Rural Health West

Minimum Data Set Report and Workforce Analysis Update

November 2011

PUBLISHED MAY 2012

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Suggested citation

Rural Health West (2011). *Minimum Data Set Report and Workforce Analysis Update: 30 November 2011.* Perth: Rural Health West

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.

The information in this report was current at the census date of 30 November 2011.

Website

www.ruralhealthwest.com.au

Compiled by

Rosalie Wharton – Data Coordinator, Rural Health West.
Sally Congdon – Manager Special Projects, Rural Health West.

Acknowledgements

Rural Health West thanks all rural and remote general practitioners and general practice staff in Western Australia, WA Country Health Service, Western Australian General Practice Education and Training Limited , GP Networks/Divisions of General Practice, Aboriginal Medical Services and others for their support and contributions in providing and validating the data used in this report.

Rural Health West's activities are primarily funded by the Australian Government Department of Health and Ageing and the Western Australian Department of Health (WA Country Health Service).

May 2011

TABLE OF CONTENTS

1.0 Introduction 6

2.0 Executive Summary 9

3.0 Data collection and analysis strategies 10

4.0 Demographics of GP workforce as at 30 November 2011 11

4.1 Models of service provision 11

4.2 GPs by age and gender 12

4.2.1 Average age of all GPs 12

4.2.2 GPs by age group and gender 12

4.3 GP numbers by location 14

4.3.1 GP numbers by Remoteness Area 14

4.3.2 GP numbers by GP Network/Division of General Practice 14

5.0 Changes in the permanent GP workforce 16

5.1 Overall GP workforce turnover 16

5.2 GP workforce changes by gender 17

5.3 GP workforce changes by Remoteness Area 18

5.4 GP workforce changes by age group 19

6.0 Clinical workloads 21

6.1 Average hours worked per week 21

6.2 Average hours by gender and age group 22

6.3 Full-time and part-time workloads 23

6.4 Average hours worked per week by Remoteness Area 24

7.0 Length of employment in current principal practice 25

7.1 Average length of employment 25

7.2 Average length of employment by Remoteness Area 25

8.0 Practice type 27

9.0 GP proceduralists 28

9.1 Number of GP proceduralists 28

9.2 GP proceduralists by gender 29

9.3 GP proceduralists by age 31

10.0 Country of training and residency 32

10.1 Country of training 32

10.2 Residency 34

11.0 GP registrars 35

12.0 Aboriginal Medical Services 38

LIST OF TABLES

Table 1 GP numbers by primary model of service provision 2010 v 2011 11

Table 2 GP numbers by Remoteness Area 14

Table 3 GP numbers by GP Network/Division of General Practice 2010 v 2011 15

Table 4 GP turnover November 2010 to November 2011 (excluding GP registrars) 16

Table 5 Destinations of departing GPs 2010 v 2011 16

Table 6 Origins of GPs joining the workforce 2010 v 2011 17

Table 7 Changes in GP workforce by gender 2010 to 2011 (excluding GP registrars) 17

Table 8 Changes in GP workforce by Remoteness Area 2010 v 2011 (excluding GP registrars) 18

Table 9 Destinations of GPs who departed rural Western Australia in 2011 by Remoteness Area 19

Table 10 Changes in GP numbers by age group 2010 to 2011 (excluding GP registrars) 19

Table 11 Comparison between part-time and full-time workloads by gender 23

Table 12 Part-time workforce by gender 2010 v 2011 23

Table 13 Number of GPs by practice type by Remoteness Area 27

Table 14 Number of practices per Remoteness Area (excluding WACHS hospitals) 27

Table 15 Numbers and proportions of GPs practising procedures 2010 v 2011 28

Table 16 Residency status of GP workforce 30 November 2011 34

Table 17 Residency status of doctors on the Five Year Overseas Trained Doctors Recruitment Scheme 2010 v 2011 34

LIST OF FIGURES

Figure 1 Average age of GP workforce 2001 to 2011 12

Figure 2 Composition of the GP workforce by ten-year age group and gender as at 30 November 2011 13

Figure 3 Number of GPs by gender and percentage of female GPs 2003 to 2011 13

Figure 4 GP turnover rates by gender 2003 to 2011 (excluding GP registrars) 18

Figure 5 Average hours worked per week from 2006 to 2011 22

Figure 6 Average hours worked per week by gender and ten-year age groups 22

Figure 7 Average hours per week by Remoteness Area 24

Figure 8 Length of employment in current principal practice (excluding GP registrars) 25

Figure 9 Length of employment in current principal practice by Remoteness Area 26

Figure 10 Numbers of GPs undertaking procedural work 28

Figure 11 Number and proportions of GP proceduralists 2005 to 2011 29

Figure 12 Number of GP proceduralists by gender 2011 30

Figure 13 Number of female GP proceduralists between 2006 to 2011 30

Figure 14 Average age of GP proceduralists 2006 to 2011 31

Figure 15 Number and percentage of International Medical Graduates 2005 to 2011 32

Figure 16 Country of basic medical qualification (non Australian trained doctors) 33

Figure 17 Total number of GP registrars 2002 to 2011 35

Figure 18 Average age of GP registrars 2002 to 2011 36

Figure 19 Number and proportion of overseas trained GP registrars 2002 to 2011 37

Figure 20 Number of GPs in Aboriginal Medical Service practices v overall 2002 to 2011 38

Figure 21 Average age of GPs in Aboriginal Medical Service practices v overall 2002 to 2011 39

Figure 22 Percentage of International Medical Graduates in Aboriginal Medical Service practices v overall 2002 to 2011 40

Figure 23 Comparison between turnover in Aboriginal Medical Service practices v overall 2003 to 2011 41

Figure 24 Percentage of female GPs in Aboriginal Medical Service practices v overall 2002 to 2011 42

1.0 INTRODUCTION

Rural Health West maintains an up-to-date database of the medical workforce in RA 2 to RA 5 locations in Western Australia. This database is updated each year through general practitioner and general practice surveys and a variety of other ongoing 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.*

Historically, the locations for which data was collected 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 Standard Geographical Classification (ASGC) Remoteness Areas (RA) system which replaced the RRMA classification system. Rural Workforce Agencies now collect workforce data for RA 2 to RA 5 (RA two to five) locations[1].

Overall there was a 73.4% response rate to the general practitioner survey and a 75.5% response rate to the bi-annual general practice survey. These high response rates enable Rural Health West to offer contemporary valid data about trends in the rural general practice workforce to support workforce policy and planning.

The information in this report was current at the census date of 30 November 2011. The key findings are outlined in the Executive Summary and detailed in the body of the report.

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

2.0 EXECUTIVE SUMMARY

This section of the report sets out brief comparisons and trends for the general practice workforce in RA 2 to RA 5 in Western Australia at the most recent census date of 30 November 2011.

Number of general practitioners

As at 30 November 2011, the number of general practitioners (GPs) known to be practising in RA 2 to RA 5 locations was 699 (including GP registrars). This represents an increase of 4.2% since 30 November 2010. The largest proportional increase in the workforce by GP type was GP registrars with an additional 14 (26.4%) working in RA 2 to RA 5 locations.

Age and gender

- The average age of the overall GP workforce was 47.9 years. This figure has increased by 3.6 years since 2001.
- The majority of the workforce (63%) is aged between 35 and 54 years.
- There continues to be more males in the workforce than females, although the number of females has been rising since 2005.
- The highest ever number (255) and percentage (36.5%) of female doctors were recorded in 2011.

Location

- 67.8% of GPs worked in RA 2 and RA 3 locations whilst RA 5 contains the smallest proportion of the GP workforce with 7.3%.
- Across the GP Networks/Divisions of General Practice boundaries, the greatest proportional increase in GP numbers compared to 2010 was in the Great Southern (10%) followed by the Goldfields (9.4%). The Pilbara and Midwest showed net losses of 5.3% and 1.2% respectively. The Wheatbelt recorded an increase for the second consecutive year (4.5%).

Turnover

- Turnover of the workforce from 30 November 2010 to 30 November 2011 was 15.86%, an increase of 2.54% from the period prior.
- 19 more doctors departed the workforce during this period than the previous period. The most common destination for doctors leaving rural and remote Western Australia was Perth (26.5%).
- 8 additional doctors joined the permanent workforce during this period, compared with 22 in 2010. Since 2009, the greatest source of arrivals has been from Perth. 52.8% of Perth arrivals were overseas trained in 2011, compared to 37% in 2010.
- 6 doctors joined the permanent workforce from the GP training program, representing 5.4% of all new arrivals.

- The female GP workforce experienced a lower turnover rate (13.6%) and a higher arrivals rate (12%) and overall female GP numbers increased by 23. The male workforce contracted more than it grew, with an overall loss of 9 male GPs.

- The GP workforce continued to gain doctors in the older age groups, and lose those in the younger age groups. The age group with the greatest percentage increase was the 55 to 64 year group (10.5%).

Working hours

- The average self-reported clinical workload was 42.1 hours per week.

- The average hours worked per week has decreased by 4.3 hours since 2006 with the most significant reduction of 1.9 hours occurring in the last twelve months. Male doctors in all age groups continued to work longer clinical hours per week than their female counterparts.

- There was a reduction of 5% in the self-reported full-time workforce compared to 2010. There are more males working full-time than females.

- Doctors working in the more remote areas of RA 4 and RA 5 work greater average hours per week than their colleagues in the less remote areas.

Length of employment

- The average length of employment in current practice was 7.1 years, equal to the previous reporting period.

- The number of doctors employed in their current practice for longer than five years increased from 37% in 2009 and 39% in 2010 to 40% in 2011.

- The majority of long-stay doctors are in RA 2 and RA 3. RA 5 has the highest proportion of newly arrived doctors (39.1%) up from 25.6% in 2010.

Proceduralists

- There were 181 proceduralists recorded as at 30 November 2011, a reduction of 15 compared to the prior reporting period. The proportion of overall GPs who regularly practised in one or more procedural area continued to decrease.

- The gender distribution of GPs practising in each procedural field remained disproportionate to that of the GP workforce. At 30 November 2011, 36.5% of the overall workforce was female, whilst only 21.6% of GP proceduralists were female.

- There has been a 44% increase in the overall number of female proceduralists over the last five years; however, the only procedural area that had shown sustained growth (obstetrics) also declined in 2011.

- Overseas trained GP proceduralists comprised 35.4% of the proceduralist workforce in 2011, compared to 35.9% in 2010.

- There was an increase of 1.6 years in the average age of the GP proceduralist workforce between 2010 and 2011, compared to a reduction of 0.4 years between 2009 and 2010. Overall, the average age of the proceduralist workforce (48.3 years) was higher than the average age of the overall workforce (47.9 years).

International Medical Graduates

- As at 30 November 2011, 52.5% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This was 0.9% less than 2010 but 0.5% higher than 2009.

- During this period, there was an increase in both the number and percentage of Australian citizens (461 or 66%) and Permanent Residents (133 or 19%) in the GP workforce compared to 2010.

- 39 doctors were registered on the Five Year Overseas Trained Doctors Recruitment Scheme, 15 less than in 2010.

GP registrars

- There were 67 GP registrars in the rural workforce in the current census period, 14 more than 2010. This growth reflected the presence of three training organisations for GP registrars now operating in Western Australia – Western Australian General Practice Education and Training Limited (WAGPET), Australian College of Rural and Remote Medicine (ACRRM) and Rural Vocational Training Scheme (RVTS).

- The proportion of the registrar population who trained overseas continued to rise and reached its highest level to date at 46.3% in 2011. This increase is due to the fact that the majority of ACRRM and RVTS registrars were overseas trained.

Aboriginal Medical Services

- The number of GPs in Aboriginal Medical Service practices increased by 8 in 2011 but overall has remained virtually the same percentage of the overall GP workforce since 2002 (7% to 8%).

- The proportion of International Medical Graduates in Aboriginal Medical Service practices has remained stable at 50%.

- There was a 25% turnover rate in Aboriginal Medical Service practices between November 2010 and November 2011, which was lower than all years except 2003 and 2009. However, the turnover rate is consistently higher than for the overall GP workforce.

- The proportion of female GPs working in Aboriginal Medical Service practices increased significantly in 2011 to 52.1% compared to 40% in 2010 (because more females left than were replaced in 2010). However, the Aboriginal Medical Service practices continue to have a consistently greater proportion of female GPs than the overall workforce.

3.0 DATA COLLECTION AND ANALYSIS STRATEGIES

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]

Rural Health West collects and updates information about general practice workforce participation on an ongoing basis from sources including:

- The annual GP workforce survey
- Twice yearly general practice surveys
- GP Networks/Divisions of General Practice
- Western Australian General Practice Education and Training Limited
- Australian Health Practitioner Regulation Agency registers
- Personal contact with practices and GPs.

Since July 2010, workforce data has been collected for RA 2 to RA 5 locations[3].

WA Country Health Service (WACHS) District Medical Officers (DMOs) and Senior Medical Officers (SMOs) are included as, due to their locations, these doctors are considered to perform GP-type services in their communities. Salaried DMOs, SMOs and Regional Medical Officers (RMOs) at Bunbury Regional Hospital and Peel Health Campus (Mandurah) have historically not been included as, due to the size of the hospitals and the number of GPs in those areas, these doctors are not considered to be performing GP services.

For this reason, Salaried Medical Practitioners (SMPs) at the Geraldton Regional Hospital are for the first time excluded from the MDS. There were 15 SMPs reported in the Minimum Data Set Report and Workforce Analysis Update 2010 where they comprised 2.2% of the total number of doctors recorded at 30 November 2010.

The full GP workforce survey was distributed in September 2011 to all doctors on the Rural Health West database identified as working in regional, rural and remote Western Australia. A reduced two-page survey covering only the national MDS questions was sent out in early November 2011 to those GPs who had not returned their original survey. Additionally, the survey was available online in 2011.

Overall there was a 73.4% response rate to the general practitioner survey. This high response rate enables Rural Health West to offer contemporary valid data about trends in the general practice workforce in RA 2 to RA 5 locations in Western Australia to support workforce policy and planning.

The 2011 MDS report presents the data as at 30 November 2011, and where appropriate, makes comparisons with data from previous years. However, due to the exclusion of the SMPs at Geraldton Regional Hospital, some tolerance is required in the interpretation of changes and trends.

2 The national Minimum Data Set was developed by the State Rural Workforce Agencies in conjunction with the Australian Government to describe the workforce participation of GPs living in non-metropolitan Australia.
3 http://www.doctorconnect.gov.au/intenet/otd/Publishing.nsf/content/RA-info

4.0 DEMOGRAPHICS OF GP WORKFORCE AS AT 30 NOVEMBER 2011

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

As at 30 November 2011, there were 699 GPs known to be practising in RA 2 to RA 5 locations. This represents an increase of 4.2% compared to 30 November 2010, after the SMPs at Geraldton Regional Hospital are excluded. Had those doctors been included in the 2011 survey, the increase would have been 5.8%.

4.1 Models of service provision

Table 1 indicates the number of GPs in each primary model of service provision, based upon the National Data Dictionary classifications.

Table 1 GP numbers by primary model of service provision 2010 v 2011

Primary Model of service provision	2010	2011	Difference	
Resident GP	462	479	17	3.7%
"Fly-in/fly-out"*	44	46	2	4.5%
Member of a primary health care team**	40	48	8	20.0%
WA Country Health Service (DMO/SMO)	71	56	-15	-21.1%
GP registrar	53	67	14	26.4%
Other	1	3	2	200.0%
Total	671	699	28	4.2%

* Primarily Royal Flying Doctor Service
** Primarily Aboriginal Medical Service

NB1: WA Country Health Service numbers

- The decrease in WACHS numbers reflects the removal of the Geraldton Regional Hospital SMPs (11) from the dataset and reporting of WACHS DMOs who are registered in general practice vocational training programs under the "GP registrar" category.

- There were in fact 68 DMOs/SMOs recorded as working with WACHS at 30 November 2011, made up of 56 DMOs/SMOs (including 2 DMOs in the Kimberley Population Health Unit), 4 WAGPET registrars, 5 RVTS registrars and 3 ACRRM registrars.

- If the current Geraldton Regional Hospital SMPs are included for the purposes of comparison with 2010, and the RVTS and ACRRM registrars are also added, then the total for WACHS would be 75, an increase of 5.6%.

NB2: GP Registrar Vocational Training Programs

- Of the 67 GP registrars recorded, 54 were with WAGPET, 6 were with RVTS and 7 were with ACRRM.

GP registrars represented the largest proportional increase in the rural and remote GP workforce with an additional 14 (26.4%) working in RA 2 to RA 5 locations. Increases in GP numbers were recorded for Aboriginal Medical Service practices (8 GPs) and 17 resident GPs (GPs in private practice).

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

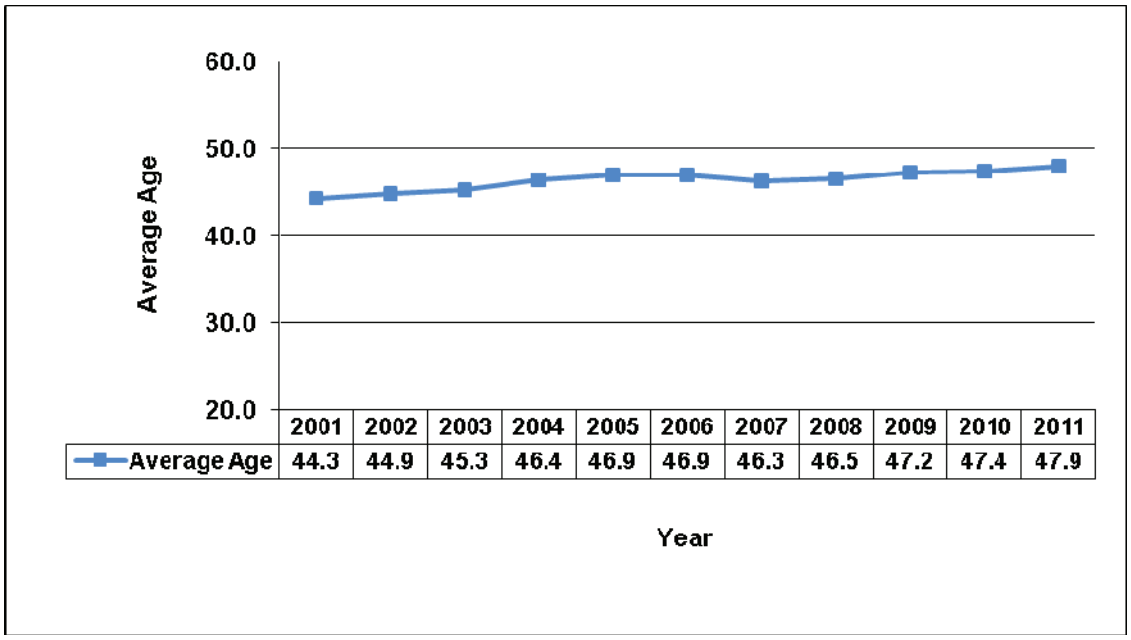
4.2 GPs by age and gender

4.2.1 Average age of all GPs

The average age of all GPs at 30 November 2011 was 47.9 years. The average age for male GPs was 50 years and 44.3 years for females. Figure 1 compares the average ages since 2001 and shows that the average age of the overall rural and remote workforce has increased by 3.6 years since 2001 and by 0.5 years since 2010.

The average age for male GPs increased 0.7 years from 49.3 years in 2010 to 50 years in 2011. The average age for female GPs also increased 0.7 years from 43.6 years in 2010 to 44.3 years in 2011.

Figure 1 Average age of GP workforce 2001 to 2011

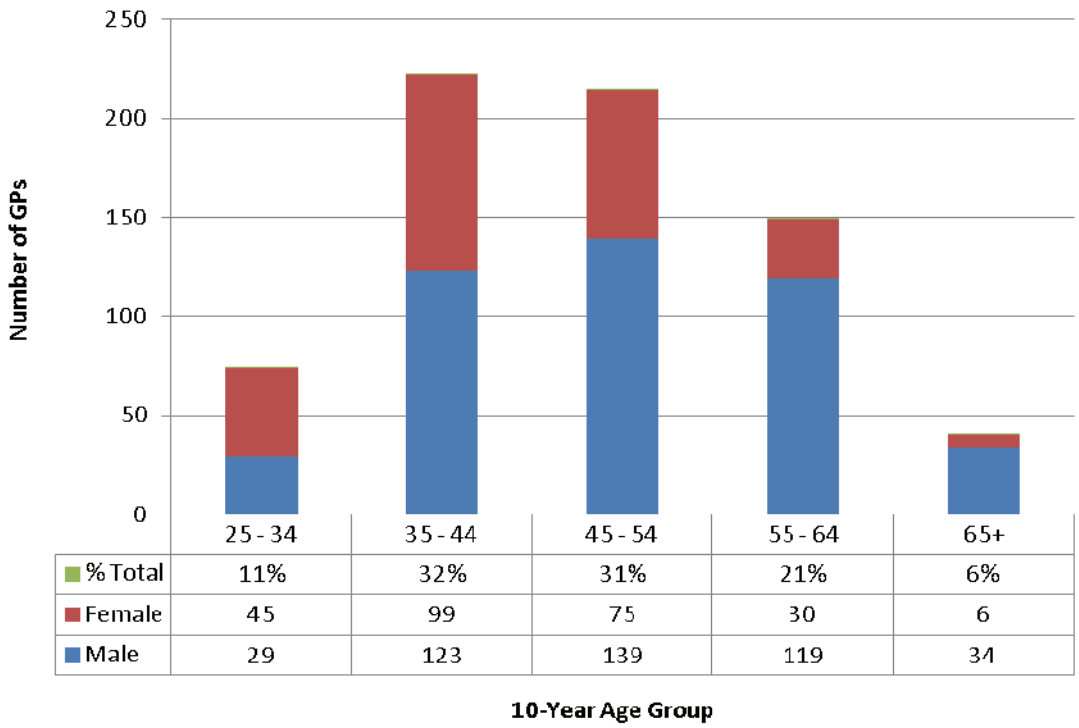


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Average Age	44.3	44.9	45.3	46.4	46.9	46.9	46.3	46.5	47.2	47.4	47.9

4.2.2 GPs by age group and gender

Figure 2 indicates that the majority of the workforce (63%) is aged between 35 and 54 years. This is slightly higher than in 2010 when these age groups represented 61% of the overall workforce. 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, which is a similar pattern to 2010.

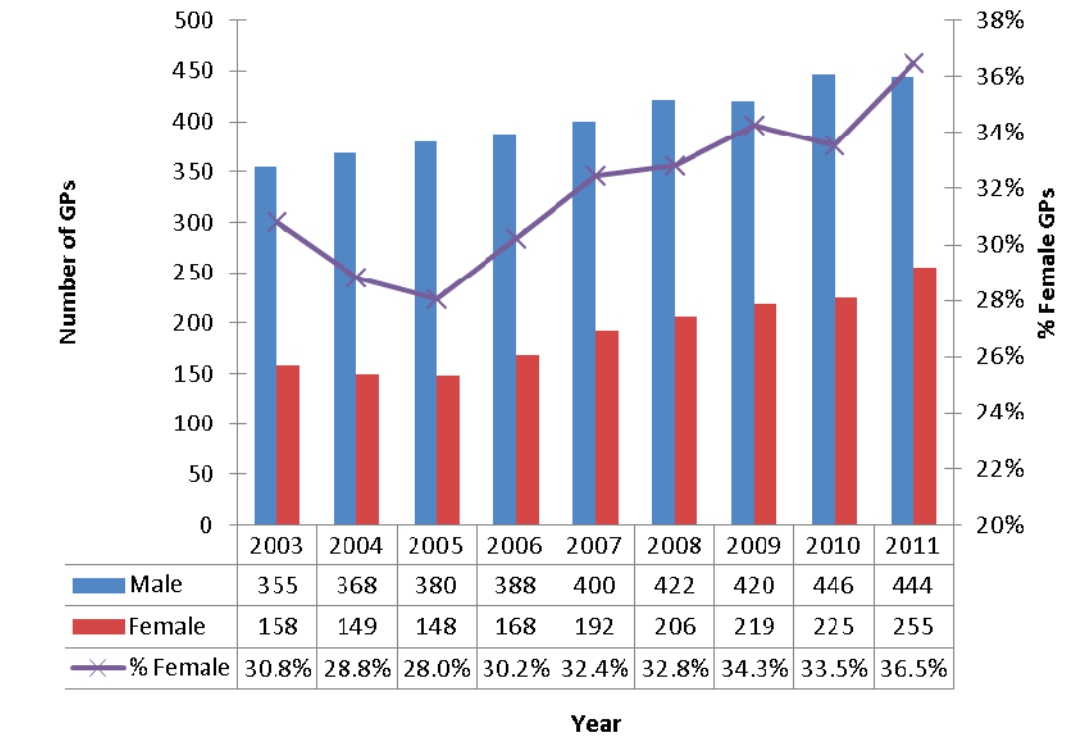
Figure 2 Composition of the GP workforce by ten-year age group and gender as at 30 November 2011



	25 - 34	35 - 44	45 - 54	55 - 64	65+
% Total	11%	32%	31%	21%	6%
Female	45	99	75	30	6
Male	29	123	139	119	34

Figure 3 compares GP numbers by gender for the years 2003 to 2011 and the percentage of the female workforce in each of those years.

Figure 3 Number of GPs by gender and percentage of female GPs 2003 to 2011



	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	355	368	380	388	400	422	420	446	444
Female	158	149	148	168	192	206	219	225	255
% Female	30.8%	28.8%	28.0%	30.2%	32.4%	32.8%	34.3%	33.5%	36.5%

The data shows that the number of female doctors has risen steadily since 2005. The proportion of female doctors has also risen annually since 2005, with the exception of 2010, where the actual number increased compared to 2009, but decreased as a proportion of all GPs, linked to the increase in the number of male doctors in that year. The highest ever percentage and number of female doctors were recorded in 2011.

4.3 GP numbers by location

4.3.1 GP numbers by Remoteness Area

Commencing in 2010, GP work locations have been recorded and analysed using the ASGC RA system and data is now available for two census years. GPs employed by the Royal Flying Doctor Service (RFDS) based in Jandakot (RA 1 location), work across RA 2 to RA 5 locations.

Table 2 shows the number of GPs within each RA.

Table 2 GP numbers by Remoteness Area

RA	2010	2011	Actual Difference	% Difference
2	244	249	5	2.0%
3	221	225	4	1.8%
4	131	149	18	13.7%
5	49	52	3	6.1%
1 (RFDS)	26	24	-2	-7.7%
Overall	671	699	28	4.2%

This table shows that the greatest increase in GP numbers in 2011 occurred in RA 4 with 18 additional doctors. Overall, the majority of GPs worked in RA 2 (inner regional) and RA 3 (outer regional) locations (474 GPs or 67.8%) in 2011. This compares to 465 GPs (69.3%) recorded in 2010.

4.3.2 GP numbers by GP Network/Division of General Practice

The following table identifies the changes in GP numbers within GP Networks/Divisions of General Practice boundaries between November 2010 and November 2011. In subsequent years these data will be reported by Medicare Local boundaries.

For the purpose of this report, metropolitan-based RFDS doctors have been assigned to a GP Network/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 GP numbers by GP Network/Division of General Practice 2010 v 2011

Division of GP	2010	2011	Actual Difference	% Difference
Central Wheatbelt	44	46	2	4.5%
Goldfields	53	58	5	9.4%
Great Southern	80	88	8	10.0%
Greater Bunbury	76	79	3	3.9%
Kimberley	73	77	4	5.5%
Midwest	81	80	-1	-1.2%
GP Down South	168	176	8	4.8%
Pilbara	57	54	-3	-5.3%
Other	29	31	2	6.9%
Metro (RA2)	10	10	0	na
Totals	**671**	**699**	**28**	**4.2%**

There were increases in doctor numbers in all Network/Divisional areas except the Midwest and Pilbara in 2011. The greatest increase was in the Great Southern (10.0%) followed by the Goldfields (9.4%). The Wheatbelt recorded an increase for the second consecutive year (10% in 2010 and 4.5% in 2011), the first gains since 2005.

5.0 CHANGES IN THE PERMANENT GP WORKFORCE

The following section describes 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.

Please note that the exclusion of the SMPs at Geraldton Regional Hospital from the 2011 dataset means that some tolerance is required in the interpretation of changes and trends.

5.1 Overall GP workforce turnover

Table 4 details the turnover rate of GPs between November 2010 and November 2011. This movement represents a 15.86% turnover during this period, an increase of 2.54% from the previous period. The percentage increase in the workforce was 2.27% compared to a 4.22% increase in 2010.

Table 4 GP turnover November 2010 to November 2011 (excluding GP registrars)

Number of permanent GPs November 2010	618
Number of departures	98
Turnover	**15.86%**
Number of arrivals	112
Number of permanent GPs November 2011	632
% Increase	**2.27%**

Table 5 shows the destinations of GPs who departed between November 2010 and November 2011 and compares this with the departure destinations for the previous period.

Table 5 Destinations of departing GPs 2010 v 2011

	2010		**2011**	
Destination	**n**	**%**	**n**	**%**
Perth	26	*32.9%*	26	*26.5%*
Interstate	14	*17.7%*	16	*16.3%*
Overseas	10	*12.7%*	12	*12.2%*
Extended Leave	15	*19.0%*	12	*12.2%*
Retirement	4	*5.1%*	5	*5.1%*
Locum	3	*3.8%*	3	*3.1%*
Other	4	*5.1%*	6	*6.1%*
Trainee	3	*3.8%*	18	*18.4%*
Total	**79**	***100.0%***	**98**	***100.0%***

There were 19 more departures in the 12-month period to November 2011 than for the preceding 12 months. The most common destination of doctors leaving rural and remote Western Australia was to Perth, with 26 departing (26.5% of total departures).

Table 6 shows the origins of GPs joining or rejoining the permanent workforce between November 2010 and November 2011.

Table 6 Origins of GPs joining the workforce 2010 v 2011

	2010		2011	
Origin	**n**	**%**	**n**	**%**
Overseas	26	*25.0%*	29	*25.9%*
Trainee Program	8	*7.7%*	6	*5.4%*
Perth	43	*41.3%*	36	*32.1%*
Extended Leave	7	*6.7%*	12	*10.7%*
Interstate	17	*16.3%*	25	*22.3%*
Retirement	0	*0.0%*	0	*0.0%*
Roving Locum	0	*0.0%*	3	*2.7%*
Other	**3**	*2.9%*	**1**	*0.9%*
Total	**104**	***100.0%***	**112**	***100.0%***

8 additional doctors joined the permanent workforce between November 2010 and November 2011, compared with the 22 for the previous reporting period. The percentage of overseas trained doctors joining the permanent workforce has remained fairly stable over the last three reporting periods (25.6% in 2009, 25% in 2010 and 25.9% in 2011) and the greatest proportion of arrivals have come from Perth in the same three reporting periods. In 2011, 52.8% of arrivals from Perth were overseas trained, compared to 37% in 2010.

6 doctors joined the permanent workforce from the GP training program in 2011 compared to 8 in 2010 and represented 5.4% of all new arrivals.

5.2 GP workforce changes by gender

Table 7 summarises the changes in the permanent GP workforce by gender between 30 November 2010 and 30 November 2011, excluding GP registrars.

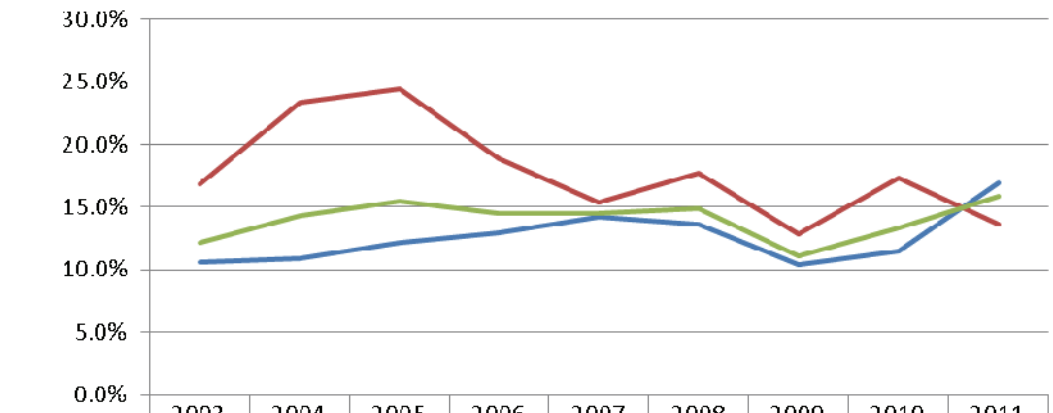
Table 7 Changes in GP workforce by gender 2010 to 2011 (excluding GP registrars)

Gender	n of GPs Nov 10	Departures	% Departed	Arrivals	n of GPs Nov 11	% Increase
Male	427	72	**16.9%**	63	418	***-2.1%***
Female	191	26	**13.6%**	49	214	***12.0%***
Totals	**618**	**98**	**15.9%**	**112**	**632**	***2.3%***

The female GP workforce experienced a lower turnover rate (13.6%) and a higher arrivals rate (12%), increasing their overall workforce numbers by 23. The male workforce contracted more than it grew, with an overall loss of 9.

Figure 4 compares GP turnover figures by gender for the period 2003 to 2011.

Figure 4 GP turnover rates by gender 2003 to 2011 (excluding GP registrars)



	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	10.6%	10.9%	12.2%	13.0%	14.2%	13.6%	10.4%	11.5%	16.9%
Female	16.8%	23.4%	24.4%	18.9%	15.4%	17.7%	12.8%	17.3%	13.6%
Overall	12.2%	14.3%	15.5%	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%

This figure shows that 2011 was the first year in which the turnover rate in the female workforce (13.6%) was lower than for the male workforce (16.9%). However, the overall turnover rate is higher in 2011 compared to all previous years.

5.3 GP workforce changes by Remoteness Area

Commencing in 2010, GP workforce changes have been recorded and analysed using the ASGC RA system and data is now available for two census years.

Table 8 illustrates the changes in the GP workforce by RA. This table shows movements in and out of the rural and remote GP workforce, as well as movement within the state between varying RA locations.

Table 8 Changes in GP workforce by Remoteness Area 2010 v 2011 (excluding GP registrars)

		Movements OUT of Rural WA				Movements INTO Rural WA			
RA	**n per RA Nov 2010**	**Left rural WA**	**Moved to another rural RA**	**Total Out**	**% of RRMA departed**	**Arrived from outside rural WA**	**Arrived from another rural RA**	**Total In**	**n per RA Nov 2011**
2	223	16	3	19	**8.5%**	26	2	28	232
3	206	32	2	34	**16.5%**	26	5	31	203
4	120	30	3	33	**27.5%**	35	5	40	127
5	43	14	3	17	**39.5%**	18	2	20	46
Met (RFDS)	26	6	4	10	**38.5%**	7	1	8	24
Overall	**618**	**98**	**15**	**113**		**112**	**15**	**127**	**632**

Between November 2010 and November 2011, 98 doctors left rural Western Australia and a further 15 doctors moved from one rural RA into another RA location, totalling 113 doctor departures from all RAs. Over the same period, a total of 127 GPs moved into RA 2 to RA 5 locations, including 112 from outside rural Western Australia and the 15 who moved from one RA location to another.

Locations in the most remote areas, RA 4 and RA 5 experienced the greatest proportional movements out (67% of all departures) but experienced a net gain over the period. RA 5 experienced the least movement inward, with only 20 new doctors and the highest turnover rate (39.5%). RA 2 was the most stable with the lowest turnover rate (8.5%). The highest number of new arrivals (40) was in RA 4.

Table 9 outlines the destinations of GPs who departed rural Western Australia in 2011 by RA. Overall the majority of all departures (26.5%) were to Perth. Departures from RA 3 and RA 4 were significantly higher than from other locations and accounted for 63% of all departures, with the majority of those departures being to Perth (65%).

Table 9 Destinations of GPs who departed rural Western Australia in 2011 by Remoteness Area

Destination	RA 2	RA 3	RA 4	RA 5	Met(RFDS)	Total
Perth	3	10	7	4	2	**26**
Interstate	4	1	4	6	1	**16**
Overseas	1	6	3	2	0	**12**
Leave	2	3	6	1	0	**12**
Retirement	3	2	0	0	0	**5**
Locum	1	2	0	0	0	**3**
Trainee Program	0	0	9	1	0	**10**
Other	2	8	1	0	3	**14**
Total	**16**	**32**	**30**	**14**	**6**	**98**

5.4 GP workforce changes by age group

Table 10 summarises the changes in workforce numbers by age group for the current reporting period.

Table 10 Changes in GP numbers by age group 2010 to 2011 (excluding GP registrars)

Age group	n in age group Nov 2010	Departed rural WA	% of age group departed	Arrivals into rural WA	Moved to next age group	Moved from previous age group	n in age group Nov 2011	% Increase in age group
25 - 34	49	15	30.6%	17	11	0	40	-18.4%
35 - 44	186	33	17.7%	47	13	11	198	6.5%
45 - 54	213	28	13.1%	27	18	13	207	-2.8%
55 - 64	133	15	11.3%	18	7	18	147	10.5%
65+	37	7	18.9%	3	0	7	40	8.1%
Total	**618**	**98**	**15.9%**	**112**	**49**	**49**	**632**	**2.3%**

The youngest age group (25 to 34 years) had the highest departure rate (30.6%) and a net loss of 9 doctors (18.4% reduction in GP numbers in the age group). This age group also experienced the highest departure rate in 2010 (32.7%) but with no overall decrease in actual numbers.

The age group with the greatest percentage increase was in the 55 to 64 year group (10.5%). This age group also experienced the highest percentage increase in 2010 (16.7%). This table indicates that rural Western Australia continues to gain doctors in the older age groups and loses 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 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 workloads and is therefore a major source of inaccuracy in estimating workload.

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

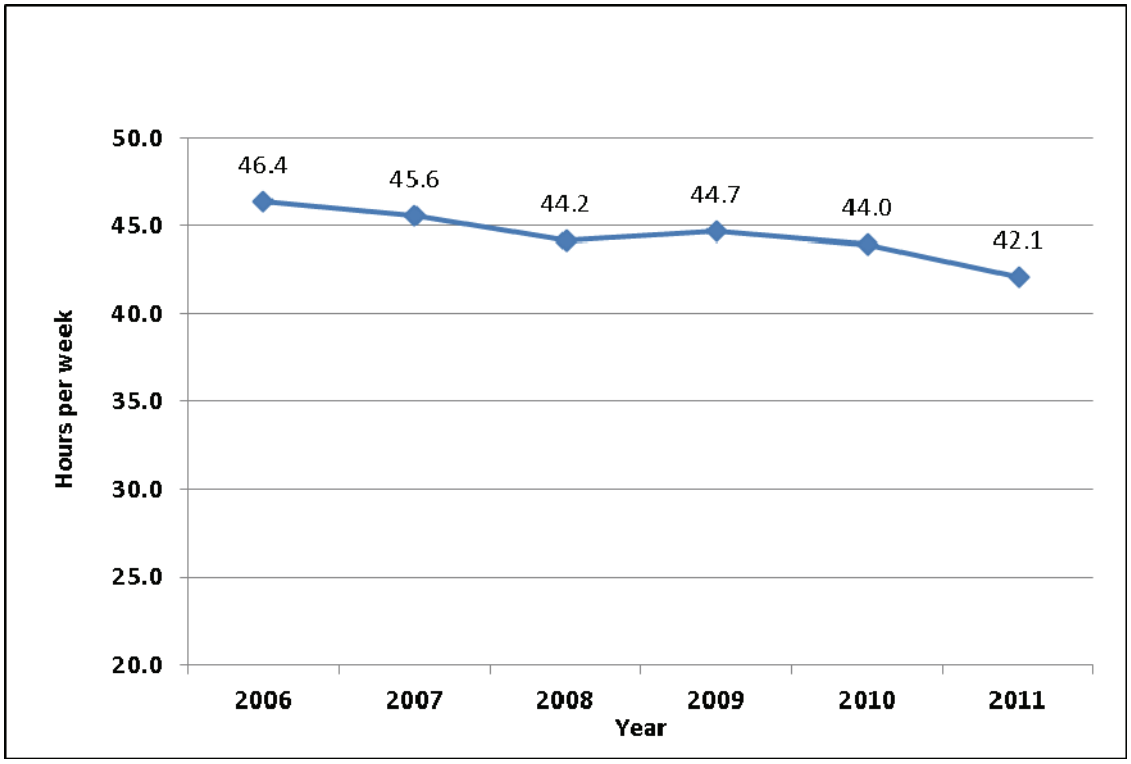
It is important to note that unlike previous sections of this report where data was available for 100% of GPs (via the GP and practice surveys and other contacts), this section only includes data taken from the GP survey. Thus, there are no hours recorded for GPs who did not return their surveys. GPs 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 486 doctors (70%).

6.1 Average hours worked per week

At November 2011 the average self-reported clinical workload was 42.1 hours per week, compared to 44 hours per week in November 2010.

Figure 5 displays the average hours worked each year from 2006 to 2011 and shows that the average number of hours worked per week has decreased by 4.3 hours since 2006 with the most significant reduction in the last twelve months with a reduction of 1.9 hours.

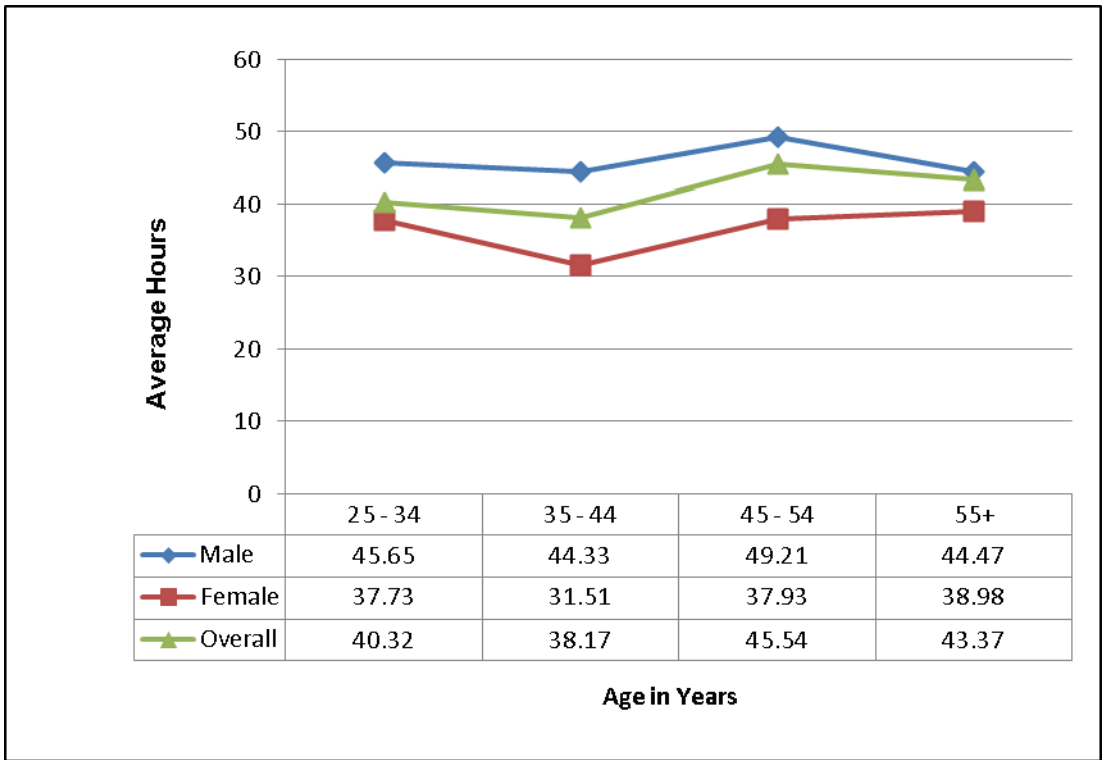
Figure 5 Average hours worked per week from 2006 to 2011



6.2 Average hours by gender and age group

Figure 6 provides a breakdown of average weekly clinical hours worked by gender and age group and shows that male doctors in all age groups continued to work longer clinical hours per week than their female counterparts.

Figure 6 Average hours worked per week by gender and ten-year age groups



	25 - 34	35 - 44	45 - 54	55+
Male	45.65	44.33	49.21	44.47
Female	37.73	31.51	37.93	38.98
Overall	40.32	38.17	45.54	43.37

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 provides a 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	267	99	366	*75.3%*
Part-time	35	85	120	*24.7%*
Total Respondents	**302**	**184**	**486**	***100.0%***

366 doctors (75.3% of respondents) self-reported working full-time in the provision of routine clinical GP services. This represents a significant reduction of 5% in the self-reported full-time workforce compared to 2010. Of these full-time doctors in 2011, the vast majority were male (267 male, 99 female). This is a similar pattern to 2010 (277 male, 93 female) and 2009 (265 male, 87 female) where there were significantly more males working full-time than females.

Conversely, 120 doctors (24.7% of respondents) self-reported as working part-time. Of these part-time doctors, there were more females than males (85 female, 35 male). The overall proportion of GPs working part-time is higher than for 2010 (19.7%) and the number of females working part-time in 2011 is significantly higher than males compared to 2010 (51 female, 40 male).

Table 12 looks specifically at this part-time workforce, comparing by gender those who self-reported as working part-time in the current reporting period.

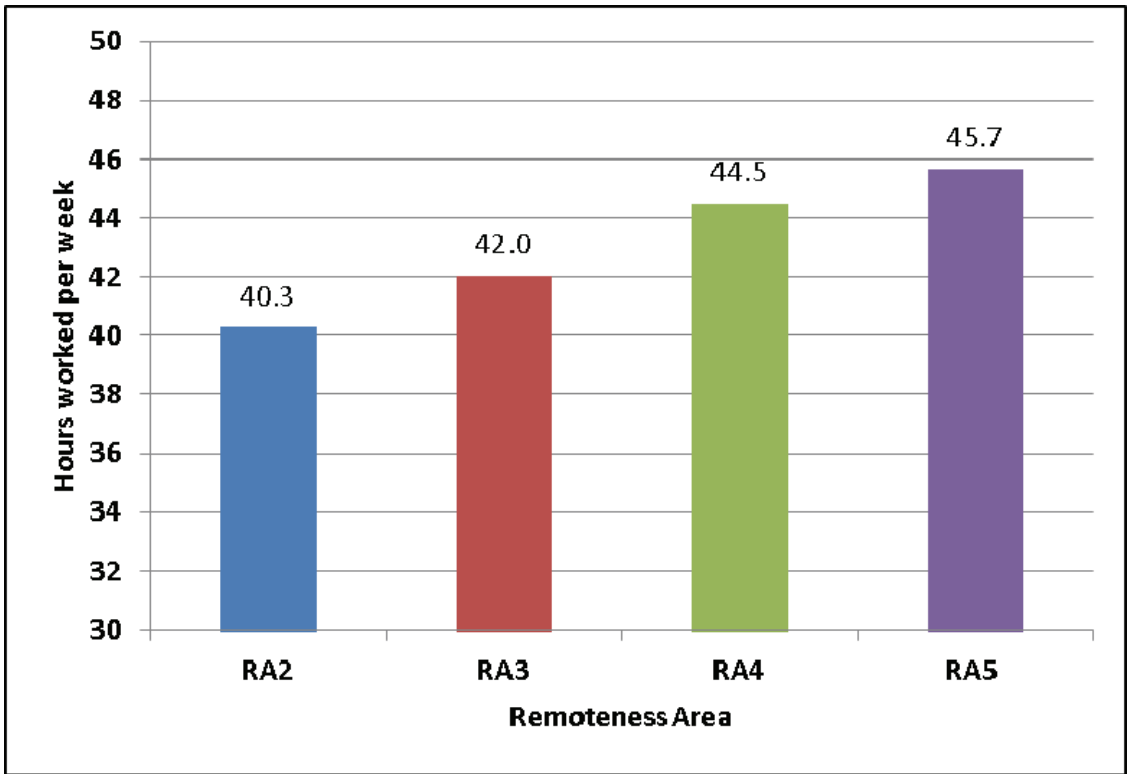
Table 12 Part-time workforce by gender 2010 v 2011

Year	Total males	Males working PT	% of total males	Total females	Females working PT	% of total females	Total respondents	% of total respondents working PT
2010	317	40	***12.6%***	144	51	***35.4%***	461	***19.7%***
2011	302	35	***11.6%***	184	85	***46.2%***	486	***24.7%***

6.4 Average hours worked per week by Remoteness Area

Figure 7 identifies the average hours worked per week by RA location and shows an inverse relationship between hours worked and remoteness; ie GPs working in more remote locations work more hours per week on average compared with their colleagues in less remote areas.

Figure 7 Average hours per week by Remoteness Area



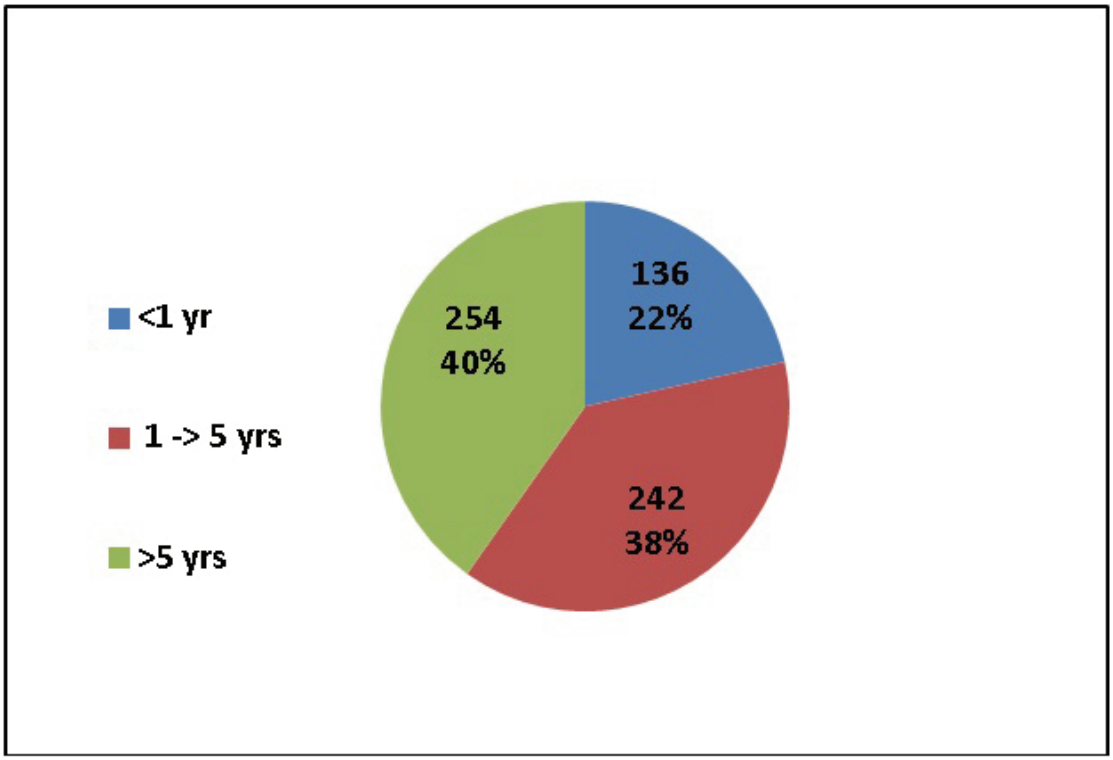
7.0 LENGTH OF EMPLOYMENT IN CURRENT PRINCIPAL PRACTICE

7.1 Average length of employment

Across rural Western Australia, the average length of employment in current principal practice for all GPs (not including GP registrars) was 7.1 years, equal to that of the previous period. 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 8 shows the proportion of the GP workforce who have been in their current positions in each "length of employment" category.

Figure 8 Length of employment in current principal practice (excluding GP registrars)



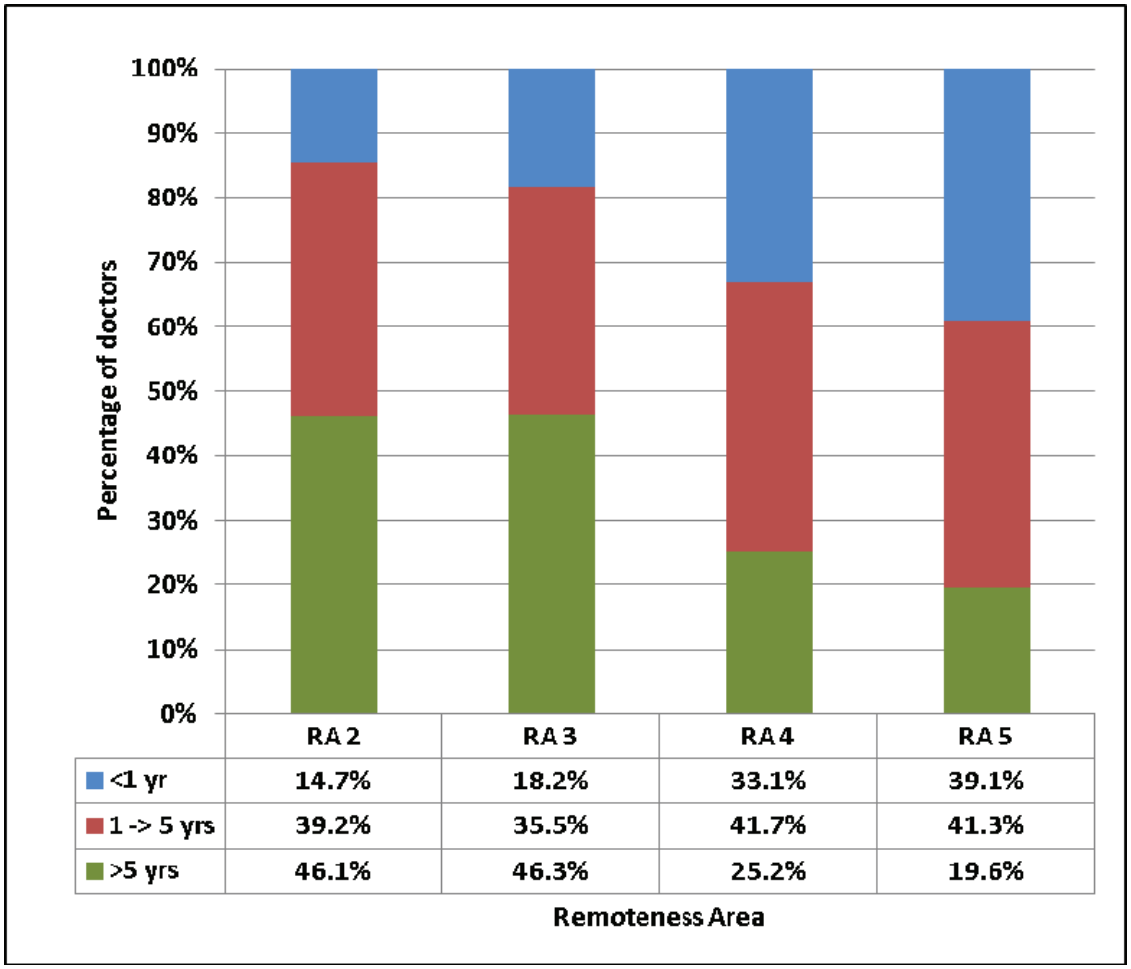
Data collected in 2011 shows trend variations in length of current employment. Doctors employed for >5 years has increased to 40% in 2011 from 39% in 2010 and 37% in 2009.

Conversely, the percentage of doctors who have been in their current practice for between 1 and 5 years decreased by 5% in 2011 compared to 2010. There was a further 2% reduction in this 1 to 5 years group between 2009 and 2010. New arrivals (in the current practice for <1 year) increased 4% in 2011 whereas this group was stable at 18% in 2010 and 2009.

7.2 Average length of employment by Remoteness Area

Figure 9 compares the length of employment in current principal practice for GPs across RA categories. Again, figures for GP registrars are excluded from this discussion. This chart shows that the majority of long-stay doctors are in RA 2 and RA 3. By contrast, in RA 5 there are only 19.6% long-term doctors, down from 23.3% in 2010. RA 5 also has the highest proportion of newly arrived doctors (39.1%), up from 25.6% in 2010.

Figure 9 Length of employment in current principal practice by Remoteness Area



	RA 2	RA 3	RA 4	RA 5
<1 yr	14.7%	18.2%	33.1%	39.1%
1 -> 5 yrs	39.2%	35.5%	41.7%	41.3%
>5 yrs	46.1%	46.3%	25.2%	19.6%

8.0 PRACTICE TYPE

Table 13 shows the number of doctors in each RA who are solo practitioners, compared with the number working in group practices. This table shows that 8% of the total GP workforce worked in solo practices in 2011, compared to 6.9% in 2010. The solo practitioner component of the workforce varied widely across geographical locations, with the highest proportion (12.1%) being in RA 4 locations, followed by RA 5 locations (9.6%).

By comparison the highest proportion of solo practices in 2010 (10.2%) were in RA 5 locations, followed by RA 4 (9.2%).

Table 13 Number of GPs by practice type by Remoteness Area

RA	Group	Solo	% Solo
2	236	13	*5.2%*
3	205	20	*8.9%*
4	131	18	*12.1%*
5	47	5	*9.6%*
1 (RFDS)	24	0	*0.0%*
Overall	**643**	**56**	***8.0%***

Table 14 delineates the number of practices in each RA (excluding WACHS hospitals). The reported number of practices in 2011 was 187, up from 172 in 2010, with the major differential being the increase in reported solo practices from 42 in 2010 to 56 in 2011.

Table 14 also shows that the majority are group practices in RA 2 and RA 3, which follows the trend of previous reporting periods.

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

Remoteness Area	Group Practice	Solo Practice	Aboriginal Medical Service	Solo GP co-located	Number of Practices
1(RFDS)	2	0	0	0	2
2	52	12	2	0	66
3	40	20	2	1	63
4	15	18	5	1	39
5	6	6	5	0	17
Total	**115**	**56**	**14**	**2**	**187**

9.0 GP PROCEDURALISTS

9.1 Number of GP proceduralists

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

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

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 along with the percentage of the total workforce these GPs represented in 2011.

Table 15 Numbers and proportions of GPs practising procedures 2010 v 2011

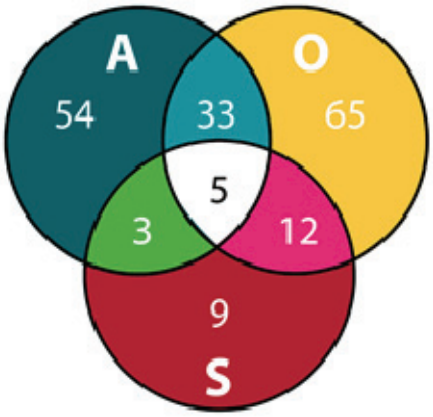
Procedure	n 2010	% of total GPs 2010	n 2011	% of total GPs 2011
Anaesthetics	100	*15%*	95	*14%*
Obstetrics	129	*19%*	115	*16%*
Surgery	34	*5%*	29	*4%*

There were 181 GP proceduralists as at November 2011 (15 fewer than 2010), many of whom practised in more than one procedural area. A Venn diagram illustrating practitioners practising in single or multiple procedural areas is displayed at Figure 10.

The percentage of overseas trained GP proceduralists has increased from 8.8% in 2001 to 35.4% in 2011.

Figure 10 Numbers of GPs undertaking procedural work

A = anaesthetics, O = obstetrics, S = surgery



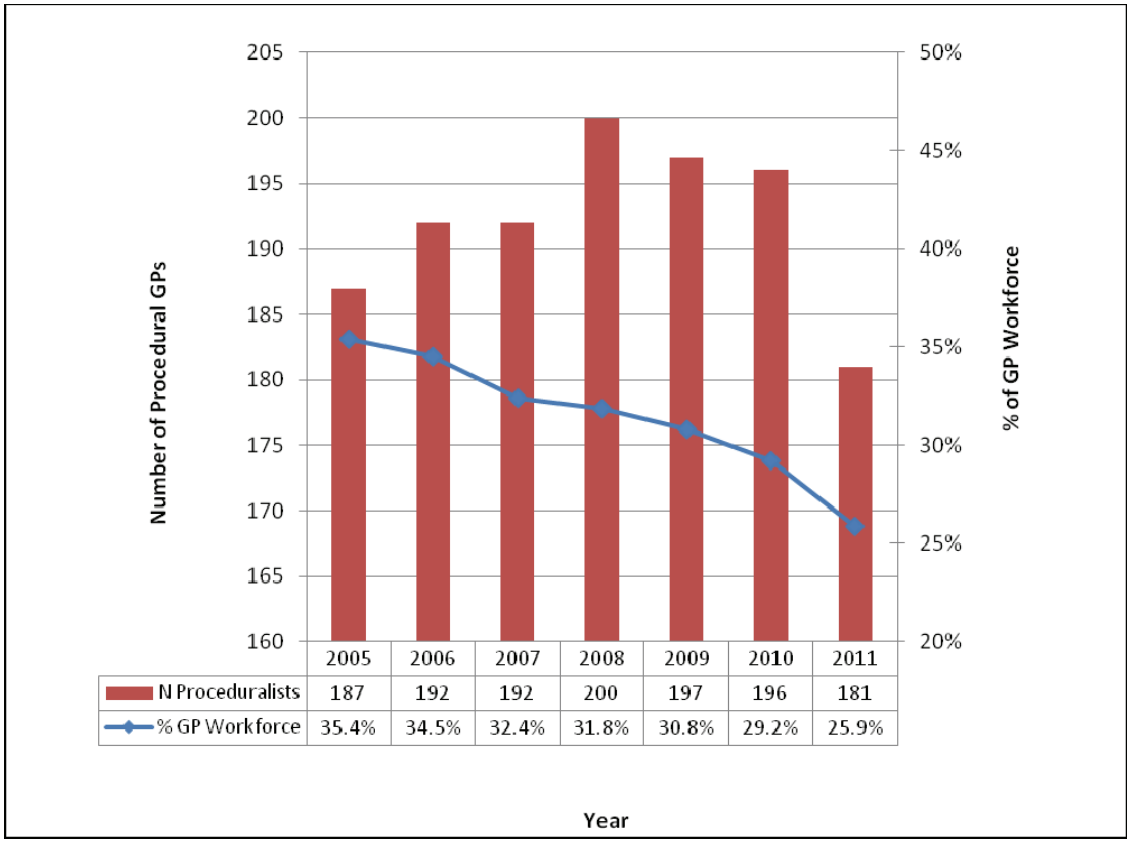
Of the 181 proceduralists:

- 5 practised all three procedures
- 48 practised two procedures
- 128 practised one procedure

There are 518 GPs who do not regularly practice in any procedural area.

Figure 11 illustrates the fluctuations in overall GP proceduralist numbers and proportions between 2005 and 2011. This shows that, although proceduralist numbers only started decreasing in 2009, the proportion of the overall workforce who regularly practises in one or more procedural area continues to decrease.

Figure 11 Number and proportions of GP proceduralists 2005 to 2011



	2005	2006	2007	2008	2009	2010	2011
N Proceduralists	187	192	192	200	197	196	181
% GP Workforce	35.4%	34.5%	32.4%	31.8%	30.8%	29.2%	25.9%

9.2 GP proceduralists by gender

Figure 12 provides the numbers and proportions of GP proceduralists by gender and shows that the gender distribution of GPs practising in each procedural field remains disproportionate to that of the overall Western Australian rural and remote GP workforce.

36.5% of the overall workforce was female in 2011 (see Figure 3), whilst only 21.6% of the GP proceduralist population was female (13.7% of GP anaesthetists, 24.3% of GP obstetricians and 13.8% of GPs practising general surgery). This represents a minor reduction from a proportion of 23.5% female proceduralists in 2010.

Figure 12 Number of GP proceduralists by gender 2011

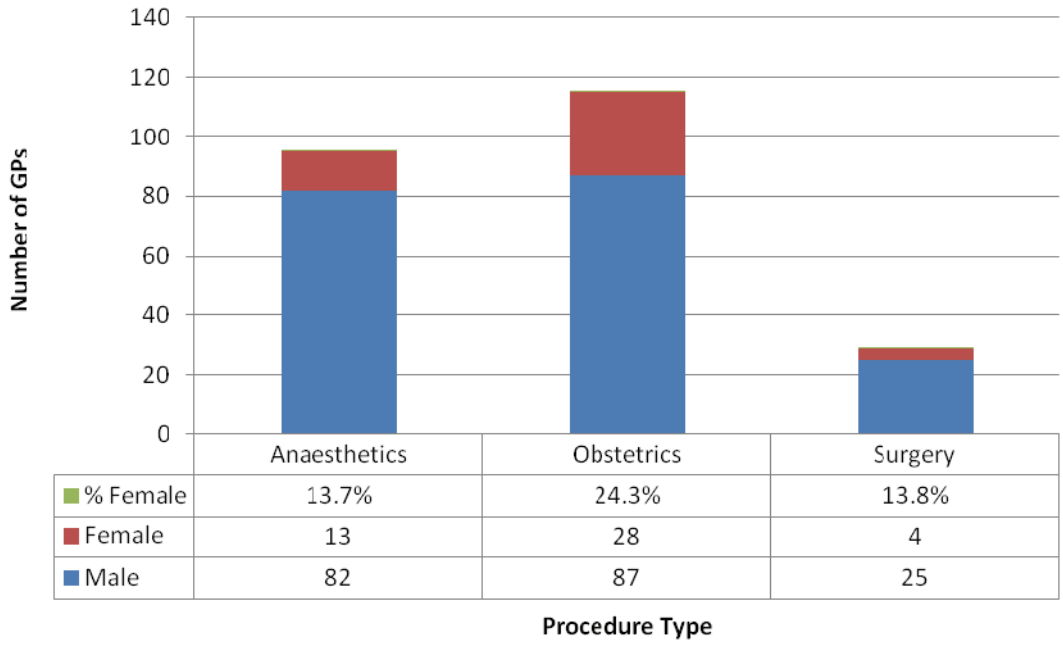
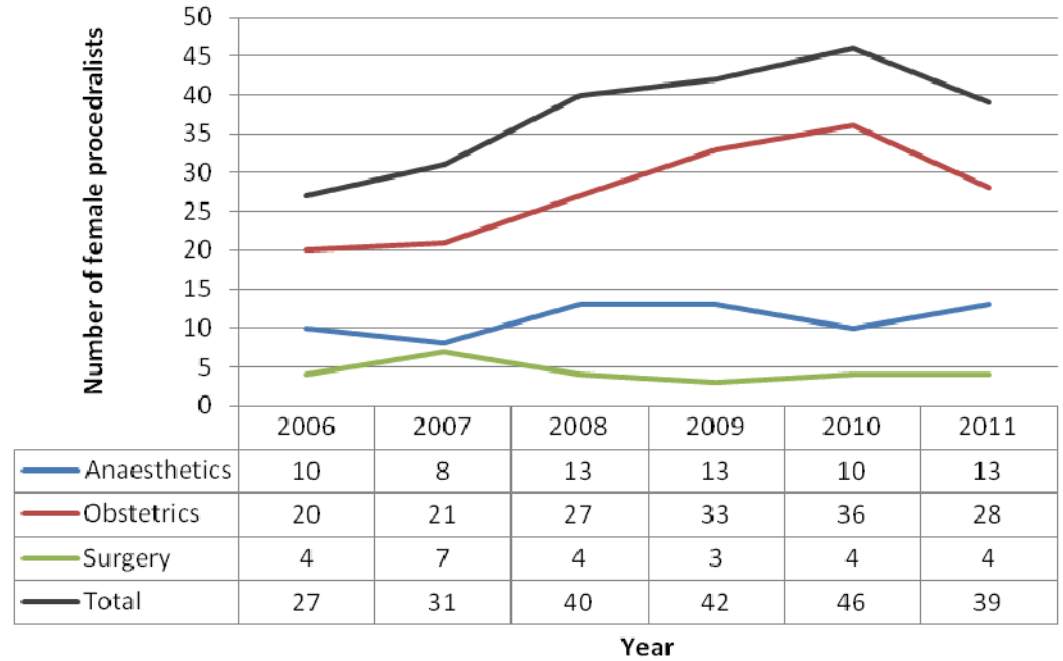


Figure 13 compares the number of female GP proceduralists between 2006 and 2011. This graph shows that there has been an overall increase of 44% in the number of female GP proceduralists over the last five years. However, the only procedural area that was showing a sustained growth (obstetrics), has also now declined in 2011, as has the total number of female proceduralists.

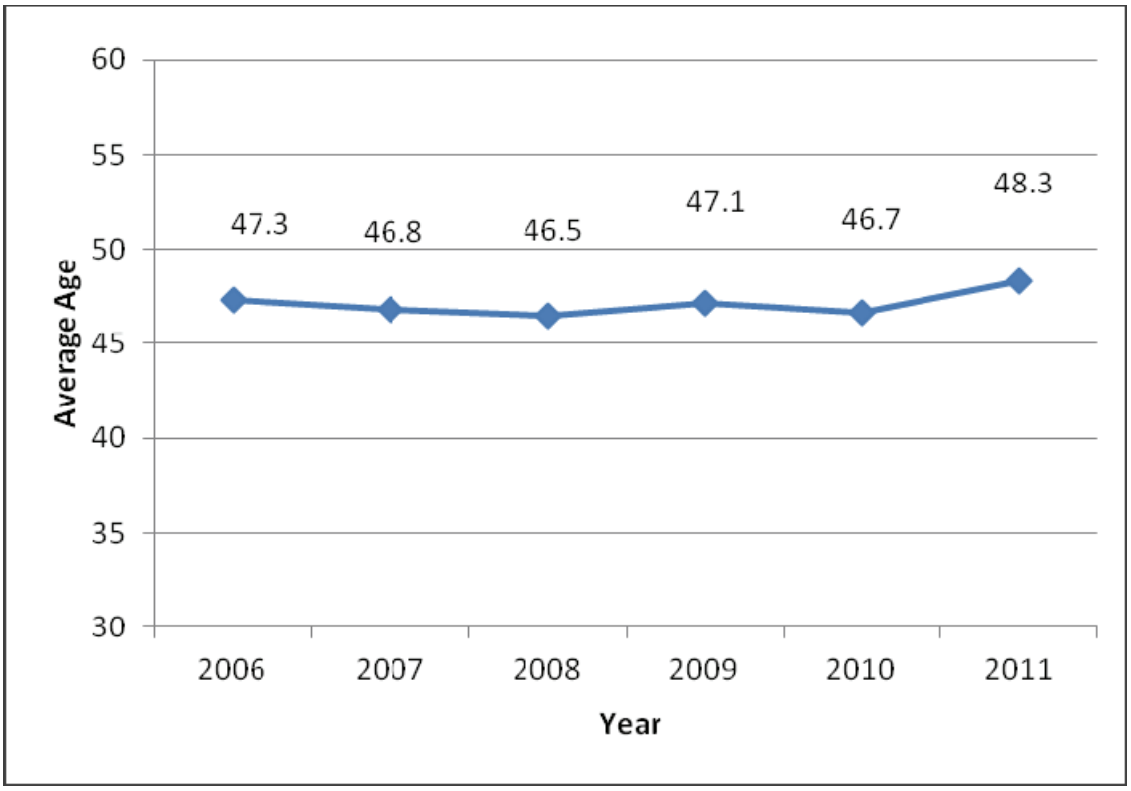
Figure 13 Number of female GP proceduralists between 2006 and 2011



9.3 GP proceduralists by age

Figure 14 shows the average age of proceduralists between 2006 and 2011.

Figure 14 Average age of GP proceduralists 2006 to 2011



There was an increase of 1.6 years in the average age of the GP proceduralist workforce between 2010 and 2011, compared to a reduction of 0.4 years between 2009 and 2010.

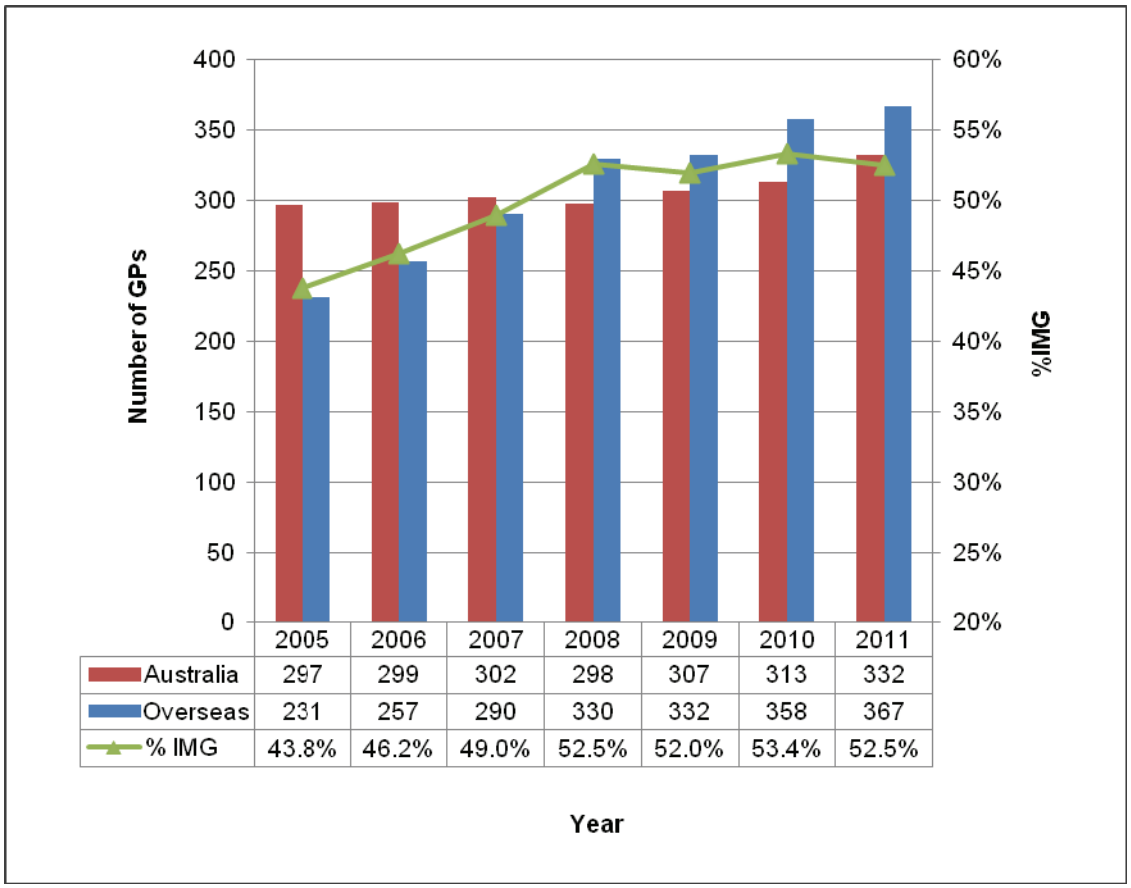
In 2011, the average age of the proceduralist workforce (48.3 years) was higher than the average age of the total workforce (47.9 years – see Figure 1), whereas in 2010 the average age of the proceduralist workforce (46.7 years) was lower than the average age of the total workforce (47.9 years).

10.0 COUNTRY OF TRAINING AND RESIDENCY

10.1 Country of training

Figure 15 displays the number of GPs who trained in Australia compared with overseas, and the percentages of the total workforce who were International Medical Graduates, from 2005 to 2011.

Figure 15 Number and percentage of International Medical Graduates 2005 to 2011



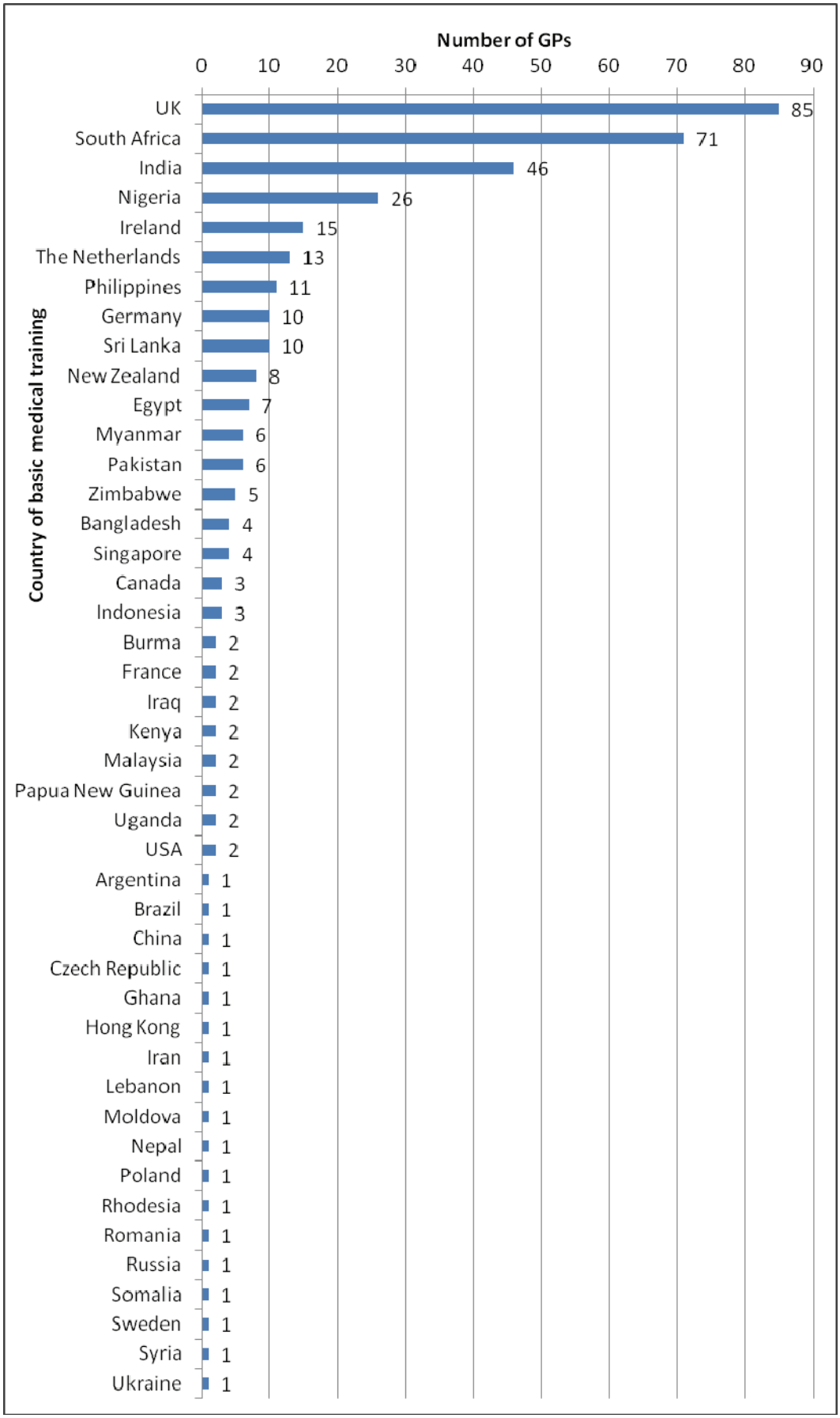
	2005	2006	2007	2008	2009	2010	2011
Australia	297	299	302	298	307	313	332
Overseas	231	257	290	330	332	358	367
% IMG	43.8%	46.2%	49.0%	52.5%	52.0%	53.4%	52.5%

At 30 November 2011, 52.5% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This was 0.9% less than 2010 but 0.5% higher than 2009.

The number of Australian trained doctors in the workforce continues to increase slightly, whilst the number of International Medical Graduates increases at a greater rate. The number of International Medical Graduates in the workforce is now 59% higher than in 2005. Many of these International Medical Graduates are Australian Citizens or Permanent Residents and have practised medicine in Australia for many years.

Figure 16 provides a breakdown of the countries in which the International Medical Graduates trained. The largest proportion of International Medical Graduates gained their basic medical qualification from the United Kingdom (23.2%), followed by South Africa (19.4%) and India (12.5%). These figures and patterns are consistent with 2010 and 2009.

Figure 16 Country of basic medical qualification (non Australian trained doctors)



In Table 6, it was noted that 29 new doctors arrived in rural Western Australia from overseas during the period November 2010 to November 2011. These doctors completed their basic medical qualifications in 13 different countries, including the United Kingdom (7 or 24%), South Africa (4 or 13.8%), Sri Lanka (3 or 10.3%) and Nigeria (3 or 10.3%).

10.2 Residency

The residency status of the GP workforce as at 30 November 2011 is displayed in Table 16.

Table 16 Residency status of GP workforce 30 November 2011

Residency	Number	%
Australian Citizen	461	66.0%
Permanent Resident	133	19.0%
Temporary Resident	105	15.0%
Total	699	100.0%

As at 30 November 2011, 66% of the workforce were Australian citizens, an increase from 63.8% in 2010 and 63.7% in 2009.

There were 40 doctors practising under the Five Year Overseas Trained Doctors Recruitment Scheme on 30 November 2011, 15 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 indicates the residency status of the scheme doctors.

Table 17 Residency status of doctors on the Five Year Overseas Trained Doctors Recruitment Scheme 2010 v 2011

Residency	2010	%	2011	%
Australian Citizen	5	9.1%	6	15.0%
Permanent Resident	21	38.2%	17	42.5%
Temporary Resident	29	52.7%	16	42.5%
Total	55	100.0%	39	100.0%

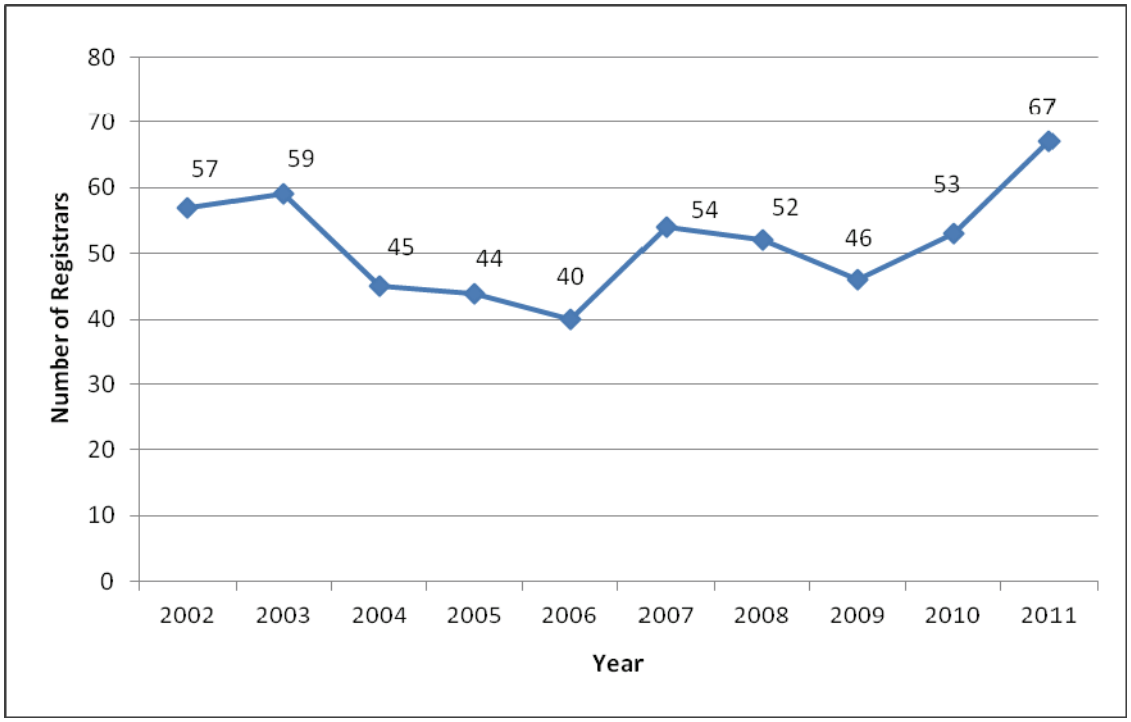
There were five new doctors who joined the scheme during this period, three less than the period prior. Alternatively, there were 21 doctors who left the scheme. Of those who left, 12 completed the scheme (7 remain working in rural Western Australia, 4 moved to Perth and 1 moved interstate) while 6 went on leave from the scheme, and 3 did not complete the scheme. Of those who left the scheme without completion, 1 moved to Perth, 1 relocated interstate and 1 was removed due to not fulfilling the requirements of the scheme.

11.0 GP REGISTRARS

The following section analyses the GP registrar workforce in rural and remote Western Australia.

Figure 17 compares GP registrar numbers over the period 2002 to 2011.

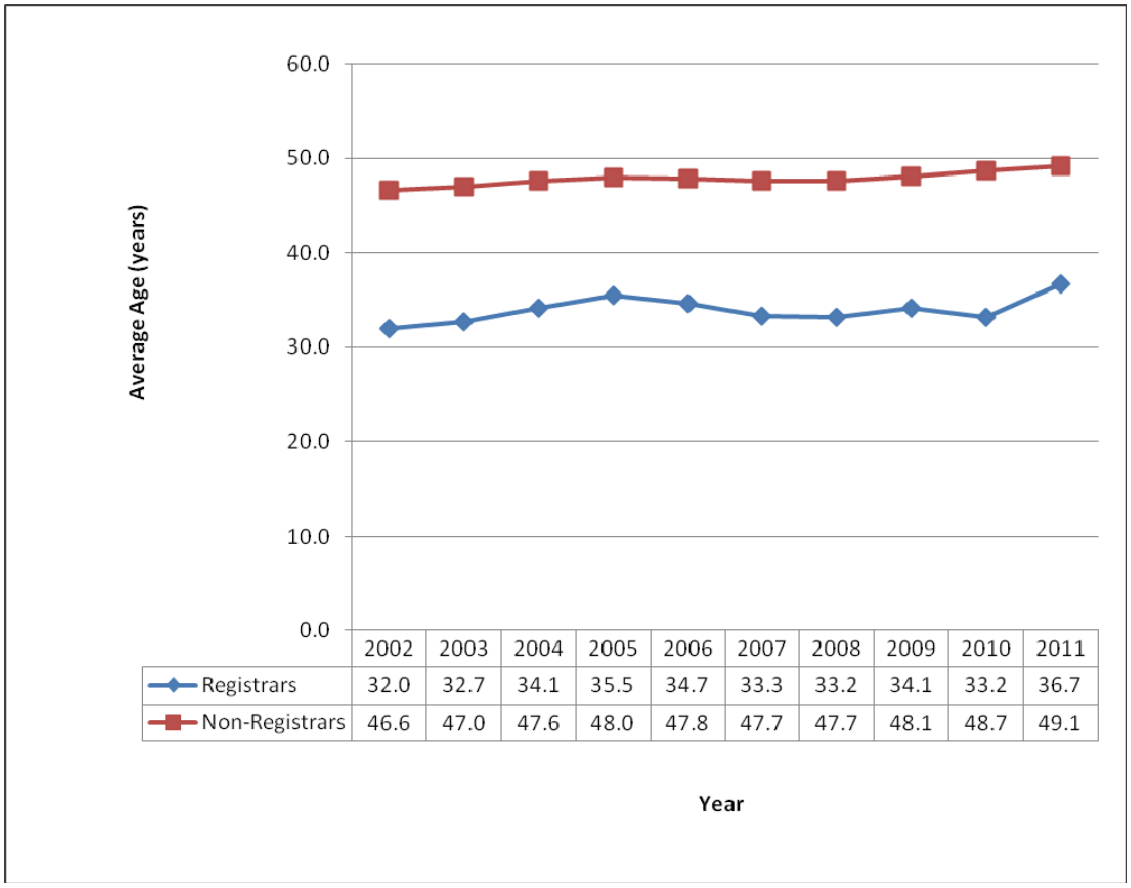
Figure 17 Total number of GP registrars 2002 to 2011



The total number of GP registrars in the rural and remote Western Australian workforce in 2011 was 67, 14 more than 2010 and 21 more than 2009. This increase reflects the presence of three training organisations for GP registrars now operating in Western Australia. In 2011, the numbers in each program were WAGPET (54), ACRRM Independent Pathway (7) and RVTS (6).

The average age of GP registrars remains well below that of the non-registrar GP workforce as shown in Figure 18.

Figure 18 Average age of GP registrars 2002 to 2011

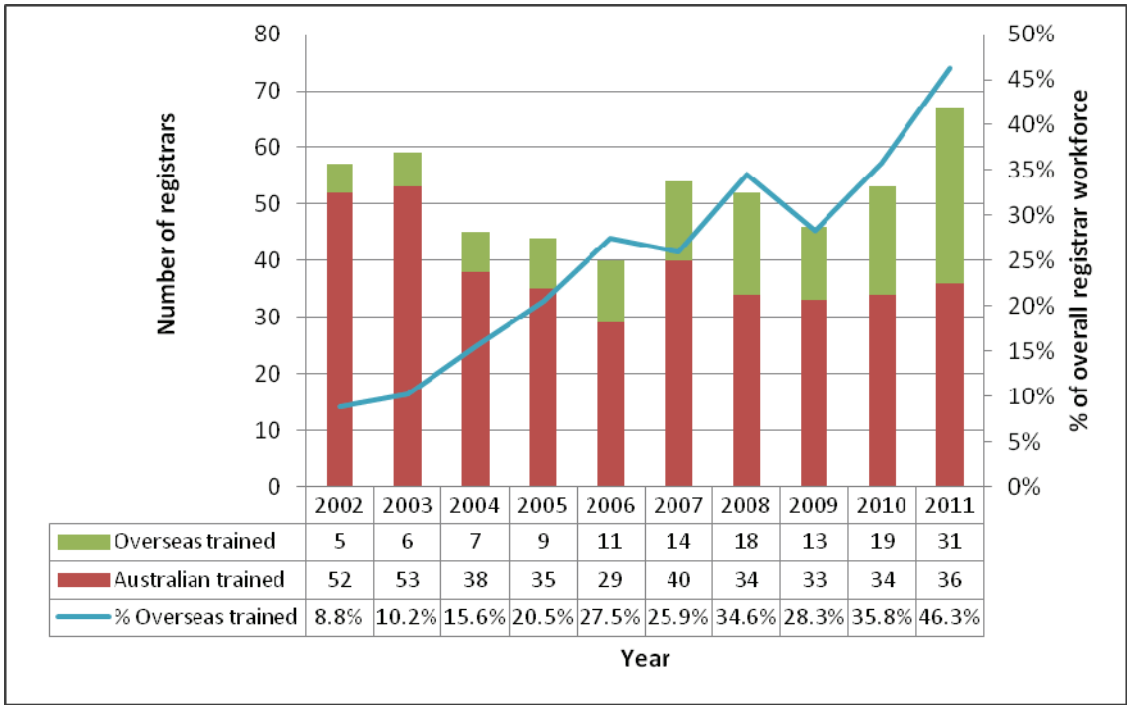


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Registrars	32.0	32.7	34.1	35.5	34.7	33.3	33.2	34.1	33.2	36.7
Non-Registrars	46.6	47.0	47.6	48.0	47.8	47.7	47.7	48.1	48.7	49.1

Figure 19 provides a comparative breakdown of GP registrar figures from 2002 to 2011, according to where they received their primary medical qualification. This shows that the number of GP registrars who completed their primary medical qualification overseas increased by 12 doctors in 2011, while the number of Australian trained registrars increased by 2.

The proportion of the registrar population who trained overseas continues to rise and reached its highest level to date at 46.3% in 2011. This increase is due to the fact that the majority of ACRRM and RVTS registrars are overseas trained.

Figure 19 Number and proportion of overseas trained GP registrars 2002 to 2011



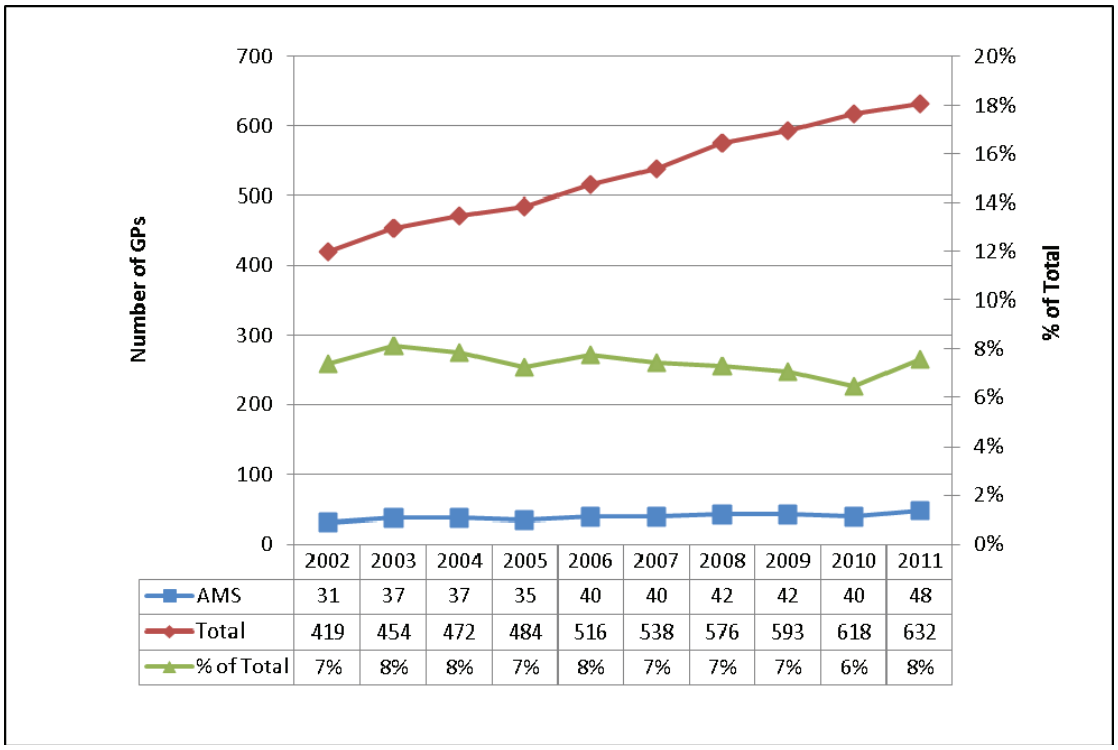
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Overseas trained	5	6	7	9	11	14	18	13	19	31
Australian trained	52	53	38	35	29	40	34	33	34	36
% Overseas trained	8.8%	10.2%	15.6%	20.5%	27.5%	25.9%	34.6%	28.3%	35.8%	46.3%

12.0 ABORIGINAL MEDICAL SERVICES

The following section analyses the GP workforce in rural and remote Aboriginal Medical Service practices. GP registrars are excluded from this analysis, as are the average of 9 private practice GPs per year, who work at an Aboriginal Medical Service practice as a secondary practice.

Figure 20 charts the number of GPs who identified an Aboriginal Medical Service practice as their primary practice from 2002 to 2011 and shows an increase of 8 doctors in 2011, counteracting the nadir in 2010. Overall the percentage of the GP workforce identifying an Aboriginal Medical Service practice as their primary practice has not grown between 2002 and 2011.

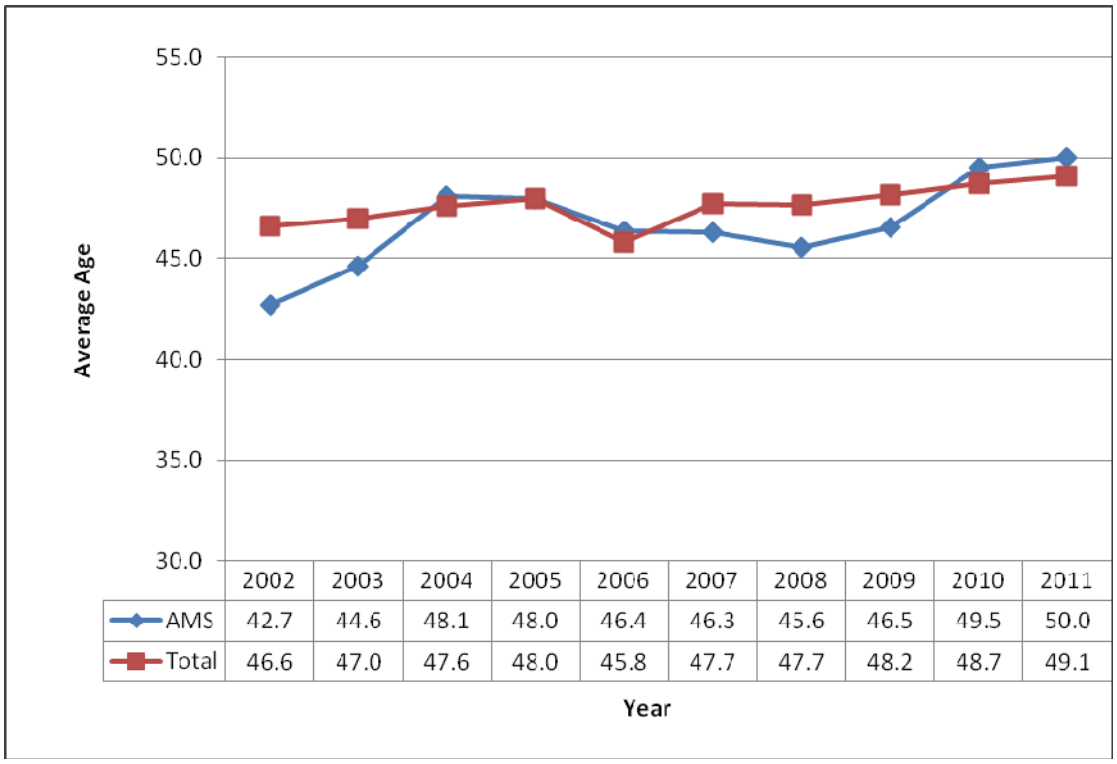
Figure 20 Number of GPs in Aboriginal Medical Service practices v overall 2002 to 2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AMS	31	37	37	35	40	40	42	42	40	48
Total	419	454	472	484	516	538	576	593	618	632
% of Total	7%	8%	8%	7%	8%	7%	7%	7%	6%	8%

Figure 21 identifies the average age of GPs in Aboriginal Medical Service practices from 2002 to 2011 compared to the overall age of the GP workforce in rural and remote Western Australia. In 2011, the average age of Aboriginal Medical Service practice GPs is slightly higher than that of the overall workforce.

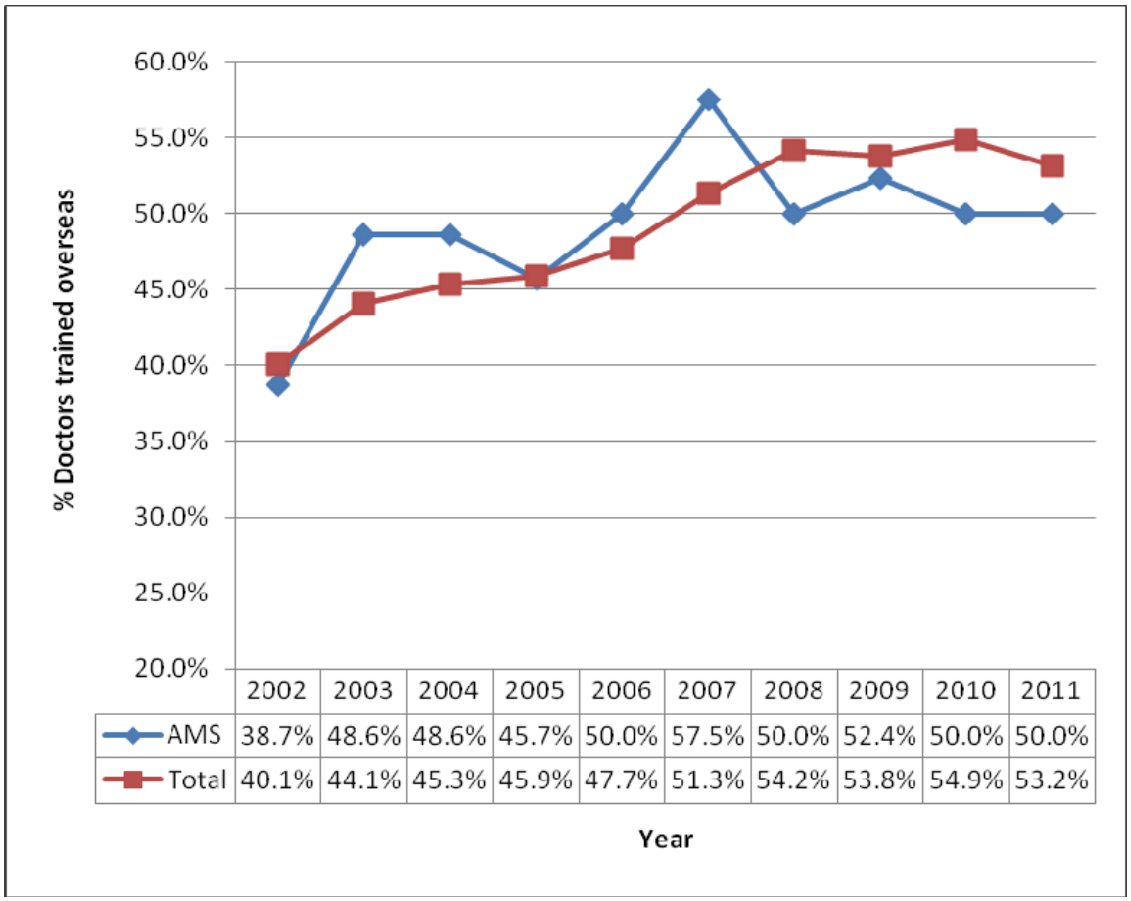
Figure 21 Average age of GPs in Aboriginal Medical Service practices v overall 2002 to 2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AMS	42.7	44.6	48.1	48.0	46.4	46.3	45.6	46.5	49.5	50.0
Total	46.6	47.0	47.6	48.0	45.8	47.7	47.7	48.2	48.7	49.1

Figure 22 charts the percentage of International Medical Graduates in Aboriginal Medical Service practices compared with the overall GP workforce between 2002 and 2011 and shows that the percentage of International Medical Graduates working in Aboriginal Medical Service practices as their primary practice has remained fairly stable.

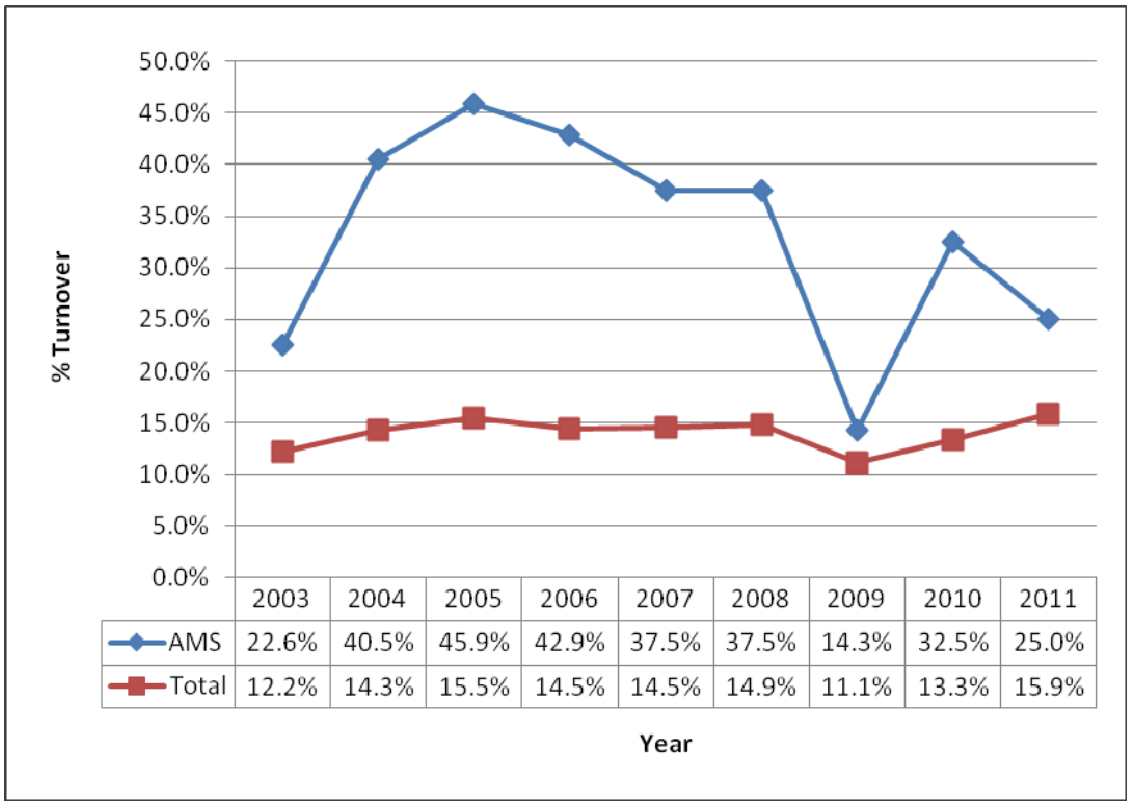
Figure 22 Percentage of International Medical Graduates in Aboriginal Medical Service practices v overall 2002 to 2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AMS	38.7%	48.6%	48.6%	45.7%	50.0%	57.5%	50.0%	52.4%	50.0%	50.0%
Total	40.1%	44.1%	45.3%	45.9%	47.7%	51.3%	54.2%	53.8%	54.9%	53.2%

Figure 23 compares the turnover in Aboriginal Medical Service practices with the overall GP rate between 2003 and 2011 and shows an overall higher turnover rate. However, the 25% turnover rate in 2011 is significantly lower than all years except 2009 (at 14.3% the lowest record rate) and 2003 (22.6%).

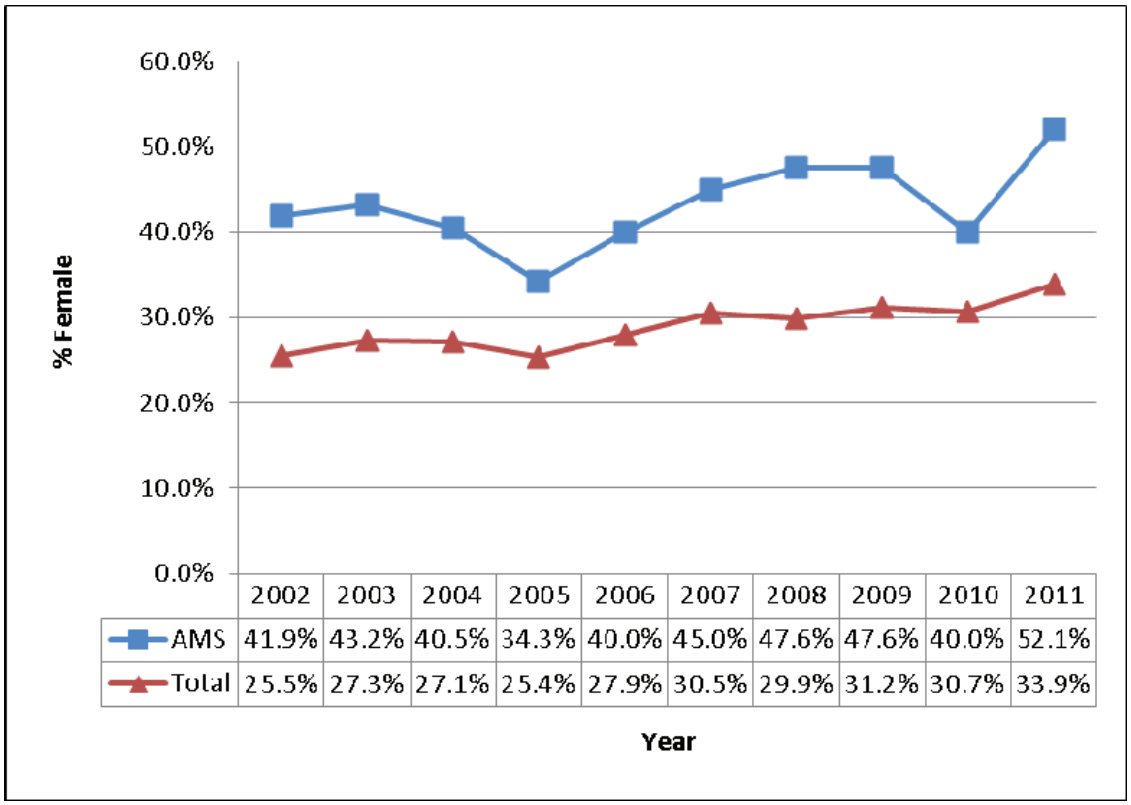
Figure 23 Comparison between turnover in Aboriginal Medical Service practices v overall 2003 to 2011



	2003	2004	2005	2006	2007	2008	2009	2010	2011
AMS	22.6%	40.5%	45.9%	42.9%	37.5%	37.5%	14.3%	32.5%	25.0%
Total	12.2%	14.3%	15.5%	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%

Figure 24 charts the percentage of female GPs in Aboriginal Medical Service practices compared with the overall workforce from 2002 to 2011.

Figure 24 Percentage of female GPs in Aboriginal Medical Service practices v overall 2002 to 2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AMS	41.9%	43.2%	40.5%	34.3%	40.0%	45.0%	47.6%	47.6%	40.0%	52.1%
Total	25.5%	27.3%	27.1%	25.4%	27.9%	30.5%	29.9%	31.2%	30.7%	33.9%

The proportion of female GPs working in Aboriginal Medical Service practices increased significantly in 2011 to 52.1% compared to 40% in 2010. Aboriginal Medical Service practices continue to have a consistently greater proportion of female GPs than the overall workforce with a variance of 18% in 2011.

NB: GP registrars are excluded from the Aboriginal Medical Service section and Figure 24. 33.9% shown in Figure 24 represents the female percentage of the total non-registrar workforce. 7 female GP registrars worked in Aboriginal Medical Service practices in 2011. When these registrars are included in the Aboriginal Medical Service female workforce profile, they jointly comprise 56.1% of the Aboriginal Medical Service workforce.