



Health Workforce  
Queensland

# Minimum Data Set Summary Report 2021

A snapshot of the general practitioner workforce  
landscape in Queensland as of 30 November 2021



## 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.



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.

**Authors:** David Wellman and Christian Hughes

# 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)) that is informed by numerous sources, including an annual survey of general practices and general practitioners.**

Information generated by the minimum data set informs policy development relevant to the remote, rural, and regional health workforce and service delivery at local, state, and national levels. The dataset allows for effective monitoring of current workforce distributions and helps facilitate planning against actual or potential areas of workforce shortage. Health Workforce Queensland shares the dataset with organisations such as academic institutions; local, state, and federal governments; 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 2021.

Data has been collated, de-identified and then compiled to represent medical practitioners practising in a general practice environment in Queensland remote, rural, and regional communities.

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 2021, there were 2,655 medical practitioners working in ASGS RA 5-2 Queensland.**

### Synopsis of Results

**As of 30 November 2021, there were 2,655 medical practitioners working in RA 5-2 Queensland. The Northern Queensland Primary Health Network (PHN) region had the largest remote, rural, and regional medical workforce in the state.**

The average age of the workforce was 49.95 years with 44.9 percent female, although, in Inner Regional communities (RA2), female practitioners representation was lower at 43 percent of the workforce.

A noteworthy change since last year was the increased proportion of female practitioners in Very Remote communities (RA5), which increased from 37.4 percent in 2020, to 44.9 percent as a result of a minor net departure

of male practitioners and a substantial net increase of female practitioners. Approximately 52.6 percent of the medical workforce were trained in Australia and 4.5 percent reported working as solo practitioners. This figure increased to 8.3 percent when those who reported being solo practitioners working in a co-located practice with at least one other GP were included.

Data presented in regards to medical practitioner working hours, practitioner procedural skills and intention to remain at current location are gathered by self-report in Health Workforce Queensland's annual medical practitioner survey and is subject to variance as a result of sample size ( $n = 590$ ).

Practitioners self-reported working an average of 42.3 hours per week on medical-related work. Female practitioners (39.3 hours) averaged approximately five hours per week less than males (44.3 hours). Male practitioners in Remote Queensland (RA4) reported working an average 53.3 hours per week ( $n = 13$ ), approximately 19 hours per week more than their female peers ( $M = 34.3, n = 10$ ).

# Queensland Workforce

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

The Northern Queensland region had the most medical practitioners ( $n = 1,065$ ), the majority of whom worked in Outer Regional (RA3) locations. The Darling Downs and West Moreton region

experienced the largest increase in workforce since 30 November 2020, with an additional 45 medical practitioners (approximately 8%). The Western Queensland region experienced a moderate reduction in workforce, decreasing from 124 in 2020 to 115 in 2021 (approximately 7%).

Over 85 percent of practitioners in Western Queensland were in either Remote or Very Remote locations.

● Inner Regional (RA2) ● Outer Regional (RA3) ● Remote (RA4) ● Very Remote (RA5)

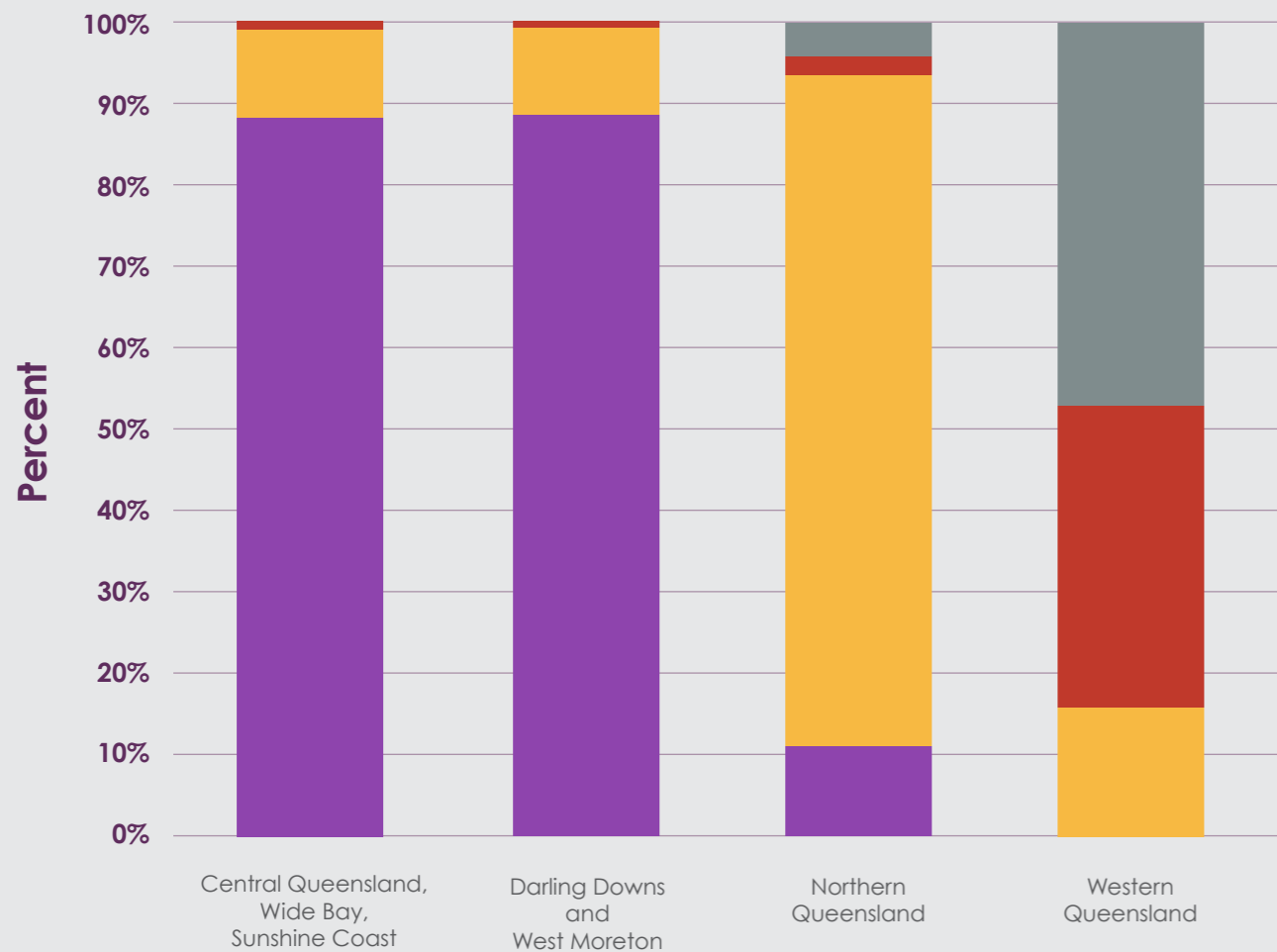


Figure 1: Percent of medical practitioners by PHN region and RA classification

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

and Aboriginal Community Controlled Health Service (see, Table 1).

Table 1: Employment type by ASGS-RA classification

Employment Type	Inner Regional	Outer Regional	Remote	Very Remote	Total
ACCHS	49	51	8	10	118
General Practice	1,300	829	42	16	2,187
Hospital and Health Service	78	151	27	60	316
RFDS	0	17	5	12	34
<b>Grand Total</b>	<b>1,427</b>	<b>1,048</b>	<b>82</b>	<b>98</b>	<b>2,655</b>

The proportion of the workforce engaged in general practice settings tended to decrease with increasing remoteness, reducing from 91 percent in Inner Regional Queensland to 16.3 percent in Very Remote Queensland (Figure 2). Conversely, the proportion of the workforce working in Hospital

and Health Service roles increased from 6 percent in Inner Regional Queensland to 61 percent in Very Remote Queensland. The largest increase in workforce observed since 2020 was in the Hospital and Health Service workforce which grew by approximately 9.3 percent.

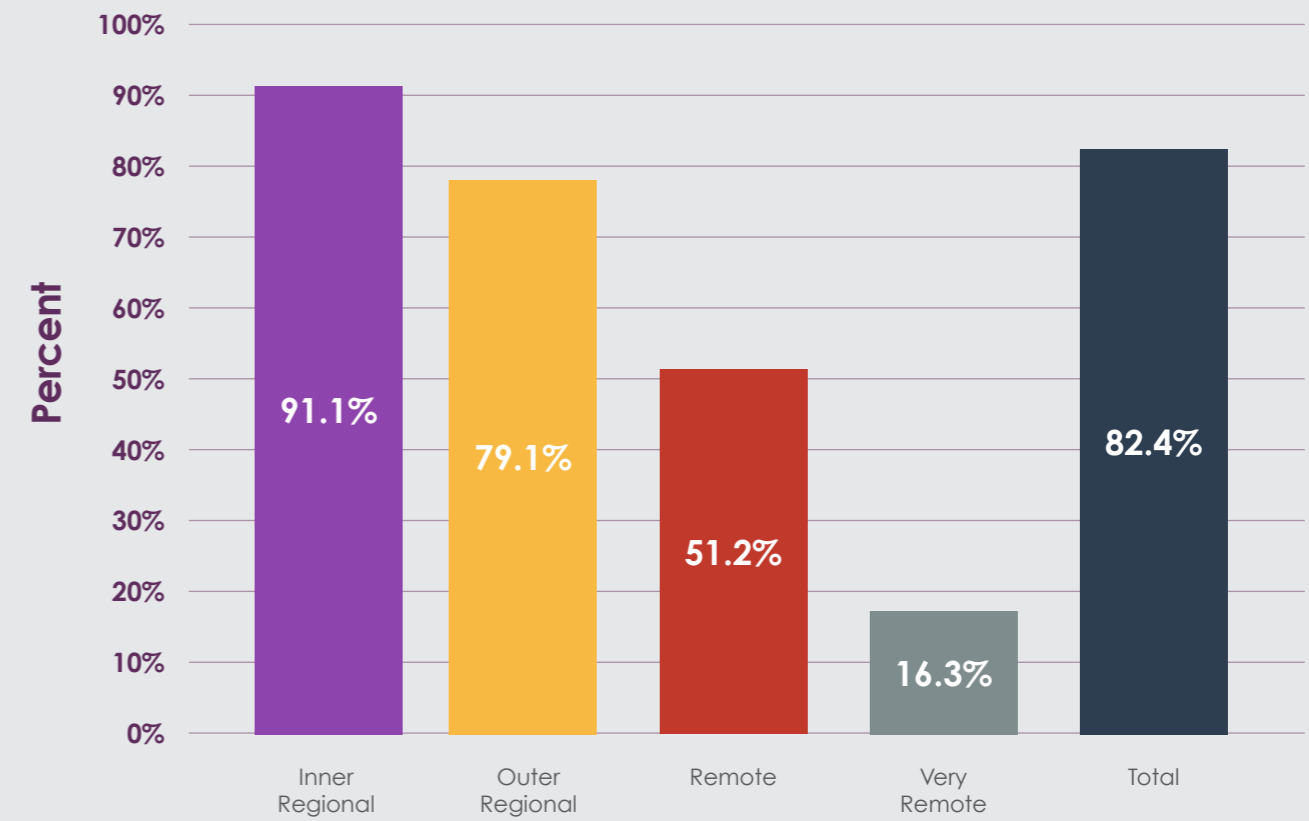


Figure 2: Percent of medical practitioners in a general practice setting by RA classification

# Workforce Demographics

## Hours worked

The average self-reported total hours worked per week by Queensland RA 5-2 practitioners was 42.3 hours (n = 590).

This represents a 1.6-hour reduction in the self-reported total hours per week since 2017 (see, Figure 3).

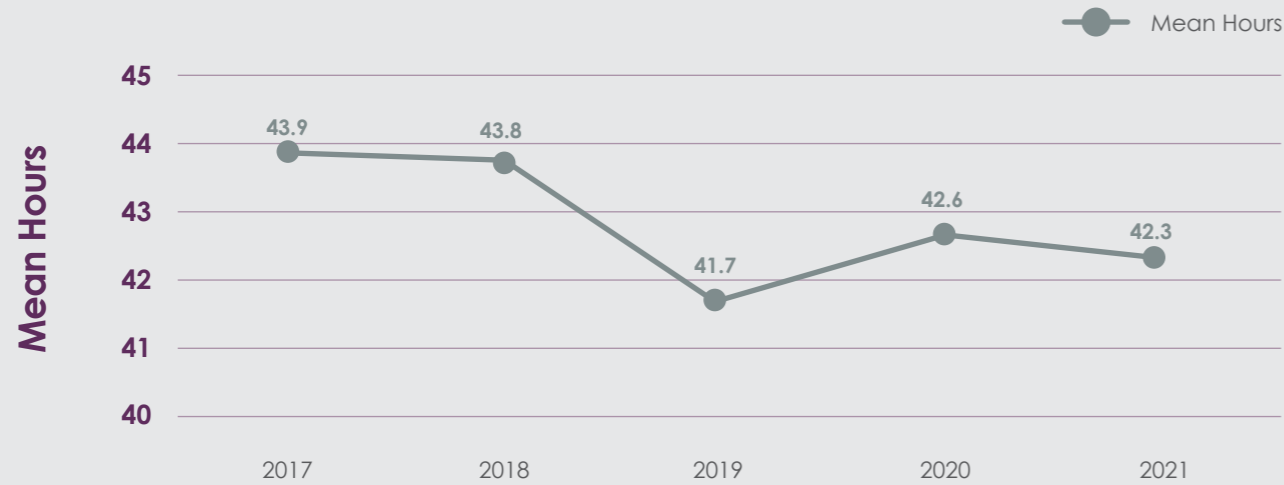


Figure 3: Mean self-reported total hours worked per week 2017-2021

Males (M = 44.3 hours, n = 357) self-reported working just over five hours per week more than their female counterparts (M = 39.3 hours, n = 233). The most marked difference between

male and female practitioners was in Remote Queensland, where males self-reported working approximately 19 hours more per week (see Figure 4).

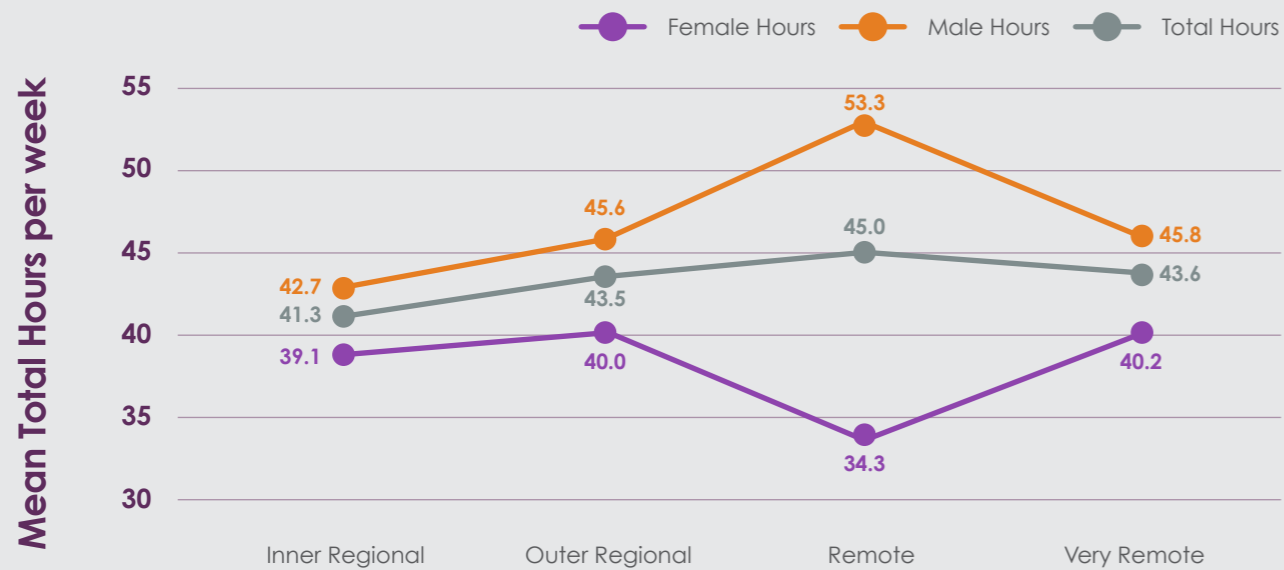


Figure 4: Mean self-reported total hours per week by sex and RA classification

Figure 5 shows that the mean age of practitioners between 2017 and 2021 has remained relatively stable at around 50 years.

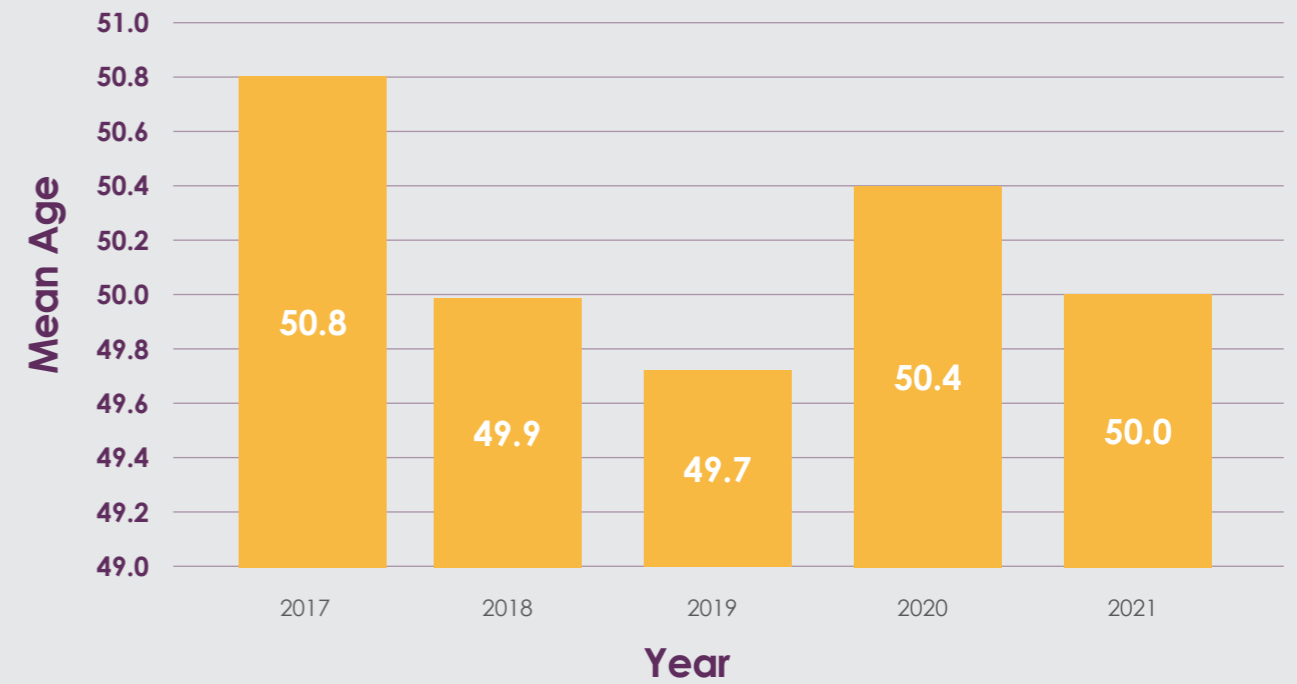


Figure 5: Mean age 2017-2021

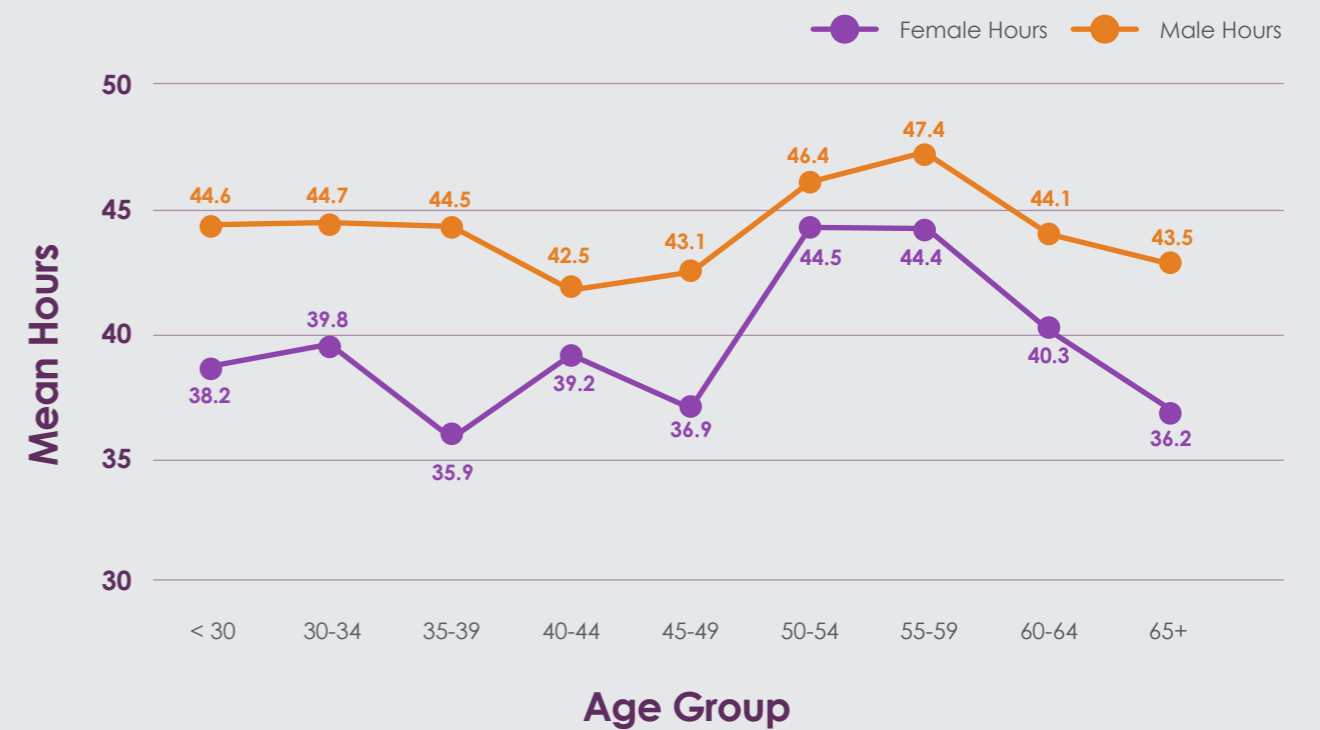


Figure 6: Mean self-reported total hours worked per week by sex and age group

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

female practitioners reported working less hours per week than their male colleagues, varying between approximately two and seven hours.

## Sex Distribution

Female practitioners comprised 44.9 percent of the overall rural and remote workforce. There has been a noticeable increase in the

proportion of female practitioners in Very Remote Queensland this year, increasing from 37.4 percent in 2020 to 44.9 percent in 2021 (Figure 7).

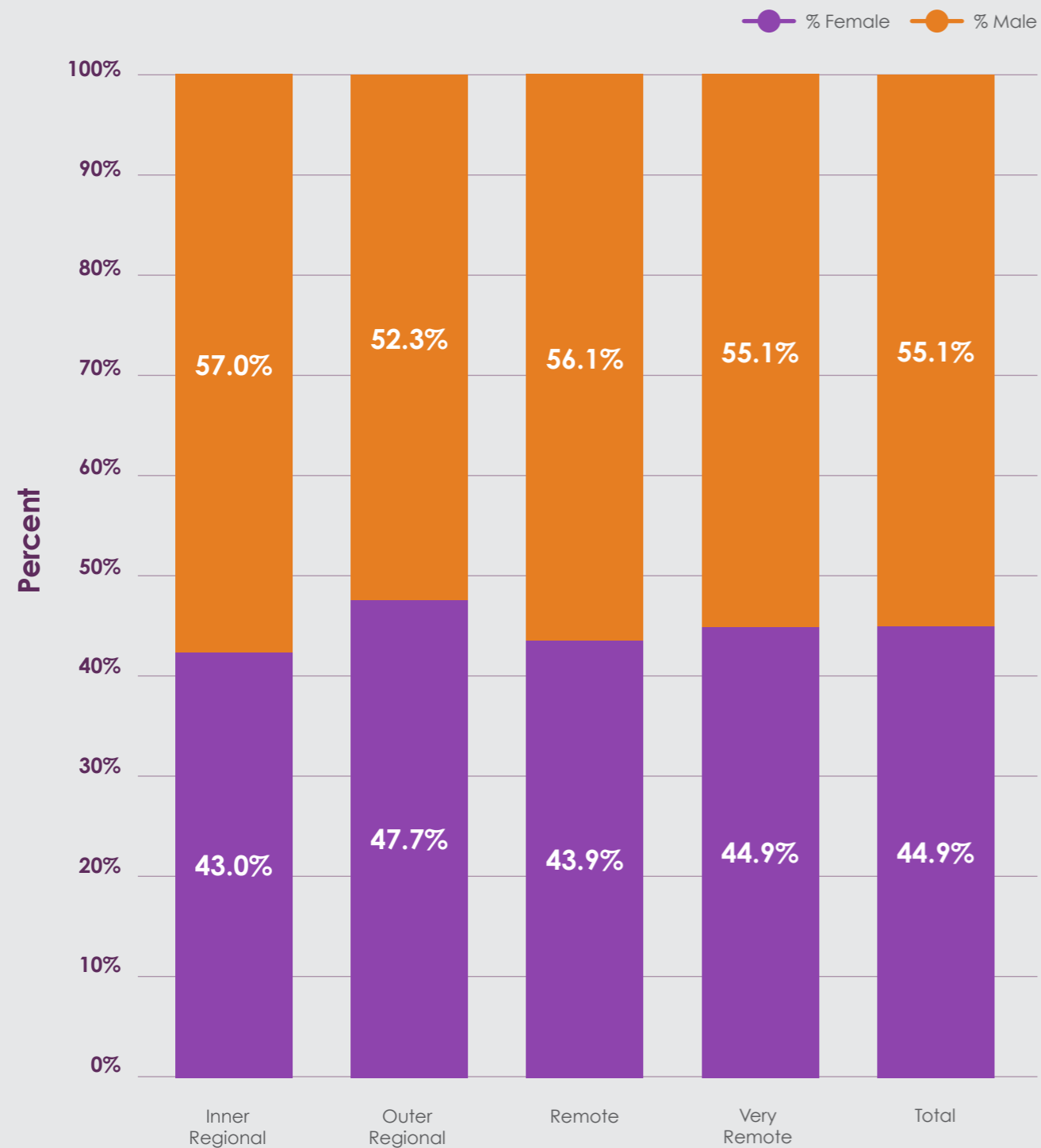


Figure 7: Proportion of practitioners by sex and RA classification

There was a slight decrease (0.1%) in the proportion of female practitioners in 2021. However, the proportion of female practitioners has increased by 0.8 percent since 2017 (Figure 8). The increasing representation of female

practitioners in the workforce and the observed trend for female general practitioners to work less hours per week than male practitioners has implications for workforce planners and future workforce calculations.

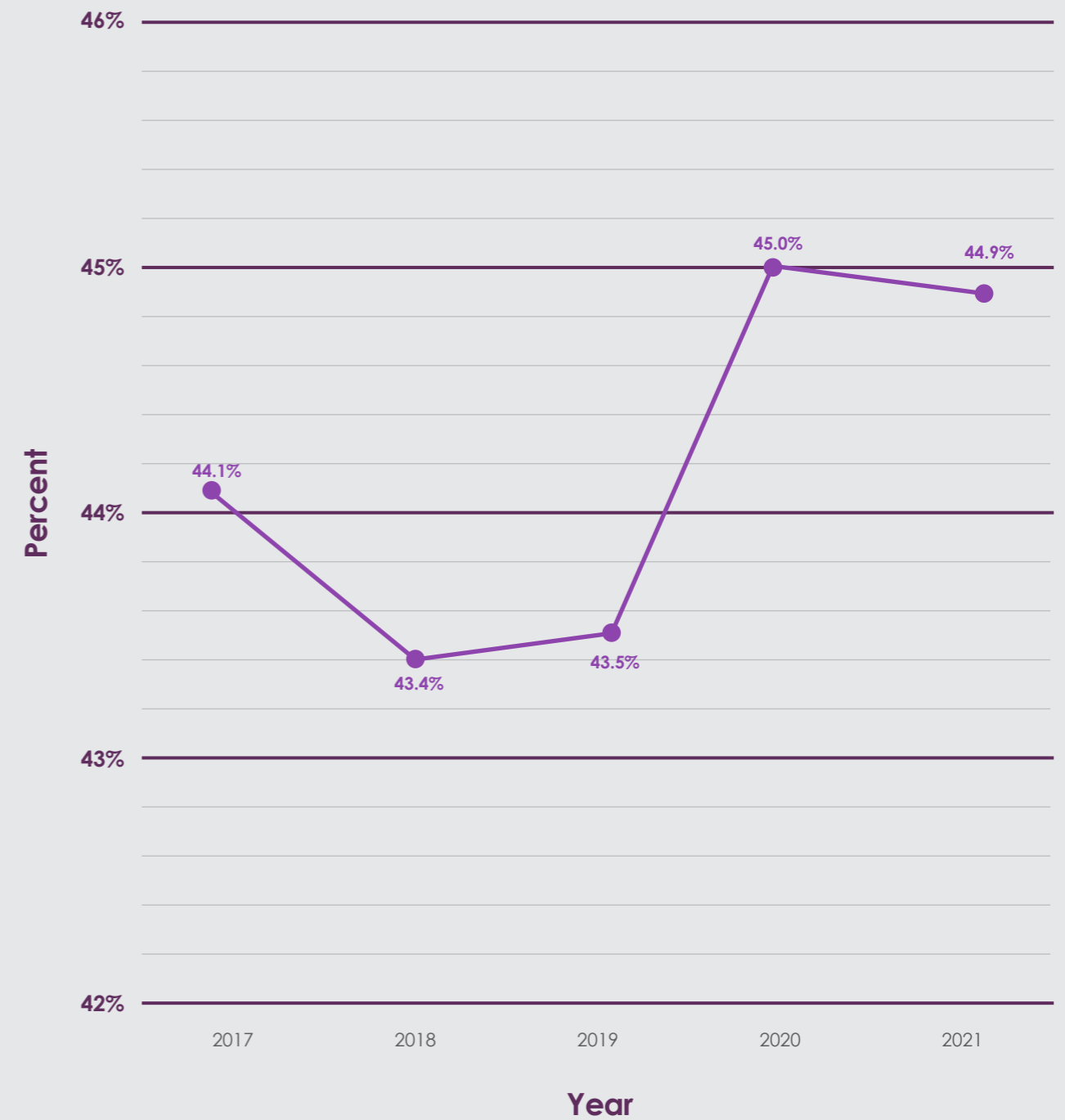


Figure 8: Percent of female medical practitioners 2017-2021

# 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 = 590). Hours worked ranged from 41 hours per week in Inner Regional locations, to 45 hours in Remote.

Very Remote practitioners reported working almost 1.5 hours less per week than their remote counterparts involved in other GP related activities and routine hospital work than those in less remote areas.

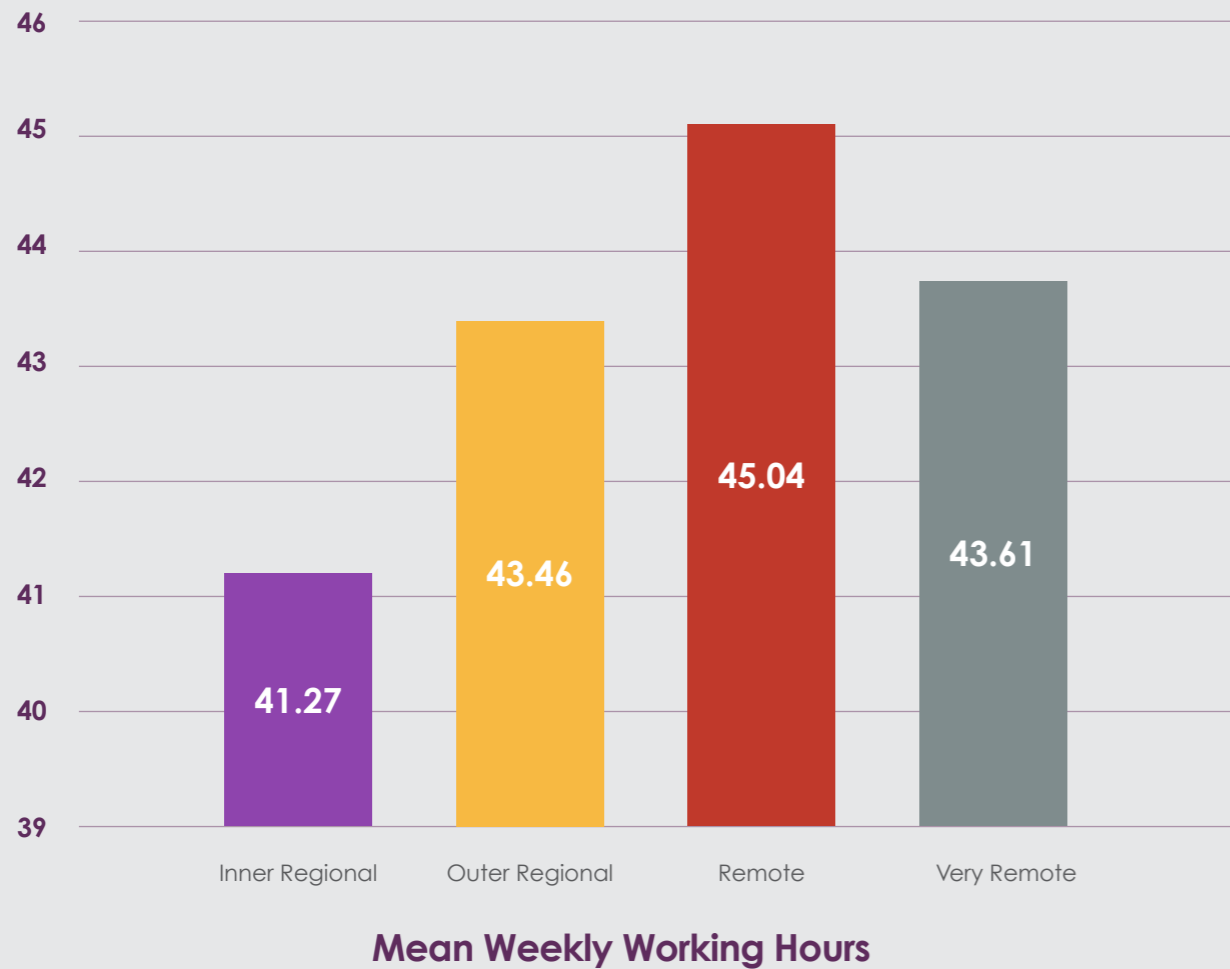


Figure 9: Mean self-reported total hours worked per week by RA classification

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 other GP

related activities and 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.

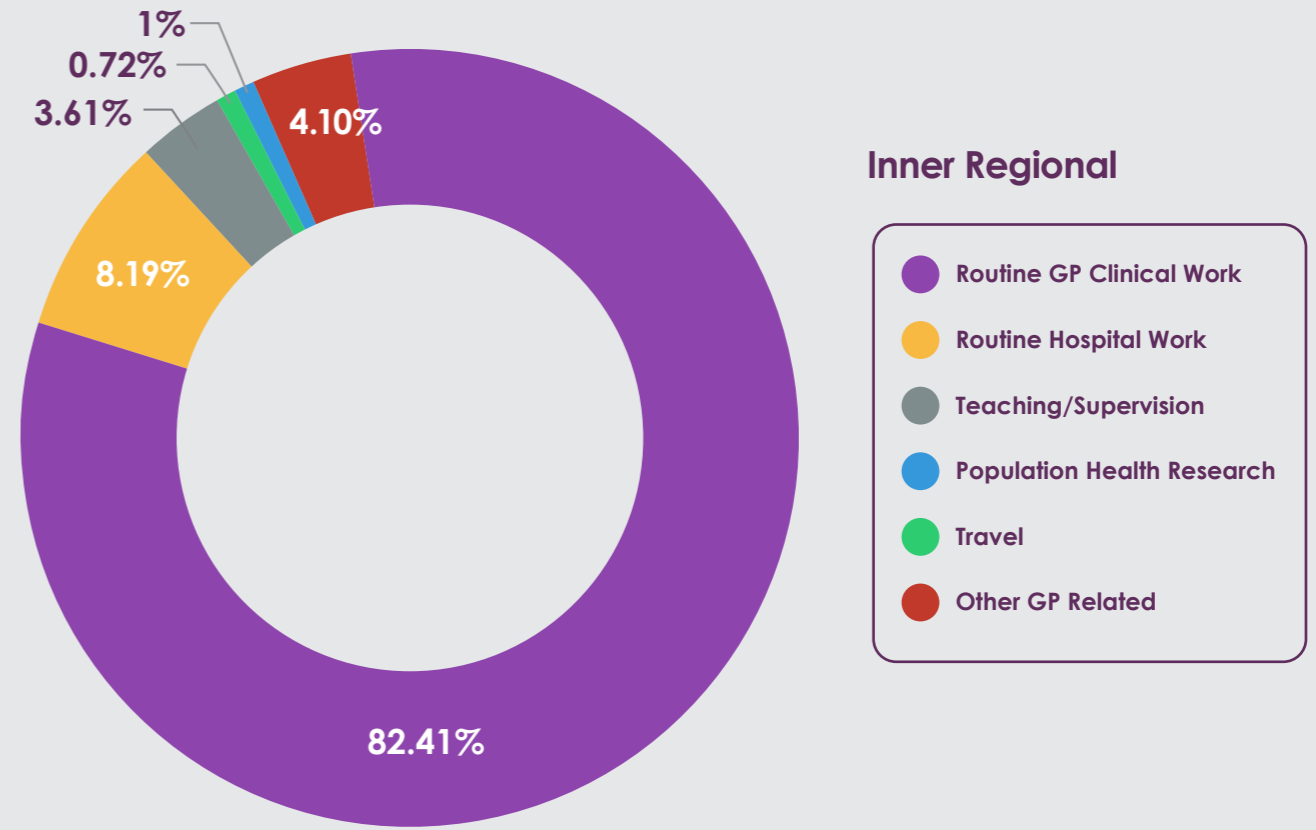


Figure 10a: Percentage of self-reported hours by task for Inner Regional practitioners

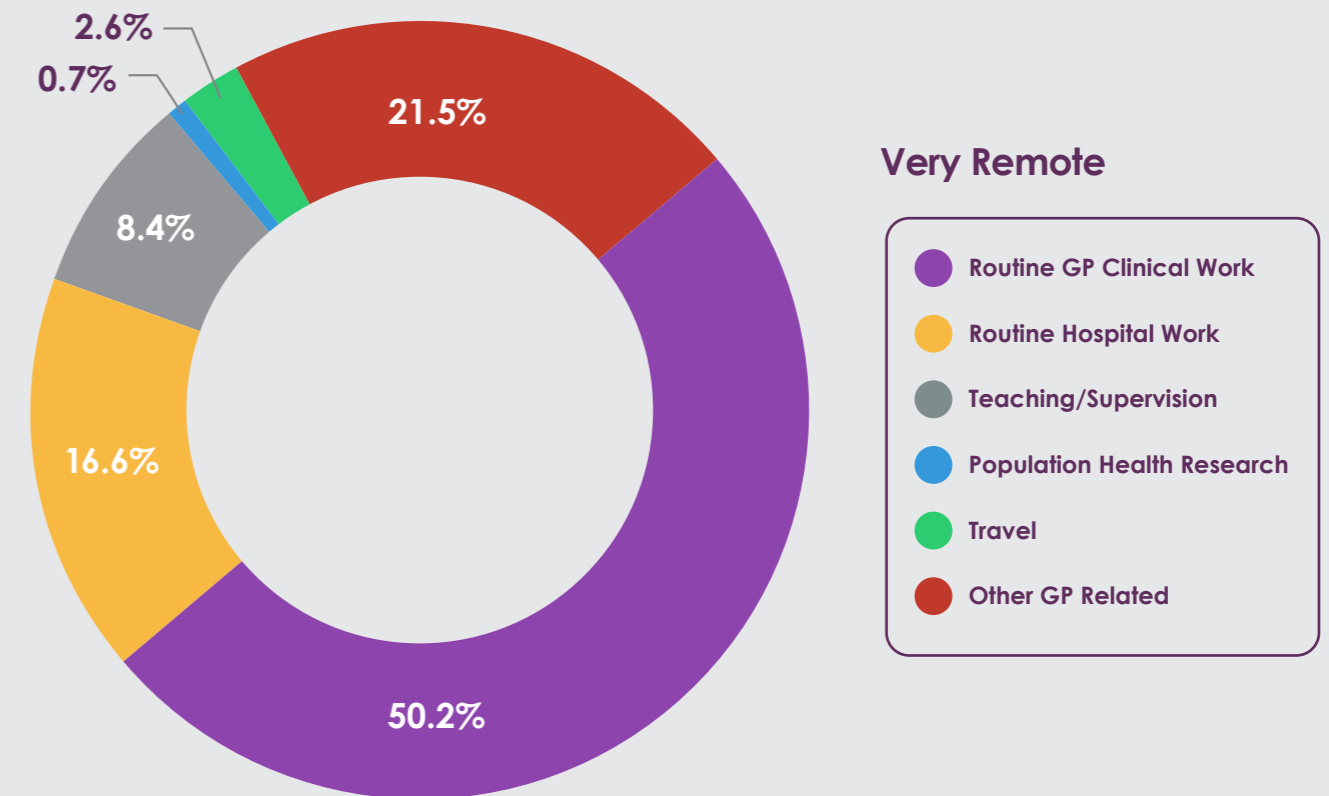


Figure 10b: Percentage of self-reported hours by task for Very Remote practitioners

# Procedural Skills

Procedural skills data are self-reported by practitioners on the MDS survey and remain in the database for three years if another MDS survey is not completed. Data was available for a sample of 590 medical practitioners.

Additional auditing has been implemented this year to ensure participants held 'Specialist' registration with either RACGP or ACRRM.

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. Two 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.

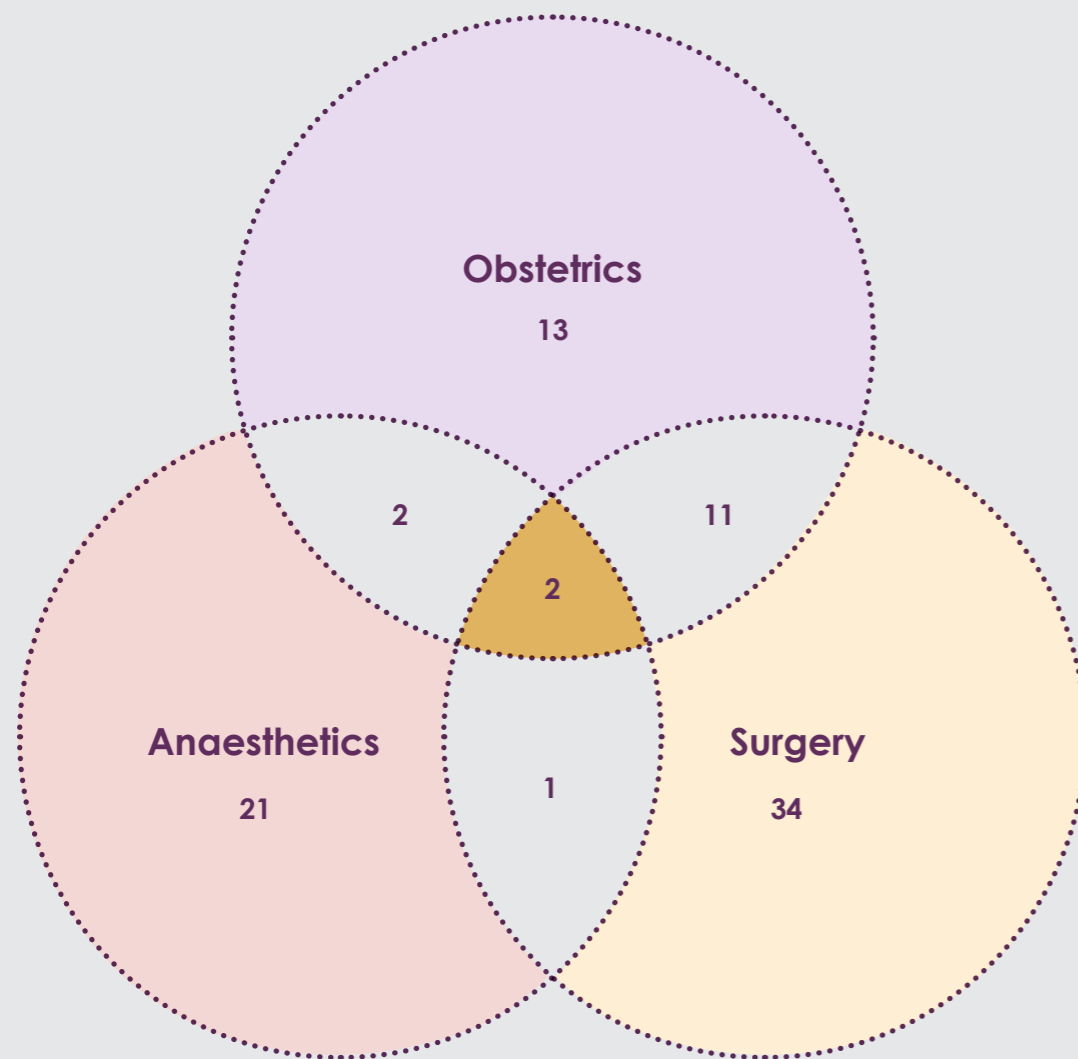


Figure 11: Sample number of practitioners who self-reported regularly undertaking single and multiple procedural skills

# 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 and sex

# Workforce Sustainability

## Workforce Turnover

As of 30 November 2021, there were 504 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 227 of the new arrivals. In the same period there were 458 departures (17% of the workforce), 133 of whom were registrars.

The proportional turnover of medical practitioners was highest in Remote locations with approximately a 25 percent turnover rate, compared to Inner Regional locations with a 17 percent turnover.

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

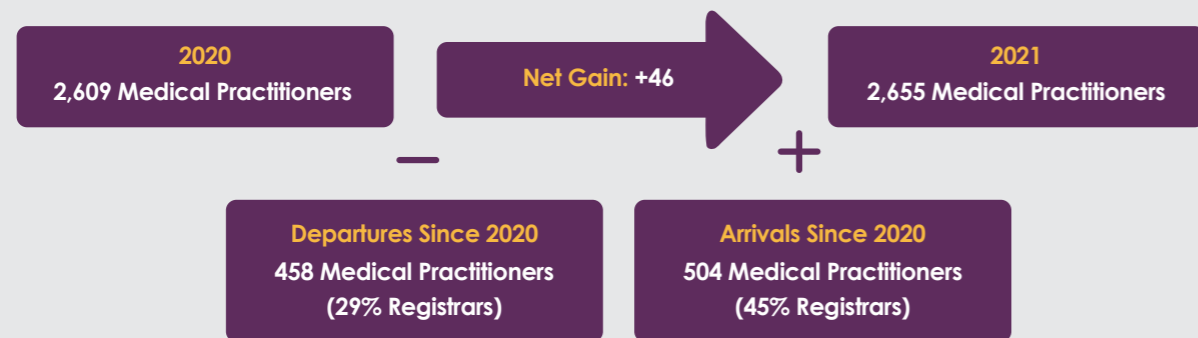


Figure 13: Turnover of medical practitioners in remote and rural Queensland since 2020

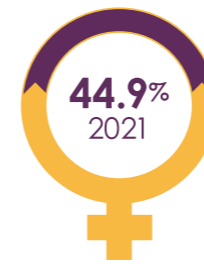
## Intention to remain in current location

In the annual medical practitioner survey medical practitioners were asked to report their intended length of stay at their current location. Approximately 20 percent of medical practitioners working in Remote and 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 (13%) or Outer (8.5%) Regional Queensland. Figure 14 depicts the proportion of survey respondents who reported intending to stay at their current location for less than twelve months grouped by their RA classification.

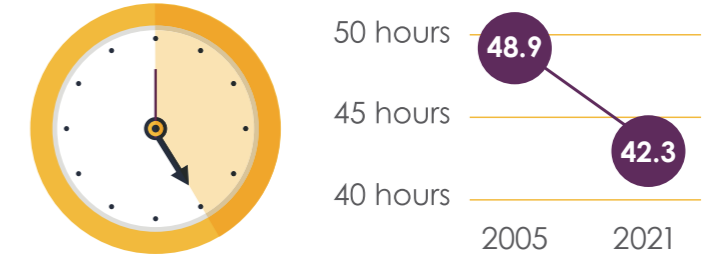


Figure 14: Percent of medical practitioners self-reporting intent to remain in current location for less than twelve months by RA classification



Proportion of female practitioners working in remote, rural and regional locations increased from 36.7% in 2010 to 44.9% in 2021.

Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural and regional Queensland has decreased by almost seven hours, from 48.9 hours in 2005, to 42.3 hours in 2021.



Approximately 20% of medical practitioners working in Remote and Very Remote Queensland self-reported intent to leave their current location in less than 12 months.

## 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 2021 was just over half at 52.6%.



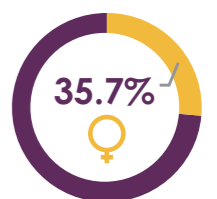
Medical practitioner departures from remote, rural, and regional Queensland between 30th November 2020 and 30th November 2021 represented 17% of the total workforce.

Only 4.5% of medical practitioners self-reported working as a 'Solo' doctor

4.5%



(although another 3.9% described themselves as 'Solo co-located', that is working solo at premises shared with at least one other doctor).



In Very Remote communities, female practitioners represented 44.9% of the workforce, up from 35.7% in 2020.

The proportion of the workforce engaged in general practice settings tended to decrease with increasing remoteness, reducing from 91% in Inner Regional Queensland to 16.3% 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.





Level 4, 348 Edward Street, Brisbane QLD 4000

 07 3105 7800

 [admin@healthworkforce.com.au](mailto:admin@healthworkforce.com.au)

 07 3105 7801

 [healthworkforce.com.au](http://healthworkforce.com.au)



**Health Workforce  
Queensland**