

Cultural safety in health care for Indigenous Australians: monitoring framework

2023 release

Supplementary material: Cultural safety-related questions from the OSR data collection

The Online Services Report (OSR) collection includes data from Indigenous-specific primary health care organisations and maternal/child health services funded through from the Australia Government through the Indigenous Australians Health Program (IAHP).

This document shows the subset of OSR data collection items used in the 2023 release of the Australian Institute of Health and Welfare's (AIHW) [Cultural safety in health care for Indigenous Australians: monitoring framework](#) report.

These relate to:

- Community engagement, control and cultural safety questions (from the 2017–18 OSR collection)
- Workforce questions (2017–18 OSR collection)
- Workforce questions (2018–19 OSR collection period onwards).

For the full set of OSR data collection items, see [OSR Data Collection Instrument 2017–18](#) and [Guide to the OSR Online Form in the Health Data](#).

COMMUNITY ENGAGEMENT, CONTROL AND CULTURAL SAFETY

Community Engagement, Control & Cultural Safety outlines processes to ensure cultural safety throughout the organisation, engagement of individual clients & families with their own health & care, participation of communities in priority setting, program design & delivery, and structures of community control & governance.

PURPOSE: The role of community involvement in developing responsive primary health care, higher quality, culturally safe services, and improved family and community functioning is widely accepted. Australia is also a signatory to international agreements that recognise the right of Indigenous peoples to be actively involved in developing and determining health programs, and delivering health services through their own institutions wherever possible.

While community controlled health services have by their nature an advantage when it comes to cultural safety, it is likely to require attention from all organisations delivering services to the Aboriginal and Torres Strait Islander community, whatever their governance structure and wherever they are located .

Governance

AG-1 Does your organisation have a Governing Committee / Board?

<input type="radio"/> Yes
<input type="radio"/> No

AG-2a How many times did the Governing Committee / Board meet with a quorum in the past year?

<i>Number</i>

AG-2b Does this meet the requirements of your constitution?

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> N/A

AG-3 Were income and expenditure statements presented to the Board on at least two occasions during the period 1 July 2017 to 30 June 2018?

<input type="radio"/> Yes
<input type="radio"/> No

AG-4 As at 30 June 2017, what percentage of the Board members were Aboriginal or Torres Strait Islander people?

<i>Number</i> %

AG-5 Did any members of the Board receive training to assist in their role during the period 1 July 2017 to 30 June 2018?

<input type="radio"/> Yes
<input type="radio"/> No

AG-6a Does the Board include independent (skills based) members?

<input type="radio"/> Yes
<input type="radio"/> No

An independent member is one who has been specifically co-opted or appointed to the Board because their particular skills, knowledge or experience are seen as being beneficial to the effective operation of the Board.

AG-6b If Yes, how many?

<i>Number</i>

Cultural safety

PURPOSE: Cultural safety (or cultural security) is foundational for effective service delivery to Aboriginal and Torres Strait Islander communities. To the extent that a service is not culturally safe, it can be expected to be unable to engage its clients and gain community participation in its programs.

This question seeks to document the range and depth of activities undertaken by organisations to deliver culturally safe services to their Aboriginal and Torres Strait Islander clients. Community controlled health services have an inherent advantage when it comes to addressing issues of cultural safety. However, it can be expected to require on-going attention and action in all primary health care services, whatever their governance structure, scale and whether they are based in urban, regional, or remote locations.

Ultimately, the cultural safety of a service can only be properly judged by Aboriginal and Torres Strait Islander people, and particularly service users.

CC-1 Which of the following policies or processes does your organisation have in place?

Accordingly, the definitions and practice of cultural safety are highly diverse. However, most include some or all of the following elements:

- service delivery that takes into account cultural issues, is competent and respectful, and results in improved interactions with Aboriginal and Torres Strait Islander people;
- a service environment that encourages Aboriginal and Torres Strait Islander clients to seek treatment and engage with their own health; and
- organisation structure and practice that supports and affirms Aboriginal and Torres Strait Islander rights and ways of being.

Tick all that apply

A formal organisational commitment to achieving culturally safe health care	<input type="checkbox"/>
Employment of local Aboriginal and Torres Strait Islander peoples	<input type="checkbox"/>
Cultural orientation for non-Aboriginal and Torres Strait Islander staff	<input type="checkbox"/>
Formal cultural safety policies developed in consultation with communities and Aboriginal and Torres Strait Islander staff	<input type="checkbox"/>
Inclusion of cultural competence as part of staff performance appraisal processes	<input type="checkbox"/>
Accessible and appropriate client and community feedback mechanisms	<input type="checkbox"/>
Mechanisms for gaining high level advice on cultural matters affecting service delivery [Examples: local cultural advisory body, Board sub-committee that includes Aboriginal staff / local community members and/or Board members]	<input type="checkbox"/>
Other (please specify) <Text>	<input type="checkbox"/>
ADD	

CC-2 Which of the following health related services did your organisation provide?

Tick all that apply

Traditional healing	<input type="checkbox"/>
Bush medicine	<input type="checkbox"/>
Bush tucker nutrition program	<input type="checkbox"/>
Interpreting services	<input type="checkbox"/>
Other (please specify) <Text>	<input type="checkbox"/>
ADD	

CORPORATE SERVICES / INFRASTRUCTURE

Workforce

Workforce

The workforce sub-module should be completed by ALL services.

PURPOSE: Data captured with the workforce module serves three purposes:

- It provides a picture of the numbers of staff falling into various professional categories which may be used for longer term workforce planning.
- It provides data on the number of FTE by staff function which may help identify gaps in service capability by geographic area.
- It provides data on unfilled positions and staff turnover which in turn may provide information on the key issues faced by services.

W-1 Record the number of Aboriginal and Torres Strait Islander Health Workers, not Health Practitioners, paid by your organisation at 30 June 2017, by their highest level of Primary Health Care qualification.

Certificate III	<i>Number</i>
Certificate IV – Practice stream	<i>Number</i>
Certificate IV – Community stream	<i>Number</i>

W-2 How many full time equivalent positions (FTE) did your organisation pay the wages / salaries / fees for as at 30 June 2017?

- Include:

- Health and related administrative positions where your service pays the wages/salary/fees through all sources of funding (e.g. Medicare, Department of Health, State/ Territory Government)
- Short term and recurrent positions
- Contract workers paid by your service

- Do not include:

- Visiting health professionals where payments are not made by your service. These are recorded in question W-4
- Staff located at your service who are part of other programs (e.g. housing, employment, HACC, child care)

Ensure that all staff recorded in this question that have contact with individual clients have their client contacts recorded in Question CS-2 in the Clinical Services module, using the same staff category.

Records the number of occupied full time equivalent (FTE) position, by their role, paid for by your service as at 30 June 2017. Vacant positions are then recorded in questions W-3a and W-3b..

Calculating FTE:

Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time.

For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
 - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.
- Assuming a full-time employee works 40 hours per week.
 - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
 - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

General and other staff

Role / function	Number of FTE		
	Aboriginal or Torres Strait Islander	Other	Total
CEO	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Managers / Supervisors	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Drivers / Field officers	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Finance and accounting staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Administrative and clerical staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
IT and data management staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Cleaners / Security / Other support staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>

Administrative / Support trainees	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
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Health professionals / Workers

Role / function	Number of FTE		
	Aboriginal or Torres Strait Islander	Other	Total
Aboriginal and Torres Strait Islander Health Worker – male	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Aboriginal and Torres Strait Islander Health Worker – female	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Aboriginal and Torres Strait Islander Health Practitioner	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Doctor - General Practitioner	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Nurses	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Midwives	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Substance misuse / Drug and alcohol worker	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Tobacco worker / Coordinator	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Dentists / Dental therapists	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Dental support (e.g. dental assistant, dental technician)	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Sexual health worker	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Outreach worker	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Traditional healer	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Environmental health worker / Officer	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Medical specialists <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Social and Emotional Well-Being staff / Counsellors <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Allied health professionals <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Health promotion / Prevention worker <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Training / Trainee position <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Other (please specify) <i><Text></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
TOTAL	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>

Linked questions:

[CS-2](#): all client contacts by each type of worker

[SE-3](#): details for each funded counsellor

[L-3](#): details for each funded counsellor

W-3a Does your organisation have any vacant staff positions as at 30 June 2017?

Record in this question funded positions that were vacant as at 30 June and were not filled by another person. For each vacancy, record the FTE equivalent and how many weeks the position has been vacant for. The intent of this question is to record position vacant that could have an impact on your capacity to deliver services. It is not necessary to record vacant minor clerical and support positions.

<input type="radio"/> Yes
<input type="radio"/> No

W-3b If Yes, please list vacant staff positions as at 30 June 2017.

Position title		Full Time Equivalent (FTE)	Weeks vacant as at 30 June xx
Health professionals / Workers	<Classification List – Appendix A>	Number	Number
General and other staff	<Classification List – Appendix A>	Number	Number
Medical specialists	<Classification List – Appendix A>	Number	Number
Social and Emotional Well-Being staff / Counsellors	<Classification List – Appendix A>	Number	Number
Allied health professionals	<Classification List – Appendix A>	Number	Number
Health promotion / prevention worker	<Classification List – Appendix A>	Number	Number
Training / Trainee position	<Classification List – Appendix A>	Number	Number
Other (please specify)	<Text>	Number	Number

ADD

Linked questions:

[SE-5a](#): number of vacant funded counsellor positions

[L-5a](#): number of vacant funded counsellor positions

W-4 How many other people (FTE) worked at your organisation during the period 1 July 2017 to 30 June 2018 who were **not** paid by your organisation?

Please ensure all staff listed here that see individual clients have their contacts recorded in Question CS-2 in the Clinical Services module. (If the corresponding contact data has not been electronically extracted from your system then you will need to manually enter the data.)

Record in this question, staff that have provided health / clinical services for your organisation and who have NOT been paid directly or indirectly by your organisation. This may include such cases as specialists funded through a visiting specialist scheme or dentists from a university dental school. If you pay indirectly for staff, say for example you pay a local hospital which then provides a medical practitioner, then this person should be recorded in W-2 not in W-4.

Calculating FTE:

Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time. For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
 - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.

- Assuming a full-time employee works 40 hours per week.
 - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
 - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

General and other staff

Role / function	Number of FTE		
	Aboriginal or Torres Strait Islander	Other	Total
CEO	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Managers / Supervisors	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Drivers / Field officers	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Finance and accounting staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Administrative and clerical staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
IT and data management staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Cleaners / Security / Other support staff	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Administrative / Support trainees	<i>Number</i>	<i>Number</i>	<i>Calculated</i>

Health professionals / Workers

Role / function	Number of FTE		
	Aboriginal or Torres Strait Islander	Other	Total
Aboriginal and Torres Strait Islander Health Worker – male	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Aboriginal and Torres Strait Islander Health Worker – female	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Aboriginal and Torres Strait Islander Health Practitioner	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Doctor - General Practitioner	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Nurses	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Midwives	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Substance misuse / Drug and alcohol worker	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Tobacco worker / Coordinator	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Dentists / Dental therapists	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Dental support (e.g. dental assistant, dental technician)	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Sexual health worker	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Outreach worker	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Traditional healer	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Environmental health worker / Officer	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Medical specialists <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Social and Emotional Well-Being staff / Counsellors <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Allied health professionals <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Health promotion / Prevention worker <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Training / Trainee position <i><Classification List – Appendix A></i>	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
Other (please specify) <i><Text></i> ADD	<i>Number</i>	<i>Number</i>	<i>Calculated</i>
TOTAL	<i>Calculated</i>	<i>Calculated</i>	<i>Calculated</i>

Linked question:

CS-2: all client contacts by each type of worker

Section 3- Workforce Profile

PURPOSE: Data captured with the workforce questions serves the following purposes:

- It provides a picture of the numbers of staff falling into various professional categories which may be used for longer term workforce planning.
- It provides data on the number of FTE by staff function which may help identify gaps in service capability by geographic area.
- It provides data on unfilled positions and staff turnover which in turn may provide information on the key issues faced by services.

Calculating FTE:

Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time.

For convenience, the Health Data Portal OSR form includes an FTE calculator.

The screenshot shows a web-based FTE calculator. At the top, there are three input fields: the first contains '0.8', the second is empty, and the third contains '0.80'. Below these is a modal window titled 'FTE Calculator'. Inside the modal, there is a calculation: '30.00 Hours per Week = 0.80 FTE'. Below the calculation, it states 'Calculation based upon 37.5 hours in a week'. There is an 'Apply' button at the bottom of the modal.

The calculator can be configured to suit your health service's standard working hours.

The screenshot shows the configuration screen for the FTE Calculator. At the top, there is a calculation: '0.00 Hours per Day = 0.00 FTE'. Below this, it says 'Enter a value to calculate an FTE equivalent value for a staff member' and has an 'Apply' button. The main section is titled 'Configuration' and contains a grid of input fields for various time periods:

Hours per day	7.50	Hours per week	37.50	Hours per fortnight	75.00
Hours per month	150.00	Hours per year	1,800.00	Days per week	5.00
Days per fortnight	10.00	Days per month	20.00	Days per year	240.00
Weeks per fortnight	2.00	Weeks per month	4.00	Weeks per year	48.00
Fortnights per month	2.00	Fortnights per year	24.00	Months per year	12.00

At the bottom, there are two buttons: 'Reset' and 'Save Configuration'.

For how many full-time equivalent (FTE) positions did your organisation pay the wages/ salaries/ fees as at 30 June 2019?

Workforce Profile			
⚡ Zero Blank Cells			
For how many full-time equivalent (FTE) positions did your organisation pay the wages/ salaries/ fees as at 30 June 2019?			
General and other staff			
Role / function	Number of FTE		
	Aboriginal and Torres Strait Islander	Other	Total
CEO	<input type="text" value="1"/>	<input type="text"/>	0.00
Managers / Supervisors	<input type="text"/>	<input type="text"/>	0.00
Drivers / Field officers	<input type="text"/>	<input type="text"/>	0.00
Finance and accounting staff	<input type="text"/>	<input type="text"/>	0.00
Administrative and clerical staff	<input type="text"/>	<input type="text"/>	0.00
IT and data management staff	<input type="text"/>	<input type="text"/>	0.00
Cleaners / Security / Other support staff	<input type="text"/>	<input type="text"/>	0.00
Administrative / Support trainees	<input type="text"/>	<input type="text"/>	0.00
Sub Total	0.00	0.00	0.00

Health professionals / Workers			
Role / function	Number of FTE		
	Aboriginal and Torres Strait Islander	Other	Total
Aboriginal and Torres Strait Islander Health Worker - male	<input type="text"/>	<input type="text"/>	0.00
Aboriginal and Torres Strait Islander Health Worker - female	<input type="text"/>	<input type="text"/>	0.00
Aboriginal and Torres Strait Islander Health Practitioner	<input type="text"/>	<input type="text"/>	0.00
Doctor - General Practitioner	<input type="text"/>	<input type="text"/>	0.00
Nurses	<input type="text"/>	<input type="text"/>	0.00
Midwives	<input type="text"/>	<input type="text"/>	0.00
Substance misuse / Drug and alcohol worker	<input type="text"/>	<input type="text"/>	0.00
Tobacco worker / Coordinator	<input type="text"/>	<input type="text"/>	0.00
Dentists / Dental therapists	<input type="text"/>	<input type="text"/>	0.00
Dental support (e.g. dental assistant, dental technician)	<input type="text"/>	<input type="text"/>	0.00
Sexual health worker	<input type="text"/>	<input type="text"/>	0.00
Outreach worker	<input type="text"/>	<input type="text"/>	0.00
Traditional healer	<input type="text"/>	<input type="text"/>	0.00

Include:

- Health and related administrative positions where your organisation pays the wages/salary/fees through all sources of funding (e.g. Medicare, Department of Health, State/ Territory Government)
- Short term and recurrent positions
- Contract workers paid by your service

Do not include:















- Visiting health professionals where payments are not made by your health service. These are reported separately below
- Staff located at your service who are part of other programs (e.g. housing, employment, HACC, child care)

Ensure that all staff recorded in this question that have contact with individual clients have their client contacts recorded in the Clinical Services Activity Profile section, using the same staff categories.

Records the number of occupied full time equivalent (FTE) position, by their role, paid for by your health service as at 30 June 2019. Visiting health professionals where payments are not made by your organisation and vacant positions are each reported separately below.

How many other people (FTE) worked at your organisation who were not paid by your organisation during the year ending 30 June 2019?

How many other people (FTE) worked at your organisation who were not paid by your organisation during the year ending 30 June 2019?	
General and other staff	
Role / function	Number of FTE
CEO	<input type="text"/>
Managers / Supervisors	<input type="text"/>
Drivers / Field officers	<input type="text"/>
Finance and accounting staff	<input type="text"/>
Administrative and clerical staff	<input type="text"/>
IT and data management staff	<input type="text"/>
Cleaners / Security / Other support staff	<input type="text"/>
Administrative / Support trainees	<input type="text"/>
Sub Total	0.00

Health professionals / Workers	
Role / function	Number of FTE
Aboriginal and Torres Strait Islander Health Worker - male	<input type="text"/> 
Aboriginal and Torres Strait Islander Health Worker - female	<input type="text"/> 
Aboriginal and Torres Strait Islander Health Practitioner	<input type="text"/> 
Doctor - General Practitioner	<input type="text"/> 
Nurses	<input type="text"/> 
Midwives	<input type="text"/> 
Substance misuse / Drug and alcohol worker	<input type="text"/> 
Tobacco worker / Coordinator	<input type="text"/> 
Dentists / Dental therapists	<input type="text"/> 
Dental support (e.g. dental assistant, dental technician)	<input type="text"/> 
Sexual health worker	<input type="text"/> 
Outreach worker	<input type="text"/> 
Traditional healer	<input type="text"/> 
Environmental health worker / Officer	<input type="text"/> 
Sub Total	0.00

Please ensure all staff listed here who see individual clients have their contacts recorded in the Clinical Services Activity Profile section. If the corresponding contact data has not been electronically extracted from your system then you will need to manually enter the data.

Record here staff who have provided health/clinical services for your organisation and who have NOT been paid directly or indirectly by your organisation. This may include such cases as specialists funded through a visiting specialist scheme or dentists from a university dental school.

Include:

- Visiting health professionals where payments are not made by your health service.

Do not include:

- Health and related administrative positions where your health service pays the wages/salary/fees through all sources of funding (e.g. Medicare, Department of Health, State/ Territory Government)- these are reported separately above

Does your organisation have any vacant staff positions as at 30 June 2019?

Does your organisation have any vacant staff positions as at 30 June 2019? Yes No

Vacant Staff Positions

Role / function	Number of FTE	Weeks vacant as at 30 June 2019
Health professionals / Workers		
Doctor - General Practitioner	1	10
Midwives	0.5	7
Sub Total	1.50	17.00

[+ Add](#)

PURPOSE: Record in this question funded positions that were vacant as at 30 June 2019 and were not filled by another person. For each vacant position, record the FTE equivalent and for how many weeks the position has been vacant. The intent of this question is to record positions vacant that could have an impact on your capacity to deliver clinical services. It is not necessary to record vacant minor clerical and support positions.