

Health labour force National Minimum Data Set

National Health Data Dictionary, Version 12

National Health Data Committee

2003

Australian Institute of Health and Welfare
Canberra

AIHW Cat. No. HWI 56

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This publication is part of the Australian Institute of Health and Welfare's National Health Data Dictionary Series. A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (<http://www.aihw.gov.au>).

ISSN 1329-4555

ISBN 1 74024 301 3

Suggested citation

Australian Institute of Health and Welfare 2003. Health labour force. National Minimum Data Set. National Health Data Dictionary. Version 12. AIHW Cat. No. HWI 56. Canberra: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

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

David Neilsen
National Data Development Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1148

Fax: (02) 6244 1166

Published by the Australian Institute of Health and Welfare

Introduction

A National Minimum Data Set (NMDS) is a core set of data elements agreed by the National Health Information Management Group for mandatory collection and reporting at a national level. One NMDS may include data elements that are also included in another NMDS. A NMDS is contingent upon a national agreement to collect uniform data and to supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs.

The *National Health Data Dictionary* contains definitions of data elements that are included in NMDS collections in the health sector, including data elements used to derive some of the performance indicators required under Australian Health Care Agreements (bilateral agreements between the Commonwealth and State/Territory governments about funding and delivery of health services).

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Health labour force NMDS

| | | | | |
|--|---|-----------|-----------------|---|
| Admin. status: | CURRENT | 1/07/2000 | Version number: | 1 |
| Metadata type: | NATIONAL MINIMUM DATA SET | | | |
| Start date: | 1 July 1989 | | | |
| End date: | | | | |
| Latest evaluation date: | | | | |
| Scope: | The scope of this set of data elements is all health occupations. National collections using this data set have been undertaken for the professions of medicine, nursing, dentistry, pharmacy, physiotherapy and podiatry, using labour force questionnaires in the annual renewal of registration to practice. | | | |
| Statistical units: | | | | |
| Collection methodology: | | | | |
| National reporting arrangements: | State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation on an annual basis. | | | |
| Periods for which data are collected and nationally collated: | Financial years ending 30 June each year | | | |
| Data elements included: | Classification of health labour force job, version 1 Date of birth, version 4 [∇] Hours on-call (not worked) by medical practitioner, version 2 Hours worked by health professional, version 2 Hours worked by medical practitioner in direct patient care, version 2 Principal area of clinical practice, version 1 Principal role of health professional, version 1 Profession labour force status of health professional, version 1 Total hours worked by medical practitioner, version 2 Type and sector of employment establishment, version 1 | | | |
| Supporting data element concepts: | Health labour force, version 1 | | | |
| Data elements in common with other NMDSs: | See Appendix D | | | |
| Scope links with other NMDSs: | | | | |

◆ new in NMDS this version

∇ modified this version

Source organisation: National Health Information Management Group

Comments: Statistical units are entities from or about which statistics are collected, or in respect of which statistics are compiled, tabulated or published.

Data sets included

Classification of health labour force job

Identifying and Definitional Attributes

Knowledgebase ID: 000023 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/95

Definition: Position or job classification is a broad description of the roles and levels within a general organisational or industrial structure for health professions, and classifications vary among the professions according to organisational arrangements.

Context: Health labour force:
Distribution of a professional labour force across job classification categories cross classified with other variables allows analysis of:

- career progression
- age and gender distribution
- imputed salary/wage distribution.

Relational and Representational Attributes

Datatype: Alphanumeric

Representational form: Code

Representational layout: ANN

Minimum size: 3

Maximum size: 3

Data domain:

- A01 Medicine - General practitioner working mainly in general practice
- A02 Medicine - General practitioner working mainly in a special interest area
- A03 Medicine - Salaried non-specialist hospital practitioner: RMO or intern
- A04 Medicine - Salaried non-specialist hospital practitioner: other hospital career medical officer
- A05 Medicine - Specialist
- A06 Medicine - Specialist in training (e.g. registrar)
- B01 Dentistry (private practice only) - Solo practitioner
- B02 Dentistry (private practice only) - Solo principal with assistant(s)
- B03 Dentistry (private practice only) - Partnership
- B04 Dentistry (private practice only) - Associateship
- B05 Dentistry (private practice only) - Assistant
- B06 Dentistry (private practice only) - Locum
- C01 Nursing - Enrolled nurse
- C02 Nursing - Registered nurse
- C03 Nursing - Clinical nurse
- C04 Nursing - Clinical nurse consultant/supervisor
- C05 Nursing - Nurse manager
- C06 Nursing - Nurse educator

- C07 Nursing – Nurse researcher
- C08 Nursing – Assistant director of nursing
- C09 Nursing – Deputy director of nursing
- C10 Nursing – Director of nursing
- C11 Nursing – Tutor/lecturer/senior lecturer in nursing (tertiary institution)
- C12 Nursing – Associate professor/professor in nursing (tertiary institution)
- C98 Nursing – Other (specify)
- C99 Nursing – Unknown/inadequately described/not stated
- D01 Pharmacy (Community pharmacist) – Sole proprietor
- D02 Pharmacy (Community pharmacist) – Partner-proprietor
- D03 Pharmacy (Community pharmacist) – Pharmacist-in-charge
- D04 Pharmacy (Community pharmacist) – Permanent assistant
- D05 Pharmacy (Community pharmacist) – Reliever, regular location
- D06 Pharmacy (Community pharmacist) – Reliever, various locations
- E01 Pharmacy (Hospital/clinic pharmacist) – Director/deputy director
- E02 Pharmacy (Hospital/clinic pharmacist) – Grade III pharmacist
- E03 Pharmacy (Hospital/clinic pharmacist) – Grade II pharmacist
- E04 Pharmacy (Hospital/clinic pharmacist) – Grade I pharmacist
- E05 Pharmacy (Hospital/clinic pharmacist) – Sole pharmacist
- F01 Podiatry – Own practice (or partnership)
- F02 Podiatry – Own practice and sessional appointments elsewhere
- F03 Podiatry – Own practice and fee-for-service elsewhere
- F04 Podiatry – Own practice, sessional and fee-for-service appointments elsewhere
- F05 Podiatry – Salaried podiatrist
- F06 Podiatry – Locum, regular location
- F07 Podiatry – Locum, various locations
- F08 Podiatry – Other (specify)
- G01 Physiotherapy – Own practice (or partnership)
- G02 Physiotherapy – Own practice and sessional appointments elsewhere
- G03 Physiotherapy – Own practice and fee-for-service elsewhere
- G04 Physiotherapy – Own practice, sessional and fee-for-service appointments elsewhere
- G05 Physiotherapy – Salaried physiotherapist
- G06 Physiotherapy – Locum, regular location
- G07 Physiotherapy – Locum, various locations

Guide for use:

Verification rules:

Collection methods:

Related metadata:

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1995

Comments:

Position or job classifications are specific to each profession and may differ by State or Territory. The classifications above are simplified so that comparable data presentation is possible and possible confounding effects of enterprise-specific structures are avoided. For example, for medicine, the job classification collected in the national health labour force collection is very broad. State/Territory health authorities have more detailed classifications for salaried medical practitioners in hospitals.

These classifications separate interns, the resident medical officer levels, registrar levels, career medical officer positions, and supervisory positions including clinical and medical superintendents. Space restrictions do not at present permit these classes to be included in the National Health Labour Force Collection questionnaire.

Date of birth

Identifying and Definitional Attributes

| | | | |
|--------------------------|---|--------------------|----------|
| Knowledgebase ID: | 000036 | Version No: | 4 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/03 | | |
| Definition: | The date of birth of the person. | | |
| Context: | Required to derive age at a point of time for clinical or administrative use. | | |
| | National Minimum Data Sets: | | |
| | Used for demographic analyses, for analysis by age and for use to derive a diagnosis related group (admitted patients). | | |
| | NMDS - Perinatal: | | |
| | Requires the collection of the date of birth for the mother and the baby(s). | | |

Relational and Representational Attributes

| | |
|---------------------------------|---|
| Datatype: | Numeric |
| Representational form: | Date |
| Representational layout: | DDMMYYYY |
| Minimum size: | 8 |
| Maximum size: | 8 |
| Data domain: | Valid date |
| Guide for use: | If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age. |
| Verification rules: | This field must not be null. National Minimum Data Sets: For the provision of State and Territory hospital data to Commonwealth agencies this field must: <ul style="list-style-type: none"> - be less than or equal to Admission date, Date patient presents or Service contact date - be consistent with diagnoses and procedure codes, for records to be grouped. |
| Collection methods: | It is recommended that in cases where all components of the date of birth are not known or where an estimate is arrived at from age, a valid date be used together with a flag to indicate that it is an estimate. NMDS - Perinatal: Data collection systems must be able to differentiate between the date of birth of the mother and the baby(s). This is important in the Perinatal data collection as the date of birth of the baby is used to determine the antenatal length of stay and the postnatal length of stay. |
| Related metadata: | supersedes previous data element Date of birth vers 3 is used in the derivation of Diagnosis related group vers 1 is qualified by Estimated date flag vers 1 is used in the calculation of Length of stay (antenatal) vers 1 is used in the calculation of Length of stay (postnatal) vers 1 |

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Demographic characteristic

| Data Set Specifications: | Start date | End date |
|---|-------------------|-----------------|
| NMDS - Admitted patient care | 01/07/2003 | |
| NMDS - Admitted patient mental health care | 01/07/2003 | |
| NMDS - Admitted patient palliative care | 01/07/2003 | |
| NMDS - Alcohol and other drug treatment services | 01/07/2003 | |
| NMDS - Community mental health care | 01/07/2003 | |
| NMDS - Health labour force | 01/07/2003 | |
| NMDS - Non-admitted patient emergency department care | 01/07/2003 | |
| NMDS - Perinatal | 01/07/2003 | |
| DSS - Cardiovascular disease (clinical) | 01/01/2003 | |
| DSS - Diabetes (clinical) | 01/01/2003 | |
| DSS - Health care client identification | 01/01/2003 | |

Comments:

Any new information collections should allow for 0000YYYY. (Refer Standards Australia, AS5017 Health care client identification).

Do not use punctuation (slashes or hyphens) or spaces.

In cases where all components of the date of birth are not known or where an estimate is arrived at from age, use 00 for day and 00 for month and estimate year of birth according to the person's approximate age. As soon as known or on re-presentation, always update the Date of Birth (DOB) field. The use of the Estimated date flag is also to be used to signify that an estimate is being made.

DSS - Cardiovascular disease (clinical):

Age is an important non-modifiable risk factor for cardiovascular conditions. The prevalence of cardiovascular conditions increases dramatically with age. For example, more than 60% of people aged 75 and over had a cardiovascular condition in 1995 compared with less than 9% of those aged under 35.

Aboriginal and Torres Strait Islander peoples are more likely to have cardiovascular conditions than other Australians across almost all age groups. For example, in the 25-44 age group, 23% of Indigenous Australians reported cardiovascular conditions compared with 16% among other Australians (Heart, Stroke and Vascular Diseases: Australian Facts 2001. AIHW).

DSS - Diabetes (clinical):

Age over 45 is one of the predisposing factors for developing Type 2 diabetes and age over 35 in individuals of Aboriginal and Torres Strait Islander and certain other ethnic origins. The prevalence of diabetes increases with age, approaching 25% among those over 75.

References:

National Institute of Aging U. S. Department of Health and Human Services

NHMRC Evidence Based Guidelines for Case Detection and Diagnosis of Type 2 Diabetes

Hours on-call (not worked) by medical practitioner

Identifying and Definitional Attributes

| | | | |
|--------------------------|--|--------------------|---|
| Knowledgebase ID: | 000393 | Version No: | 2 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/97 | | |
| Definition: | The number of hours in a week that a medical practitioner is required to be available to provide advice, respond to any emergencies etc. | | |

| | |
|-----------------|---|
| Context: | Health labour force: |
| | Used in relation to issues of economic activity, productivity, wage rates, working conditions etc. |
| | Used to develop capacity measures relating to total time available. |
| | Assists in analysis of human resource requirements and labour force modelling. |
| | Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE. |

Relational and Representational Attributes

| | |
|---------------------------------|--------------------|
| Datatype: | Numeric |
| Representational form: | Quantitative value |
| Representational layout: | NNN |
| Minimum size: | 3 |
| Maximum size: | 3 |

| | |
|---------------------|--|
| Data domain: | Total hours, expressed as 000, 001 etc. 999 Not stated / inadequately described |
|---------------------|--|

| | |
|-----------------------|---|
| Guide for use: | Data element relates to each position (job) held by a medical practitioner. |
|-----------------------|---|

| | |
|----------------------------|---|
| Verification rules: | Value must be less than 169 (except for 999). |
|----------------------------|---|

| | |
|----------------------------|---|
| Collection methods: | There are inherent problems in asking for information on number of hours on-call not worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours on-call not worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included. |
|----------------------------|---|

| | |
|--------------------------|---|
| Related metadata: | supersedes previous data element Hours worked vers 1 relates to the data element Hours worked by medical practitioner in direct patient care vers 2 relates to the data element Total hours worked by a medical practitioner vers 2 |
|--------------------------|---|

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1997

Comments:

Hours worked by health professional

Identifying and Definitional Attributes

| | | | |
|--------------------------|---|--------------------|----------|
| Knowledgebase ID: | 000313 | Version No: | 2 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/97 | | |
| Definition: | <p>Hours worked is the amount of time a person spends at work in a week in employment/self-employment. It may apply to hours actually worked in a week or hours usually worked per week, and the National Health Labour Force Collection collects hours usually worked. It includes all paid and unpaid overtime less any time off.</p> <p>It also:</p> <ul style="list-style-type: none"> - includes travel to home visits or calls out - excludes other time travelling between work locations - excludes unpaid professional and/or voluntary activities. <p>Total hours worked is the amount of time spent at work in all jobs. As well as total hours worked, for some professions the National Health Labour Force Collection asks for hours worked in each of the main job, second job and third job. Hours worked for each of these is the amount of time spent at work in each job.</p> | | |
| Context: | <p>Health labour force:</p> <p>Important variable in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE.</p> | | |

Relational and Representational Attributes

| | |
|---------------------------------|---|
| Datatype: | Numeric |
| Representational form: | Quantitative value |
| Representational layout: | NNN |
| Minimum size: | 3 |
| Maximum size: | 3 |
| Data domain: | Total hours, expressed as 000, 001 etc. 999 Not stated/inadequately described |
| Guide for use: | |
| Verification rules: | Value must be less than 127 (except for 999). |
| Collection methods: | There are inherent problems in asking for information on number of hours usually worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included. |
| Related metadata: | supersedes previous data element Hours worked vers 1 |

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1997

Comments:

It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

Hours worked by medical practitioner in direct patient care

Identifying and Definitional Attributes

| | | | |
|--------------------------|--|--------------------|---|
| Knowledgebase ID: | 000392 | Version No: | 2 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/97 | | |
| Definition: | The number of hours worked in a week by a medical practitioner on service provision to patients including direct contact with patients, providing care, instructions and counselling, and providing other related services such as writing referrals, prescriptions and phone calls. | | |
| Context: | Health labour force: Used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. | | |

Relational and Representational Attributes

| | | | |
|---------------------------------|---|--|--|
| Datatype: | Numeric | | |
| Representational form: | Quantitative value | | |
| Representational layout: | NNN | | |
| Minimum size: | 3 | | |
| Maximum size: | 3 | | |
| Data domain: | Total hours, expressed as 000, 001 etc. 999 Not stated/inadequately described | | |
| Guide for use: | Data element relates to each position (job) held by a medical practitioner, not the aggregate of hours worked for all jobs. | | |
| Verification rules: | Value must be less than 127 (except for 999). | | |
| Collection methods: | There are inherent problems in asking for information on number of hours usually worked per week in direct patient care, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked in direct patient care are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included. | | |
| Related metadata: | relates to the data element Hours on-call (not worked) by medical practitioner vers 2 supersedes previous data element Hours worked vers 1 relates to the data element Total hours worked by a medical practitioner vers 2 | | |

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1997

Comments:

It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

Principal area of clinical practice

Identifying and Definitional Attributes

Knowledgebase ID: 000135 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/95

Definition: Principal area of clinical practice is defined as either the field of principal professional clinical activity or the primary area of responsibility, depending on the profession. It may be described in terms of the particular discipline, skills or knowledge field of the profession, whether general or specialised; or described in terms of the principal client group; or described by the principal activity of an institution, or section of an institution, where clinical practice takes place.

Context: Health labour force:
To analyse distribution of clinical service providers by the area of their principal clinical practice. Cross-classified with other data, this item allows analysis of geographic distribution and profiles of population subsets. Required for health labour force modelling.

Relational and Representational Attributes

Datatype: Alphanumeric

Representational form: Code

Representational layout: ANN

Minimum size: 3

Maximum size: 3

Data domain:

- A11 GP/primary medical care practitioner – general practice
- A12 GP/primary medical care practitioner – a special interest area (specified)
- A21 GP/primary medical care practitioner – vocationally registered
- A22 GP/primary medical care practitioner – holder of fellowship of RACGP
- A23 GP/primary medical care practitioner – RACGP trainee
- A24 GP/primary medical care practitioner – other
- B31 Non-specialist hospital (salaried) – RMO/intern
- B32 Non-specialist hospital (salaried) – other hospital career
- B41 Non-specialist hospital (salaried) – holder of Certificate of Satisfactory Completion of Training
- B42 Non-specialist hospital (salaried) – RACGP trainee
- B44 Non-specialist hospital (salaried) – other
- B51 Non-specialist hospital (salaried) – specialist (includes private and hospital)
- B52 Non-specialist hospital (salaried) – specialist in training (e.g. registrar)
- B90 Non-specialist hospital (salaried) – not applicable
- C The following nursing codes are subject to revision because of changes in the profession and should be read in the context of the comments below:
- C01 Nurse labour force – mixed medical/surgical nursing
- C02 Nurse labour force – medical nursing

- C03 Nurse labour force – surgical nursing
- C04 Nurse labour force – operating theatre nursing
- C05 Nurse labour force – intensive care nursing
- C06 Nurse labour force – paediatric nursing
- C07 Nurse labour force – maternity and obstetric nursing
- C08 Nurse labour force – psychiatric/mental health nursing
- C09 Nurse labour force – developmental disability nursing
- C10 Nurse labour force – gerontology/geriatric nursing
- C11 Nurse labour force – accident and emergency nursing
- C12 Nurse labour force – community health nursing
- C13 Nurse labour force – child health nursing
- C14 Nurse labour force – school nursing
- C15 Nurse labour force – district/domiciliary nursing
- C16 Nurse labour force – occupational health nursing
- C17 Nurse labour force – private medical practice nursing
- C18 Nurse labour force – independent practice
- C19 Nurse labour force – independent midwifery practice
- C20 Nurse labour force – no one principal area of practice
- C98 Nurse labour force – other (specify)
- C99 Nurse labour force – unknown/inadequately described/not stated

Guide for use:

Specifics will vary for each profession as appropriate and will be reflected in the classification/coding that is applied. Classification within the National Health Labour Force Collection is profession-specific.

Verification rules:**Collection methods:****Related metadata:****Administrative Attributes****Source document:**

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS – Health labour force

Start date

End date

01/07/1995

Comments:

The comments that follow apply to the nurse labour force specifically.

It is strongly recommended that, in the case of the nurse labour force, further disaggregation be avoided as much as possible. The reason for this recommendation is that any expansion of the classification to include specific specialty areas (e.g. cardiology, otorhinolaryngology, gynaecology etc.) will only capture data from hospitals with dedicated wards or units; persons whose clinical practice includes a mix of cases within a single ward setting (as in the majority of country and minor metropolitan hospitals) will not be included in any single specialty count, leading to a risk of the data being misinterpreted. The data would show a far lower number of practitioners involved in providing services to patients with some of the listed specialty conditions than is the case.

Principal role of health professional

Identifying and Definitional Attributes

| | | | |
|--------------------------|---|--------------------|----------|
| Knowledgebase ID: | 000138 | Version No: | 1 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/95 | | |
| Definition: | The principal role of a health professional is that in which the person usually works the most hours each week. | | |
| Context: | Health labour force: This data element provides information on the principal professional role of respondents who currently work within the broad context/discipline field of their profession (as determined by data element Professional labour force status). Identification of clinicians provides comparability with other labour force collections that just include clinicians. | | |

Relational and Representational Attributes

| | |
|---------------------------------|---|
| Datatype: | Numeric |
| Representational form: | Code |
| Representational layout: | N |
| Minimum size: | 1 |
| Maximum size: | 1 |
| Data domain: | <ul style="list-style-type: none"> 1 Clinician 2 Administrator 3 Teacher/educator 4 Researcher 5 Public health/health promotion 6 Occupational health 7 Environmental health 8 Other (specify) 9 Unknown/inadequately described/not stated |

| | |
|-----------------------|--|
| Guide for use: | <p>Code 1: A clinician is a person mainly involved in the area of clinical practice, i.e. diagnosis, care and treatment, including recommended preventative action, to patients or clients. Clinical practice may involve direct client contact or may be practised indirectly through individual case material (as in radiology and laboratory medicine).</p> <p>Code 2: An administrator in a health profession is a person whose main job is in an administrative capacity in the profession, e.g. directors of nursing, medical superintendents, medical advisors in government health authorities, health profession union administrators (e.g. Australian Medical Association, Australian Nurses Federation).</p> <p>Code 3: A teacher/educator in a health profession is a person whose main job is employment by tertiary institutions or health institutions to provide education and training in the profession.</p> |
|-----------------------|--|

Code 4: A researcher in a health profession is a person whose main job is to conduct research in the field of the profession, especially in the area of clinical activity. Researchers are employed by tertiary institutions, medical research bodies, health institutions, health authorities, drug companies and other bodies.

Codes 5, 6 and 7: Public health/health promotion, occupational health and environmental health are specialties in medicine, and fields of practice for some other health professions. They are public health rather than clinical practice, and hence are excluded from clinical practice.

Verification rules:

Collection methods:

For respondents indicating that their principal professional role is in clinical practice, a more detailed identification of that role is established according to profession-specific categories.

Related metadata:

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1995

Comments:

Profession labour force status of health professional

Identifying and Definitional Attributes

Knowledgebase ID: 000140 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/95

Definition: For the national health labour force collections, profession labour force status of a health professional in a particular profession is defined by employment status according to the classification/coding frame below at the time of renewal of registration.

Employment in a particular health profession is defined by practice of that profession or work that is principally concerned with the discipline of the profession (for example, research in the field of the profession, administration of the profession, teaching of the profession or health promotion through public dissemination of the professional knowledge of the profession).

Context: Health labour force:
This data element provides essential data for estimating the size and distribution of the health labour force, monitoring growth, forecasting future supply, and addressing work force planning issues. It was developed by the National Committee for Health and Vital Statistics during the 1980s and endorsed by the Australian Health Ministers' Advisory Council in 1990 as a national minimum data set item for development of the national health labour force collections.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Code

Representational layout: N or N.N

Minimum size: 1

Maximum size: 3

Data domain:

- 1 Employed in the profession: working in/practising the reference profession - in reference State
- 2 Employed in the profession: working in/practising the reference profession - mainly in other State(s) but also in reference State
- 3 Employed in the profession: working in/practising the reference profession - mainly in reference State but also in other State(s)
- 4 Employed in the profession: working in/practising the reference profession - only in State(s) other than reference State
- 5.1 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession - seeking either full-time or part-time work
- 5.2 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession - seeking full-time work
- 5.3 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession - seeking part-time work

- 5.9 Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession – seeking work (not stated)
- 6.1 Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking either full-time or part-time work
- 6.2 Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking full-time work
- 6.3 Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking part-time work
- 6.9 Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession – seeking work (not stated)
- 7 Not in the labour force for the profession: not in work/practice in the profession and not looking for work/practice in the profession
- 8 Not in the labour force for the profession: working overseas
- 9 Unknown/not stated

Guide for use:

The term 'employed in the profession' equates to persons who have a job in Australia in the field of the reference profession.

A person who is normally employed in the profession but is on leave at the time of the annual survey is defined as being employed.

A health professional who is not employed but is eligible to work in, and is seeking employment in the profession, is defined as unemployed in the profession.

A health professional looking for work in the profession, and not currently employed in the profession, may be either unemployed or employed in an occupation other than the profession.

A registered health professional who is not employed in the profession, nor is looking for work in the profession, is defined as not in the labour force for the profession.

Registered health professionals not in the labour force for the profession may be either not employed and not looking for work, or employed in another occupation and not looking for work in the profession.

Verification rules:**Collection methods:**

For the national health labour force collection survey questionnaire, this is the key filter question. It excludes from further survey questions at this point:

- persons working overseas although working/practising in the reference profession
- respondents working only in States other than the reference state
- respondents not working in the reference profession and not looking for work in the reference profession

It also directs respondents working in the reference State and other States to respond to subsequent questions only in respect of work in the reference State. These distinctions are necessary in order to eliminate multiple counting for respondents renewing licenses to practise in more than one State.

The definitions of employed and unemployed in this data item differ from Australian Bureau of Statistics (ABS) definitions for these categories defined in LFA2 'Employed persons', LFA8 'Labour force status', LFA9 'Looking for full-time work', LFA10 'Looking for part-time work', LFA12 'Not in the labour force', LFA13 'Status in employment', and LFA14 'Unemployed persons'.

The main differences are:

- The National Health Labour Force Collection includes persons other than clinicians working in the profession as persons employed in the profession. ABS uses the Australian Standard Classification of Occupations where, in general, classes for health occupations do not cover non-clinicians. The main exception to this is nursing where, because of the size of the profession, there are classes for nursing administrators and educators.
- The labour force collection includes health professionals working in the Defence Forces; ABS does not, with the exception of the population census.
- ABS uses a tightly defined reference period for employment and unemployment; the labour force collection reference period is self-defined by the respondent as his/her usual status at the time of completion of the survey questionnaire.
- The labour force collection includes, among persons looking for work in the profession, those persons who are registered health professionals but employed in another occupation and looking for work in the profession; ABS does not.
- The labour force collection includes in the category not in the labour force health professionals registered in Australia but working overseas; such persons are excluded from the scope of ABS censuses and surveys.

Related metadata: relates to the data element concept Health labour force vers 1
relates to the data element concept Occupation vers 1

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS – Health labour force

Start date

End date

01/07/1995

Comments:

Total hours worked by a medical practitioner

Identifying and Definitional Attributes

| | | | |
|--------------------------|---|--------------------|----------|
| Knowledgebase ID: | 000394 | Version No: | 2 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/97 | | |
| Definition: | The total hours worked in a week in a job by a medical practitioner, including any on-call hours actually worked (includes patient care and administration). | | |
| Context: | Health labour force: | | |
| | Used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE. | | |

Relational and Representational Attributes

| | |
|---------------------------------|---|
| Datatype: | Numeric |
| Representational form: | Quantitative value |
| Representational layout: | NNN |
| Minimum size: | 3 |
| Maximum size: | 3 |
| Data domain: | Total hours, expressed as 000, 001 etc. 999 Not stated/inadequately described |
| Guide for use: | Data element relates to each position (job) held by a medical practitioner, not the aggregate of hours worked in all. |
| Verification rules: | Value must be less than 169 (except for 999). |
| Collection methods: | There are inherent problems in asking for information on number of hours usually worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included. |
| Related metadata: | relates to the data element Hours on-call (not worked) by medical practitioner vers 2 supersedes previous data element Hours worked vers 1 relates to the data element Hours worked by medical practitioner in direct patient care vers 2 |

Administrative Attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Labour characteristic

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1997

Comments:

It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

Type and sector of employment establishment

Identifying and Definitional Attributes

| | | | |
|--------------------------|---|--------------------|----------|
| Knowledgebase ID: | 000166 | Version No: | 1 |
| Metadata type: | Data Element | | |
| Admin. status: | Current | | |
| | 01/07/95 | | |
| Definition: | <p>For each health profession, type of employment establishment is a self-reporting, condensed industry of employment classification that can be cross-referenced to the Australian and New Zealand Standard Industrial Classification.</p> <p>Sector of employment establishment is government (public) or non-government (private), according to whether or not the employer is a Commonwealth, State or local government agency.</p> | | |
| Context: | <p>Health labour force:</p> <p>To analyse distribution of service providers by setting (defined by industry of employer and sector), cross-classified with main type of work and/or specialty area.</p> | | |

Relational and Representational Attributes

| | |
|---------------------------------|---|
| Datatype: | Numeric |
| Representational form: | Code |
| Representational layout: | NN |
| Minimum size: | 2 |
| Maximum size: | 2 |
| Data domain: | <p>01 Private medical practitioner rooms/surgery (including 24-hour medical clinics)</p> <p>02 Other public non-residential health care facility (e.g. Aboriginal health service, ambulatory centre, outpatient clinic, day surgery centre, medical centre, community health centre)</p> <p>03 Other private non-residential health care (e.g. Aboriginal health service, ambulatory centre, outpatient clinic, day surgery centre, medical centre, community health centre)</p> <p>04 Hospital – acute care (including psychiatric or specialist hospital) hospital (public)</p> <p>05 Hospital – acute care (including psychiatric or specialist hospital) hospital (private)</p> <p>06 Residential health care (e.g. nursing home, hospice, physical disabilities residential centre) facility (public)</p> <p>07 Residential health care (e.g. nursing home, hospice, physical disabilities residential centre) facility (private)</p> <p>08 Tertiary education institution (public)</p> <p>09 Tertiary education institution (private)</p> <p>10 Defence forces</p> <p>11 Government department or agency (e.g. laboratory, research organisation etc.)</p> <p>12 Private industry/private enterprise (e.g. insurance, pathology, bank)</p> <p>13 Other (specified) public</p> <p>14 Other (specified) private</p> <p>99 Unknown/inadequately described/not stated</p> |

Guide for use:

Establishments are coded into self reporting groupings in the public and private sectors. This can be seen in the code list for medical practitioners.

Minor variations in ordering of sequence and disaggregation of the principal categories will be profession-specific as appropriate; where a more detailed set of codes is used, the essential criterion is that there should not be an overlap of the detailed codes across the Australian and New Zealand Standard Industrial Classification category definitions.

Note:

Public psychiatric hospitals are non-acute care facilities, whereas private psychiatric hospitals are acute care facilities. To minimise the possibility of respondent confusion and misreporting, public psychiatric hospitals are included in the grouping for acute care public hospitals.

Day surgery centres, outpatient clinics and medical centres approved as hospitals under the *Health Insurance Act 1973* (Commonwealth) have emerged as a new category for investigation. These will be included in a review of the National Health Labour Force Collection questions and coding frames.

Verification rules:**Collection methods:****Related metadata:****Administrative Attributes****Source document:**

Source organisation: National Health Labour Force Data Working Group

Information model link:

NHIM Organisational setting

Data Set Specifications:

NMDS - Health labour force

Start date

End date

01/07/1995

Comments:

Supporting data elements and data element concepts

Health labour force

Identifying and Definitional Attributes

| | | | |
|--------------------------|---|--------------------|---|
| Knowledgebase ID: | 000061 | Version No: | 1 |
| Metadata type: | Data Element Concept | | |
| Admin. status: | Current | | |
| | 01/07/95 | | |
| Definition: | <p>All those in paid employment, unpaid contributing family workers, and unpaid volunteers:</p> <ul style="list-style-type: none"> - whose primary employment role is to achieve a health outcome for either individuals or the population as a whole, whether this is in clinical, research, education, administrative or public health capacities - employed in the health industry defined by the Australian Bureau of Statistics using the Australian and New Zealand Standard Industrial Classification, other than those already included. <p>The health labour force consists of all those persons included in the health work force plus all those persons not currently employed in the health work force who are seeking employment therein. Health professionals registered in Australia but working overseas are excluded from the national health labour force. Health professionals registered in a particular State or Territory but working solely in another State or Territory or overseas are excluded from the health labour force for that State or Territory.</p> | | |
| Context: | Health labour force statistics and public hospital establishments. | | |

Relational and Representational Attributes

| | |
|---------------------------------|--|
| Datatype: | |
| Representational form: | |
| Representational layout: | |
| Minimum size: | |
| Maximum size: | |
| Data domain: | |
| Guide for use: | |
| Verification rules: | |
| Collection methods: | |
| Related metadata: | relates to the data element Profession labour force status of health professional vers 1 |

Administrative Attributes

| | | | |
|---------------------------------|---|-----------------|--|
| Source document: | | | |
| Source organisation: | National Health Labour Force Data Working Group | | |
| Information model link: | NHIM Labour characteristic | | |
| Data Set Specifications: | Start date | End date | |

Comments: