



Health Workforce
Queensland

Minimum Data Set Summary Report 2022

A snapshot of the general
practitioner workforce
landscape in Queensland
as of 30 November 2022



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 remote and rural 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.

Introduction

Health Workforce Queensland 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 by the minimum data set (MDS) informs policy development relevant to the remote, rural, and regional health workforce, and service delivery at local, state and national levels.

The MDS allows for effective measurement of current workforce distributions and helps facilitate planning for actual or potential areas of workforce shortage. Health Workforce Queensland shares the MDS with organisations such as academic institutions; local, state, and

federal governments; Primary Health Networks (PHNs); and private businesses, to assist research regarding health workforce issues.

The locations for which data have been collected are those defined under the Australian Standard Geographical Standard (ASGS) Remoteness Areas (RA) system and covers areas from Inner Regional Queensland (RA2) through to Very Remote Queensland (RA5). This summary report represents a minimum, specified set of data based on a data snapshot taken on 30 November 2022.

Data has been collated, de-identified and then compiled into this summary report to represent medical practitioners practicing in a general practice environment in Queensland remote, rural, and regional communities on 30 November 2022. It should be noted that the number of medical practitioners reported reflects stable elements of the medical workforce and does not include transient, short-term service providers (e.g., locum tenens).

Results



As of 30 November 2022, there were 2,727 medical practitioners working in ASGS RA 5-2 Queensland.

minor net departure of male practitioners and a substantial net increase of female practitioners. Approximately 52.2 percent of the medical workforce were trained in Australia and 4.3 percent reported working as solo practitioners. This figure increased to 8.98 percent when those who reported being solo practitioners working in a co-located practice with at least one other GP were included.

Synopsis of Results

As of 30 November 2022, there were 2,727 medical practitioners working in RA 5-2 Queensland. 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 49.94 years and 46.1 percent of the workforce were female practitioners, although, in Inner Regional communities (RA2), the representation of female practitioners was lower at 43.9 percent. A noteworthy change since last year was the increased proportion of female practitioners in Very Remote communities (RA5), which increased from 44.9 percent to 48.5 percent as a result of a

Data presented for medical practitioner working hours, practitioner procedural skills and intention to remain at current location were gathered by self-report in the annual medical practitioner survey and represent a sub-set of participants ($n = 568$).

Practitioners self-reported working an average of 41.7 hours per week on medical-related work. Female practitioners (37.4 hours) averaged approximately seven hours per week less than males (44.5 hours). Male practitioners in Remote Queensland (RA4) reported working an average 50.8 hours per week ($n = 11$), approximately 18 hours per week more than their remote female peers ($M = 32.6, n = 7$).



Queensland Workforce

Figure 1 outlines the proportion of medical practitioners in the four main remote and rural PHN regions in Queensland according to ASGS - RA classification.

The Northern Queensland (NQ) region had the most medical practitioners (n = 1,089), the majority of whom worked in Outer Regional (RA3) locations. The Central Queensland, Wide Bay, Sunshine Coast region experienced the

largest increase in workforce since 30 November 2021, with an additional 55 medical practitioners (approximately 8 percent).

The Darling Downs and West Moreton (DDWM) region experienced a slight reduction in workforce, decreasing from 618 in 2021, to 608 in 2022 (approximately 2 percent). Over 85 percent of practitioners in the Western Queensland (WQ) region were in either Remote or Very Remote locations.

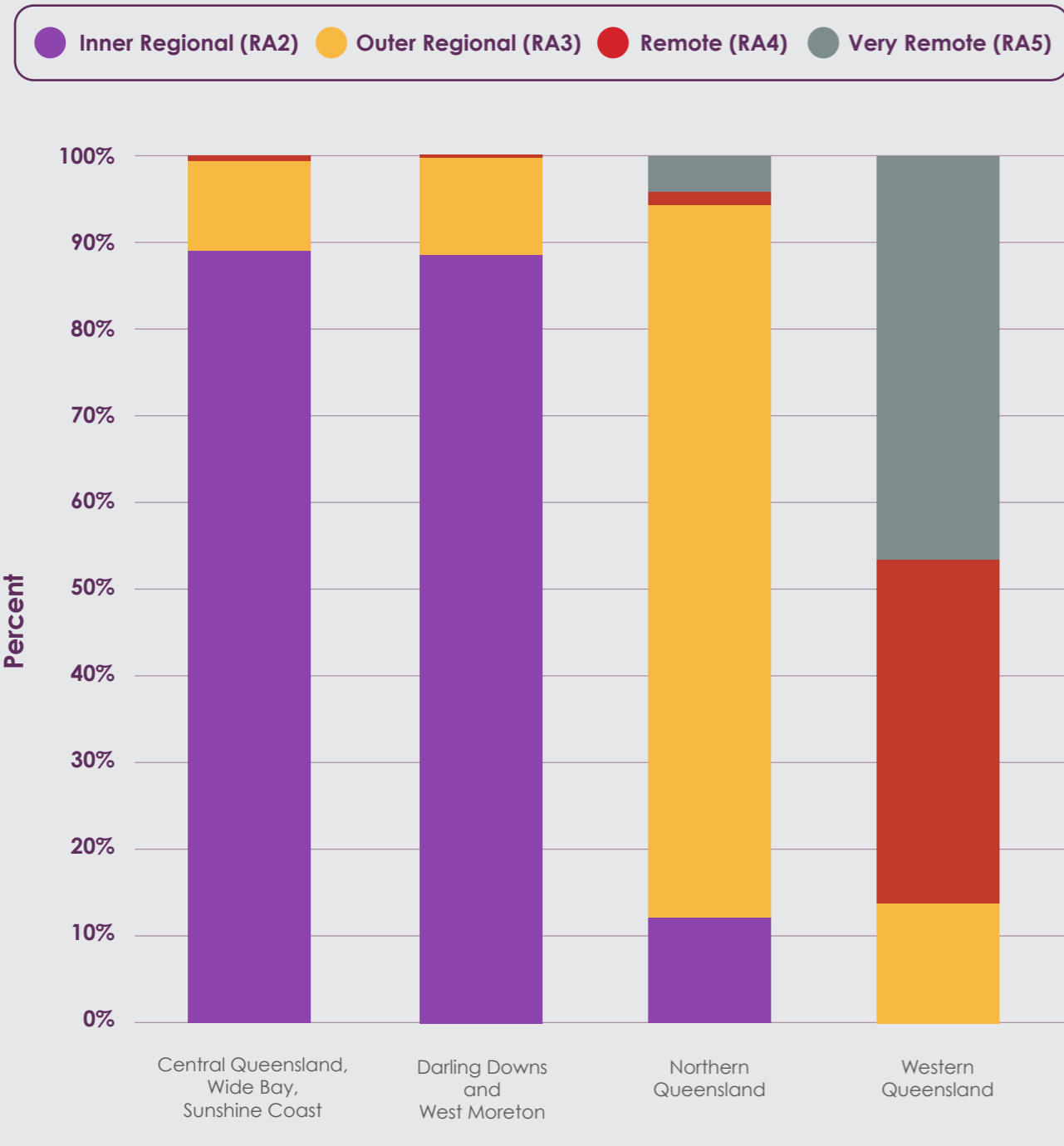


Figure 1: Percent of medical practitioners by PHN region and RA classification

The majority of medical practitioners primary roles were in general practice settings, followed by employment in Hospital and Health Services

(HHS) and Aboriginal Community Controlled Health Services (ACCHS) (see Table 1).

Table 1: Employment type by ASGS-RA classification

Employment Type	Inner Regional	Outer Regional	Remote	Very Remote	Total
ACCHS	47	50	7	14	118
General Practice	1,367	828	41	12	2,248
Hospital and Health Service	79	164	21	62	326
RFDS	0	16	6	13	35
Grand Total	1,493	1,058	75	101	2,727

The proportion of the workforce engaged primarily in private general practice settings tended to decrease with increasing remoteness, reducing from 91 percent in Inner Regional Queensland to 11.9 percent in Very Remote Queensland (see Figure 2). Conversely, the proportion of the

workforce working in HSS roles increased from 5.3 percent in Inner Regional Queensland to 62.4 percent in Very Remote Queensland. The largest increase in workforce observed since 2021 was in the HSS workforce which grew by approximately 3.5 percent.

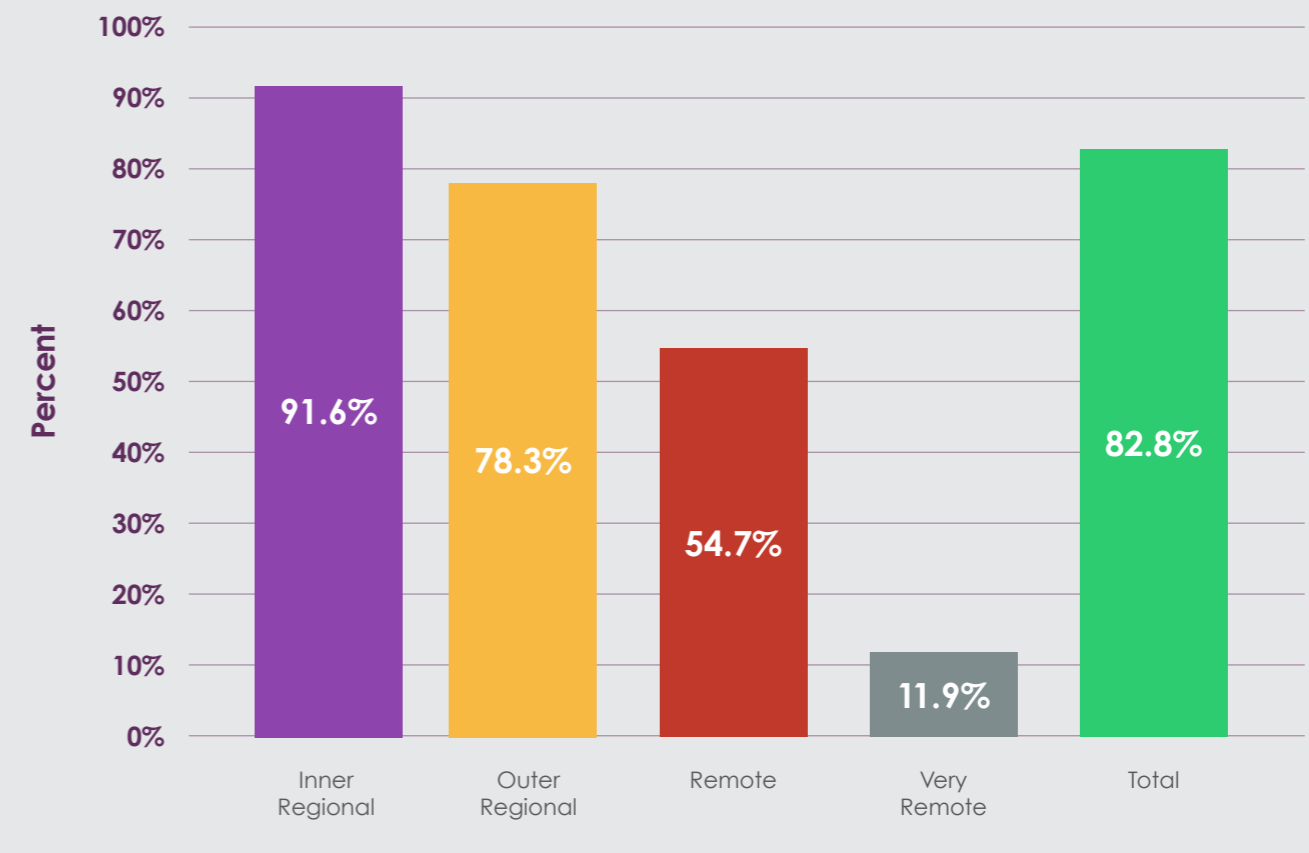


Figure 2: Percent of medical practitioners in a private general practice setting by RA classification



Workforce Demographics

Hours Worked

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 41.7 hours (n = 568).

This represents a 2.1 hour reduction in the self-reported total hours per week since 2018 (Figure 3).

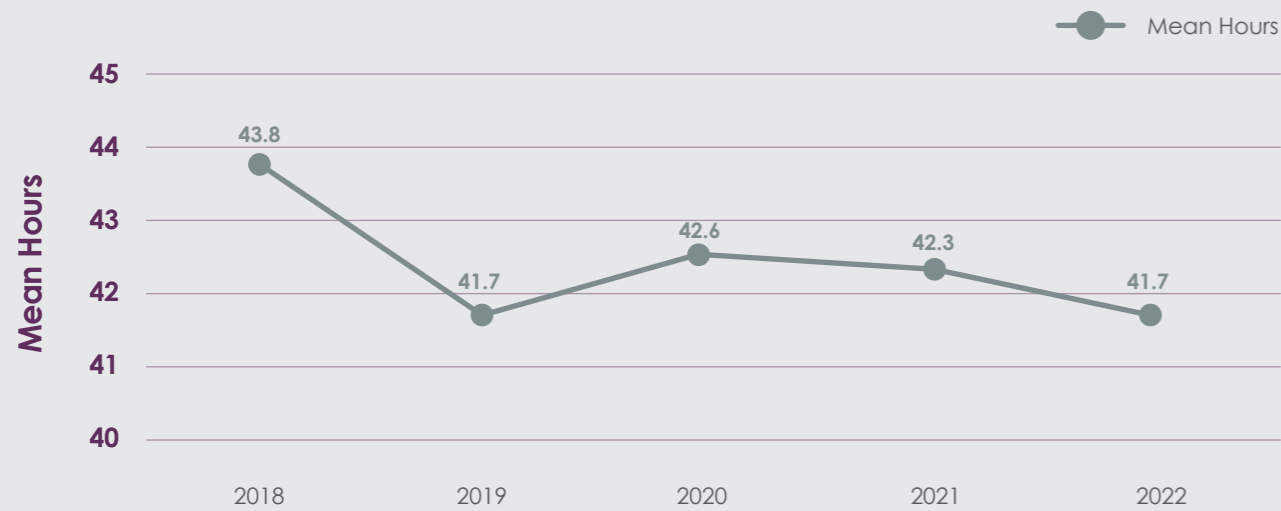


Figure 3: Average self-reported total hours worked per week 2018-2022

Males (M = 44.5 hours, n = 346) self-reported working just over five hours per week more than their female counterparts (M = 37.4 hours, n = 222). The most marked difference between

male and female practitioners was in Remote Queensland, where males self-reported working approximately 18 hours more per week (Figure 4).

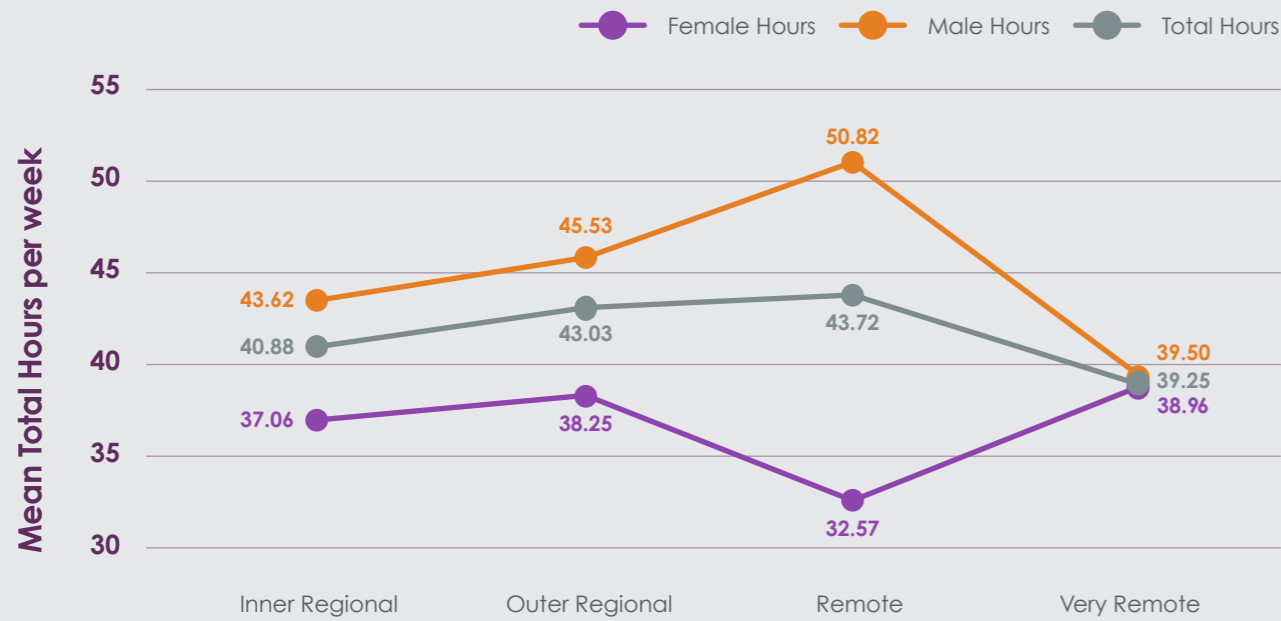


Figure 4: Mean self-reported total hours per week by sex and RA classification

Figure 5 demonstrates that the mean age of practitioners between 2018 and 2022 has remained relatively stable at approximately 50 years.

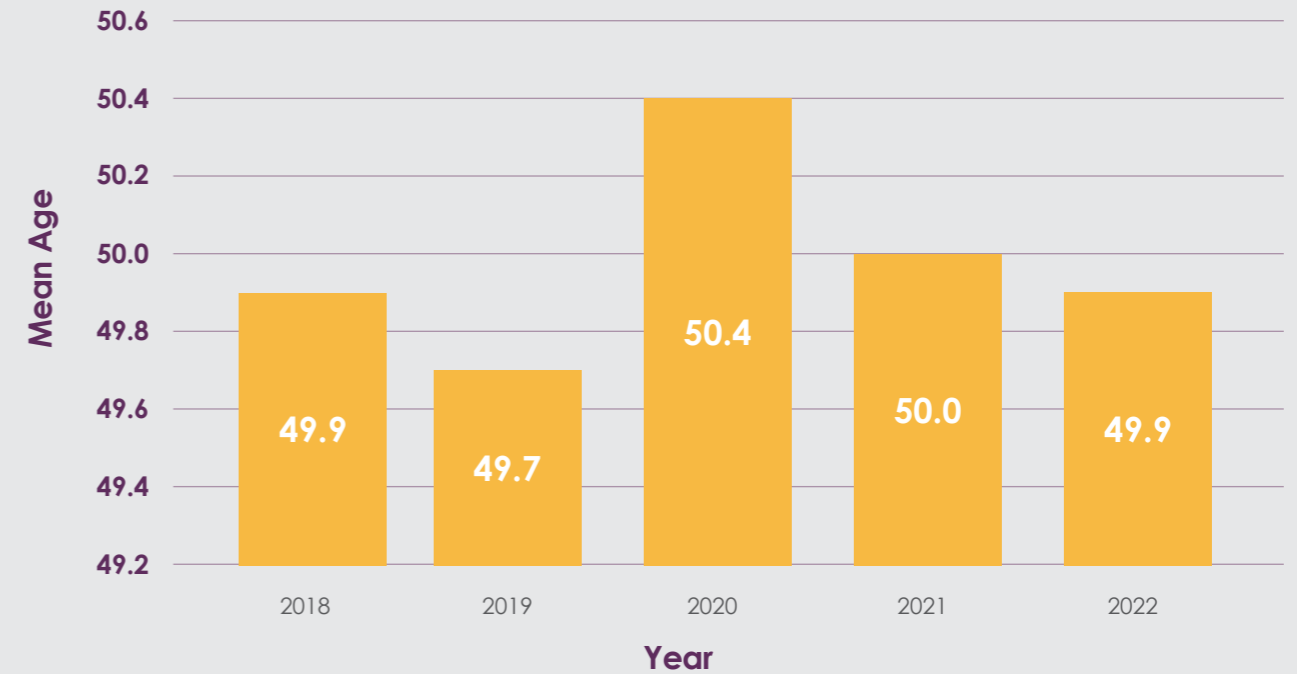


Figure 5: Mean age 2018-2022

Figure 6 illustrates the self-reported average total hours across age groups and sex. For all age groupings (5-year increments), female

practitioners reported working less hours per week than their male colleagues, varying between approximately one and eight hours (Figure 6).

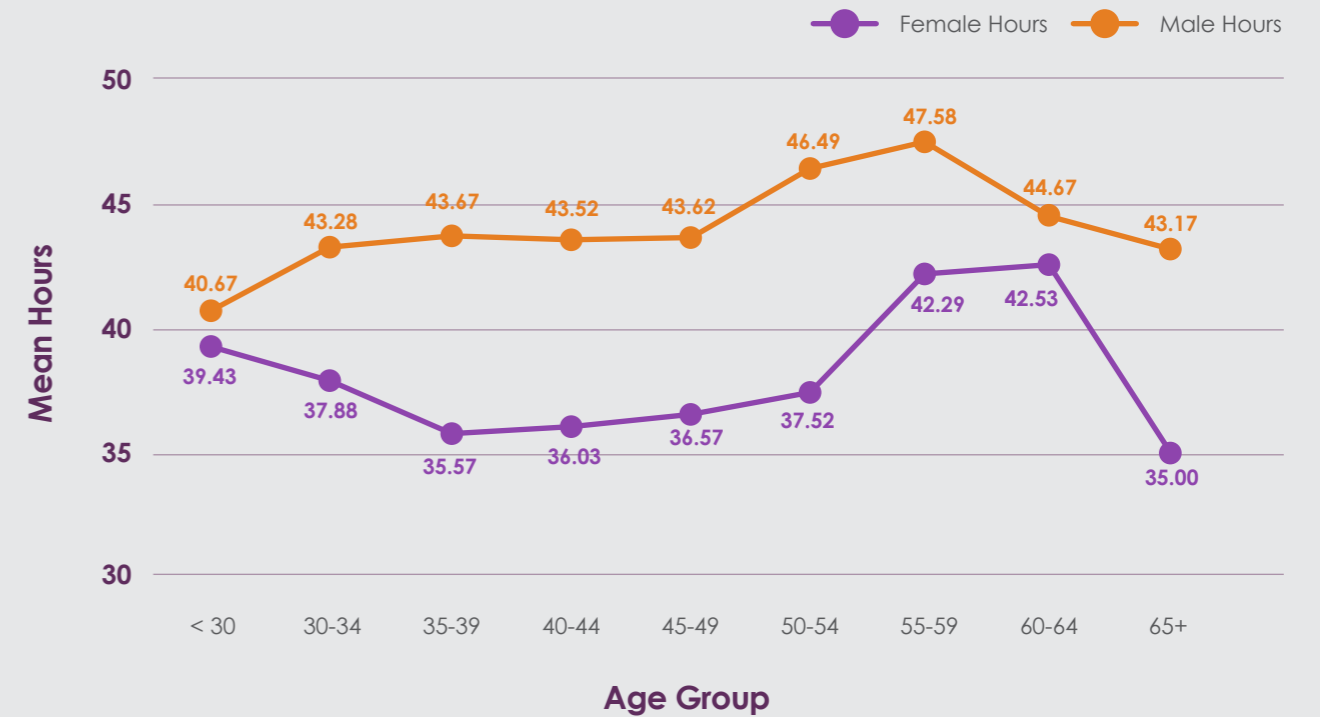


Figure 6: Mean self-reported total hours worked per week by sex and age group

Sex Distribution

Female practitioners comprised 46.1 percent of the overall remote and rural workforce in 2022. There has been a noticeable increase in

the representation of female practitioners in Very Remote Queensland this year, increasing from 44.9 percent in 2021 to 48.5 percent in 2022 (Figure 7).

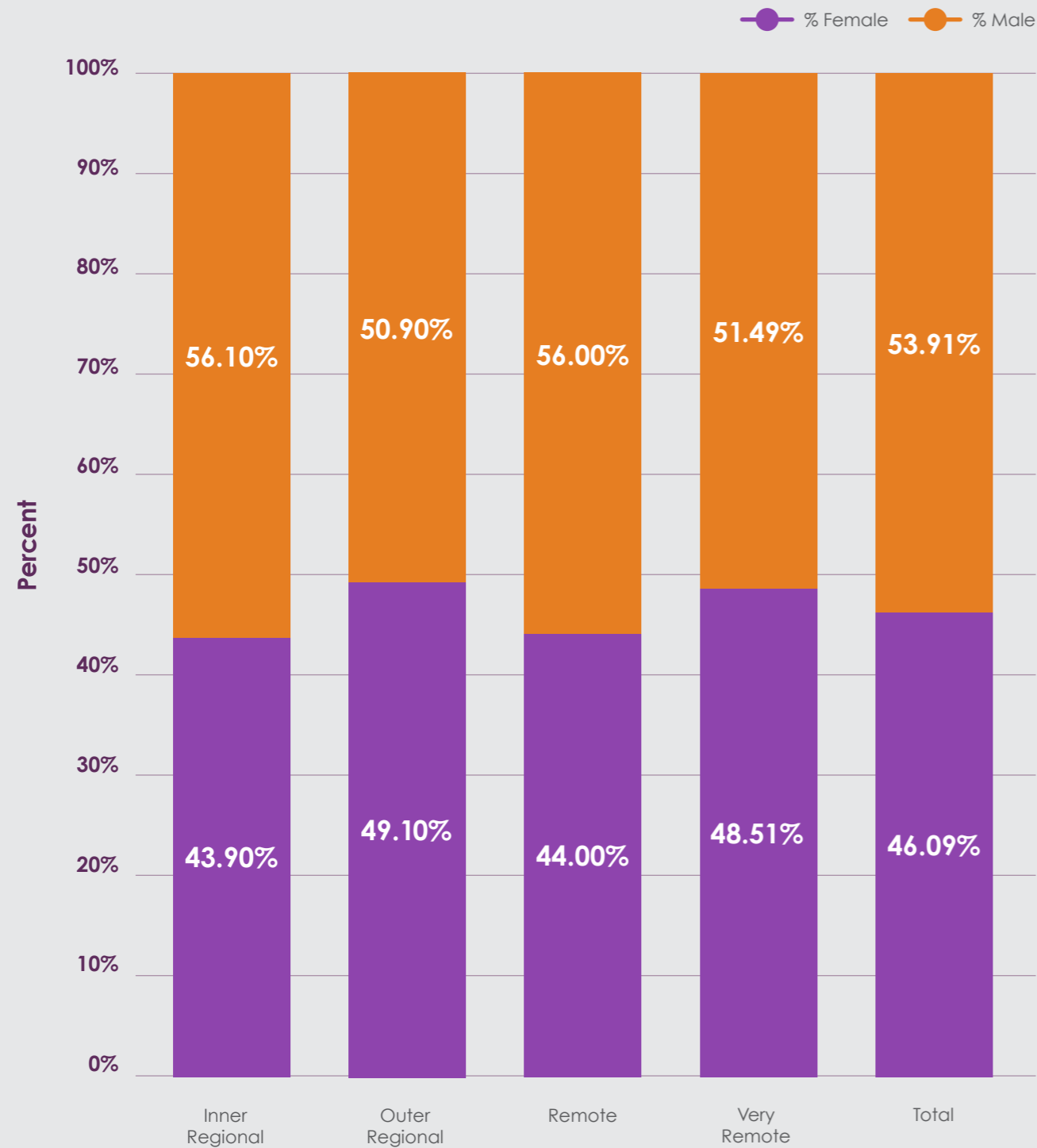


Figure 7: Proportion of practitioners by sex and RA classification

There was a moderate increase (1.19 percent) in the proportion of female practitioners in 2022. This represented an increase of 2.7 percent in 2018 (Figure 8). The increasing representation of female general practitioners in the workforce

and the observed trend for them to work less hours per week than their male counterparts has implications for workforce planners and future workforce calculations.

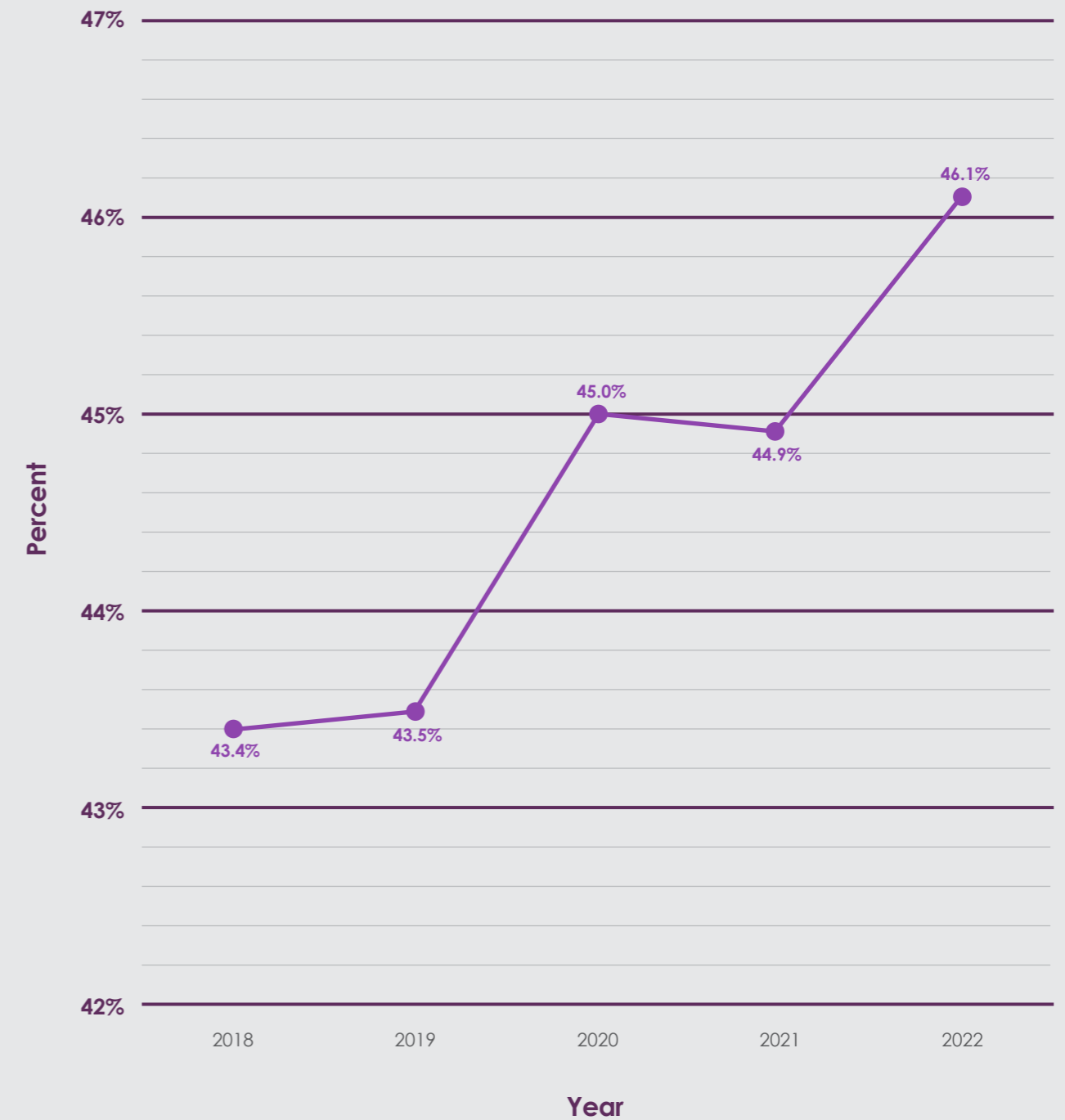


Figure 8: Percent of female medical practitioners 2018-2022



How do Medical Practitioners
from Different Locations
Spend their Average Week?

Figure 9 depicts the average self-reported total hours worked per week by RA classification (n = 569). Hours worked ranged from 41 hours per week in Inner Regional locations, to 44 hours in Remote locations.

Very remote practitioners reported working approximately four hours less per week than their remote counterparts (39.3 hours).



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

The main difference in the types of tasks that practitioners were involved with on a weekly basis was that practitioners in remote locations spent a greater proportion of their average weekly working hours involved in routine

hospital work than those in less remote areas. Figure 10a and 10b depict the proportional breakdown of tasks undertaken during a typical week by practitioners in Inner Regional and Very Remote locations.

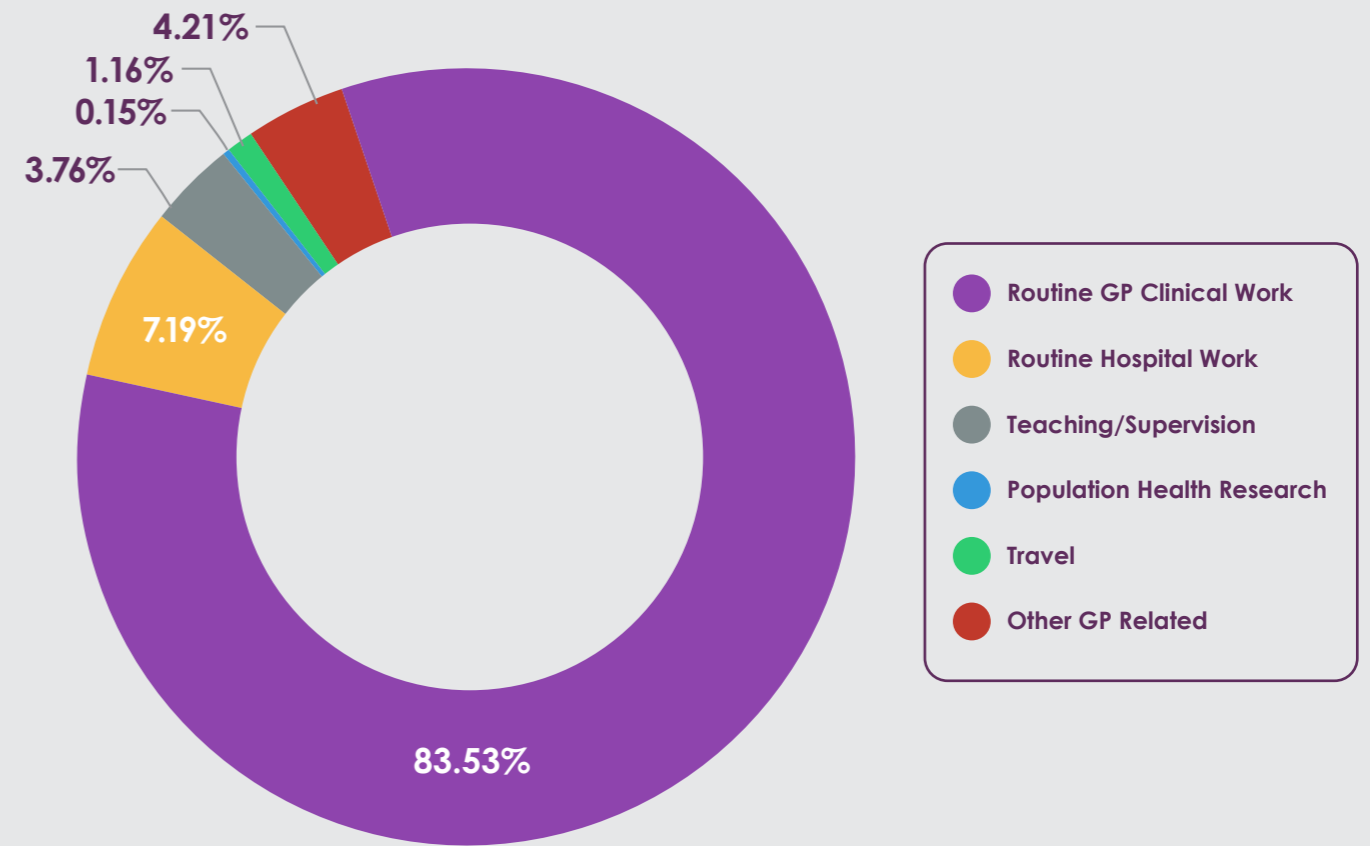


Figure 10a: Percentage of self-reported hours by task for Inner Regional practitioners

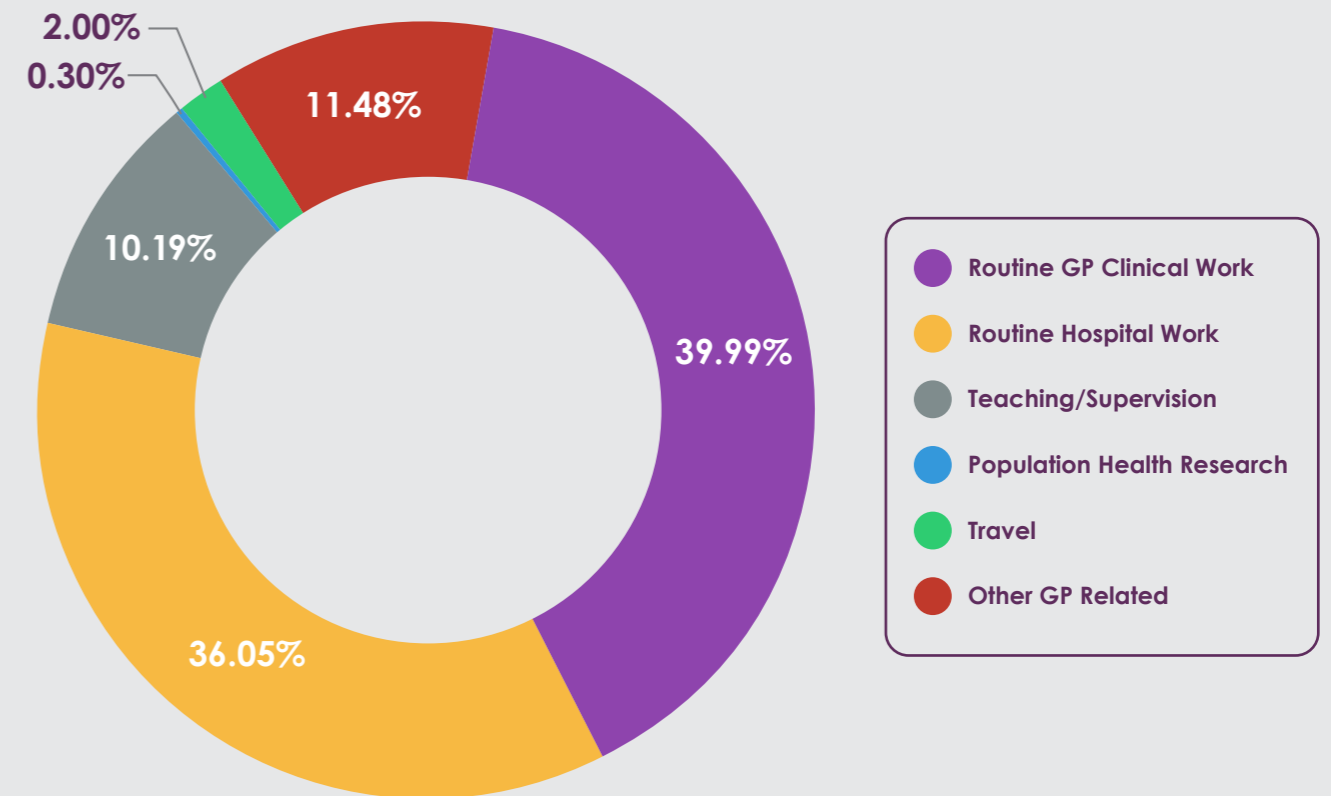
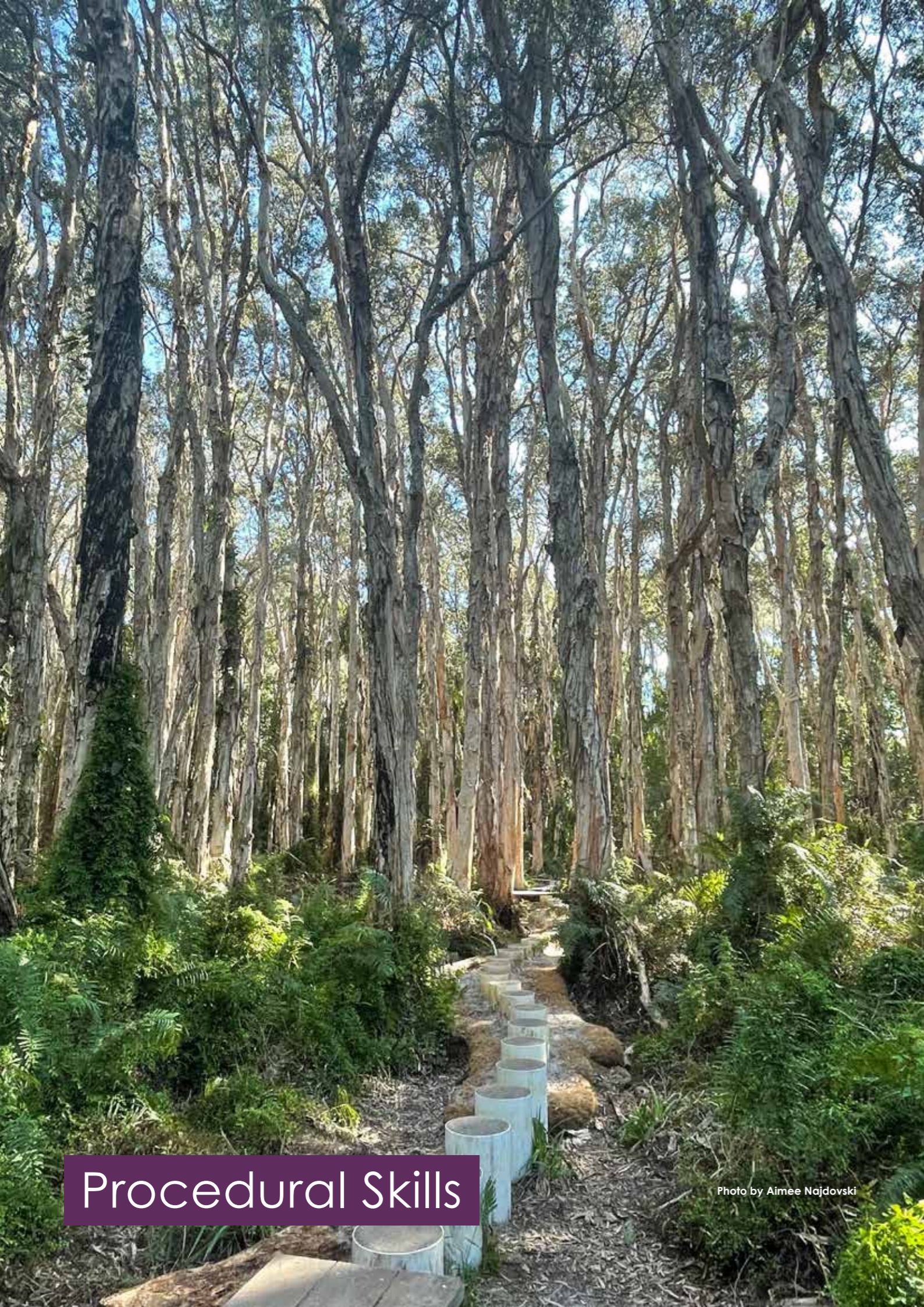


Figure 10b: Percentage of self-reported hours by task for Very Remote practitioners



Procedural Skills

Photo by Aimee Najdovski

Procedural skills are self-reported by practitioners on the MDS survey and remain in the database for three years or until another MDS survey is completed. Data was available for a sample of 568 medical practitioners.

The following Venn diagram displays the sample number of practitioners that self-reported regular practice in the procedural skills of general

obstetrics, general anaesthetics, and operative surgery. Three practitioners reported regular practice in all three procedural areas and operative surgery had the highest number of self-reported practitioners (n = 48).

It should be noted that this is not a complete representation of procedural medical practitioners in RA 2-5.

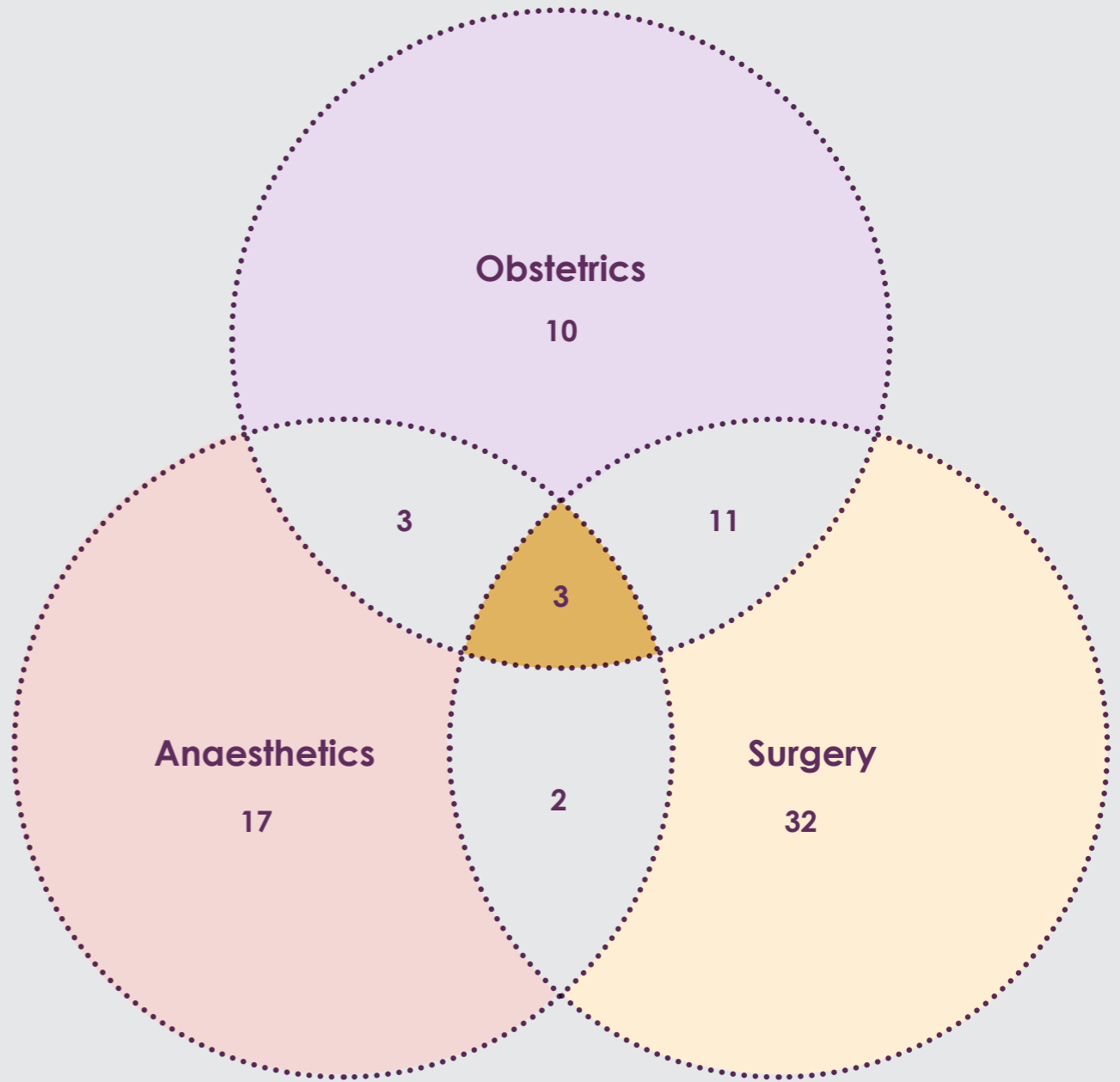


Figure 11: Sample number of practitioners who self-reported regularly undertaking single and multiple procedural activities

Average Years of Employment at Current Practice

Medical practitioners working in Inner Regional areas had, on average, been employed at their current place of work for approximately six years, three years longer than those working in Very Remote areas (Figure 12)

practice approximately two years longer than their female counterparts. However, this difference narrowed substantially in Very Remote locations where there was a marginal difference between male and female practitioner average years of employment at their current practice.

Male practitioners in Inner Regional and Outer Regional areas had been working at their primary



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



Workforce Sustainability

Workforce Turnover

As of 30 November 2022, there were 524 medical practitioners in a general practice role (19% of the workforce) that commenced work in remote and rural Queensland during the preceding 12 months.

Registrars accounted for 216 of the new arrivals. In the same period there were 452 departures (17% of the workforce), 98 of whom were registrars.

The proportional turnover of medical practitioners was highest in Remote locations with approximately a 21 percent turnover rate, compared to Inner Regional locations with a 16 percent turnover (Figure 13).

These numbers point to considerable change over a 12-month period which contributes to sustainability issues in the general practice context.

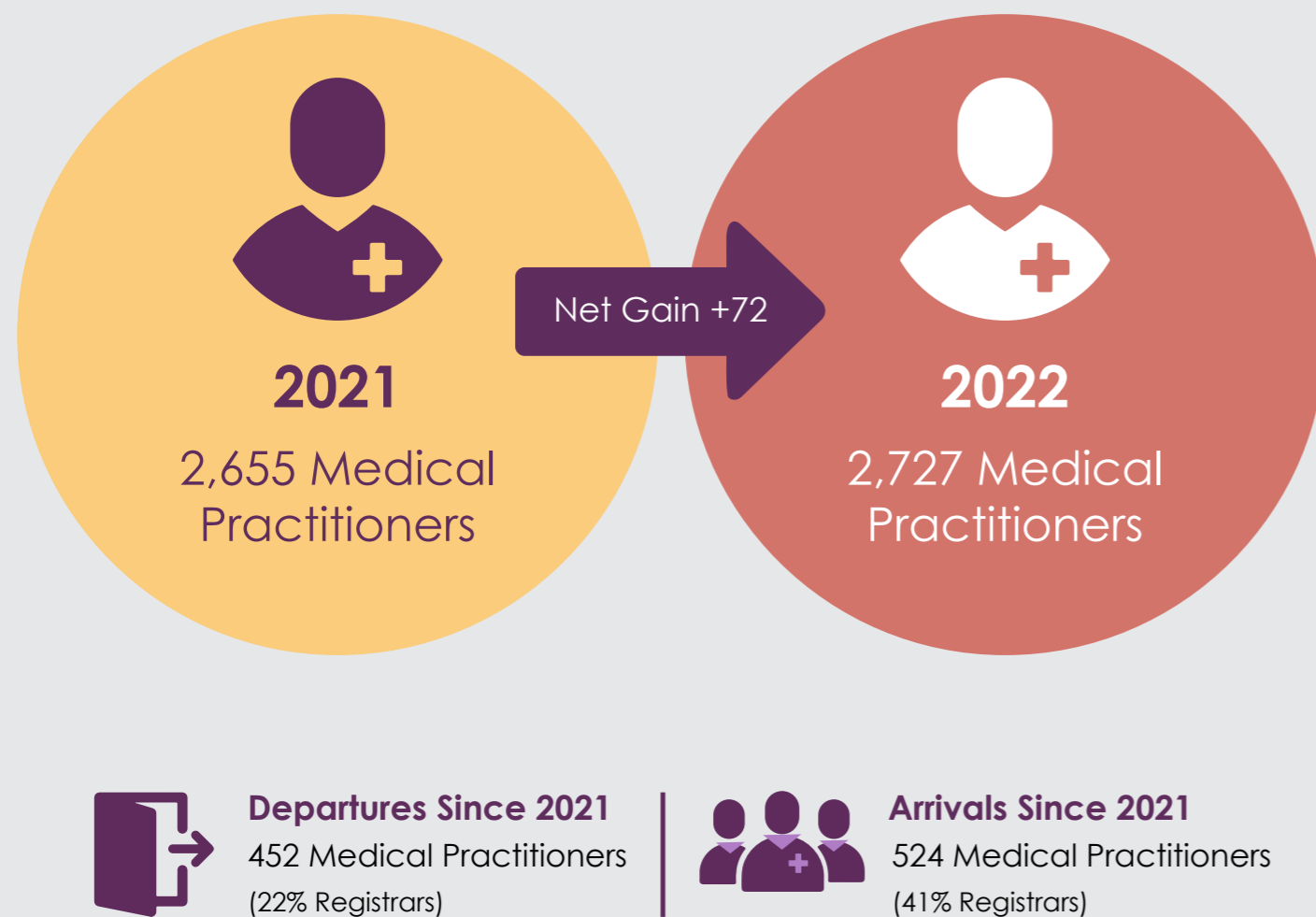


Figure 13: Turnover of medical practitioners in remote and rural Queensland since 2021

Intention to Remain in Current Location

In the annual medical practitioner survey, medical practitioners were asked to report their intended length of stay at their current location.

Approximately 19 percent of medical practitioners working in Very Remote Queensland self-reported the intention to remain at their current location for less than twelve months, a moderately higher

proportion than those working in either Inner (11.8 percent) or Outer (12.0 percent) Regional Queensland.

Figure 14 depicts the proportion of survey respondents who reported their intention to stay at their current location for less than twelve months grouped by their RA classification.

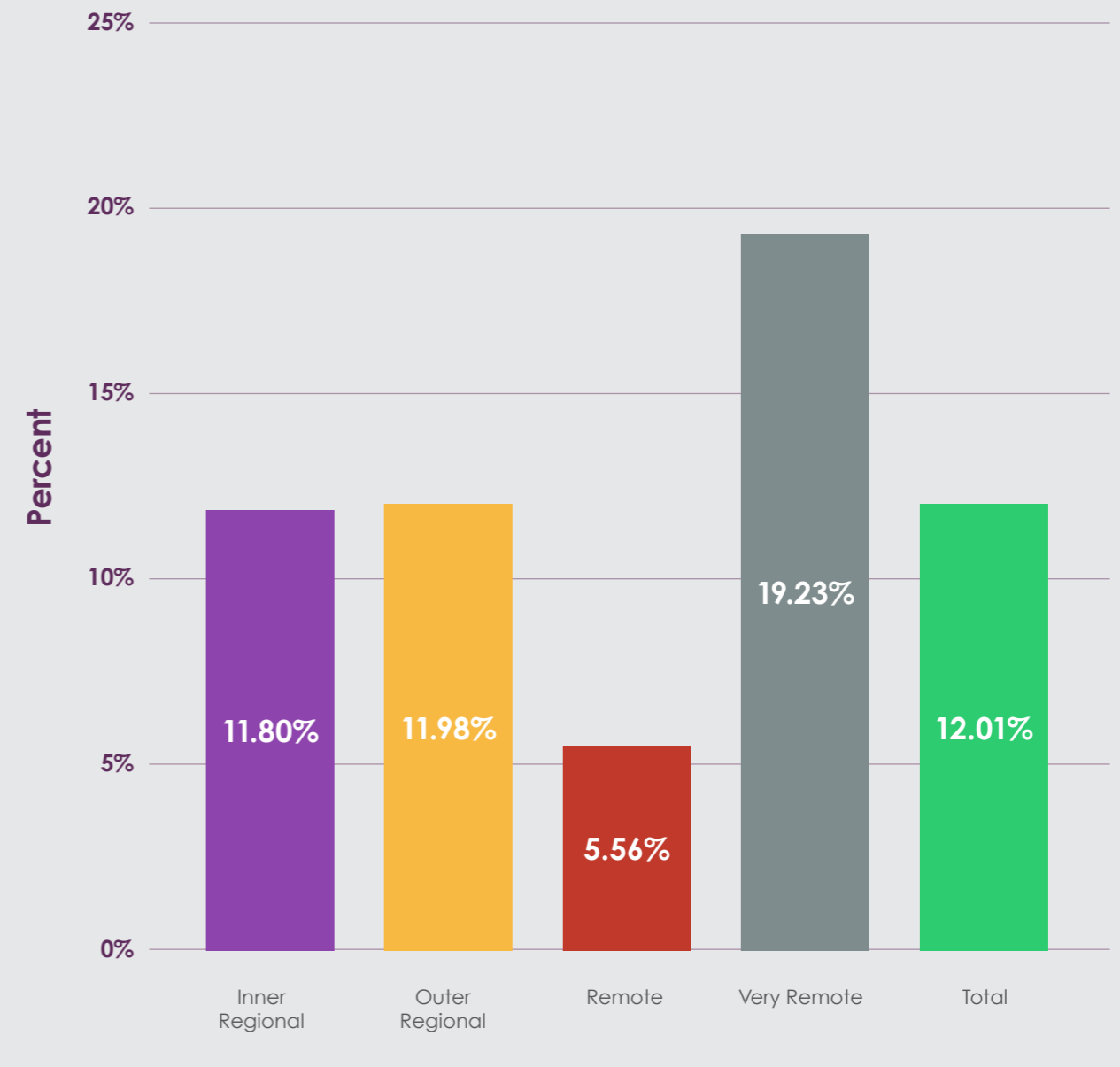


Figure 14: Percent of medical practitioners self-reporting intent to remain in current location for less than twelve months by RA classification

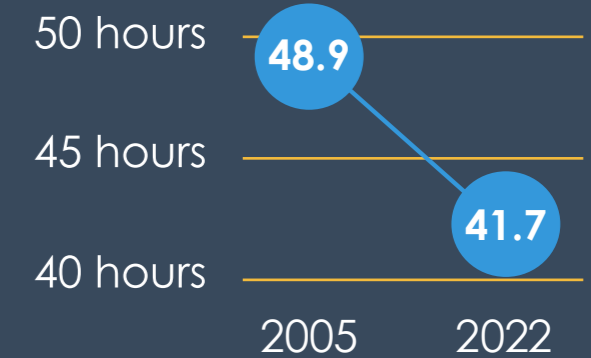


Proportion of female practitioners working in remote, rural, and regional locations has increased from 38.8% in 2012 to 46.1% in 2022.



Approximately 19% 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 seven hours, from 48.9 hours in 2005, to 41.7 hours in 2022.



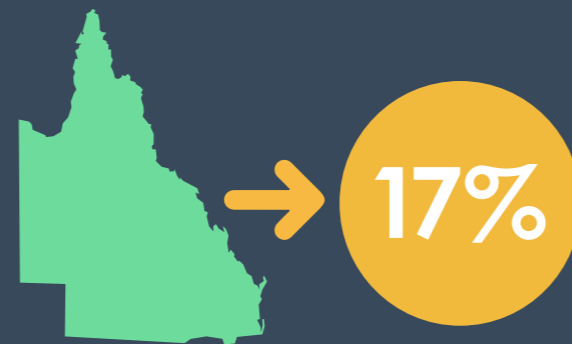
Only 4.25% of medical practitioners self-reported working as a 'Solo' practitioner

4.25%



Solo Doctor

(although another 4.73% described themselves as 'Solo co-located', that is, working solo at premises shared with at least one other doctor).



Workforce turnover for remote, rural, and regional Queensland between 30th November 2021 and 30th November 2022 represented 17% of the total workforce.

DID YOU KNOW?



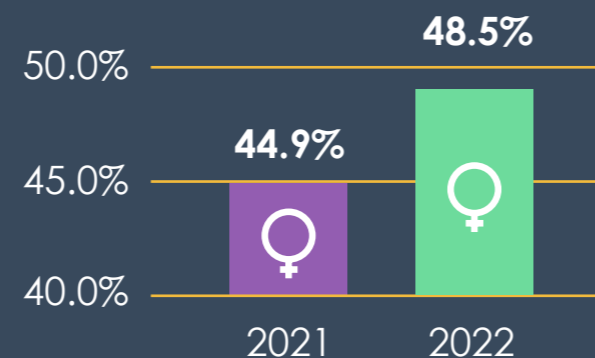
Did you know the average age of remote, rural and regional medical practitioners in Queensland was 50 years?



The proportion of remote, rural, and regional Queensland practitioners trained in Australia in 2022 was just over half at 52.2%.



4.73%



In Very Remote communities, female practitioners represented 48.5% of the workforce, up from 44.9% in 2021.

Private General Practice: Inner Regional Queensland
92%

Private General Practice: Very Remote Queensland
11.9%

The proportion of the workforce engaged in private general practice settings tended to decrease with increasing remoteness, reducing from 92% in Inner Regional Queensland to 11.9% in Very Remote Queensland

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



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