

Podiatry labour force 1999

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Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

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

Labour Force and Rural Health Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1183
Email: labourforce@aihw.gov.au

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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
DEST	Department of Education, Science and Training
DIMIA	Department of Immigration and Multicultural and Indigenous Affairs

Symbols and other usages

Throughout this publication, data may not add to the totals shown due to the estimation process for non-response. Percentages may not add up to 100.0 due to rounding.

Italics within a table denote a subtotal.

. . denotes not applicable.

– denotes nil.

n.a. denotes not available.

n.p. denotes not published, where very small numbers in a table have been suppressed.

1 Introduction

Podiatrists, also known as chiropodists, are primary health care professionals who assess, diagnose and treat disorders of the lower leg and foot that have resulted from developmental abnormalities, disease or injury. They also educate and promote health issues related to the prevention of such conditions. The majority of work involves older patients who develop difficulties with mobility due to injury, structural problems, or the effects of systemic diseases. Overuse and sports injuries and children's developmental disorders are also treated.

Since foot conditions often develop with age, the need for podiatrists is expected to increase as the population ages. In particular, diabetes is likely to contribute to the need for podiatrists' treatment into the future. Poorly controlled diabetes damages nerves and blood supply to the feet, increasing the likelihood of problems such as ulcers, and reducing healing ability. The prevalence of diabetes rapidly increases after 45 years of age.

Most podiatrists work in private practice, and others work in hospitals, in community health centres, for domiciliary care services and in aged care facilities. Those practising in Australia are required to be registered in the State or Territory in which they work, except in the Northern Territory.

In 1990, the Australian Health Ministers' Advisory Council (AHMAC) commissioned the Australian Institute of Health and Welfare (AIHW) to develop national health labour force statistics about the major registrable health professions. In 1997, the National Health Information Management Group of AHMAC reviewed national health labour information requirements. A decision was made that future national collections would be conducted annually for medicine, biennially for nursing, and on a rolling 3-year cycle for dentistry and other allied health occupations, including podiatry. Data collections based on a national minimum data set were developed addressing the workforce planning needs of the health professions, government, service providers and educational institutions. The Podiatry Labour Force Survey was conducted in conjunction with registration renewals in 1991, 1994 and 1999.

1.1 Australian Institute of Health and Welfare Podiatry Labour Force Survey

The Australian Institute of Health and Welfare conducted the Podiatry Labour Force Survey with the assistance of registration boards and the Australasian Podiatry Council. Data for New South Wales were collected in 2000, while the data for the other States and the Australian Capital Territory were collected late in 1999. Information from this survey provided a detailed description of podiatrists in the States surveyed and forms the basis of this report.

Registration boards in all States and the Australian Capital Territory mailed out copies of the survey to all registered podiatrists with their renewals of registration. Since podiatrists are not required to register in the Northern Territory, podiatrists in that jurisdiction are not included in the survey.

AIHW labour force estimates

Podiatrists may register in more than one State or Territory. In estimating the size of the podiatry labour force, it is therefore important to reduce as much as possible the consequent duplication in statistics.

The estimation of the number and characteristics of currently employed podiatrists in each State and Territory was based on the responses of those podiatrists employed solely or mainly in the State or Territory of registration. Those podiatrists who were on extended leave for three months or longer were also included in the employed workforce estimates.

It was assumed for all estimates that non-respondents to the survey had the same labour force characteristics as had respondents. Therefore, the survey data were scaled up to the registration numbers by distributing the non-response numbers on the basis of this assumption.

These processes will overestimate the number of podiatrists in the labour force if respondents with registrations in multiple jurisdictions, or respondents not in the podiatry labour force, are under-represented in the survey responses.

Response rate

Based on the total number of registrations in each State or Territory surveyed, the response rate to the survey was 64.7%, ranging from 44.4% in Western Australia to 84.1% in New South Wales (Table 1).

Table 1: Podiatrists: survey response rate, States and Territories, 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Respondents	551	375	207	96	159	41	19	n.a.	1,448
Registrations	655	719	293	216	255	66	35	n.a.	2,239
	(per cent)								
Response rate	84.1	52.2	70.6	44.4	62.4	62.1	48.7	n.a.	64.7

Source: Podiatry Labour Force Survey, 1999.

1.2 Additional data sources

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

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

The Australian Bureau of Statistics

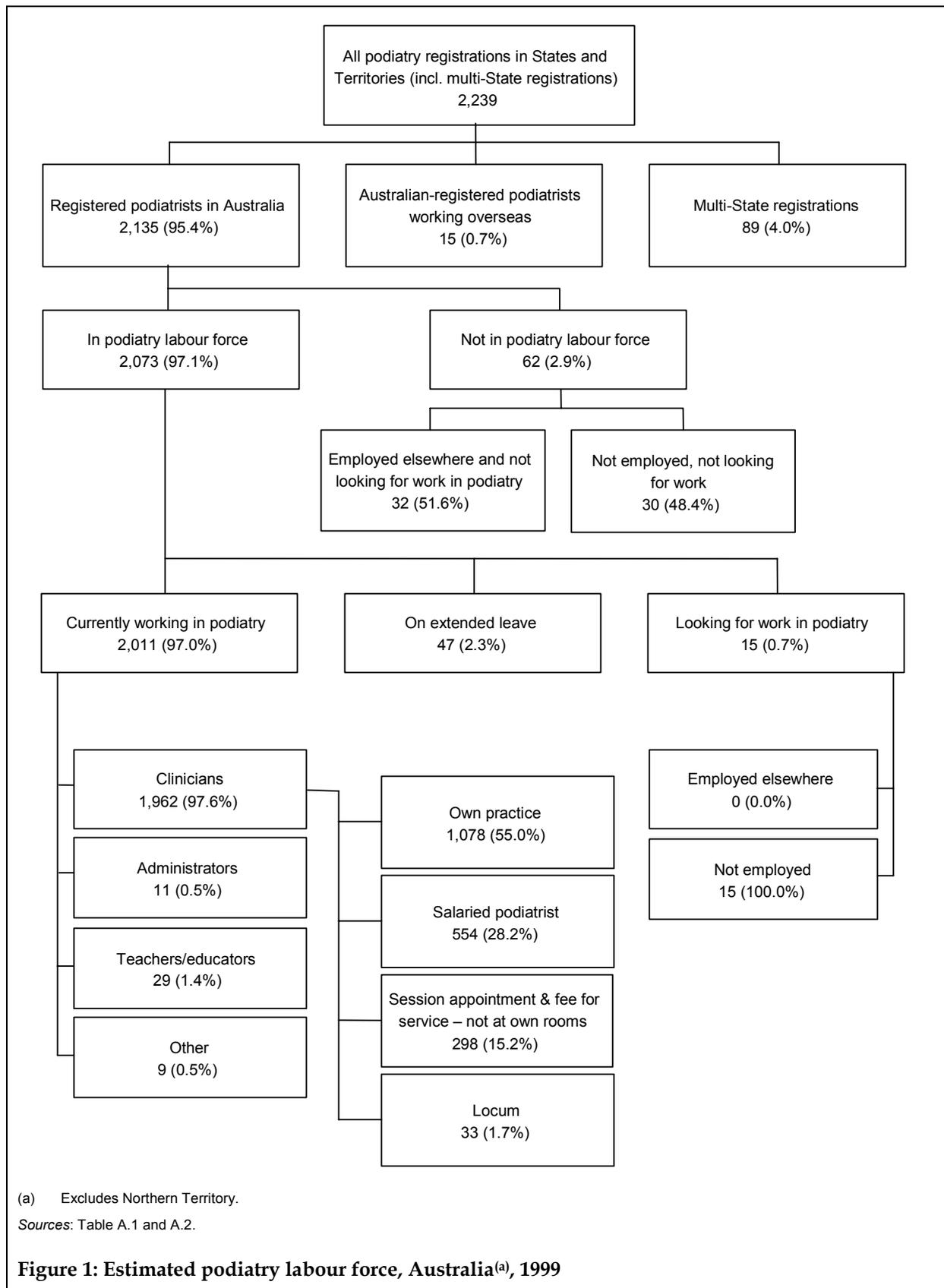
The ABS conducts the National Health Survey every 6 years, surveying a random sample of households regarding a broad range of health and wellbeing issues. Information from the 1995 survey was used to determine the number of people who consulted a podiatrist in the 2 weeks preceding the survey in that year.

The Department of Education, Science and Training

The Department of Education, Science and Training (DEST) requires all universities to provide data on students and university course completions. This information provides the number and characteristics of most of the new entrants to the podiatry labour force.

The Department of Immigration and Multicultural and Indigenous Affairs

The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) obtains data on the number of podiatrists arriving in Australia to work, and the number of Australian (permanent resident) podiatrists leaving Australia to find employment overseas. This information is retrieved from incoming and outgoing passenger cards distributed to all air and sea passengers.



2 The podiatry labour force

2.1 Employment status of podiatrists

According to the AIHW Podiatry Labour Force Survey, the total number of registered podiatrists in Australia in 1999 was 2,239, which included 89 multi-State registrations (Figure 1, Table A.1). The podiatry labour force comprised 2,073 podiatrists, of whom 2,011 (97.0%) were employed, 47 (2.3%) were on extended leave and 15 (0.7%) were looking for work in podiatry. Of the 2,011 employed podiatrists, 1,962 (97.6%) were clinicians and the other 49 (2.4%) were in non-clinical roles such as administration or education.

Not included in the podiatry labour force were 62 (2.9%) registered podiatrists not looking for work in podiatry. Fifteen registered podiatrists were practising overseas.

Fewer podiatrists were looking for work in podiatry in 1999 than in 1994. Of the 1,731 podiatrists in the labour force in 1994, 72 (4.2%) were looking for work in podiatry.

Although a predominantly female field, males made up a larger proportion (36.3%) of podiatrists than some other health occupations, such as physiotherapy (23% in 1997) and occupational therapy (5% in 1998) (AIHW 2000a, 2001b).

Overview

In 1999, the majority of podiatrists (74.5%) worked in the private sector. Most of these (91.8%) worked in their own practice or in a group practice, whilst nearly all the rest were privately employed in domiciliary care services, in nursing homes or hostels and at sports centres and clinics (Table 2). The most common public sector work settings were community health services and hospital out-patient settings.

Table 2: Employed podiatrists: work setting, Australia^(a), 1999

Public sector		Private sector	
Hospital in-patient	59	Own group/practice	1,376
Hospital out-patient	122	Hospital in-patient	2
Nursing home/hostel	25	Nursing home/hostel	38
Community health service	213	Community health service	3
Domiciliary care service	36	Domiciliary care service	46
Tertiary education institution	40	Sports centre/clinic	23
Government department/organisation	15	Industry	3
Defence forces	2	Other	8
Other	2		
Total public	512	Total private	1,499

(a) Excludes Northern Territory.

Source: Podiatry Labour Force Survey, 1999.

Variation over States and the Australian Capital Territory

There was considerable variation in service provision between the jurisdictions in 1999. Only 10.3% of podiatrists worked in public settings in the Australian Capital Territory compared with 34.5% of those in Western Australia and 39.3% of those employed in Victoria (Table A.8). Victorian podiatrists commonly worked at public community health services. The 17.5% of podiatrists in New South Wales who worked in the public sector were concentrated in hospital out-patient clinics. While the most common work setting in all jurisdictions was in podiatrists' own or group practices, in New South Wales and Victoria about 5% worked for private domiciliary care services.

Not all of those podiatrists in their own or a group practice worked in their own rooms. About one in five (21.7%) gave session appointments or worked on a fee-for-service basis not at their own rooms (Table A.3).

All podiatrists who worked in a practice (whether at their own rooms or not) were clinical podiatrists and they made up just over half (54.9%) of all clinical podiatrists (Table A.2). A further 554 (28.2%) of clinical podiatrists were salaried, the majority publicly funded.

Podiatrists were more likely to work in their own practice or partnership as their age increased (Table A.3). Just over one-quarter (27.7%) of podiatrists aged less than 25 years had their own practice or partnership, while 65.8% of those aged 65 years or older did. Conversely, podiatrists were less likely to be salaried as they get older, with just 8% of those aged 65 or older being salaried compared with 53.4% of those aged less than 25.

The proportion of the workforce that was female varied from 88.2% of locums who worked at regular locations to 60.7% of non-clinical podiatrists and 59.3% of podiatrists in their own practice or partnership (Table A.2).

Most podiatrists work full-time, with 60.0% reporting that they usually worked more than 35 hours per week in 1999 (Table 3). The average number of hours usually worked per week was 35.1 (Table A.7), which was more than other allied health professionals such as occupational therapists (32.2 hours) and physiotherapists (34.4 hours) (AIHW 2000, 2001b). Only 317 podiatrists (15.8%) usually worked very short hours (less than 20 per week), and the same proportion worked very long hours (more than 50 hours a week).

Table 3: Employed podiatrists, number of hours worked, States and Territories^(a), 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
Hours worked	(number)							
1–9	25	31	10	3	13	8	—	90
10–19	53	87	28	24	30	5	—	227
20–29	66	70	31	37	40	5	6	254
30–34	76	72	35	16	30	5	—	235
35–39	61	94	26	35	32	10	6	263
40–49	174	225	72	45	67	23	18	625
50–59	81	53	33	24	23	8	—	221
60 and over	29	35	12	9	11	—	—	97
Total	566	667	247	194	245	63	29	2,011

(a) Excludes Northern Territory.

Source: Podiatry Labour Force Survey, 1999.

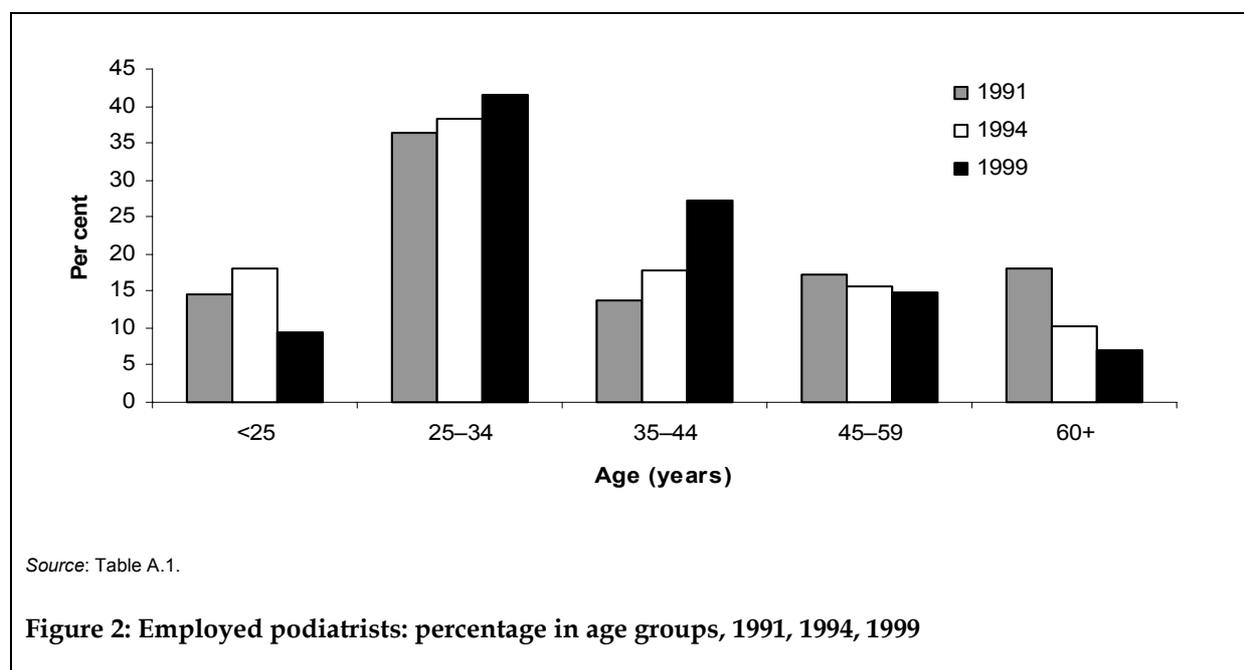
Trends analysis

The podiatry workforce has grown rapidly with a 42.7% increase over the 8-year period 1991 to 1999 (Table A.4). This increase is greater than the growth of the physiotherapy and optometry labour forces, which grew by 24.9% and 23.9%, respectively, between 1991 and 1996 (AIHW 2001a).

A comparison of Podiatry Labour Force Surveys shows that the proportion of males in the labour force remained steady between 1991 and 1994, but had risen slightly by 1999. In 1994, 32.1% of podiatrists were male but of the 2,011 employed podiatrists in 1999, 729 (36.3%) were male (Table A.2).

The podiatry labour force is predominantly young, with just over half (51%) aged under 35 years. In 1999 the average age of males was 36.9 years, which was younger than in 1994 (38.2 years). For females the average age was 37.7 years, which, contrary to males, was older than in 1994 (33.3 years). The average age of podiatrists is considerably younger than for all employed nurses and doctors (41.6 and 46.0 years in 1999, respectively) (AIHW in press a, in press b), but it is comparable with other allied health workers, such as occupational therapists (35.7) and physiotherapists (38.6 years) (AIHW 2001b, 2000).

In each of the survey years the 25–34 age group was the largest, particularly in 1999 when 41.5% of podiatrists were in this age group. Between 1991 and 1999 the proportion of employed podiatrists aged less than 25 years decreased, following a small drop in 1997 and 1998 in the number of students completing podiatry courses (see Section 2.5). There was also a drop in the proportion of those aged more than 60 years. (Table A.4, Figure 2).



2.2 Supply of podiatrists

Two broad indicators of the supply of podiatrists in a particular population or over time include the number per 100,000 in that population and the average number of hours they work. In 1999, there were 10.7 podiatrists per 100,000 population employed across the surveyed jurisdictions (Table A.5). This was an increase from a rate of 8.2 podiatrists per 100,000 population in 1991 and from 9.3 per 100,000 in 1994.

Rates varied between the States and the Australian Capital Territory. Queensland had the lowest rate with 7.0 podiatrists per 100,000 population in 1999, while South Australia had the highest with 16.4 (Table A.5). The age of the population in each jurisdiction must be considered when interpreting these supply figures since the demand for podiatrists' services increases as people become older. For example, South Australia had the highest rate of podiatrists, but it also had the largest proportion of the population aged 65 years and over of all jurisdictions (14.4% in 1999 compared with 12.2% across Australia) (Table 4). Differences in their age profiles only partly account for differences in supply between the States and Territories, however, as the following figures indicate:

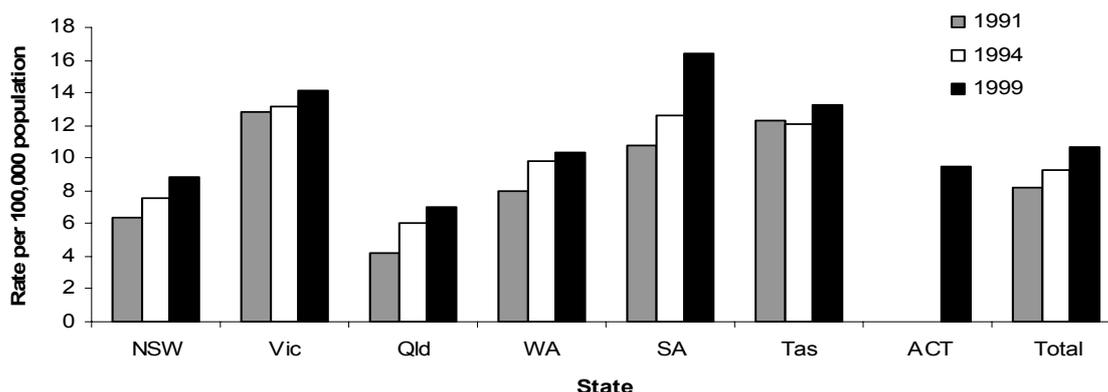
- Whilst the Australian Capital Territory had only 9.5 podiatrists per 100,000 population in 1999, they also had a low proportion of those aged 65 and over in their population (8.3%), indicating lower demand. On the other hand, Queensland had the lowest supply (7.0 per 100,000) but the third lowest proportion of population aged 65 years or more.
- Victoria had a much higher rate of supply than New South Wales (14.1 and 8.8 per 100,000 population, respectively), although both States had the same proportion of older people (12.8% each in 1999). This might be one factor accounting for the higher number of average hours worked per week in New South Wales than in Victoria (36.0 and 34.8, respectively in 1999) (Table 5).

Table 4: Employed podiatrists: supply per 100,000 population and age of population, States and Territories^(a), 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
Podiatrists per 100,000 population	8.8	14.1	7.0	10.3	16.4	13.3	9.5	10.7
Median age of population (years)	35.3	35.1	34.3	33.9	36.2	36.1	32.4	34.9
Population aged 65 years and over	12.8	12.7	11.4	10.5	14.4	13.4	8.0	12.2

(a) Excludes Northern Territory.

Sources: Table A.5; ABS 2000.



Note: Figures for the Australian Capital Territory were not available in previous years.

Source: Table A.5.

Figure 3: Employed podiatrists, number per 100,000 population by State, 1991, 1994, 1999

Figure 3 shows that there was a steady rise in the supply of podiatrists in all jurisdictions over the three survey periods. South Australia had the largest increase since 1994, with 32.6% more podiatrists per 100,000 population in 1999.

The average number of hours worked by employed podiatrists in 1999 was 35.1 hours per week, 1.3 hours longer than in 1994 (Table 5). On average, male podiatrists work longer hours than female podiatrists (40.8 and 32.0 hours, respectively in 1999) a pattern that is consistent across jurisdictions and years and across health professions.

Table 5: Employed podiatrists: hours worked, States and Territories^(a), 1991, 1994, 1999

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
	Average hours worked per week							
	1991							
Males	42.1	40.7	34.2	n.a.	n.a.	36.6	n.a.	40.4
Females	30.7	31.5	29.1	n.a.	n.a.	30.8	n.a.	30.8
Persons	35.1	34.2	30.6	33.2	34.7	32.0	n.a.	34.0
	1994							
Males	39.1	42.5	34.7	37.6	45.3	36.6	n.a.	39.6
Females	32.0	30.9	29.5	31.0	30.2	30.7	n.a.	31.0
Persons	34.8	34.0	31.0	33.8	34.7	31.9	n.a.	33.8
	1999							
Males	41.9	40.0	39.6	40.2	40.3	37.7	41.5	40.8
Females	32.2	32.9	32.1	30.0	30.0	31.3	33.3	32.0
Persons	36.0	34.8	34.7	34.1	34.7	33.1	37.4	35.1

(a) Excludes Northern Territory.

Sources: Podiatry Labour Force Surveys, 1991, 1994, 1999.

Podiatrists in Tasmania worked the least average number of hours (33.1), and those in the Australian Capital Territory worked the most (37.4); but the Australian Capital Territory also had one of the lowest number of podiatrists per 100,000 population. The average hours worked has risen slightly since 1994 in each jurisdiction except in South Australia, where it stayed the same, and in Queensland, where on average podiatrists worked 3.7 hours more than in 1994. The large increase in hours might be related to the low supply of podiatrists in Queensland (7.0 per 100,000 population).

Females had a very different pattern of hours worked from males (Table A.9). The majority of males worked 40–49 hours per week in all age groups except for those aged 65 and over, most of whom worked very short hours (less than 20 per week). On the other hand, a large proportion (between 13.4% and 39.1%) of females worked very short hours in all age groups with the exception of those aged under 25 years (1.6%). Overall, one-fifth (20.1%) worked less than 20 hours. The only female age group in which a large proportion worked more than 40 hours was the 25–34 year group. Similar working patterns can be found in other health occupations, such as the medical labour force (AIHW 2000b) and the occupational therapy labour force (AIHW 2001b).

2.3 Use of services

Information from the ABS National Health Survey (1995) provides an indication of the number of people who consult a podiatrist, and gives some characteristics of these clients.

A total of 111,066 people across Australia are estimated to have visited a podiatrist in the 2 weeks prior to the National Health Survey in 1995 (Table 6). Accordingly, podiatrists conducted an average of 28.3 consultations per week.

Table 6: Persons consulting a podiatrist in the 2 weeks before the survey: sex and age, Australia^(a), 1995

	Age group (years)						Total
	0–14	15–24	25–44	45–64	65–79	80+	
Sex	(number)						
Males	1,845	1,698	6,494	4,889	14,724	4,340	33,990
Females	2,515	3,714	7,791	21,760	28,056	13,239	77,076
Persons	4,361	5,412	14,285	26,649	42,780	17,579	111,066
	(no. per 100,000 population)						
Males	92.6	123.4	192.7	258.4	1,900.6	2,722.9	377.9
Females	132.8	280.8	242.1	1,179.5	3,081.2	4,315.8	849.0
Persons	112.2	200.6	216.9	713.2	2,538.5	3,771.2	614.6

Source: AIHW analysis of ABS National Health Survey data.

Persons aged 80 years and over were most likely to consult a podiatrist, followed by those aged 65–79 years (3,771 and 2,539 per 100,000 population, respectively). The rate of consultations per 100,000 population continued to decline with age. Females in all age groups were far more likely to consult a podiatrist in the 2 weeks prior to the survey, with 849 consultations per 100,000 population, compared with 378 per 100,000 population, for males. (Table 6). Women generally are more likely to consult health professionals than men, and to consult them more often. This tendency is exaggerated with regard to visits to

podiatrists, however, which may be a result of more severe foot conditions. The male:female ratio of persons consulting a podiatrist over the 2-week period was 1:2.3 which is considerably higher than the ratio for persons consulting a doctor (1:1.3) and those consulting all health professionals other than doctors (1:1.4) (ABS National Health Survey, 1995). Common perceptions are that women are less likely than men to wear suitable footwear. This may provide part of the explanation.

2.4 Geographical area

In 1999 the overall coverage for Australia was 10.7 podiatrists per 100,000 population, ranging from a low of 4.9 podiatrists in Other Rural Areas and Remote Areas to 13.0 per 100,000 in Large Rural Centres (Table A.7). The majority of podiatrists, 1,472 (73.2%) worked in Capital Cities, though the rate per 100,000 was higher in Large Rural Centres. There were more podiatrists employed in Other Rural Areas and Remote Areas (150) than in Small Rural Centres (117), but because the population in Other Rural Areas and Remote areas is larger than for Small Rural Centres, its rate of 4.9 per 100,000 population was lower.

Survey respondents were asked to indicate how many hours they usually work in their podiatry jobs and these varied with region. Podiatrists in Large and Small Rural Centres worked the longest hours with an average of 38.2 hours per week in 1999. Large and Small Rural Centres also had the highest proportion of podiatrists working more than 50 hours per week (34.2%). Only 23.6% of podiatrists in Large and Small Rural Centres work very short hours (less than 20 hours per week) while 36.3% of those in Capital Cities and Other Metropolitan Centres work such short hours.

Work setting of main job varied with region in 1999. In Other Rural Areas and Remote Areas podiatrists were more likely to work in public hospitals and other public settings than was the case in other regions. Conversely, in other regions higher proportions of podiatrists worked in their own practice or a group practice.

Most podiatrists had a mixed client group or worked mainly with aged clients (39.6% and 37.4% respectively in 1999). Over half (56.9%) of podiatrists in Other Rural Areas and Remote areas concentrated on clients aged 65 years and over. Very few podiatrists work mainly with paediatric and adolescent client groups, with none at all working mainly with such groups in Other Rural Areas and Remote Areas.

2.5 Future growth in the podiatry labour force

Information from the Department of Education, Science and Training indicates that after a period where the number of students completing podiatry courses was fairly steady, there was a sharp rise of 20.8% between 1998 and 1999, from 106 to a 5-year high of 128 students (Table A.11). This growth was largely the result of a rise in the number who completed a Bachelor degree, both at the pass and Honours level.

Only a few universities offer podiatry courses – one in each of the States (and none in the Territories). This means that any introduction or termination of courses makes a relatively large difference in the number of potential entrants to the workforce, and can affect supply in a particular State. The rise noted above was associated with the introduction of a degree course at the University of Western Sydney in 1996. However the number of students

completing postgraduate diplomas to extend their skills in a professional area declined from 22 in 1996 to 1 in 1999 because this course is no longer being offered at La Trobe University.

University podiatry course commencements have stayed relatively stable over the past 5 years with 188 commencements in 1999 (Table A.10), apart from a peak in 1998 of 197 students. This peak included a number of conversion course students at the University of Western Sydney who already had previous qualifications.

The field is also likely to continue to slowly become less female-dominated. The proportion of males who completed degrees in podiatry in 1999 was 46.1% and the proportion commencing study has consistently been around 40% between 1996 and 2000. These proportions are all higher than the proportion of males in the employed podiatry labour force in 1999 (36.3% in 1999, see Table A.2).

2.6 Migration

There is very little movement of podiatrists to and from overseas. In 1999–00, 11 podiatrists departed Australia, which was 6 more than the number of overseas podiatrists migrating to Australia (Table 7).

Table 7: Long-term migration^(a) of podiatrists to and from Australia for employment and education, 1992–93 to 1999–00

Purpose of migration	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00
Employment								
Arrivals of overseas podiatrists	—	5	2	1	—	1	5	4
Departures of Australian podiatrists	4	11	9	1	5	4	6	10
Education								
Arrivals of overseas podiatrists	—	—	1	7	—	—	—	1
Departures of Australian podiatrists	2	1	1	—	1	—	—	1
Total								
Arrivals of overseas podiatrists	—	5	3	8	—	1	6	5
Departures of Australian podiatrists	6	12	10	1	6	4	6	11

(a) Long-term means 12 months or longer.

Source: AIHW analysis of DIMIA data.

Appendix A: Detailed tables

Table A.1: All registered podiatrists: employment status and sex, States and Territories^(a), 1999

Employment status	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
Males								
Only/Mainly in this State	231	186	92	90	98	18	15	729
Only/Mainly in other States	17	10	10	—	3	3	n.p.	45
On extended leave or working overseas	7	n.p.	n.p.	—	—	—	—	11
Employed, not in podiatry or not employed	6	4	n.p.	5	—	—	—	15
Total	262	201	104	95	101	21	17	801
Females								
Only/Mainly in this State	335	481	156	104	147	45	15	1,282
Only/Mainly in other States	27	6	7	n.p.	n.p.	—	—	43
On extended leave or working overseas	20	13	11	n.p.	n.p.	—	n.p.	51
Employed, not in podiatry or not employed	11	17	15	13	3	—	n.p.	62
Total	393	518	189	122	154	45	18	1,438
Persons								
Only/Mainly in this State	566	667	247	194	245	63	29	2,011
Only/Mainly in other States	44	15	17	n.p.	5	3	n.p.	89
On extended leave or working overseas	28	15	13	n.p.	n.p.	—	n.p.	62
Employed, not in podiatry or not employed	17	21	16	18	3	—	n.p.	77
Total	655	719	293	216	255	66	35	2,239

(a) Excludes Northern Territory.

n.p. Not published.

Source: Podiatry Labour Force Survey, 1999.

Table A.2: Employed podiatrists: practice type and sex, States and Territories^(a), 1999

Practice type	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
Persons								
<i>Clinician</i>	548	647	245	189	244	60	29	1,962
Own practice or partnership	342	304	130	118	133	32	18	1,078
Not at own rooms, session appointment and fee for service	69	86	56	39	31	6	9	297
Salaried podiatrist, public and non-government	119	249	55	32	76	21	n.p.	554
Locum	17	8	4	—	3	—	—	33
<i>Non-clinician</i>	18	20	3	5	n.p.	3	—	49
Total	566	667	247	194	245	63	29	2,011
(per cent female)								
<i>Clinician</i>	59.0	72.2	63.0	54.8	59.8	73.0	50.0	63.8
Own practice or partnership	56.9	66.7	60.8	54.7	52.1	65.0	40.0	59.3
Not at own rooms, session appointment and fee for service	68.0	78.6	61.6	64.9	79.4	100.0	80.0	71.7
Salaried podiatrist, public and non-government	57.1	75.7	66.6	42.6	63.6	76.9	—	67.0
Locum	77.5	100.0	100.0	—	100.0	—	—	88.2
<i>Non-clinician</i>	63.6	70.8	55.6	—	100.0	50.0	—	60.7
Total	59.1	72.1	62.9	53.5	60.1	71.8	50.0	63.7

(a) Excludes Northern Territory.

n.p. Not published.

Source: Podiatry Labour Force Survey, 1999.

Table A.3: Employed podiatrists: practice type, age and sex, Australia^(a), 1999

Practice type	Age group (years)						Total
	<25	25–34	35–44	45–54	55–64	65+	
	(number)						
<i>Clinician</i>	189	829	525	214	98	107	1,962
Own practice or partnership	53	406	337	142	66	74	1,078
Session appointment—not at own rooms	10	58	29	3	7	14	122
Fee for service—not at own rooms	6	45	22	16	3	7	99
Session appointment & fee for service not at own rooms	18	30	17	9	n.p.	—	77
Salaried podiatrist—public	67	235	94	36	12	5	449
Salaried podiatrist—non-government	35	42	13	6	5	4	105
Locum—regular locations	—	12	8	n.p.	n.p.	3	26
Locum—various locations	—	n.p.	6	—	—	—	7
<i>Non-clinician</i>	n.p.	6	20	10	7	5	49
Total	191	835	545	224	104	113	2,011
	(per cent)						
<i>Clinician</i>	99.0	99.3	96.3	95.6	93.7	95.2	97.5
Own practice or partnership	27.7	48.6	61.7	63.7	63.1	65.8	53.6
Session appointment—not at own rooms	5.5	7.0	5.4	1.4	6.9	12.4	6.1
Fee for service—not at own rooms	3.1	5.3	3.9	7.2	3.0	6.6	4.9
Session appointment & fee for service not at own rooms	9.3	3.6	3.1	4.1	2.1	—	3.8
Salaried podiatrist—public	35.1	28.2	17.3	15.9	11.5	4.5	22.3
Salaried podiatrist—non-government	18.4	5.0	2.3	2.7	5.3	3.5	5.2
Locum—regular locations	—	1.4	1.5	0.6	1.9	2.4	1.3
Locum—various locations	—	0.2	1.0	—	—	—	0.4
<i>Non-clinician</i>	1.0	0.7	3.7	4.4	6.3	4.8	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes Northern Territory.

n.p. Not published.

Source: Podiatry Labour Force Survey, 1999.

Table A.4: Employed podiatrists: age, Australia^(a), 1991, 1994, 1999

Year	Age group (years)					Total
	<25	25–34	35–44	45–59	60+	
	(number)					
1991	204	514	194	243	253	1,409
1994	300	632	292	260	169	1,653
1999	191	835	545	297	143	2,011
	(per cent)					
1991	14.5	36.5	13.8	17.3	18.0	100.0
1994	18.1	38.2	17.7	15.7	10.2	100.0
1999	9.5	41.5	27.1	14.8	7.1	100.0
	(percentage change)					
1991 to 1999	6.4	62.5	180.1	22.2	43.5	42.7

(a) Excludes Northern Territory.

Sources: Podiatry Labour Force Surveys, 1991, 1994, 1999.

Table A.5: Employed podiatrists and number per 100,000 population, States and Territories^(a), 1991, 1994 and 1999

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
	(number)							
1991	377	568	127	131	156	57	n.a.	1,417
1994	456	590	196	169	185	57	n.a.	1,653
% increase over 1991	21.0	3.8	54.3	28.9	18.5	—	n.a.	16.7
1999	566	667	247	194	245	63	29	2,011
% increase over 1994	24.1	13.1	26.2	14.6	32.6	10.1	n.a.	21.7
	(no. per 100,000 population)							
1991	6.4	12.8	4.2	8.0	10.8	12.2	n.a.	8.2
1994	7.5	13.1	6.1	9.8	12.6	12.0	n.a.	9.3
1999	8.8	14.1	7.0	10.3	16.4	13.3	9.5	10.7

(a) Excludes Northern Territory.

Source: Podiatry Labour Force Surveys, 1991, 1994, 1999.

Table A.6: Employed podiatrists: geographic location of main job, States and Territories^(a), 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	Total
Geographic area^(b)	(number)							
Capital city	415	482	139	167	209	37	29	1,472
Other metropolitan centre	48	26	40	—	—	—	—	125
Large rural centre	32	65	39	—	—	11	—	147
Small rural centre	34	41	10	8	8	13	—	117
Other rural areas and remote areas	36	53	20	18	28	n.p.	—	150
Total	566	667	247	194	245	63	29	2,011
	(no. per 100,000 population)							
Capital city	10.2	14.0	8.6	12.2	19.1	19.1	9.4	12.1
Other metropolitan centre	5.9	16.3	8.3	—	—	—	—	8.6
Large rural centre	10.4	28.1	8.1	—	—	13.2	—	13.0
Small rural centre	7.2	15.3	4.7	6.1	10.0	23.1	—	9.5
Other rural areas and remote areas	4.7	8.4	2.7	4.9	9.4	1.2	—	4.9
Total	8.8	14.1	7.0	10.3	16.4	13.3	9.5	10.7

(a) Excludes Northern Territory.

(b) Based on the rural and remote area classification of the Department of Primary Industries and Employment and the Department of Health and Family Services (1994).

n.p. Not published.

Source: Podiatry Labour Force Survey, 1999.

Table A.7: Employed podiatrists: characteristics by geographical area^(a), Australia^(b), 1999

Characteristic	Capital cities and other metropolitan centres	Large rural and small rural centres	Other rural areas and remote areas	Total
Average age:				
Males	37.8	34.6	34.9	37.4
Females	37.6	36.3	38.3	37.9
Persons	37.7	35.7	37.4	37.7
% aged < 35	49.2	57.0	48.2	50.2
% aged 65+	5.5	3.8	5.8	5.3
Hours worked:				
Average	35.2	38.2	32.2	35.1
% working <20 hours	36.3	23.6	25.5	18.9
% working >50 hours	30.1	34.2	19.1	11.7
Work setting of main job:				
% public hospital	9.0	7.1	16.8	9.3
% other public sector	16.5	14.8	17.9	16.4
% own/group practice	68.1	75.5	63.0	68.6
% other private sector	6.4	2.6	2.3	5.6
<i>Total (%)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Main client group:				
% paediatric (0–12 years)	1.8	1.4	—	1.3
% adolescent (13–18 years)	0.4	—	—	0.3
% adult (19–64 years)	21.0	20.7	13.7	20.7
% aged (65+ years)	34.7	34.3	56.9	37.4
% mixed age groups	41.5	42.2	29.4	39.6
% no direct client contact	0.6	1.4	—	0.6
<i>Total (%)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Males	586	103	40	729
Females	1,012	160	110	1,282
Persons	1,597	264	150	2,011

(a) Based on the rural and remote area classification of the Department of Primary Industries and Employment and the Department of Health and Family Services (1994).

(b) Excludes Northern Territory.

Source: Podiatry Labour Force Survey, 1999.

Table A.8: Employed podiatrists: work setting, States and Territories^(a), 1999

Work setting	NSW	Vic	Qld	SA	WA	Tas	ACT	Total
Public sector:								
Hospital in-patient	10	32	7	6	6	n.p.	—	59
Hospital out-patient	47	32	6	13	15	7	—	122
Nursing home/hostel	—	14	6	6	—	—	—	25
Community health service	18	153	8	23	33	5	3	213
Domiciliary care service	6	14	n.p.	13	—	—	—	36
Tertiary education institution	14	12	4	4	3	—	—	40
Government department/organisation	3	6	n.p.	n.p.	—	3	—	15
Defence forces	n.p.	—	—	—	—	—	—	2
Other	—	—	—	n.p.	—	—	—	2
Total public	99	262	34	67	58	17	3	512
Private sector:								
Own/group practice	430	355	209	120	154	43	24	1,376
Hospital in-patient	—	n.p.	—	—	—	—	—	2
Nursing home/hostel	8	12	3	—	18	3	n.p.	38
Community health service	—	—	—	n.p.	3	—	—	3
Domiciliary care service	22	20	n.p.	—	—	—	—	46
Sports centre/clinic	5	8	—	6	6	—	—	23
Industry	n.p.	n.p.	—	—	—	—	—	3
Other	—	6	—	—	6	—	—	8
Total private	466	405	213	127	188	46	26	1,499
Total	566	667	247	194	245	63	29	2,011

(a) Excludes Northern Territory.

n.p. Not published.

Source: Podiatry Labour Force Survey, 1999.

Table A.9: Employed podiatrists: hours worked, age and sex, Australia^(a), 1999

Hours worked	Age group (years)					Total
	< 25	25–34	35–44	45–54	55+	
Males						
1–19	n.p.	8	9	n.p.	22	42
20–29	n.p.	19	13	8	7	50
30–34	10	34	19	7	8	78
35–39	16	31	32	13	3	95
40–49	30	113	94	33	14	278
50–59	7	60	30	7	6	114
60+	4	20	33	5	—	62
Total	70	288	233	77	60	729
Females						
1–19	n.p.	73	97	33	61	266
20–29	13	66	72	26	22	197
30–34	16	64	35	25	17	157
35–39	32	85	27	4	22	167
40–49	38	191	46	42	18	338
50–59	14	44	24	15	9	107
60+	4	15	7	n.p.	6	33
Total	121	546	312	147	156	1,282
Persons						
1–19	4	82	106	35	84	309
20–29	15	86	84	34	29	247
30–34	25	97	54	32	26	235
35–39	48	116	58	17	24	262
40–49	68	303	140	74	32	617
50–59	21	104	54	22	15	222
60+	8	36	40	7	6	95
Total	191	835	545	224	217	2,011
(per cent)						
1–19	2.2	9.8	19.5	15.5	38.6	15.4
20–29	7.7	10.3	15.4	15.0	13.6	12.3
30–34	13.1	11.6	9.9	14.3	11.9	11.7
35–39	25.0	13.9	10.7	7.8	11.2	13.0
40–49	35.8	36.4	25.6	33.2	15.0	30.7
50–59	11.1	12.4	9.9	9.9	6.9	11.0
60+	4.3	4.3	7.3	2.9	2.7	4.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes Northern Territory.

Source: Podiatry Labour Force Survey, 1999.

Table A.10: Students commencing university podiatry courses, Australia, 1996 to 2000

Course type	1996	1997	1998	1999	2000
MSc research	n.p.	—	—	—	—
PG Diploma (extends field)	18	10	4	15	8
Bachelor Honours	4	5	5	6	—
Bachelor pass	148	163	188	153	180
Total	172	178	197	174	188
Per cent female	58.7	56.7	58.4	59.8	60.1
Type of enrolment					
<i>Females</i>	<i>101</i>	<i>101</i>	<i>115</i>	<i>104</i>	<i>113</i>
Full time	26	21	21	22	98
Part time	75	80	94	82	14
External	—	—	—	—	n.p.
<i>Males</i>	<i>71</i>	<i>77</i>	<i>82</i>	<i>70</i>	<i>75</i>
Full time	28	19	23	17	58
Part time	43	58	59	53	16
External	—	—	—	—	n.p.
Total commencing students	172	178	197	174	188
Institution					
La Trobe University	45	43	43	58	61
Queensland Uni of Technology	40	37	39	31	33
University of South Australia	31	22	29	29	28
Curtin University	24	27	20	30	35
University of Western Sydney	32	49	66	26	31
Total	172	178	197	174	188

n.p. Not published.

Source: AIHW analysis of DEST data.

Table A.11: Students completing university podiatry courses, Australia, 1995 to 1999

	1995	1996	1997	1998	1999
Course type					
MSc research	—	—	—	—	3
PG Diploma (extends field)	15	22	10	8	n.p.
Bachelor Honours	3	6	9	8	27
Bachelor pass	97	85	79	90	97
Diploma	—	n.p.	—	—	—
<i>Total</i>	<i>115</i>	<i>114</i>	<i>98</i>	<i>106</i>	<i>128</i>
Per cent female	50.4	57.0	53.1	62.3	53.9
Type of enrolment					
<i>Females</i>					
Full time	43	51	42	63	53
Part time	15	14	10	3	15
<i>Males</i>					
Full time	48	38	39	32	39
Part time	9	11	7	8	20
Total completing students	115	114	98	106	128
Institution					
La Trobe University	54	52	43	42	47
Queensland Uni of Technology	22	29	15	31	—
University of South Australia	16	18	17	15	14
Curtin University	23	15	23	18	24
University of Western Sydney	—	—	—	—	43
Total	115	114	98	106	128

n.p. Not published.

Source: AIHW analysis of DEST data.

Glossary

Geographic classification

The *Rural, Remote and Metropolitan Areas Classification* (Department of Primary Industries and Energy & Department of Health and Family Services 1994) has been used to classify the geographic location of podiatrists' jobs. The geographic boundaries of these categories are based on the 1991 population census. The classes of geographic location are listed below.

Metropolitan areas

1. *Capital cities* consist of the State and Territory capital cities: Sydney, Melbourne, Brisbane, Perth, Adelaide, Hobart, Darwin and Canberra.
2. *Other metropolitan centres* consist of one or more statistical subdivisions that have an urban centre of population of 100,000 or more: Newcastle, Wollongong, Queanbeyan (part of Canberra-Queanbeyan), Geelong, Gold Coast-Tweed Heads, Townsville-Thuringowa.

Rural zone

3. *Large rural centres* are statistical local areas where most of the population reside in urban centres of population of 25,000 to 99,999. These centres are: Albury-Wodonga, Dubbo, Lismore, Orange, Port Macquarie, Tamworth, Wagga Wagga (NSW); Ballarat, Bendigo, Shepparton-Mooroopna (Vic); Bundaberg, Cairns, Mackay, Maroochydore-Mooloolaba, Rockhampton, Toowoomba (Qld); Whyalla (SA); and Launceston (Tas).
4. *Small rural centres* are statistical local areas in rural zones containing urban centres of population between 10,000 and 24,999. These centres are Armidale, Ballina, Bathurst, Broken Hill, Casino, Coffs Harbour, Echuca-Moama, Forster-Tuncurry, Goulburn, Grafton, Griffith, Lithgow, Moree Plains, Muswellbrook, Nowra-Bombaderry, Singleton, Taree (NSW); Bairnsdale, Colac, Echuca-Moama, Horsham, Mildura, Moe-Yallourn, Morwell, Ocean Grove-Barwon Heads, Portland, Sale, Traralgon, Wangaratta, Warrnambool (Vic); Caloundra, Gladstone, Gympie, Hervey Bay, Maryborough, Tewantin-Noosa, Warwick (Qld); Mount Gambier, Murray Bridge, Port Augusta, Port Lincoln, Port Pirie (SA); Albany, Bunbury, Geraldton, Mandurah (WA); and Burnie-Somerset, Devonport (Tas).
5. *Other rural areas* are the remaining statistical areas within the rural zone. Examples are Cowra Shire, Temora Shire, Guyra Shire (NSW); Ararat Shire, Cobram Shire (Vic); Cardwell Shire, Whitsunday Shire (Qld); Barossa, Pinnaroo (SA); Moora Shire, York Shire (WA); George Town, Ross (Tas); and Coomalie, Litchfield (NT).

Remote zone

These are generally less densely populated than rural statistical local areas and are hundreds of kilometres from a major urban centre. Data in this publication are reported for the zone which comprises the two areas shown below.

6. *Remote centres* are statistical local areas in the remote zone containing urban centres of population of 5,000 or more: Blackwater, Bowen, Emerald, Mareeba, Moranbah, Mount Isa, Roma (Qld); Broome, Carnarvon, East Pilbara, Esperance, Kalgoorlie/Boulder, Port Hedland, Karratha (WA); and Alice Springs, Katherine (NT).
7. *Other remote areas* are the remaining areas within the remote zone. Examples are: Balranald, Bourke, Cobar, Lord Howe Island (NSW); French Island, Orbost, Walpeup (Vic); Aurukun, Longreach, Quilpie (Qld); Coober Pedy, Murat Bay, Roxby Downs (SA); Coolgardie, Exmouth, Laverton, Shark Bay (WA); King Island, Strahan (Tas); Daly, Jabiru, Nhulunbuy (NT).

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