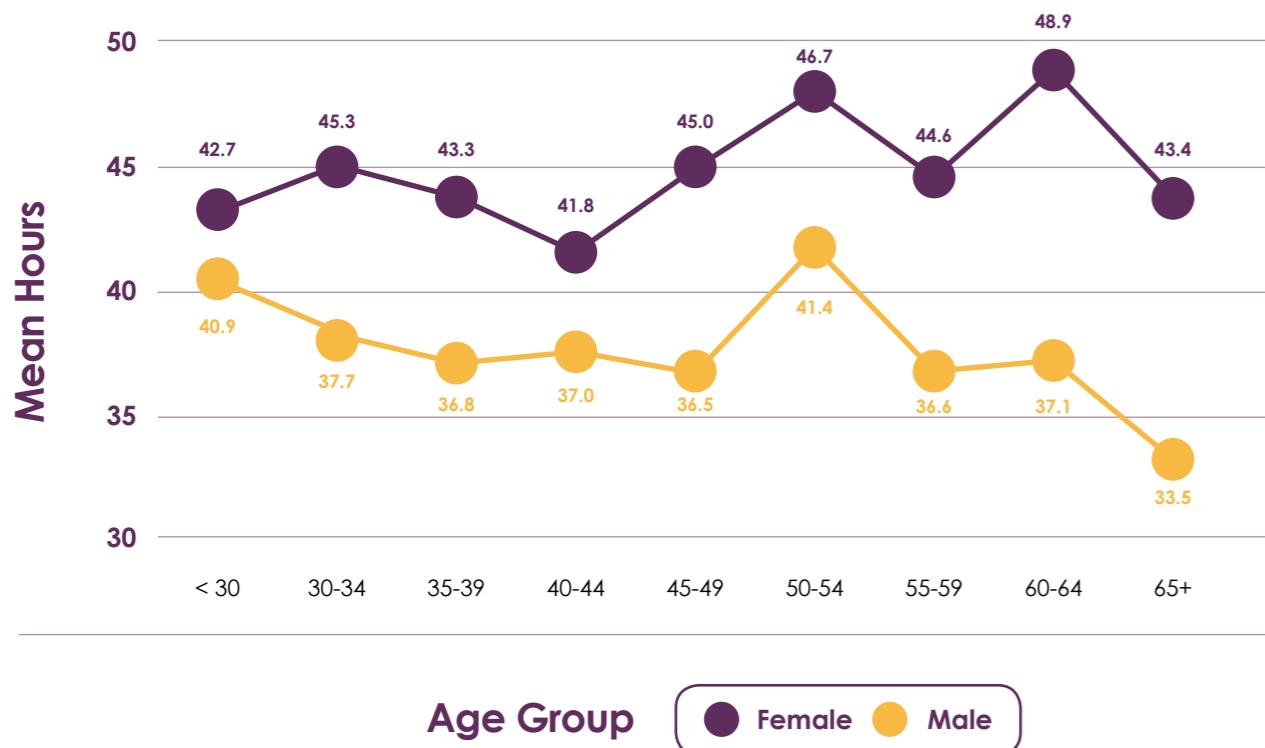


Figure 7: Average total hours worked by sex and age group

For several years medical school graduates embarking on a general practice career have been more likely to be females than males. This has been referred to as the feminisation of the medical workforce.

Because overall trends demonstrate female general practitioners tend to work less hours per week than male practitioners, the implication for workforce planners is to build this into the forecasting of current and future workforce need.

Female practitioners comprised almost 44% of the overall workforce but only 32.9% in Very Remote Qld (Figure 8).

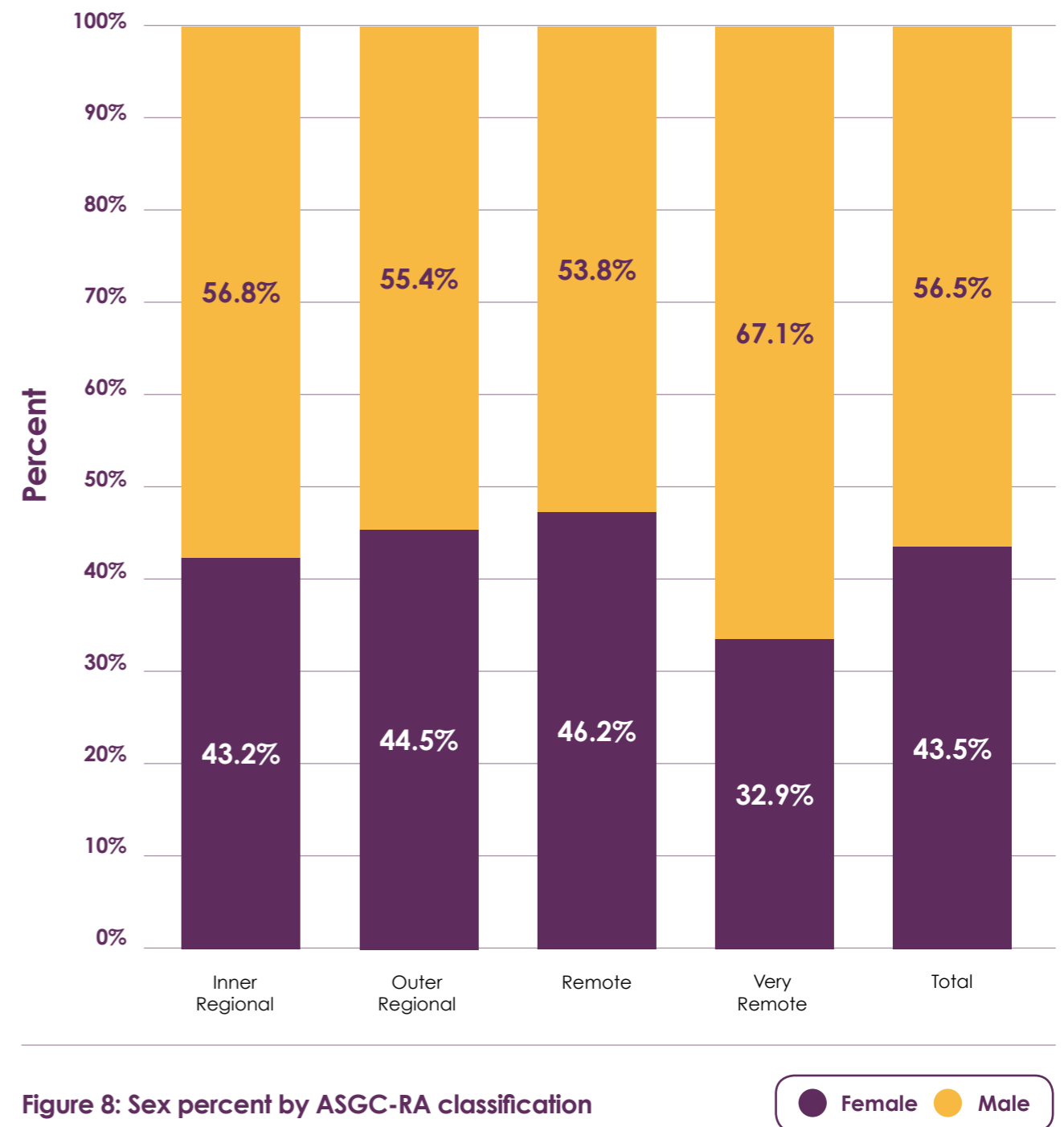


Figure 8: Sex percent by ASGC-RA classification

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 10 provide the breakdown of typical tasks undertaken during the week by practitioners in Inner regional locations and Very remote locations.

Inner Regional

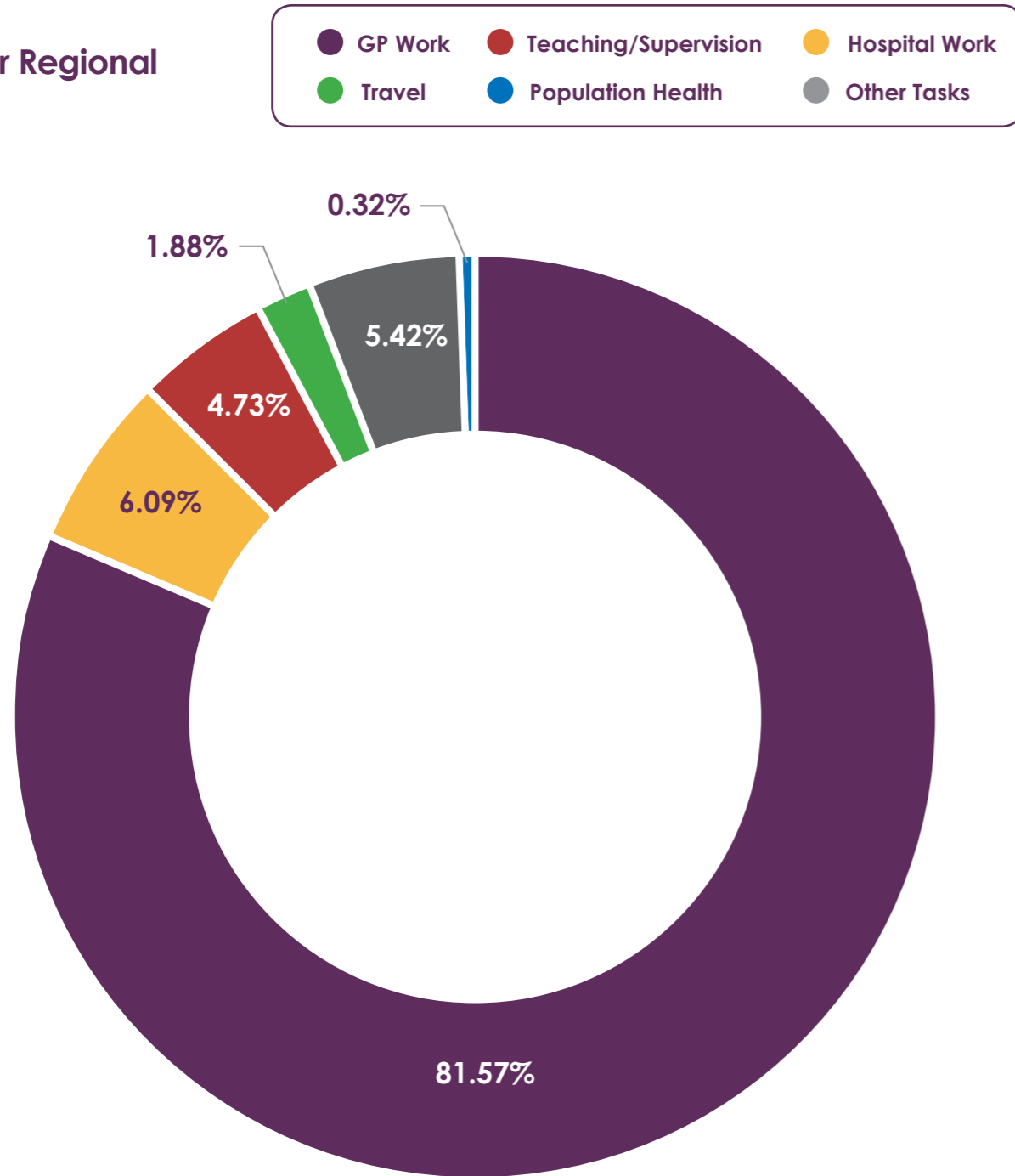


Figure 10a: Percentage of hours by task for Inner Regional practitioners

Very Remote

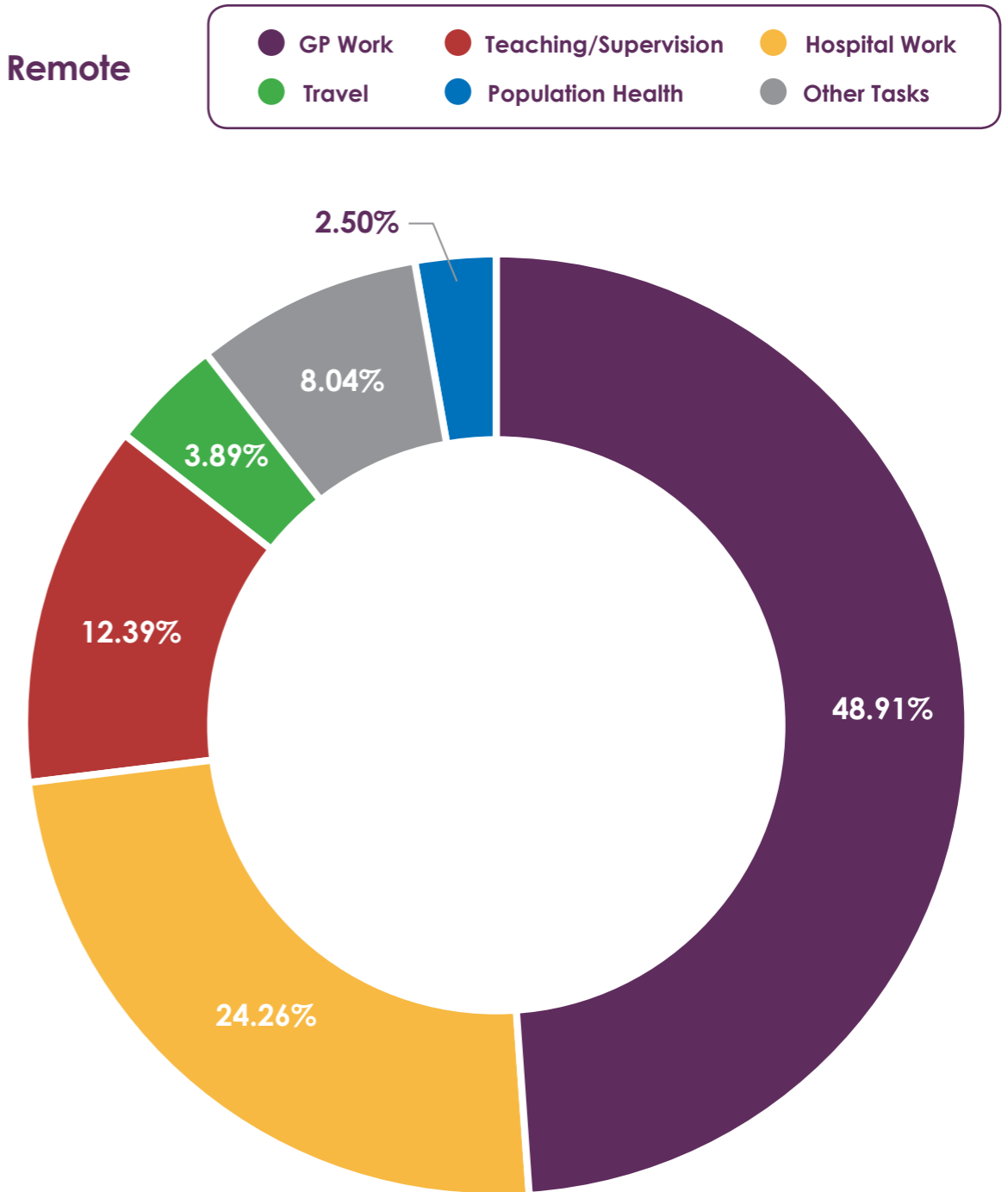


Figure 10b: Percentage of hours by task for Very Remote practitioners

Procedural Skills

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

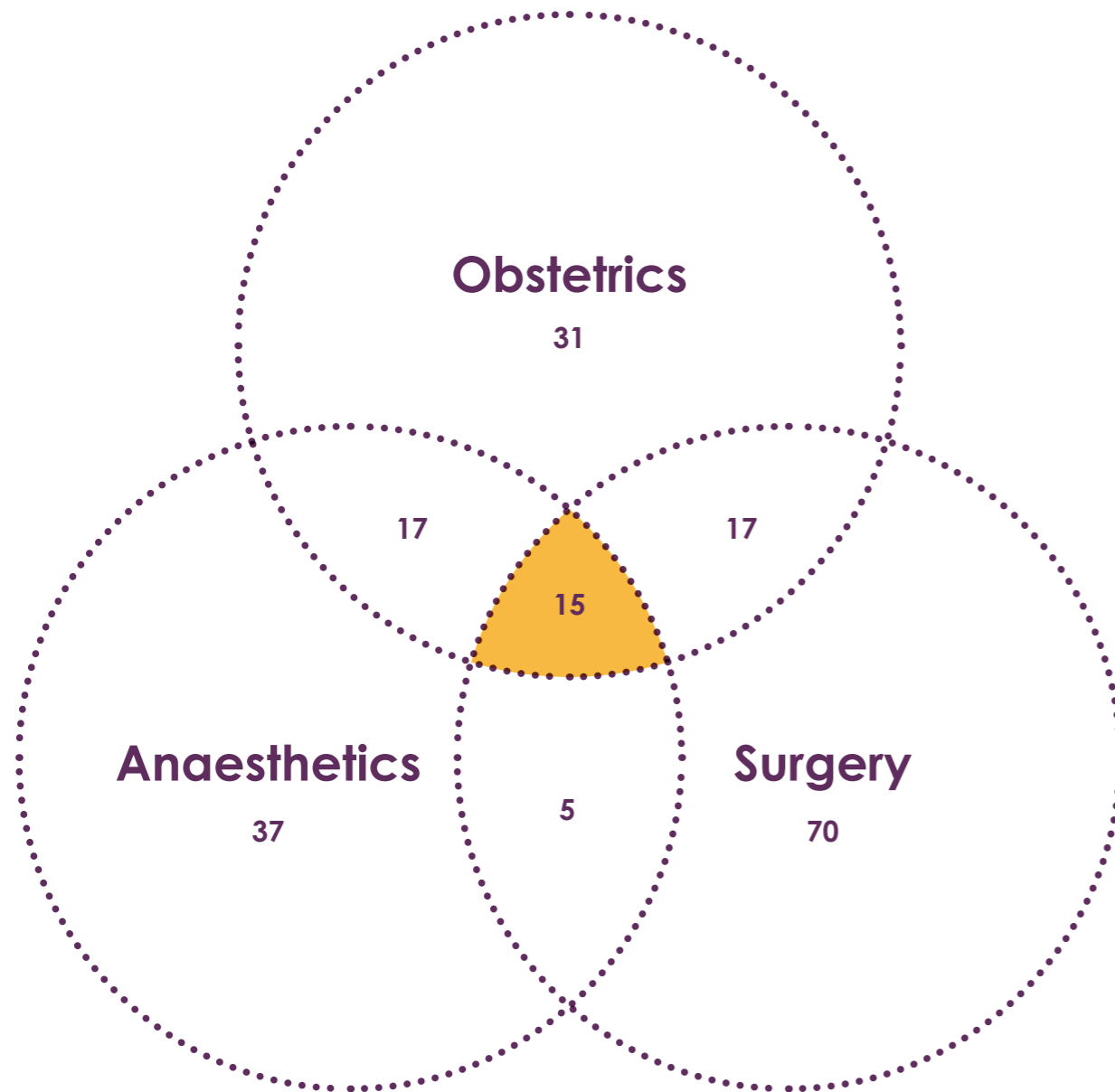
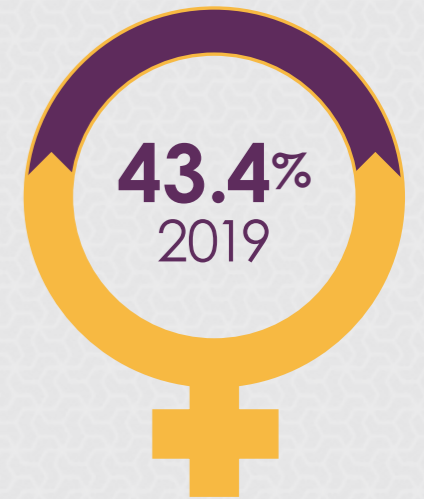


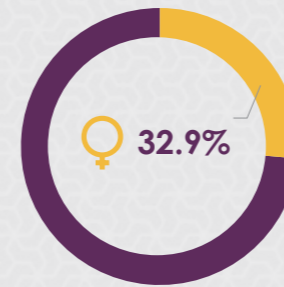
Figure 11: Number of practitioners undertaking single and multiple procedures



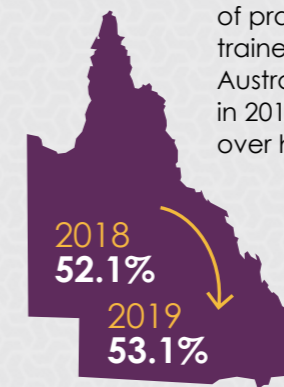
On average, female practitioners self-reported working approximately 8 hours per week less than male practitioners



Proportion of female practitioners working in remote, rural and regional locations have increased from 36.7% in 2010 to 43.4% in 2019



In very remote communities, female practitioners represented 32.9% of the workforce, up from 26.5% in 2018.



The proportion of practitioners trained in Australia in QLD in 2019 was just over half at 53%.

Only 4.9% of medical practitioners self-reported working as a 'Solo' doctor

4.9%



(although another 2% described themselves as 'Solo co-located', that is working solo at premises shared with at least one other doctor).



DID YOU KNOW?

Did you know the average age of remote, rural and regional medical practitioners in Queensland was 49.7 years?



Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural and regional Queensland has decreased by more than seven hours, from 48.9 hours in 2005, to 41.6 hours in 2019.



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