

# Occupational therapist population

## Introduction

Occupational therapists are allied health professionals who teach people how to return to normal activities after injury or illness, using therapy and rehabilitation. They assess individuals' capabilities, develop physical or mental activities to aid the recovery from disease or injury, develop and implement intervention programs (including modifying the environment to better support participation) and promote health issues. Occupational therapists may assume different roles, such as advising on health risks in the workplace, safe driving for older adults, and programs to promote mental health for youth. They may also perform other functions such as manager, researcher, program developer or educator, as well as directly delivering professional services. Occupational therapists are generally employed in health care organisations such as hospitals, chronic care facilities, rehabilitation centres and clinics; in community centres; or are self-employed (State Government of Victoria 2005).

Occupational therapists practising in Queensland, Western Australia, South Australia and the Northern Territory need to be registered with the relevant state or territory registration board. In order to be registered, an occupational therapist in these jurisdictions must have completed an accredited degree course. Occupational therapists do not require registration to practise in New South Wales, Victoria, Tasmania and the Australian Capital Territory. However, occupational therapists in these jurisdictions who work for government-funded agencies (such as public hospitals and community health centres) are still required to have appropriate qualifications for full membership of the Australian Association of Occupational Therapists (OT Australia).

Graduate and undergraduate courses leading to careers in occupational therapy are offered in a number of Australian universities, with 774 students completing these courses in 2004 (Table A1).

## AIHW Occupational Therapy Labour Force Survey

The Occupational Therapy Labour Force Survey was conducted in five states and territories in 1998 and in all states and territories in 2002–2003, with compilation and analysis by the AIHW. The scope of the survey varies across the two surveys and across jurisdictions within each survey period. The survey was administered in some jurisdictions by the state/territory occupational therapy registration board (to people registered within the state/territory), in others by OT Australia's national office (to its members), and in others by the state offices of OT Australia (to their members). The variations in scope and coverage, which are described in detail in Appendix B, should be taken into account when interpreting the data provided in this publication.

## Size of the occupational therapy labour force

It is difficult to accurately estimate the number of people employed as occupational therapists or the size of the occupational therapist labour force (which includes those employed as occupational therapists and those looking for work as occupational therapists). In the 2001 ABS

Census of Population and Housing, 5,331 persons were identified as being employed as an occupational therapist (AIHW 2003). A similar number – 5,400 – was estimated from the ABS Labour Force Survey in 2000, but in 2005 that survey estimated 7,800 employed occupational therapists (Table A2), an unlikely increase of nearly 50%. Unlike the census, the ABS Labour Force Survey is based on a sample and thus small numbers reported from it (such as for employed occupational therapists) are subject to relatively large standard errors (ABS 2006a).

As a general practice the AIHW uses state and territory registration data as a reasonable estimate of the size of the labour force (such as the medical, nursing and dental labour force) as these data include both employed and unemployed people registered in each health profession. However, this is not possible for occupational therapy as only four jurisdictions have registration boards for occupational therapists, and registration numbers were readily available from only three of these (Table 1).

**Table 1: Occupational therapist registrations in selected states and NT, 1998, 2002 and 2003**

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1998	..	..	1,127	952	507	..	..	n.a.
2002	..	..	1,429	1,155	613	..	..	n.a.
2003	..	..	1,545	1,210	665	..	..	n.a.

*Notes*

1. NSW, Vic, Tas and ACT do not have a registration board for occupational therapy. NT has a registration board but no data were available on numbers registered.
2. Qld data are as at 30 June. WA and SA data are as at 31 December.

Source: State and territory occupational therapy registration boards.

Another estimate of the size of the occupational therapist labour force is the membership figures for OT Australia (Table 2). In 2002, membership was 5,043 and in 2003 it was 4,918. These figures are likely to underestimate the size of the labour force, as not all occupational therapists may be members of the association. The uptake of membership by occupational therapists in the labour force may also vary across jurisdictions. Looking at those jurisdictions with registration boards it is clear that not all registered occupational therapists are members of OT Australia. A comparison of the figures in Table 1 and Table 2 indicates that membership numbers are much lower than registration numbers in all three states for which registration figures are available. These issues should be kept in mind when interpreting membership data.

**Table 2: Occupational therapist membership of OT Australia, 30 June 2002 and 2003**

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2002	1,553	1,335	1,007	592	304	131	86	35	5,043
2003	1,534	1,307	994	530	315	119	85	34	4,918

Source: OT Australia.

The 2002–2003 Occupational Therapy Labour Force Survey was distributed to registered occupational therapists in Queensland, South Australia and the Northern Territory and to members of OT Australia in the other states and the Australian Capital Territory. There were 3,769 valid responses provided to the AIHW for analysis (Table 3). In the absence of an accurate estimate of the total population of occupational therapists it was not feasible to weight the responses to the survey. The results reported in this publication, therefore, represent only respondents to the survey, and it is not possible to state with confidence that they are representative of all occupational therapists in Australia.

**Table 3: Total number of valid responses to the occupational therapy survey in selected states and territories, 1998, and all states and territories, 2002–2003**

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1998	n.a.	735	885	551	n.a.	n.a.	53	48	n.a.
2002–2003	960	686	1,010	599	375	57	29	53	3,769

*Notes*

1. Only Vic, Qld, WA, NT and ACT participated in the 1998 survey. The 1998 numbers differ from those published earlier (AIHW 2001) as they are unweighted.
2. The 2002–2003 survey was administered at different times throughout 2002 and 2003. Qld and SA conducted the survey in 2002 while other states and territories conducted the survey in 2003.
3. The population that was surveyed varies across jurisdictions. Care should be taken in comparing response numbers with registration and membership numbers (see Appendix B).

Source: Occupational Therapy Labour Force Survey, 2002–2003.

## Labour force characteristics

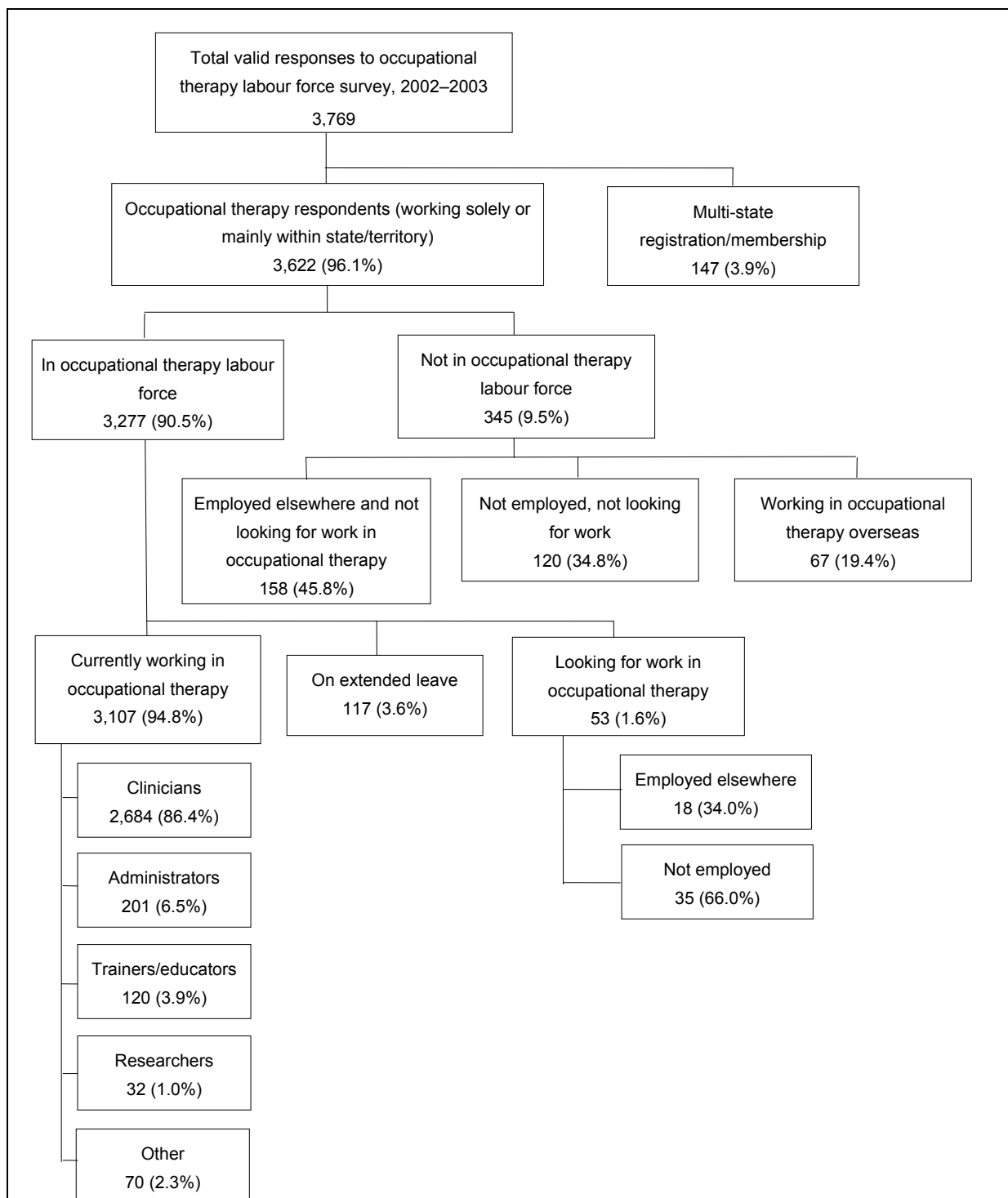
Excluding responses from occupational therapists who were assumed to be registered or members of OT Australia in more than one jurisdiction (that is, the 147 respondents who stated in the survey that they were ‘working solely/mainly in another jurisdiction’), the number of occupational therapist respondents to the 2002–2003 survey was 3,622. Of these, 345 (9.5%) were classified as ‘not in the occupational therapy labour force’, as they were either working in occupational therapy overseas, not employed and not looking for work, or employed in another area and not looking for work in occupational therapy. The remaining 3,277 respondents were classified as ‘in the occupational therapy labour force’ (Figure 1).

Nearly 95% (3,107) of those respondents who were ‘in the occupational therapy labour force’ were working as occupational therapists at the time of the survey, with the remainder either looking for work in occupational therapy or on extended leave (Figure 1). Many of the respondents not currently employed in occupational therapy indicated that they planned to re-enter the labour force (Table 4). Typical reasons given for not being in the labour force at the time of the survey were ‘change in career’ and ‘child rearing’.

**Table 4: Occupational therapist respondents not working in occupational therapy: main reason, 2002–2003**

Main reason for not working in occupational therapy	Plans to enter/re-enter the occupational therapy work force	No plans to work in occupational therapy	Not stated	Total
Not yet commenced	7	0	1	8
Retirement from the workforce	3	16	3	22
Change in career	41	76	5	122
Child rearing	76	10	2	88
Postgraduate study	9	8	3	20
Other	32	22	6	60
Not stated	1	0	10	11
<b>Total</b>	<b>169</b>	<b>132</b>	<b>30</b>	<b>331</b>

Source: Occupational Therapy Labour Force Survey, 2002–2003.



Source: Occupational Therapy Labour Force Survey, 2002–2003.

**Figure 1: Labour force status of occupational therapist respondents, Australia, 2002–2003**

The small number (53) of respondents looking for work in occupational therapy were generally younger than those employed in occupational therapy or not looking for work in occupational therapy (Table 5). Those looking for work were less likely to be Australian citizens, more likely

to have initial qualifications from overseas, and less likely to have postgraduate qualifications than either those employed or those not looking for work in occupational therapy.

**Table 5: Occupational therapist respondents: labour force status by selected characteristics, 2002–2003**

Labour force status	Average age	% with initial OT qualification obtained overseas	% with post-graduate qualifications in OT	Average years working as an occupational therapist	% Australian citizens	Total
Employed in occupational therapy	37.0	6.6	12.4	12.1	96.9	3,107
Looking for work in occupational therapy	35.7	17.0	9.1	10.9	84.3	53
Not looking for work in occupational therapy	40.8	6.8	12.7	12.7	97.1	278
Employed, but not in occupational therapy	40.3	8.2	14.7	12.3	97.4	158
Not employed	41.3	5.0	10.1	13.1	96.6	120

*Note:* Excludes respondents on leave, working overseas, and with multi-state registration/membership.

*Source:* Occupational Therapy Labour Force Survey, 2002–2003.

Comparisons of the labour force characteristics of occupational therapists in 2002–2003 to those in 1998 are problematic as only five states and territories participated in the earlier survey. However, a comparison of responses from the jurisdictions that participated in the 1998 survey (Victoria, Queensland, Western Australia, the Northern Territory and the Australian Capital Territory), with responses from the same states and territories in 2002–2003, indicates that little change has probably occurred. In 1998, 87.4% of occupational therapist respondents indicated that they were in the occupational therapy labour force, with 82.3% employed in occupational therapy. The comparable figures for the same states and territories in 2002–2003 were 88.0% and 83.1% (Table A3).

## Employed occupational therapists

The remainder of this report focuses on those occupational therapist respondents who stated that they were working in occupational therapy at the time of the survey. The analysis covers the demographic characteristics of age and sex, the fields within occupational therapy (clinical and non-clinical), the work settings of occupational therapists, and the amount of hours they worked. Additional information is presented on the group identified as ‘clinicians’.

### Age and sex

Occupational therapists are predominantly female, with only 6.4% of employed respondents in the 2002–2003 survey being males (Table 6). The proportion of males was higher in Tasmania (10.6%), South Australia (8.8%) and Victoria (8.6%). Much higher male representation among employed occupational therapists was found in the 2000 and 2005 ABS Labour Force Surveys, 12.9% and 16.4% respectively (Table A2), although these estimates are based on small samples, as outlined earlier. By comparison, the 2001 ABS Census of Population found a similar

proportion to the AIHW survey, with 7.0% of employed occupational therapists being males (AIHW 2003:Table 9).

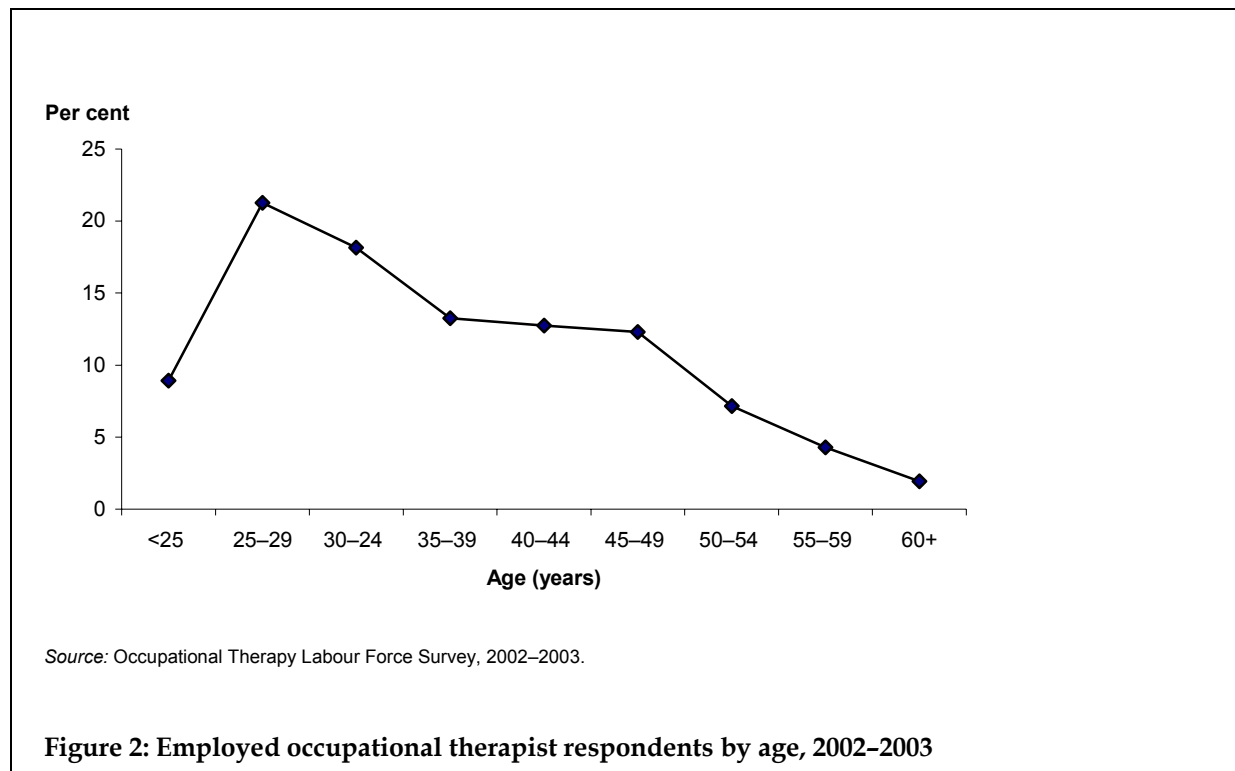
**Table 6: Employed occupational therapist respondents: selected characteristics, states and territories, 2002–2003**

Characteristic	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	825	582	788	496	307	47	26	36	3,107
% male	5.5	8.6	5.1	6.5	8.8	10.6	—	2.8	6.4
Average age	36.2	37.2	37.3	37.0	37.1	40.4	40.3	33.8	37.0

Source: Occupational Therapy Labour Force Survey, 2002–2003.

The average age of employed respondents at the time of the survey in 2002–2003 was 37.0 years (Table 7), slightly older than the finding in the 1998 survey of 35.8 years (Table A4). The average age varied little between the states and territories, except for the smaller jurisdictions with relatively few respondents. The higher average ages in Tasmania and the ACT (over 40 years) and lower average age in the Northern Territory (below 34 years) may be the result of small numbers rather than other factors.

The age distribution of respondents (Figure 2) shows a peak (over 20%) in the age group 25–29 years, with declining proportions in older age groups. The decline appears to plateau from ages 35–39 to 45–49 years, possibly a result of women re-entering work in occupational therapy after absences due to child rearing. (As already noted, most of those not working in 2002–2003 for child rearing reasons plan to re-enter the workforce at a later date.) Very few respondents reported that they were aged 60 years or over.



**Figure 2: Employed occupational therapist respondents by age, 2002–2003**

## Fields within occupational therapy

Most occupational therapists work as clinicians, with 86.4% of the employed occupational therapists in the 2002–2003 survey stating this as the field of their main job (tables 7, A5 and A6). The remainder ('non-clinicians') worked in administration/management (6.5%), training/education (3.9%) and research or some other field (3.3%). The clinicians were younger on average than those in the other fields, possibly because jobs such as management and training require more seniority. These other fields also had higher proportions of males (except for the small number classified as researchers).

Overall, 35.1% of the employed respondents indicated that they had worked overseas as an occupational therapist, with this proportion rising to 40.1% of those working in administration/management, 50.0% of those in training/education and 51.6% of those in research (tables 7 and A7). Clinical occupational therapists were less likely to have worked overseas, possibly because, as noted above, they are younger on average than the other groups.

**Table 7: Employed occupational therapist respondents: field and selected characteristics, 2002–2003**

Field of occupational therapy	Number	% of total	Average age (years)	% male	% who have worked overseas as an occupational therapist
Clinical	2,684	86.4	36.4	6.1	33.4
Non-clinical					
Administration/management	201	6.5	40.7	9.0	40.1
Training/education	120	3.9	40.9	6.7	50.0
Research	32	1.0	40.6	3.1	51.6
Other	70	2.3	41.1	12.9	52.9
<b>Total</b>	<b>3,107</b>	<b>100.0</b>	<b>37.0</b>	<b>6.4</b>	<b>35.1</b>

Note: 'Field' is based on the field of respondent's main job as reported in the survey.

Source: Occupational Therapy Labour Force Survey, 2002–2003.

A comparison of responses from the 1998 survey with those from the same states and territories for the 2002–2003 survey indicates that there has probably been little change in the distribution of occupational therapists by field (Table A3). In 1998, 87.6% of employed respondents were clinicians, compared with 85.5% in 2002–2003.

## Work setting and sector

Most (72.0%) employed occupational therapist respondents reported that they worked in the public sector, with the remainder working in the private sector. Respondents employed in the private sector were slightly older on average (37.6 years) than those employed in the public sector (36.7 years), and the proportion male also was slightly higher (7.6% compared to 5.8%) (Table 8).

The survey respondents worked in a variety of settings, the most common being in hospitals (31.8%), community health services (21.2%) and rehabilitation services (14.0%). Nearly one in ten (9.6%) worked in private practice, either individually or in a group. A higher proportion of those in private practice were males (10.3%) compared to the overall male proportion of 6.4%.

**Table 8: Employed occupational therapy respondents by main work setting: selected characteristics, 2002–2003**

<b>Work setting and sector</b>	<b>Number</b>	<b>% of total</b>	<b>Average age (years)</b>	<b>% male</b>	<b>% non-clinicians</b>
Hospital (including psychiatric and day procedure centre)	958	31.8	34.7	6.2	9.1
Nursing home/hostel	81	2.7	43.1	2.5	3.7
Other residential facility	18	0.6	33.6	5.6	5.6
Community health service	639	21.2	37.7	5.6	7.8
Rehabilitation service	421	14.0	35.3	8.6	11.2
Own/group practice	290	9.6	40.7	10.3	8.6
Schools	125	4.2	36.9	0.8	6.4
Tertiary education institution	97	3.2	43.0	4.1	92.8
Mining, industry or commercial sector	49	1.6	35.7	8.2	36.7
Government facility (e.g. defence forces and corrective services)	104	3.5	37.3	2.9	33.7
Charitable organisation	114	3.8	37.2	4.4	19.3
Other	115	3.8	38.1	7.8	19.1
<b>Work sector</b>					
Public	2,167	72.0	36.7	5.8	13.3
Private	844	28.0	37.6	7.6	14.1
<b>Total</b>	<b>3,107</b>	<b>100.0</b>	<b>37.0</b>	<b>6.4</b>	<b>13.6</b>

*Notes*

1. 'Work setting' and 'sector' are based on the respondent's main job as reported in the survey.
2. Total number includes employed occupational therapy respondents who did not report their work setting/sector. However, '% of total' is calculated excluding 'not stated' work setting/sector.

Source: Occupational Therapy Labour Force Survey, 2002–2003.

## Hours worked

### National view

Employed occupational therapist respondents in 2002–2003 reported that they worked on average 36.2 hours per week, of which 32.7 hours (90%) were 'paid' hours (Table 9). Unpaid hours included time spent on after-hours research, volunteer work and unpaid overtime. Over a third (35.9%) said they worked part-time (defined as less than 35 hours per week), while 11.0% said they worked 50 hours or more per week. Those working in administration/management, training/education or research tended to work longer hours, with higher proportions of these working hours being unpaid.

Between the two survey periods, 1998 and 2002–2003, average total (paid and unpaid) hours worked per week (as reported by respondents) appeared to have increased by around 12%, from 32.2 to 36.2 hours (Table A4). There also appeared to be a shift towards higher proportions of respondents working 50 or more hours per week (Figure 3).



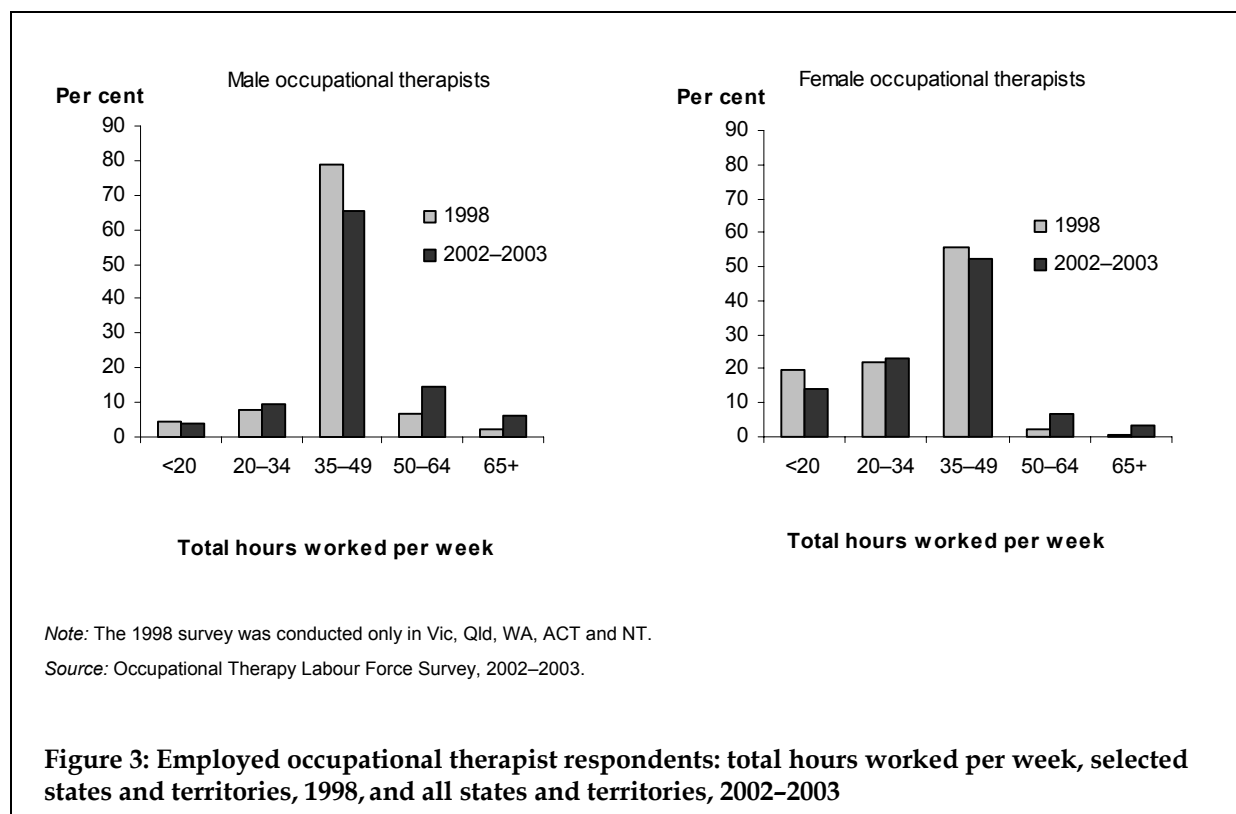
**Table 9: Employed occupational therapist respondents: average weekly hours worked and proportion working part-time and 50 hours or more, 2002–2003**

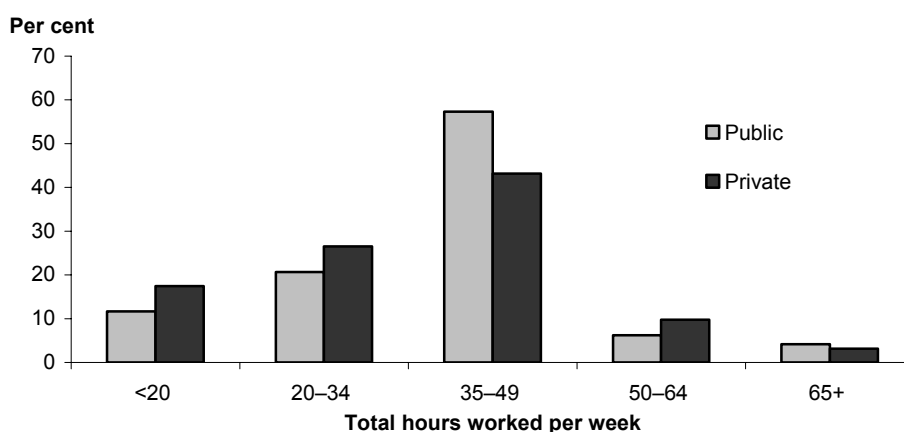
Field of occupational therapy	Average weekly total hours	Average weekly paid hours	% working part-time	% working a total of 50 hours or more per week
Clinical	35.8	32.6	36.4	9.4
Non-clinical				
Administration/management	41.1	36.2	24.1	20.5
Training/education	37.6	31.0	39.3	26.5
Research	40.6	33.2	38.7	35.5
Other	32.9	29.4	43.3	9.0
<b>Total</b>	<b>36.2</b>	<b>32.7</b>	<b>35.9</b>	<b>11.0</b>

Note: 'Field' is based on the field of respondent's main job as reported in the survey.

Source: Occupational Therapy Labour Force Survey, 2002–2003.

Most AIHW reports on the health labour force are able to provide estimates of full-time equivalent (FTE) workers, a measure of how many 35-hour week workloads are being worked. The number of FTE per 100,000 population is a standard indicator of workforce supply. However, such a measure cannot be calculated for occupational therapists as it is not possible to weight the survey responses to the total occupational therapy labour force numbers.





Source: Occupational Therapy Labour Force Survey, 2002-2003.

**Figure 4: Employed occupational therapist respondents: hours worked per week by employment sector, 2002-2003**

**Table 10: Employed occupational therapist respondents by main work setting: average weekly hours worked, and proportions working part-time and 50 hours or more, 2002-2003**

Work setting and sector	Average weekly total hours	Average weekly paid hours	% working part-time	% working a total of 50 hours or more per week
<b>Work setting</b>				
Hospital (including psychiatric and day procedure centres)	38.7	35.3	25.5	9.9
Nursing home/hostel	29.0	25.7	66.3	6.3
Other residential facility	31.9	29.5	35.3	—
Community health service	35.8	33.4	35.5	7.7
Rehabilitation service	37.5	33.7	32.3	13.5
Own/group practice	32.1	26.6	55.8	16.6
Schools	32.4	29.3	48.0	4.8
Tertiary education institution	41.5	33.4	33.0	36.2
Mining, industry or commercial sector	41.9	35.3	25.0	27.1
Government facility (e.g. defence forces and corrective services)	33.9	31.4	38.8	6.8
Charitable organisation	34.5	32.1	43.4	5.3
Other	34.0	29.9	42.0	11.6
<b>Work sector</b>				
Public	37.0	33.6	32.3	10.4
Private	34.6	30.5	44.0	12.9
<b>Total</b>	<b>36.2</b>	<b>32.7</b>	<b>35.9</b>	<b>11.0</b>

Note: 'Work setting' and 'sector' are based on the respondent's main job as reported in the survey.

Source: Occupational Therapy Labour Force Survey, 2002-2003.

Work hours were less for respondents employed in the private sector, 34.6 hours per week compared to 37.0 hours for those in the public sector (Table 10). This was reflected in the higher proportion working part-time in the private sector (44.0% compared to 32.3% in the public sector). On the other hand, 12.9% of private sector respondents worked 50 hours or more per week, compared to 10.4% of those in the public sector. Higher proportions of respondents in the public sector worked 35–49 hours per week (Figure 4).

Respondents who worked in hospitals (the largest group of respondents by work setting) had longer average working hours, 38.7 hours per week, than most other respondents (other than the small groups working in tertiary education institutions or in the mining, industry or commercial sector) (Table 10). They also were less likely to work part-time, with 25.6% reporting such arrangements. Respondents employed in tertiary education institutions; the mining, industry or commercial sector; and in rehabilitation services all reported working 50 hours or more per week at greater levels than the average for all employed respondents.

## Regions

In 2003, 87.2% of the Australian population lived in metropolitan areas (defined as ‘Major city’ or ‘Inner regional’). By comparison, the survey of occupational therapists in 2002–2003 found that 91.1% of employed occupational therapist respondents worked in metropolitan areas (Table 11). Those in non-clinician fields (administration/management, training/education or research) were even more likely to work in metropolitan areas than clinicians.

**Table 11: Employed occupational therapist respondents: metropolitan and non-metropolitan areas, 2002–2003**

Field of occupational therapy	Metropolitan area	Non-metropolitan area	Total
	Per cent		
Clinical	90.7	9.3	100.0
Non-clinical			
Administration/management	95.4	4.6	100.0
Training/education	92.9	7.1	100.0
Research	96.7	3.3	100.0
Other	88.2	11.8	100.0
<b>Total</b>	<b>91.1</b>	<b>8.9</b>	<b>100.0</b>
Australian population	87.2	12.8	100.0

*Note:* Areas based on the ABS ASGC remoteness classification. See ‘Geographic classification’ in the Glossary.

*Source:* Occupational Therapy Labour Force Survey, 2002–2003.

## States and territories

Because the scope and coverage of the 2002–2003 AIHW survey differed between the states and territories, the survey responses may not be equally representative of the total occupational therapy labour force in each jurisdiction. Nevertheless, some comparisons between the states and territories regarding hours worked can be drawn from the survey data. For example, respondents in the Northern Territory reported longer working hours, with higher proportions

working 50 hours or more per week and lower proportions working part-time than in the other jurisdictions (Table 12).

Increases between the two surveys in reported working hours for employed respondents, and associated decreases in part-time work and increases in working 50 hours or more per week, were consistent for all participating jurisdictions except Victoria.

**Table 12: Employed occupational therapist respondents: hours worked, proportion working 50 hours or more and proportion part-time, selected states and territories, 1998, and all states and territories, 2003**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>1998</b>									
Average paid hours worked	n.a.	29.3	29.3	28.2	n.a.	n.a.	27.3	29.9	n.a.
Average total hours worked	n.a.	32.8	32.1	31.5	n.a.	n.a.	29.8	33.9	n.a.
% working 50 hours or more	n.a.	2.2	3.8	4.6	n.a.	n.a.	—	—	n.a.
% part-time	n.a.	39.1	38.1	44.0	n.a.	n.a.	46.3	22.9	n.a.
<b>2002–2003</b>									
Average paid hours worked	33.1	32.3	32.9	31.3	33.2	35.0	32.4	36.2	32.7
Average total hours worked	36.8	36.4	36.0	36.0	34.5	37.3	37.1	42.4	36.2
% working 50 hours or more	11.3	11.1	10.7	11.1	10.0	11.1	7.7	19.4	11.0
% part-time	33.3	40.4	34.0	37.2	40.9	24.4	30.8	19.4	35.9

*Notes*

1. The 1998 survey was conducted only in Vic, Qld, WA, ACT and NT. The 1998 numbers differ from those published earlier (AIHW 2001) as they are unweighted.
2. In the 2002–2003 survey Qld collected data on hours worked using a different format to other jurisdictions. As a result, care should be taken when comparing across jurisdictions.

Source: Occupational Therapy Labour Force Survey, 1998 and 2002–2003.

## Some features of occupational therapist clinicians

### Clinical specialty area of occupational therapy

Respondents who reported clinical occupational therapy as the field of work for their main occupational therapy job were also asked to report which clinical specialty area best described their work. Of the 2,684 employed clinical occupational therapists in 2002–2003, over a quarter (27.9%) worked in the specialty area of general rehabilitation. A further 18.6% worked in the area of developmental disability and 11.7% in general diagnostics (Table 13).

Those clinicians working in the areas of brain/head injury and acute neurology were generally younger, with fewer years experience working as an occupational therapist, than those in other work areas. Occupational therapist clinicians in the palliative care/hospice areas were slightly older on average (39.8 years of age) and had longer work experience (12.7 years).

The clinicians who responded to the 2002–2003 survey worked, on average, a total of 35.8 hours per week (Tables 13 and A8). The highest average weekly hours worked were by those in acute neurology (39.7 hours per week) while the lowest were for those working in the developmental disability, palliative care/hospice and disease based areas (33.6, 33.7 and 33.8 hours respectively). Clinician respondents working in palliative care/hospice areas were the most

likely to be working part-time (52.8%) while those in acute neurology were the least likely (21.1%).

**Table 13: Employed clinical occupational therapist respondents: specialty area of work by selected characteristics, 2002–2003**

Specialty area of occupational therapy	Number	% of total	Average age (years)	% male	Average years working as an occupational therapist	Average weekly total hours worked	% part-time
Acute hands	113	4.8	35.1	6.2	11.8	37.4	34.5
Brain/head injury	128	5.4	33.4	5.5	9.8	37.9	30.2
Acute neurology	73	3.1	31.0	6.8	6.7	39.7	21.1
Disease based	99	4.2	37.3	2.0	12.8	33.8	43.4
General diagnostic	276	11.7	36.5	5.1	11.3	36.8	34.2
Developmental disability	439	18.6	36.3	2.5	11.9	33.6	42.1
Palliative care/hospice	38	1.6	39.8	5.3	12.7	33.7	52.8
General rehabilitation	660	27.9	35.6	8.3	10.9	36.2	36.9
Other	539	22.8	37.1	6.1	12.0	35.7	35.9
<b>Total</b>	<b>2,684</b>	<b>100.0</b>	<b>36.4</b>	<b>6.1</b>	<b>11.5</b>	<b>35.8</b>	<b>36.4</b>

*Note:* Total includes 319 employed occupational therapy clinicians whose specialty area was not reported.

*Source:* Occupational Therapy Labour Force Survey, 2002–2003.

## Employment type and work setting

Of clinicians who responded to the 2002–2003 survey, 79.8% were in salaried positions, mainly working in hospitals/day procedure centres, community health services, or rehabilitation services. The other main type of employment was self-employed (10.2%) with most of these working in their own or group practice (Table 14).

Overall, a third (33.5%) of clinician respondents were working in hospitals/day procedure centres, and a further 22.6% in community health services. The other main places of work were rehabilitation services (14.4%) and in their own/group practice (10.2%).

## Overview of patients of clinicians

An attempt was made in the AIHW Occupational Therapist Labour Force Survey to collect some basic information on the clients of occupational therapists, such as the main age groups seen by occupational therapists, average waiting times, and language spoken during consultations. This provided only limited information however, mainly due to variations in the survey form across jurisdictions and a large number of non-responses.

## Patient consultations

Another source of information on patient consultations with allied health professionals is the ABS National Health Surveys (NHS) (ABS 2002, 2006b). These surveys are conducted roughly every 3 years and include information on persons consulting with an occupational therapist in the 2 weeks before to the survey.

**Table 14: Employed clinical occupational therapist respondents: work setting of main job and type of employment, 2002–2003**

Work setting	Type of employment					Total	% of total
	Self-employed	Sessional/ fee for service	Contract	Salaried	Locum		
Hospital (including psychiatric and day procedure centres)	7	n.p.	21	782	45	<b>871</b>	33.5
Nursing home/hostel/other residential	n.p.	4	11	74	n.p.	<b>95</b>	3.6
Community health service	6	4	23	524	23	<b>589</b>	22.6
Rehabilitation service	37	7	18	286	7	<b>374</b>	14.4
Own/group practice	183	25	13	37	n.p.	<b>265</b>	10.2
Schools	6	4	9	91	7	<b>117</b>	4.5
Mining, industrial or commercial	6	—	n.p.	17	—	<b>31</b>	1.2
Government facility (e.g. defence forces and corrective services)	n.p.	n.p.	5	58	n.p.	<b>69</b>	2.7
Charitable organisation	—	—	n.p.	85	n.p.	<b>92</b>	3.5
Other	4	4	n.p.	85	—	<b>100</b>	3.8
<b>Total</b>	<b>267</b>	<b>53</b>	<b>110</b>	<b>2,095</b>	<b>89</b>	<b>2,684</b>	<b>100.0</b>
% distribution	10.2	2.0	4.2	79.8	3.4	<b>100.0</b>	

*Notes*

1. 'Work setting' is based on the respondent's main job as reported in the survey.
2. Total number includes employed occupational therapy respondents with a 'not stated' or 'other' work setting/type of employment. '% of total' is calculated excluding 'not stated' work setting/type of employment.
3. 'Other' types of employment (0.4% of 'employment type') are not included in the table as a separate column but are included in the total.

Source: Occupational Therapy Labour Force Survey, 2002–2003.

Data from the ABS NHS indicate that both the number and the proportion of the Australian population consulting an occupational therapist are increasing. An estimated 50,000 people consulted an occupational therapist in Australia in the 2 weeks prior to the survey in 2004–05, an increase of 11.4% from 2001 and 133.6% from 1995 (Table A9 and AIHW 2001:Table A3). The rate of consultation with occupational therapists has also risen considerably, from 118 per 100,000 population in 1995 to 231 per 100,000 in 2001 and 247 per 100,000 population in 2004–05. The NHS data also indicate that males are more likely to consult an occupational therapist than females (the 2004–05 rates were 286 and 210 per 100,000 population respectively). People aged under 25 years are also more likely to have a consultation with an occupational therapist than those in the 25 to 64 years age group. Due to the smaller sample numbers, estimates for people aged 65 years and over are subject to large standard errors and should, therefore, be interpreted with caution.