



Health Workforce
Queensland

Minimum Data Set Summary Report 2024

A snapshot of the general practitioner
workforce landscape in remote, rural,
and regional Queensland as of
30 November 2024

About Us

Health Workforce Queensland (HWQ) is a not for profit, non-Government Rural Workforce Agency dedicated to improved health outcomes for remote and rural Queenslanders through equitable and effective health workforce solutions.

We work closely with key health stakeholders such as Primary Health Networks, peak bodies, Hospital and Health Services, Aboriginal Community Controlled Health Services, primary care practices and all levels of government to inform health policy and enhance the implementation of workforce solutions.

Our Vision

To ensure an optimal health workforce to enhance the health of Queensland communities.

Our Purpose

To create 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 equitable access to services based on prioritised need.

Sustainable Growth

We enhance our financial sustainability and provide additional services by leveraging our resources and collaborations.

Acknowledgements

Health Workforce Queensland is funded by the Australian Government Department of Health, Disability and Ageing.



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

Whitsundays Langford Island

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 (Aboriginal Community Controlled Health Services [ACCHS], private practices, small hospitals and the Royal Flying Doctor Service [RFDS]) informed by numerous sources including an annual survey of general practices and general practitioners (GPs) and a twice-yearly phone call.

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 planning.

Locations for which data has 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.

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 2024.

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's remote, rural, and regional 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 2024, there were 2,818 medical practitioners working in ASGS RA 5-2 Queensland



Synopsis of results

As of 30 November 2024, there were 2,818 medical practitioners (2023 $N = 2,687$) working in RA 5-2 Queensland. The Northern Queensland (NQ) region had the largest remote, rural, and regional medical workforce in the state. The average age of the workforce was 49.03 years.

Female practitioners accounted for 47.80 percent of the workforce, with the highest representation in Outer Regional communities (RA3) at 50.19 percent (2023 = 49.61%). The lowest was in Very Remote communities (RA5) at 42.48 percent (2023 = 41.96%).

For the first time since 2015, a little over half (51.21%) of the medical workforce were trained overseas, an increase from 2023 (49.68%). Solo practitioners represented 2.77 percent of the workforce, and this increased to 9.55 percent (2023% = 11.10%) 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 are subject to variance due to sample size ($n = 691$). Practitioners self-reported working an average of 40.50 hours per week (2023 = 40.80) on medical-related work. Female practitioners (37.44 hours per week) averaged approximately five hours per week less than males (42.85 hours per week). Male practitioners in Remote Queensland (RA4) reported working an average 45.07 hours per week ($n = 16$), approximately 16 hours per week more than their remote female peers ($M = 29.33$ hours, $n = 12$) and approximately five hours more per week than the state average.

Queensland Workforce

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 accurately.

Figure 1 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 increase of approximately four percent ($n = 113$) in workforce numbers, with all PHN regions experiencing increases.

The Northern Queensland (NQ) region had the most medical practitioners ($n = 1,135$), the majority of whom worked in Outer Regional (RA3) locations. More than 85 percent of Western Queensland (WQ) region practitioners provided services to Remote (RA4) and Very Remote (RA5) communities. Across PHN regions, Very Remote (RA5) locations experienced an increase of approximately 36 percent ($n = 41$), while Remote (RA4) locations observed a seven percent decrease ($n = -6$).

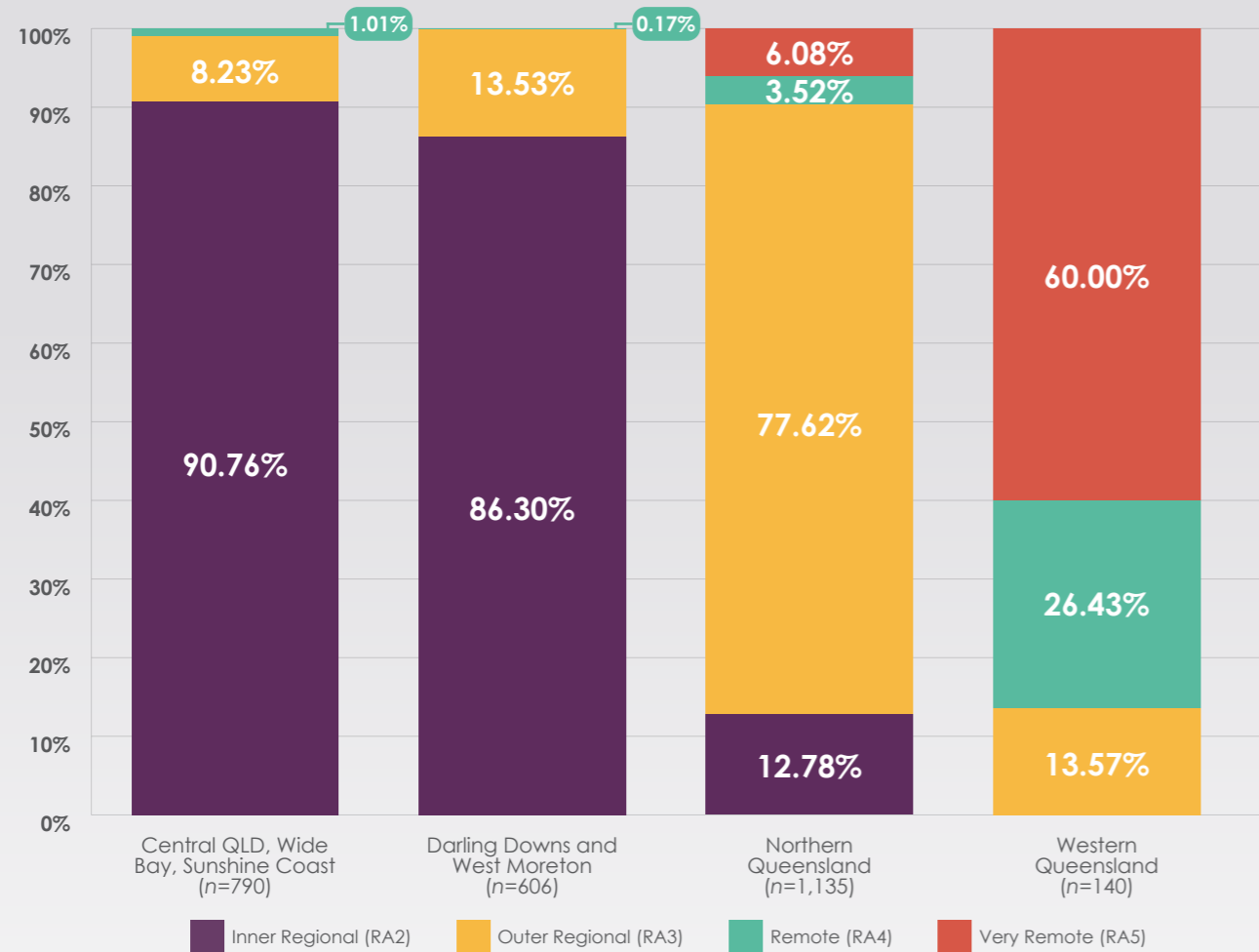


Figure 1: Percent of medical practitioners by PHN region and RA classification

Most medical practitioners were employed in general practice settings as their primary role (82.79%), followed by Hospital and Health Services (HHSs) and 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 Service/ACCHS | 49 | 41 | 7 | 22 | 119 |
| General Practice | 1,405 | 857 | 39 | 32 | 2,333 |
| Hospital and Health Service (HHS) | 64 | 154 | 31 | 85 | 334 |
| Royal Flying Doctors Service (RFDS) | - | - | 18 | 14 | 32 |
| Total | 1,518 | 1,052 | 95 | 153 | 2,818 |

Note: A coding discrepancy for Remote and Very Remote locations was identified in last year's report and general practitioner percents were adjusted.

Similar to previous years, the proportion of the workforce engaged primarily in private general practice settings tended to decrease with increasing remoteness, ranging from 92.56 percent (2023 = 91.75%) in Inner Regional locations to 20.92 percent (Adjusted 2023 = 23.21%) in Very Remote locations (see, Figure 2). Conversely, the proportion of the workforce working in HHS roles ranged from 4.22 percent in Inner Regional to 55.56 percent (Adjusted 2023 = 62.50%) in Very Remote Queensland.

This year, a decrease has been observed in the private practitioner workforce for both Remote and Very Remote locations. These changes have been accompanied by an approximate increase of 20 percent in the proportion of HHS-based practitioners.

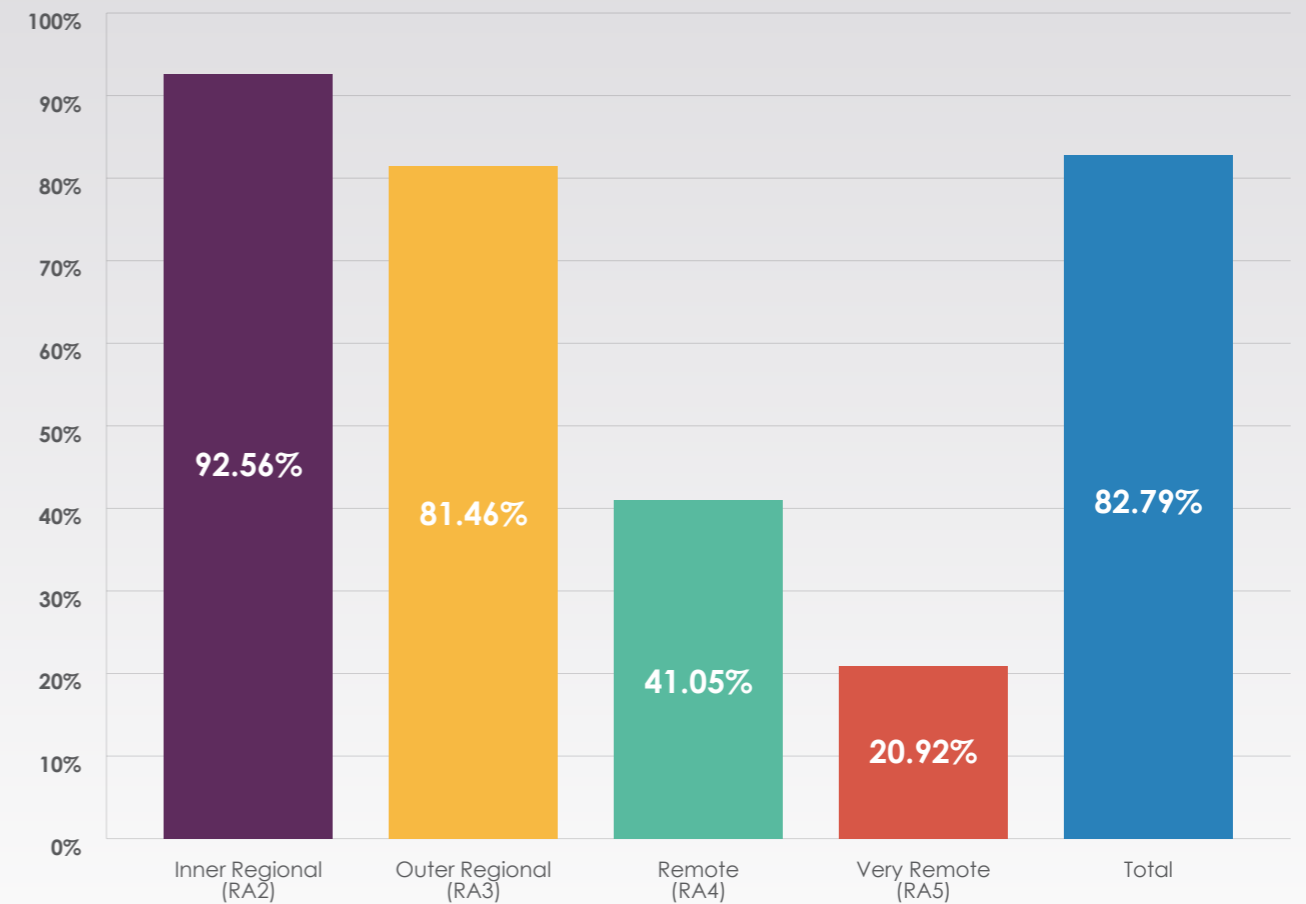


Figure 2: Percent of medical practitioners in a general practice setting by RA classification

Workforce Demographics

Hours Worked

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 40.50 hours ($n = 697$). This represents an approximate two-hour reduction in the self-reported total hours per week since 2020 (Figure 3).

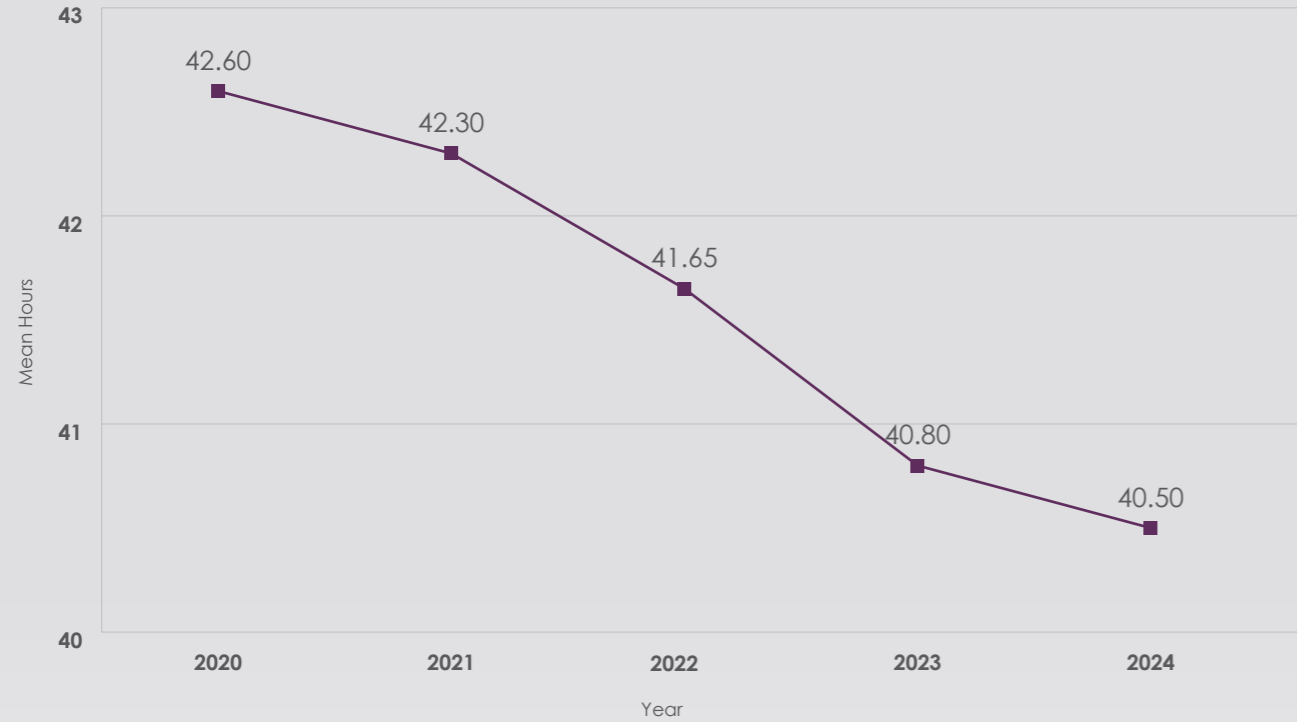


Figure 3: Average self-reported total hours worked per week 2020-2024

Males ($M = 42.85$ hours, $n = 394$) self-reported working approximately five hours more per week than their female counterparts ($M = 37.44$ hours, $n = 303$). The most marked difference between male and female practitioners was in Remote Queensland, where females self-reported working approximately 16 hours less per week (Figure 4).

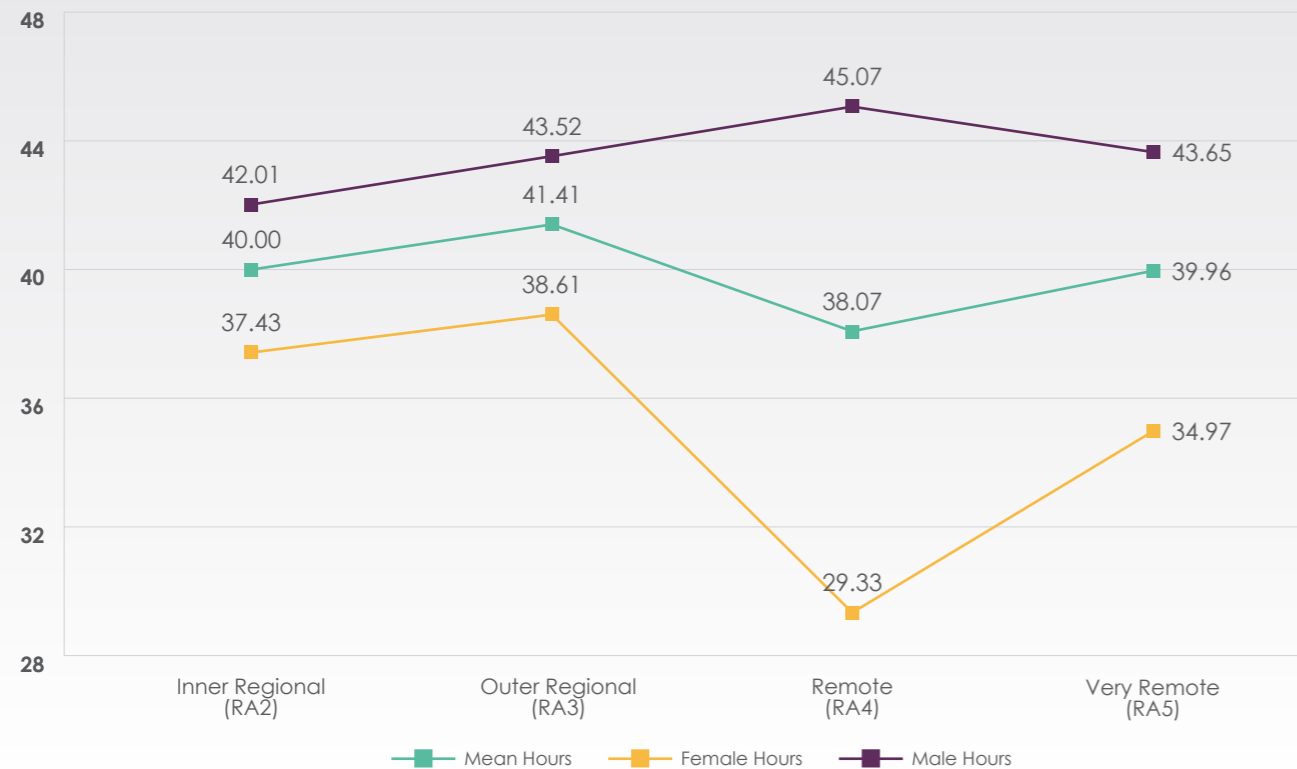


Figure 4: Mean self-reported total hours per week by sex and RA classification.

Figure 5 indicates that between 2020 and 2024, the mean age of medical practitioners has gradually reduced by just over a year.

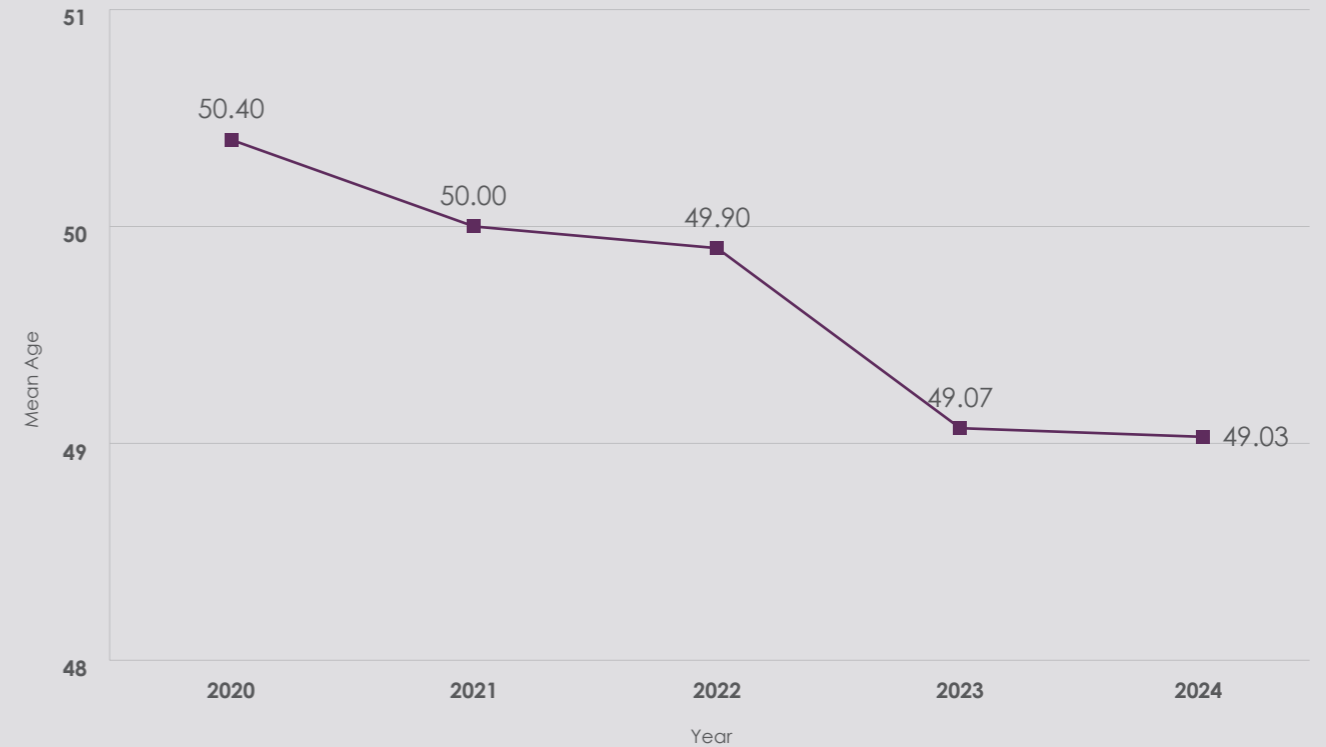


Figure 5: Mean age 2020-2024



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. Female practitioners reported working less hours across all age groups, with the largest difference between the sexes observed in the <30 years age group (13.92 hours) followed by the 35-39 years (9.27 hours), 45-49 years (6.84 hours) and 60-64 years (6.67 hours) age groups. With only four males in the <30 age group, generalisability of results from this cohort are limited.

Sex Distribution

Female practitioners comprised 47.80 percent (2023 = 46.56%) of the overall remote and rural workforce. As in previous years, there has been a small increase in the representation of female practitioners this year across remote and rural Queensland, except for in Remote (RA4) locations (2023 Female% = 44.90%). For the first time, this year female practitioners in Outer Regional (RA3) locations accounted for just over 50 percent of the workforce (Figure 7).

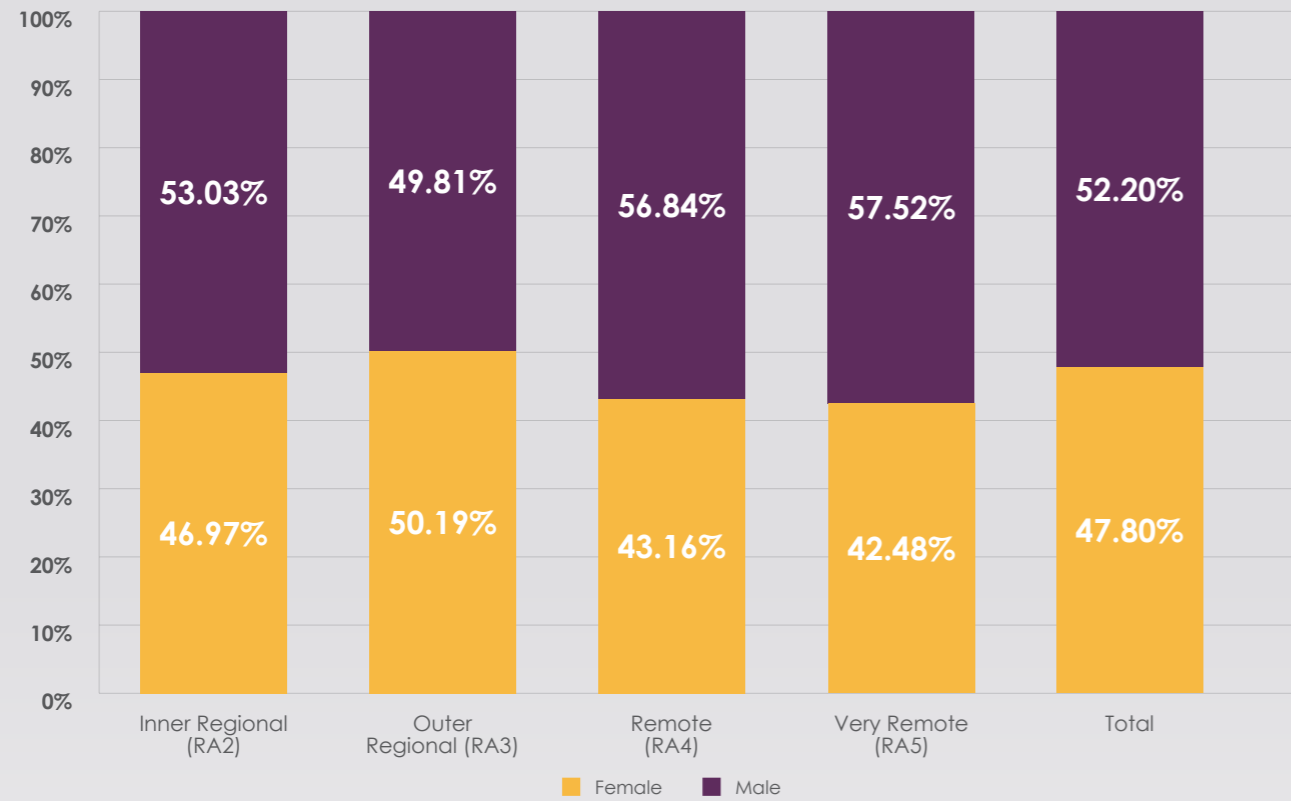


Figure 7: Proportion of practitioners by sex and RA classification

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

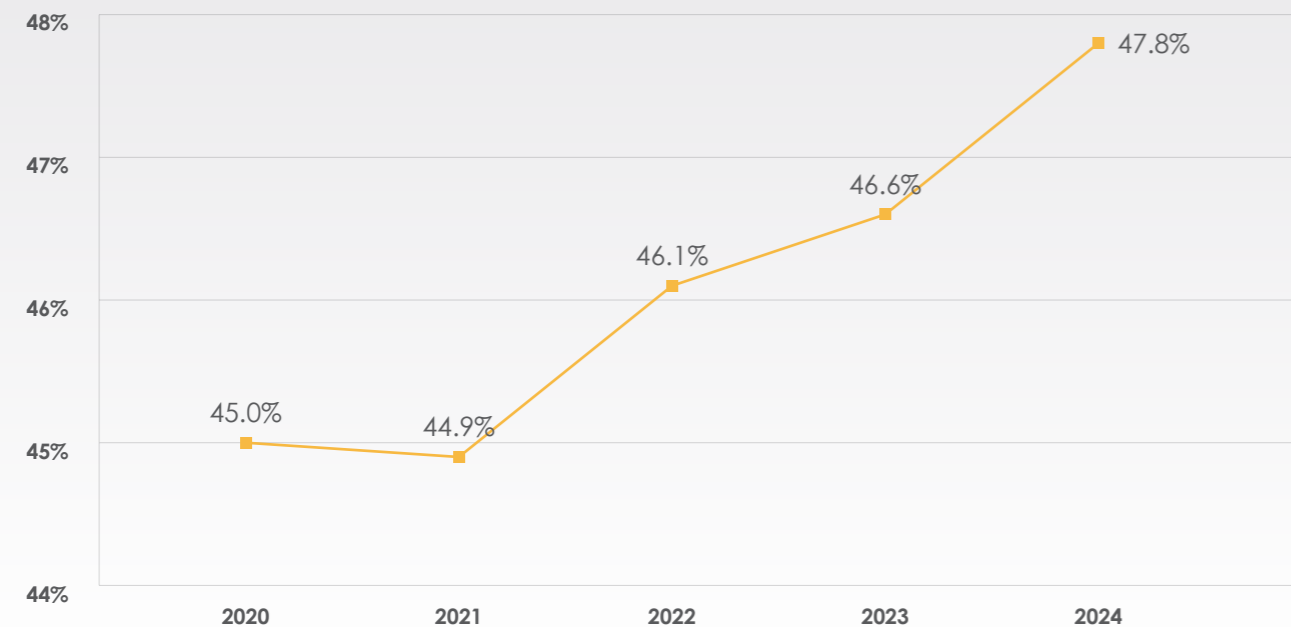


Figure 8: Percent of female practitioners 2020-2024

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

Figure 9 depicts the average self-reported total hours worked per week (n = 697) by RA classification for 2024 compared to last year. Hours worked ranged from approximately 38 hours per week in Remote (RA4) locations, to 41 hours in Outer Regional (RA3) locations.

Compared to last year, practitioners in all locations, except for Inner Regional (RA2), self-reported working less hours per week. The largest decreases were for practitioners in Remote (RA4) and Very Remote (RA5) locations and ranged from approximately five to two hours less per week respectively.

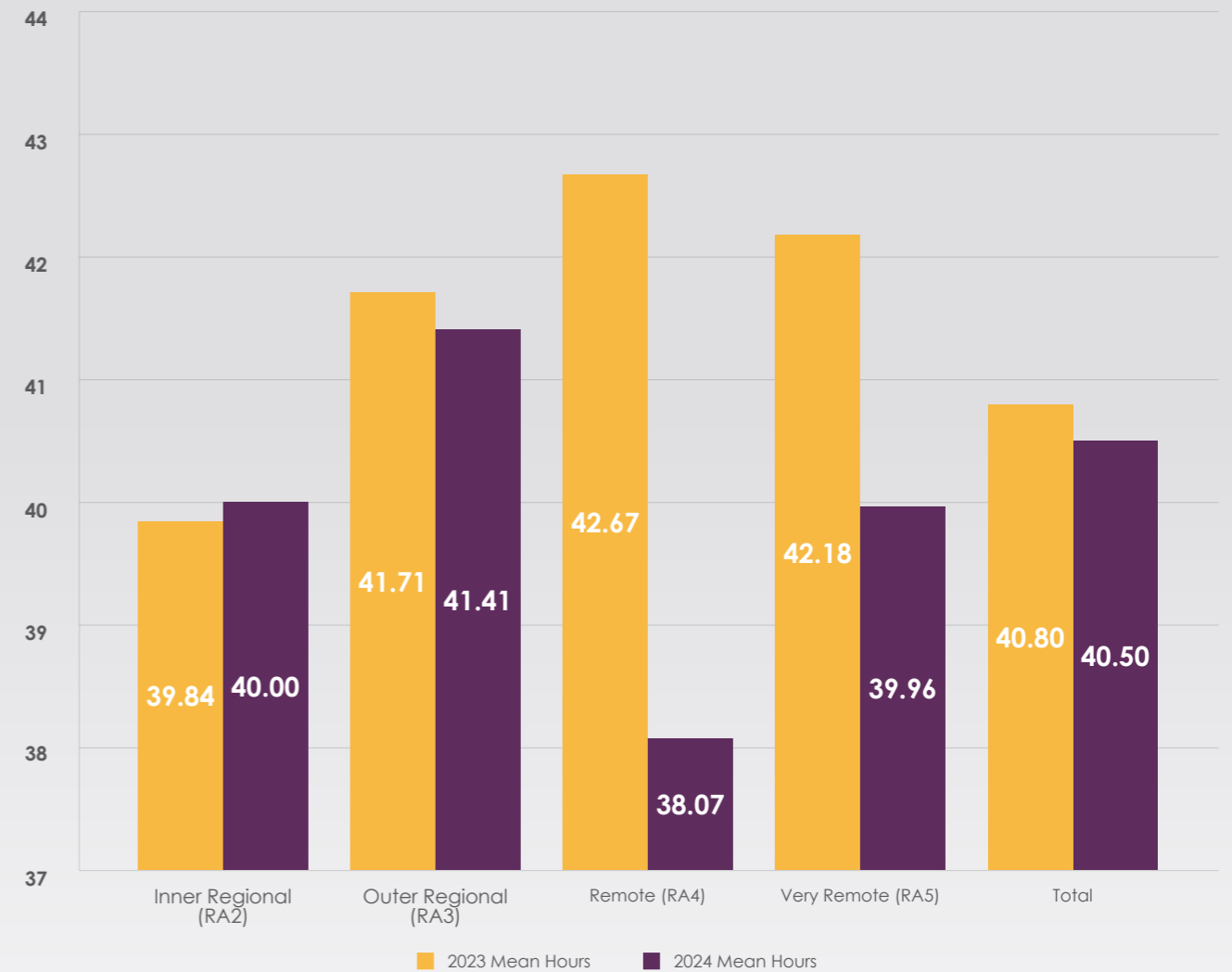


Figure 9: Mean self-reported total hours worked per week by RA classification

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, teaching and/or supervision and population health research than those in less remote areas.

Compared to last year, Remote and Very Remote practitioners spent approximately two percent more time in general practice clinical work with consequent marginal reductions in routine hospital work.

Figure 10 depicts the proportional breakdown of tasks undertaken during a typical week by practitioners in Inner Regional and Very Remote locations.

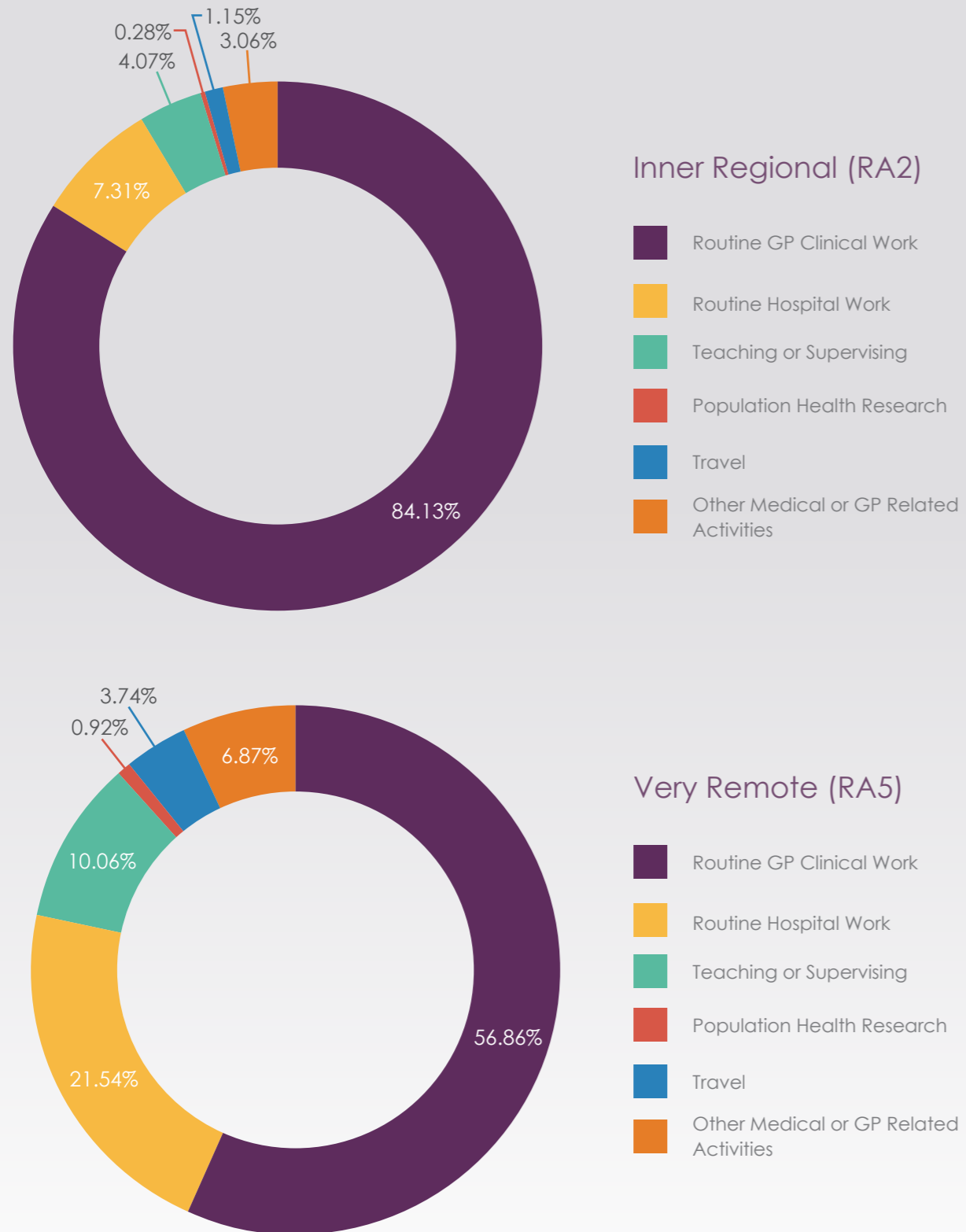


Figure 10: Percentage of self-reported hours by task for Inner Regional and Very Remote practitioners

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 506 medical practitioners (2023 n = 479).

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. Three practitioners reported regular practice in all three procedural skills, and operative surgery had the highest number of self-reported practitioners (n = 64). It should be noted this is self-report data and is not a complete representation of procedural medical practitioners in RA 5-2.

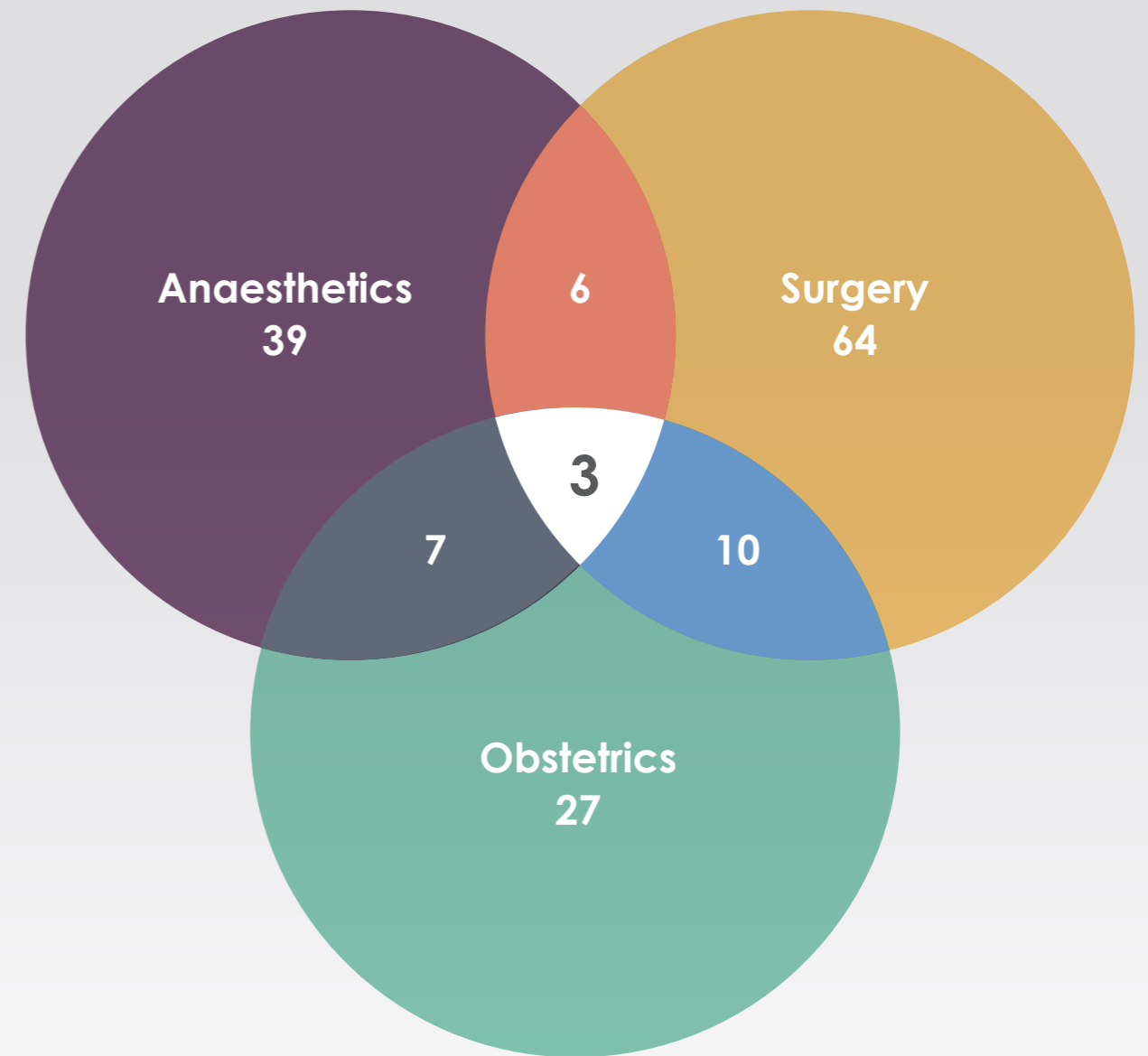


Figure 11: Number of practitioners who self-reported regularly undertaking single and multiple procedural activities

Average Years of Employment at Current Practice

Medical practitioners working in Outer Regional (RA3) locations have, on average, been employed at their current place of work for almost seven years, a little over three years longer than those working in Very Remote (RA5) locations (Figure 12).

Male practitioners in Inner Regional (RA2) and Outer Regional locations had been working at their primary practice a little over two and a half years longer than their female counterparts, however, differences were negligible in Remote and Very Remote locations.

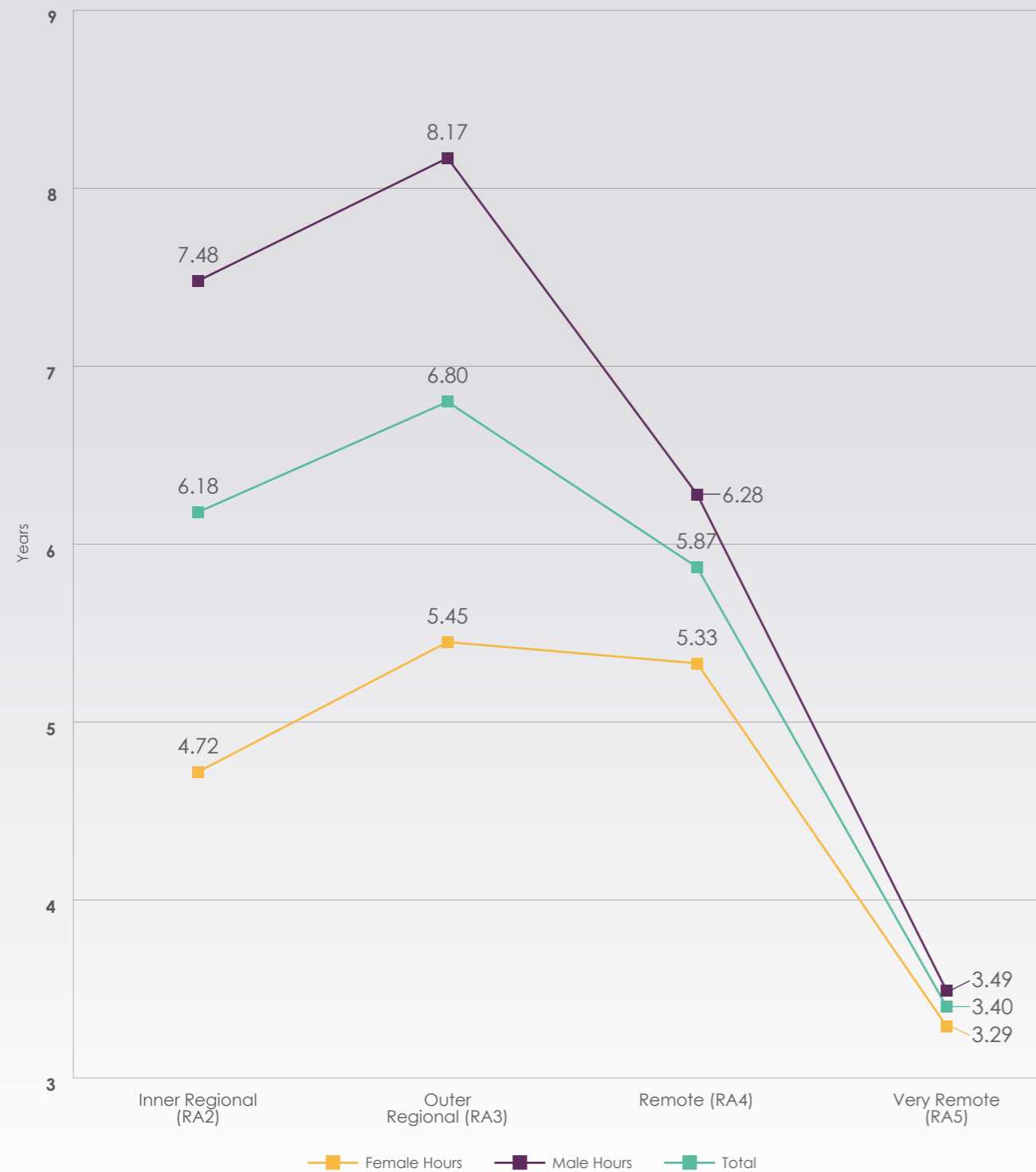


Figure 12: Mean years of employment at current practice by RA classification and sex

Workforce Sustainability

Workforce Turnover

Since 2023, there has been a net gain of 131 medical practitioners. As mentioned previously, challenges were met in tracking registrar workforce movements and numbers due to the unavailability of previously accessible registrar data this year.



The proportional turnover of medical practitioners was highest in Remote locations at 16.84 percent, followed by approximately 14 percent in both Inner Regional and Outer Regional locations. Registrars contributed to over 21 percent of both arrivals and departures. (Figure 13).

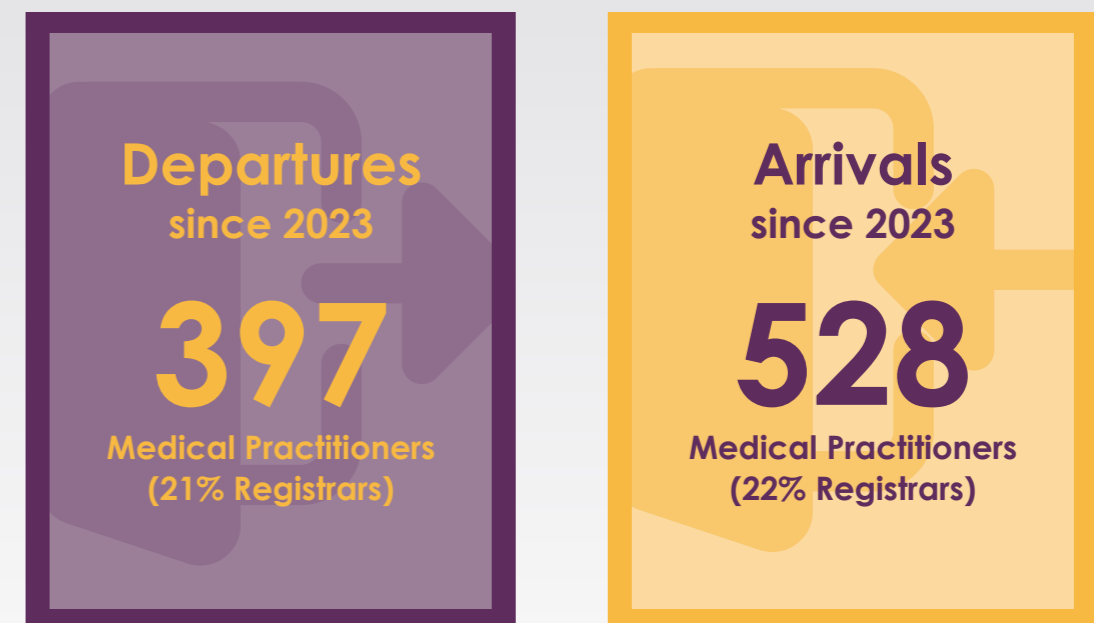


Figure 13: Turnover of medical practitioners in remote and rural Queensland since 2023

All RA classifications observed net gains, except for Remote (RA4) locations which experienced no net change. Overall, male practitioners comprised a little over half of the departures, and more female practitioners departed from Very Remote (RA5) and Outer Regional (RA3) locations than males. As for arrivals, female practitioners represented 54.55 percent of arrivals, of which the majority (57.54%) were to Inner Regional (RA2) locations. Approximately 57.62 percent of arrivals in Remote and Very Remote locations were male practitioners. The largest proportional net gain (15.03%) was for Very Remote (RA5) locations.

Intention to Remain in Current Location

In the annual medical practitioner survey, medical practitioners (n = 679) reported their intended length of stay at their current location. Approximately 35 percent of Remote practitioners self-reported their intention to remain at their current location for less than three years, the highest proportion across remote and rural Queensland.

Figure 14 depicts the proportion of survey respondents who intend to stay at their current location for less than three years, grouped by RA classification.

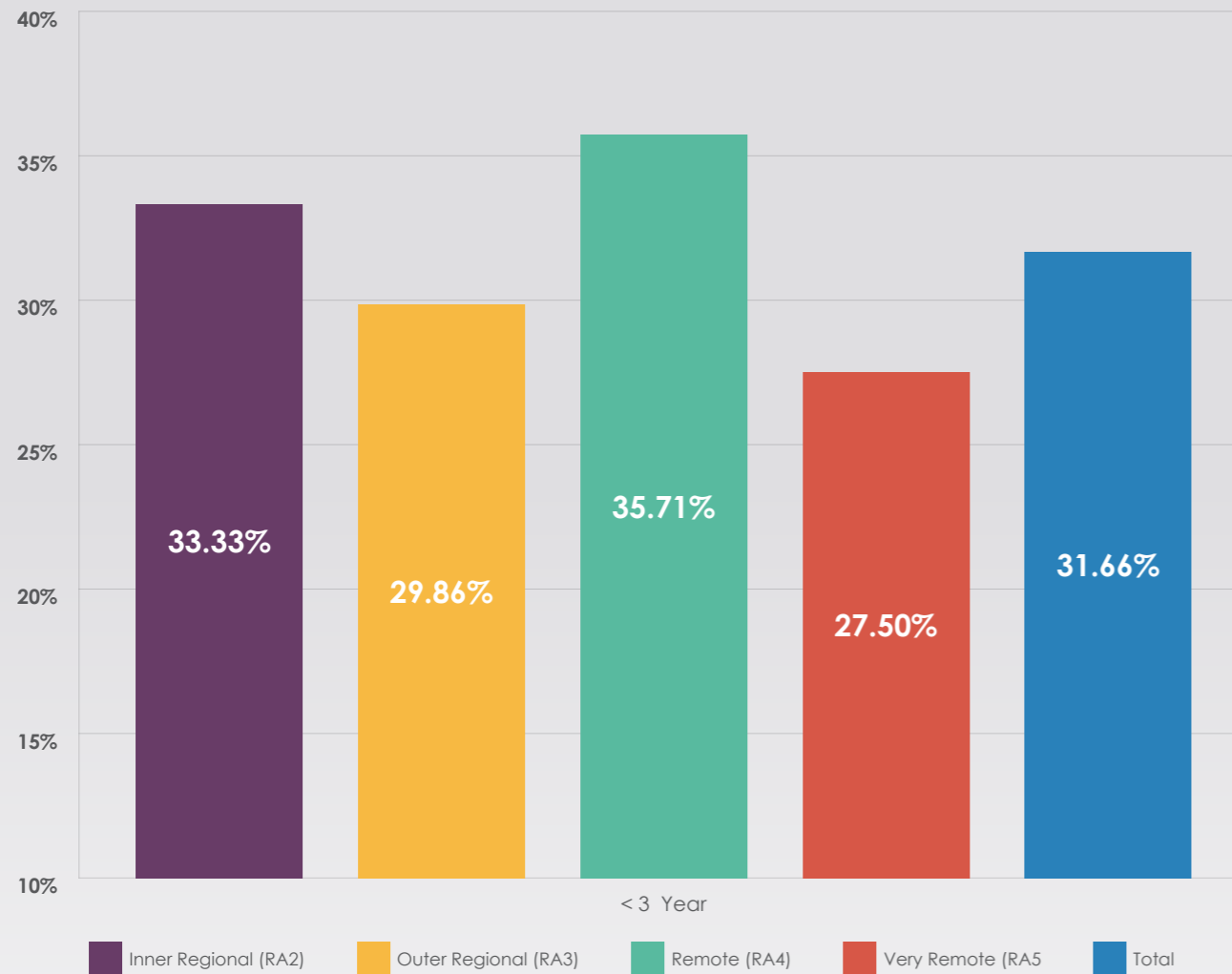
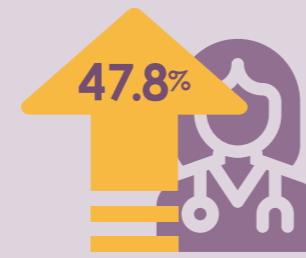
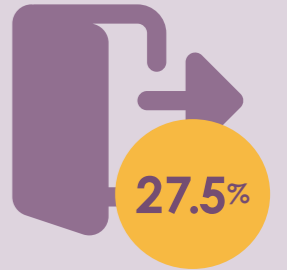


Figure 14: Percent of medical practitioners self-reported intent to remain in current location for less than 3 years by RA classification



Proportion of female practitioners working in remote, rural, and regional locations has increased from 38.8% in 2012 to 47.8% in 2024.

27.5% of medical practitioners working in Very Remote Queensland self-reported intent to leave their current location in the next three years, less than any other geographic classification.



Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural, and regional Queensland has decreased by a little over eight hours per week, from 48.9 hours in 2005, to 40.5 hours in 2024.



Workforce turnover for remote, rural, and regional Queensland between 30 November 2023 and 30 November 2024 represented approximately 22% of the total workforce.

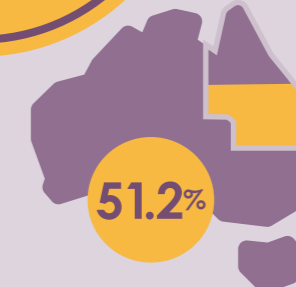
Did you know

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

49 years?

Oldest 88;
Youngest 26.

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



In 2024, the proportion of overseas trained remote, rural and regional medical practitioners in Queensland was just over half at 51.2%, an approximate two percent increase since last year.

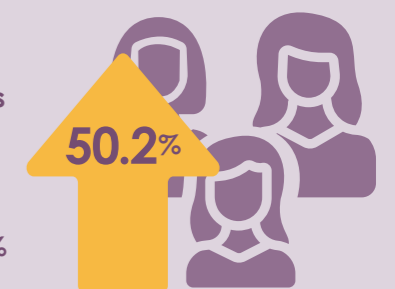
Only 2.8% of medical practitioners self-reported working as a 'Solo' practitioner



(although another 6.8% described themselves as 'Solo co-located', that is, working solo at premises shared with at least one other doctor).



For the first time, Outer Regional female practitioners accounted for over half (50.2%) of the workforce, an increase from 49.6% last year.



The proportion of the workforce engaged in private general practice settings tended to decrease with increasing remoteness, reducing from approximately 93% in Inner Regional (RA2) to 21% in Very Remote (RA5) Queensland.



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