Health and community services labour force, 2001

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Health and community services labour force 2001

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Any enquiries about or comments on this publication should be directed to:

Labour Force and Rural Health Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1156
Email: labourforce@aihw.gov.au

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Preface

This publication, published jointly by the AIHW and the Australian Bureau of Statistics (ABS), is the second in an AIHW series that presents health and community services workers' data from the ABS Census of Population and Housing. It includes information on the number, distribution and characteristics of employed persons in 105 occupations identified as providing health and community services in the 2001 census, and discusses growth and other changes in this workforce since the 1996 census. Also included in this report are data from the census showing all persons employed in the health and community services industries. In addition, data from the ABS Employee Earnings and Hours surveys of May 1996 and May 2002 are provided to give an indication of the remuneration of employees in these industries.

There is increasing debate about the capacity of existing and likely future health and community services workforces to meet service requirements. The changing age structure of the population affects demand, and this has been increasingly recognised. However, the supply side is also affected by population ageing and other demographic changes (due to changes in retirement patterns, hours worked and student numbers), and this aspect has attracted far less debate. Just as importantly, earnings levels also affect labour supply, and these will rise if shortages emerge.

Debate on these important issues demands a strong information base. While the Australian Institute of Health and Welfare (AIHW) provides good quality data on registrable health occupations (doctors, nurses, dentists, pharmacists and some allied health professions), only the five-yearly census can provide a comprehensive picture.

The report will be of interest to state and territory governments, which are the major suppliers of health and community services and engage in workforce planning, and to professional associations and industrial organisations in monitoring membership and in representing their members.

We would like to acknowledge the assistance of the Australian Health Workforce Advisory Council (AHWAC) in providing funding for this project.

The Institute and the ABS welcome comments from the readers of this publication. These, and requests for further information, can be emailed to labourforce@aihw.gov.au.

Richard Madden
Australian Institute of Health and Welfare
Director
September 2003

Dennis Trewin
Australian Bureau of Statistics
Australian Statistician
September 2003

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AHMAC	Australian Health Ministers' Advisory Council
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials Committee
AMWAC	Australian Medical Workforce Advisory Committee
FTE	Full-time equivalent
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
Qld	Queensland
RNO	Regional nursing officer
SA	South Australia
Tas	Tasmania
UK	United Kingdom
USA	United States of America
Vic	Victoria
WA	Western Australia

Symbols and other usages

Throughout this publication, data may not add to the totals shown due to the estimation process for non-response. Percentages may not add to 100.0 due to rounding. The totals may also vary between tables. This is because some tables exclude 'not stated' responses to certain census questions. The numbers of 'not stated' responses vary from question to question. See Explanatory notes on page 122 for more information.

Italics within a table denote a subtotal.

Percentage printed as 0.0 may denote less than 0.05%.

. . denotes not applicable.

— denotes nil.

n.a. denotes not available.

n.p. denotes not published because of high standard error (greater than 40%) or because it may be possible to identify individuals from the figure.

* denotes a relative standard error between 25% and 40%, and should be used with caution.

n.e.c. denotes not elsewhere classified.

n.f.d. denotes not further defined.

Main findings

In 2001:

- There were 450,792 people employed in health occupations and 237,055 employed in community services occupations
  – this represented growth of 11.4% and 26.8%, respectively, since 1996.
- There were 798,295 people employed in health and community services industries, of whom over two-thirds (69%) worked in health or community services occupations
  – this represented growth of 10.6% since 1996.
- The largest occupational groups for health were nursing workers (244,405 employed) and medical workers (51,859), and the largest for community services were child and youth services (101,715 employed) and those employed in aged or disabled care (51,784).
- Between 1996 and 2001 there were increases of 12.6% in medical practitioner numbers, 25.0% for medical imaging workers, 11.0% for dentists, 5.4% for nurses, 13.0% for pharmacists, 26.6% for allied health workers and 31.2% for complementary health therapists; and increases of 9.0% for child and youth services workers and 44.1% for persons employed in aged or disabled care.
- Workers in the health and community services occupations were predominantly female (74% and 87%, respectively). A relatively large proportion of all persons in these occupations worked part-time (34% and 51%, respectively).
- There were 3,742 Indigenous people employed in health occupations, comprising 0.9% of health workers—well below the 2.4% Indigenous proportion of the population. Of these workers, 853 were employed as Indigenous health workers.
- There was a higher proportion of Indigenous workers in the community services occupations, with the 6,294 Indigenous workers representing 2.7% of this group.
- Census data highlighted substantial restructuring within the health and community services industries by way of changes in occupational mix between 1996 and 2001:
  – there were large decreases in the number of workers in hospitals and nursing homes (down 10%), in line with changes in the delivery of care to aged persons and those with a disability or mental illness
  – there were decreases in hospitality and food preparation workers (down 9.3%), and tradespersons, plant operators, labourers and cleaners (down 19.2%), probably reflecting some outsourcing of food preparation, cleaning and maintenance services
  – there was an increase of 9,084 (6.0%) for registered nurses, but this was accompanied by a 4,946 (21.4%) decrease in enrolled nurses and a larger number of lower paid carers and aides (up by 8,488, or 20.3%).
- There were 2,354 health workers per 100,000 population overall in Australia, ranging from 2,150 per 100,000 in the Northern Territory to 2,614 per 100,000 in South Australia.
- There were 1,228 community services workers per 100,000 overall in Australia, ranging from 1,077 per 100,000 in New South Wales to 1,694 per 100,000 in the Australian Capital Territory.
- The supply of workers in the health industries decreased with increasing remoteness, from 3,005 per 100,000 population in the Major cities of Australia to 1,498 per 100,000 in Very remote Australia.

- The supply of workers in the community services industries also decreased with increasing remoteness, from 1,008 per 100,000 population in the Major cities of Australia to 796 per 100,000 in Very remote Australia.
- The central regions of the capital cities had the highest apparent supply of health practitioners, based on their place of work, probably reflecting the centralisation of major hospital and specialist services in the inner city areas.
- Some of the rapidly growing regions on the outskirts of all five major capital cities had the lowest supply of health and community services professionals of any region within their respective states.