



Minimum Data Set Report and Workforce Analysis Update

November 2010

RURAL HEALTH WEST 2011

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Limitations

Rural Health West acknowledges there are limitations with data collection for various reasons. Data specific to doctors who provide primary care services to country hospitals may be under represented.

Website

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1.0 EXECUTIVE SUMMARY

Rural Health West maintains an up-to-date database of the medical workforce in Western Australia. This database is updated each year via the Rural Health West annual survey and a variety of other strategies. The data is collated, de-identified and then compiled into a detailed annual report entitled the *Minimum Data Set Report and Workforce Analysis Update*.

The locations for which data have been collected in the past were those defined as Rural, Remote and Metropolitan Area (RRMA) classifications four to seven. In July 2010, a new remoteness classification was introduced, the Australian Geographical Classification (ASGC) Remoteness Areas (RA) system which replaces the RRMA classification system. Rural Workforce Agencies are now required to collect workforce data for RA 2 to RA 5 (Remoteness Area two to five) locations¹. For Western Australia, this meant the addition of four new practices into the dataset and ten new general practitioners (previously RRMA 1, but now RA 2).

The key findings from the 2010 Minimum Data Set (MDS) Report and Workforce Analysis Update are outlined below:

As at 30 November 2010, the number of GPs known to be practising in RA 2 to 5 locations was 671 (including GP registrars). This represents an increase of 5% since 30 November 2009. The largest proportional increase in the workforce by GP type was in resident GPs (GPs in private practice) with 31 additional doctors, an increase of 7.2%.

Age and gender

- The average age of the overall GP workforce was 47.43 years. This figure has increased 3.1 years since 2001.
- There continues to be more males in the workforce than females, although the number of females has been rising since 2005.

Location

- RA 2 contains the greatest proportion of the GP workforce (36.4%), whilst RA 5 contains the smallest (7.3%).
- In the locations covered by the Divisions of General Practice/GP Networks, Greater Bunbury shows the greatest proportional increase in GP numbers since 2009 (18.8%) whilst the Goldfields and Midwest showed net losses of (3.6% and 4.7% respectively). The Wheatbelt had an increase of 10%, the first gain noted since 2005.

Turnover

- Turnover of the workforce from 30 November 2009 to 30 November 2010 was 13.3%, an increase of 2.2%.
- There were 15 more doctors departing the workforce during this period than the previous period (79 and 64 respectively). The most common destination of doctors leaving rural and remote Western Australia was Perth (32.9%).

¹ <http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/content/RA-info>

- There were 22 more doctors who joined the permanent workforce during this period, compared with the 2008-2009 period (104 and 82 respectively). The greatest source of arrivals in previous years has been from overseas; however, since 2009, the greatest source of arrivals has been from Perth. Of these arrivals from Perth, 37% were overseas trained.
- There were only eight doctors who joined the permanent workforce from the GP training program, representing 7.7% of all new arrivals.
- The female GP workforce continues to experience a greater turnover rate (17.3%) than the male workforce (11.5%). The male workforce experienced a greater increase in arrivals (4.9%) than the female workforce (2.2%).
- The GP workforce is gaining doctors in the older age groups, and losing those in the younger age groups.

Working hours

- The average hours worked per week decreased by 0.7 years from 2009, and has decreased by 2.4 hours since 2006. Male doctors in all age groups continued to work longer clinical hours per week than their female counterparts.
- There was a 0.5% decrease from 2009, in the proportion of doctors working full-time.
- There are more males working full-time than females and more females working part-time than males.
- Doctors working in the more remote areas of RA 4 and RA 5 have a greater average hours worked per week than in the less remote areas.

Length of employment

- The average length of employment in current practice has increased to 7.1 years in 2010, 0.2 years higher than in 2009.
- The number of doctors employed in their current practice for longer than five years has increased slightly from 37% in 2009 to 39% in 2010.
- The majority of long-stay doctors are in RA 2 and RA 3. RA 4 has the highest proportion of newly arrived doctors.

Proceduralists

- There were 196 GP proceduralists as at November 2010, one fewer than in 2009. The proportion of overall GPs who regularly practise in one or more procedural area continues to decrease.
- The gender distribution of GPs practising in each procedural field remains disproportionate to that of the GP workforce. Thirty percent (33.5%) of the overall workforce was female, whilst only 23.5% of GP proceduralists were female.
- There has been a 70% increase in the overall number of female proceduralists over the last five years; however, the only procedural area that has shown an increase in numbers is obstetrics.

- The average age of GP proceduralists in 2010 was 46.7 years, a decrease of 0.4 years from 2009. Prior to 2008, the average GP proceduralist age had been higher than the average overall GP age. In 2008 and 2009, the average age for proceduralists and all GPs was equal. In 2010, the average age of proceduralists is lower than the average age of the overall workforce.

International Medical Graduates

- As at 30 November 2010, 53.4% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This is an increase of 1.4% from 2009 and the highest recorded by Rural Health West.
- During this period, 17 doctors gained Permanent Residency, ten of who were on the Five Year Overseas Trained Doctor Recruitment Scheme. 13 doctors gained Australian Citizenship, eight of who have also been on the Scheme.

GP registrars

- There were 53 GP registrars in the rural workforce in November 2010, seven more than 2009.
- The proportion of GP registrars who were overseas trained increases every year.

Aboriginal Medical Services

- The number of GPs in Aboriginal Medical Service (AMS) practices has remained virtually the same since 2006.
- Whilst the percentage of International Medical Graduates (IMGs) in the total workforce continues to rise, the proportion working in AMS practices is the lowest it has been since 2005.
- Whilst the period between November 2008 and November 2009 was a relatively stable time in AMS practices in terms of turnover, the subsequent period to November 2010 has seen quite a large number of doctors departing. This has brought the turnover rate in AMS practices back up to being higher than the overall workforce (31.7%); however, this is not as high as previous periods.
- The proportion of female GPs working in AMS practices decreased in 2010, because more females left than were replaced. However, the AMS practices continue to have a consistently greater proportion of female GPs than the overall workforce.

2.0 INTRODUCTION

Since 2001, Rural Health West has maintained an up-to-date database of the rural and remote medical workforce in Western Australia in accordance with the national Minimum Data Set (MDS) requirements.²

The Rural Health West database is updated each year via the annual workforce survey and a variety of other strategies (outlined in Section 3). Once the data is collated, it is de-identified for confidentiality reasons and then compiled into a detailed annual report entitled the *Minimum Data Set Report and Workforce Analysis Update*.

The locations for which data have been collected in the past were those defined as Rural, Remote and Metropolitan Area (RRMA) classifications four to seven. In July 2010, a new remoteness area classification was introduced, the Australian Geographical Classification (ASGC) Remoteness Areas (RA) system which replaces the RRMA classification system. Rural Workforce Agencies are now required to collect workforce data for RA 2 to RA 5 (Remoteness Area two to five) locations³. For Western Australia, this meant the addition of four new practices into the dataset and ten new general practitioners (previously RRMA 1, but now RA 2).

The 2010 MDS report presents the data as at 30 November 2010, and where appropriate, makes comparisons with data from previous years. However, due to changes in the rural classification system from RRMA to ASGC RA, allowance is required for the additional ten practitioners in some instances.

² The national Minimum Data Set was developed by the State Rural Workforce Agencies in conjunction with the Commonwealth Government to describe the workforce participation of GPs living in non-metropolitan Australia.

³ <http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/content/RA-info>

3.0 DATA COLLECTION

Rural Health West maintains a database of all GPs currently practising in rural and remote Western Australia. Information relating to GP demographics is updated on an ongoing basis with information obtained from rural medical practices, Divisions of General Practice/GP Networks and the Australian Health Practitioner Regulation Agency online register of medical practitioners. Workforce participation data is collected annually via practice and practitioner surveys.

WA Country Health Service DMOs/SMOs/RMOs are included as, due to their locations, these doctors are considered to perform GP-type services in their communities. Salaried DMOs, SMOs and RMOs at Bunbury and Mandurah hospitals are not included as, due to the size of the hospitals and the amount of GPs in these areas, these doctors are not considered to be performing GP services.

In August 2010, a practice survey was sent to each GP practice on the Rural Health West database. The main purpose of this survey was to confirm GPs working within the practice and to gather information on procedural appointments and number of sessions worked.

The complete GP workforce survey (six pages) was distributed to all doctors on the Rural Health West database working in regional, rural and remote Western Australia in September 2010. A reduced two-page survey covering only the national Minimum Data Set (MDS) questions was sent out to GPs who had not returned the original survey by the beginning of November 2010. Additionally, the survey was available online in 2010. Overall there was a 74.1% response rate to either the original, reduced or online survey.

Follow up phone calls and emails were made to practices to resolve some anomalies; further emails, letters or faxes were also sent directly to some doctors to clarify their answers.

Summary of data sources:

- Divisions of General Practice/GP Networks.
- Australian Health Practitioner Regulation Agency register.
- Rural Health West bi-annual practice survey.
- Rural Health West annual general practitioner survey.
- Personal contact with the practices and GPs.

The information in this report was current as at 30 November 2010.

4.0 DEMOGRAPHICS OF GP WORKFORCE AS AT 30 NOVEMBER 2010

This section describes the GP workforce by service model, age, gender and location.

As at 30 November 2010, the number of GPs known to be practising in RA 2 to RA 5 locations was 671. This represents an increase of 5% since 30 November 2009.

4.1 Models of service provision

The number of GPs in each primary model of service provision is summarised in Table 1 (below). Categories of primary models of service provision are based on the National Data Dictionary classifications.

Table 1 GP numbers by primary model of service provision 2009 v 2010

Primary Model of service provision	2009	2010	Difference	
Resident GP	432	462	30	6.9%
"Fly-in/fly-out"*	39	44	5	12.8%
Member of a primary health care team**	42	40	-2	-4.8%
WA Country Health Service (DMO/SMO/RMO)	79	71	-8	-10.1%
GP registrar	46	53	7	15.2%
Other	1	1	0	0.0%
Total	639	671	32	5.0%

* Primarily Royal Flying Doctor Service (RFDS)

** Primarily Aboriginal Medical Service (AMS)

The largest proportional increase in the rural and remote GP workforce was in the resident GPs (GPs in private practice) with 31 additional doctors, an increase of 7.2%. If the ten additional RRMA 1 doctors were excluded, this increase would have been 4.9%.

Two DMOs working in WA Country Health Service (WACHS) hospitals have not been included in the WACHS figures as they have entered a GP Training Program and are therefore counted in the GP registrar figures.

These figures do not include short-term locums who may be temporarily covering vacancies in the permanent workforce.

4.2 Number of GPs by age and gender

The following section describes the GP workforce by age and gender.

4.2.1 Average age

The average age of all GPs at 30 November 2009 was 47.43 years. The average age for male GPs was 49.34 years and 43.66 years for females.

Figure 1 (below) compares the average ages since 2001.

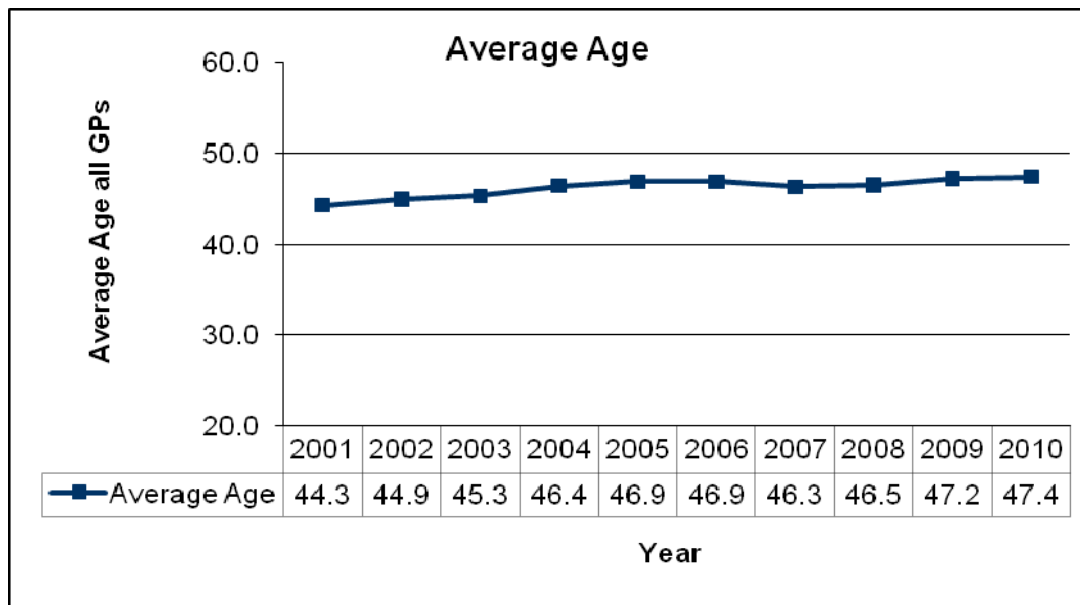


Figure 1 Average age of GP workforce 2001 to 2010

The average age of the overall rural and remote workforce has increased by 0.2 years since 2009. This figure has continued to rise since 2001. The average age for male GPs has remained stable from 2009 and for females, the average age increased by 0.8 years.

4.2.2 GPs by age group and gender

Figure 2 (below) displays the total 2010 GP workforce grouped by ten-year age group and gender cohorts.

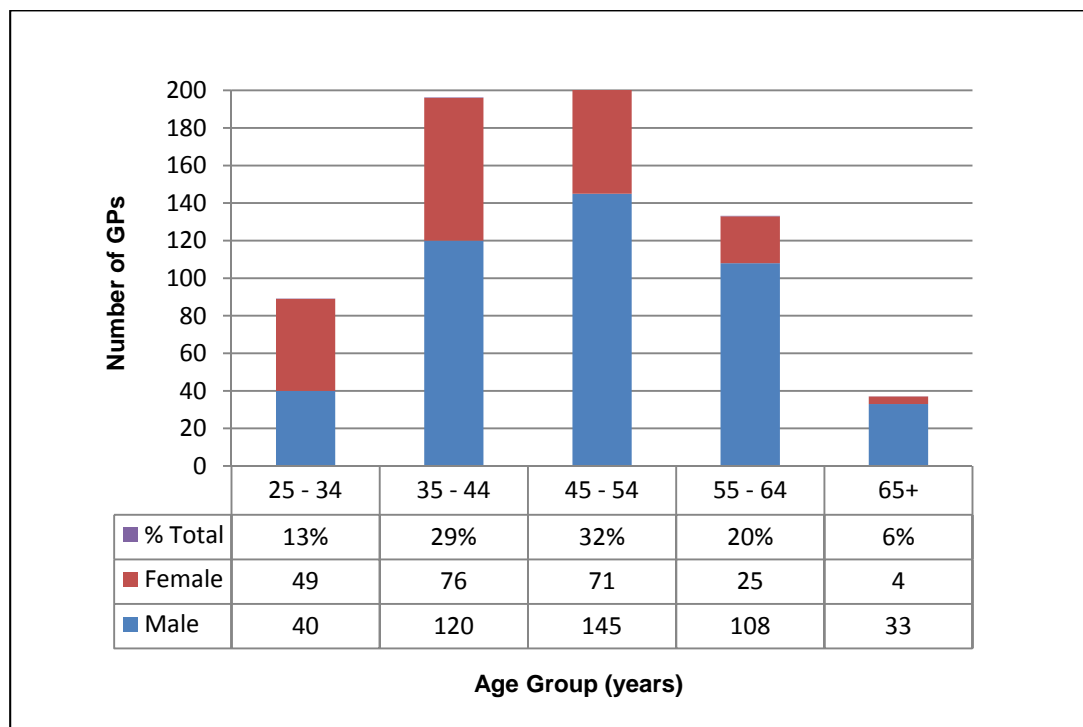


Figure 2 Composition of the GP workforce by ten-year age group and gender as at 30 November 2010

The majority of the workforce is aged between 35 and 54 years. There are more male GPs in each age group than females, apart from the younger group aged between 25 and 34 years, where there are more females. This is similar to the 2009 distribution.

Figure 3 (below) compares GP numbers by gender for the years 2002 to 2010 and displays the percentage of the workforce that was female in each of those years.

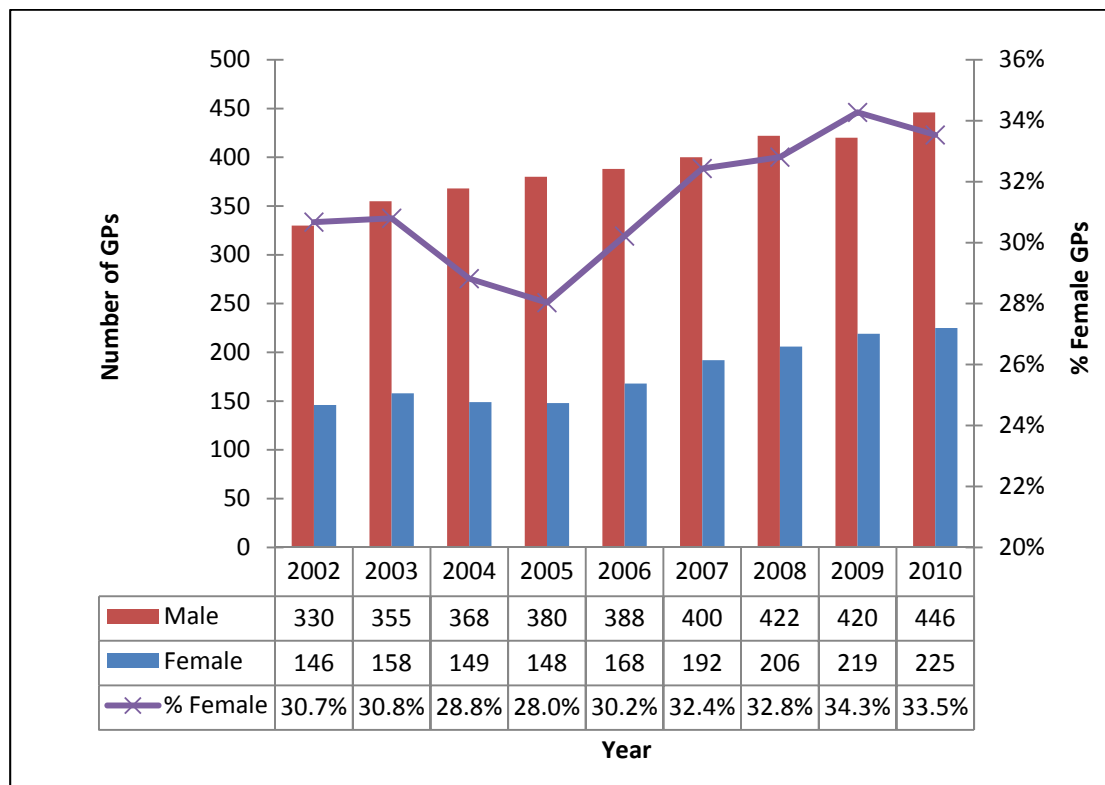


Figure 3 Number of GPs by gender and percentage of female GPs 2002 to 2010

The number and proportion of female doctors rose steadily from 2005 to 2009. 2010 also shows an increase in the number of female doctors since 2009, but a decrease in the proportion. There was also an increase in the number of male doctors from 2009.

4.3 GP numbers by location

Prior to 2010, this first section analysed the GP workforce by Rural, Remote and Metropolitan Area (RRMA) classification. From 2010, this data will be analysed using the new Australian Geographical Classification RA 2 to RA 5 locations. The new classification is different from RRMA areas and therefore comparisons to previous years cannot be made.

The second section analyses the data by Division of General Practice/GP Network and as this classification remains unchanged, longitudinal comparisons can be made.

GPs employed by the Royal Flying Doctor Service based in Jandakot (a RA 1 location), work across various RA 2 to RA 5 areas and Divisions of General Practice/GP Networks.

4.3.1 GP numbers by Remoteness Area classification

Table 2 (below) displays the number of GPs within each RA.

Table 2 GP numbers by Remoteness Area

Remoteness Area	2010	% of Total Workforce
2 - Inner Regional	244	36.4%
3 - Outer Regional	221	32.9%
4 - Remote	131	19.5%
5 - Very Remote	49	7.3%
1 (City-based RFDS)	26	3.9%
Overall	671	100.0%

The majority of GPs work in RA 2 (Inner Regional) and RA 3 (Outer Regional) locations (69%).

Although the RRMA classification areas are no longer being used, it is interesting to note in trend data that in 2010, there was a decrease in the number of RRMA 7 doctors for the first time since 2005. Figure 4 (below) compares the GP numbers across RRMA 4 to 7 over the nine year period between 2002 and 2010. The ten RRMA1/RA 2 doctors have been removed for the purpose of comparison.

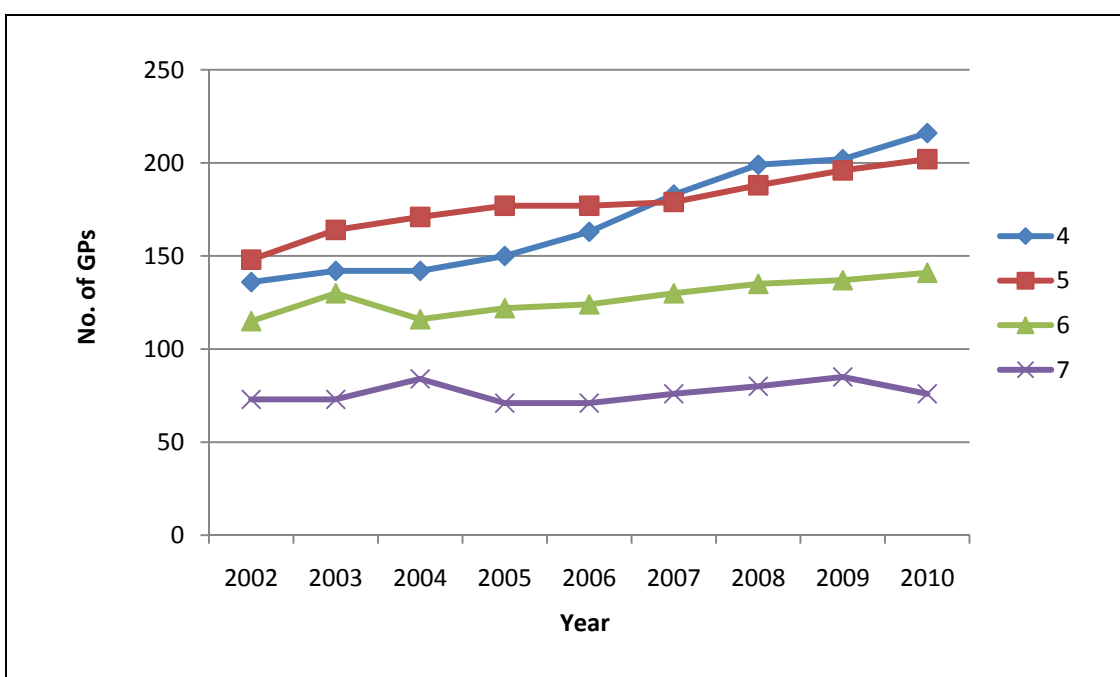


Figure 4 Number of GPs in RRMA 4 to 7 between 2002 and 2010

4.3.2 GP numbers by Division of General Practice/GP Network

For the purpose of this report, Metropolitan-based RFDS doctors have been assigned to a Division of General Practice category entitled *Other*. GPs located at Warburton and Cocos/Christmas Islands have also been allocated to this divisional category.

Table 3 (below) displays the changes in GP numbers by Division of General Practice/GP Network since November 2009.

Table 3 GP numbers by Division of General Practice/GP Network 2009 v 2010

Division of GP	2009	2010	Actual Difference	% Difference
Central Wheatbelt	40	44	4	10.0%
Goldfields	55	53	-2	-3.6%
Great Southern	78	80	2	2.6%
Greater Bunbury	64	76	12	18.8%
Kimberley	72	73	1	1.4%
Midwest	85	81	-4	-4.7%
GP Down South	168	168	0	0.0%
Pilbara	54	57	3	5.6%
Other	23	29	6	26.1%
Metro (RA2)	na	10	na	na
Totals	639	671	22	3.4%

There were increases in doctor numbers in most Divisional/Network areas. The greatest increase was in Greater Bunbury, with an increase of 18.8%. The Wheatbelt had an increase of 10%, the first gain noted since 2005.

5.0 CHANGES IN THE PERMANENT GP WORKFORCE

The following section discusses turnover of the GP workforce. GP registrars are not included in this section because, although they form a significant proportion of the workforce, the length of their terms of employment range from six to 12 months and as such, they are not part of the permanent workforce. Their numbers are included in the arrivals section if they have continued working in rural and remote Western Australia on completion of their traineeship.

5.1 Overall GP workforce turnover

Table 4 (below) details the turnover rate of GPs between November 2009 and November 2010.

Table 4 GP turnover November 2009 to November 2010 (excluding GP registrars)

Number of permanent GPs November 2009	593
Number of departures	79
Turnover	13.32%
Number of arrivals	104
Number of permanent GPs November 2010	618
% Increase	4.22%

On 30 November 2010, there were 104 doctors on the Rural Health West database who were not recorded at 30 November 2009. Ten of these doctors are the new RRMA 1/RA 2 GPs who have only moved into rural Western Australia according to classification lines, not actually a physical move. Correspondingly, there were 79 doctors not listed on the database in November 2010 who had been listed the previous year. This movement represents a 13.32% turnover during this period, an increase of 2.21% from the previous period.

Table 5 (below) displays the destinations of GPs who departed between November 2009 and November 2010 and compares this with the departure destinations for the previous period.

Table 5 Destinations of departing GPs 2009 v 2010

Destination	2009		2010	
	n	%	n	%
Perth	23	35.9%	26	32.9%
Interstate	12	18.8%	14	17.7%
Overseas	13	20.3%	10	12.7%
Extended leave	9	14.1%	15	19.0%
Retirement	5	7.8%	4	5.1%
Locum	0	0.0%	3	3.8%
Other	2	3.1%	4	5.1%
Trainee Program	0	0.0%	3	3.8%
Total	64	100.0%	79	100.0%

There were 15 more departures in the 12-month period to November 2010 than for the preceding 12 months. The most common destination of doctors leaving rural and remote Western Australia was to Perth, with 26 departing (32.9% of total departures).

Table 6 (below) displays the origins of GPs joining or rejoining the permanent workforce between November 2009 and November 2010.

Table 6 Origins of GPs joining the workforce 2009 v 2010

Origin	2009		2010	
	n	%	n	%
Overseas	21	25.6%	26	25.0%
Trainee Program	14	17.1%	8	7.7%
Perth	22	26.8%	43	41.3%
Extended Leave	9	11.0%	7	6.7%
Interstate	12	14.6%	17	16.3%
Retirement	2	2.4%	0	0.0%
Roving Locum	0	0.0%	0	0.0%
Other	2	2.4%	3	2.9%
Total	82	100.0%	104	100.0%

There were 22 more doctors who joined the permanent workforce between November 2009 and November 2010, compared with the 2008-2009 period (ten of these doctors are the new RRMA 1/RA 2 GPs). Prior to 2009, the greatest source of arrivals was from overseas. In 2009, this trend changed, and most arrivals came from Perth. 2010 continues to show the majority of arrivals from Perth. Of these arrivals from Perth, 37% were overseas trained.

There were eight doctors who joined the permanent workforce from the GP training program, six fewer than in the previous period, and represent only 7.7% of all new arrivals.

5.2 GP workforce changes by gender

Table 7 (below) summarises the changes in the permanent GP workforce by gender, over the 12-month period, excluding GP registrars.

Table 7 Changes in GP workforce by gender 2009 to 2010 (excluding GP registrars)

Gender	Number of GPs Nov 09	Departures	% Departed	Arrivals	Number of GPs Nov 10	% Increase
Male	408	47	11.5%	66	428	4.9%
Female	185	32	17.3%	38	190	2.2%
Totals	593	79	13.3%	104	618	4.0%

The female GP workforce continues to experience a greater turnover rate (17.3%) than the male workforce (11.5%). The male workforce experienced a greater increase in arrivals (4.9%) than the female workforce (2.2%).

Figure 5 (below) is a comparison of GP turnover figures by gender for the period 2002-2010.

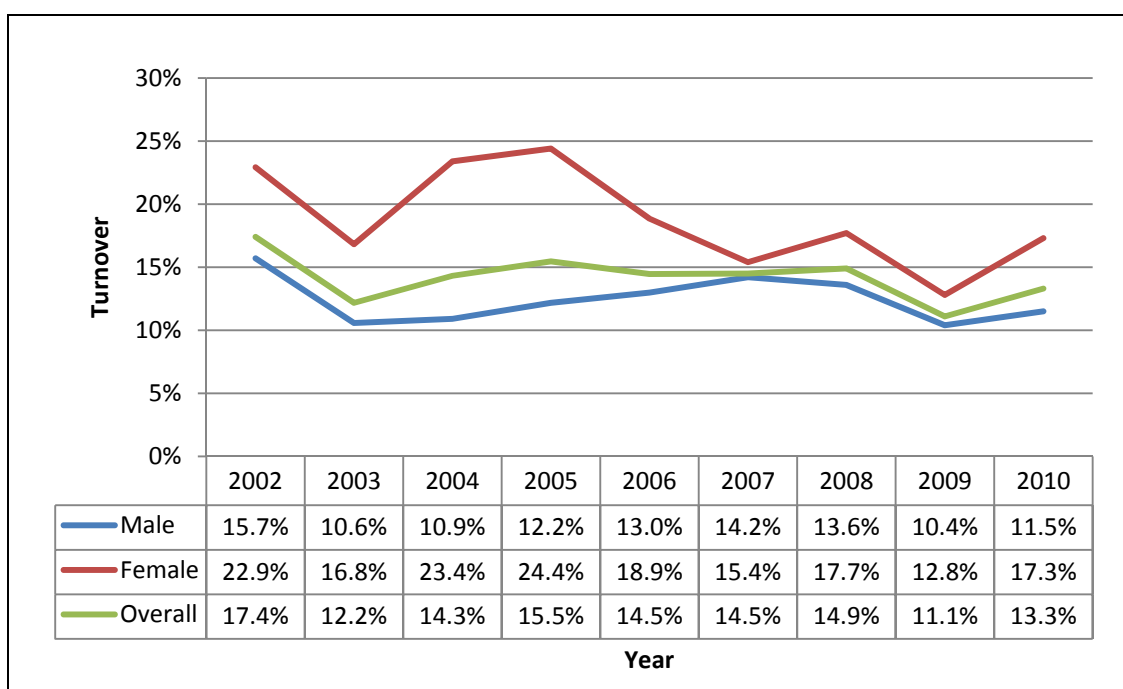


Figure 5 GP turnover rates by gender 2002 to 2010 (excluding GP registrars)

Turnover of GPs in all three categories is higher than for the previous period. Turnover of female GPs remains higher and less stable than for male GPs.

5.3 GP workforce changes by RRMA

In subsequent MDS reports, this section will show doctor movement by RA. As RA was not used in the previous report, this section will show movement by RRMA for this report only, in order for comparisons to be made with the previous year data. The ten new doctors from RRMA 1 are not included. Table 8 (below) illustrates the changes in the GP workforce by RRMA. This table details both movements in and out of the rural and remote GP workforce, as well as movement within the state between varying RRMA locations.

Table 8 Changes in GP workforce by RRMA 2009 v 2010 (excluding GP registrars)

RRMA	N per RRMA Nov-2009	Movements OUT of Rural WA				Movements INTO Rural WA			
		Left rural WA	Moved to another rural RRMA	Total Out	% of RRMA Departed	Arrived from outside rural WA	Arrived from another rural RRMA	Total In	N per RRMA Nov-2010
4	182	16	3	19	10.4%	29	5	34	197
5	180	11	6	17	9.4%	17	8	25	188
6	133	31	4	35	26.3%	25	5	30	128
7	79	15	11	26	32.9%	13	3	16	69
Met(RFDS)	19	6	0	6	31.6%	10	3	13	26
Overall	593	79	24	103		94	24	118	608

Between November 2009 and November 2010, 79 doctors left rural Western Australia and a further 24 doctors moved from one rural RRMA into another rural RRMA, totalling 103 doctor departures from all RRMAs. Over the same period, a total of 118 GPs moved into rural RRMA areas, including 94 from outside rural Western Australia and the 24 who moved from one RRMA area to another.

Locations in the most remote areas, RRMAs 6 and 7 experienced the greatest proportional movements out (59.2% of all departures) and saw net losses in the period. RRMA 7 also experienced the least movement inward, with only 16 new doctors.

Table 9 (below) outlines the destinations of GPs who departed rural Western Australia in 2010 by RRMA.

Table 9 Destinations of GPs who departed rural Western Australia in 2010 by RRMA

Destination	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Met(RFDS)	Total
Perth	5	5	11	5		26
Leave	3	4	4	3	1	15
Interstate	1	1	5	6	1	14
Overseas	4	1	4		1	10
Other			2		2	4
Retirement	2		2			4
Locum	1		1		1	3
Trainee Program			2	1		3
Total	16	11	31	15	6	79

Departures from RRMA 6 locations were significantly higher than from the other locations. The majority of these departures were to Perth (36%). Overall, the majority of departures were to Perth.

5.4 GP workforce changes by age group

Table 10 (below) summarises the changes in workforce numbers by age group in the 12-month period.

Table 10 Changes in GP numbers by age group 2009 to 2010 (excluding GP registrars)

Age Group	Number in age group Nov-2009	Departed Rural WA	% of age group Departed	Arrivals into rural WA	Moved to next age group	Moved from previous age group	Number in age group Nov-2010	% Increase in age group
25 - 34	49	16	32.7%	26	10	0	49	0.0%
35 - 44	199	30	15.1%	33	26	10	186	-6.5%
45 - 54	196	22	11.2%	31	18	26	213	8.7%
55 - 64	114	7	6.1%	13	5	18	133	16.7%
65+	35	4	11.4%	1	0	5	37	5.7%
Total	593	79	13.3%	104	59	59	618	4.2%

The youngest age group (25 to 34 years) had the highest departure rate (32.7%) and no increase in numbers. The 35 to 44 year age group had a net loss of 6.5%. The age group with the greatest percentage increase was in the 55 to 64 year group (16.7%). This table indicates that rural Western Australia is gaining doctors in the older age groups, and losing those in the younger age groups.

6.0 CLINICAL WORKLOADS

Estimates of Full Time Equivalents (FTEs) and Full Time Workload Equivalents (FWEs) as used by Medicare Australia in calculating GP medical service provision are based solely on the number and dollar value of claims made by a provider over a given reference period (usually 12 months). While a useful measure of overall service provision under Medicare, it does not reflect the number of hours worked in providing medical services that are not claimed and/or are not claimable through Medicare Australia. Specific services not included are after-hours work in the hospital setting and obstetric and anaesthetic services provided to public patients by GPs. This can represent up to 40% of procedural GPs' workload and is therefore a major source of inaccuracy in estimating workload.

An alternative measure of service provision is number of clinical hours worked. For the purposes of this report, clinical hours worked will include:

- Hours worked in GP practice.
- Hours worked in hospital.
- Hours worked on call-outs – *not hours available on-call*.
- Hours worked in population health.
- Hours travelled between principle practice and other places of primary care provision.

Hours reported cannot be interpreted as total hours worked because non-clinical tasks such as teaching, administration and supervision are not included.

It is important to note that unlike the previous sections of this report where data was available for 100% of GPs (via the GP or practice surveys or other contacts); this section only includes data taken from the GP survey. Thus, there are no hours recorded for GPs who did not return their surveys. GPs working for the Royal Flying Doctor Service have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 461 doctors (68.7%).

6.1 Average hours worked per week

As at November 2010, the average self-reported clinical workload was 44 hours per week, as compared with 44.7 hours per week in November 2009.

Figure 6 (below) displays the average hours worked each year from 2006 to 2010.

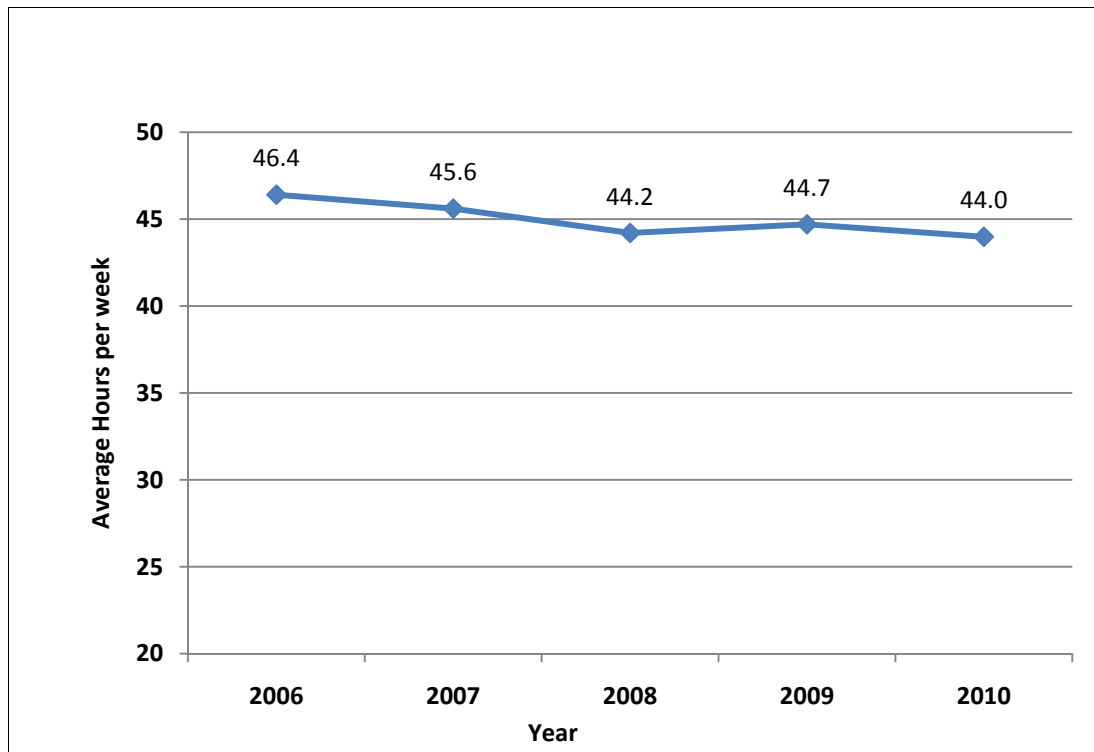


Figure 6 Average hours worked per week from 2006 to 2010

This graph shows that the average hours per week worked has decreased by 2.4 hours since 2006.

6.2 Average hours by gender and age group

Figure 7 (below) displays a breakdown of average weekly clinical hours worked by gender and age group.

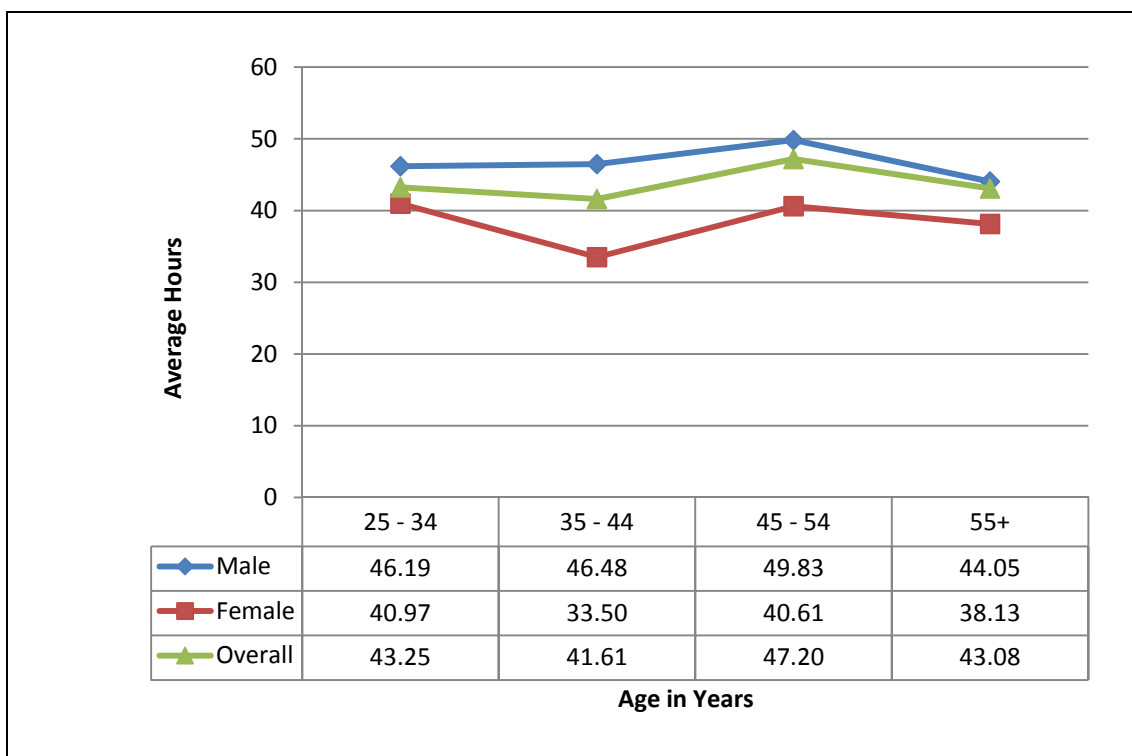


Figure 7 Average hours worked per week by gender and ten-year age groups

Male doctors in all age groups continue to work longer clinical hours per week than their female counterparts.

6.3 Full time and part time workloads

The Australian Bureau of Statistics (ABS) defines full-time work as being 35 hours per week or more and part-time work as less than 35 hours. It is this measure that has been chosen by Rural Health West and other Rural Workforce Agencies to differentiate between full-time and part-time service provision. Using this benchmark, Table 11 (below) displays the comparison between part-time and full-time workloads by gender.

Table 11 Comparison between part-time and full-time workloads by gender

Type of Workload	Male	Female	Total	% of Respondents
Full-time	277	93	370	80.3%
Part-time	40	51	91	19.7%
Total Respondents	317	144	461	100.0%

There were 370 doctors (80.3% of respondents) who self-reported as working full-time in the provision of routine clinical GP services. This represents a decrease of 0.5% working full-time, when compared to 2009 figures. Of these full-time doctors, the vast majority were male (277 male, 93 female). This is a similar pattern to 2009, where there were significantly more males working full-time than females (265 male, 87 female).

Alternatively, 91 doctors (19.7% of respondents) self-reported as working part-time. Of these part-time doctors, there were more female doctors than males (51 female, 40 male). This is similar to 2009 (59 female, 25 male), however in 2010, the gap is less.

Table 12 (below) looks specifically at this part-time workforce, comparing by gender those who self-reported as working part-time in November 2009 and November 2010.

Table 12 Part-time (PT) workforce by gender 2009 v 2010

Year	Total Male	Males working PT	% of total Males	Total Female	Females working PT	% of total Females	Total Respondents	% of total Respondents working PT
2009	290	25	8.6%	146	59	40.4%	436	19.3%
2010	317	40	12.6%	144	51	35.4%	461	19.7%

There was a 0.4% increase in respondents who reported working part-time in 2010, compared with 2009.

6.4 Average hours worked per week by Remoteness Area

Figure 8 (below) displays the average hours worked per week by RA.

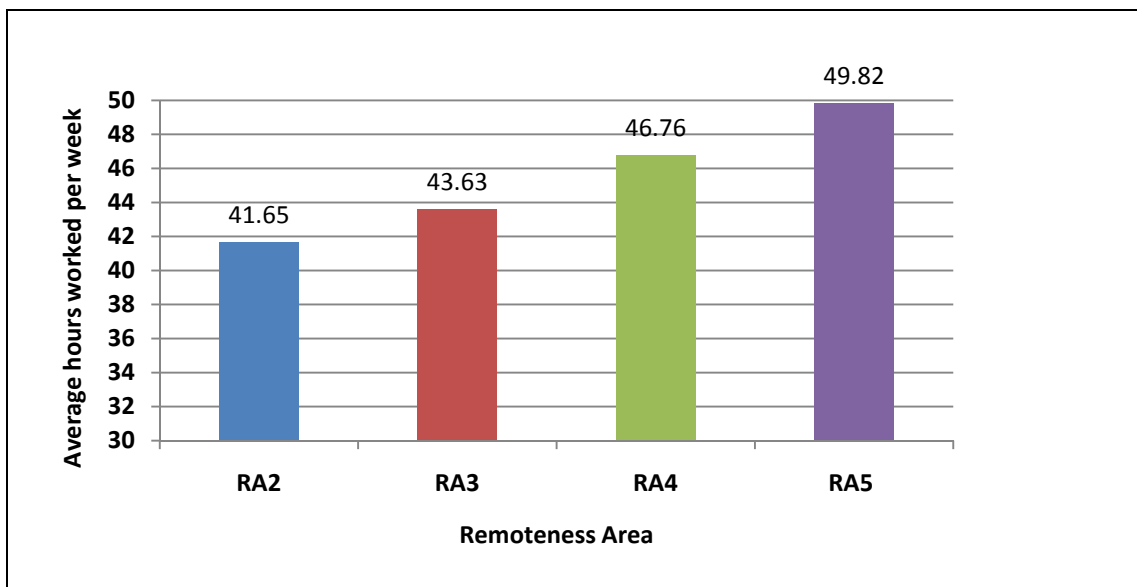


Figure 8 Average hours per week by Remoteness Area

This graph shows that the doctors working in the more remote locations work more hours per week on average compared with the less remote areas.

7.0 LENGTH OF EMPLOYMENT IN CURRENT PRINCIPAL PRACTICE

7.1 Average length of employment

Across rural Western Australia, the average length of employment in current principal practice for all GPs (not including registrars) was 7.1 years, 0.2 higher than in November 2009. These figures are calculated on time worked in the doctor's current practice and do not include time spent in other rural or remote practices.

Figure 9 (below) displays the proportion of the GP workforce which has been in their current positions for each "length of employment" category.

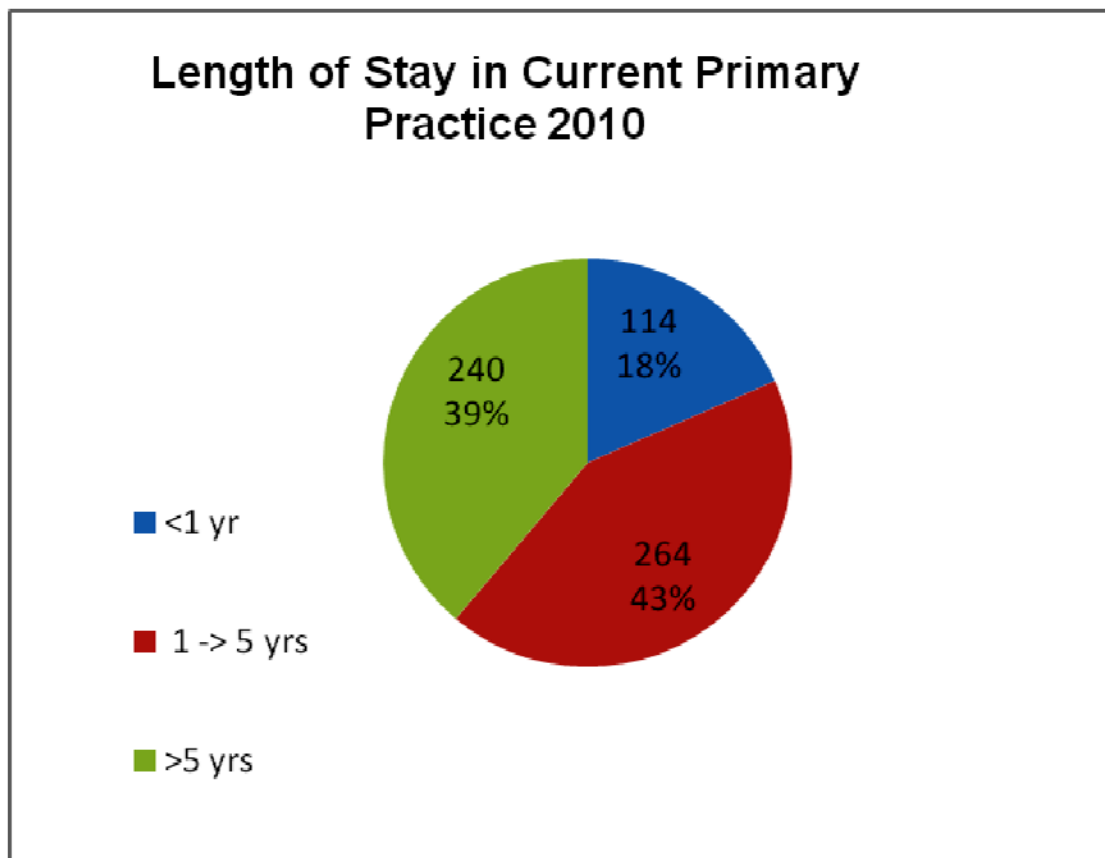


Figure 9 Length of employment in current principal practice (excluding GP registrars)

Data collected in 2010 shows a slight change of trend in length of current employment. Doctors employed for >5 years has increased to 39% from 37% in 2009. Alternatively, the percentage of doctors that has been in their current practice for between one and five years has decreased by 2%. New arrivals (in the current practice for <1 year) has remained stable at 18%.

7.2 Average length of employment by Remoteness Area

Figure 10 (below) compares length of employment in current principal practice for GPs across RA categories. Again, figures for GP registrars are excluded from this discussion.

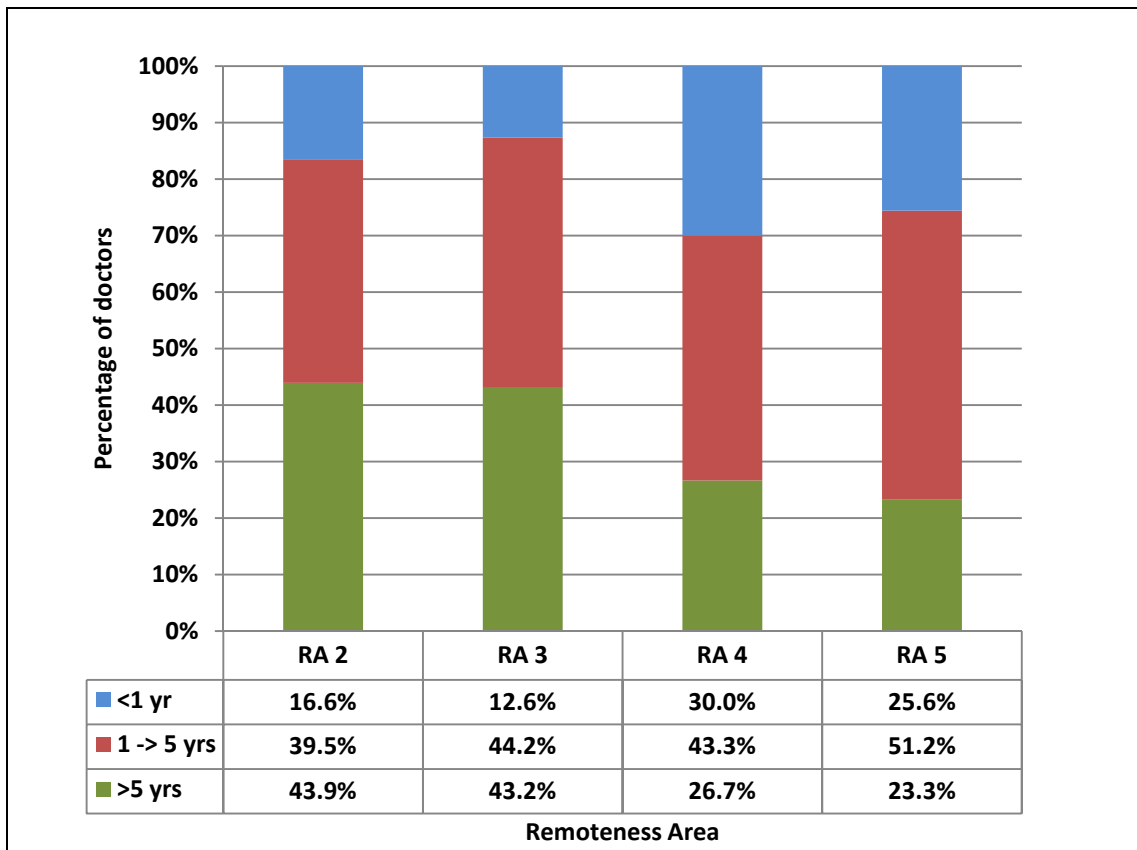


Figure 10 Length of employment in current principal practice by RA

The majority of long-stay doctors are in RA 2 and RA 3. By contrast, in RA 5 there are only 23.3% long-term doctors. RA 4 has the highest proportion of newly arrived doctors (30%). Half the doctors in RA 5 have practised in their current location for more than five years (51.2%).

8.0 PRACTICE TYPE

Table 13 (below) shows the number of doctors in each RA who are solo practitioners, compared with the number working in group practices.

Table 13 Practice types 2010

RA	Group	Solo	% Solo
2	232	12	4.9%
3	204	17	7.7%
4	119	12	9.2%
5	44	5	10.2%
1 (RFDS)	26	0	0.0%
Overall	625	46	6.9%

Of the total GP workforce, 6.9% work in solo practices. The solo practitioner component of the workforce varies widely across geographical locations, with the highest proportion (10.2%) being in RA 5 locations, followed by RA 4 with 9.2% of its workforce in solo practices.

Table 14 (below) shows the number of practices in each RA (excluding WACHS hospitals) showing that the majority are group practices in RA 2 and RA 3..

Table 14 Number of practices per Remoteness Area (excluding WACHS hospitals)

Remoteness Area	Group Practice	Solo Practice	Aboriginal Medical Service	Solo GP co-located	Total Number of Practices
1(RFDS)	2	0	0	0	2
2	50	11	2	1	64
3	40	16	2	1	59
4	15	10	5	2	32
5	6	5	4	0	15
Total	113	42	13	4	172

9.0 GP PROCEDURALISTS

In the census, GPs were asked whether they practised in the following clinical areas:

- Anaesthetics - regional and general.
- Obstetrics - normal deliveries, Lower Segment Caesarean Section (LSCS) and non-LSCS.
- General surgery.

Figures obtained from the survey were supplemented with data provided by those GPs who applied for professional indemnity insurance subsidies.

Figures for general anaesthetics, obstetrics (excluding shared care) and general surgery are analysed for this report. The number of GPs regularly practising each of these procedures is displayed in Table 15 (below), along with the percentage of the total workforce that these numbers represent for 2009 and 2010.

Table 15 Numbers and proportions of GPs practising procedures 2009 v 2010

Procedure	N 2009	% of total GPs 2009	N 2010	% of total GPs 2010
Anaesthetics	101	16%	100	15%
Obstetrics	138	22%	129	19%
Surgery	37	6%	34	5%

There was an increase of one in the number of doctors practising anaesthetics, a decrease of nine practising obstetrics and a decrease of three practising surgery. Obstetrics remains the most practised procedure.

There were 196 GP proceduralists as at November 2010 (one fewer than 2009), many of whom practise in more than one procedural area. Figure 11 (below) shows this overlap and the numbers of doctors who practise in the different fields.

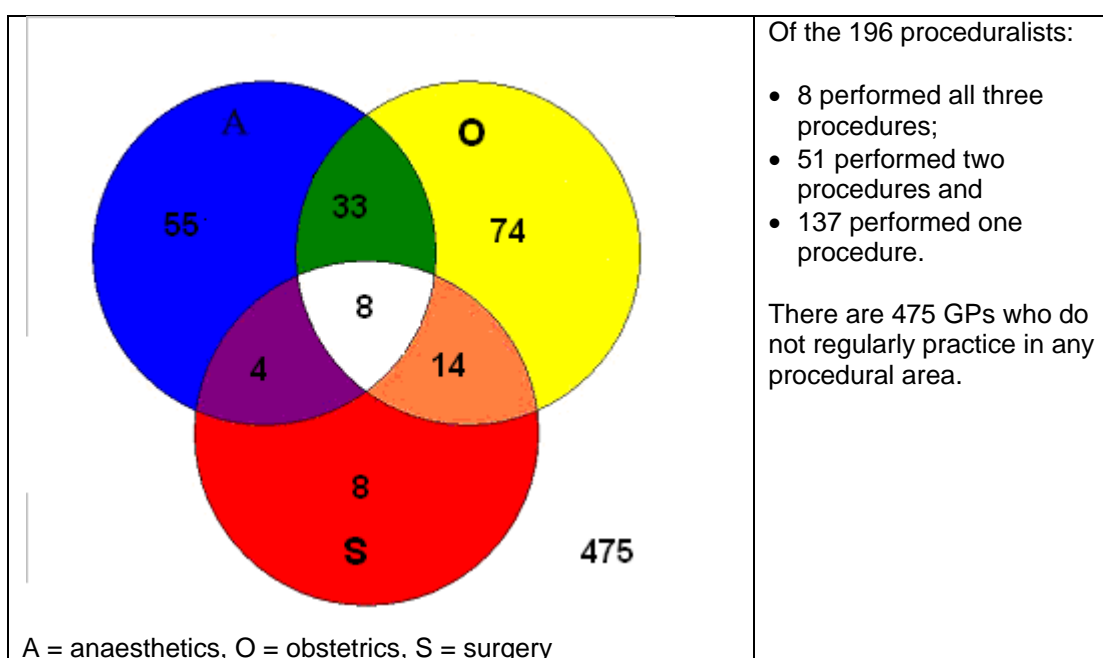


Figure 11 Numbers of GPs practising procedures

Figure 12 (below) illustrates the fluctuations in overall GP proceduralist numbers and proportions between 2002 and 2010.

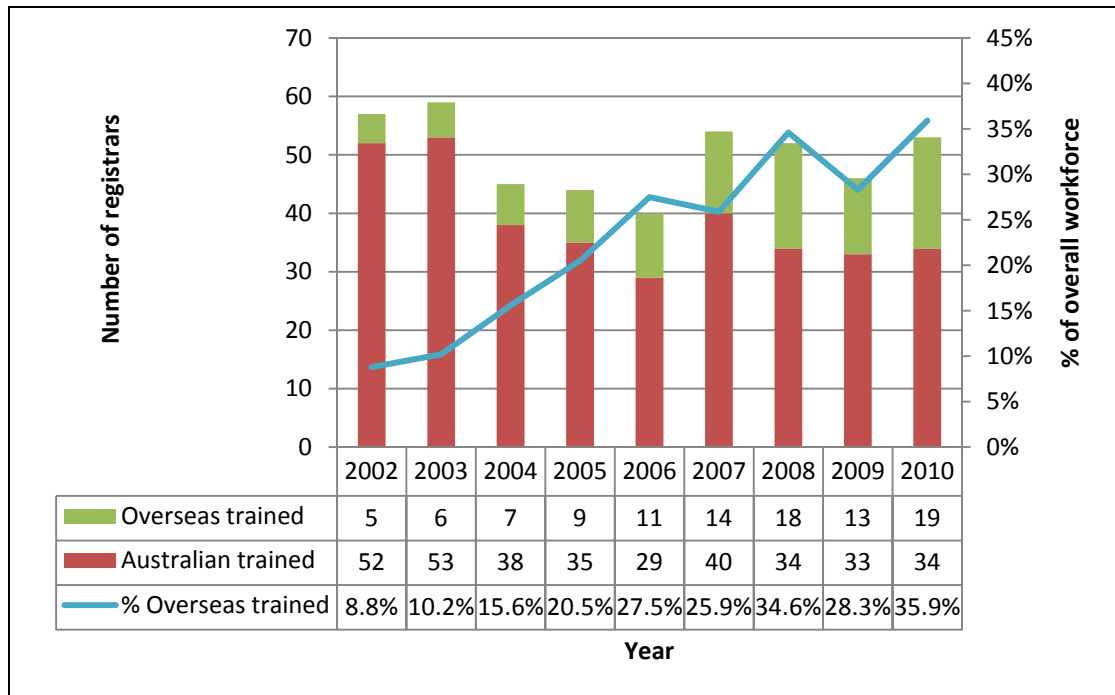


Figure 12 Number and proportions of GP proceduralists 2002 to 2010

Although proceduralist numbers only started decreasing in 2009, the proportion of the overall workforce who regularly practise in one or more procedural area continues to decrease.

9.1 GP proceduralists by gender

Figure 13 (below) displays the numbers and proportions of GP proceduralists by gender.

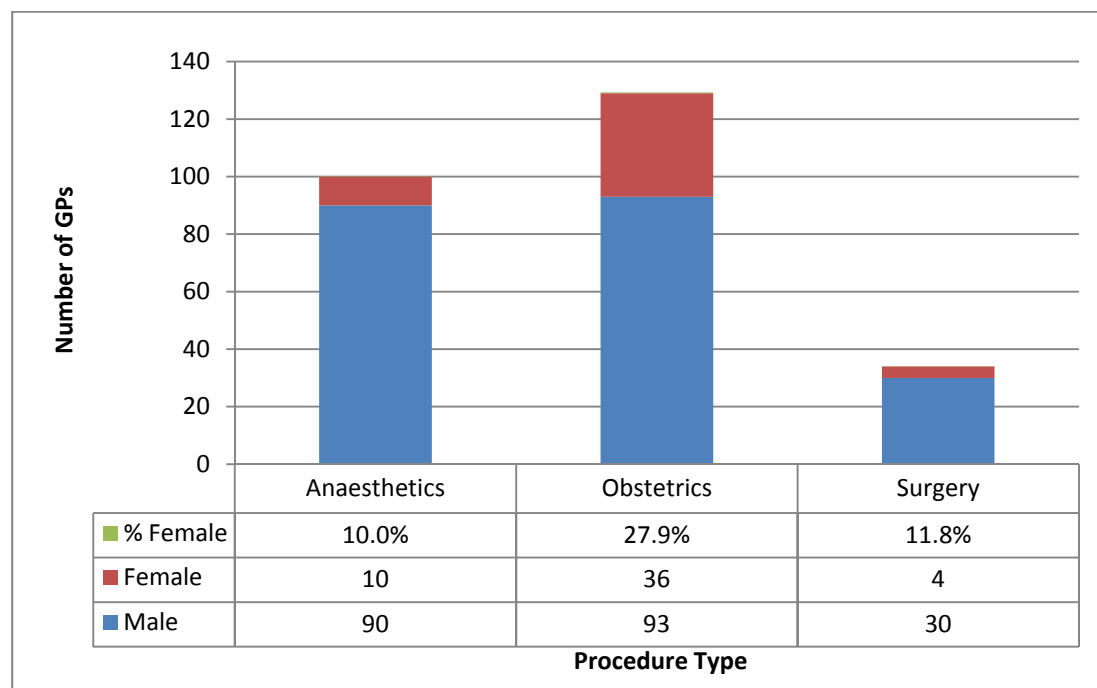


Figure 13 Number of GP proceduralists by gender 2010

The gender distribution of GPs practising in each procedural field remains disproportionate to that of the Western Australian rural and remote GP workforce. Thirty three percent (33.5%) of the overall workforce was female, whilst only 23.5% of the GP proceduralist population was female (10% of GP anaesthetists, 27.9% of GP obstetricians and 11.8% of GPs practising general surgery).

Figure 14 (below) compares the number of female GP proceduralists between 2006 and 2010.

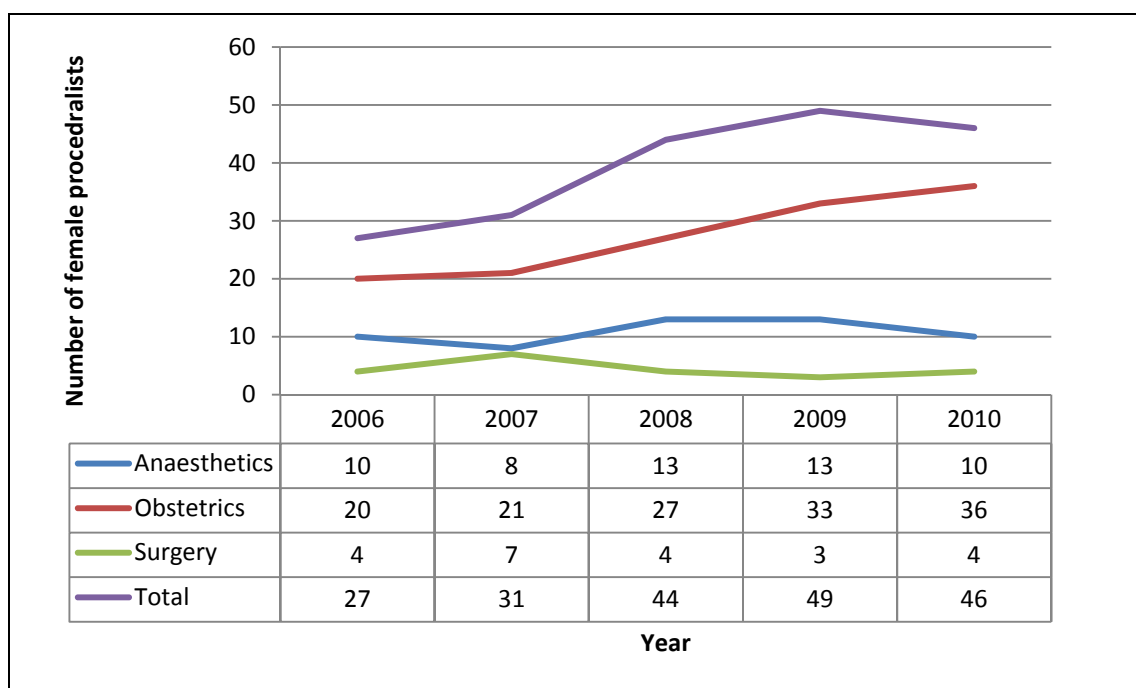


Figure 14 Number of female GP proceduralists between 2006 and 2010

This graph shows that there has been a 70% increase in the overall number of female GP proceduralists over the last five years; however, the only procedural area that has shown an increase in numbers is obstetrics.

9.2 GP proceduralists by age

Figure 15 (below) shows the average age of proceduralists between 2001 and 2010

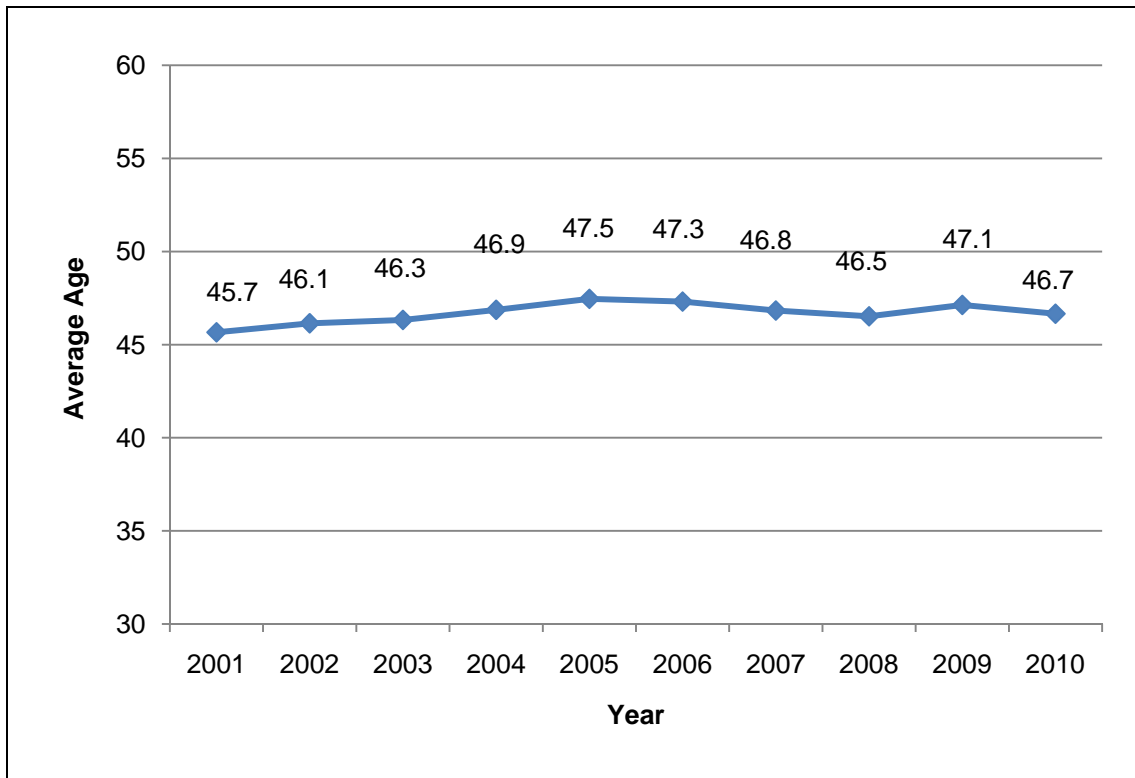


Figure 15 Average age of GP proceduralists 2001 to 2010

The average age of the GP proceduralist population steadily increased between 2001 and 2005, then decreased each year until 2008. In 2009, the average age increased by 0.6 years, but has decreased again by 0.4 years in 2010. Prior to 2008, the average proceduralist age was always higher than the average GP age. In 2008 and 2009, the average age for proceduralists and all GPs was virtually equal. In 2010, the average age of the proceduralist workforce (46.7 years) is lower than the average age of the total workforce (47.4 years).

10.0 COUNTRY OF TRAINING AND RESIDENCY

10.1 Country of training

Figure 16 (below) shows the 2002 to 2010 comparisons of numbers of GPs who trained in Australia compared with overseas, and the percentages of the total workforce who are IMGs.

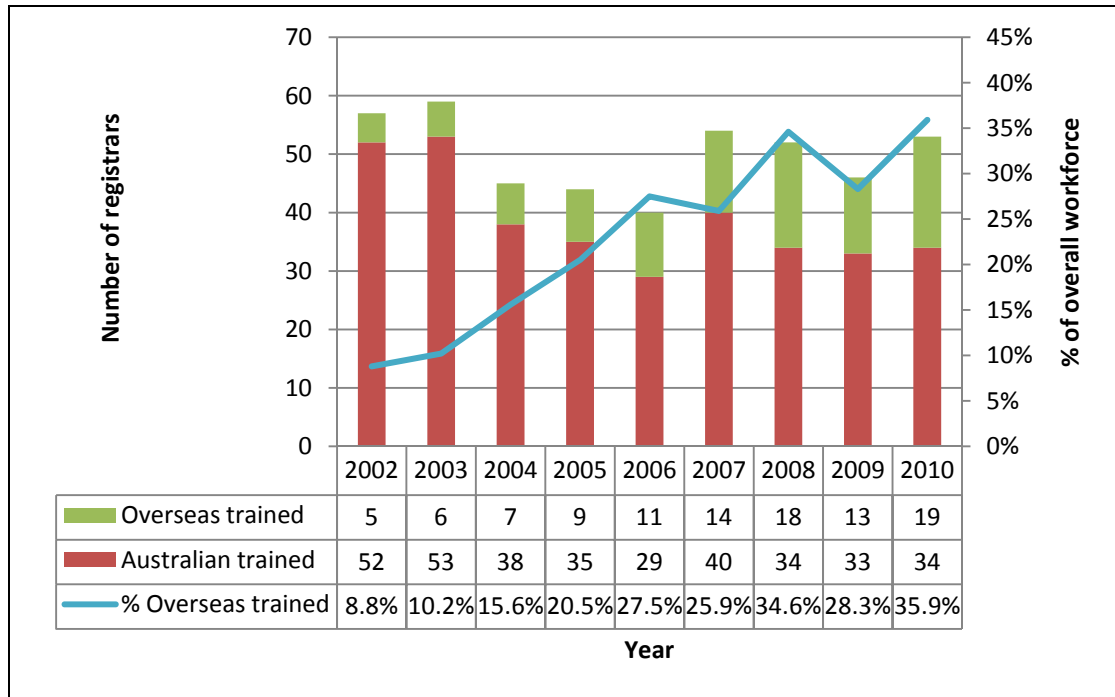


Figure 16 Number and percentage of International Medical Graduates (IMGs) 2002 to 2010

As at 30 November 2010, 53.4% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This is 1.4% higher than in 2009 and the highest figure since 2001, when Rural Health West began recording data.

The number of Australian trained doctors in the workforce continues to increase slightly, whilst the number of IMGs increases at a greater rate. The number of IMGs in the workforce is now double that of 2002.

Many of these IMGs however, are Australian Citizens or Permanent Residents and have practised medicine in Australia for many years.

Figure 17 (below) provides a breakdown of the countries in which the IMGs trained.

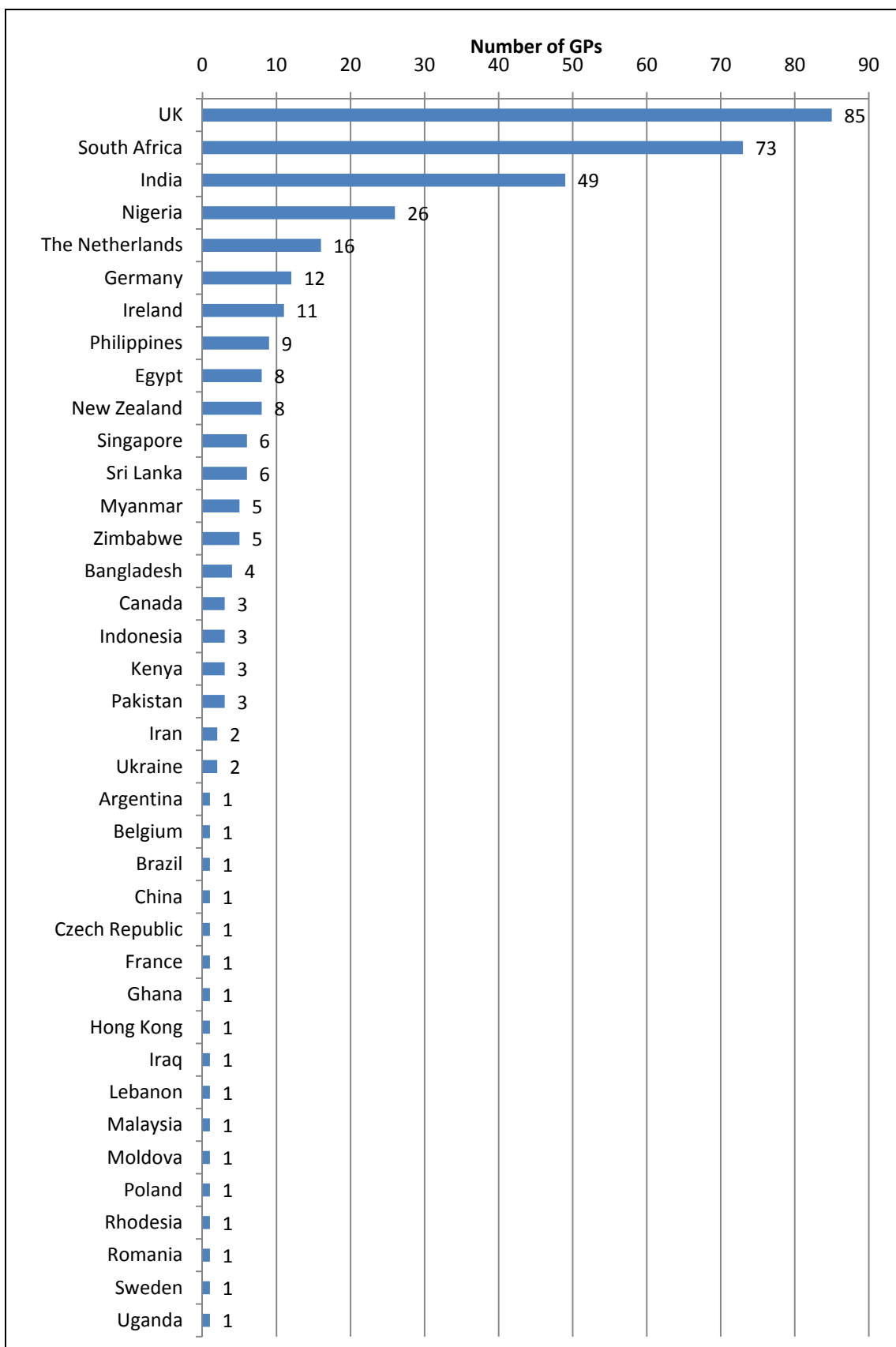


Figure 17 Country of basic medical qualification (non Australian trained doctors)

The largest proportion of IMGs gained their basic medical qualification from the United Kingdom (23.7%), followed by South Africa (20.4%) and India (13.7%). These figures and patterns are similar to 2009.

In Table 6, it was noted that 26 new doctors arrived in rural Western Australia from overseas during the period November 2009 to November 2010. These doctors had received their basic medical qualifications from 14 different countries, including the United Kingdom (six), India (four), Nigeria (three), South Africa (two) and Egypt (two).

10.2 Residency

The residency status of the GP workforce as at 30 November 2010 is displayed in Table 16 (below).

Table 16 Residency status of GP workforce 30 November 2010

Residency	Number	%
Australian Citizen	428	63.8%
Permanent Resident	121	18.0%
Temporary Resident	122	18.2%
Total	671	100.0%

As at 30 November 2010, 63.8% of the workforce were Australian citizens (0.1% more than 2009) and 30.6% of these citizens had trained overseas.

On 30 November 2010, 55 doctors were practising under the Five Year Overseas Trained Doctor Recruitment (OTD) Scheme, 12 less than the previous period. This scheme provides opportunities for overseas-trained doctors to obtain permanent residency after achieving Fellowship of The Royal Australian College of General Practitioners (FRACGP) or equivalent. These doctors must work in an Area of Need for five years (less in some remote areas) in order to obtain an unrestricted Medicare Provider Number. Table 17 (below) displays the residency status of the scheme doctors.

Table 17 Residency status of doctors on the Five Year OTD Scheme 2009 v 2010

Residency	N 2009	%	N 2010	%
Australian Citizen	10	14.9%	5	9.1%
Permanent Resident	23	34.4%	21	38.2%
Temporary Resident	34	50.7%	29	52.7%
Total	67	100.0%	55	100.0%

There were less scheme doctors who were citizens and permanent residents during this period than the period prior.

There were eight new doctors to the scheme during this period, half the number than the period prior. Alternatively, there were 20 doctors who left the scheme. Of those who left, 18 completed the scheme (11 remain working in rural Western Australia, five moved to Perth, two moved interstate and one went on extended leave) and two did not complete the scheme. Of those who left the scheme without completion, one relocated interstate and the other was removed due to not fulfilling the requirements of the scheme.

11.0 GP REGISTRARS

The following section analyses the GP registrar workforce. Figure 18 (below) compares GP registrar numbers over the period 2002 to 2010.

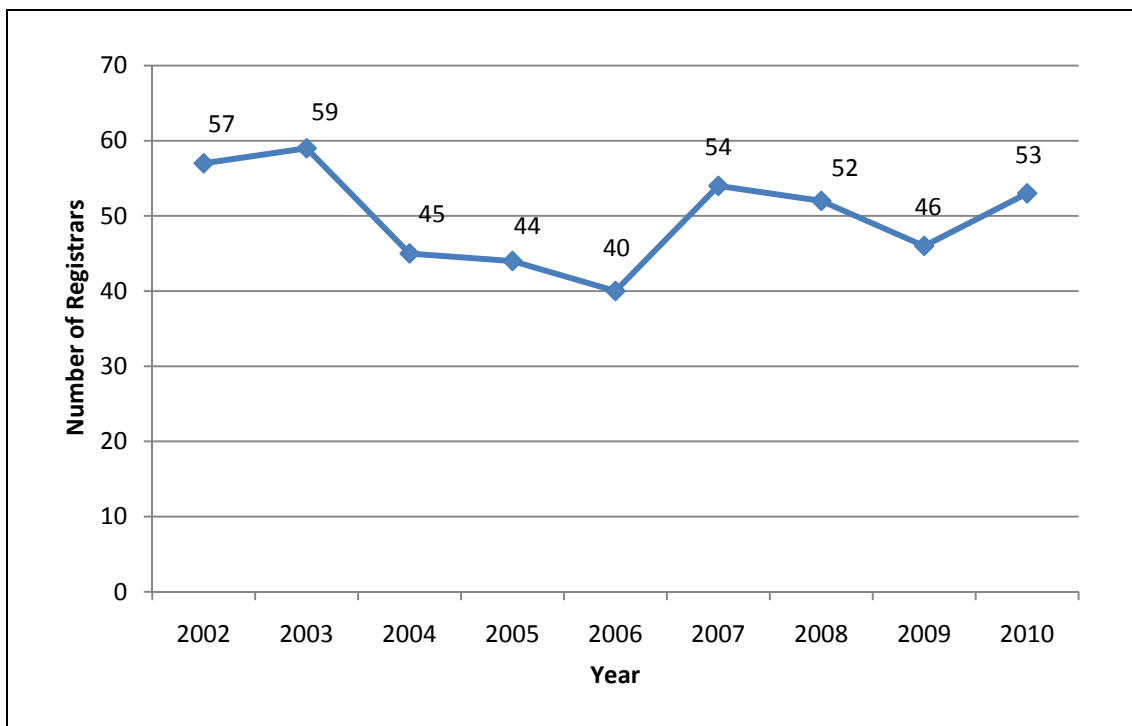


Figure 18 Total number of GP registrars 2002 to 2010

The total number of GP registrars in the rural and remote Western Australian workforce as at 30 November 2010 was 53, seven more than 2009. The number of GP registrars in the workforce continues to fluctuate.

Figure 19 (below) shows the average age of GP registrars in comparison to the average age of GPs who are not registrars.

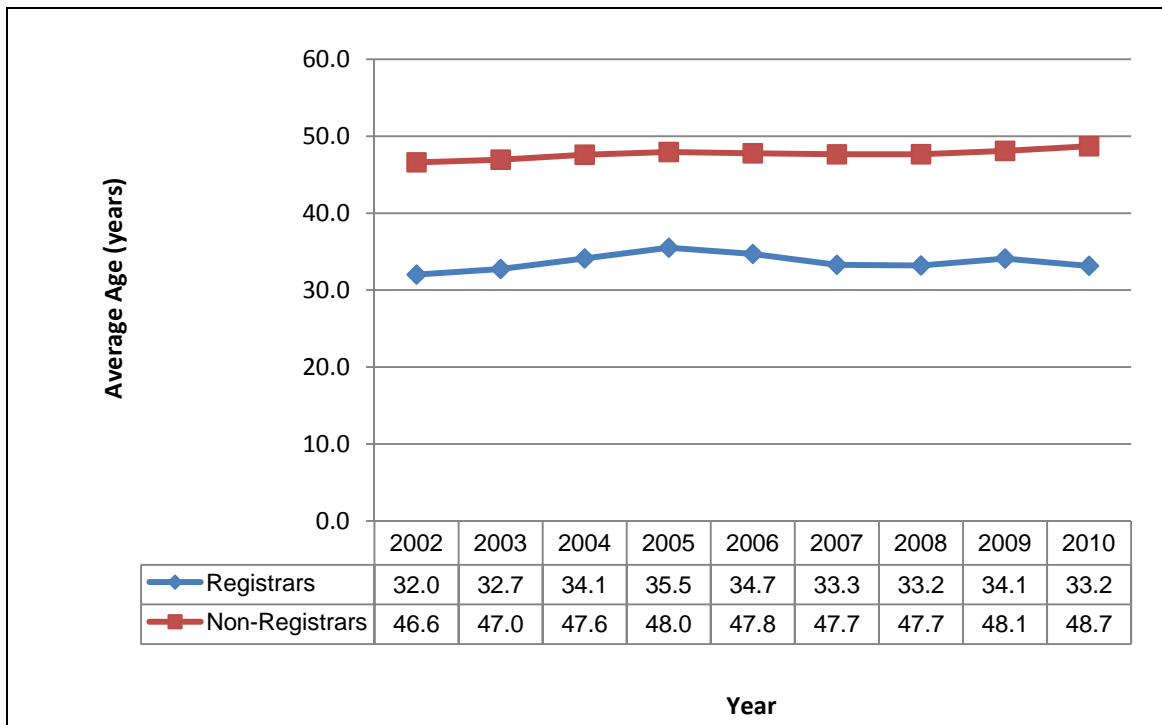


Figure 19 Average age of GP registrars 2002 to 2010

The average age of GP registrars remains well below that of the non-registrar GP workforce.

Figure 20 (below) shows a comparative breakdown of GP registrar figures, over the nine year period, according to where they received their primary medical qualification.

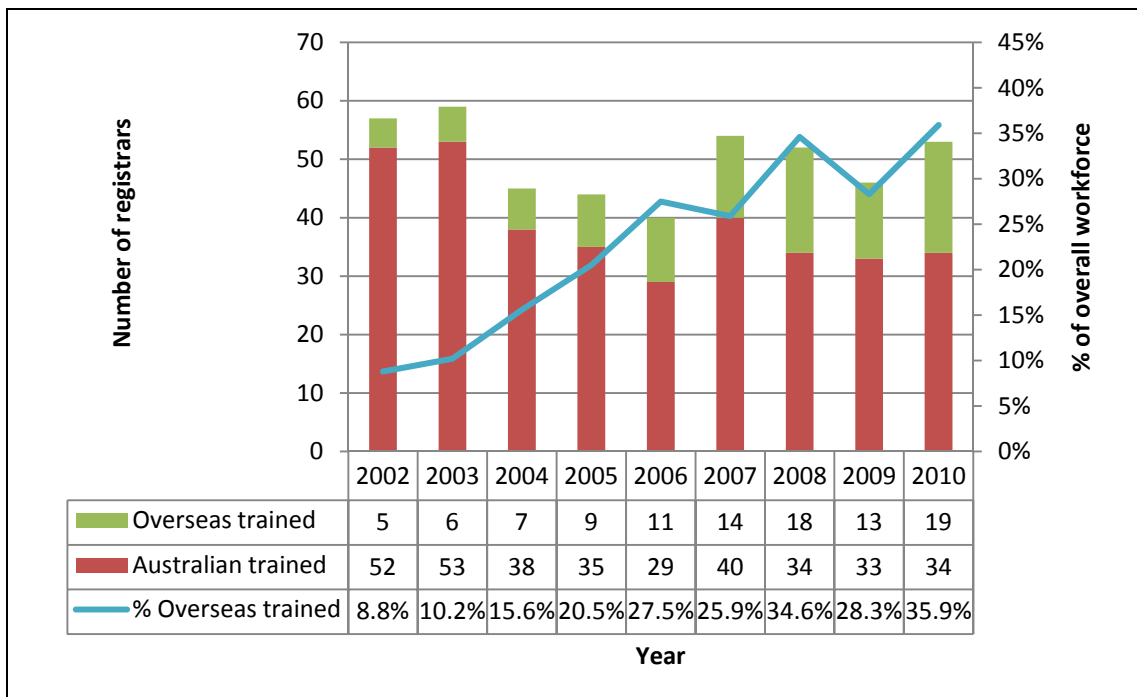


Figure 20 Number and proportion of overseas trained registrars 2002 to 2010

The number of overseas trained GP registrars increased by six doctors in 2010, while the number of Australian trained registrars increased by one. The proportion of the registrar population who trained overseas continues to rise.

12.0 ABORIGINAL MEDICAL SERVICES

The following section analyses the GP workforce in rural and remote Aboriginal Medical Service (AMS) practices. GP registrars are excluded from this analysis.

Figure 21 (below) shows the number of GPs in AMS practices from 2002 to 2010 v overall.

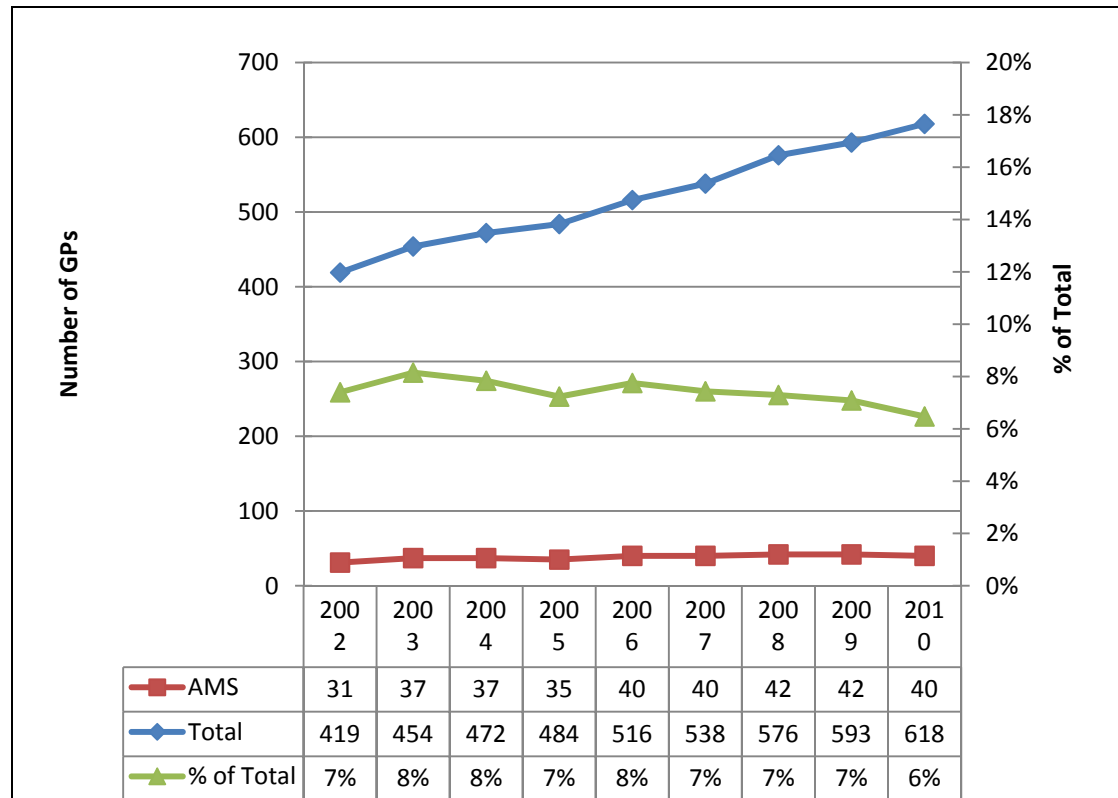


Figure 21 Number of GPs in AMS practices 2002 to 2010 v overall

The number of GPs in AMS practices has remained virtually the same since 2006, whilst the total GP population continues to increase each year. The proportion working in AMS practices is now at its lowest since 2002.

Figure 22 (below) shows the average age of GPs in AMS practices from 2002 to 2010 v overall

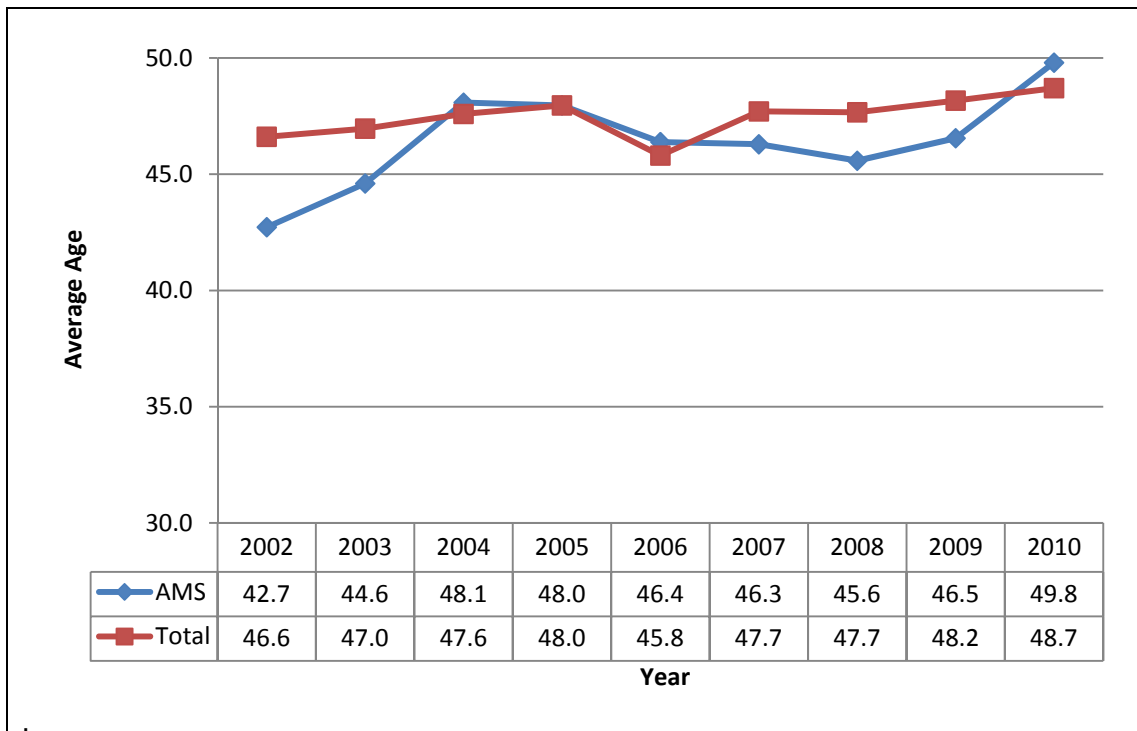


Figure 22 Average age of GPs in AMS practices 2002 to 2010 v overall

In 2002 and 2003, the average age of AMS GPs was well below that of the total workforce, however, they became equal in 2005. In 2007, there was a return to the previous pattern of AMS GPs being younger than the overall GP population. In 2010, the average age of AMS GPs is slightly higher than that of the overall workforce.

Figure 23 (below) shows the percentage of IMGs in AMS practices compared with the overall GP workforce between 2002 and 2010.

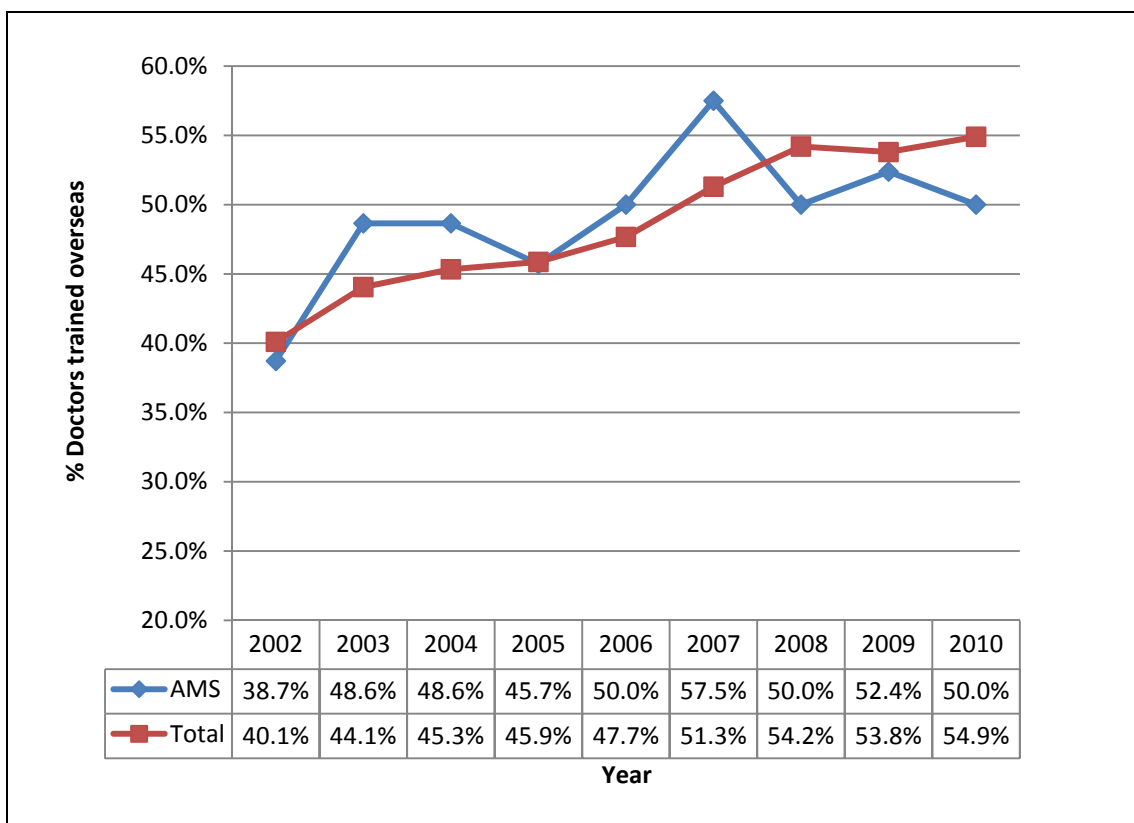


Figure 23 The percentage of IMGs in AMS practices v overall 2002 to 2010

The percentage of IMGs (GP registrars excluded) in the total workforce continues to rise, whilst the proportion working in AMS practices is the same as in 2006 and 2008 (50%).

Figure 24 (below) compares the turnover in AMS practices compared with the overall GP population between 2003 and 2010.

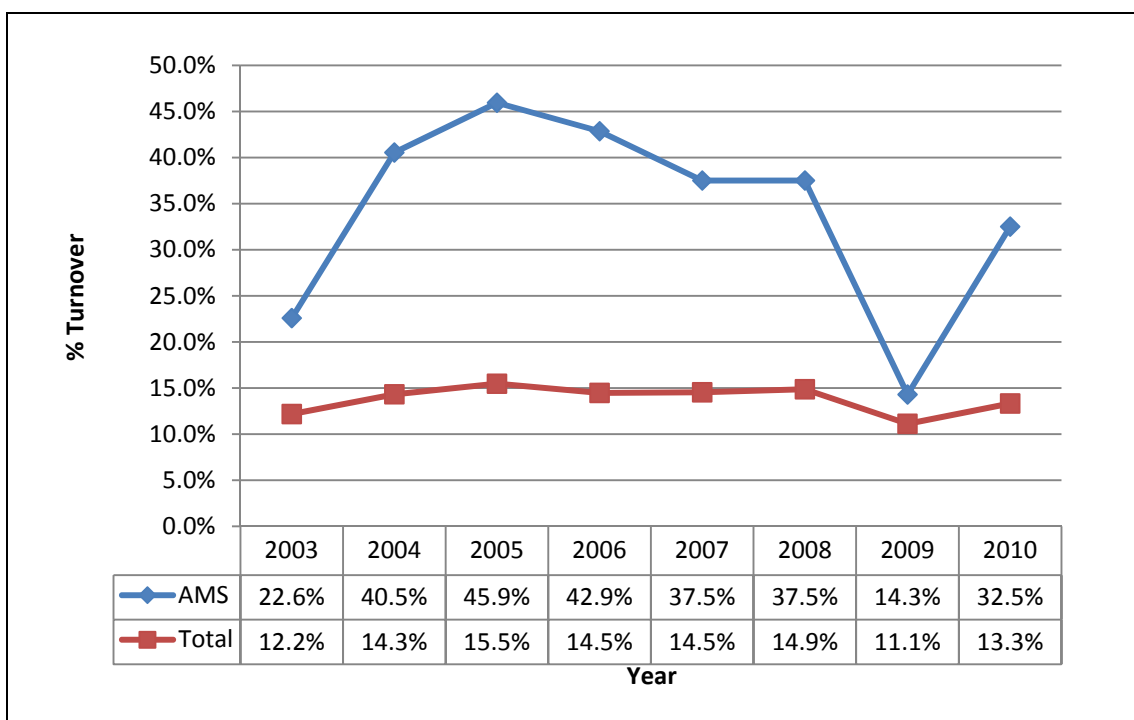


Figure 24 Comparison between the turnover in AMS practices v overall 2003 to 2010

Whilst the period between November 2008 and November 2009 was a relatively stable time in AMS practices, the subsequent period to November 2010 has seen quite a large number of doctors departing. This has brought the turnover rate in AMS practices back up to 32.5%, however, this is not as high as previous periods.

Figure 25 (below) displays the percentage of female GPs in AMS practices compared with the overall workforce from 2002 to 2010.

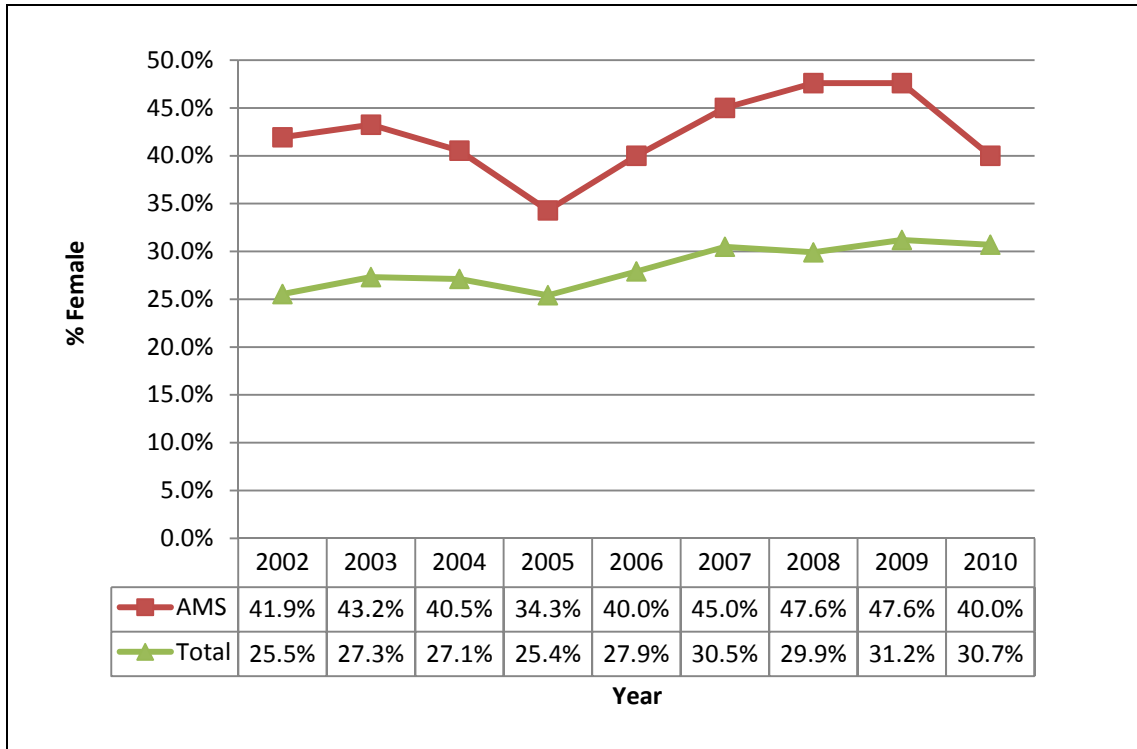


Figure 25 Percentage of female GPs in AMS practices v overall 2002 to 2010

The proportion of female GPs working in AMS practices decreased in 2010, because more females left than were replaced. However, the AMS practices continue to have a consistently greater proportion of female GPs than the overall workforce.