



# Minimum Data Set Summary Report 2023

A snapshot of the general practitioner  
workforce landscape in remote, rural  
and regional Queensland as of  
30 November 2023



## 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, regional and Aboriginal and Torres Strait Islander communities by providing access to highly skilled health professionals when and where they need them, now and into the future.

## 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 and Aged Care.



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.

### Front Cover Photo

The front cover photo was taken by Chris Mills in Rockhampton.

## Introduction

**Health Workforce Queensland (HWQ) maintains an up-to-date database of medical practitioners working in a general practice context in remote, rural, and regional Queensland (private practices, small hospitals, Royal Flying Doctor Service [RFDS] and Aboriginal Community Controlled Health Services [ACCHS]) informed by numerous sources including an annual survey of general practices and general practitioners (GPs).**

Information generated for the minimum data set (MDS) informs policy development relevant to the remote, rural, and regional health workforce, and health service delivery at local, state and national levels. The MDS allows for effective monitoring of current workforce distributions and helps facilitate planning for actual or potential areas of workforce shortage. HWQ shares the MDS with organisations such as: academic institutions; local, state, and federal governments; and Primary Health Networks (PHNs) to assist research regarding health workforce issues.

Locations for which data have been collected are those defined under the updated Australian Statistical Geographical Standard (ASGS) Remoteness Areas (RA) 2021 edition and covers remote, rural and regional locations from Inner Regional (RA2) through to Very Remote (RA5) Queensland. In the most recent ASGS-RA edition, certain locations have undergone noteworthy reclassification, and have transitioned from being Inner Regional (RA2) locations to Major Cities of Australia (RA1). As a result of these changes, practitioner numbers appear to have experienced a decrease, and comparisons with previous years will need to be approached with caution when assessing practitioner numbers and the potential impact of these changes to this year's MDS landscape.

Additionally, registrar workforce data was unobtainable this year due to the ongoing transition of the delivery of the general practice training program in Queensland. Reported registrar data has been gathered through annual online surveys and routine telephone contact that helps monitor the distribution of the medical practitioner workforce throughout remote, rural and regional Queensland.

This summary report represents a minimum specified set of data based on a data snapshot taken on 30 November 2023.

Data has been collated, de-identified and then compiled into this summary report to represent medical practitioners practicing in a general practice environment in remote, rural and regional Queensland communities. It should be noted that the number of medical practitioners reported reflects stable elements of the medical workforce at their primary practice and does not include transient, short-term service providers (e.g., locum tenens).

## Results

**As of 30 November 2023, there were 2,687 medical practitioners working in ASGS RA 5-2 Queensland**

### Synopsis of results

The Northern Queensland Primary Health Network (NQ PHN) region had the largest remote, rural, and regional medical workforce in the state. The average age of the workforce was 49.07 years and 46.56 percent were female practitioners, with the highest representation in Outer Regional communities (RA3) at 49.61 percent.

Female practitioner representation was lowest in Remote communities (RA5) at 41.96 percent (2022 = 48.51%) due to a higher net gain of male to female practitioners in these communities.

Approximately 50.32 percent of the medical workforce were trained in Australia, a slight decrease from 2022 (52.20%). Solo practitioners represented 4.91 percent of the workforce, and this increased to 11.10 percent when solo practitioners who worked in a co-located practice with at least one other GP were included.

Data presented for medical practitioner working hours, practitioner procedural skills and intention to remain at current location are gathered by self-report in HWQ's annual medical practitioner survey and is subject to variance as a result of sample size ( $n = 644$ ). Practitioners self-reported working an average of 40.80 hours per week (2022 = 41.72) on medical-related work. Female practitioners (37.52 hours per week) averaged approximately six hours per week less than males (43.39 hours per week). Male practitioners in Remote Queensland (RA4) reported working an average 51.71 hours per week ( $n = 14$ ), approximately 19 hours per week more than their remote female peers ( $M = 32.45$ ,  $n = 11$ ) and 10 hours more per week than the state average.



# Queensland Workforce

It should be noted that registrar workforce data was unobtainable due to the ongoing transition of the general practice training program in Queensland and this has impacted both the ability to track registrar movements and capture the new registrar workforce.

Additionally, potential practitioner numbers have been influenced by the latest RA update, which reclassified selected locations usually included in the MDS to Major Cities of Australia (RA1).

Figure 1 below outlines the proportion of medical practitioners in the four mainly rural PHN regions in Queensland according to RA classification. Compared to last year, there was an overall decrease of approximately one percent ( $n = 20$ ) in workforce numbers, with all PHN regions experiencing a slight reduction except for the Western Queensland (WQ) PHN region.

The NQ region had the most medical practitioners ( $n = 1,073$ ), the majority of whom worked in Outer Regional (RA3) locations. The WQ PHN region experienced an overall increase of 22 practitioners, and approximately 87 percent of the region's practitioners provided services to Remote (RA4) and Very Remote (RA5) communities. Across PHN regions, Remote (RA4) and Very Remote(RA5) locations collectively had an increase of approximately 21 percent ( $n = 35$ ).

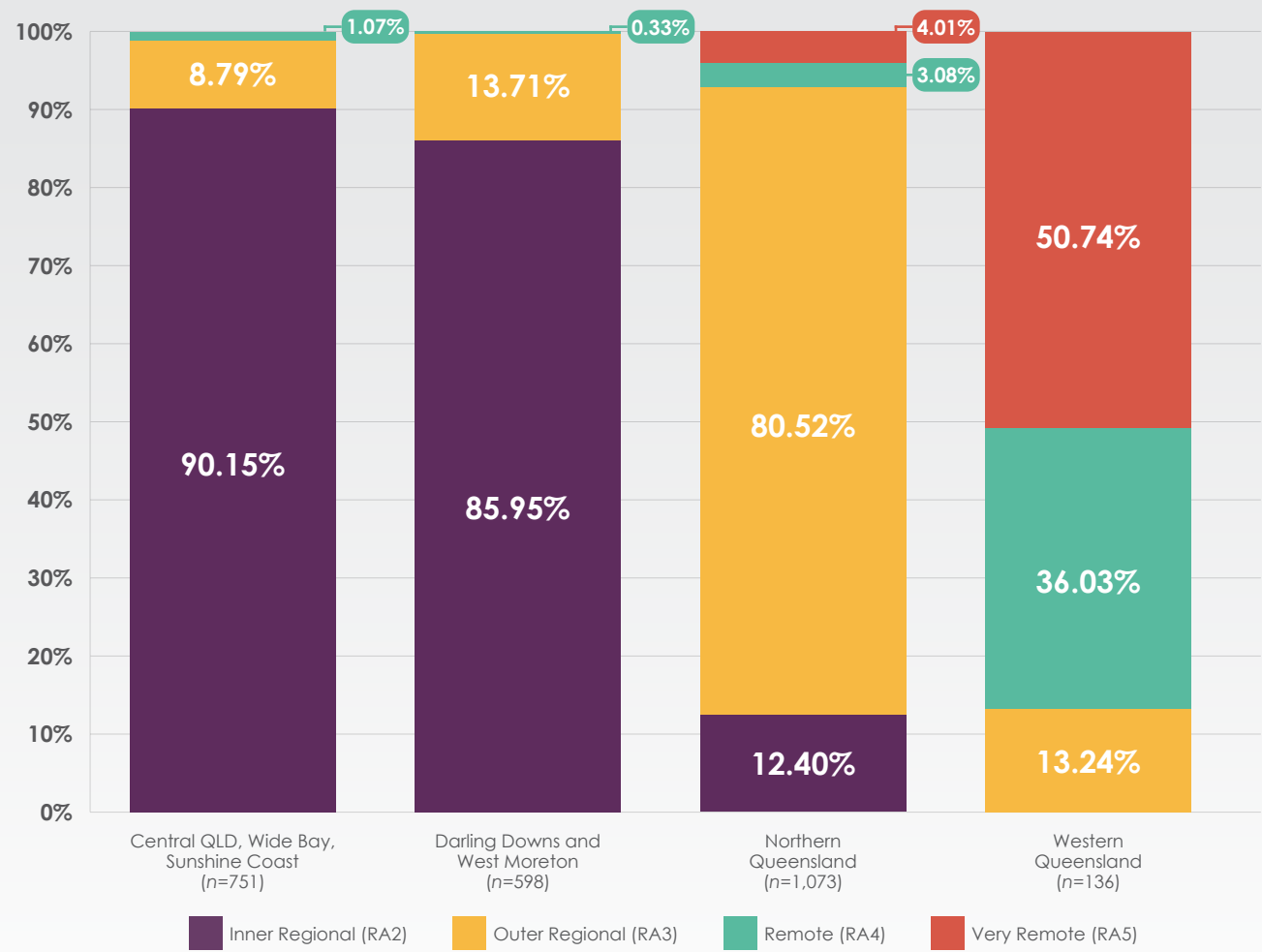


Figure 1: Percent of medical practitioners by PHN region and RA classification

Most medical practitioners were employed in general practice settings as their primary role, followed by employment in Hospital and Health Services (HHSs) and Aboriginal Services/ACCHS (see, Table 1).

Table 1: Employment type by ASGS-RA classification

Service Type	Inner Regional (RA2)	Outer Regional (RA3)	Remote (RA4)	Very Remote (RA5)	Total
Aboriginal Services/ACCHS	49	43	9	13	114
General Practice	1,324	824	56	19	2,223
Hospital and Health Service	70	156	26	70	322
Royal Flying Doctors Service (RFDS)	-	11	7	10	28
Total	1,443	1,034	98	112	2,687

The proportion of the workforce engaged primarily in private general practice settings tended to decrease with increasing remoteness, ranging from 91.75 percent (2022 = 91.56%) in Inner Regional locations to 16.96 percent (2022 = 11.88%) in Very Remote locations (see, Figure 2). Conversely, the proportion of the workforce working in HHS roles increased from 4.85 percent in Inner Regional to 62.50 percent (2022 = 62.39%) in Very Remote Queensland. The largest increase in workforce observed since 2022 was in the Remote general practice workforce which grew by approximately 30.67 percent ( $n = 23$ ).

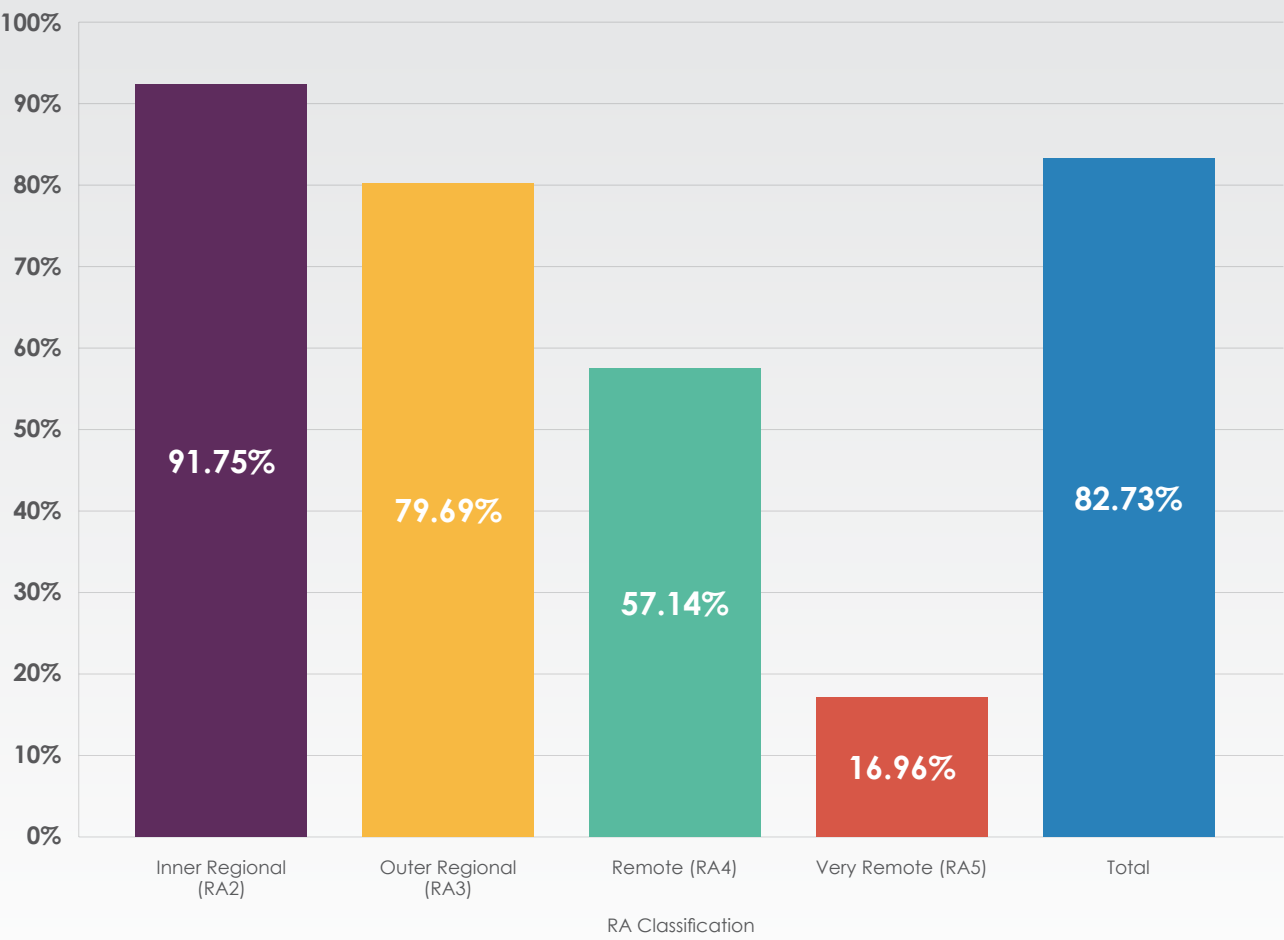


Figure 2: Percent of medical practitioners in a general practice setting by RA classification

# Workforce Demographics

## Hours Worked

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 40.80 hours (n = 644). This represents an approximate 2-hour reduction in the self-reported total hours per week since 2020 (Figure 3).

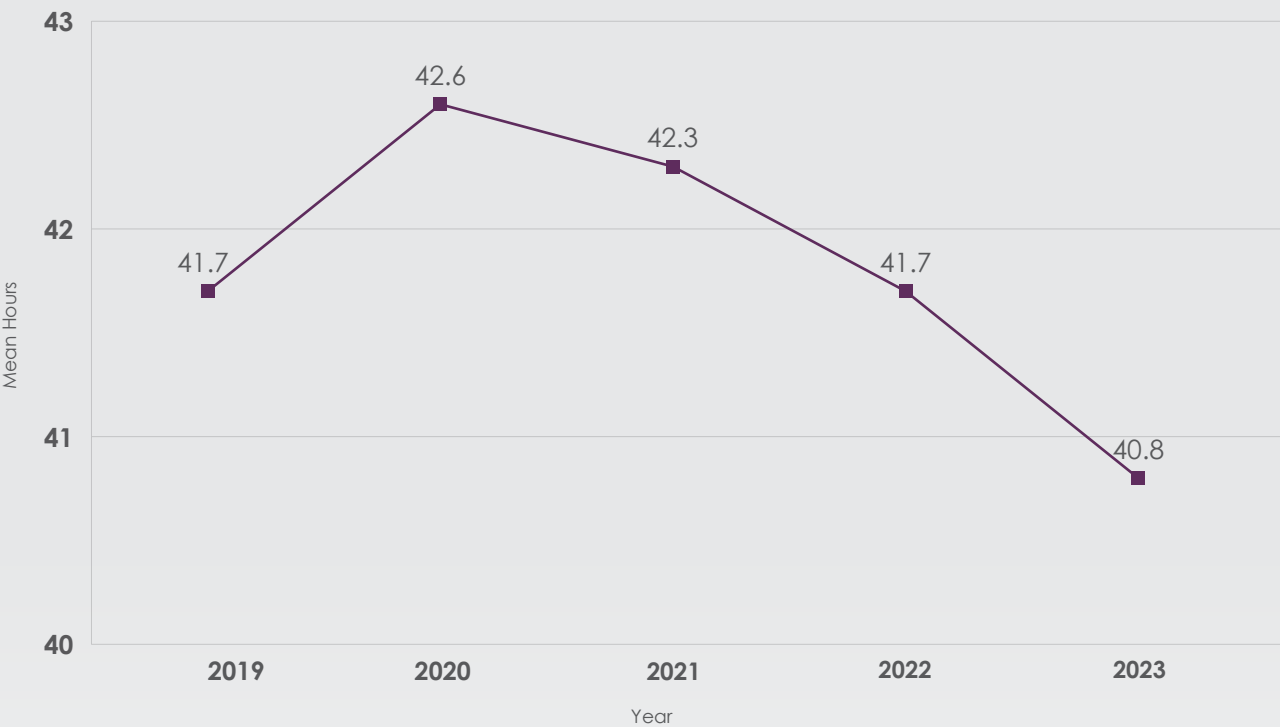


Figure 3: Average self-reported total hours worked per week 2019-2023

Males (M = 43.39 hours, n = 360) self-reported working just under six hours per week more than their female counterparts (M = 37.52 hours, n = 284). The most marked difference between male and female practitioners was in Remote Queensland, where males self-reported working approximately 19 hours more per week (Figure 4).

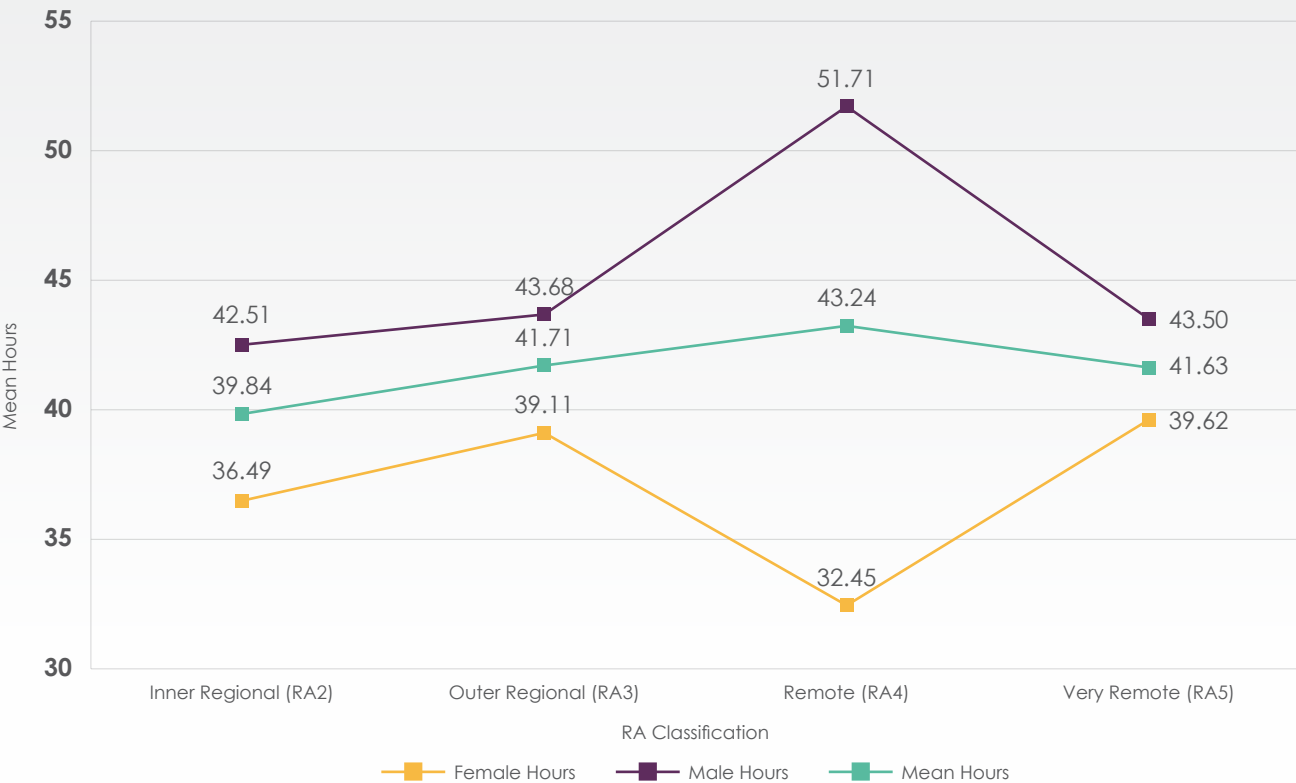


Figure 4: Mean self-reported total hours per week by sex and RA classification.

Figure 5 demonstrates that the mean age of practitioners between 2019 and 2023 has remained relatively stable at approximately 50 years.

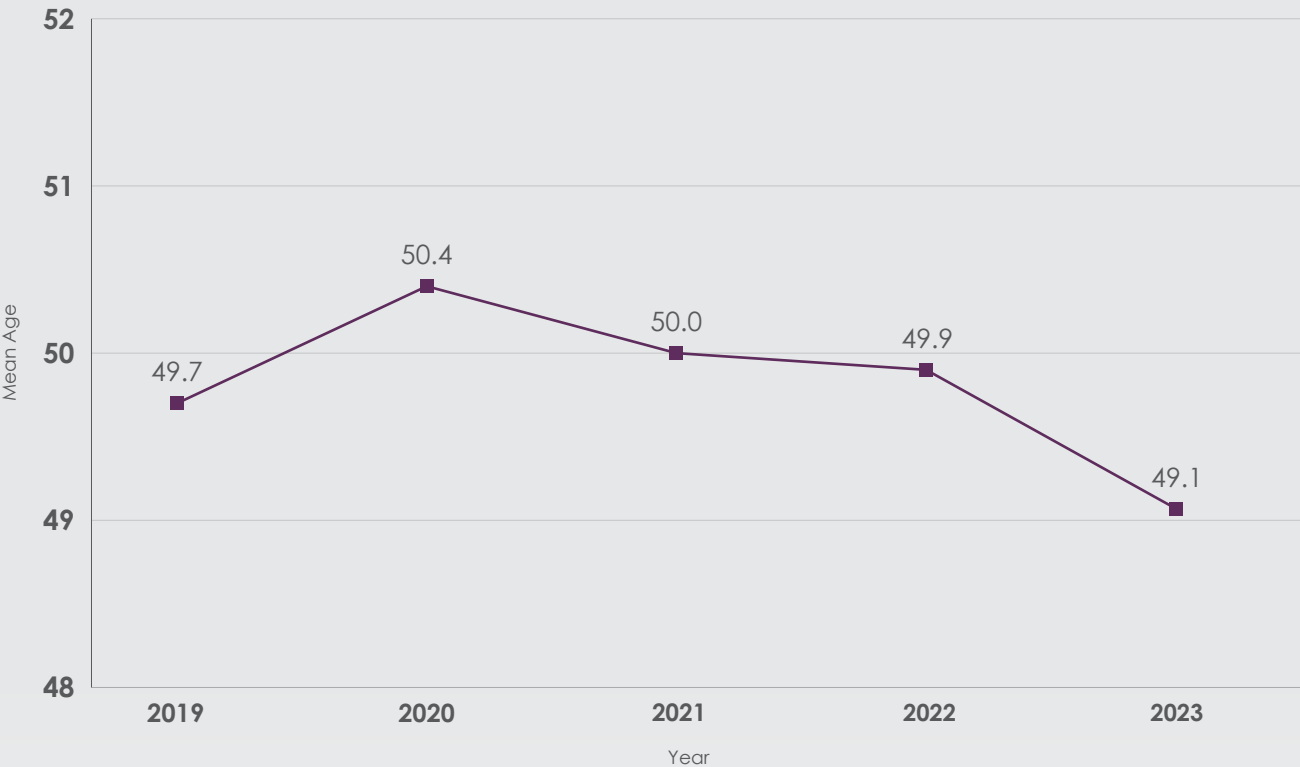


Figure 5: Mean age 2019-2023

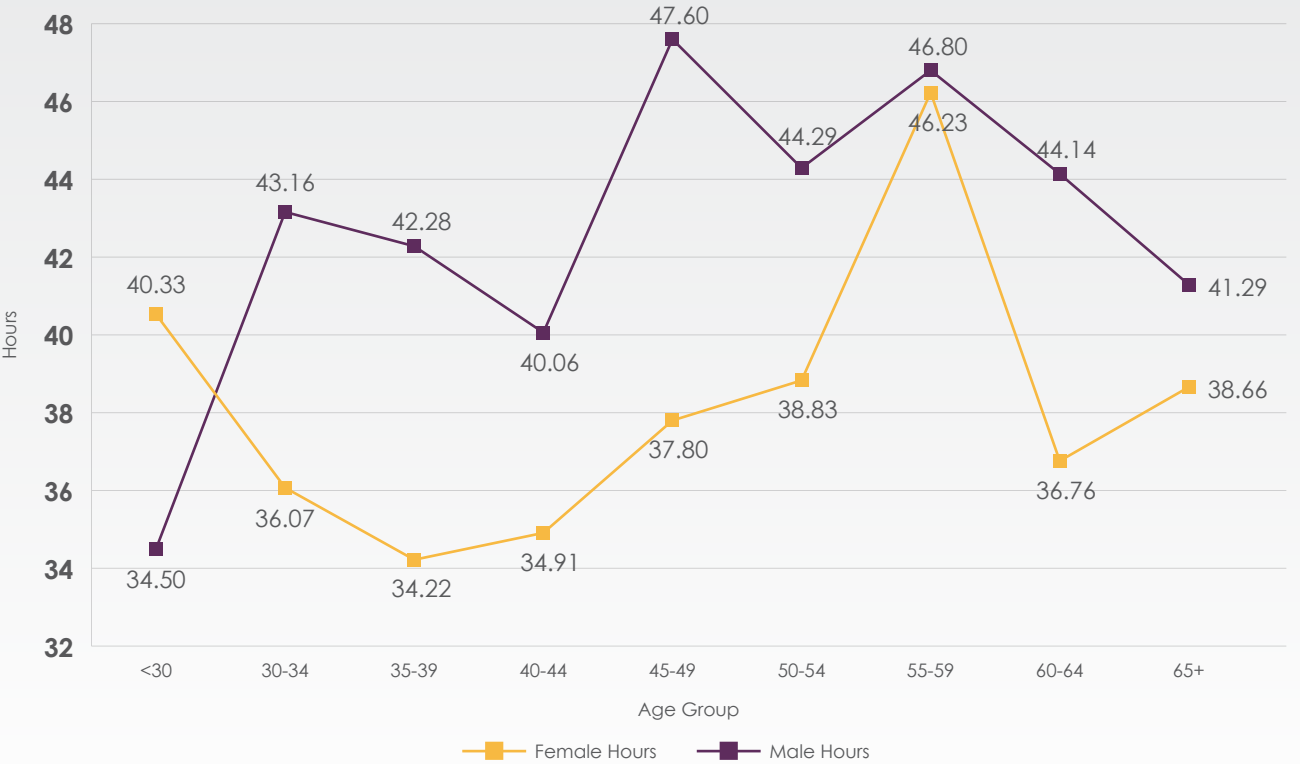


Figure 6: Mean self-reported total hours worked per week by sex and age group

Figure 6 illustrates the self-reported average total hours across age groups (in 5-year increments) and sex. Overall and across most age groups, female practitioners reported working, on average, 5.87 hours less per week than their male colleagues, except for practitioners in the <30 years age group. The largest differences between the sexes were in the 45-49 (9.80 hours), 35-39 (8.06 hours) and 60-64 (7.38 hours) age groups.

Sex Distribution

Female practitioners comprised 46.6 percent (2022 = 46.1%) of the overall remote and rural workforce. Once again, there has been a slight increase in the representation of female practitioners this year across remote and rural Queensland, except for in Very Remote locations (2022 Female = 48.5%; see Figure 7).

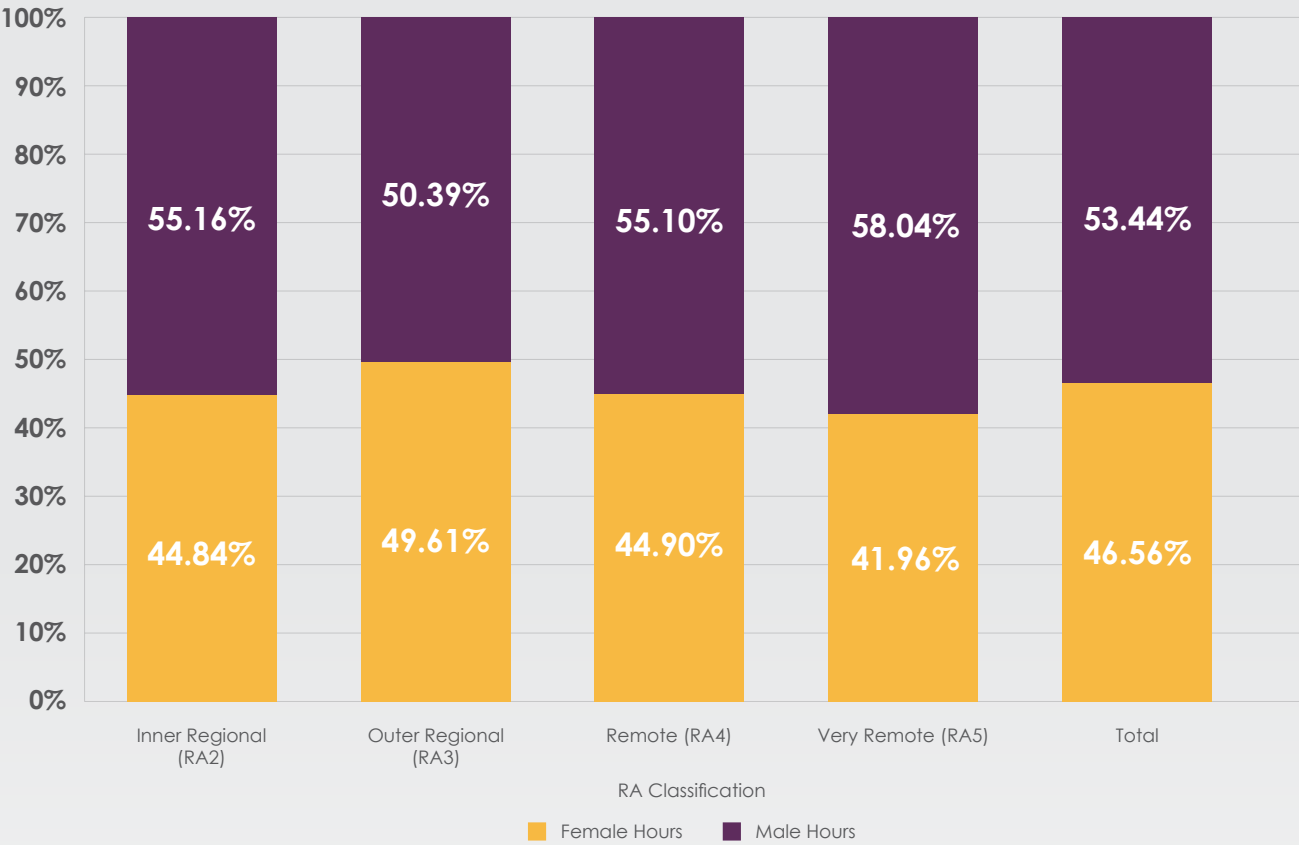


Figure 7: Proportion of practitioners by sex and RA classification

Feminisation of the workforce has been observed over recent years as evidenced by an increase of just over three percent in the proportion of female practitioners since 2018 (Figure 8). The increase of female practitioners in the workforce and the noticeable trend of female practitioners working fewer hours per week than their male counterparts may require consideration in workforce planning and future workforce calculations.

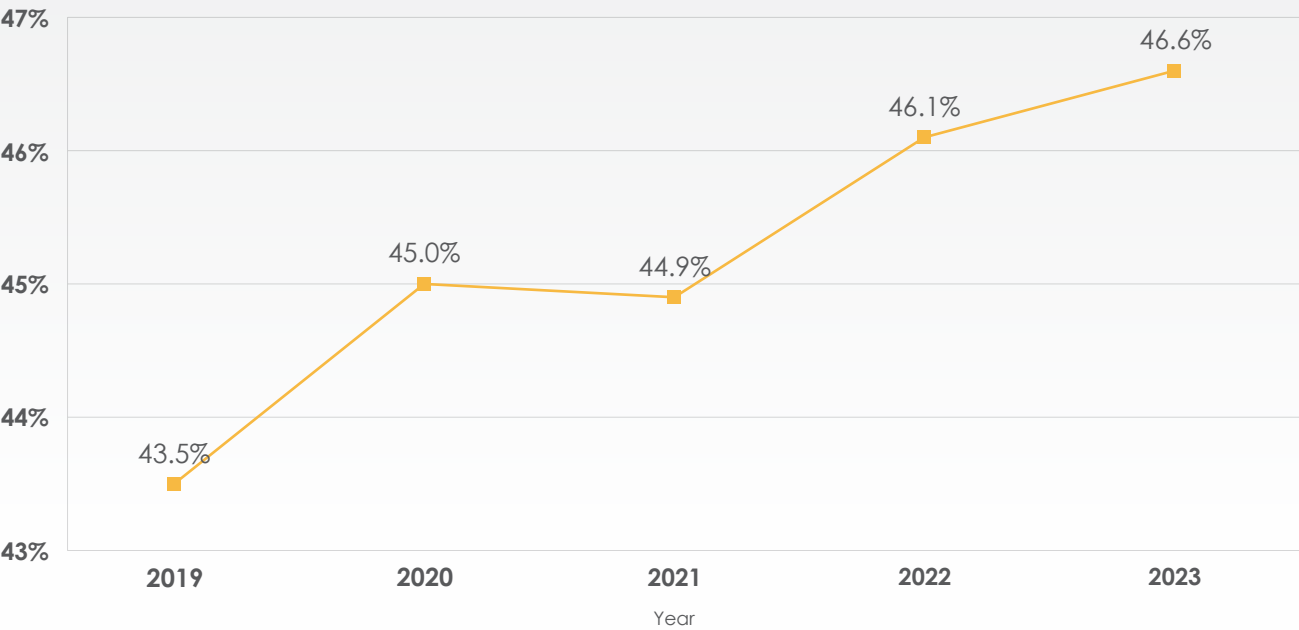


Figure 8: Percent of female practitioners 2019-2023

How Do Medical Practitioners from Different Locations Spend Their Average Week?

Figure 9 depicts the average self-reported total hours worked per week (n = 644) by RA classification for 2023 compared to last year. Hours worked ranged from approximately 40 hours per week in Inner Regional locations, to 43 hours in Remote locations.

Compared to last year, practitioners in all locations, except for Very Remote locations, self-reported working less hours per week. Additionally, hours worked per week by Inner and Outer Regional practitioners decreased by more than one hour this year.

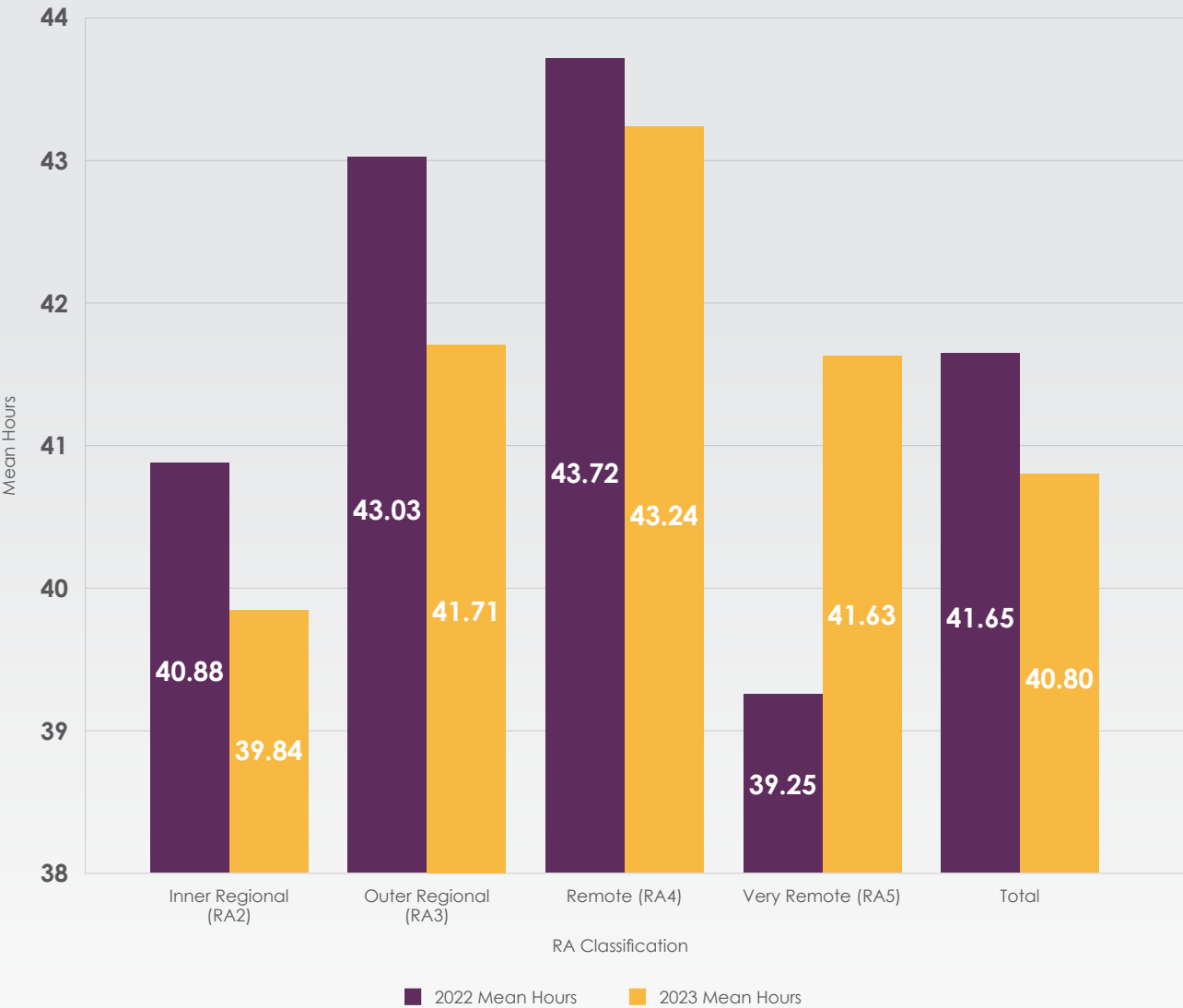


Figure 9: Mean self-reported total hours worked per week by RA classification

The main difference in the types of tasks practitioners were involved with on a weekly basis was that practitioners in Remote and Very Remote locations spent a greater proportion of their average weekly hours involved in routine hospital work and teaching and/or supervision than those in less remote areas. Although an increase since last year (2022% = 39.99%), Remote and Very Remote practitioners spent approximately 30 percent less time in routine general practice clinical work than their Inner Regional counterparts. Figure 10 depicts the proportional breakdown of tasks undertaken during a typical week by practitioners in Inner Regional and Very Remote locations.

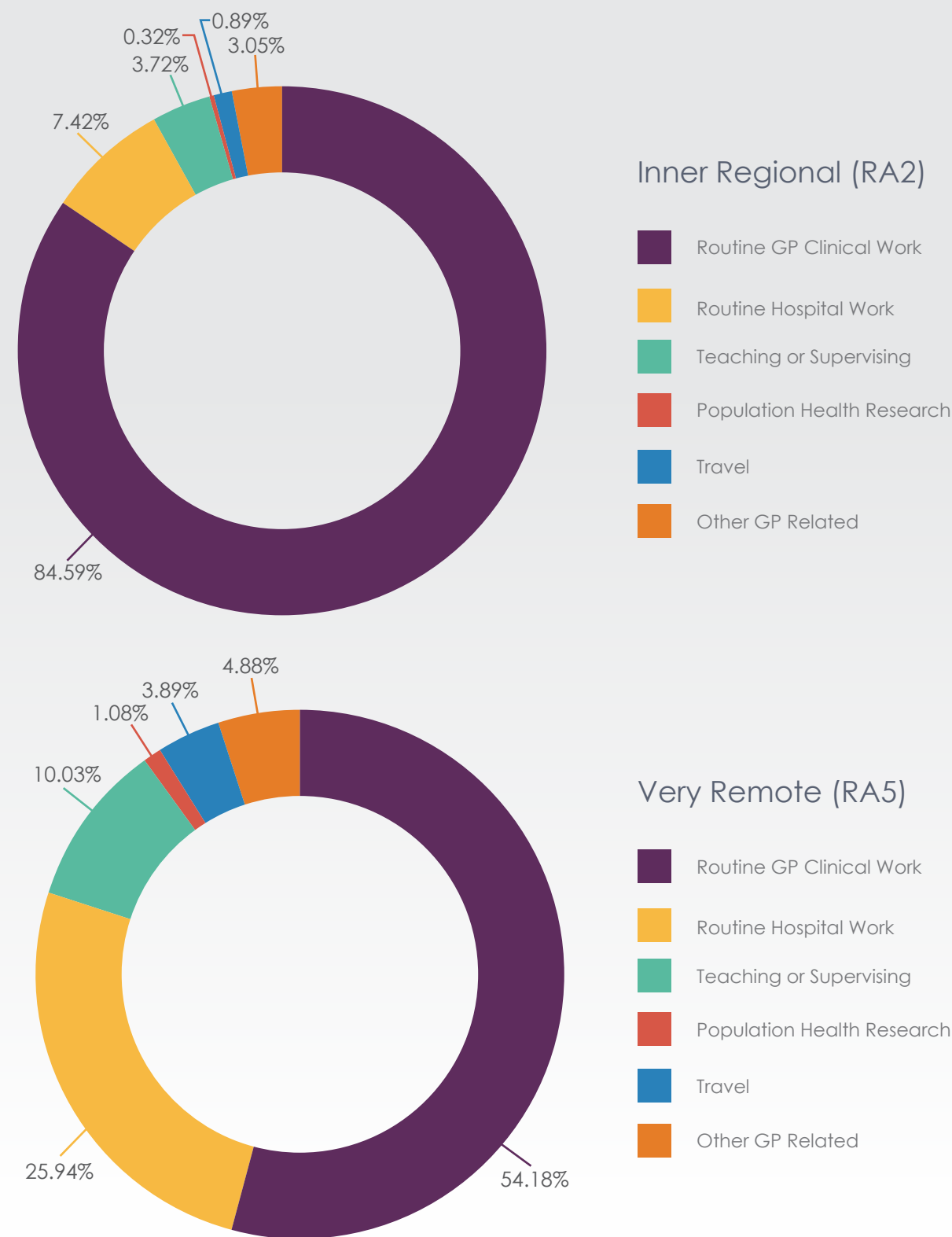


Figure 10: Percentage of self-reported hours by task for Inner Regional and Very Remote practitioners

## Procedural Skills

**Procedural skills are self-reported by practitioners in the medical practitioner survey and remain in the database for three years or until another MDS survey is completed. Data was available for a sample of 479 medical practitioners (2022 n = 568).**

The following Venn diagram (Figure 11) displays the number of practitioners that self-reported regular practice in the procedural skills of general obstetrics, general anaesthetics, and operative surgery. Six practitioners reported regular practice in all three procedural skills, and operative surgery had the highest number of self-reported practitioners (n = 61). It should be noted this is not a complete representation of procedural medical practitioners in RA 5-2.

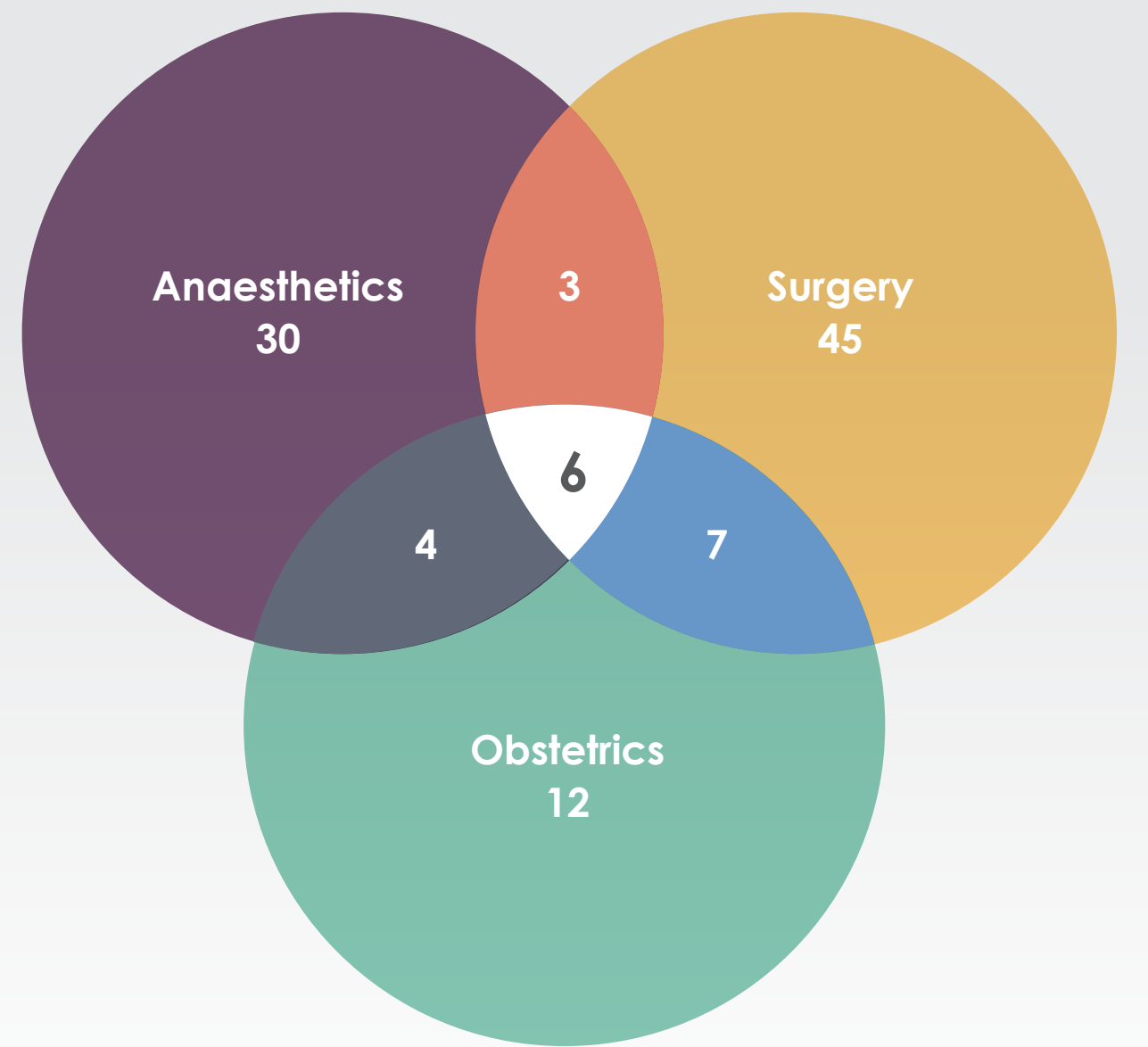


Figure 11: Sample number of practitioners who self-reported regularly undertaking single and multiple procedural activities

# Average Years of Employment at Current Practice

Medical practitioners working in Outer Regional locations have, on average, been employed at their current place of work for approximately seven years, a little over three years longer than those working in Very Remote locations (Figure 12).

Male practitioners in Inner Regional and Outer Regional locations have been working at their primary practice approximately two and a half years longer than their female counterparts, however, this narrowly reverses in Very Remote locations where female practitioners have been at the primary practice slightly longer than male practitioners.

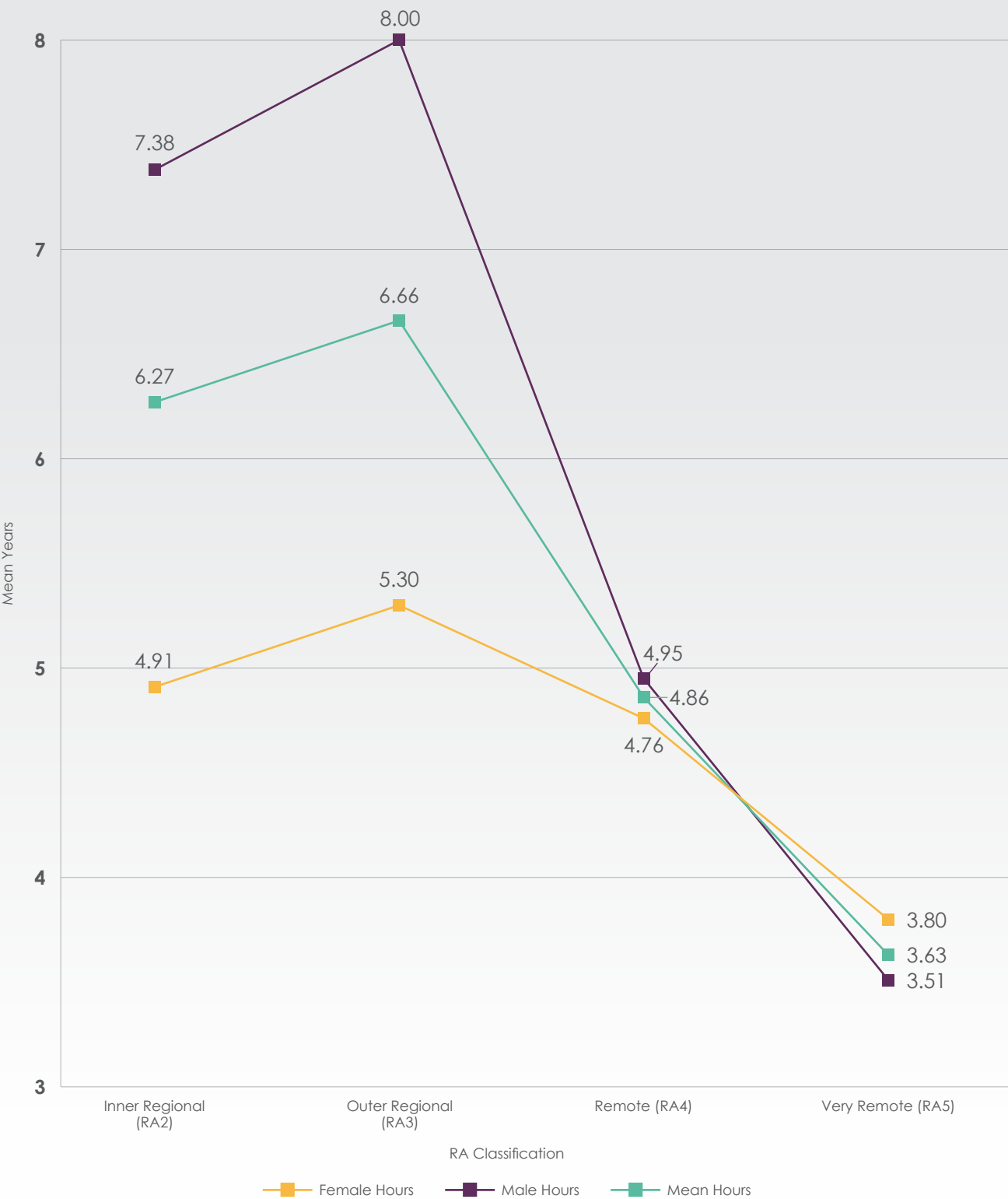


Figure 12: Mean years of employment at current practice by RA classification and sex

# Workforce Sustainability

## Workforce Turnover

Since 2022 ( $n = 2,727$ ), there has been a net loss of 40 practitioners in relation to this year's 2,687 practitioners. It is crucial to note that different ASGS-RA classifications were applied between the two years. Further, challenges were met in tracking registrar workforce movements and numbers due to the unavailability of previously accessible registrar data.

To ensure accurate turnover analysis, the 2022 MDS was adjusted to align with the latest ASGS-RA edition to match the 2023 MDS. When Major Cities of Australia (RA1) practitioners were excluded (2022  $n = 40$ ), the total number of practitioners in both years equalled 2,687. Consequently, there was no net gain or loss, with 483 arrivals and departures recorded (Figure 13).

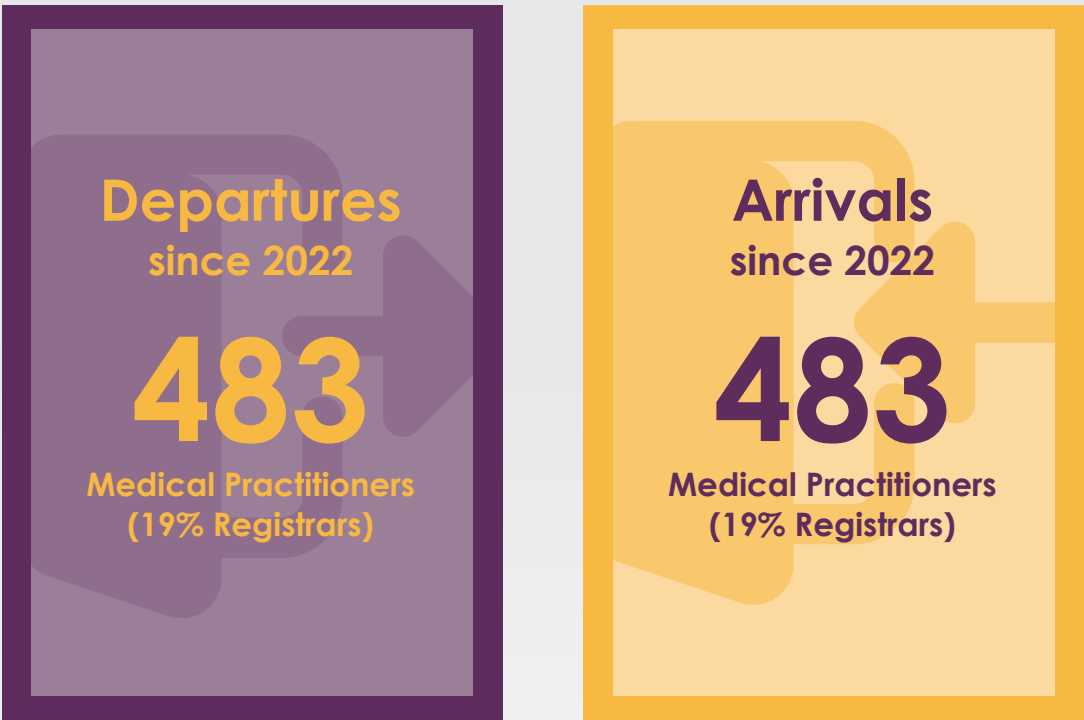


Figure 13: Turnover of medical practitioners in remote and rural Queensland since 2022

The proportional turnover of medical practitioners was highest in Remote locations at approximately 19 percent, followed by an approximate 18 percent in both Inner Regional and Outer Regional locations. These numbers point to considerable change over a 12 month period which contributes to sustainability issues in the general practice context.

Overall, female practitioners represented 51.14 percent of arrivals and presented a pattern of more arrivals than departures across all locations, except for Outer Regional locations. Approximately 60 percent of arrivals in Remote and Very Remote locations were male practitioners, and departures from these locations evenly distributed between the sexes. It was observed that only Remote and Very Remote locations experienced a net influx of practitioners, while other locations saw more departures than arrivals.

Intention to Remain in Current Location

In the annual medical practitioner survey, medical practitioners (n = 627) were asked to report their intended length of stay at their current location. Approximately 15 percent of medical practitioners working in Very Remote Queensland self-reported their intention to remain at their current location for less than 12 months, a higher proportion than those working in either Inner Regional (7.38%) or Outer Regional (6.77%) Queensland. Since last year, the proportion of Remote practitioners that intended to remain at their current location for less than 12 months increased by approximately seven percent (2022 RA4% = 5.56%). Figure 14 depicts the proportion of survey respondents who intended to stay at their current location for less than twelve months, grouped by RA classification.

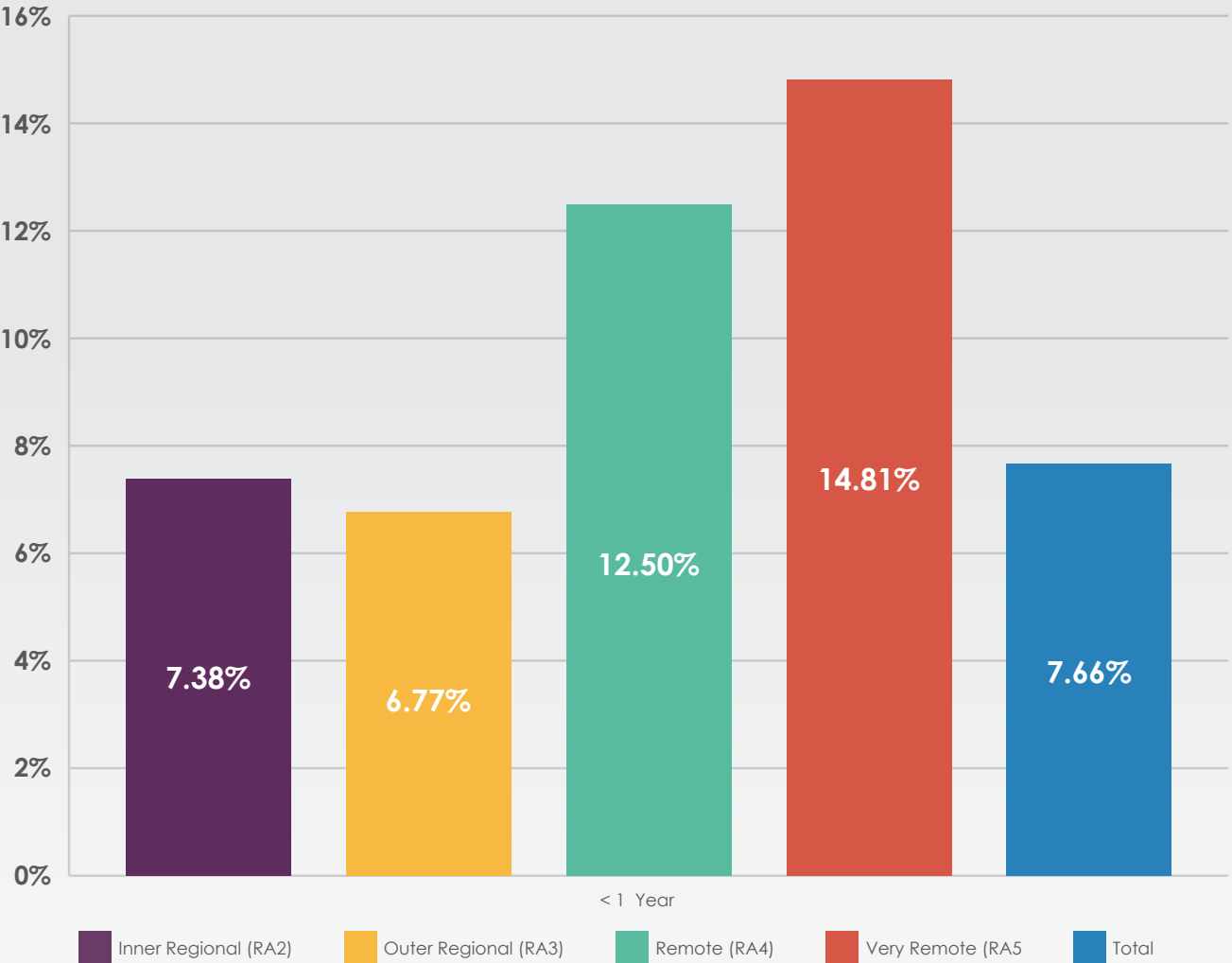
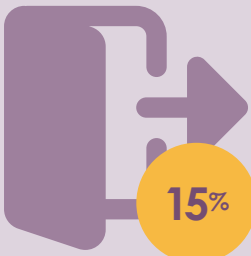
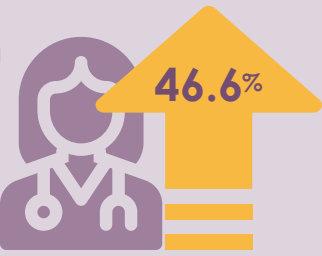


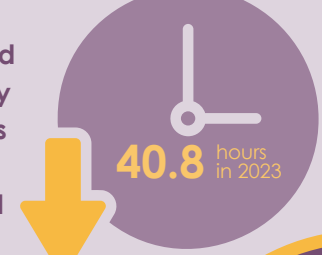
Figure 14: Percent of medical practitioners self-reporting intent to remain in current location for less than 12 months by RA classification

Proportion of female practitioners working in remote, rural, and regional locations has increased from 38.8% in 2012 to 46.6% in 2023.



Approximately 15% of medical practitioners working in Very Remote Queensland self-reported intent to leave their current location in less than 12 months.

Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural, and regional Queensland has decreased by eight hours, from 48.9 hours in 2005, to 40.8 hours in 2023.



Workforce turnover for remote, rural, and regional Queensland between 31st November 2022 and 31st November 2023 represented approximately 18% of the total workforce.

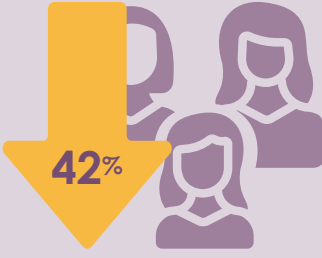
Doctors working in Very Remote (RA5) communities have, on average, been employed at their current workplace approximately 3 years less than their Inner Regional (RA2) counterparts.



The proportion of remote, rural, and regional Queensland practitioners trained in Australia in 2023 was just over half at 50.3%, an approximate 2 percent decrease since last year.

**Did you know**  
the average age of remote, rural, and regional medical practitioners in Queensland was approximately **49 years?**

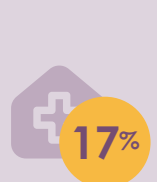
In Very Remote communities, female practitioners represented 42.0% of the workforce, down from 48.5% last year.



(although another 6.2% described themselves as 'Solo co-located', that is, working solo at premises shared with at least one other doctor).



The proportion of the workforce engaged in private general practice settings tended to decrease with increasing remoteness, reducing from approximately 92% in Inner Regional (RA2) to 17% in Very Remote (RA5) Queensland.





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