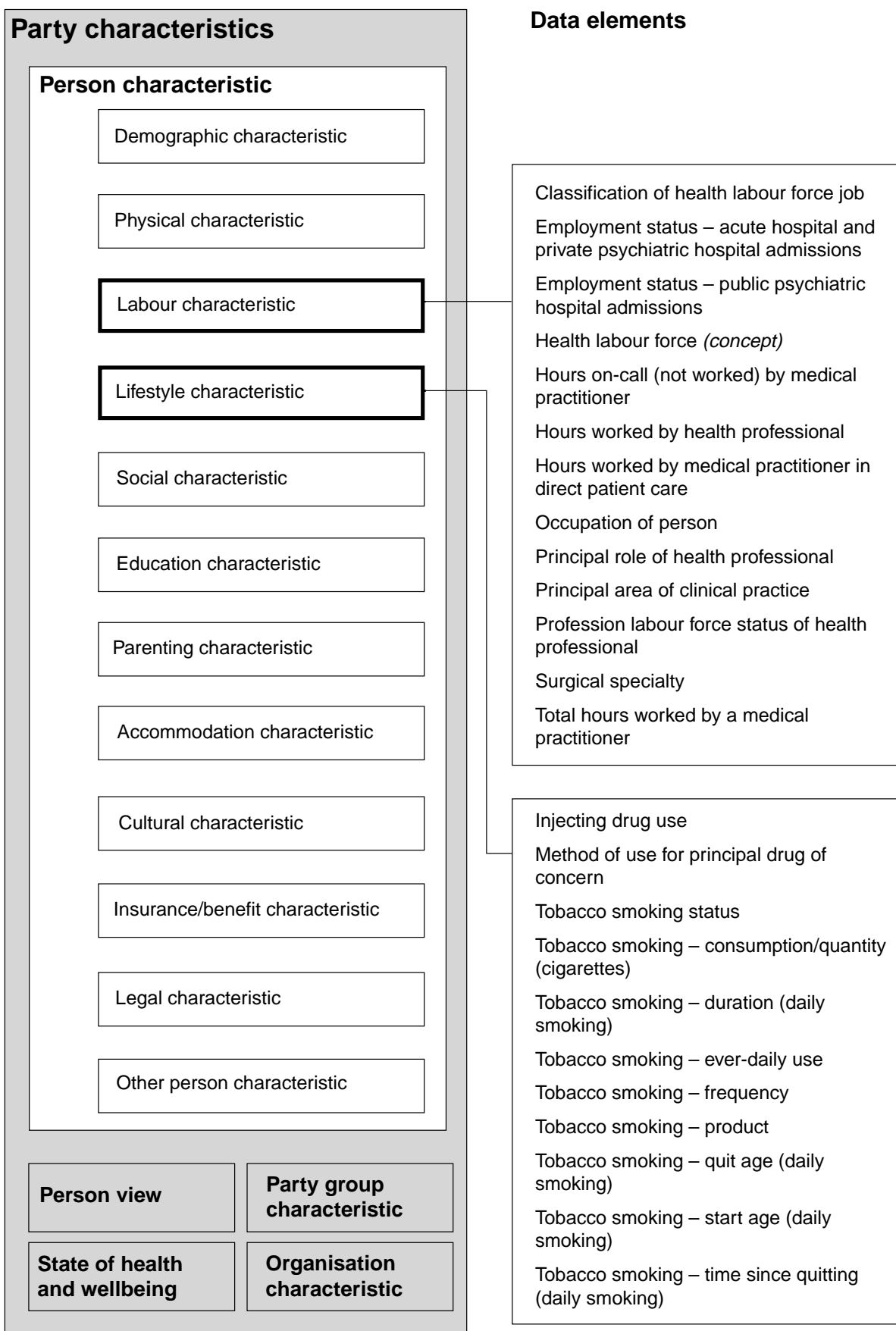


# National Health Information Model entity



---

## Classification of health labour force job

---

*Admin. status:* CURRENT 1/07/1995

### Identifying and definitional attributes

*Knowledgebase ID:* 000023 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* Position or job classification is a broad description of the roles and levels within a general organisational or industrial structure for health professions, and classifications vary among the professions according to organisational arrangements.

*Context:* Health labour force: distribution of a professional labour force across job classification categories cross classified with other variables allows analysis of:

- career progression
- age and gender distribution
- imputed salary/wage distribution

### Relational and representational attributes

*Datatype:* Alphanumeric Field size: Min. 3 Max. 3 Layout: ANN

*Data domain:*

- A01 Medicine – General practitioner working mainly in general practice
- A02 Medicine – General practitioner working mainly in a special interest area
- A03 Medicine – Salaried non-specialist hospital practitioner: RMO or intern
- A04 Medicine – Salaried non-specialist hospital practitioner: other hospital career medical officer
- A05 Medicine – Specialist
- A06 Medicine – Specialist in training (e.g. registrar)
- B01 Dentistry (private practice only) – Solo practitioner
- B02 Dentistry (private practice only) – Solo principal with assistant(s)
- B03 Dentistry (private practice only) – Partnership
- B04 Dentistry (private practice only) – Associateship
- B05 Dentistry (private practice only) – Assistant
- B06 Dentistry (private practice only) – Locum
- C01 Nursing – Enrolled nurse
- C02 Nursing – Registered nurse
- C03 Nursing – Clinical nurse
- C04 Nursing – Clinical nurse consultant/supervisor
- C05 Nursing – Nurse manager
- C06 Nursing – Nurse educator
- C07 Nursing – Nurse researcher
- C08 Nursing – Assistant director of nursing
- C09 Nursing – Deputy director of nursing
- C10 Nursing – Director of nursing
- C11 Nursing – Tutor/lecturer/senior lecturer in nursing (tertiary institution)

**Data domain  
(continued):**

C12	Nursing – Associate professor/professor in nursing (tertiary institution)
C98	Nursing – Other (specify)
C99	Nursing – Unknown/inadequately described/not stated
D01	Pharmacy (community pharmacist) – Sole proprietor
D02	Pharmacy (community pharmacist) – Partner-proprietor
D03	Pharmacy (community pharmacist) – Pharmacist-in-charge
D04	Pharmacy (community pharmacist) – Permanent assistant
D05	Pharmacy (community pharmacist) – Reliever, regular location
D06	Pharmacy (community pharmacist) – Reliever, various locations
E01	Pharmacy (Hospital/clinic pharmacist) – Director/deputy director
E02	Pharmacy (Hospital/clinic pharmacist) – Grade III pharmacist
E03	Pharmacy (Hospital/clinic pharmacist) – Grade II pharmacist
E04	Pharmacy (Hospital/clinic pharmacist) – Grade I pharmacist
E05	Pharmacy (Hospital/clinic pharmacist) – Sole pharmacist
F01	Podiatry – Own practice (or partnership)
F02	Podiatry – Own practice and sessional appointments elsewhere
F03	Podiatry – Own practice and fee-for-service elsewhere
F04	Podiatry – Own practice, sessional and fee-for-service appointments elsewhere
F05	Podiatry – Salaried podiatrist
F06	Podiatry – Locum, regular location
F07	Podiatry – Locum, various locations
F08	Podiatry – Other (specify)
G01	Physiotherapy – Own practice (or partnership)
G02	Physiotherapy – Own practice and sessional appointments elsewhere
G03	Physiotherapy – Own practice and fee-for-service elsewhere
G04	Physiotherapy – Own practice, sessional and fee-for-service appointments elsewhere
G05	Physiotherapy – Salaried physiotherapist
G06	Physiotherapy – Locum, regular location
G07	Physiotherapy – Locum, various locations

**Administrative attributes**

**Source organisation:** National Health Labour Force Data Working Group

**National minimum data sets:**

Health labourforce from 1/07/1989 to

**Comments**

Position or job classifications are specific to each profession and may differ by State or Territory. The classifications above are simplified so that comparable data presentation is possible and possible confounding effects of enterprise specific structures are avoided. For example, for medicine, the job classification collected in the national health labour force collection is very broad. State/Territory health authorities have more detailed classifications for salaried medical practitioners in hospitals. These classifications separate interns, the Resident Medical Officer levels, Registrar levels, Career Medical Officer positions, and supervisory positions including clinical and medical superintendents. Space restrictions do not at present permit these classes to be included in the National Health Labour Force Collection questionnaire.

---

## Employment status—acute hospital and private psychiatric hospital admissions

---

*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000395 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* Self-reported employment status of a person, immediately prior to admission to an acute or private psychiatric hospital.

*Context:* The Australian Health Ministers' Advisory Council Health Targets and Implementation Committee (1988) identified socioeconomic status as the most important factor explaining health differentials in the Australian population. The committee recommended that national health statistics routinely identify the various groups of concern. This requires routine recording in all collections of indicators of socioeconomic status. In order of priority, these would be: employment status, income, occupation and education.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 1 Layout: N

*Data domain:*  
1 Unemployed/pensioner  
2 Other

*Collection methods:* For national reporting purposes it is preferable to distinguish these two data items logically, however, in practice, this data item and current or last occupation could probably be collected with a single question, as is done in Western Australia:

Occupation?

For example:

- housewife or home duties
- pensioner miner
- tree feller
- retired electrician
- unemployed trades assistant
- child
- student
- accountant

*Related data:* relates to Employment status—public psychiatric hospital admissions, version 2  
supersedes previous data element Employment status, version 1

### Administrative attributes

*Source organisation:* National minimum data set working parties

*National minimum data sets:*

Admitted patient mental health care from 1/07/2000 to

---

## Employment status—public psychiatric hospital admissions

---

*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000317 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* Self-reported employment status of a person, immediately prior to admission to a public psychiatric hospital.

*Context:* The Australian Health Ministers' Advisory Council Health Targets and Implementation Committee (1988) identified socioeconomic status as the most important factor explaining health differentials in the Australian population. The committee recommended that national health statistics routinely identify the various groups of concern. This requires routine recording in all collections of indicators of socioeconomic status. In order of priority, these would be: employment status, income, occupation and education.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 1 Layout: N

*Data domain:*

1	Child not at school
2	Student
3	Employed
4	Unemployed
5	Home duties
6	Other

*Collection methods:* For national reporting purposes it is preferable to distinguish these two data items logically, however, in practice, this data item and current or last occupation could probably be collected with a single question, as is done in Western Australia:

Occupation?

For example:

- housewife or home duties
- pensioner miner
- tree feller
- retired electrician
- unemployed trades assistant
- child
- student
- accountant

*Related data:* relates to Employment status – acute hospital and private psychiatric hospital admissions, version 2

supersedes previous Employment status, version 1

## **Administrative attributes**

*Source organisation:* National minimum data set working parties

*National minimum data sets:*

Admitted patient mental health care from 1/07/2000 to

---

## Health labour force

---

*Admin. status:* CURRENT 1/07/1995

### Identifying and definitional attributes

*Knowledgebase ID:* 000061 Version number: 1

*Data element type:* DATA ELEMENT CONCEPT

*Definition:* All those in paid employment, unpaid contributing family workers, and unpaid volunteers:

- whose primary employment role is to achieve a health outcome for either individuals or the population as a whole, whether this is in clinical, research, education, administrative or public health capacities;
- employed in the health industry defined by the Australian Bureau of Statistics (ABS) using the Australian and New Zealand Standard Industrial Classification, other than those already included.

The health labour force consists of all those persons included in the health work force plus all those persons not currently employed in the health work force who are seeking employment therein. Health professionals registered in Australia but working overseas are excluded from the national health labour force. Health professionals registered in a particular State or Territory but working solely in another State or Territory or overseas are excluded from the health labour force for that State or Territory.

*Context:* Health labour force statistics and public hospital establishments.

### Relational and representational attributes

*Related data:* relates to Profession labour force status of health professional, version 1

### Administrative attributes

*Source organisation:* National Health Labour Force Data Working Group

---

## Hours on-call (not worked) by medical practitioner

---

*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000393 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* The number of hours in a week that a medical practitioner is required to be available to provide advice, respond to any emergencies etc.

*Context:* Health labour force: used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE).

Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variance in FTE.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 3 Max. 3 Layout: NNN

*Data domain:* Total hours, expressed as 000, 001 etc.

*Guide for use:* Code 999 for not stated/inadequately described  
Data element relates to each position (job) held by a medical practitioner.

*Verification rules:* Value must be less than 169 (except for 999).

*Collection methods:* There are inherent problems in asking for information on number of hours on-call not worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours on-call not worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

*Related data:* relates to Hours worked by medical practitioner in direct patient care, version 2  
relates to Total hours worked by a medical practitioner, version 2  
supersedes previous data element Hours worked, version 1

### Administrative attributes

*Source organisation:* National Health Labour Force Data Working Group

*National minimum data sets:*

Health labourforce from 1/07/1989 to

---

## Hours worked by health professional

---

*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000313 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* Hours worked is the amount of time a person spends at work in a week in employment/self-employment. It may apply to hours actually worked in a week or hours usually worked per week, and the National Health Labour Force Collection collects hours usually worked. It includes all paid and unpaid overtime less any time off. It also

- includes travel to home visits or calls out;
- excludes other time travelling between work locations;
- excludes unpaid professional and/or voluntary activities.

Total hours worked is the amount of time spent at work in all jobs.

As well as total hours worked, for some professions the National Health Labour Force Collection asks for hours worked in each of the main job, second job and third job. Hours worked for each of these is the amount of time spent at work in each job.

*Context:* Health labour force: important variable in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variance in FTE.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 3 Max. 3 Layout: NNN

*Data domain:* Total hours, expressed as 000, 001 etc.

*Guide for use:* Code 999 for not stated/inadequately described

*Verification rules:* Value must be less than 127 (except for 999).

*Collection methods:* There are inherent problems in asking for information on number of hours usually worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

*Related data:* supersedes previous data element Hours worked, version 1

## **Administrative attributes**

*Source organisation:* National Health Labour Force Data Working Group

*National minimum data sets:*

Health labourforce from 1/07/1989 to

*Comments:* It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

---

## Hours worked by medical practitioner in direct patient care

---

*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000392 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* The number of hours worked in a week by a medical practitioner on service provision to patients including direct contact with patients, providing care, instructions and counselling, and providing other related services such as writing referrals, prescriptions and phone calls.

*Context:* Health labour force: used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 3 Max. 3 Layout: NNN

*Data domain:* Total hours, expressed as 000, 001 etc.

*Guide for use:* Code 999 for not stated/inadequately described.

Data element relates to each position (job) held by a medical practitioner, not the aggregate of hours worked for all jobs.

*Verification rules:* Value must be less than 127 (except for 999).

*Collection methods:* There are inherent problems in asking for information on number of hours usually worked per week in direct patient care, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked in direct patient care are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

*Related data:* relates to Hours on-call (not worked) by medical practitioner, version 2  
relates to Total hours worked by a medical practitioner, version 2  
supersedes previous data element Hours worked, version 1

### Administrative attributes

*Source organisation:* National Health Labour Force Data Working Group

*National minimum data sets:*

Health labourforce from 1/07/1989 to

*Comments:* It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

---

## Occupation of person

---

*Admin. status:* CURRENT 1/07/1999

### Identifying and definitional attributes

*Knowledgebase ID:* 000230 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* The current job or duties in which the person is principally engaged.

*Context:* Injury surveillance: there is considerable user demand for data on occupation-related injury and illness, including from Worksafe Australia and from industry, where unnecessary production costs are known in some areas and suspected to be related to others in work-related illness, injury and disability.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 2 Max. 2 Layout: NN

*Data domain:* Australian Standard Classification of Occupations, Second edition (ABS 1997, Catalogue No. 1220.0 2 digit code level (sub major group))

*Related data:* supersedes previous data element Occupation of person, version 1

### Administrative attributes

*Source document:* Australian Standard Classification of Occupations, Second Edition, 1997, Catalogue No. 1220.0

*Source organisation:* Australian Bureau of Statistics

*Comments:* The structure of the Australian Standard Classification of Occupations has five levels:

9	Major groups	1-digit codes
35	Sub-major groups	2-digit codes
81	Minor groups	3-digit codes
340	Unit groups	4-digit codes
986	Occupations	5-digit codes

For example:

<u>Level</u>	<u>Code</u>	<u>Title</u>
Major group	2	Professionals
Sub-major group	23	Health Professionals
Minor group	231	Medical Practitioners
Unit group	2311	Generalist Medical Practitioners
Occupation	2311-11	General Medical Practitioner

A Computer Assisted Coding system is available from the Australian Bureau of Statistics to assist in coding occupational data to Australian Standard Classification of Occupations codes.

---

## Principal area of clinical practice

---

*Admin. status:* CURRENT 1/07/1995

### Identifying and definitional attributes

*Knowledgebase ID:* 000135 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* Principal area of clinical practice is defined as either the field of principal professional clinical activity or the primary area of responsibility, depending on the profession. It may be described in terms of the particular discipline, skills or knowledge field of the profession, whether general or specialised; or described in terms of the principal client group; or described by the principal activity of an institution, or section of an institution, where clinical practice takes place.

*Context:* Health labour force: to analyse distribution of clinical service providers by the area of their principal clinical practice. Cross-classified with other data, this item allows analysis of geographic distribution and profiles of population subsets. Required for health labour force modelling.

### Relational and representational attributes

*Datatype:* Alphanumeric Field size: Min. 3 Max. 3 Layout: ANN

*Data domain:*

- A11 GP/primary medical care practitioner – general practice
- A12 GP/primary medical care practitioner – a special interest area (specified)
- A21 GP/primary medical care practitioner – vocationally registered
- A22 GP/primary medical care practitioner – holder of fellowship of RACGP
- A23 GP/primary medical care practitioner – RACGP trainee
- A24 GP/primary medical care practitioner – other
- B31 Non-specialist hospital (salaried) – RMO/intern
- B32 Non-specialist hospital (salaried) – other hospital career
- B41 Non-specialist hospital (salaried) – holder of Certificate of Satisfactory Completion of Training
- B42 Non-specialist hospital (salaried) – RACGP trainee
- B44 Non-specialist hospital (salaried) – other
- B51 Non-specialist hospital (salaried) – specialist (includes private and hospital)
- B52 Non-specialist hospital (salaried) – specialist in training (e.g. registrar)
- B90 Non-specialist hospital (salaried) – not applicable
- C The following nursing codes are subject to revision because of changes in the profession and should be read in the context of the comments below:
  - C01 Nurse labour force – mixed medical/surgical nursing
  - C02 Nurse labour force – medical nursing
  - C03 Nurse labour force – surgical nursing
  - C04 Nurse labour force – operating theatre nursing
  - C05 Nurse labour force – intensive care nursing
  - C06 Nurse labour force – paediatric nursing
  - C07 Nurse labour force – maternity and obstetric nursing
  - C08 Nurse labour force – psychiatric/mental health nursing

<b>Data domain (continued):</b>	C09	Nurse labour force—developmental disability nursing
	C10	Nurse labour force—gerontology/geriatric nursing
	C11	Nurse labour force—accident and emergency nursing
	C12	Nurse labour force—community health nursing
	C13	Nurse labour force—child health nursing
	C14	Nurse labour force—school nursing
	C15	Nurse labour force—district/domiciliary nursing
	C16	Nurse labour force—occupational health nursing
	C17	Nurse labour force—private medical practice nursing
	C18	Nurse labour force—independent practice
	C19	Nurse labour force—independent midwifery practice
	C20	Nurse labour force—no one principal area of practice
	C98	Nurse labour force—other (specify)
	C99	Nurse labour force—unknown/inadequately described/not stated

**Guide for use:** Specifics will vary for each profession as appropriate and will be reflected in the classification/coding that is applied. Classification within the National Health Labour Force Collection is profession-specific.

### **Administrative attributes**

**Source organisation:** National Health Labour Force Data Working Group

**National minimum data sets:**

Health labourforce from 1/07/1989 to

**Comments:** The comments that follow apply to the nurse labour force specifically. It is strongly recommended that, in the case of the nurse labour force, further disaggregation be avoided as much as possible. The reason for this recommendation is that any expansion of the classification to include specific specialty areas (e.g. cardiology, otorhinolaryngology, gynaecology etc.) will only capture data from hospitals with dedicated wards or units; persons whose clinical practice includes a mix of cases within a single ward setting (as in the majority of country and minor metropolitan hospitals) will not be included in any single specialty count, leading to a risk of the data being misinterpreted. The data would show a far lower number of practitioners involved in providing services to patients with some of the listed specialty conditions than is the case.

---

## Principal role of health professional

---

*Admin. status:* CURRENT 1/07/1995

### Identifying and definitional attributes

*Knowledgebase ID:* 000138 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* The principal role of a health professional is that in which the person usually works the most hours each week.

*Context:* Health labour force: this data element provides information on the principal professional role of respondents who currently work within the broad context/discipline field of their profession (as determined by data element Professional labour force status). Identification of clinicians provides comparability with other labour force collections that just include clinicians.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 1 Layout: N

*Data domain:*

- 1 Clinician
- 2 Administrator
- 3 Teacher/educator
- 4 Researcher
- 5 Public health/health promotion
- 6 Occupational health
- 7 Environmental health
- 8 Other (specify)
- 9 Unknown/inadequately described/not stated

*Guide for use:* Code 1. A clinician is a person mainly involved in the area of clinical practice, i.e. diagnosis, care and treatment, including recommended preventative action, to patients or clients. Clinical practice may involve direct client contact or may be practised indirectly through individual case material (as in radiology and laboratory medicine).

Code 2. An administrator in a health profession is a person whose main job is in an administrative capacity in the profession, e.g. directors of nursing, medical superintendents, medical advisors in government health authorities, health profession union administrators (e.g. Australian Medical Association, Australian Nurses Federation).

Code 3. A teacher/educator in a health profession is a person whose main job is employment by tertiary institutions or health institutions to provide education and training in the profession.

Code 4. A researcher in a health profession is a person whose main job is to conduct research in the field of the profession, especially in the area of clinical activity. Researchers are employed by tertiary institutions, medical research bodies, health institutions, health authorities, drug companies and other bodies.

Codes 5, 6 and 7. Public health/health promotion, occupational health and environmental health are specialties in medicine, and fields of practice for some other health professions. They are public health rather than clinical practice, and hence are excluded from clinical practice.

**Collection methods:** For respondents indicating that their principal professional role is in clinical practice, a more detailed identification of that role is established according to profession-specific categories.

### **Administrative attributes**

**Source organisation:** National Health Labour Force Data Working Group

**National minimum data sets:**

Health labourforce

from 1/07/1989 to

---

## Profession labour force status of health professional

---

*Admin. status:* CURRENT 1/07/1995

### Identifying and definitional attributes

*Knowledgebase ID:* 000140 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* For the national health labour force collections, profession labour force status of a health professional in a particular profession is defined by employment status according to the classification/coding frame below at the time of renewal of registration.

Employment in a particular health profession is defined by practice of that profession or work that is principally concerned with the discipline of the profession (for example, research in the field of the profession, administration of the profession, teaching of the profession or health promotion through public dissemination of the professional knowledge of the profession).

*Context:* Health labour force: this data element provides essential data for estimating the size and distribution of the health labour force, monitoring growth, forecasting future supply, and addressing work force planning issues. It was developed by the National Committee for Health and Vital Statistics during the 1980s and endorsed by the Australian Health Ministers Advisory Council in 1990 as a national minimum data set item for development of the national health labour force collections.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 3 Layout: N or N.N

*Data domain:*

- 1 Employed in the profession: working in/ practising the reference profession – in reference State
- 2 Employed in the profession: working in/ practising the reference profession – mainly in other State(s) but also in reference State
- 3 Employed in the profession: working in/ practising the reference profession – mainly in reference State but also in other State(s)
- 4 Employed in the profession: working in/ practising the reference profession – only in State(s) other than reference State
- 5.1 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/ practice in the profession – seeking either full-time or part-time work
- 5.2 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/ practice in the profession – seeking full-time work
- 5.3 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/ practice in the profession – seeking part-time work
- 5.9 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/ practice in the profession – seeking work (not stated)
- 6.1 Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking either full-time or part-time work

<b>Data domain (continued):</b>	6.2	Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking full-time work
	6.3	Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking part-time work
	6.9	Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking work (not stated)
	7	Not in the labour force for the profession: not in work/practice in the profession and not looking for work/practice in the profession
	8	Not in the labour force for the profession: working overseas
	9	Unknown/not stated

**Guide for use:** The term 'employed in the profession' equates to persons who have a job in Australia in the field of the reference profession.

A person who is normally employed in the profession but is on leave at the time of the annual survey is defined as being employed.

A health professional who is not employed but is eligible to work in, and is seeking employment in the profession, is defined as unemployed in the profession.

A health professional looking for work in the profession, and not currently employed in the profession, may be either unemployed or employed in an occupation other than the profession.

A registered health professional who is not employed in the profession, nor is looking for work in the profession, is defined as not in the labour force for the profession.

Registered health professionals not in the labour force for the profession may be either not employed and not looking for work, or employed in another occupation and not looking for work in the profession.

**Collection methods:** For the national health labour force collection survey questionnaire, this is the key filter question. It excludes from further survey questions at this point:

- persons working overseas although working/practising in the reference profession
- respondents working only in States other than the reference state
- respondents not working in the reference profession and not looking for work in the reference profession

It also directs respondents working in the reference State and other States to respond to subsequent questions only in respect of work in the reference State.

These distinctions are necessary in order to eliminate multiple counting for respondents renewing licenses to practise in more than one State.

The definitions of employed and unemployed in this data item differ from ABS definitions for these categories defined in LFA2 'Employed persons', LFA8 'Labour force status', LFA9 'Looking for full-time work', LFA10 'Looking for part-time work', LFA12 'Not in the labour force', LFA13 'Status in employment', and LFA14 'Unemployed persons'.

The definitions of employed and unemployed in this data item differ from ABS definitions for these categories defined in LFA2 'Employed persons', LFA8 'Labour force status', LFA9 'Looking for full-time work', LFA10 'Looking for part-time work', LFA12 'Not in the labour force', LFA13 'Status in employment', and LFA14 'Unemployed persons'.

**Collection methods  
(continued):**

The main differences are:

- The National Health Labour Force Collection includes persons other than clinicians working in the profession as persons employed in the profession. ABS uses the Australian Standard Classification of Occupations where, in general, classes for health occupations do not cover non-clinicians. The main exception to this is nursing where, because of the size of the profession, there are classes for nursing administrators and educators.
- The labour force collection includes health professionals working in the Defence Forces; ABS does not, with the exception of the population census.
- ABS uses a tightly defined reference period for employment and unemployment; the labour force collection reference period is self-defined by the respondent as his/her usual status at the time of completion of the survey questionnaire.
- The labour force collection includes, among persons looking for work in the profession, those persons who are registered health professionals but employed in another occupation and looking for work in the profession; ABS does not.
- The labour force collection includes in the category not in the labour force health professionals registered in Australia but working overseas; such persons are excluded from the scope of ABS censuses and surveys.

**Related data:**

relates to concept Health labour force, version 1

relates to concept Occupation, version 1

**Administrative attributes**

**Source organisation:** National Health Labour Force Data Working Group

**National minimum data sets:**

Health labourforce

from 1/07/1989 to

---

## Surgical specialty

---

*Admin. status:* CURRENT 1/01/1995

### Identifying and definitional attributes

*Knowledgebase ID:* 000161 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* The area of clinical expertise held by the doctor who will perform the elective surgery.

*Context:* Elective surgery: many hospitals manage their waiting lists on a specialty basis. Current data show that the total ready for care times waited and numbers of long wait patients vary significantly between specialities. Furthermore, the hospital capacity to handle the demand for elective surgery varies with specialty.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 2 Max. 2 Layout: NN

*Data domain:*

01	Cardio-thoracic surgery
02	Ear, nose and throat surgery
03	General surgery
04	Gynaecology
05	Neurosurgery
06	Ophthalmology
07	Orthopaedic surgery
08	Plastic surgery
09	Urology
10	Vascular surgery
11	Other

### Administrative attributes

*Source organisation:* Hospital Access Program Waiting Lists Working Group/National Health Data Committee/Waiting Times Working Group

#### *National minimum data sets:*

Elective surgery waiting times from 1/07/1994 to

*Comments:* The above classifications are consistent with the Recommended Medical Specialties and Qualifications agreed by the National Specialist Qualification Advisory Committee of Australia, September 1993. Vascular surgery is a subspecialty of general surgery. The Royal Australian College of Surgeons has a training program for vascular surgeons. The specialties listed above refer to the surgical component of these specialties – ear, nose and throat surgery refers to the surgical component of the specialty otolaryngology; gynaecology refers to the gynaecological surgical component of obstetrics and gynaecology; ophthalmology refers to the surgical component of the specialty (patients awaiting argon laser phototherapy are not included).

---

## Total hours worked by a medical practitioner

---

*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000394 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* The total hours worked in a week in a job by a medical practitioner, including any on-call hours actually worked (includes patient care and administration)

*Context:* Health labour force: used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE).

Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variance in FTE.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 3 Max. 3 Layout: NNN

*Data domain:* Total hours, expressed as 000, 001 etc.

*Guide for use:* Code 999 for not stated/inadequately described

Data element relates to each position (job) held by a medical practitioner, not the aggregate of hours worked in all.

*Verification rules:* Value must be less than 169 (except for 999).

*Collection methods:* There are inherent problems in asking for information on number of hours usually worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

*Related data:* relates to Hours worked by medical practitioner in direct patient care, version 2  
relates to Hours on-call (not worked) by medical practitioner, version 2  
supersedes previous data element Hours worked, version 1

### Administrative attributes

*Source organisation:* National Health Labour Force Data Working Group

*National minimum data sets:*

Health labourforce from 1/07/1989 to

*Comments:* It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.