

Medical labour force 1999

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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMC	Australian Medical Council
AMWAC	Australian Medical Workforce Advisory Committee
DEST	Department of Education, Science and Training
DIMIA	Department of Immigration and Multicultural and Indigenous Affairs
ENT	ear, nose and throat
FTE	full-time equivalent
GP	general practitioner/primary care practitioner
MCQ	multiple choice questions (examination)
metro	metropolitan
OMP	other medical practitioner
OTD	overseas-trained doctor
RACGP	Royal Australian College of General Practitioners
RMO	resident medical officer
TRD	temporary resident doctor

Symbols and other usages

Throughout this publication, data may not add to the totals shown due to the estimation process for non-response.

Throughout this publication, percentages may not add up to 100.0 due to rounding.

Italics within a table denote a subtotal.

– denotes nil or rounded to zero.

. . denotes not applicable.

n.a. denotes not available.

n.p. denotes not publishable.

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Most importantly, we also thank the medical practitioners who took the time to complete the survey. Without their cooperation, it would not be possible to maintain this collection, which is used to underpin planning and policy decisions.

Preface

In common with most other countries in the world, Australia is facing the challenges presented by an ageing population and a corresponding ageing of the general workforce. In the area of health, these challenges are twofold: providing for the particular health problems of an increasing elderly population; and replacing older health workers as they exit the workforce through retirement. In the worst case, these trends could result in heavier workloads for a depleted health workforce.

To avoid such a scenario, there has been an increased focus by policymakers and workforce planning bodies on maintaining an adequate health workforce for all Australians over the coming decades. For the medical profession, the long lead time between commencing and completing training, within a climate of rapidly advancing technologies and techniques, introduces a further level of complexity into the planning process. It is therefore critical to have detailed and reliable sources of data to describe the size and characteristics of the current medical workforce; of new entrants to the workforce (newly qualified graduates and immigration of doctors); and of those who are leaving for various reasons, including retirement. It is also important to monitor the supply of medical practitioners across the various regions of Australia.

The most reliable source of detailed data about medical practitioners in Australia is the Medical Labour Force Survey, which has been conducted each year since 1993 in each State and Territory, in conjunction with their registration processes. This publication presents findings from the 1999 survey, supplemented by data from various other sources, to portray a picture of the medical labour force in 1999. Comparisons are made with 1995 to show medium term trends over the previous four years, while student enrolment figures are used as a basis for projecting future trends.

The Institute places on record its appreciation to the large proportion of doctors in Australia who responded to the survey. In doing so, they are assisting planning and resource allocation nationally, both within the profession and across the whole health system.

This publication differs from those of previous years in several respects. It provides deeper analysis and insights through a focus on particular issues and more extensive use of other data sources. The findings are presented in a more easily digested format, enhanced with carefully chosen tables and figures. The Appendix in the publication contains a smaller number of tables providing only the main statistics, while a comprehensive set of tables containing 1999 data has been placed on the Institute's web site (<http://www.aihw.gov.au>). This package provides both broad background figures for the general reader as well as much more detailed and readily accessible information than has previously been the case, in spreadsheets suitable for planning purposes.

The Institute welcomes readers' suggestions for further improvements to the publication. These can be emailed to labourforce@aihw.gov.au.

Richard Madden
Director
January 2003

Explanatory notes

Background

In 1990, the Australian Health Ministers' Advisory Council (AHMAC) commissioned the Australian Institute of Health and Welfare (AIHW) to develop national health labour force statistics about the major registrable health professions. Data collections based on a national minimum data set were developed addressing the workforce planning needs of the health professions, government, service providers and educational institutions.

This report is the seventh in a series of publications based primarily on the annual Medical Labour Force Survey. The information contained within this report is drawn from the 1995 and 1999 Medical Labour Force Surveys, as well as information supplied by the Department of Education, Science and Training and the Department of Immigration and Multicultural and Indigenous Affairs. To view the full range of information available from the 1995 and 1999 surveys, as well as more detailed information from the additional data sources, please visit the web site at: <http://www.aihw.gov.au/publications/health.html>.

Scope and coverage

The scope of the Medical Labour Force Survey is all practitioners registered with the medical board in each State and Territory and eligible to practise.

Coverage in some States may exclude medical practitioners who registered for the first time during the current year and practitioners with a conditional registration. These conditional registrants include interns and temporary resident doctors, who are not required to renew their registration at the standard renewal date. In some jurisdictions, practitioners known to the boards to be not practising because they were retired, overseas or had moved interstate were not included in the survey.

Method

Each State and Territory medical board conducts an annual renewal of practitioner registration and the survey questionnaire was sent to all medical practitioners as part of the registration renewal process.

Timing

The statistics in this publication relate to registration renewals during the period October–December 1995 and October–December 1999. The renewal notices and the survey were dispatched in all States and Territories in September 1995 and September 1999. The dispatch date is generally three months before the expiry of registration. Survey data on practice activity refer to the four-week period before completion of the questionnaire by each medical practitioner.

Response rate

The responses to the AIHW Medical Labour Force Surveys represented 79.6% and 78.6% of the total medical registrations in all States and Territories in 1995 and 1999, respectively (Table 1). The estimated response rates for individual States and Territories ranged from 91%

in New South Wales to 65% in both South Australia and Tasmania in 1995; and from 92% in Queensland to 36% in Tasmania in 1999.

Table 1: Medical Labour Force Survey: estimated survey response rate, States and Territories, 1995 and 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	(per cent)								
1995 response rate	91.3	73.9	75.4	n.a. ^(a)	65.0	65.0	67.5	67.7	79.6
1999 response rate	88.0	73.3	92.0	61.7	66.1	35.7	63.3	61.6	78.6

(a) The Medical Labour Force survey was not distributed in Western Australia in 1995. Estimates based on responses to the 1996 Western Australia survey were used in calculating 1995 responses in *Medical Labour Force 1995* and the present publication.

Source: Medical Labour Force Surveys, 1995 and 1999.

The overall response rate can only be estimated, not determined with complete accuracy. It is known that some medical practitioners who were registered in more than one State or Territory completed a questionnaire in just one State or Territory. How often this occurred cannot be ascertained because matching survey records among States and Territories is not possible.

Complete data were not available for all responding medical practitioners, either because not all survey questions were completed or because medical boards' initial registration data were incomplete or not provided.

AIHW labour force estimates

Medical practitioners may register in more than one State or Territory. Thus, in estimating the medical labour force, it is important to reduce as much as possible the consequent duplication in statistics.

The estimation of the number and characteristics of employed medical practitioners in each State and Territory was based on the responses of those practitioners employed only or mainly in the State or Territory of registration. Practitioners who were on leave for three months or more, although employed, were excluded from most tables of employed practitioners because not all States and Territories collected data on practitioners who were on leave.

It was assumed for all estimates that non-respondents to the survey in each State and Territory had the same labour force characteristics as had respondents, and the survey data were scaled up to the registrations by distributing the non-response numbers on the basis of this assumption. In 1995 and 1999, sex and age data were available for all registered medical practitioners for five jurisdictions (excluding Western Australia, the Australian Capital Territory and the Northern Territory), and for these States the estimation process was based on the response rate by sex and age group. The estimation process may overestimate the numbers of medical practitioners in the workforce in each State and Territory if non-respondents are more likely to be those with multiple registrations not in their home State or Territory or those not in the medical labour force. This survey error may be greater in the two Territories, which have higher proportions of doctors registered in other jurisdictions, and lower proportions of doctors practising solely in the Territories. The scaling procedures may have introduced rounding errors, so that in some tables numbers may not add up to totals.

Comparability with data in previous reports

There are some differences between data published in this report and data published in *Medical Labour Force 1995* (AIHW 1997). The 1993, 1994 and 1995 figures were revised by a benchmarking process against increases in Medicare providers to 1996. These increases closely matched increases in medical practitioners between 1993 (projected from the 1991 Census) and the 1996 Census. This current report incorporates all revisions and amendments made to 1995 data.

Additional data sources

Additional data in this report came from a variety of sources:

- the Australian Bureau of Statistics
- the Department of Education, Science and Training
- the Department of Immigration and Multicultural and Indigenous Affairs.

The Australian Bureau of Statistics

The Australian Bureau of Statistics (ABS) conducts the National Health Survey every six years. A random sample of households is surveyed regarding a broad range of health and wellbeing issues. Information from the 1995 survey was used to determine the number of people who consulted a medical practitioner in the two weeks preceding the survey in that year.

The Department of Education, Science and Training

The Department of Education, Science and Training (DEST) requires all universities to provide data on students commencing, enrolling in and completing all university courses. This information provides the number and characteristics of new entrants to medical courses, as well as those currently enrolled in medicine and those who graduate with medical degrees.

The Department of Immigration and Multicultural and Indigenous Affairs

The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) obtains data on the number of medical practitioners arriving both temporarily and permanently into Australia to work. Information is also gathered on the number of Australian medical practitioners leaving Australia temporarily to find employment overseas, as well as those who plan to permanently settle in another country. This information is retrieved from incoming and outgoing passenger cards distributed to all air and sea passengers.