

Medical practitioners workforce 2015

Web report | Last updated: 24 Aug 2016 | Topic: [Workforce](#) | [Media release](#)

How many medical practitioners are there?

There were over 100,000 medical practitioners registered in Australia in 2015. Of this total, around 88,000 were employed in medicine, working an average of 42 hours per week. Among those employed, 2 in every 5 medical practitioners were women; 1 in every 4 was aged 55 or over.

Cat. no: WEB 140

Findings from this report:

- 102,805 medical practitioners were registered in 2015, with 88,040 employed in medicine
- In 2015, 2 in 5 employed medical practitioners were women (40.1%)
- About 1 in 4 medical practitioners were aged 55 or older (27.2%)
- On average, medical practitioners worked 42.4 hours per week in 2015: for men, 44.9 hours and for women, 38.6 hours

Supply of medical practitioners in the workforce

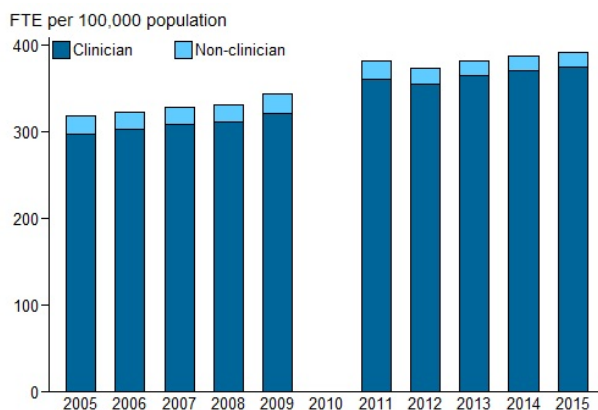
The supply of medical practitioners is calculated in terms of the number of 'full-time equivalent' (FTE) practitioners working in medicine (termed 'employed medical practitioners' in this report), which is based on the total hours worked reported by medical practitioners in the Medical Workforce Survey. The Medical Workforce Survey contains information on medical practitioners who are registered with the Medical Board of Australia through the National Registration and Accreditation Scheme (NRAS) introduced on 1 July 2010.

The supply of employed medical practitioners continued to grow in 2015. It was 392 FTE per 100,000 population in 2015, up from 374 per 100,000 in 2012, 382 per 100,000 in 2013 and 388 per 100,000 in 2014, an average annual growth rate of 1.6% from 2012 to 2015.

This continued a trend that was apparent prior to the introduction of the NRAS; when the supply of employed practitioners rose from 319 FTE per 100,000 population in 2005 to 345 per 100,000 population in 2009, an average annual growth rate of 1.9% from 2005 to 2009 (Figure 1).

The supply of practitioners working as clinicians was also higher in 2015 (375 FTE per 100,000) than it was in 2012, 2013 and 2014 (355, 365 and 371 per 100,000, respectively), an average annual growth rate of 1.8% from 2012 to 2015.

Figure 1: Employed medical practitioners: FTE per 100,000 population, by main field of medicine, 2005 to 2015



Notes

1. Data prior to 2010 have been presented to show trends for the period before the introduction of the National Registration and Accreditation Scheme. In 2010, due to transitional arrangements, survey data were not available for Western Australia and Queensland. As a result, national data are not available.
2. Provisional registration is granted to medical practitioners to enable them to complete a period of supervised practice or internship to be eligible for general registration. This type of registration is intended for practitioners who have completed a Medical Board-approved, accredited qualification in the profession. Data prior to 2010 were based on state/territory-based registration systems and treatment of provisional registrants was not consistent across the jurisdictions. Data for 2011 include 2,945 provisional registrants. From 2012, data exclude provisional registrants.
3. FTE is based on total weekly hours worked. Standard working week is 40 hours.
4. Clinician is a medical practitioner who spends the majority of their time working in the area of clinical practice.

Sources: AIHW Medical Labour Force Survey (2005 to 2009); National Health Workforce Data Set (NHWDS): medical practitioners (2011 to 2015).

The largest proportion of clinicians were specialists (35.0%), followed by general practitioners (33.1%), specialists-in-training (18.0%) and hospital non-specialists (11.6%) (Figure 2).

The supply of clinician general practitioners was relatively stable between 2012 and 2015 at around 110 FTE per 100,000 population (112 FTE per 100,000 population in 2015).

The supply of clinician specialists increased between 2012 and 2015, from 128 to 134 per 100,000 population.

Figure 2: Number of employed clinician medical practitioners, by principal area of practice and sex, 2015



Source: NHWDS: medical practitioners 2015.

Registered and employed medical practitioners

There were 102,805 registered medical practitioners (including provisionally registered) in 2015. Of these, most held a 'general registration' (83,427). Many of them also had a 'specialist registration' (49,060) (Table 1).

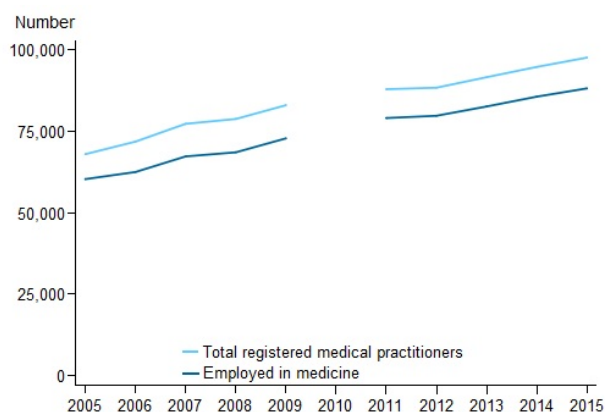
Table 1: Registered medical practitioners: registration type, characteristics, 2015

Registration type	Number	Average age (years)	Women (per cent)
General	34,367	36.9	50.9
General and specialist	49,060	52.7	34.6
Limited	2,988	39.2	39.7
Non-practicing	2,665	58.2	40.2
Provisional	5,339	28.9	52.3
Specialist	8,386	48.2	33.0
Total	102,805	45.6	41.1

Source: NHWDS: medical practitioners 2015.

The total number of registered medical practitioners increased by 43.6% between 2005 and 2015, from 67,890 to 97,466 (excluding provisionally registered), an average annual change of 3.7% from 2005 to 2015. The number of practitioners employed in medicine increased by 46.1% over the same period, from 60,252 to 88,040, an average annual change of 3.9% from 2005 to 2015 (Figure 3).

Figure 3: Medical practitioners: registered practitioners and practitioners employed in medicine, 2005 to 2015



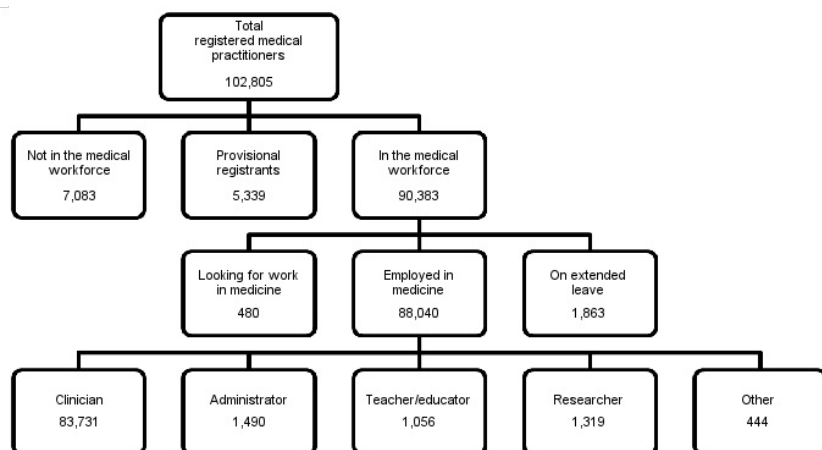
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Sources: AIHW Medical Labour Force Survey (2005 to 2009); National Health Workforce Data Set (NHWDS): medical practitioners (2011 to 2015).

Among the 88,040 medical practitioners employed in medicine in Australia, 83,731 (95.1%) reported being clinicians (Figure 4).

Figure 4: Medical practitioners: workforce status, 2015



Note: Clinician is a medical practitioner who spends the majority of their time working in the area of clinical practice.

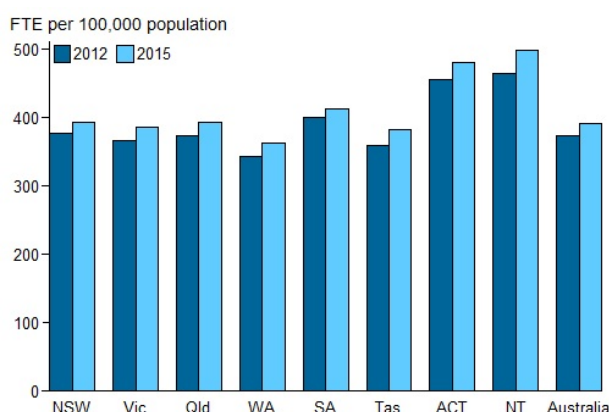
Source: NHWDS: medical practitioners 2015.

States and territories

In 2015, the overall supply of medical practitioners working in medicine varied across the states and territories, from 363 FTE employed medical practitioners per 100,000 population in Western Australia to 499 in the Northern Territory (Figure 5).

From 2012 to 2015, the supply of employed medical practitioners increased slightly in all jurisdictions. The greatest increase was in the Northern Territory (7.2%) followed by Tasmania (6.4%), with the smallest increase in South Australia (2.8%). Data in the Northern Territory can be affected by a high rate of migration of the workforce in and out of the jurisdiction. There was an increase in the national supply of employed practitioners over the same period of 5.0% (Figure 5).

Figure 5: Employed medical practitioners: FTE per 100,000 population, by jurisdiction, 2012 and 2015



Notes

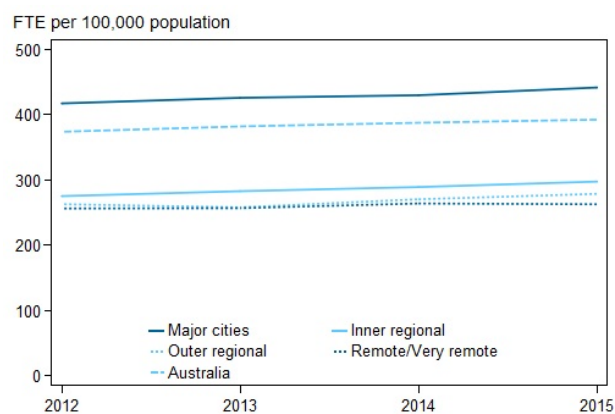
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3. FTE is based on total weekly hours worked. Standard working week is defined as 40 hours.

Source: NHWDS: medical practitioners, 2012 and 2015.

Remoteness areas

Major cities continued to have the highest rate of supply of employed medical practitioners of all the remoteness areas (Figure 6).

Figure 6: Employed medical practitioners: FTE per 100,000 population, by remoteness area, 2012 to 2015



Notes

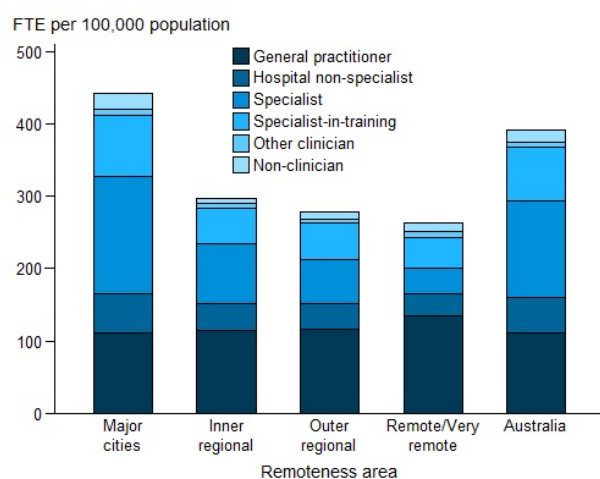
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3. *Remote/Very remote* areas include *Migratory* areas.
4. FTE is based on total weekly hours worked. Standard working week is defined as 40 hours.

Source: NHWDS: medical practitioners (2012 to 2015).

In 2015, the overall supply of employed medical practitioners varied across remoteness areas, from 442 FTE per 100,000 population in *Major cities* to 263 in *Remote/Very remote* areas (Figure 7).

While supply of medical practitioners overall was lowest in *Remote/Very remote* areas, the supply of general practitioners was the highest in *Remote/Very remote* areas in 2015. The supply of general practitioners in *Remote/Very remote* areas was 136 FTE per 100,000 population, 24 more than the national rate of 112. This does not necessarily imply remote and very remote populations are better off in terms of access to general practitioner services. These differences may reflect different service delivery models and higher levels of demand in some areas.

Figure 7: Employed medical practitioners: FTE per 100,000 population: principal area of practice, remoteness area, 2015



Notes

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Source: NHWDS: medical practitioners 2015.

What types of medical practitioners are there?

There were over 100,000 medical practitioners registered in Australia in 2015. Of this total, around 88,000 were employed in medicine, working an average of 42 hours per week. Among those employed, 2 in every 5 medical practitioners were women; 1 in every 4 was aged 55 or over.

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Medical practitioners work in a range of different roles, including as clinicians, administrators, teachers/educators and researchers. Among clinicians the key roles include general practitioners, specialists, hospital non-specialists and specialists-in-training.

General practitioners

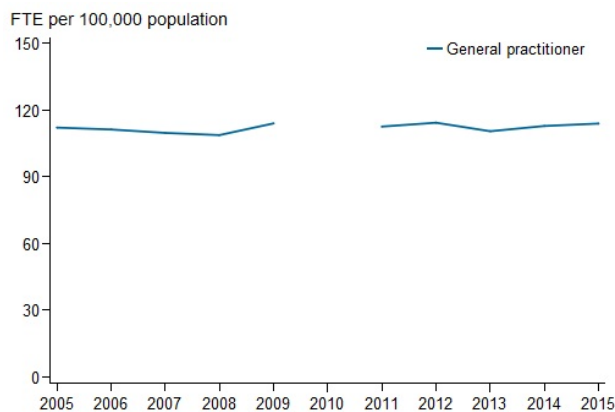
The rate of supply of general practitioners in Australia remained relatively steady between 2005 and 2015, ranging from 109 per 100,000 population in 2008 to 114 in 2009, 2012 and 2015 (Figure 1). Provisional registrants are included in data for earlier years so they are not completely comparable with data for later years.

The average age of general practitioners increased between 2005 and 2015 (from 48.6 to 51.4) though some of the increase may be attributed to the exclusion of Australian General Practice Training program trainees from the 'General practitioner' category from 2013 and the inclusion of provisional registrants in years prior to 2012.

General practitioners had the highest proportion aged 55 or older (40.5%) of all clinician groups in 2015.

The proportion of general practitioners who were women increased from 36.5% in 2005 to 42.1% in 2015.

Figure 1: Full-time equivalent employed general practitioners per 100,000 population, 2005 to 2015



Notes

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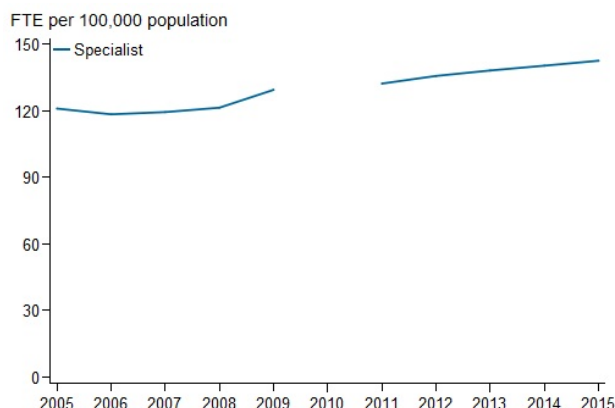
Specialists

From 2005 to 2015, there was growth in the rate of supply of specialists, from 121 to 143 per 100,000 population (Figure 2). The number of specialists working as clinicians also increased between 2005 and 2015 (from 19,943 to 29,269). Provisional registrants are included in data for earlier years so they are not completely comparable with data for later years.

The average age for clinician specialists was 50.1 in 2015, compared with 49.2 in 2005.

In 2015, over a quarter (29.5%) of clinician specialists were women, the lowest proportion of all clinician groups but up from 20.9% in 2005.

Figure 2: Full-time equivalent employed specialists per 100,000 population, 2005 to 2015



Notes

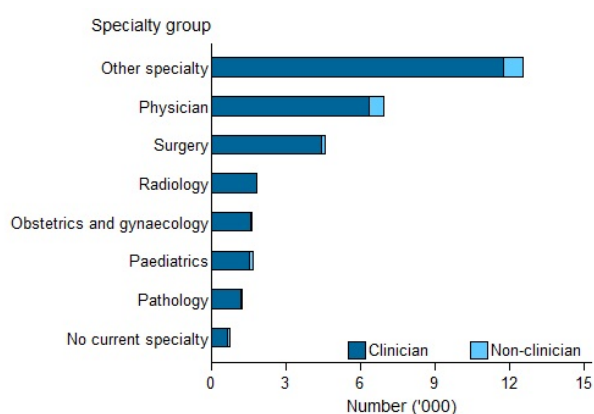
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There are over 80 specialties that a medical practitioner can specialise in. Many of these can be grouped into the specialty groups identified in Figure 3. However, there are a large number of specialties that can not be readily grouped and these are included in the 'other specialty' category.

Excluding the 'other specialty' category, in 2015, 'physician' was the broad specialty group with the highest number of clinicians (6,340 or 21.7% of all clinicians). 'Surgery' was the second largest broad specialty group (4,422 or 15.1%) (Figure 3).

Figure 3: Number of employed specialists, by main specialty of practice broad group and clinician status, 2015



Notes

1. Other specialty includes addiction medicine, anaesthesia, dermatology, emergency medicine, general practice, intensive care medicine, medical administration, occupational and environmental medicine, ophthalmology, pain medicine, palliative medicine, psychiatry, public health medicine, radiation oncology, rehabilitation medicine, sexual health medicine and sport and exercise medicine.
2. Clinician is a medical practitioner who spends the majority of their time in the area of clinical practice.

Source: NHWDS: medical practitioners 2015.

In terms of the individual specialties, the 5 most common specialties accounted for 38.8% of clinician specialists (Table 1).

Anaesthesia was the most common specialty in 2015 (3,881 or 13.3% of clinician specialists), followed by psychiatry (2,923 or 10.0% of clinician specialists).

The average age for medical practitioners in the 'General medicine' specialty was 56.6 – 6 years higher than the average age of 50.1 for all clinician specialists. 'Emergency medicine' specialists were one of the youngest clinician specialists groups with an average age of 45.3. The proportion of women who were clinician specialists was lowest for orthopaedic surgery at 3.3%, and highest for endocrinology at 51.1% (Table 1).

Table 1: Employed clinician specialists: twenty most common main specialties of practice, selected characteristics, 2015

Main specialty of practice	Number	Average age (years)	Women (per cent)	Average weekly hours worked
Anaesthesia	3,881	48.5	28.3	42.1
Psychiatry	2,923	53.1	38.0	38.2
Diagnostic radiology	1,788	49.9	25.0	41.9
Emergency medicine	1,376	45.3	31.8	41.0
Specialist obstetrician and gynaecologist	1,375	51.6	42.8	46.8
General surgery	1,316	51.9	14.4	49.4
Orthopaedic surgery	1,168	51.8	3.3	49.0
General paediatrics	1,080	51.3	46.9	41.1
Cardiology	1,040	49.3	13.1	49.6
Ophthalmology	862	53.0	18.8	42.4
Anatomical pathology	737	50.4	47.2	40.2
Gastroenterology and hepatology	664	48.8	19.6	46.4
General medicine	655	56.6	19.7	42.9
Specialist intensive care medicine	558	47.5	16.8	54.1
Geriatric medicine	511	47.4	45.6	40.1
Respiratory and sleep medicine	483	48.4	23.2	46.5
Endocrinology	470	47.6	51.1	38.9
Dermatology	459	51.1	43.1	39.6
Medical oncology	448	46.0	39.3	45.7
Neurology	447	50.9	24.4	44.3
Other	6,366	50.6	29.9	44.6
No current specialty	662	42.9	37.0	45.4
Total	29,269	50.1	29.5	43.7

Note: Clinician is a medical practitioner who spends the majority of their time in the area of clinical practice.

Source: NHWDS: medical practitioners 2015.

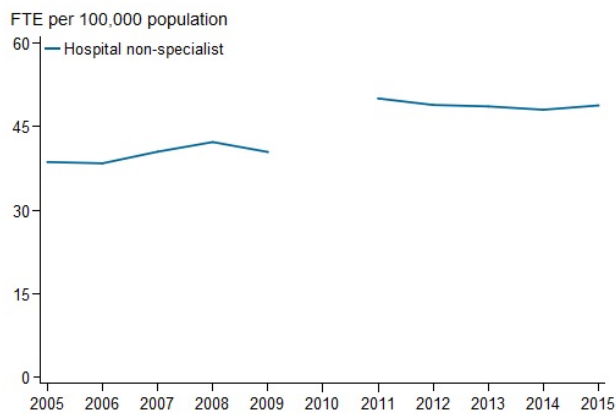
Hospital non-specialists

From 2005 to 2015, the number of hospital non-specialists working in a clinical role grew from 6,632 to 9,745. This represented an increase in the full-time equivalent rate from 38.6 hospital non-specialists per 100,000 population in 2005 to 48.8 in 2015 (Figure 4). Some of this increase may be accounted for by improved data collection through the introduction of the Medical Workforce Survey in 2010, as part of the National Registration and Accreditation Scheme.

The average age for clinician hospital non-specialists was 33.4 in 2015, slightly older than in 2005 (32.2). Hospital non-specialists were the youngest group among clinicians in 2015.

The proportion of women clinician hospital non-specialists decreased from 48.3% in 2005 to 46.7% in 2015. The proportion is high in comparison to general practitioners and specialists.

Figure 4: Full-time equivalent employed hospital non-specialists per 100,000 population, 2005 to 2015



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Specialists-in-training

There are two ways in which medical practitioners could indicate that they were specialists-in-training—either reporting that their main job was 'specialist-in-training', or that they were in a recognised specialist training program. Some medical practitioners who reported that their main job was 'specialist-in-training' did not report that they were in a recognised specialist training program.

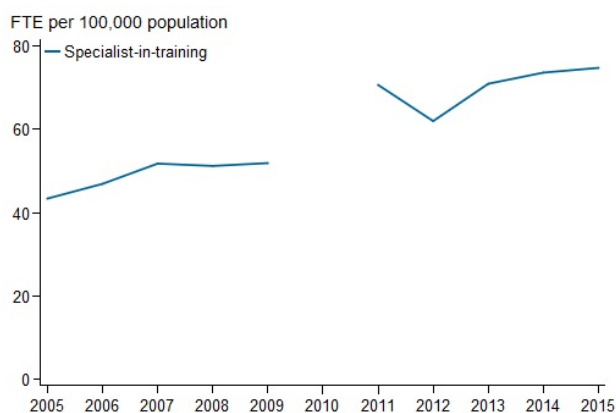
In 2015, the most common specialty of training among those in a recognised specialist-in-training program was general practice (4,228 or 26.0%) and the most common specialty for those whose main job was reported as specialist-in-training was the physician group (2,371 or 15.5%).

From 2005 to 2015, there was overall growth in the rate of full-time employed specialists-in-training, from 43.4 to 74.8 per 100,000 population (Figure 5).

Women made up half (51.3%) of all clinician specialists-in-training in 2015. This was far greater than the proportion of practicing specialists who were women (29.5%) in 2015, which suggests that the sex distribution of practicing specialists may equalise into the future.

The average age of clinician specialists-in-training (33.9 in 2015) was relatively young compared with specialists and general practitioners (50.1 and 51.4 in 2015, respectively).

Figure 5: Full-time equivalent employed specialists-in-training per 100,000 population, 2005 to 2015



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Non-clinicians

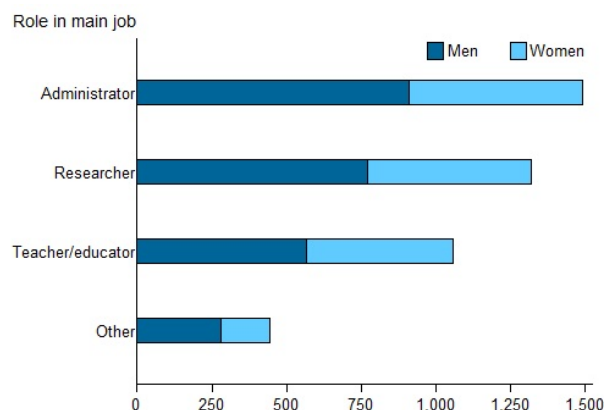
Registered medical practitioners may work in non-clinical roles. In the Medical Workforce Survey the following roles were identified:

- an administrator: employed in medical administration
- a teacher/educator: teaching or training people in medicine
- a researcher: engaged in medical research, or
- a non-clinical medical field that is not one of the above.

In 2015, there were 4,309 people employed as 'non-clinician medical practitioners', compared with 83,731 employed clinicians (4.9% of employed medical practitioners) (Figure 6). Non-clinicians were, on average, older than clinicians (52.8 and 45.6 years, respectively). They also tended to work fewer average weekly hours than clinicians (38.1 compared to 42.6).

Administrators were the largest group of employed non-clinicians (1,490 or 34.6% on non-clinicians), followed by researchers (1,319 or 24.5%). Researchers and administrators both reported the highest average weekly hours worked (41.2). Other non-clinicians were the oldest group with an average age of 58.4 years and teachers/educators had the highest proportion of women at 46.3%.

Figure 6: Number of employed non-clinician medical practitioners, by principal role in main job and sex, 2015



Source: NHWDS: medical practitioners 2015.

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Age and sex

The proportion of women among employed medical practitioners has increased steadily since 2005. In 2015, women made up 40.1% of the medical workforce, up from 37.9% in 2012 and 32.9% in 2005 (Figure 1).

Figure 1: Employed medical practitioners: proportion of women, 2005 to 2015



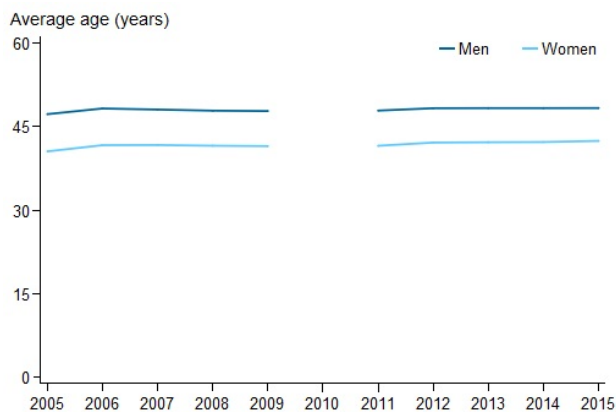
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The average age of employed medical practitioners remained close to 48 years for men from 2005 to 2015, and increased slightly for women, from just under 41 in 2005 to just over 42 in 2015. The gap between the average ages of male and female practitioners narrowed over the same period, from 6.7 years in 2005 to 5.9 in 2015 (Figure 2).

Figure 2: Employed medical practitioners: average age, sex, 2005 to 2015



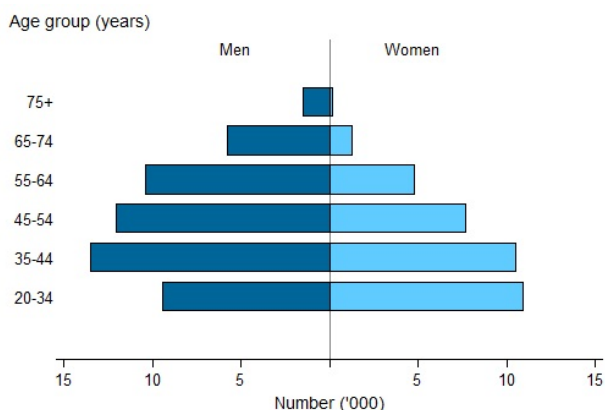
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In 2015, over a quarter (27.2%) of employed medical practitioners were aged 55 or older. The age pattern of women and men was different, with substantially more men in the older age groups, peaking at 89.7% for men in the 75 or older age group. There were more women than men in the 20-34 age group (53.4% women) (Figure 3).

Figure 3: Number of employed medical practitioners, by age group and sex, 2015

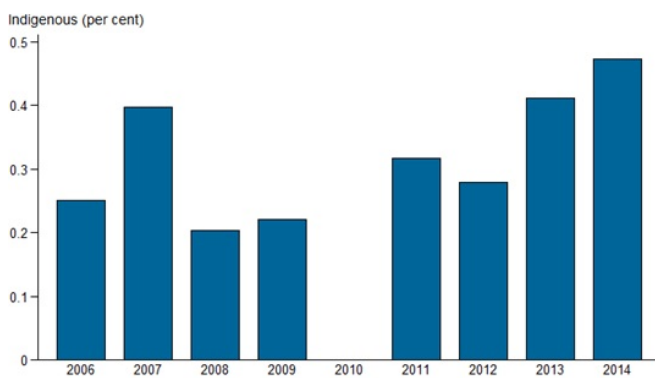


Source: NHWDS: medical practitioners 2015.

Aboriginal and Torres Strait Islander medical practitioners

The proportion of medical practitioners employed in Australia who identified as Aboriginal or Torres Strait Islander fluctuated in earlier data, possibly due to low response rates. After the introduction of the National Registration and Accreditation Scheme, about 0.3% of all employed medical practitioners chose to identify as Indigenous in 2011 and 2012. There was an increase in the proportion to 0.5% in 2014 and 2015 (Figure 4), which may in part be due to changes in survey questionnaire design.

Figure 4: Employed medical practitioners: proportion who identified as an Aboriginal or Torres Strait Islander, 2006 to 2015



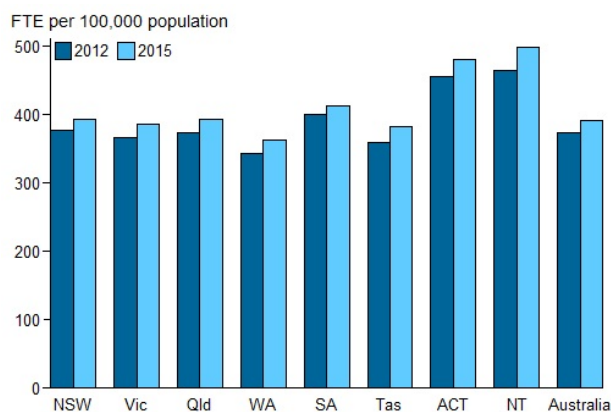
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2. Provisional registration is granted to medical practitioners to enable them to complete a period of supervised practice or internship to be eligible for general registration. This type of registration is intended for practitioners who have completed a Medical Board-approved, accredited qualification in the profession. Data prior to 2010 were based on state/territory-based registration systems and, as a result, treatment of provisional registrants was not consistent across the jurisdictions. Data for 2011 include provisional registrants. From 2012, data exclude provisional registrants.
3. Percentages exclude the 'not stated' category.

Sources: AIHW Medical Labour Force Survey (2006 to 2009); NHWDS: medical practitioners (2011 to 2015).

New South Wales (0.6%) and Queensland (0.6%) had proportions of employed medical practitioners who identified as Aboriginal or Torres Strait Islander above the national proportion of 0.5% (Figure 5). Numbers of Indigenous employed medical practitioners who identified as Aboriginal or Torres Strait Islander in the Northern Territory and the Australian Capital Territory were small, so the proportions should be interpreted with caution.

Figure 5: Employed medical practitioners: Indigenous status, jurisdiction, 2015



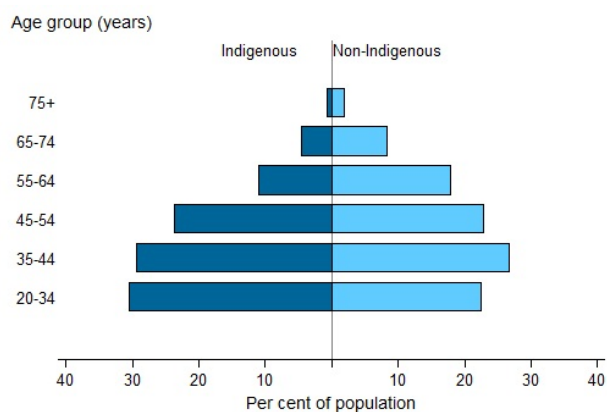
Notes

1. Derived from 'state and territory of main job' where available; otherwise, 'state and territory of principal practice' is used as a proxy. If state and territory details are unavailable, 'state and territory of residence' is used. Records with no information on all 3 locations are coded to 'not stated' but are included in Australian totals.
2. Data include employed medical practitioners who did not state or adequately describe their state or territory of principal practice and employed medical practitioners who are overseas.
3. Percentages exclude the 'not stated' category.

Source: NHWDS: medical practitioners 2015.

The age structure of employed medical practitioners who identified as Indigenous in 2015 was much younger than that for non-Indigenous practitioners, only 16% of Indigenous medical practitioners were aged 55 years or older, compared with 28% of non-Indigenous practitioners. Conversely 30.6% of Indigenous practitioners were aged less than 35 years compared with 22.5% of non-Indigenous practitioners (Figure 6).

Figure 6: Employed medical practitioners: Indigenous status, age group, 2015



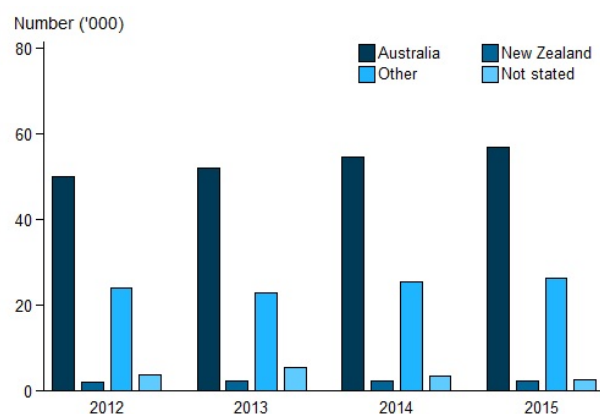
Note: Percentages exclude the 'not stated' category.

Source: NHWDS: medical practitioners 2015.

Country of initial medical qualification

In 2015, two-thirds (56,983 or 66.6%) of employed medical practitioners who answered the question about country of initial medical qualification (97% of the total) gained their initial medical qualification in Australia (Figure 7). The proportion of employed medical practitioners who gained their qualification in Australia remained stable from 2012 to 2015.

Figure 7: Employed medical practitioners: country of first medical qualification, 2012 to 2015



Source: NHWDS: medical practitioners (2012 to 2015).

Among practitioners whose initial qualification was obtained overseas, those who qualified in India were the largest group (4,771 or 5.6%), followed by England (4,005 or 4.7%) and New Zealand (2,155 or 2.5%) (Table 1).

Table 1: Employed medical practitioners: country of initial medical qualification, 2015

Country of initial medical qualification	Number	Per cent
Australia	56,983	66.6
India	4,771	5.6
England	4,005	4.7
New Zealand	2,155	2.5
Other Europe	1,865	2.2
South Africa	1,848	2.2
Middle East	1,581	1.8
Other Asia	1,537	1.8
Sri Lanka	1,432	1.7
Ireland	1,063	1.2
Scotland	1,019	1.2
China	614	0.7
Philippines	541	0.6
Other Africa	439	0.5
Malaysia	267	0.3
South America	267	0.3
Zimbabwe	182	0.2
United States of America	176	0.2
Oceania	116	0.1
Canada	109	0.1
Other ^(a)	4,581	5.4
Not stated/Not applicable	2,489	. .
Total	88,040	100

a. Other may include some Other Europe, Other Asia and Other Africa due to survey respondents selecting Other rather than the appropriate continent when their country of initial medical qualification is not an available response.

Source: NHWDS: medical practitioners 2015.

A higher proportion of medical practitioners qualified in Australia were women (41.0%) compared to overseas-qualified practitioners (38.0%).

Country of initial specialist medical qualification

In 2015, about 4 in 5 (80.9%) medical specialists who answered the question about country of initial specialist qualification (98% of the total) gained their initial medical specialist qualification in Australia. Among specialists with their initial specialist qualification obtained overseas, England was the largest group (1,819 or 6.0%), followed by India (884 or 2.9%) and New Zealand (723 or 2.4%).

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What is the medical practitioner work setting like?

There were over 100,000 medical practitioners registered in Australia in 2015. Of this total, around 88,000 were employed in medicine, working an average of 42 hours per week. Among those employed, 2 in every 5 medical practitioners were women; 1 in every 4 was aged 55 or over.

Cat. no: WEB 140

Findings from this report:

- 102,805 medical practitioners were registered in 2015, with 88,040 employed in medicine
- In 2015, 2 in 5 employed medical practitioners were women (40.1%)
- About 1 in 4 medical practitioners were aged 55 or older (27.2%)
- On average, medical practitioners worked 42.4 hours per week in 2015: for men, 44.9 hours and for women, 38.6 hours

Employment sector

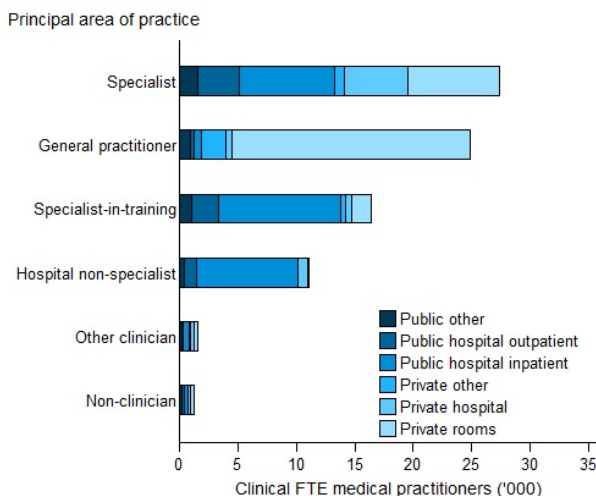
Medical practitioners work a combination of clinical and non-clinical hours. For clinical hours worked, information about employment sector is collected in the Medical Workforce Survey.

Medical practitioners who reported working clinical hours in the public sector worked an average of 33.1 clinical hours per week in the public sector, while those that reported working clinical hours in the private sector worked an average of 31.4 clinical hours per week in the private sector.

The employment sector of those working clinical hours tended to vary by area of practice (Figure 1):

- General practitioners worked mostly in the private sector (23,211 clinical full-time equivalent (FTE) compared to 1,925 clinical FTE in the public sector, 92.3% vs 7.7% of the total respectively).
- Hospital non-specialists worked mostly in the public sector (10,193 clinical FTE compared to 943 clinical FTE in the private sector, 91.5% vs 8.5% of the total respectively).
- The number of specialists-in-training was also higher in the public sector (13,948 clinical FTE compared to 2,652 clinical FTE in the private sector, 84.0% vs 16.0% of the total respectively).
- Specialists were more evenly spread across the sectors (13,653 clinical FTE in the public sector and 14,334 clinical FTE in the private sector, 48.8% vs 51.2% of the total respectively). This is related to the fact that specialists tend to divide their time between public hospital inpatients (29.9% of their clinical hours), private rooms (28.2%), private hospitals (19.5%) and public hospital outpatient settings (13.2%) (Figure 1).

Figure 1: Total clinical full-time equivalent number for employed medical practitioners who worked clinical hours: employment sector and principal area of practice, 2015



Notes

1. Clinician is a medical practitioner who spends the majority of their time working in the area of clinical practice.
2. Total clinical FTE is based on total clinical hours worked divided by the standard working week. Standard working week is defined as 40 hours.

Source: NHWDS: medical practitioners 2015.

Employment setting

In 2015, the main work setting for the majority of medical practitioners working as clinicians was either in a group or solo private practice (48.4%) or in a hospital (43.9% in a hospital or outpatient service) (Figure 2).

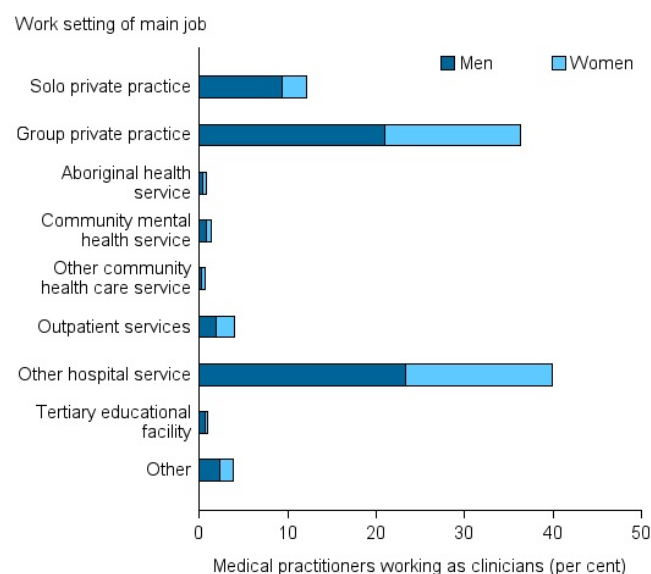
Of those clinicians in group or solo private practices:

- Overall about 3 in 4 (74.9%) were in group practices and 1 in 4 (25.1%) were in solo practices.
- Women were more likely to work in group practices (85.0%) than in solo practices (15.0%) than men (69.0% and 31.0% respectively).
- General practitioners were more likely to work in group practices (87.7%) than in solo practices (12.3%).
- Specialists were more likely to work in solo practices (53.2%), than in group practices (46.8%).

Clinicians working in community healthcare services made up just 2.2% of all employed clinicians.

Hospitals were the largest work setting for non-clinicians with 34.5% of non-clinicians working in hospitals, however non-clinicians made up only 3.9% of medical practitioners working in hospitals. Educational facilities were the work setting of 23.7% of non-clinicians and non-clinicians made up 54.5% of the employed medical practitioners in Educational facilities.

Figure 2: Employed medical practitioners working as clinicians: work setting and sex, 2015



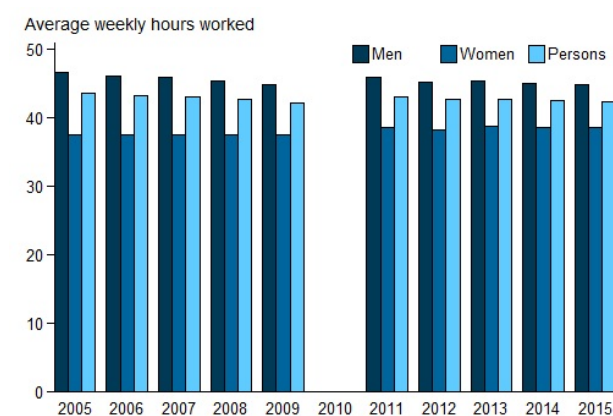
Note: Clinician is a medical practitioner who spends the majority of their time working in the area of clinical practice.

Source: NHWDS: medical practitioners 2015.

Working hours

The overall average weekly hours worked by medical practitioners declined slightly from 42.7 in 2012 to 42.4 in 2015. Prior to 2010, hours worked by practitioners showed a decrease between 2005 and 2009, from 43.7 to 42.2 hours per week (Figure 3). There was a slight decrease in the hours worked by men, from 45.3 hours in 2012 to 44.9 in 2015. Women worked 38.6 hours per week on average in 2015, with very little change over time.

Figure 3: Average weekly hours worked by employed medical practitioners, by sex, 2005 to 2015



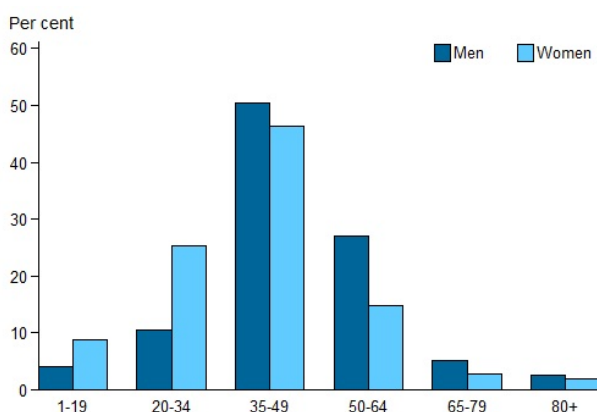
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Sources: AIHW Medical Labour Force Survey (2005 to 2009); NHWDS: medical practitioners (2011 to 2015).

Nearly twice the proportion of men (35.0% of men) worked 50 or more hours per week than women (19.6%) in 2015 (Figure 4). The opposite was the case for the proportion working between 20 and 34 hours a week, where the proportions were 25.3% of women compared to 10.5% of men.

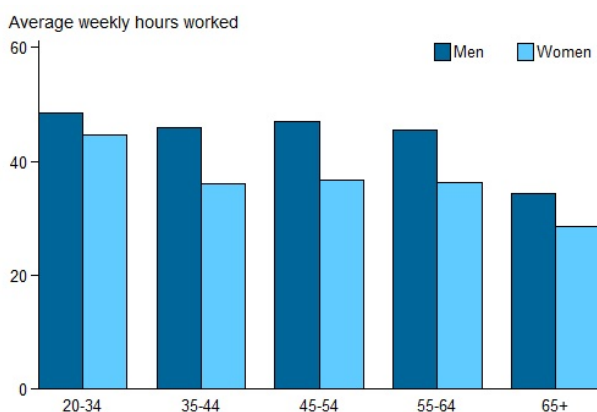
Figure 4: Employed medical practitioners: distribution of hours worked per week, by sex, 2015



Source: NHWDS: medical practitioners 2015.

Medical practitioners aged 20-34 worked the highest average weekly hours in 2015 (48.4 and 44.7, for men and women respectively). Men and women aged 65 years or older worked the lowest average weekly hours (34.3 and 28.5, respectively). Men worked more hours per week, on average, than women in every age group, with the greatest difference in hours worked among those aged 45-54 at 10.5 hours a week (Figure 5).

Figure 5: Employed medical practitioners: average weekly hours worked, by age group, 2015



Source: NHWDS: medical practitioners 2015.

Medical practitioners from *Major cities*, Hobart or Darwin also working in a regional or remote location

Many medical practitioners work in more than one work location so the information presented above on the basis of the primary location alone is just one perspective on workforce supply.

In this section, information is presented on how medical practitioners with jobs in the major service centers of the states and territories also reported working in regional, rural or remote areas, in their own state or territory or another one. The focus is on medical practitioners who reported their main job being in the *Major cities* remoteness areas and Hobart and Darwin (because in the remoteness area classification they fall into *Inner regional* and *Outer regional* areas respectively).

From this we can see that the areas of the Northern Territory other than Darwin have 19.7 full time equivalent medical practitioners per 100,000 population worth of supply from the major centers of Australia. Given that the supply of medical practitioners reporting their main job in the Northern Territory was 499.0 per 100,000 population this is a small but notable contribution.

For general practitioners working in a second location, the Northern Territory had the highest FTE rate per 100,000 population at 3.6, three times the national rate of 1.2. Tasmania and Queensland have the lowest rates at 0.4 and 0.8 respectively.

Specialists had a higher rate of movement between areas, with the national rate for specialists being about four and a half times the rate for general practitioners (5.5 compared to 1.2 respectively); when overall there are only 5% more specialists than general practitioners. By comparison, the FTE number of employed specialists per 100,000 population in *Inner regional*, *Outer regional* and *Remote/Very remote* remoteness areas in 2015 were 82.7, 61.5 and 34.2 respectively. This shows that the movement of specialists has a notable impact on regional supply. The FTE rates for specialists varied along similar lines to the general practitioners with the Northern Territory having the highest rate at 10.4 FTEs per 100,000 population, about twice the national rate of 5.5. Queensland and Tasmania had the lowest rates (2.6 and 2.9 respectively).

Table 1: Full time equivalent rate of employed medical practitioners from a *Major cities* remoteness area, Hobart or Darwin who worked at a second location that is in a regional or remote area, role of main job, jurisdiction, 2015

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
General practitioner	1.1	1.3	0.8	2.0	2.5	0.4	–	3.6	1.2
Hospital non-specialist	0.9	0.8	0.3	0.7	0.2	0.0	–	1.2	0.6
Specialist	6.9	6.0	2.6	5.5	10.1	2.9	–	10.4	5.5
Other	1.5	0.9	0.5	0.9	1.1	0.8	–	4.4	1.0
Total	10.4	9.0	4.2	9.2	13.9	4.1	–	19.7	8.4

Notes

1. Main job may be located in *Major city* remoteness areas, Hobart or Darwin (as defined by ASGS Statistical area level 4).
2. The second location excludes *Major city* remoteness areas, Hobart and Darwin (as defined by ASGS Statistical area level 4).
3. Full-time equivalent (FTE) rates are equal to the FTE number per 100,000 population, which is based average days per month worked divided by 21.4 to approximate the number of working days in a month.
4. Role of job undertaken at other location may not be the same as the principal role of the main job, e.g. a medical practitioner who is a general practitioner in their main job may work as a hospital non-specialist at a regional clinic.
5. Other includes specialist-in-training and other clinician.
6. The ACT has only small populations and no health facilities in regional areas.

Source: NHWDS: medical practitioners 2015.





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The work survey data were provided by the [Australian Health Practitioner Regulation Agency](#).

Data quality statement

[National Health Workforce Data Set: medical practitioners 2015: National Health Workforce Data Set, 2015](#)



Data

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Related material

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Further information

[Department of Health, Health workforce](#)

[Australian Health Practitioner Regulation Agency](#)

Resources

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