

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 OATSIH Services Reporting (OSR) Data Collection, the Rural Workforce Agency National Minimum Data Set, general practitioner (GP) data held by the Australian Government Department of Health and Ageing (DoHA) and AIHW labour force surveys.

OATSIH Services Reporting (OSR) Data Collection

In 2008–09, the Australian Institute of Health and Welfare (AIHW) collected data from the Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). OATSIH-funded services include both Indigenous community controlled health organisations and non-community controlled health organisations. The OSR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

This OSR data collection replaces the Service Activity Reporting (SAR), Drug and Alcohol Services Reporting (DASR), and Bringing Them Home and Link Up counselling data collections previously collected by the OATSIH. The OSR data collection which was established in 2008–09 uses a new set of counting rules which treat all auspice services as individual services which yields a larger numerator and denominator on which the rates are based. While this change only marginally affects the aggregate rates, caution should be exercised when comparing rates based on earlier data collection periods.

The OSR data collection included 211 Australian Government-funded Aboriginal and Torres Strait Islander primary health-care services. Service-level data on health care and health-related activities were collected by survey questionnaire for the 2008–09 financial year reporting period and provided data on episodes of care, service population, clients and staffing. Response rates to the OSR questionnaire by Aboriginal and Torres Strait Islander primary health-care services in 2008–09 were around 97%.

Of the 86 Bringing Them Home and Link Up counselling services 81 (94%) responded to the OSR questionnaire, as well as five auspiced services. Many services providing Bringing Them Home and Link Up counselling are part of existing primary health-care or substance use service.

Forty five (90%) out of 50 stand-alone substance use services as well as three auspiced services responded to the OSR questionnaire.

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. The data set is 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.

General practitioner data

The DoHA holds data on the number of GPs in Australia by remoteness area and Statistical Local Area (SLA).

Care must be taken in using and interpreting the data provided. There are two issues to note that 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 populations, will be understated. This is 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. This results in further understating of 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.

AIHW labour force surveys

The AIHW Medical Labour Force Survey is conducted by the state and territory health authorities. The questionnaire is administered by the medical boards (or councils) in each jurisdiction, in conjunction with the registration renewal process. The AIHW is the data custodian for this collection. The Medical Labour Force Survey is a census of all registered medical practitioners in each state and territory in Australia. The Medical Labour Force Survey has been conducted annually since 1993. Information on demographic details, main areas and specialty of work, qualifications and hours worked are collected from registered professionals. The data collected generally relate to the four weeks prior to the survey.

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 OSR data collection, collected by the AIHW, and is presented below.

Recruitment by staff category

- Over the year 2008–09, there were approximately 2,800 full-time equivalent (FTE) health (clinical) staff and 1,500 FTE administrative and support (management) staff positions within Aboriginal and Torres Strait Islander primary health-care organisations funded by the Australian Government. The number of reported vacancies for staff positions by Aboriginal and Torres Strait Islander primary health-care services at 30 June 2009 was 296. Of those positions, 23% were for Aboriginal health workers with a similar proportion for nurses or doctors (AIHW 2010).
- The highest number of health staff vacancies in 2008–09 were for Aboriginal health workers (66), followed by nurses (48) and social and emotional wellbeing workers (28) (Table 3.20.1).
- Occupations with the highest proportion of health staff vacancies were in allied health professionals (13%), environmental health workers (13%), Aboriginal health workers (8.1%) and nurses (8.0%) (Table 3.20.1).

Table 3.20.1: Number and proportion of health (clinical) staff and administrative and support (management) staff vacancies (FTE) in Aboriginal and Torres Strait Islander primary health-care organisations, 2008–09

Staff category	Number	Per cent ^(a)
Health staff		
Aboriginal health worker	65.9	8.1
Doctors and specialists	17.4	5.0
Nurses	47.8	8.0
Emotional and social wellbeing workers	28.1	6.2
Allied health professionals	27.8	13.0
Medical specialists	0.2	3.7
Dentists	2.0	5.1
Dental support	2.0	3.4
Substance-use workers	8.5	7.9
Environmental health workers	4.0	12.8
Drivers/field officers	2.0	0.8
<i>Total health/clinical</i>	<i>215.4</i>	<i>7.2</i>
Administrative and support staff		
CEO/admin/managers	21.4	4.4
Administrative support	15.4	3.1
Accountants	3.0	1.9
Information/data	3.0	3.4
Information systems/data staff	6.5	3.5
<i>Total administrative and support staff</i>	<i>49.3</i>	<i>3.3</i>
<i>Other staff</i> ^(b)	<i>12.9</i>	<i>9.6</i>
Total	277.6	6.0

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

(b) Other staff unable to be categorised owing to inadequate job description.

Source: AIHW OSR data collection.

Recruitment by state/territory and remoteness

- For the year 2008–09, the Northern Territory had the highest proportion (34.9%) of total health staff vacancies (health staff, and administrative and support staff) of total FTE positions in Indigenous primary health-care organisations. Victoria and Tasmania combined had the lowest (7.4%) (Table 3.20.2; Figure 3.20.1). The Northern Territory had the highest number of health (clinical) staff vacancies (25.9%) followed by New South Wales and the Australian Capital Territory (14.1%). The Northern Territory had the highest proportion of administrative and support staff vacancies (6.7%).
- For the year 2008–09, *Remote* areas of Australia had the highest proportion of total health staff vacancies of total positions funded in Indigenous primary health-care organisations (33.3%). This compared with around 12.3% in *Major cities* (Table 3.20.3; Figure 3.20.2). The proportion of health (clinical) staff vacancies was around 27.1% in *Remote* areas compared with 9.0% in *Major cities*.

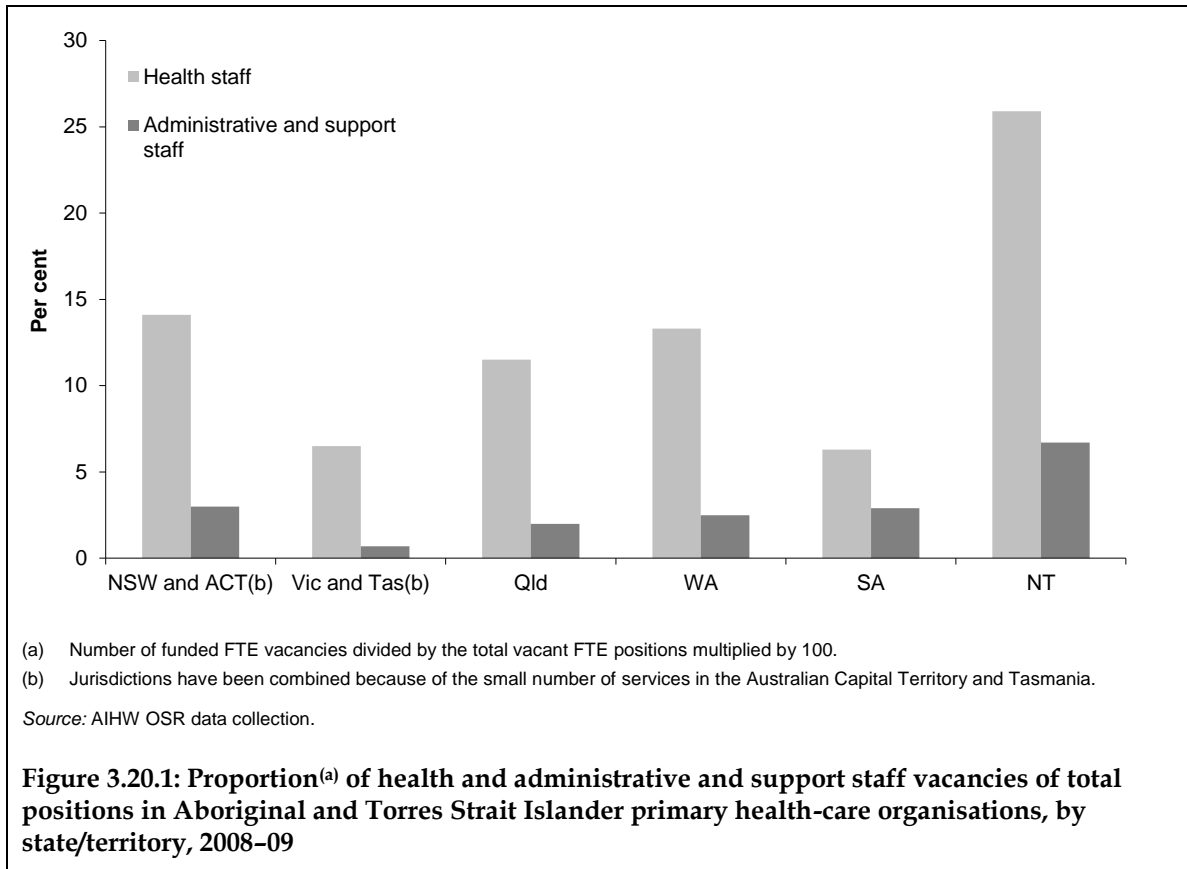


Table 3.20.2: Number and proportion^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health-care organisations, by state/territory, 2008–09

Staff category	NSW and ACT ^(b)		Vic and Tas ^(b)		Qld		WA		SA		NT	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health staff	39.1	14.1	18.2	6.5	32.0	11.5	37.0	13.3	17.4	6.3	71.8	25.9
Administrative and support staff	8.3	3.0	2.0	0.7	5.5	2.0	7.0	2.5	8.0	2.9	18.5	6.7
Other staff ^(c)	2.0	0.7	0.4	0.1	0.0	0.0	2.0	0.7	2.0	0.7	6.5	2.3
Total	49.4	17.8	20.6	7.4	37.5	13.5	46.0	16.6	27.4	9.9	96.8	34.9

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

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

(c) Other staff unable to be categorised owing to inadequate job description.

Source: AIHW OSR data collection.

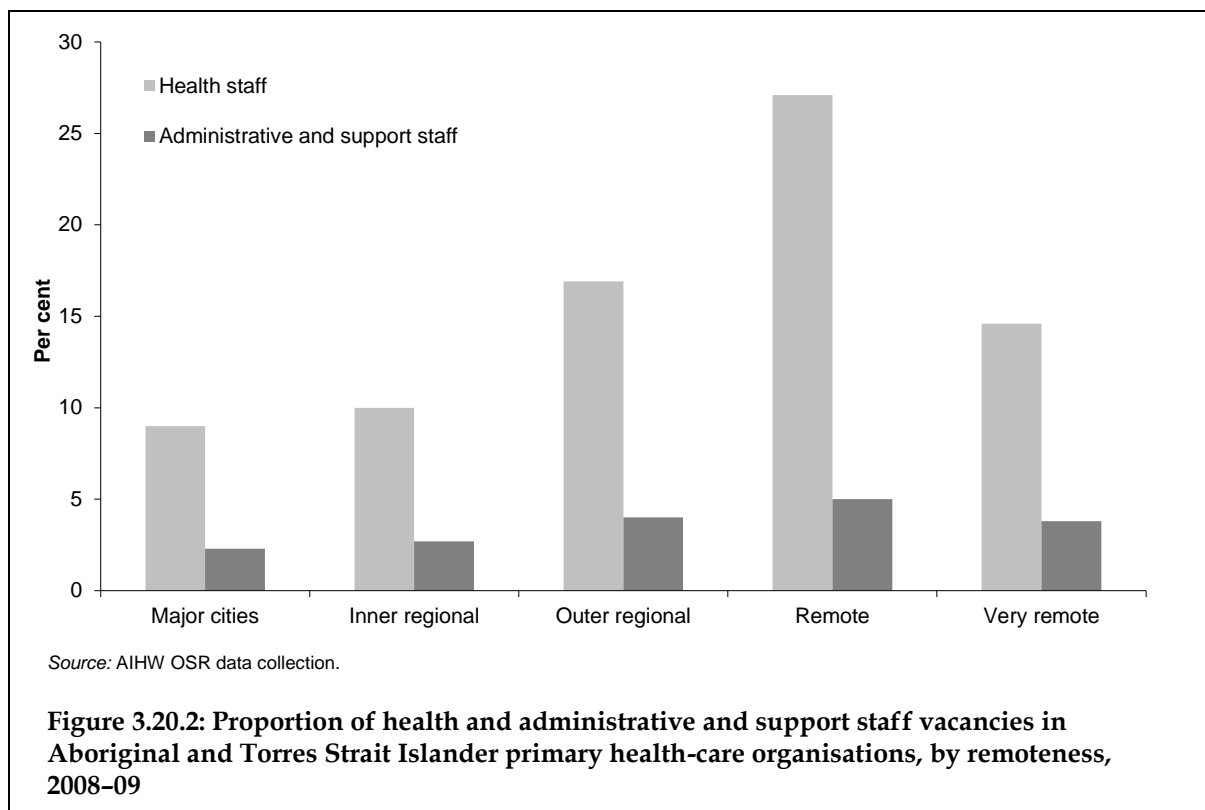
Table 3.20.3: Number and proportion^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health-care organisations, by remoteness, 2008–09

Staff category	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health staff	24.9	9.0	27.7	10.0	46.8	16.9	75.4	27.1	40.7	14.6	215.4	77.6
Administrative and support staff	6.3	2.3	7.4	2.7	11.1	4.0	14.0	5.0	10.5	3.8	49.3	17.8
Other staff ^(b)	3.0	1.1	0.0	0.0	5.4	1.9	3.0	1.1	1.5	0.5	12.9	4.6
Total	34.2	12.3	35.1	12.6	63.3	22.8	92.4	33.3	52.7	19.0	277.6	100.0

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

(b) Other staff unable to be categorised owing to inadequate job description.

Source: AIHW OSR data collection.



Recruitment by length of time vacant

- For the year 2008-09, the majority of health staff positions in Aboriginal and Torres Strait Islander health-care organisations were vacant for 26 weeks or more (112). The majority of administrative and support staff (34) and other staff positions (9.5) were vacant for 4-25 weeks (Table 3.20.4).

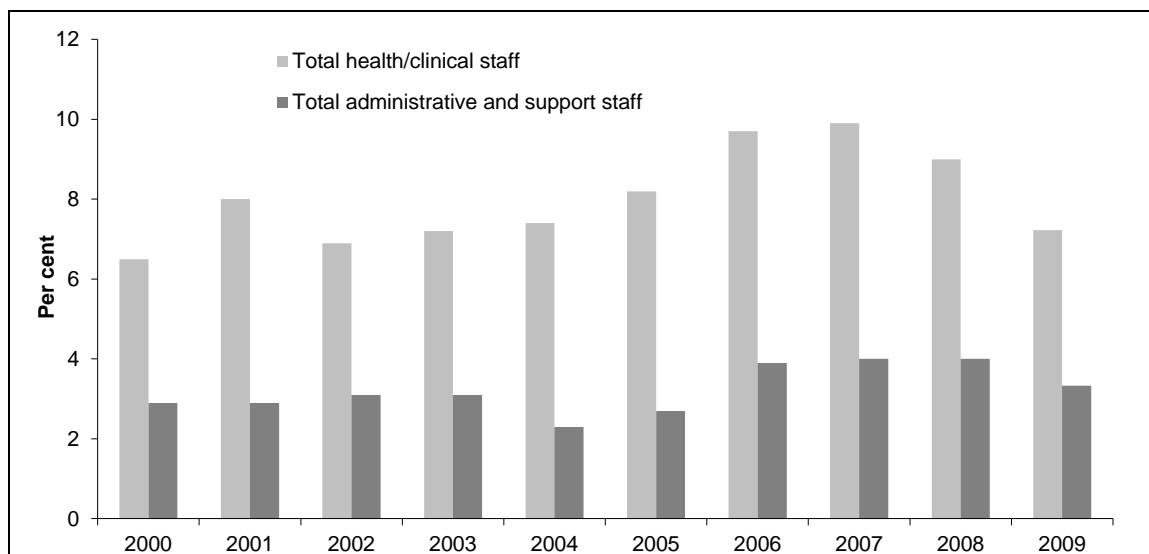
Table 3.20.4: Full-time equivalent health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, by length of time vacant, 2008-09

Staff category	1 week	2-3 weeks	4-25 weeks	26+ weeks	Total
Admin. and support staff	1.4	2	34.3	11.6	49.3
Health staff	0.4	8.8	94.1	112.1	215.4
Other staff	0	0	9.5	3.4	12.9
Total	1.8	10.8	137.9	127.1	277.6

Source: AIHW OSR data collection.

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 2009 (from 6.5% to 9.0%). There has also been an increase in the number of administrative and support staff (from 2.9% to 4.0%) (Figure 3.20.3; Table 3.20.5).
- For the year 2008–09, the proportion of FTE health (clinical) staff and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations was 7.2% and 3.3%, respectively (AIHW 2010). Note that, owing to the differences in data collection methodology, previous data are not comparable with the 2008–09 data to be included in time series analyses.



Source: SAR and DSAR data collection.

Figure 3.20.3: Full-time equivalent health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, 2000 to 2009

Table 3.20.5: Proportion of full-time equivalent health (clinical) and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, 2000 to 2009^(a)

	Total health/clinical staff	Total administrative and support staff
2000	6.5	2.9
2001	8.0	2.9
2002	6.9	3.1
2003	7.2	3.1
2004	7.4	2.3
2005	8.2	2.7
2006	9.7	3.9
2007	9.9	4.0
2008	9.0	4.0
2009	7.2	3.3

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

Source: SAR and DSAR data collection.

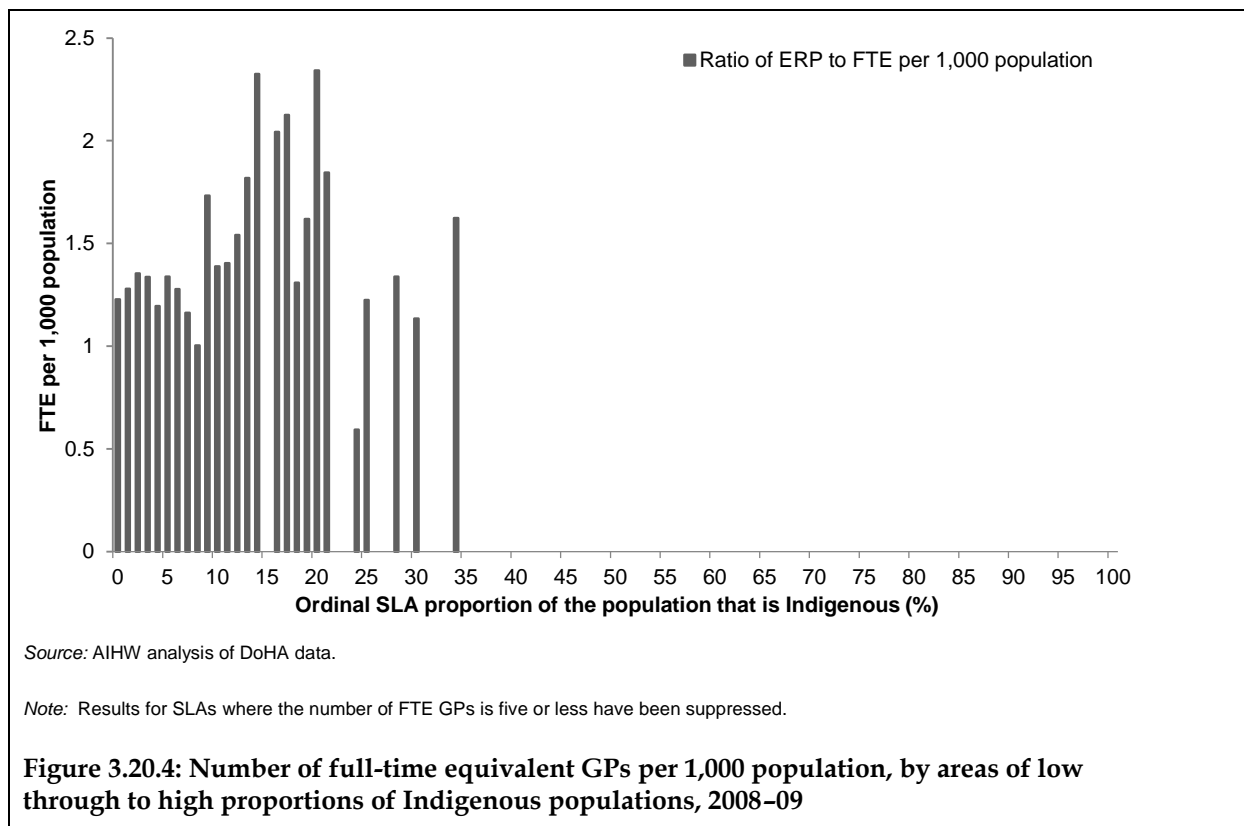
Retention

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

Figure 3.20.4 present data on the number of FTE GPs in 2008–09 per 1,000 population by the Indigenous population proportion of Statistical Local Areas ordered from low (less than 1%) to high (100%) based on the 2006 Census.

- In 2005–06, there were approximately 16,040 full-time equivalent GPs working in Australia. Approximately 58% (9,312 FTE) of GPs were working in SLAs where 1% or fewer of the population were Indigenous, and 0.2% (36) of GPs were working in areas where more than 50% or more of the population was Indigenous (Figure 3.20.4).



GPs by remoteness

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

- In 2008–09 as measured using the Rural, Remote and Metropolitan Areas classification (RRMA), approximately 72% of GPs were working in capital cities and other metropolitan areas, 26% 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 RRMA classification, 2008–09

Remoteness category (RRMA)	Number of FTE GPs	Per cent
Capital city	10,341	64.4
Other metropolitan area	1,279	8.0
Large rural	1,038	6.5
Small rural	1,216	7.6
Other rural	1,864	11.6
Remote centre	135	0.8
Other remote centre	172	1.1
Total	16,045	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 2008.

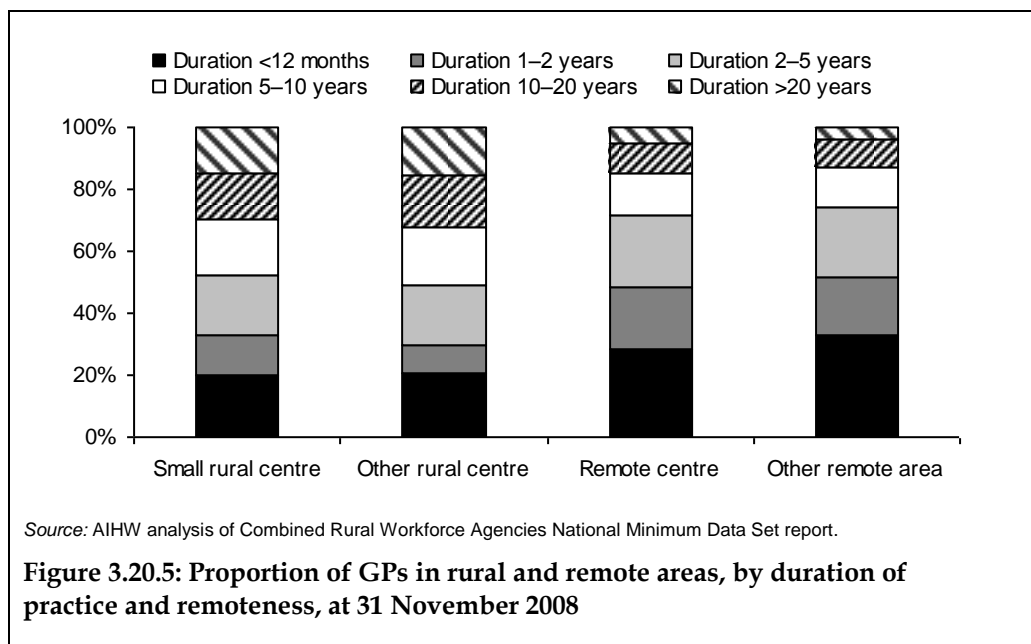
- As at 30 November 2008, the Rural Workforce Agency Annual Survey recorded a total of 4,626 GPs working in rural and remote areas of Australia. Just over 1 in 5 (21.4%) of GPs reported that they had stayed in current practice for less than 12 months and only 13.4% had stayed in practice for more than 20 years (Table 3.20.7).
- GPs in rural areas were more likely to stay in current practice for a longer time than GPs in more remote areas. For example, between 13% and 15% of GPs working in remote centres and other remote areas had stayed in practice for 10 years or more compared with 30% to 31% of GPs working in small rural centres and other rural centres (Table 3.20.7; 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 2008

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	323	209	316	298	244	238	1,628
Other rural centre	488	282	453	437	403	359	2,422
Remote centre	82	57	66	39	28	14	286
Other remote area	96	54	66	37	26	11	290
Total	989	602	901	811	701	622	4,626
	Proportion						
Small rural centre	19.8	12.8	19.4	18.3	15.0	14.6	100.0
Other rural centre	20.1	11.6	18.7	18.0	16.6	14.8	100.0
Remote centre	28.7	19.9	23.1	13.6	9.8	4.9	100.0
Other remote area	33.1	18.6	22.8	12.8	9.0	3.8	100.0
Total	21.4	13.0	19.5	17.5	15.2	13.4	100.0

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

Source: AIHW analysis of Combined Rural Workforce Agencies National Minimum Data Set report.



Additional information

Supply of health professionals

Data on the supply of health professionals are available from AIHW Labour Force Surveys. Data from the 2007 Medical Labour Force Survey, 2007 Nursing and Midwifery Labour Force Survey, 2002 Physiotherapy Labour Force Survey, 2003 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 77,193 registered medical practitioners in Australia of whom 67,208 (87.1%) were employed in medicine in Australia in 2007 – a rise of 20.5% from 2003. Between 2006 and 2007, the total number of registered medical practitioners increased by 7.6%. Differences between questionnaires used by jurisdictions, as well as changes in the form from year to year have resulted in a subtle change in the pattern of responses to the questions around labour force status/looking for work. As such, comparing data to previous years should be done with caution (AIHW 2009a).
- The proportion of registered medical practitioners who were employed in medicine ranged from 94% in the Western Australia to 83% in Tasmania (Table 3.20.8).
- Nearly half (47%) of all registered medical practitioners employed in medicine overseas were registered in New South Wales. Similarly, 50% of all registered medical practitioners who were not employed were New South Wales registrants.

Table 3.20.8: Labour force status of registered medical practitioners, by state/territory, 2007

Labour force status	NSW ^(a)	Vic	Qld ^(a)	WA ^(b)	SA	Tas ^(a)	ACT	NT ^(c)	Australia
Employed in medicine in this state	21,024	17,016	12,204	7,713	5,371	1,540	1,442	898	67,208
On extended leave	401	347	198	23	59	39	38	20	1,124
Employed in medicine overseas	1,415	750	548	12	172	45	64	22	3,030
Employed elsewhere, not in medicine	360	187	71	22	52	32	18	20	764
Not employed in medicine	1,213	448	209	79	213	113	122	40	2,436
Retired	398	760	698	397	246	77	36	19	2,631
Total registered	24,810	19,509	13,928	8,247	6,113	1,846	1,720	1,020	77,193
Proportion of registered practitioners employed in medicine (per cent)	84.7	87.2	87.6	93.5	87.9	83.4	83.8	88.0	87.1

(a) The number of medical practitioners in New South Wales, Queensland and Tasmania are underestimates, because the benchmark figures did not include all registered medical practitioners.

(b) In 2007, Western Australia administered a different form from that used in 2006, which may have contributed to differences between 2006 and 2007 estimates of labour force status.

(c) Northern Territory data are based on responses to the 2007 Medical Labour Force Survey weighted to the 2007 number of registered practitioners by age and sex (derived by applying 2008 age by sex proportions to the 2007 total practitioner number,) resulting in a response rate equivalent to 27%. Care should be taken when interpreting these figures.

Source: Medical Labour Force Survey 2007 (AIHW 2009a).

Registered and enrolled nurses

- The total number of nurses identified in 2007 by the Nursing and Midwifery Labour Force Census was 305,834, comprising 245,491 registered nurses and 60,343 enrolled nurses. After accounting for multiple registrations, the average growth in numbers of registered and enrolled nurses between 2005 and 2007 for Australia was 7.1%. Growth exceeded this average in Queensland (18.3%), Victoria (9.1%), and Tasmania (7.3%), whereas the Australia Capital Territory had relatively low growth of 1.7% (AIHW 2009b).
- The proportion of registered nurses employed in nursing in Australia in 2007 was 86.5% (245,491), and ranged from 80% in New South Wales to 93% in Tasmania. Of the registered nurses who were not employed in nursing, the majority were not looking for work in nursing (20,252) or were on extended leave (8,391) (Table 3.20.9).
- The proportion of enrolled nurses employed in nursing in Australia in 2007 was 85% (60,343), ranging from 68% in The Northern Territory to 90% in South Australia. Of the enrolled nurses not employed in nursing most were not looking for work in nursing (6,238), but 1,522 were looking for this type of work.

Table 3.20.9: Labour force status of registered and enrolled nurses, by state/territory, 2007

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(a)	Australia ^(b)
Registered nurses									
Employed	64,384	57,253	41,412	18,975	18,120	6,051	3,505	2,642	212,342
On extended leave	2,478	2,721	1,487	651	601	187	131	134	8,391
Looking for work in nursing	1,127	420	508	198	172	43	66	47	2,581
Overseas	1,249	199	258	37	84	24	53	22	1,926
Not looking for work in nursing	11,219	2,904	2,580	1,831	973	221	263	261	20,252
Total employed nurses	80,456	63,497	46,245	21,693	19,951	6,525	4,018	3,106	245,491
Percentage of registered nurses employed in nursing	80.0	90.2	89.5	87.5	90.8	92.7	87.2	85.1	86.5
Enrolled nurses									
Employed	12,651	17,818	7,723	4,994	5,793	990	686	334	50,990
On extended leave	487	534	164	115	122	18	17	15	1,472
Looking for work in nursing	480	533	141	113	143	41	8	62	1,522
Overseas	76	33	5	n.p.	6	–	–	–	121
Not looking for work in nursing	2,634	1,633	681	705	358	84	63	80	6,238
Total enrolled nurses	16,327	20,550	8,714	5,928	6,423	1,134	777	491	60,343
Percentage of enrolled nurses employed in nursing	77.5	86.7	88.6	84.2	90.2	87.3	88.3	68.0	84.5
All nurses									
Employed	77,034	75,071	49,135	23,969	23,913	7,041	4,192	2,976	263,331
On extended leave	2,965	3,256	1,651	767	723	205	148	149	9,863
Looking for work in nursing	1,607	953	650	311	315	84	74	109	4,103
Overseas	1,325	231	263	37	91	24	55	22	2,047
Not looking for work in nursing	13,852	4,537	3,260	2,537	1,331	305	327	341	26,490
Total nurses 2007	96,783	84,047	54,959	27,620	26,374	7,658	4,796	3,597	305,834
Percentage of all nurses employed in nursing	79.6	89.3	89.4	86.8	90.7	91.9	87.4	82.7	86.1

(a) State and territory estimates for 2007 should be treated with caution owing to the low response rates in some jurisdictions, particularly the Northern Territory (28.7%).

(b) Total for Australia includes estimates for the Northern Territory.

Source: Nursing and Midwifery Labour Force Census 2007 (AIHW 2009b).

Physiotherapists

- In 2002, there were 15,967 physiotherapists registered with state/territory physiotherapist registration boards throughout Australia (excluding the Northern Territory). This represents an 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, 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. The increase ranged 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 and the Australian Capital Territory (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	<i>n.a.</i>	46	10	511
On extended leave	102	46	34	37	<i>n.p.</i>	222
Looking for work in psychology	151	122	<i>n.a.</i>	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	<i>n.a.</i>	74	43	817
Looking for work status not known	21	69	317	9	<i>n.p.</i>	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 1,793 registered dental therapists/oral health therapists in Australia in 2006.
- The proportion of dental therapists/oral health therapists employed in dentistry ranged from 79% in Western Australia to 95% in the Australian Capital Territory (Table 3.20.13).
- In 2006, 161 dental therapists/oral health therapists were not in paid work/not working as a dental therapist/oral health therapist.

Table 3.20.13: Practice status of dental therapists and oral health therapists, by state/territory, 2006

Labour force status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All
Dental therapists	225	196	245	286	121	56	19	23	1171
Oral health therapists	39	41	228	38	26	—	—	—	372
Practising therapy only in other states	7	n.p.	n.p.	n.p.	n.p.	n.p.	—	—	29
On 3+ months leave	n.p.	6	13	20	9	n.p.	n.p.	n.p.	55
Overseas	n.p.	n.p.	n.p.	n.p.	n.p.	—	—	—	5
Not in paid work/not working as a dental therapist/OHT	48	34	11	56	10	n.p.	n.p.	n.p.	161
Total registered dental therapists/OHT	323	284	502	410	169	60	20	25	1,793
Percentage of dental therapists/oral health therapists employed in dentistry	81.7	83.5	94.2	79	87	93.3	95	92	86.1

Notes

1. Not all columns/rows sum to total because weighted data have been rounded to whole numbers.
2. Oral health therapists (OHTs) are dual registered hygienist and therapist.
3. Registration of dental therapists/hygienists in NSW and Qld commenced in 2005.

Source: AIHW Dental Statistics and Research Unit, 2009.

Occupational therapists

- The size of the occupational therapist labour force in Australia is difficult to estimate because 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 (Jones & Humphries 2004) 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 doctors' top priorities. Training in Indigenous health was identified as a key information deficit by most doctors.

Data quality issues

OATSIH Services Reporting (OSR) Data Collection

The data were collected using the OSR questionnaire, (surveying all auspice services) which combined previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services.

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW examined all completed questionnaires received to identify any missing data and data quality issues. Where needed, AIHW staff contacted the relevant services to follow up and obtain additional or corrected data. After manually entering the data on the data repository system, staff conducted further data quality checks.

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question, and divergence of data from two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

Further information can be found in the data quality statement in the *Aboriginal and Torres Strait Islander Health Services Report, 2008–09* (AIHW 2010).

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 accordance with an agreed national minimum data set and data dictionary. This measure does not directly answer the broader retention and recruitment questions, but will provide a useful interim surrogate measure.

General Practitioner 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. This is 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. This results in 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 individual SLAs in the first group with far more people per doctor than in some individual SLAs in the second group.

AIHW Medical Labour Force Survey

The AIHW Medical Labour Force Survey is conducted on an annual basis. Survey responses are weighted by state, age and sex to produce state and territory and national estimates of the total medical labour force. Benchmarks for weighting come from registration information provided by state and territory registration boards.

The response rates to this survey can vary from year to year and across jurisdictions, but have stayed fairly stable over the five years to 2004. Note that the questionnaires have

varied over time and across jurisdictions. Mapping of data items has been undertaken to provide time series data. However, because of this, and the variation in response rates, some caution should be used in interpreting change over time and differences across jurisdictions.

More detailed information about how these surveys were conducted is available from the report Medical labour force 2007 (AIHW 2009a).

List of symbols used in tables

- n.a. not available
- rounded to zero (including null cells)
- 0 zero
- .. not applicable
- n.e.c. not elsewhere classified
- n.f.d. not further defined
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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