

3.20 Recruitment and retention of clinical management staff (including GPs)

The recruitment and retention of qualified clinical and management staff to provide effective health care to meet Aboriginal and Torres Strait Islander health-care needs

Data sources

National data for broad measures of recruitment and retention are not available from existing national administrative health or workforce databases. There are, however, a small number of limited collections that are relevant to this measure. Data for this measure come from the Service Activity Reporting (SAR) data collection, the Rural Workforce Agency National Minimum Data Set, and general practitioner data held by the Department of Health and Ageing (DoHA).

Service Activity Reporting (SAR) data collection

The SAR collects data from approximately 150 Australian Government-funded Indigenous primary health-care services which are held at DoHA. It is estimated that these services provide GP services to around 40% of the Indigenous population. Service-level data on health care and health-related activities are collected by survey questionnaire over a 12-month period.

Response rates to the SAR by Indigenous primary health-care services were around 99% for the period 2005–06.

Note that the SAR only includes Indigenous health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

Rural Workforce Agency National Minimum Data Set

The Rural Workforce Agency National Minimum Data Set is a national data set based on annual surveys conducted by each state and territory Rural Workforce Agency and compiled through the Australian Rural and Remote Workforce Agencies Group. The data are collected in accord with an agreed national minimum data set and data dictionary, so should be consistent and provide a valuable and regular source of data. These data are available by remoteness area and duration of practice. They do not directly answer the broader retention and recruitment questions but will provide useful information for this measure.

GP data

The DoHA holds data on the number of GPs in Australia by remoteness area and Statistical Local Area (SLA). The number of GPs in areas of high, medium and low Indigenous populations (based on SLAs) are used as a proxy measure of GP retention.

There are a number of difficulties in using these data as a proxy for retention of GPs in an area. Some GPs may work only part of the year or may provide services at more than one region. GPs may also stop billing Medicare for a period of time and resume at a later time. This causes problems in counting GPs based on their duration of practice. Care must be taken in using and interpreting the data provided.

AIHW labour force surveys

The AIHW runs a number of surveys of the health labour force including the Medical Labour Force Survey, Nursing and Midwifery Labour Force Survey, Physiotherapy Labour Force Survey, Podiatry Labour Force Survey, Psychology Labour Force Survey, Pharmacy Labour Force Survey and the Occupational Therapy Labour Force Survey. These surveys are generally conducted by the state and territory departments of health in consultation with the AIHW. The AIHW is the data custodian for each of these collections. The labour force surveys are a census of all registered health professionals in the relevant health profession in each state and territory in Australia.

Analyses

Recruitment

Information on the recruitment of clinical and management staff in Aboriginal and Torres Strait Islander primary health-care services is available from the SAR data collection, collected by DoHA, and is presented below.

Recruitment by staff category

- As at the 30 June 2006, there were approximately 2,097 full-time equivalent (FTE) health (clinical) staff and 1,296 full-time equivalent administrative and support (management) staff positions within Aboriginal and Torres Strait Islander primary health-care organisations funded by the Australian Government. The number of FTE vacancies at this time was 227 health staff and 54 administrative and support staff, which was 11% and 4% of total funded FTE positions.
- The highest number of health staff vacancies in 2006 were for Aboriginal health workers (99), followed by emotional and social wellbeing workers (46), and doctors and specialists (29) (Table 3.20.1).
- Occupations with the highest proportion of health staff vacancies out of funded FTE positions for that occupation were emotional and social wellbeing staff (18%), Aboriginal health workers (12%), doctors and specialists (11%), other health staff (10%) and substance-use workers (8%).

Table 3.20.1: Number and proportion of health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, at 30 June 2006

Staff category	Number	Per cent^(a)
Health staff		
Aboriginal health worker	99	12.0
Doctors and specialists	29	11.0
Nurses	25	6.1
Emotional and social wellbeing workers	46	18.1
Allied health professionals	3	6.5
Dentists	3	7.2
Dental support	1	0.9
Traditional healers	0	0.0
Substance-use workers	10	7.8
Environmental health workers	1	3.4
Drivers/field officers	2	1.4
Other health staff	5	9.7
<i>Total health/clinical</i>	<i>227</i>	<i>10.7</i>
Administrative and support staff		
CEO/admin/managers	15	4.3
Secretaries	7	1.6
Accountants	4	2.5
Information/data	1	1.6
Trainers/educators	5	9.9
Other support staff	22	8.2
<i>Total administrative and support staff</i>	<i>54</i>	<i>4.2</i>
Total	279	7.6

(a) Number of funded FTE vacancies divided by the total FTE positions multiplied by 100.

Source: Service Activity Reporting 2005–06.

Recruitment by state/territory and remoteness

- As at 30 June 2006, the Northern Territory had the highest proportion (10%) of total health staff vacancies (health staff and administrative and support staff) of total full-time equivalent positions in Indigenous primary health-care organisations and Queensland, Western Australia and South Australia had the lowest (each 6%) (Table 3.20.2; Figure 3.20.1). The Northern Territory had the highest number of health (clinical) staff vacancies (14%) followed by Victoria and Tasmania (13%). The Northern Territory, Queensland and New South Wales and the Australian Capital Territory had the highest proportion of administrative and support staff vacancies (each 5%).
- As at 30 June 2006, Remote and Very Remote areas of Australia had the highest proportion of total health staff vacancies of total positions funded in Indigenous primary health-care organisations (9% and 8%, respectively). This compared with around 6–7% in Major Cities and inner and Outer Regional areas (Table 3.20.3; Figure 3.20.2). The proportion of health (clinical) staff vacancies was around 10% in regional and remote areas and 8% in Major Cities. The highest proportion was in Remote and Very Remote areas of Australia (7% and 5%, respectively).

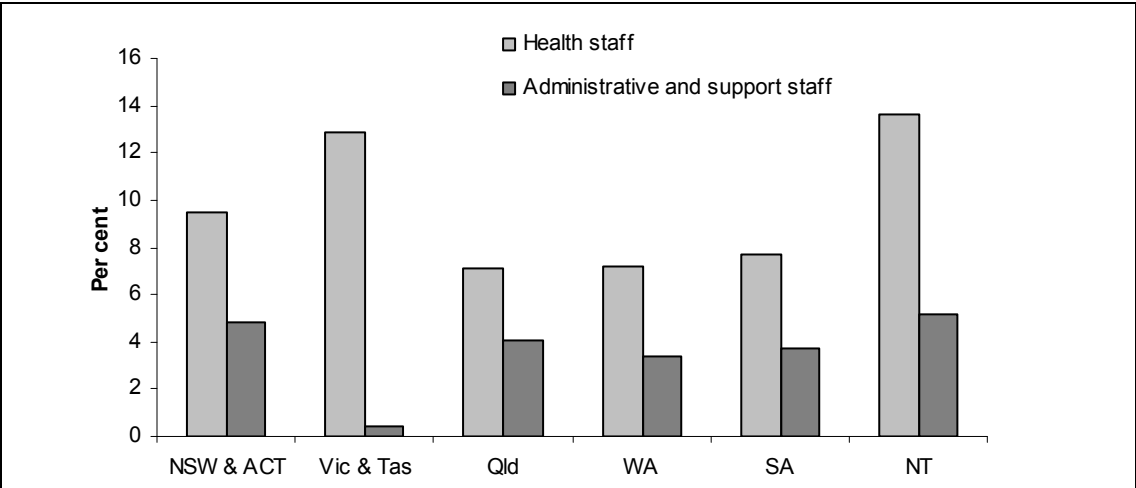
Table 3.20.2: Number and proportion^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health-care organisations, by state/territory, at 30 June 2006

Staff category	NSW and ACT ^(b)		Vic and Tas ^(b)		Qld		WA		SA		NT	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health staff	52	9.6	33	12.9	24	6.4	31	7.1	18	7.9	67	13.7
Administrative and support staff	12	4.7	1	0.4	11	4.8	9	3.5	5	3.7	16	5.2
Total	64	8.0	34	8.1	35	5.8	40	5.8	23	6.3	83	10.4

(a) Number of funded FTE vacancies divided by the total FTE positions multiplied by 100.

(b) Jurisdictions have been combined because of the small number of services in the Australian Capital Territory and Tasmania.

Source: Service Activity Reporting 2005–06.



Source: Service Activity Reporting 2005-06.

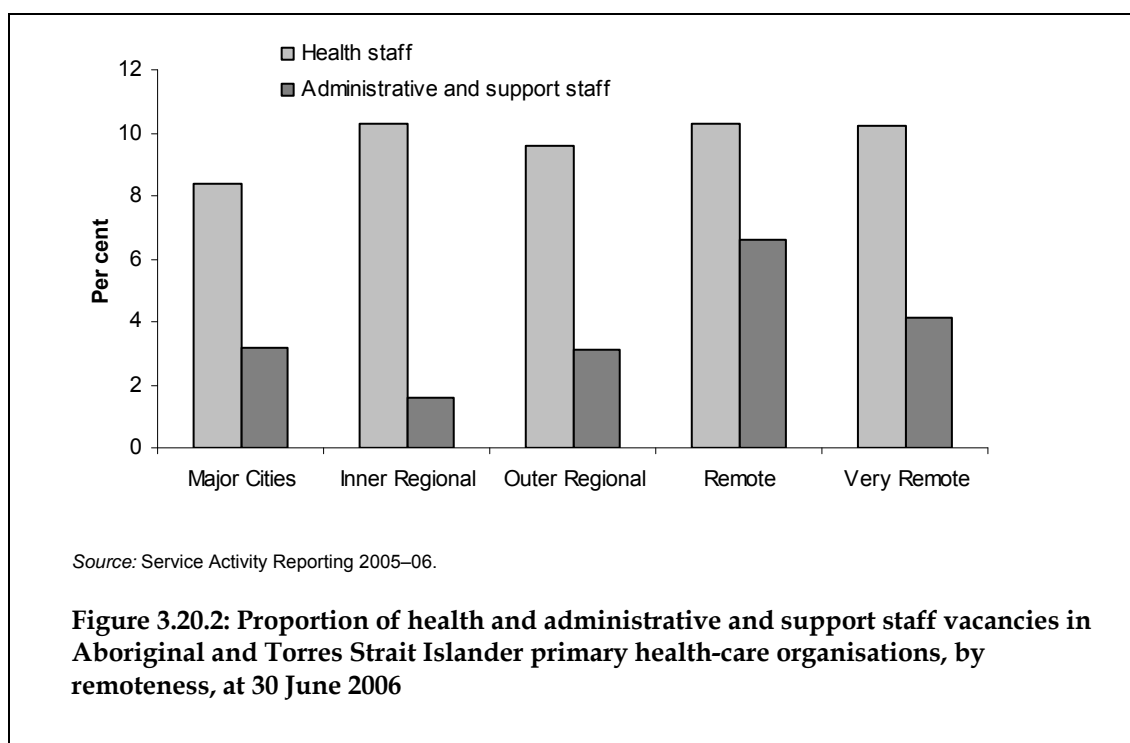
Figure 3.20.1: Proportion of health and administrative and support staff vacancies of total positions in Aboriginal and Torres Strait Islander primary health-care organisations, by state/territory, at 30 June 2006

Table 3.20.3: Number and proportion^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health-care organisations, by remoteness, at 30 June 2006

Staff category	Major Cities		Inner Regional		Outer Regional		Remote		Very Remote		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health staff	33	8.0	38	10.3	61	9.7	59	10.4	34	9.8	227	10.7
Administrative and support staff	8	3.6	4	1.6	12	3.0	23	6.6	8	4.7	54	4.2
Total	41	6.4	41	7.0	73	7.1	82	9.0	42	8.2	279	7.6

(a) Number of funded FTE vacancies divided by the total FTE positions multiplied by 100.

Source: Service Activity Reporting 2005–06.



Recruitment by length of time vacant

- As at 30 June 2006, the majority of health staff vacancies in Aboriginal and Torres Strait Islander health-care organisations were vacant for 26 weeks or more (122) and the majority of administrative and support staff vacancies were vacant for between 4 and 25 weeks (30) (Table 3.20.4).

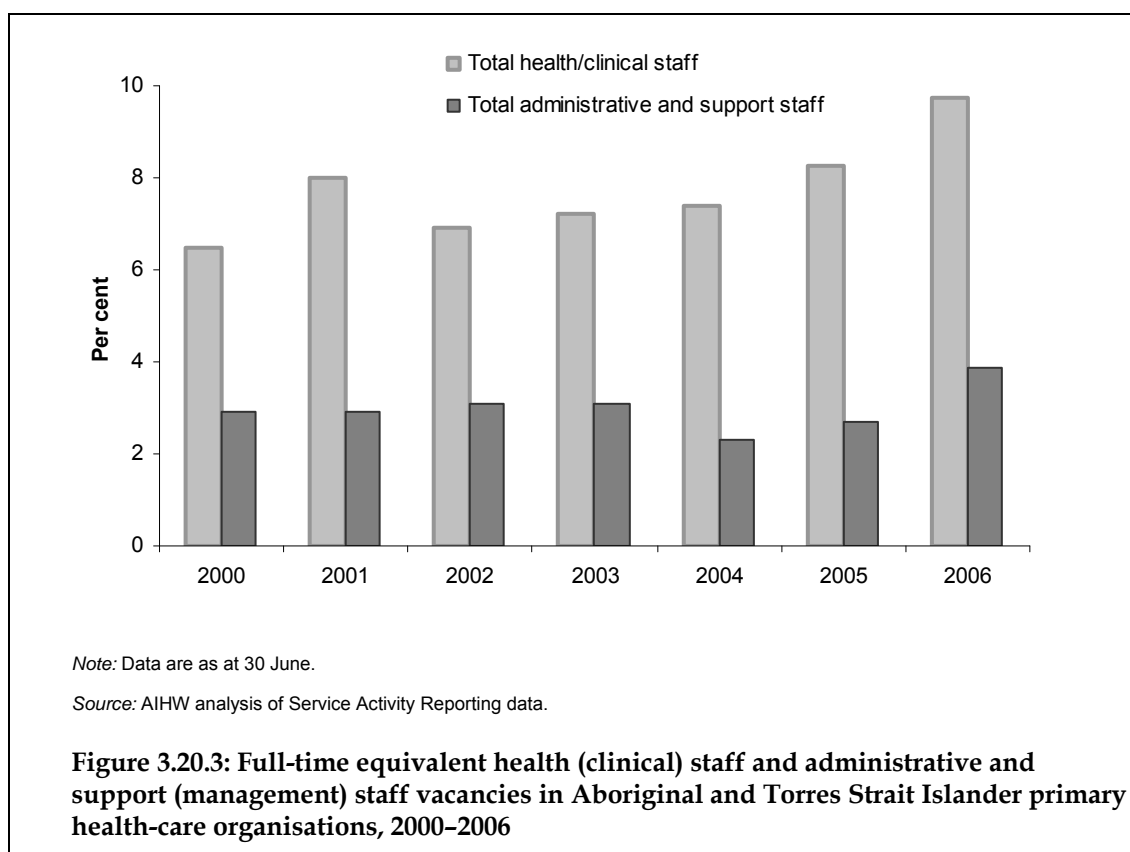
Table 3.20.4: Full-time equivalent health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, by length of time vacant, at 30 June 2006

Staff category	1 week	2–3 weeks	4–25 weeks	26+ weeks
Health staff	5	5	92	122
Admin. and support staff	2	4	30	18
Total	7	9	122	140

Source: Service Activity Reporting 2005–06.

Time series analyses

- There has been an increase in the proportion of health/clinical staff vacancies in Aboriginal and Torres Strait Islander health-care organisations over the period June 2000 to June 2006 (from 6.5% to 10%). There has also been an increase in the number of administrative and support staff (from 3% to 4%) (Figure 3.20.3).



Retention

Information on the number of GPs working in Australia is available from DoHA and additional data on GPs working in rural areas of Australia are available from the Rural Workforce Agency.

GPs by Statistical Local Area

Table 3.20.5 and Figure 3.20.4 present data on the number of full-time equivalent GPs per 1,000 population by areas of low through to high proportions of Indigenous populations. Using population data from the 2001 Census, SLAs were grouped according to the proportion of the population living in these areas that was Indigenous.

- In 2005–06, there were approximately 14,789 full-time equivalent GPs working in Australia. Approximately 47% of GPs were working in areas where less than 1% of the population was Indigenous, at a rate of 0.8 per 1,000 population and only 0.2% of GPs were working in areas where more than 50% of the population was Indigenous, at a rate of 0.3 per 1,000 population (Table 3.20.5).

Care must be used in the interpretation of the data provided. There are two issues that have an effect on the quality of these data. First, the data include only those GPs claiming through the Medicare system. Consequently the FTE for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be understated because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often

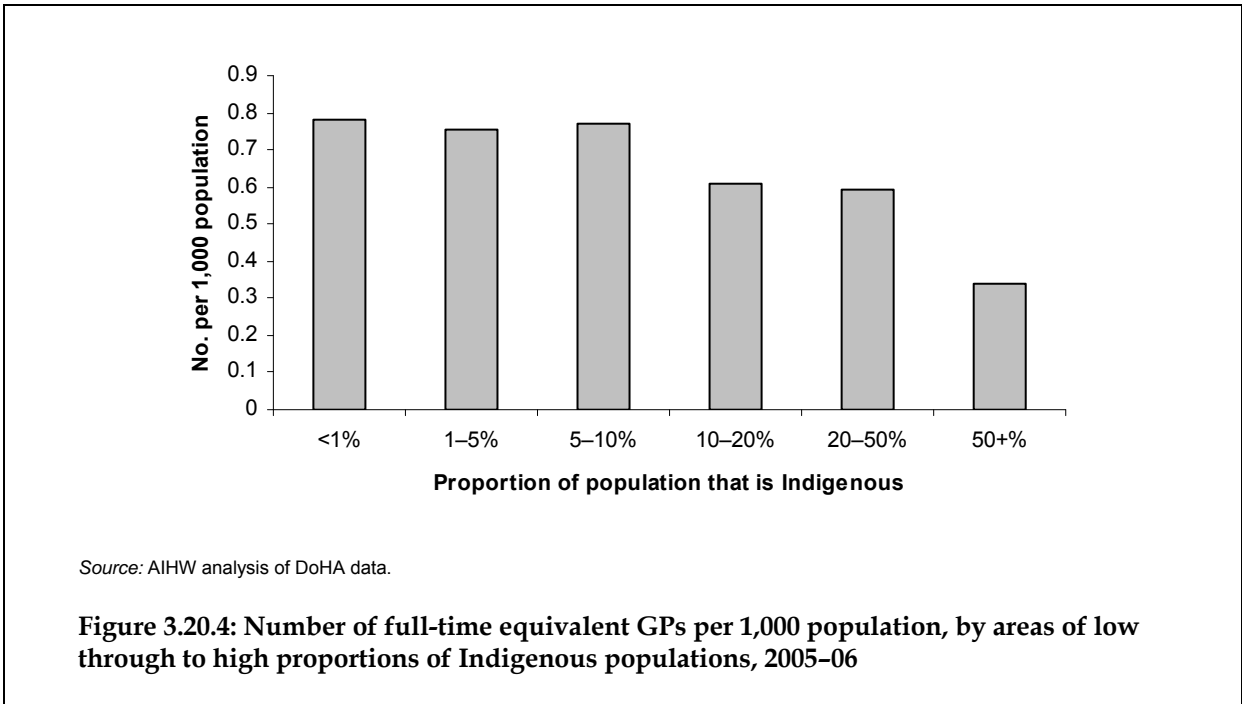
not claimed through the Medicare system – further understating the FTE for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

Table 3.20.5: Number of full-time equivalent GPs per 1,000 population, by areas of low through to high proportions of Indigenous populations, 2005–06

Proportion of SLA population which is Indigenous	Number of FTE GPs	No. per 1,000 population
<1%	6,939	0.8
1–5%	6,803	0.8
5–10%	708	0.8
10–20%	234	0.6
20–50%	79	0.6
50+%	27	0.3
Total	14,789	0.8

Source: AIHW analysis of DoHA data.



GPs by remoteness

Table 3.20.6 presents the number and proportion of full-time equivalent GPs by remoteness area.

- In 2005–06, approximately 73% of GPs were working in capital cities or other metropolitan areas, 25% of GPs were working in rural areas and only 2% of GPs were working in remote areas of Australia.

Table 3.20.6: Number and proportion of full-time equivalent GPs, by remoteness, 2005–06

Remoteness category	Number of FTE GPs	Per cent
Capital city	9,493	65.4
Other metropolitan area	1,125	7.8
Large rural	906	6.2
Small rural	1,001	6.9
Other rural	1,700	11.7
Remote centre	124	0.9
Other remote centre	159	1.1
Total	14,509	100.0

Source: Australian Government Department of Health and Ageing data.

GPs in rural areas

Table 3.20.7 presents the number and proportion of GPs working in rural areas of Australia, by length of stay in current practice and remoteness area as at 30 November 2007.

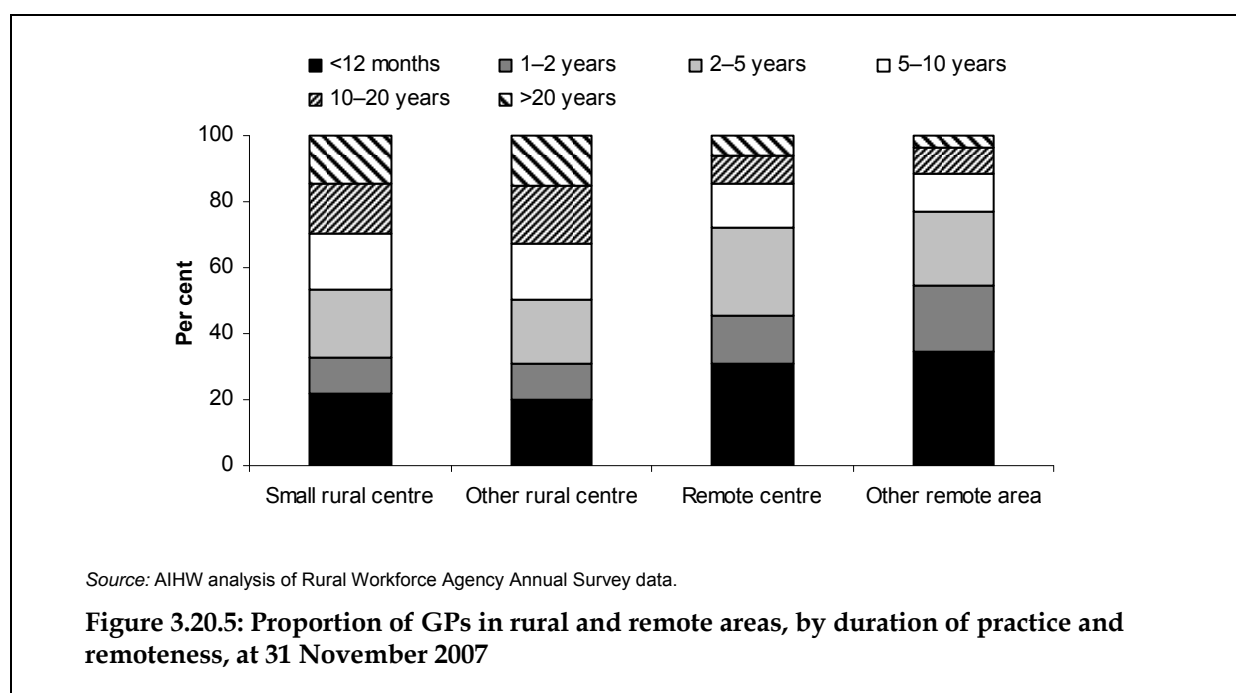
- As at 30 November 2007, the Rural Workforce Agency Annual Survey recorded a total of 4,428 general practitioners working in rural and remote areas of Australia. Approximately 22% of general practitioners reported they had stayed in current practice for less than 12 months and only 14% had stayed in practice for more than 20 years (Table 3.20.7).
- General practitioners in rural areas were more likely to stay in current practice for a longer time than general practitioners in more remote areas. For example, between 12% and 15% of general practitioners working in remote centres and other remote areas had stayed in practice for 10 years or more compared with 30% to 33% of general practitioners working in small rural centres and other rural centres (Figure 3.20.5).

Table 3.20.7: Number and proportion of GPs in rural and remote areas, by length of stay in current practice and remoteness, at 30 November 2007

RRMA ^(a) category	Duration						Total
	<12 months	1–2 years	2–5 years	5–10 years	10–20 years	>20 years	
Number							
Small rural centre	342	178	321	271	242	228	1,582
Other rural centre	457	254	441	382	405	343	2,282
Remote centre	88	42	75	38	24	18	285
Other remote area	97	55	62	33	22	10	279
Total	984	529	899	724	693	599	4,428
Proportion							
Small rural centre	21.6	11.3	20.3	17.1	15.3	14.4	100.0
Other rural centre	20.0	11.1	19.3	16.7	17.7	15.0	100.0
Remote centre	30.9	14.7	26.3	13.3	8.4	6.3	100.0
Other remote area	34.8	19.7	22.2	11.8	7.9	3.6	100.0
Total	22.2	11.9	20.3	16.4	15.7	13.5	100.0

(a) RRMA: rural, remote and metropolitan areas.

Source: Rural workforce Agency Annual Survey data.



Additional information

Supply of health professionals

Data on the supply of health professionals are available from AIHW Labour Force Surveys. Data from the 2005 Medical Labour Force Survey, 2005 Nursing and Midwifery Labour Force Survey, 2002 Physiotherapy Labour Force Survey, 2002 Podiatry Labour Force Survey, 2003 Psychology Labour Force Survey and 2002–03 Occupational Therapy Labour Force Survey are summarised below. Information is also presented on the dental labour force from the AIHW Dental Statistics and Research unit.

Medical practitioners

- There were 67,890 registered medical practitioners in Australia of whom 60,252 (88.7%) were employed in medicine in Australia in 2005 – a rise of 13% from 2001. The number of clinicians grew by 14% from 49,392 in 2001 to 56,084 in 2005. This is equivalent to an increase of 22 clinicians per 100,000 population (from 254 in 2001 to 275 in 2005). There was a 17% increase in specialist numbers between 2001 and 2005 (from 17,124 to 19,943), which equates to an increase of 10 specialists per 100,000 population (from 88 to 98). The number of specialists-in-training grew by 28% between 2001 and 2005 (from 5,429 to 6,920) and this equates to an increase of 6 per 100,000 population (AIHW 2008a).
- Despite a decrease in average hours worked from 2001 to 2005, the supply of employed medical practitioners increased from 277 to 287 full-time equivalent (FTE) medical practitioners per 100,000 population over that period. Increases in the FTE rate of supply ranged from 18 practitioners per 100,000 population in Major Cities to 2 practitioners per 100,000 population in Inner Regional areas.
- The proportion of registered medical practitioners who were employed in medicine ranged from 93% in the Northern Territory to 85% in Tasmania and Western Australia (Table 3.20.8).
- Of the registered medical practitioners who were not employed in medicine in Australia in 2005, the majority were employed in medicine overseas (2,947) or retired (2,669).

Table 3.20.8: Labour force status of registered medical practitioners, by state/territory, 2005

Labour force status	NSW	Vic	Qld ^(a)	WA ^(a)	SA	Tas ^(a)	ACT	NT ^(b)	Australia
Employed in medicine in this state	21,730	15,831	9,352	4,881	4,938	1,438	1,363	719	60,252
On extended leave	196	225	86	93	43	37	12	13	705
Employed in medicine overseas	1,459	539	421	215	160	52	69	33	2,947
Employed elsewhere, not in medicine	208	81	56	51	32	6	15	3	454
Not employed in medicine	308	167	119	158	59	26	27	0	863
Retired	665	470	478	368	433	142	107	5	2,669
Total registered	24,566	17,315	10,514	5,766	5,664	1,700	1,592	773	67,890
Percentage of registered practitioners employed in medicine	88.5	91.4	89.0	84.7	87.2	84.5	85.6	93.1	88.7

(a) The number of medical practitioners in Queensland, Western Australia and Tasmania are underestimates as the benchmark figures did not include all registered medical practitioners.

(b) Northern Territory estimates for 2005 are based on responses to the 2004 Medical labour force survey weighted to 2005 benchmark figures, giving an estimated response rate of 31.8% (compared with the actual response rate for the 2005 survey of 7.5%). Care should be taken when interpreting these figures.

Source: Medical Labour Force Survey 2005 (AIHW 2008a).

Registered and enrolled nurses

- The total number of nurses identified in 2005 by the Nursing and Midwifery Labour Force Census was 285,619, comprising 230,578 registered nurses and 55,042 enrolled nurses. This represents a 10% increase in the number of nurses between 2001 and 2005. Overall, supply of nurses increased from 1,031 FTE nurses per 100,000 population in 2001 to 1,133 FTE nurses per 100,000 population in 2005 (AIHW 2008b).
- Nursing supply appears to be evenly distributed across regions, ranging from 1,177 FTE nurses per 100,000 in Very Remote areas to 1,074 in Major Cities.
- The proportion of registered nurses employed in nursing in Australia in 2005 was 86.0% (198,315), and ranged from 78% in New South Wales to 94% in Tasmania. Of the registered nurses who were not employed in nursing, the majority were not looking for work in nursing (21,779) or on extended leave (6,472) (Table 3.20.9).
- The proportion of enrolled nurses employed in nursing in Australia in 2005 was 84% (46,044), ranging from 74% in New South Wales to 93% in South Australia. Many of the enrolled nurses who were not employed in nursing were not actively looking for work in nursing (6,803), looking for work in nursing (1,023) or on extended leave (1,016).

Table 3.20.9: Labour force status of registered and enrolled nurses, by state/territory, 2005

	NSW	Vic ^(a)	Qld	WA ^(b)	SA	Tas	ACT	NT ^(c)	Australia ^(d)
Registered nurses in 2005									
Employed	61,299	52,830	35,060	19,105	17,841	5,692	3,425	n.p.	198,315
On extended leave	2,236	1,987	993	630	341	126	96	n.p.	6,472
Looking for work in nursing	951	390	388	155	140	23	39	n.p.	2,086
Overseas	1,157	245	232	54	199	11	27	n.p.	1,925
Not looking for work in nursing	12,847	3,004	2,621	1,983	722	232	349	n.p.	21,779
<i>Total employed nurses</i>	<i>78,491</i>	<i>58,455</i>	<i>39,294</i>	<i>21,927</i>	<i>19,243</i>	<i>6,084</i>	<i>3,936</i>	<i>n.p.</i>	<i>230,578</i>
Percentage of registered nurses employed in nursing	78.1	90.4	89.2	87.1	92.7	93.6	87.0	n.p.	86.0
Enrolled nurses in 2005									
Employed	11,876	16,206	6,313	3,800	5,810	953	683	n.p.	46,044
On extended leave	345	357	120	84	73	16	21	n.p.	1,016
Looking for work in nursing	367	384	99	66	75	13	19	n.p.	1,023
Overseas	76	39	24	13	3	—	—	n.p.	156
Not looking for work in nursing	3,469	1,622	614	658	317	69	54	n.p.	6,803
<i>Total enrolled nurses</i>	<i>16,134</i>	<i>18,607</i>	<i>7,170</i>	<i>4,620</i>	<i>6,278</i>	<i>1,051</i>	<i>777</i>	<i>n.p.</i>	<i>55,042</i>
Percentage of enrolled nurses employed in nursing	73.6	87.1	88.0	82.3	92.5	90.7	87.9	n.p.	83.7
All nurses in 2005									
Employed	73,174	69,036	41,373	22,904	23,651	6,645	4,108	n.p.	244,360
On extended leave	2,582	2,344	1,114	714	414	142	117	n.p.	7,488
Looking for work in nursing	1,318	773	487	221	214	36	59	n.p.	3,108
Overseas	1,234	284	256	67	203	11	27	n.p.	2,081
Not looking for work in nursing	16,316	4,625	3,235	2,641	1,040	301	403	n.p.	28,582
Total nurses 2005	94,624	77,062	46,464	26,547	25,521	7,135	4,714	n.p.	285,619
Percentage of all nurses employed in nursing	77.3	89.6	89.0	86.3	92.7	93.1	87.1	n.p.	85.6

(a) Estimates for Victoria for 2005 are derived from responses to the 2006 AIHW Nursing and Midwifery Labour Force Census, weighted to 2005 registration and enrolment benchmark figures.

(b) Estimates for WA for 2005 should be treated with caution because of the low response rate (26.9%) in the 2005 census.

(c) Estimates for the NT for 2005 are not separately published because of the very low response rate to the census in that jurisdiction (13.7%).

(d) The total for Australia includes estimates for the NT and WA. Due to the relative size of the nursing and midwifery workforces in these jurisdictions, any biases in their estimates are unlikely to have a significant effect on the accuracy of the national figure.

Source: Nursing and Midwifery Labour Force Census 2005 (AIHW 2008b).

Physiotherapists

- In 2002, there were 15,967 physiotherapists registered with state/territory physiotherapist registration boards throughout Australia (excluding the Northern Territory). This represents a 11% increase in the number of physiotherapists between 1998 and 2002.
- The AIHW 2002 Physiotherapy Labour Force Survey showed that there were 13,446 registered physiotherapists throughout New South Wales, Victoria, Queensland, South Australia, and the Australian Capital Territory in 2002, of whom 10,728 (80%) were

working in physiotherapy. The proportion of registered physiotherapists who were working in physiotherapy in 2002 ranged from 74% in New South Wales to 87% in Victoria (Table 3.20.10).

- From the 2002 AIHW survey, the FTE rates could only be calculated for three jurisdictions (Victoria, 70 per 100,000; South Australia, 72; and the Australian Capital Territory, 81).
- Of the registered physiotherapists who were not working in physiotherapy in 2002, the majority were not actively looking for work in physiotherapy (1,382).

Table 3.20.10: Registered physiotherapists: labour force status and field of physiotherapy by state/territory, NSW, Vic, Qld, SA and ACT, 2002

Labour force status/field	NSW	Vic ^(a)	Qld	SA	ACT	Total ^(b)
Physiotherapy labour force	4,370	3,405	1,935	1,204	286	11,201
<i>Total working in physiotherapy</i>	<i>4,191</i>	<i>3,257</i>	<i>1,849</i>	<i>1,156</i>	<i>274</i>	<i>10,728</i>
Clinical physiotherapist	3,955	2,931	1,717	1,051	258	9,913
Non-clinical physiotherapist	236	326	133	104	16	815
<i>Total not working in physiotherapy</i>	<i>179</i>	<i>148</i>	<i>86</i>	<i>48</i>	<i>12</i>	<i>473</i>
On extended leave	108	114	44	43	n.p.	311
Looking for work in physiotherapy	71	34	42	6	10	162
<i>Total not in physiotherapy labour force</i>	<i>1,313</i>	<i>322</i>	<i>426</i>	<i>149</i>	<i>34</i>	<i>2,245</i>
Overseas	499	144	148	64	8	863
Not looking for work in physiotherapy	814	178	278	85	26	1,382
Total registered physiotherapists	5,683	3,728	2,362	1,353	320	13,446
Percentage of physiotherapists employed in physiotherapy	73.7	87.4	78.3	85.4	85.6	79.8

(a) The numbers for Victoria should be treated with caution. The increase from 1998 to 2002 in the number employed (21.7%), and the associated declines in the numbers 'looking for work in physiotherapy' and 'not in the labour force', are higher than would be expected from the increase in registrations over the same period (7.7%).

(b) Excludes Western Australia, Tasmania and the Northern Territory of which were not surveyed in 2002.

Source: Physiotherapy Labour Force Survey, 2002 (AIHW 2006a).

Podiatrists

- In 2003, there were 2,361 podiatrists registered with state/territory boards throughout Australia (excluding the Northern Territory). This represents a 15% increase in the number of podiatrists between 1999 and 2003.
- The AIHW 2003 Podiatry Labour Force Survey showed there were 1,988 registered podiatrists in New South Wales, Victoria, Queensland, South Australia and Tasmania in 2003, of whom 1,820 (92%) were working in podiatry. The proportion of podiatrists working in podiatry ranged from 89% in Victoria to 97% in South Australia (Table 3.20.11).
- The supply of podiatrists varied between states, ranging from 7.7 per 100,000 population in Queensland to 19.7 per 100,000 population in South Australia.
- Of the registered podiatrists who were not working in podiatry in 2002, the majority were not actively looking for work in podiatry (112).

Table 3.20.11: Labour force status of registered podiatrists by state/territory, NSW, Vic, Qld, SA and Tas, 2003

Labour force status	NSW	Vic	Qld	SA	Tas	Total
Podiatry labour force	583	655	279	284	53	1,854
<i>Working in podiatry</i>	580	636	273	278	53	1,820
Clinical podiatrist	563	610	264	268	50	1,755
Non-clinical podiatrist	17	26	9	10	n.p.	65
<i>Not working in podiatry</i>	n.p.	19	n.p.	6	n.p.	33
On extended leave	—	17	n.p.	6	—	27
Looking for work in podiatry	n.p.	n.p.	n.p.	—	—	6
Not in podiatry labour force	46	61	22	n.p.	n.p.	134
Overseas	n.p.	10	7	n.p.	n.p.	22
Not looking for work in podiatry	44	50	15	n.p.	n.p.	112
Total registered podiatrists^(a)	629	716	301	286	56	1,988
Percentage of podiatrists employed in podiatry	92.2	88.8	90.7	97.2	94.6	91.5

(a) Excludes Western Australia, the Australian Capital Territory and the Northern Territory

Source: Podiatry Labour Force Survey, 2003 (AIHW 2006b).

Psychologists

- In 2004–05 there were 22,175 psychologists registered with Psychologist Registration Boards in Australia (excluding the Australian Capital Territory and the Northern Territory). This represents an increase in the number of psychologists between 1999–00 and 2004–05 in all jurisdictions, ranging from 20% in Western Australia to 59% in New South Wales.
- The AIHW 2003 Labour Force Survey showed there were 16,094 registered psychologists in New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory in 2003. Of these 14,073 (87%) were working in psychology, ranging from 85% in South Australia to 90% in Victoria (Table 3.20.12).
- The FTE rate of psychologists per 100,000 population for each of the above jurisdictions ranged from 54 in South Australia to 170 in the Australian Capital Territory.
- Of the registered psychologists who were not working in psychology, the majority were not actively looking for work in psychology (817).

Table 3.20.12: Labour force status of registered psychologists, by state/territory, NSW, Vic, Qld, SA and ACT, 2003

Labour force status	NSW	Vic	Qld ^(a)	SA	ACT	Total ^(b)
Psychology labour force ^(a)	5,842	4,840	2,568	814	519	14,584
<i>Total working in psychology</i>	5,589	4,671	2,535	769	509	14,073
Clinical psychologist	3,996	3,067	1,793	516	323	9,694
Non-clinical psychologist	1,593	1,605	742	253	186	4,379
<i>Total not working in psychology</i>	253	168	n.a.	46	10	511
On extended leave	102	46	34	37	n.p.	222
Looking for work in psychology	151	122	n.a.	8	8	289
Not in psychology labour force ^{(a)(c)}	620	303	43	78	48	1,092
Overseas	185	38	43	4	5	275
Not looking for work in psychology	434	265	n.a.	74	43	817
Looking for work status not known	21	69	317	9	n.p.	419
Total registered psychologists	6,483	5,212	2,928	901	569	16,094
Percentage of psychologists employed in psychology	86.2	89.6	86.6	85.3	89.5	87.4

(a) Excludes 'looking for work' not known.

(b) Excludes Western Australia, Tasmania and the Northern Territory.

(c) Excludes 'whether looking for work' because this was not collected in the Queensland survey.

Source: Psychology Labour Force Survey, 2003 (AIHW 2006c).

Dental therapists

- Data from the National Dental Labour Force Collection show there were an estimated 1,560 registered dental therapists in Australia in 2003. Of these, 1,279 (82%) were working in dentistry, and 1,236 (79%) were practising therapists. This represents a 1.3% decrease in the number of practising therapists between 2000 and 2003.
- The number of dental therapists per 100,000 population also decreased, from 6.6 in 2000 to 6.3 in 2003.
- The proportion of dental therapists working in dentistry ranged from 71% in the Australian Capital Territory to 97% in Tasmania (Table 3.20.13).
- The majority of registered dental therapists not working in dentistry were not working (102) or working, but not in dentistry (73).

Table 3.20.13: Practice status of dental therapists, by state/territory, 2003

Labour force status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All
<i>Working in dentistry</i>	195	179	354	318	134	61	22	16	1,279
Practising therapy	195	152	354	309	128	61	22	16	1,236
Practising hygiene and therapy	—	1	—	5	—	—	—	—	7
Practising hygiene	—	26	—	4	6	—	—	—	36
Practising therapy only in other states	—	1	—	—	—	—	—	—	1
On 3+ months leave	10	11	11	16	9	1	—	—	58
Overseas	—	—	—	1	—	—	—	2	3
Not working	12	17	18	48	2	1	4	—	102
Working in dentistry, but not as dental auxiliary	7	7	18	9	—	—	2	—	45
Working, but not in dentistry	7	14	21	24	2	—	2	2	73
Total registered dental therapists	232	229	422	417	147	63	31	19	1,560
Percentage of dental therapists employed in dentistry	84.1	78.2	83.9	76.3	91.2	96.8	71.0	84.2	82.0

Notes

1. Not all columns/rows sum to total as weighted data have been rounded to whole numbers.
2. There was no NT collection in 2003; results are based on data from the 2002 collection.
3. Registration of dental therapists/hygienists in NSW and Qld commenced in 2005.

Source: AIHW Dental Statistics and Research Unit 2006.

Occupational therapists

- The size of the occupational therapist labour force in Australia is difficult to estimate as occupational therapists are only required to be registered in four jurisdictions (Queensland, Western Australia, South Australia and the Northern Territory), and registration numbers were readily available from only three of these (Queensland, Western Australia and South Australia). In the 2001 ABS Census of Population and Housing, however, 5,331 persons identified as being employed as occupational therapists.
- Of the three jurisdictions where registration numbers were available, there has been an increase of 32% in the total number of occupational therapist registrations between 1998 and 2003.
- The AIHW 2002–2003 Occupational Therapy Labour Force Survey received responses from 3,622 occupational therapists throughout Australia. Of these, 3,107 (86%) were employed in occupational therapy (Table 3.20.14).
- Of the occupational therapist respondents who were not employed in occupational therapy, the majority were not actively looking for work in occupational therapy (278) or were on extended leave (117).

Table 3.20.14: Occupational therapist respondents: labour force status and role, Australia, 2002–2003

Labour force status	Australia
Occupational therapy labour force	3,277
<i>Employed in occupational therapy</i>	3,107
Clinical occupational therapy	2,684
Non-clinical occupational therapy	423
<i>Not working in occupational therapy</i>	170
On extended leave	117
Looking for work in occupational therapy	53
Not in occupational therapy labour force	345
Overseas	67
Not looking for work in occupational therapy	278
Total respondents	3,622
Percentage of occupational therapists employed in occupational therapy	85.8

Note: The table excludes respondents who did not answer the labour force questions.

Source: Occupational Therapy Labour Force Survey, 2002–2003 (AIHW 2006d).

Factors that influence length of practice in rural and remote Australia

In 2001, a national survey of GPs practising in rural and remote communities was conducted by the Monash University School of Rural Health. The survey found that professional considerations – particularly on-call arrangements, professional support and variety of rural practice – were the most important factors determining general practice retention in rural and remote areas. Other important factors were local availability of services and geographic attractiveness. The least important factor was proximity to a city or large regional centre (Humphreys et al. 2002).

A 2004 study reported on the viability of rural general practice found that the key factors contributing to the viability of these practices were:

- Practice characteristics (59%), such as the characteristics of practice staff (14%), having a sufficient number of patients (11%), good practice management and efficiencies (9%) and good working relationships between partners (7%).
- Income (including Medicare rebates, hospital income, bulk-billing and private billing practices and incentive payments). This was nominated as a key factor of practice viability by 31% of respondents. The most frequent items here referred to private billings or realistic fees (11%), with 10% referring to adequate remuneration.
- Personal circumstances, workforce issues and community characteristics, which were each nominated by about 23% of respondents.

In terms of the factors that would put the practice at risk:

- Workforce was clearly the most important factor considered to threaten practice viability; it was nominated by 57% of practitioners. Workforce supply items of doctor retention (21%) and recruitment difficulties (9%) were the most frequently mentioned. Workload issues included unpaid paperwork (8%) and loss of hospital work due to downgrades or closure (5%).
- Many respondents (44%) identified financial issues that threaten practice viability, with both income and expenses or costs mentioned. Inadequate Medicare rebate was cited by

16% of respondents, inadequate remuneration by 11%, and increases in practice costs by 14%.

- Medico-legal issues were raised by one-third of respondents. These issues concerned the cost of indemnity cover (18%) and concerns over the uncertainty of cover and collapse of insurers (13%).
- Fewer respondents nominated administration-political issues, community characteristics, GP/practice characteristics and personal and family circumstances (Jones & Humphries 2004).

A 2007 study reported on retention issues for rural doctors found that doctors who were satisfied with their current medical practice intended to remain in rural practice for 40% longer than those who were not satisfied (11.5 years compared with 8.2 years) (Alexander & Fraser 2007). Those content with their life as a rural doctor intended to remain in rural practice for 51% longer than those who were discontented (11.8 years compared with 7.8 years). Continuing professional development, training opportunities, professional support and networking as well as financial support were the doctor's top priorities. Training in Indigenous health was identified as a key information deficit by most doctors.

Data quality issues

Service Activity Reporting data

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health-care services were around 99% for the period 2005–06. The SAR collects service-level data on health care and health-related activities by survey questionnaire over a 12-month period. Although this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:

- The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.
- The SAR questionnaire collects a broad set of indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.
- These data provide a rough guide to service activity in this area, but do not attempt to measure quantity or quality.
- These data also do not differentiate between services provided by the service and those facilitated by the service.

Staff vacancies in Indigenous primary health-care organisations

The Service Activity Reporting (SAR) data collection reports on the number of vacancies in Indigenous primary health-care organisations (138 in 2003–04) funded by the Australian Government for both clinical and management positions at 30 June each year. While the numbers of FTE positions – about 1,400 health practitioner and 800 admin./management positions – are of reasonable size, the number of FTE vacancies, 118 (8.45%) and 11 (1.38%), respectively, are very small. The small numbers could limit the scope for breaking the data down into finer categories and could over-emphasise variability over time. The SAR collection is a snapshot taken at 30 June and therefore does not include vacancies arising, but filled, during the course of a year.

Rural Workforce Agency National Minimum Data Set

The Rural Workforce Agency National Minimum Data Set is a national data set based on annual surveys conducted by each state and territory Rural Workforce Agency and compiled through the Australian Rural and Remote Workforce Agencies Group (Health Workforce Queensland and New South Wales Rural Doctors Network 2005). The data are collected in accord with an agreed national minimum data set and data dictionary, so should be consistent and provide a valuable and regular source of data. This measure does not directly answer the broader retention and recruitment questions, but will provide a useful interim surrogate measure.

GP data

Care must be taken in using and interpreting the data provided. There are two issues to note which have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently, the full-time equivalent for doctors in remote areas – which are more likely to have high proportions of Indigenous population – will be understated because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system – further understating the full-time equivalent for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

(continued)

Data quality issues (continued)

A voluntary Indigenous identifier was introduced into the Medicare database from November 2002. As at 1 July 2005, 84,867 people had identified as Aboriginal or Torres Strait Islander or both in the Medicare database. As these data improve, it will be possible to use this identifier to undertake calculations of GP retention in areas by Indigenous status of clients.

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