



MDS Report and Workforce Analysis Update

November 2009

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RURAL HEALTH WEST 2010

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1.0 EXECUTIVE SUMMARY

Rural Health West maintains an up-to-date database of the medical workforce in Western Australian Rural, Remote and Metropolitan Area (RRMA) classifications 4 to 7 (Appendix A). 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 *MDS Report and Workforce Analysis Update*.

The key findings from the 2009 Minimum Data Set (MDS) Report are outlined below:

As at 30 November 2009, the number of GPs known to be practising in RRMA 4 to 7 locations was 639 (including GP registrars). This represents an increase of 1.8% since 30 November 2008. The largest proportional increase in the workforce by GP type was in resident GPs (GPs in private practice) with 19 additional doctors, an increase of 4.6%. The greatest loss was seen in GP registrar numbers, a drop of 11.5% (six doctors).

Age and gender

- The average age of the overall GP workforce was 47.15 years. This figure has increased 2.85 years since 2001.
- There continues to be more males in the workforce than females, although the number of females has been rising since 2005 (34.3% in 2009).

Location

- Numbers in all rural RRMA's have been steadily increasing since 2005. In 2009, RRMA 7 showed the greatest proportional increase since 2008 (6.3%).
- Greater Bunbury, Pilbara and the Midwest Divisions of General Practice/GP Networks showed the greatest proportional increases (between 7.5% and 8.5%). The Wheatbelt has had no growth since 2005.

Turnover

- Turnover of the workforce from 30 November 2008 to 30 November 2009 was 11.1%, a decrease of 3.8% from the previous period.
- There were fewer doctors departing the workforce during this period than the previous period (64 and 80 respectively). The most common destination of doctors leaving rural and remote Western Australia was Perth (35.9%).
- There were also fewer doctors who joined the permanent workforce during this period, compared with the 2007-2008 period (82 and 118 respectively). This is the lowest number of arrivals since 2001. The greatest source of arrivals in previous years has been from overseas; however, in this period, arrivals from overseas have dropped by 42% from 2008, and are now equal to the number of arrivals from Perth.
- The female GP workforce continues to experience a greater turnover rate (12.8%) than the male workforce (10.4%). The female workforce experienced a greater increase in arrivals (8.1%) than the male workforce (1.0%).

- Locations in the most remote areas, RRMA 6 and 7 experienced the greatest proportional movements out (55.5% of all departures). RRMA 5 and 6 experienced the greatest movement inward (60%).

Working hours

- Average hours worked increased 0.5 hours from 2008 after decreasing in 2006, 2007 and 2008. Male doctors in all age groups continued to work longer clinical hours per week than their female counterparts.
- There was a 3.2% increase in the proportion of doctors working full-time, when compared to 2008 figures.
- There are more males working full-time than females, and more females working part-time than males.

Length of employment

- The number of doctors employed in one practice for longer than five years remains unchanged since 2007 (37%), however the percentage of doctors in the current practice for <1 year has decreased to 18%. This figure has been over 20% since 2003. Alternatively, the percentage that has been in their current practice for between one and five years has increased.
- The majority of long-stay doctors are in RRMA 4 and RRMA 5. RRMA 6 again has the highest proportion of newly arrived doctors.

Proceduralists

- There were 197 GP proceduralists as at November 2009, three fewer than in 2008. 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 (34.3%) of the overall workforce was female, whilst only 21% of GP proceduralists were female.
- The average age of GP proceduralists in 2009 was 47.1, an increase of 0.6 years from 2008. Prior to 2008, the average GP proceduralist age was always higher than the average overall GP age. Since 2008, the average age for proceduralists and all GPs is equal.

International Medical Graduates (IMGs)

- As at 30 November 2009, 52.0% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This is a decrease of 0.6% from 2008, and the first year there has been a reduction.

GP registrars

- There were 46 GP registrars in the rural workforce in November 2009, six less than the same time in 2008.

- Prior to 2009, the proportion of GP registrars who were overseas trained increased every year. 2009 has seen a decrease for the first time (from 34.6% to 28.3%).

Aboriginal Medical Services

- There were 42 GPs in Aboriginal Medical Service (AMS) practices as at 30 November 2009, the same figure as in 2008.
- In 2009, 52.4% of doctors working in AMS practices were IMGs.
- Prior to 2009, the AMS workforce continually experienced a much greater turnover of doctors than the overall workforce. However, the turnover in 2009 decreased 23.2% from 2008, to 14.3%. This brings AMS turnover to only 3.2% higher than the overall workforce turnover.
- In 2009, 47.6% of the AMS workforce was female. AMS services 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.¹ The locations for which data is collected are those defined as Rural, Remote and Metropolitan Area (RRMA) classifications four to seven (Appendix A).

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 *MDS Report and Workforce Analysis Update*.

The 2009 MDS report presents the data as at 30 November 2009, and where appropriate, makes comparisons with data from previous years.

¹ 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.

3.0 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 Medical Board of Western Australia 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 doctors at Bunbury and Mandurah hospitals are not included, as due to the size of the hospitals and the amount of GPs in these areas, the doctors are not considered to be performing GP services.

In August 2009, 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 by GPs.

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 2009. 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 2009. Overall there was a 72.61% response rate to either the original or reduced survey.

Missing data on procedural appointments was supplemented with data provided by those GPs who applied for professional indemnity insurance subsidies. 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.
- Medical Board of Western Australia 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 2009.

4.0 DEMOGRAPHICS OF GP WORKFORCE AS AT 30 NOVEMBER 2009

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

As at 30 November 2009, the number of GPs known to be practising in RRMA 4 to 7 locations was 639. This represents an increase of 1.8% since 30 November 2008.

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 2008 v 2009

Primary Model of service provision	2008	2009	Difference	
Resident GP	413	432	19	4.6%
“Fly-in/fly-out”*	41	39	-2	-4.9%
Member of a primary health care team**	42	42	0	0.0%
WA Country Health Service (DMO/SMO)	79	79	0	0.0%
GP registrar	52	46	-6	-11.5%
Other***	1	1	0	0.0%
Total	628	639	11	1.8%

* Primarily Royal Flying Doctor Service (RFDS)

** Primarily Aboriginal Medical Service (AMS)

*** Employed by Commonwealth Government

The largest proportional increase in the rural and remote GP workforce was in the resident GPs (GPs in private practice) with 19 additional doctors, an increase of 4.6%. The greatest loss was seen in GP registrar numbers, a drop of 11.5% (six doctors).

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 47.15 years. The average age for male GPs was 49.38 years and 42.89 years for females. Figure 1 (below) compares the average ages since 2001.

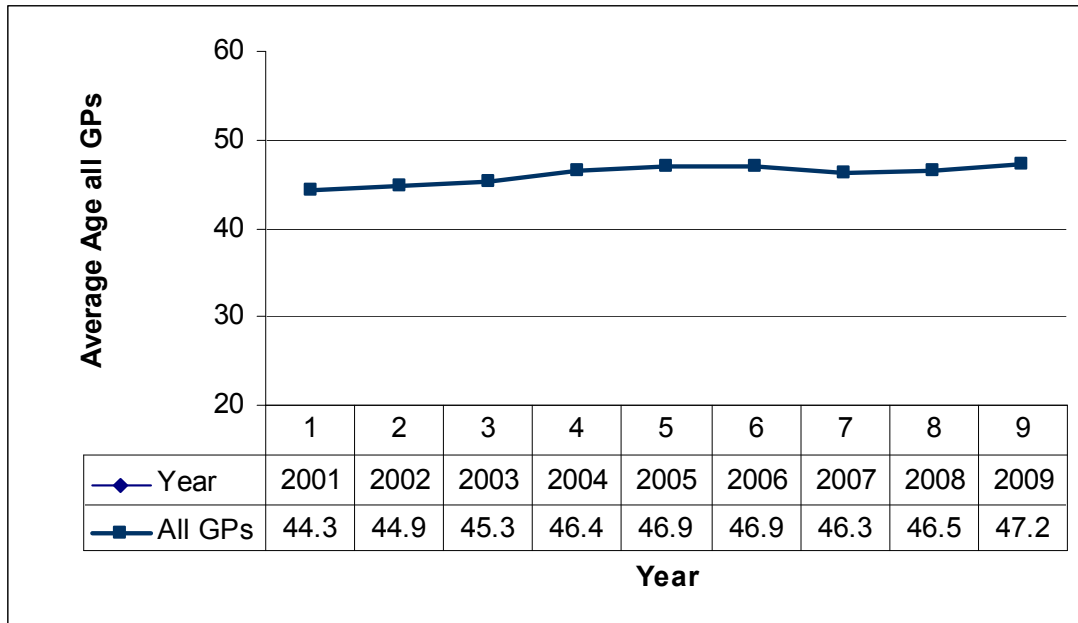


Figure 1 Average age of GP workforce 2001 to 2009

The average age of the overall rural and remote workforce has increased by 0.7 years since 2008 and is now over 47 years. This figure has increased by 2.85 years since 2001. The average age for male GPs increased by 1.02 years from 2008 and for females increased by 0.3 years.

4.2.2 GPs by age group and gender

Figure 2 (below) displays the total GP workforce for 2009, grouped by 10-year age group and gender cohorts.

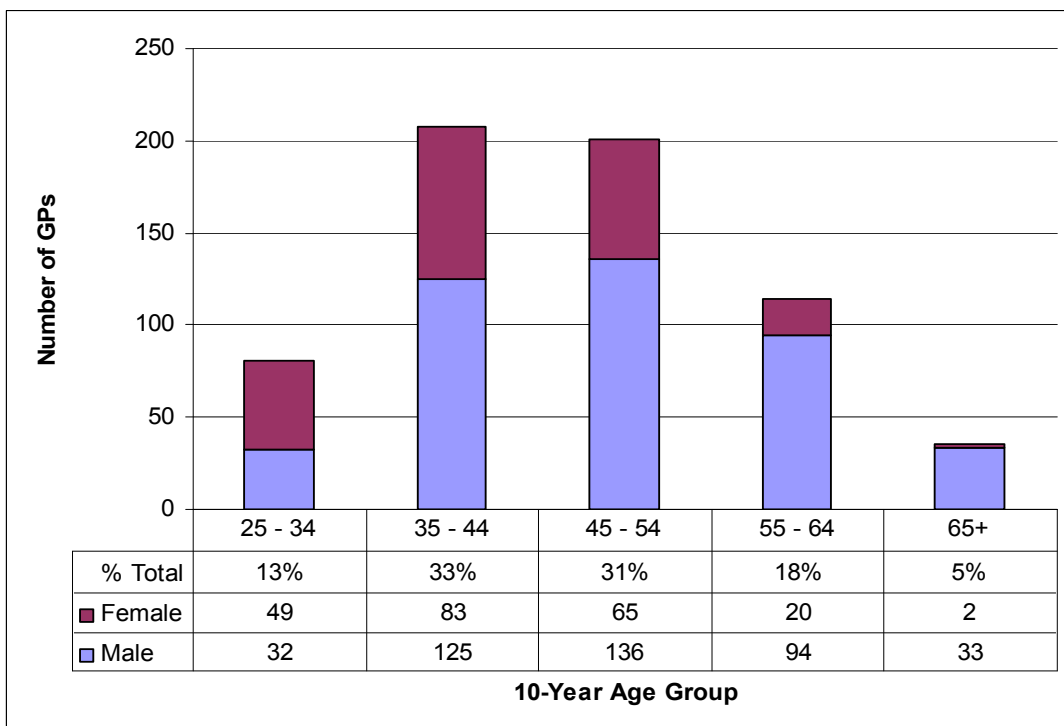


Figure 2 Composition of the GP workforce by 10-year age group and gender as at 30 November 2009

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 2008 distribution.

Figure 3 (below) compares GP numbers by gender for the years 2001 to 2009 and displays the percentage of the workforce that was female in each of those years.

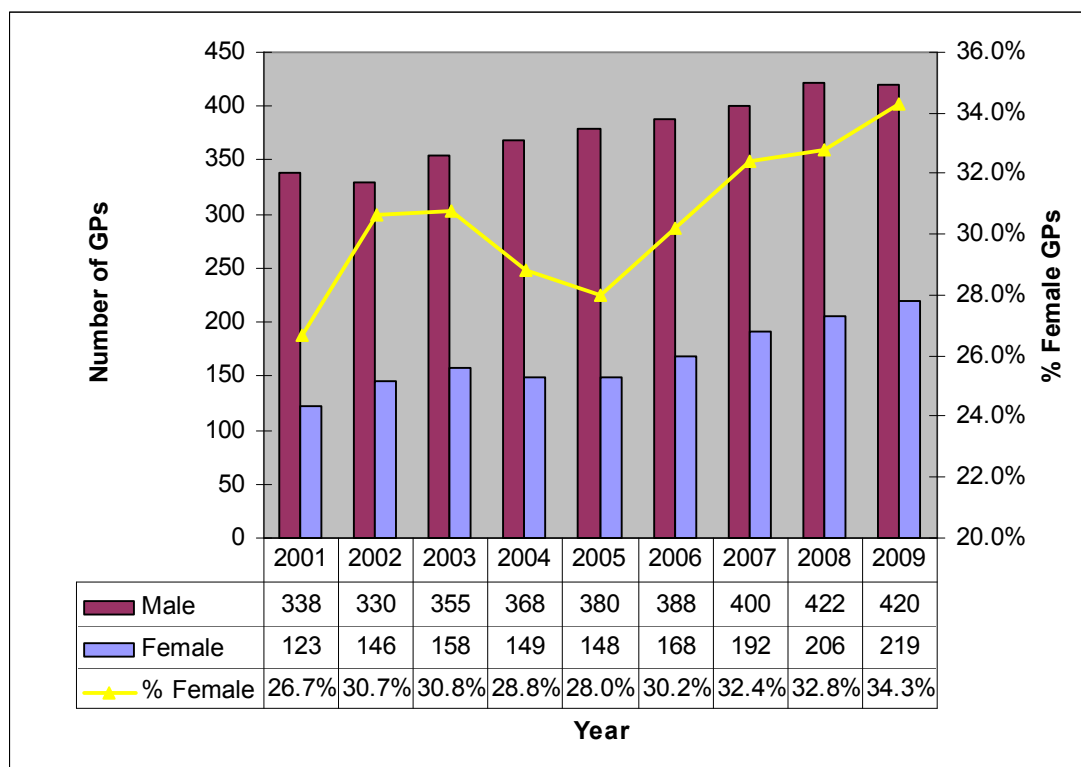


Figure 3 Number of GPs by gender and percentage of female GPs 2001 to 2009

The number and proportion of female doctors has been rising since 2005, after a decline between 2003 and 2005. In 2009, there was an increase of 13 female doctors. Although there continues to be more males in the workforce than females, 2009 is the first year since 2002 where there was no increase in male doctors to the workforce.

4.3 GP numbers by location

This section analyses the GP workforce by Rural, Remote and Metropolitan Area (RRMA) classification (refer Appendix A) and by Division of General Practice/GP Network.

GPs employed by the Royal Flying Doctor Service based in Jandakot work across various RRMA's and Divisions of General Practice/GP Networks. For the purpose of this report, they have been assigned to a RRMA category, entitled *Metropolitan (RFDS)*, and they have been allocated 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 and are classified as working in RRMA 7.

4.3.1 GP numbers by Rural Remote and Metropolitan Area classification

Table 2 (below) summarises the changes in GP numbers within each Rural Remote and Metropolitan Area (RRMA) classification since the November 2008 reporting period.

Table 2 Changes in GP numbers by RRMA 2008 v 2009

RRMA	2008	2009	Actual Difference	% Difference
4	199	202	3	1.5%
5	188	196	8	4.3%
6	135	137	2	1.5%
7	80	85	5	6.3%
Met(RFDS)	26	19	-7	-26.9%
Overall	628	639	11	1.8%

GP numbers have increased in all RRMA's, particularly in RRMA 7 (6.3%). There was a significant decrease in Jandakot-based RFDS doctors (26.9%).

Figure 4 (below) compares the GP numbers across RRMA's 4 to 7 over the eight year period between 2002 and 2009.

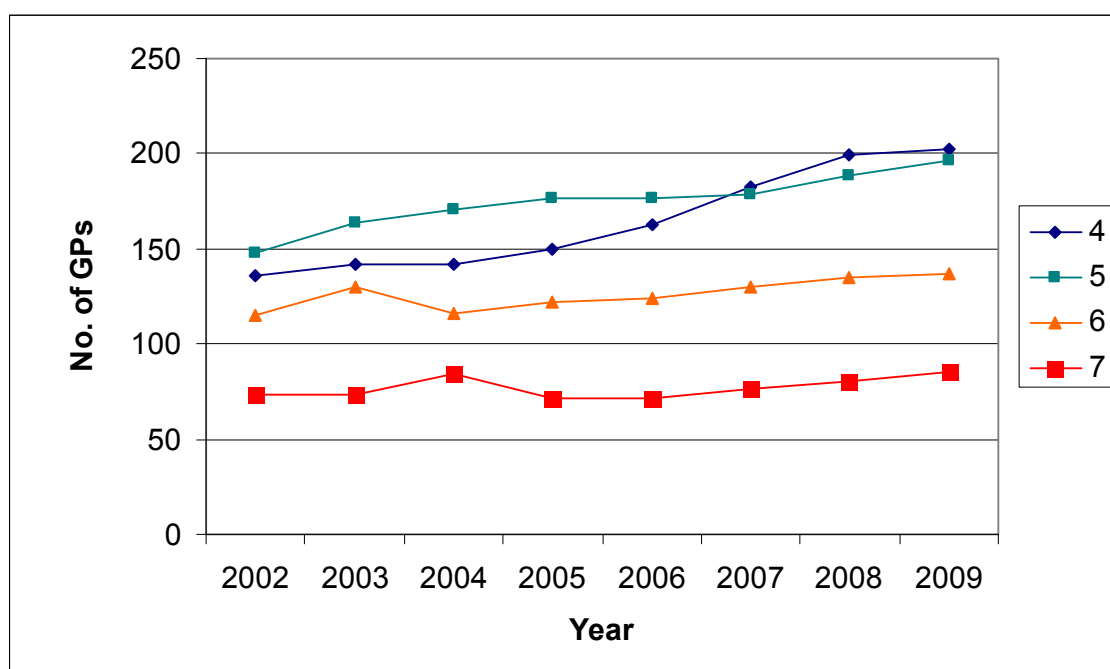


Figure 4 Number of GPs in RRMA's 4 to 7 between 2002 and 2009

Numbers in all RRMA's have continued to steadily increase since 2004/2005. Numbers in RRMA 4 locations have now steadied since 2008, after rising significantly each year from 2004. RRMA 5 locations show the greatest increase in doctor numbers since 2008, however RRMA 7 locations show the greatest proportional increase.

4.3.2 GP numbers by Division of General Practice/GP Network

Table 3 (below) displays the changes in GP numbers by Division of General Practice/GP Network since November 2008.

Table 3 GP numbers by Division of General Practice/GP Network 2008 v 2009

Division of General Practice/GP Network	2008	2009	Actual Difference	% Difference
Central Wheatbelt	41	40	-1	-2.4%
Goldfields	54	55	1	1.9%
Great Southern	77	78	1	1.3%
Greater Bunbury	59	64	5	8.5%
Kimberley	73	72	-1	-1.4%
Midwest	79	85	6	7.6%
GP Down South	163	168	5	3.1%
Pilbara	50	54	4	8.0%
Other	32	23	-9	-28.1%
Totals	628	639	11	1.8%

There were increases in doctor numbers in most Divisional/Network areas, with three Divisions/Networks showing proportional increases of between 7.5% and 8.5% (Midwest, Pilbara and Greater Bunbury). There were no significant losses in any Division. The Wheatbelt has had no growth since 2005.

5.0 CHANCES 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 2008 and November 2009.

Table 4 GP turnover November 2008 to November 2009 (excluding GP registrars)

Number of permanent GPs November 2008	576
Number of departures	64
Turnover	11.11%
Number of arrivals	82
Number of permanent GPs November 2009	594
% Increase	3.13%

On 30 November 2009, there were 82 doctors on the Rural Health West database who were not recorded at 30 November 2008. Correspondingly, there were 64 doctors not listed on the database in November 2009 who had been listed the previous year. This movement represents an 11.11% turnover during this period, a drop of 3.76% from the previous period.

Table 5 (below) displays the destinations of GPs who departed between November 2008 and November 2009 and compares this with the departure destinations for the previous period.

Table 5 Destinations of departing GPs 2008 v 2009

Destination	2008		2009	
	n	%	n	%
Perth	39	48.7%	23	35.9%
Interstate	14	17.5%	12	18.8%
Overseas	10	12.5%	13	20.3%
Extended Leave	7	8.7%	9	14.1%
Retirement	5	6.3%	5	7.8%
Locum	1	1.3%	0	0.0%
Deceased	0	0.0%	0	0.0%
Other	4	5.0%	2	3.1%
Total	80	100.0%	64	100.0%

There were 16 fewer departures in the 12-month period to November 2009 than for the preceding 12 months. The most common destination of doctors leaving rural and remote Western Australia was to Perth, with 23 departing (35.9% of total departures).

Table 6 (below) displays the origins of GPs joining or rejoining the permanent workforce between November 2008 and November 2009.

Table 6 Origins of GPs joining the workforce 2008 v 2009

Origin	2008		2009	
	n	%	n	%
Overseas	50	42.4%	21	25.6%
Trainee Program	11	9.3%	14	17.1%
Perth	24	20.3%	22	26.8%
Extended Leave	11	9.3%	8	9.8%
Interstate	19	16.1%	13	15.9%
Retirement	2	1.7%	2	2.4%
Locum	1	0.9%	0	0.0%
Other	0	0.0%	2	2.4%
Total	118	100.0%	82	100.0%

There were 36 fewer doctors who joined the permanent workforce between November 2008 and November 2009, compared with the 2007-2008 period. This is the greatest loss of new doctors since the beginning of the MDS database (commenced 2001). In previous years, the greatest source of arrivals has been from overseas, often more than doubling arrivals from Perth. In 2009, arrivals from overseas have dropped by 42% from 2008, and are now equal to the number of arrivals from Perth. This has also never been evidenced in Western Australian MDS history. Both of the above observations are likely due to the new regulations for IMGs.

There were 14 doctors who joined the permanent workforce from the GP training program, three more than in the previous period, and represent 17.1% of all new arrivals. This is a slight increase from previous years.

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 2008 to 2009 (excluding GP registrars)

Gender	Number of GPs Nov 08	Departures	% Departed	Arrivals	Number of GPs Nov 09	% Increase
Male	404	42	10.4%	46	408	1.0%
Female	172	22	12.8%	36	186	8.1%
Totals	576	64	11.1%	82	594	3.1%

The female GP workforce continues to experience a greater turnover rate (12.8%) than the male workforce (10.4%). The female workforce also experienced a greater increase in arrivals (8.1%) than the male workforce (1.0%).

Figure 5 (below) is a comparison of GP turnover figures by gender for the period 2002-2009.

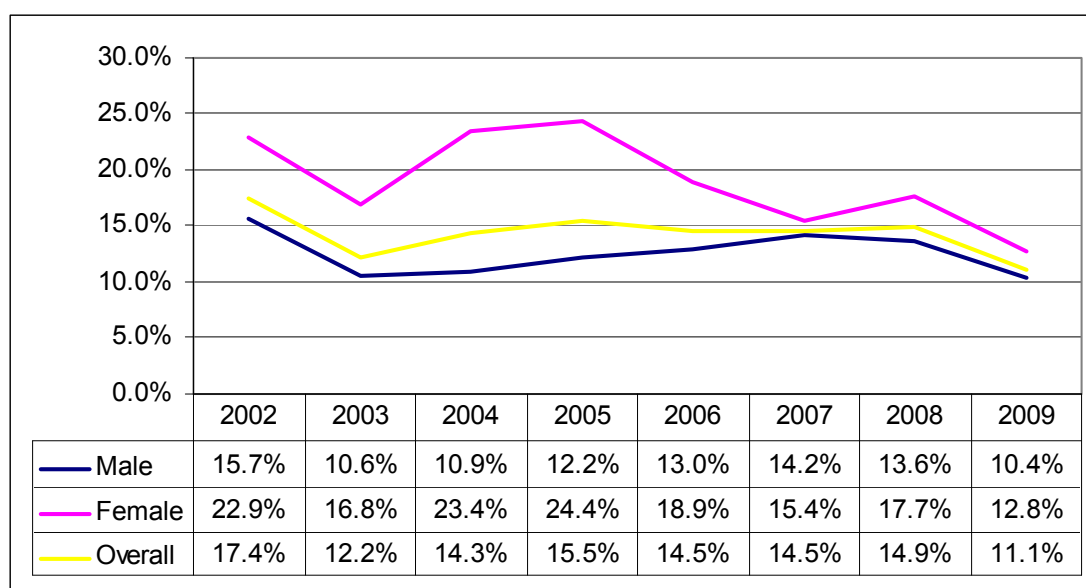


Figure 5 GP turnover rates by gender 2002 to 2009 (excluding GP registrars)

Turnover of GPs in all three categories is lower than for all previous periods. Turnover of female GPs remains higher than for male GPs; however, it is now lower than it has been since 2002.

5.3 GP workforce changes by RRMA

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 2008 v 2009 (excluding GP registrars)

RRMA	N per RRMA Nov-2008	Movements OUT of rural Western Australia				Movements INTO rural Western Australia			
		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-2009
4	181	15	3	18	9.9%	16	4	20	182
5	166	11	4	15	9.0%	23	7	30	181
6	124	15	7	22	17.7%	25	6	31	133
7	79	17	5	22	27.8%	16	5	21	79
Met(RFDS)	26	6	3	9	34.6%	2	0	2	19
Overall	576	64	22	86		82	22	104	594

Between November 2008 and November 2009, 64 doctors left rural Western Australia and a further 22 doctors moved from one rural RRMA into another rural RRMA, totalling 86 doctor departures from all RRMA. Over the same period, a total of 104 GPs moved into rural RRMA areas, including 82 from outside rural Western Australia and the 22 who moved from one RRMA area to another.

Locations in the most remote areas, RRMA 6 and 7 experienced the greatest proportional movements out (55.5% of all departures). RRMA 5 and 6 experienced the greatest movement inward (30 and 31 doctors respectively). Net gains were seen in all RRMA except Jandakot-based RFDS doctors.

Table 9 (below) outlines the destinations of GPs who departed rural Western Australia in 2009 by RRMA.

Table 9 Destinations of GPs who departed rural Western Australia in 2009 by RRMA

Destination	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Met(RFDS)	Total
Perth	4	6	3	5	5	23
Interstate	2	1	4	5		12
Overseas	3	1	5	3	1	13
Leave	5		2	2		9
Retirement	1	3		1		5
Other			1	1		2
Total	15	11	15	17	6	64

Distribution of destinations is fairly even across RRMA, with slightly more departures from RRMA 7 than from the other RRMA.

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 2008 to 2009 (excluding GP registrars)

Age Group	Number in age group Nov-2008	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-2009	% Increase in age group
25 - 34	57	13	22.8%	22	16	0	50	-12.3%
35 - 44	197	23	11.7%	31	21	16	199	1.0%
45 - 54	185	17	9.2%	20	13	21	196	5.9%
55 - 64	102	6	5.9%	9	5	13	114	11.8%
65+	35	5	14.3%	0	0	5	35	0.0%
Total	576	64	11.1%	82	55	55	594	3.1%

The age-group with the greatest percentage increase was in the 55 – 64 year group (11.8%). The highest departure rate (22.8%) was in the 25-34 year age-group, slightly lower than the previous period.

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.

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 436 doctors (68.2%).

6.1 Clinical hours worked per week

As at November 2009, the average self-reported clinical workload was 44.7 hours per week, as compared with 44.2 hours per week in November 2008. This figure had been falling since 2005, but has now increased 0.5 hours in this period.

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	265	87	352	80.7%
Part-time	25	59	84	19.3%
Total respondents	290	146	436	100.0%

There were 352 doctors (80.7% of respondents) who self-reported as working full-time in the provision of routine clinical GP services. This represents an increase of 3.2% working full-time, when compared to 2008 figures. Of these full-time doctors, the vast majority were male (265 male, 87 female). This is a similar pattern to 2008, where there were significantly more males working full-time than females (273 males, 78 females).

Alternatively, 84 doctors (19.3% of respondents) self-reported as working part-time. Of these part-time doctors, there were more female doctors than males (59 female, 25 male). This is similar to 2008 (60 female, 42 male).

Table 12 (below) looks specifically at this part-time workforce, comparing by gender those who self-reported as working part-time in November 2008 and November 2009.

Table 12 Part-time (PT) workforce by gender 2008 v 2009

Year	Total Males	Males working PT	% of total Males	Total Females	Females working PT	% of total Females	Total Respondents	% of total Respondents working PT
2008	315	42	13.3%	138	60	43.5%	453	22.5%
2009	290	25	8.6%	146	59	40.4%	436	19.3%

There was a 3.2% decrease in respondents who reported working part-time in 2009, compared with 2008.

Figure 6 (below) displays a breakdown of average weekly clinical hours worked, by gender and age group.

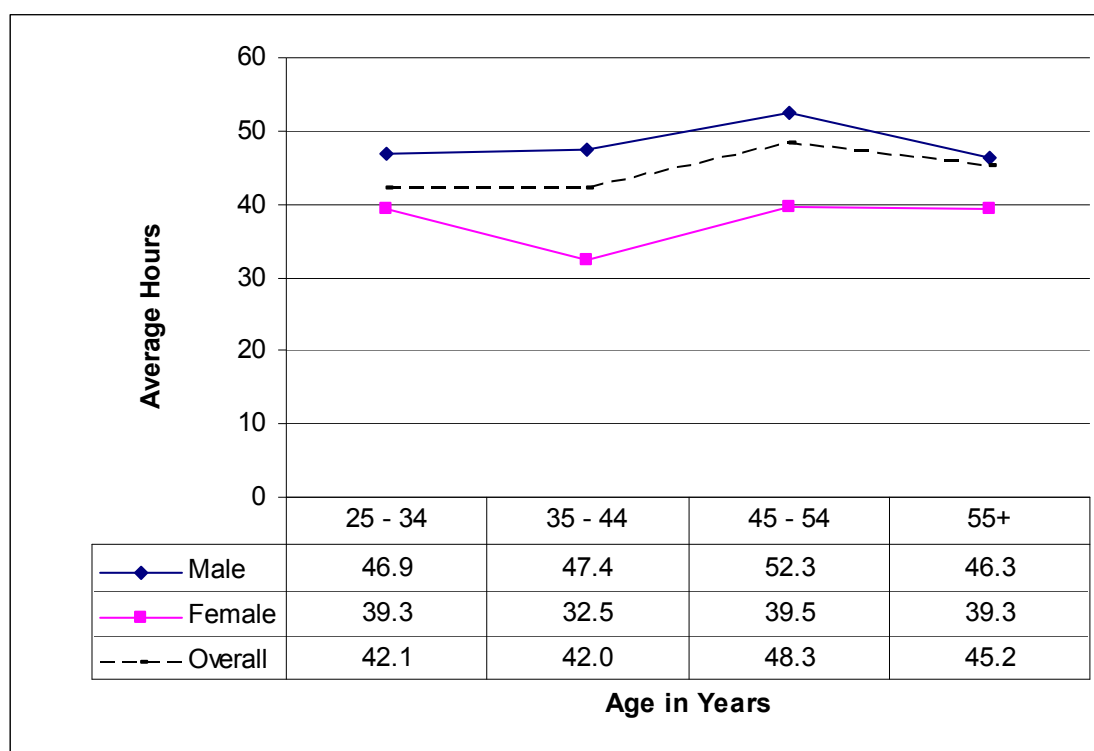


Figure 6 Average hours worked per week by gender and 10-year age groups

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

6.2 Changes in clinical workload

Due to differences in questionnaire wording around on-call hours worked per week, it is not legitimate to compare clinical hours data of 2006 to 2009 with previous years' data. However, the wording on questions related to hours per week worked in GP practice and hours per week worked in the hospital setting, have not changed significantly over the last ten census collection periods. Figure 7 (below) compares average hours worked in a GP practice or hospital for December 2000 and December 2001, and November 2002, 2003, 2004, 2005, 2006, 2007, 2008 and 2009.

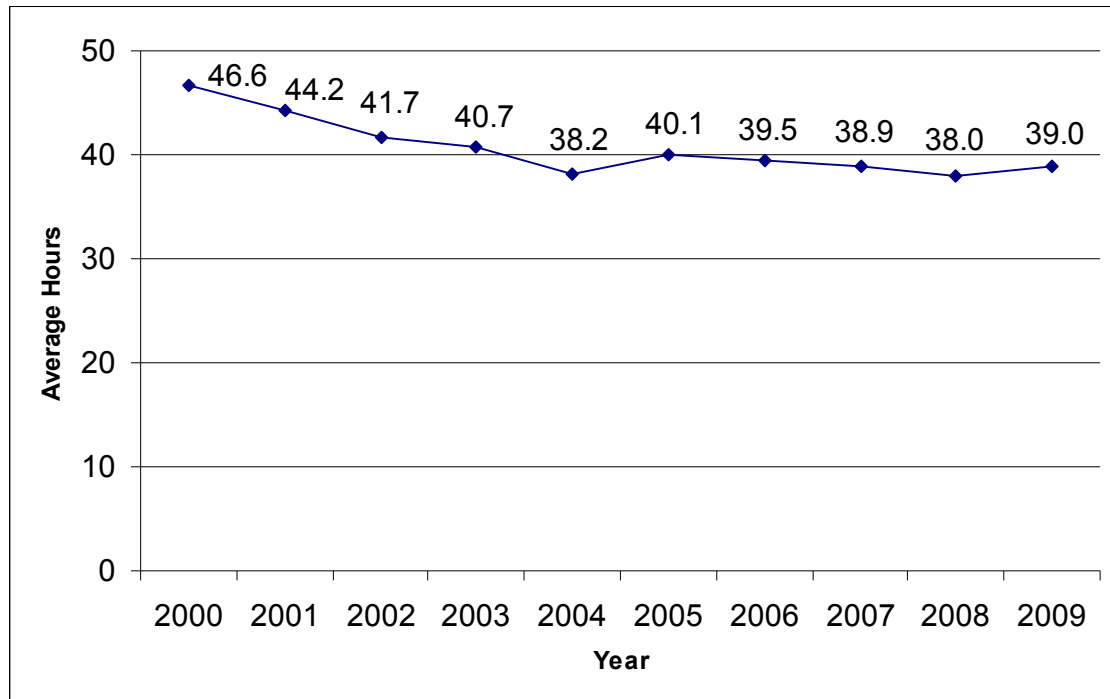


Figure 7 Changes in GP practice and hospital hours 2000 to 2009

Average hours worked in the general practice and hospital settings decreased steadily every year between 2000 and 2004, and then increased in 2005. The period since then shows a similar pattern; with a decrease from 2006 to 2008, then an increase in 2009. These figures are further broken down by RRMA in Figure 8 (below).

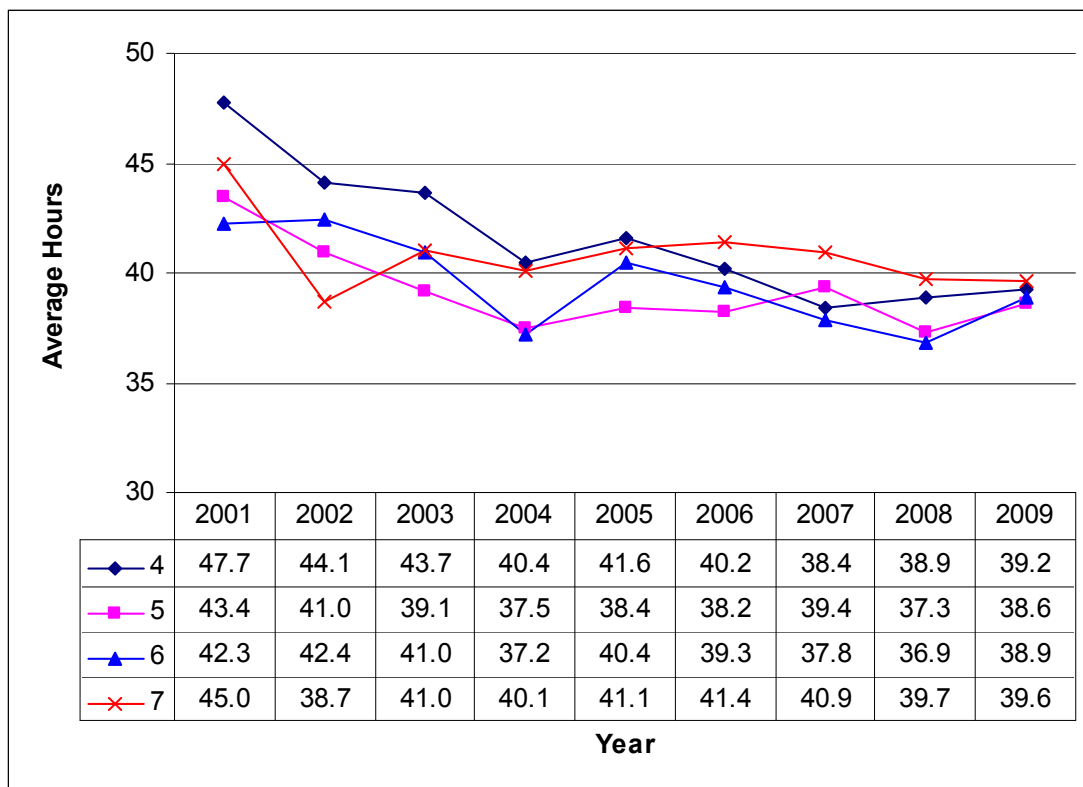


Figure 8 Average hours per week by RRMA, 2001 to 2009

Although increases have been seen in most RRMAs since 2008, this figure shows that hours are still, overall, less than they were in 2001. For the past four years, doctors in RRMA 7 locations have reported the highest average working hours in GP practice and hospitals.

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 6.9 years, virtually the same as the previous four years. 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.

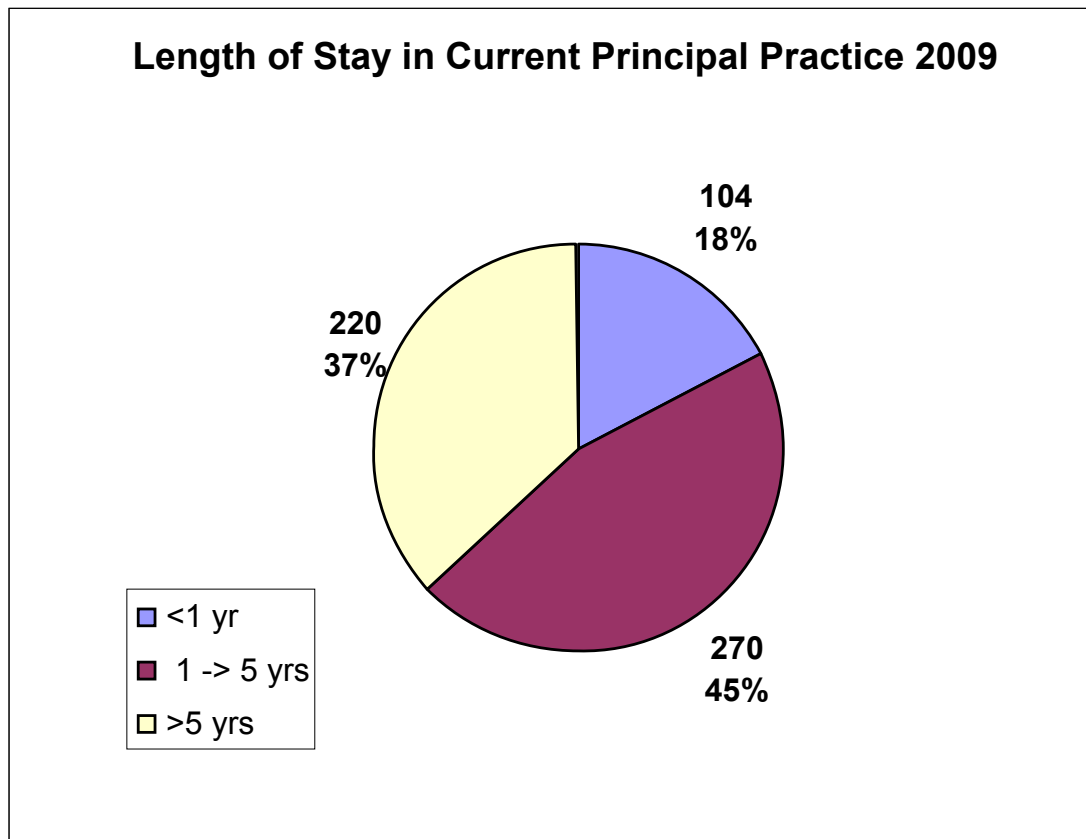


Figure 9 Length of employment in current principal practice (excluding GP registrars)

Data collected in 2009 shows a slight change of trend in length of current employment. Doctors employed for >5 years remains unchanged at 37% since 2007, however the percentage of new arrivals (in the current practice for <1 year) has decreased to 18%. Previously this figure has been over 20% since 2003. Alternatively, the percentage of doctors that has been in their current practice for between one and five years has increased.

7.2 Average length of employment by RRMA

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

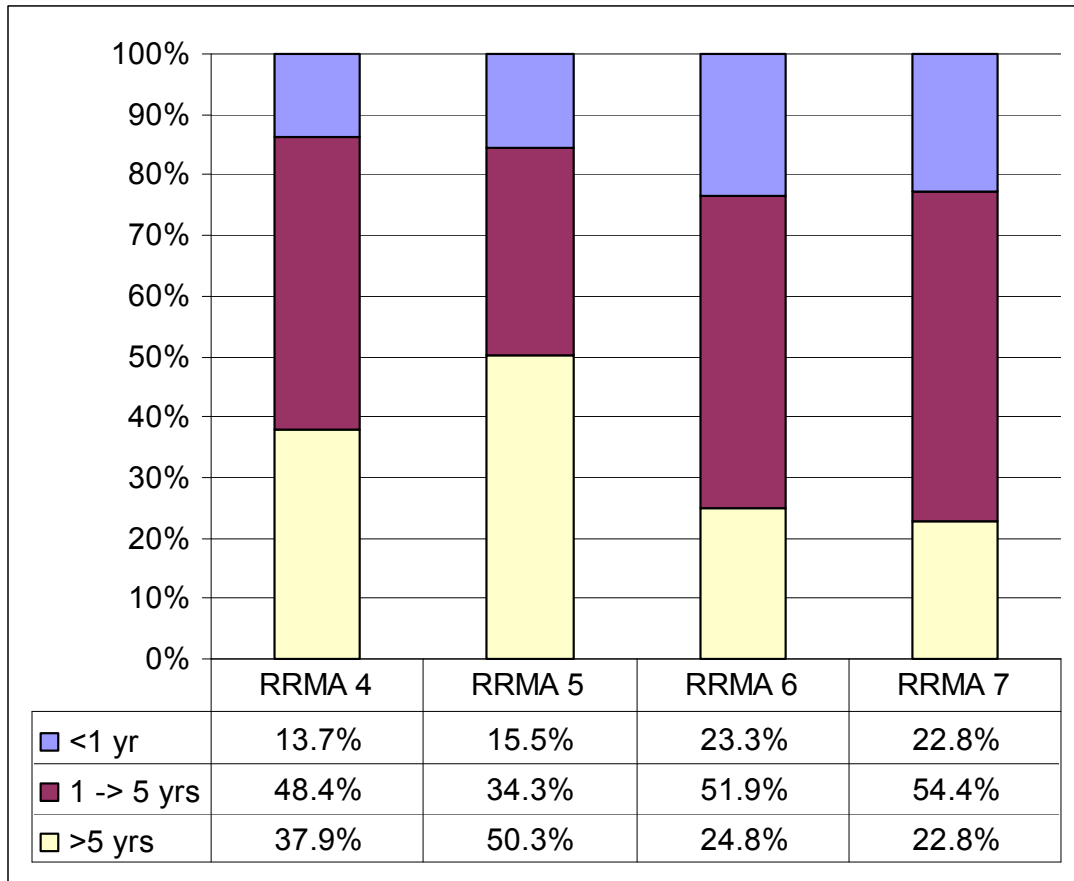


Figure 10 Length of employment in current principal practice by RRMA

The majority of long-stay doctors are in RRMA 5 and RRMA 4. Half the doctors in RRMA 5 have practised in their current location for more than five years (50.3%). By contrast, in RRMA 7 there are only 22.8% long-term doctors. RRMA 6 has the highest proportion of newly arrived doctors (23.3%).

8.0 PRACTICE TYPE

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

Table 13 Practice types 2009

RRMA	Group	Solo	% Solo
4	191	11	5.4%
5	174	22	11.2%
6	132	5	3.6%
7	70	15	17.6%
Met (RFDS)	19	0	0.0%
Overall	586	53	8.3%

Of the total GP workforce, 8.3% work in solo practices. The solo practitioner component of the workforce varies widely across geographical locations, with the highest proportion (17%) being in RRMA 7 locations, followed by RRMA 5 with 11% of its workforce in solo practices. At 30 November 2009, there were only five doctors (3.6% of the workforce) working in solo practice in RRMA 6 areas.

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 numbers of GPs regularly practising each of these procedures is displayed in Table 14 (below), along with the percentage of the total workforce that these numbers represent for 2008 and 2009.

Table 14 Numbers and proportions of GPs practising procedures 2008 v 2009

Procedure	N 2008	% of total GPs 2007	N 2009	% of total GPs 2009
Anaesthetics	105	17%	101	16%
Obstetrics	133	21%	138	22%
Surgery	41	7%	37	6%

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

There were 197 GP proceduralists as at November 2009 (three fewer than 2008), 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.

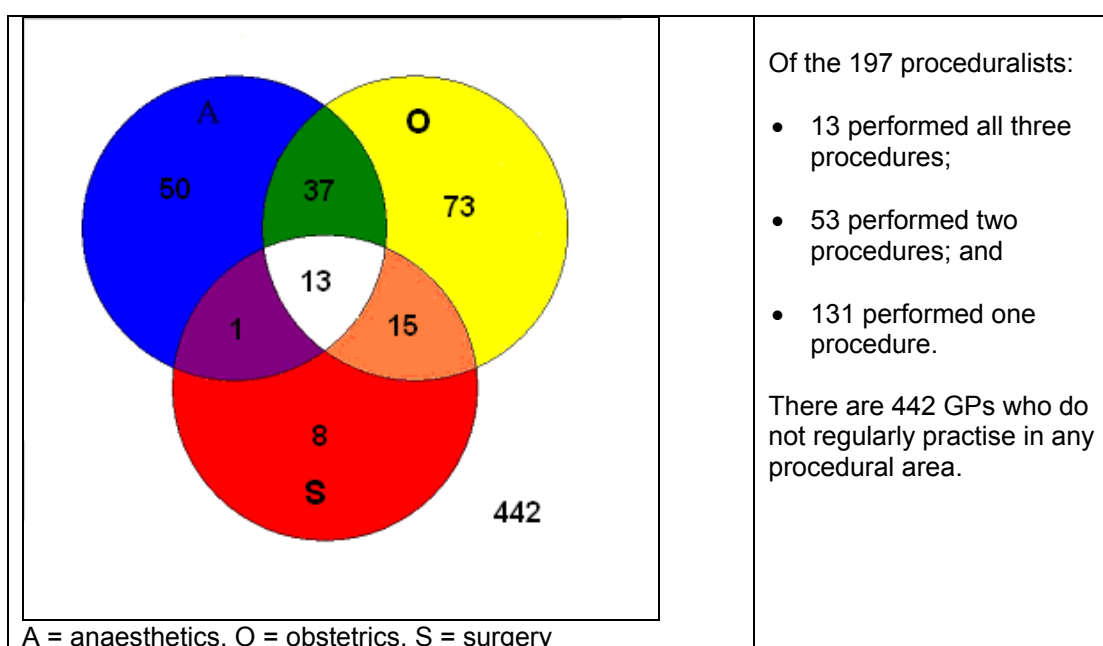


Figure 11 Numbers of GPs practising procedures

Figure 12 (below) illustrates the fluctuations in overall GP proceduralist numbers and proportions between 2002 and 2009.

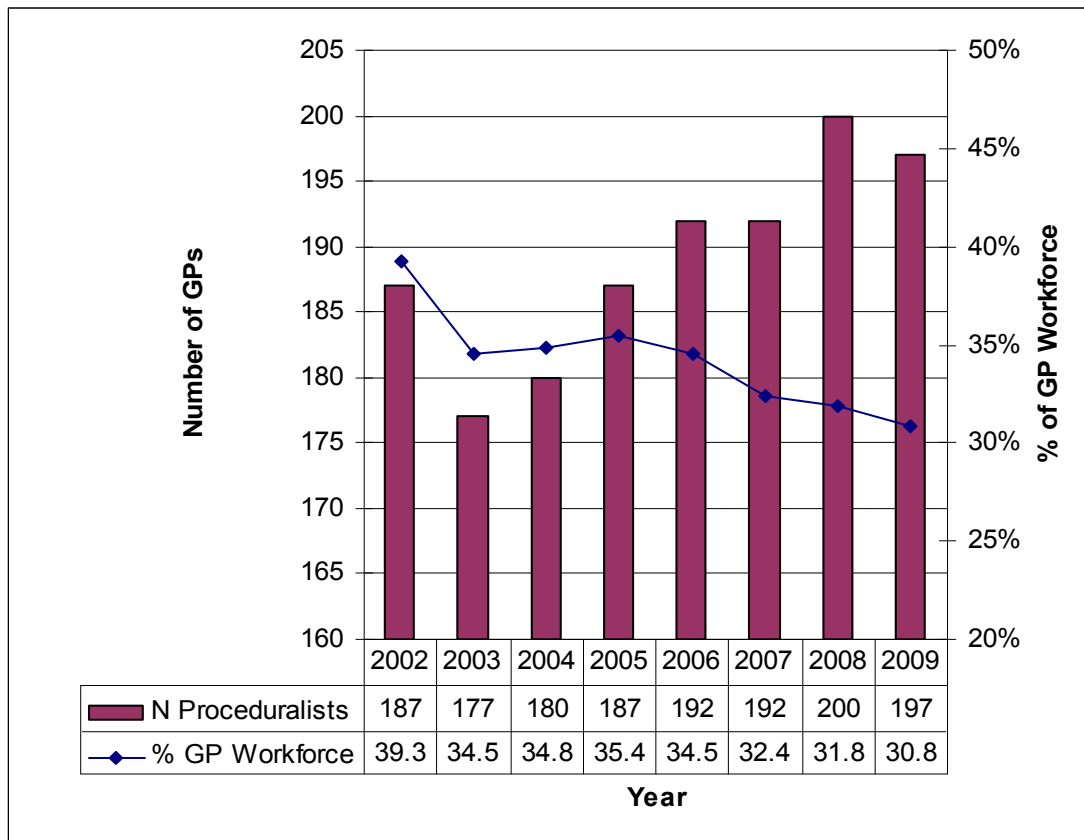


Figure 12 Number and proportions of GP proceduralists 2002 to 2009

After steady increases every year from 2003, proceduralist numbers decreased in 2009. Despite the increase in numbers since 2003, the proportion of overall GPs 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.

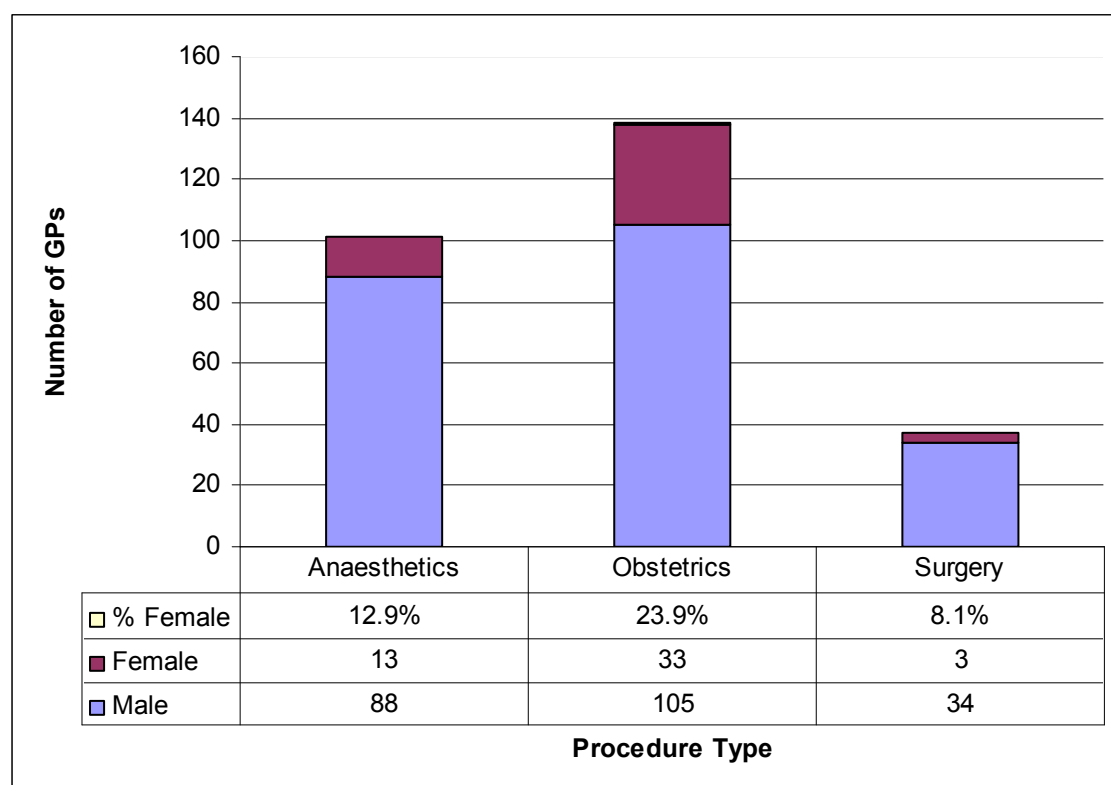


Figure 13 Number of GP proceduralists by gender 2009

The gender distribution of GPs practising in each procedural field remains disproportionate to that of the Western Australian rural and remote GP workforce. Thirty percent (34.3%) of the overall workforce was female, whilst only 21% of the GP proceduralist population was female (12.9% of GP anaesthetists, 23.9% of GP obstetricians and 8.1% of GPs practising general surgery).

Table 15 (below) compares the numbers and proportions of female GP proceduralists between 2003 and 2009.

Table 15 Numbers and proportions of female GP proceduralists 2003 to 2009

Procedure	2003		2004		2005		2006		2007		2008		2009	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Anaesthetics	4	4.4%	8	8.5%	4	4.3%	10	9.7%	8	8.2%	13	12.9%	13	12.9%
Obstetrics	21	14.7%	12	9.0%	16	11.3%	20	14.6%	21	15.9%	27	19.6%	33	23.9%
Surgery	3	5.4%	5	9.1%	3	5.5%	4	8.3%	7	14.6%	4	10.8%	3	8.1%
Proceduralists	24	13.6%	20	11.1%	18	9.6%	27	14.1%	31	16.1%	44	22.3%	49	24.9%

This table shows that although the proportion of female procedural GPs steadily decreased from 2003 to 2005, an increase has been seen each year since then.

9.2 GP proceduralists by age

Figure 14 (below) shows the average age of proceduralists between 2001 and 2009

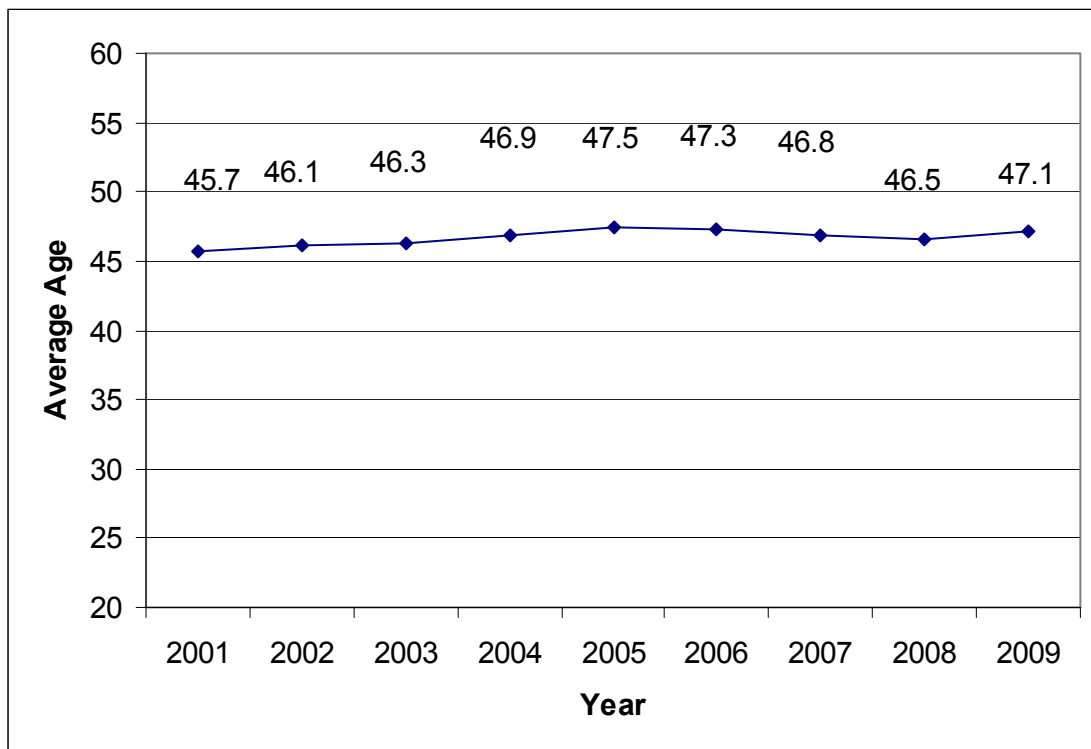


Figure 14 Average age of GP proceduralists 2001 to 2009

The average age of the GP proceduralist population steadily increased between 2001 and 2005, then decreased each year until 2008. In 2009, this figure increased by 0.6 years to 47.1 years. Prior to 2008, the average proceduralist age was always higher than the average GP age. Since 2008, the average age for proceduralists and all GPs is virtually equal.

10.0 COUNTRY OF TRAINING AND RESIDENCY

10.1 Country of training

Table 16 (below) shows the number of GPs who obtained their basic medical qualification in Australia compared with International Medical Graduates (IMGs).

Table 16 Number of Australian trained GPs compared with overseas trained GPs

Year	Australian trained	Overseas trained	Total workforce	% IMG
2009	307	332	639	52.0%

As at 30 November 2009, 52.0% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This is slightly less than 2008 (52.6%).

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

Figure 15 (below) provides a breakdown of the countries in which the IMGs trained.

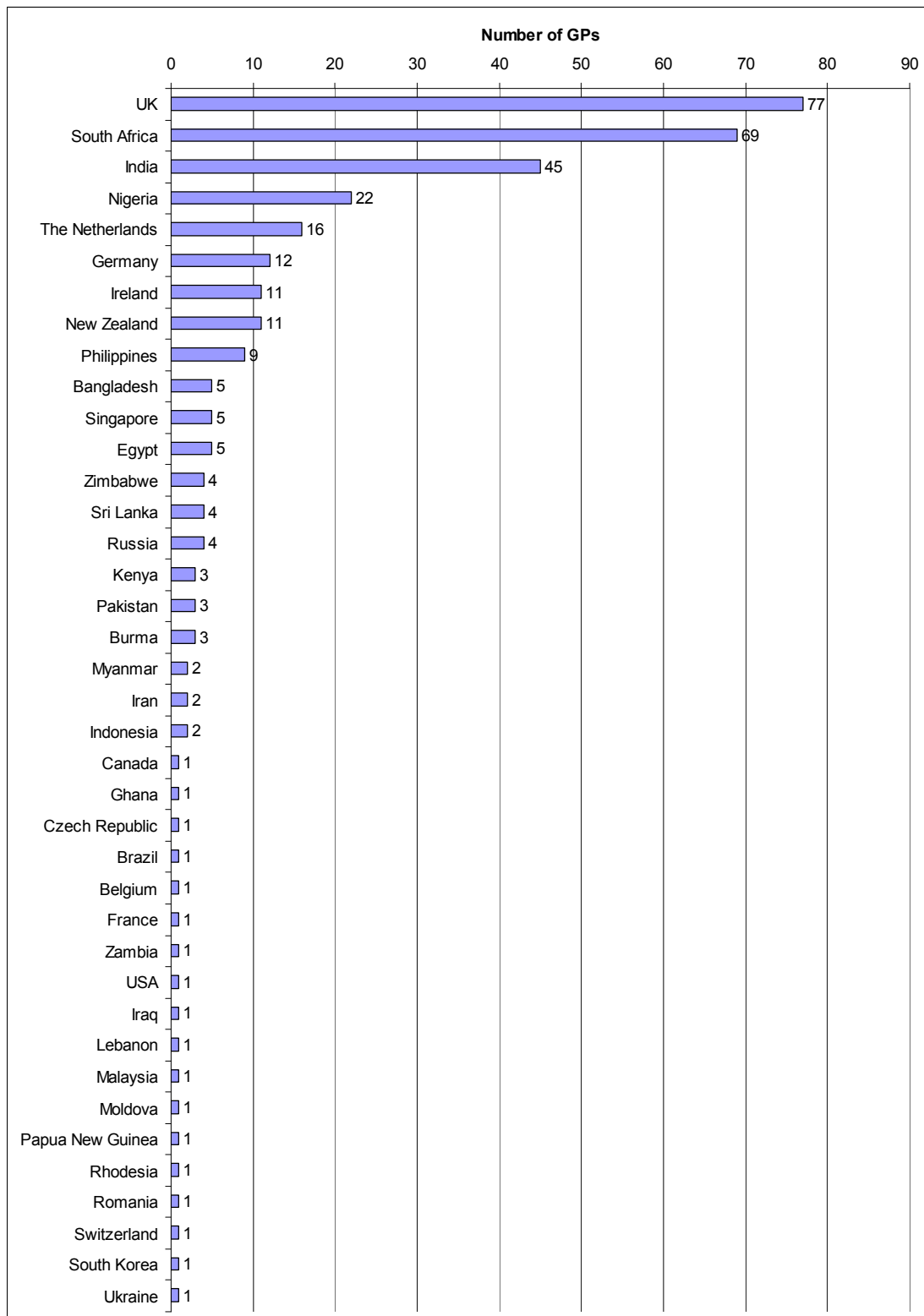


Figure 15 Country of basic medical qualification (non Australian trained doctors)

The largest proportion of IMGs gained their basic medical qualification from the United Kingdom (23.2%), followed by South Africa (20.8%) and India (13.6%). These figures and patterns are similar to 2008.

Figure 16 (below) shows the 2002 to 2009 comparisons of numbers of GPs who trained in Australia compared with overseas, and the percentages of the total workforce who are IMGs.

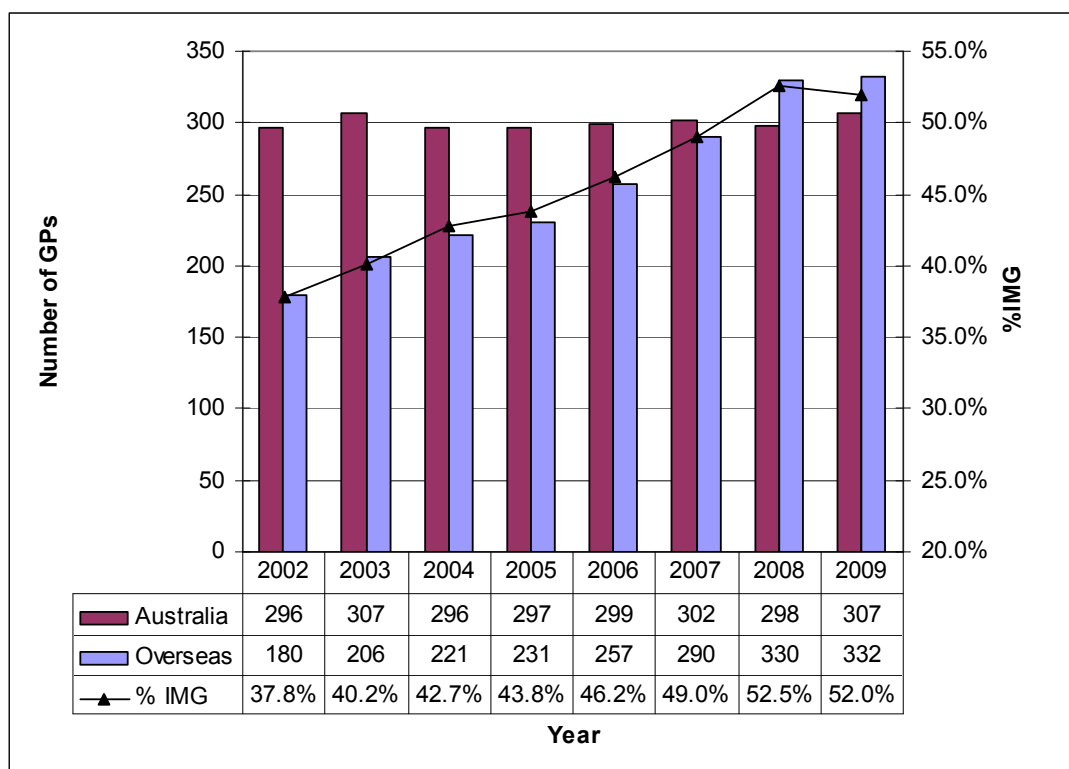


Figure 16 Number and percentage of International Medical Graduates (IMGs) 2002 to 2009

As displayed in this graph, the percentage of IMGs in the workforce decreased for the first time in 2009. Although the actual number of IMGs continues to rise, the number of Australian trained doctors in the workforce is the highest it has been since 2003.

In Table 6, it was noted that 21 new doctors arrived in rural Western Australia from overseas during the period November 2008 to November 2009. These newly arrived IMGs had received their basic medical qualifications from ten different countries, including the United Kingdom (five), South Africa (three), India (three) and Nigeria (three).

10.2 Residency

The residency status of the GP workforce as at 30 November 2009 is displayed in Table 17 (below).

Table 17 Residency status of GP workforce 30 November 2009

Residency	Number	%
Australian Citizen	407	63.7%
Permanent Resident	110	17.2%
Temporary Resident	122	19.1%
Total	639	100.0%

As at 30 November 2009, 63.7% of the workforce were Australian citizens (3.3% more than 2008) and 30% of these citizens had trained overseas.

On 30 November 2009, 67 doctors were practising under the Five Year International Medical Graduates Scheme, which provides opportunities for overseas 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 18 (below) displays the residency status of the scheme doctors.

Table 18 Residency status of doctors on the Five Year IMG Scheme 2008 v 2009

Residency	2008	%	2009	%
Australian Citizen	6	9.3%	10	14.9%
Permanent Resident	22	34.4%	23	34.4%
Temporary Resident	36	56.3%	34	50.7%
Total	64	100.00%	67	100.00%

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

There were 16 new doctors to the scheme during this period, and 20 doctors who left the scheme. Of those who left, 11 completed the scheme (eight remained in rural WA, one relocated interstate and two moved to Perth) and nine left the scheme. Of those who left the scheme without completion, three relocated interstate and two to Perth, one returned overseas, one moved to a non-scheme rural location and two were removed due to not fulfilling the requirements of the scheme, however were still practising rurally.

The most common countries of basic medical qualification for Temporary Resident doctors on the Five Year IMG Scheme were South Africa (ten), Nigeria (nine), The Netherlands (three) and Germany (two).

11.0 GP REGISTRARS

The following section analyses the GP registrar workforce. Figure 17 (below) compares GP registrar numbers over the period 2002 - 2009.

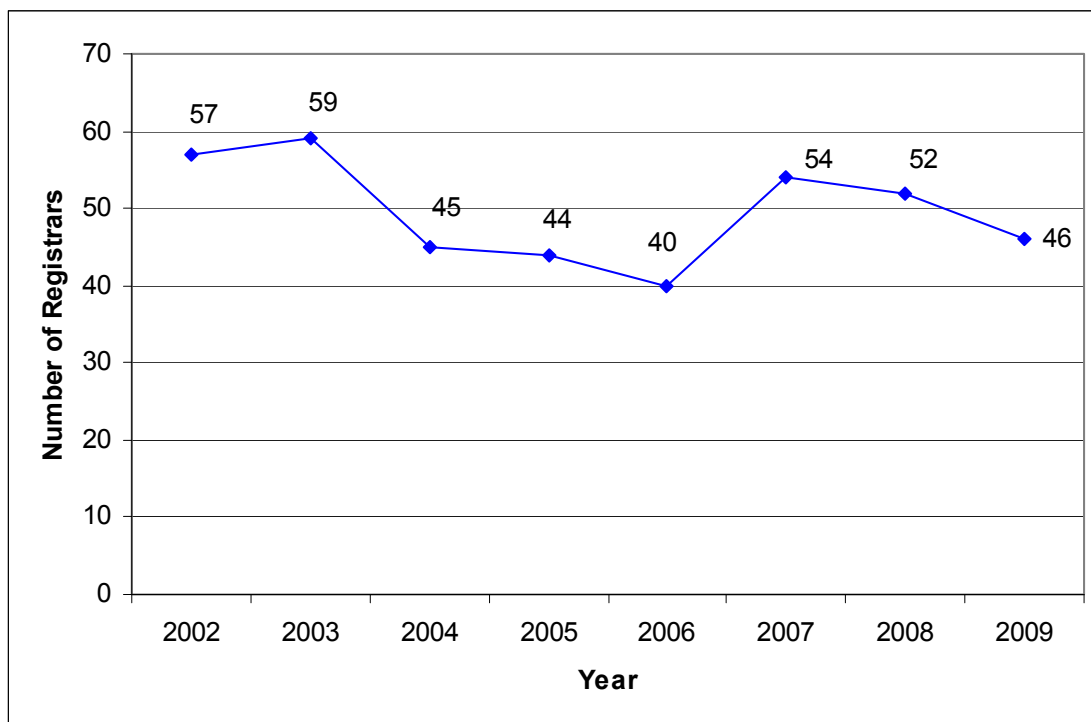


Figure 17 Total number of GP registrars 2002 to 2009

The total number of GP registrars in the rural and remote Western Australian workforce as at 30 November 2009 was 46, six less than 2008. The number of GP registrars in the workforce decreased steadily from 2003, then rose in 2007, and has been falling since then.

Figure 18 (below) shows the average age of GP registrars in comparison to the average age of GPs who are not registrars.

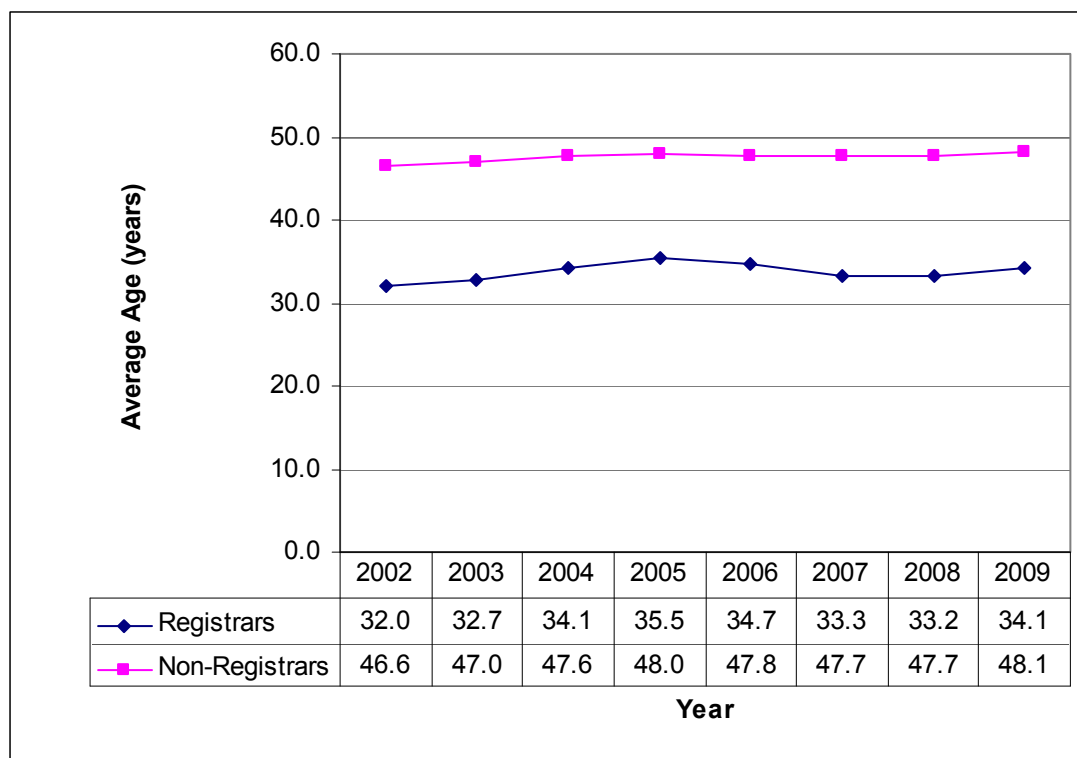


Figure 18 Average age of GP registrars 2002 to 2009

This graph shows that the average age of GP registrars has risen slightly after a plateau in 2008. Likewise, the average age of non-registrar GPs also rose slightly in 2009.

Table 19 (below) shows a comparative breakdown of GP registrar figures, over the seven year period, according to where they received their primary medical qualification.

Table 19 Percentage of overseas trained registrars 2002 to 2009

Year	Australian trained	Overseas trained	Total	% Overseas trained
2002	52	5	57	8.8%
2003	53	6	59	10.2%
2004	38	7	45	15.6%
2005	35	9	44	20.5%
2006	29	11	40	27.5%
2007	40	14	54	25.9%
2008	34	18	52	34.6%
2009	33	13	46	28.3%

The number of overseas trained GP registrars decreased by six doctors in 2009 from the previous year; however the proportion of the registrar population remains higher than all years apart from 2008.

12.0 ABORIGINAL MEDICAL SERVICES

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

Figure 19 (below) shows the number of GPs in AMS practices from 2002 to 2009.

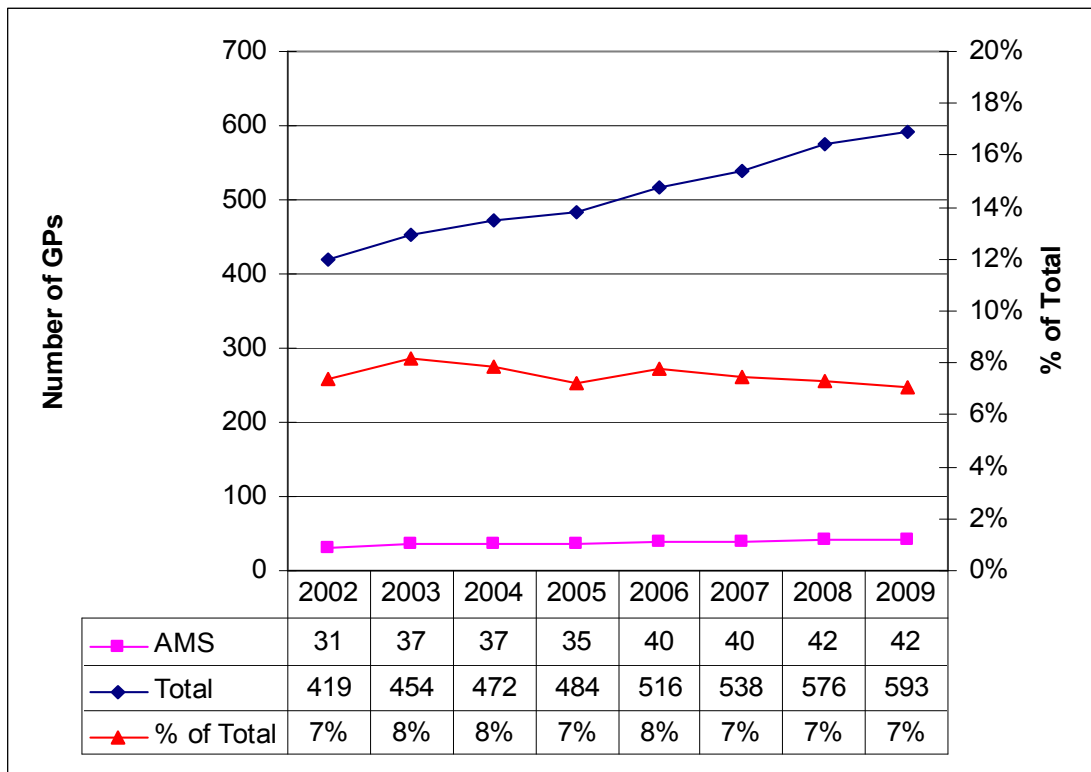


Figure 19 Number of GPs in AMS practices 2002 to 2009

The number of GPs in AMS practices has remained the same as 2008, whilst the total GP population continues to increase each year. The proportion of the total workforce has remained steady since 2002.

Figure 20 (below) shows the average age of GPs in AMS practices from 2002 to 2009.

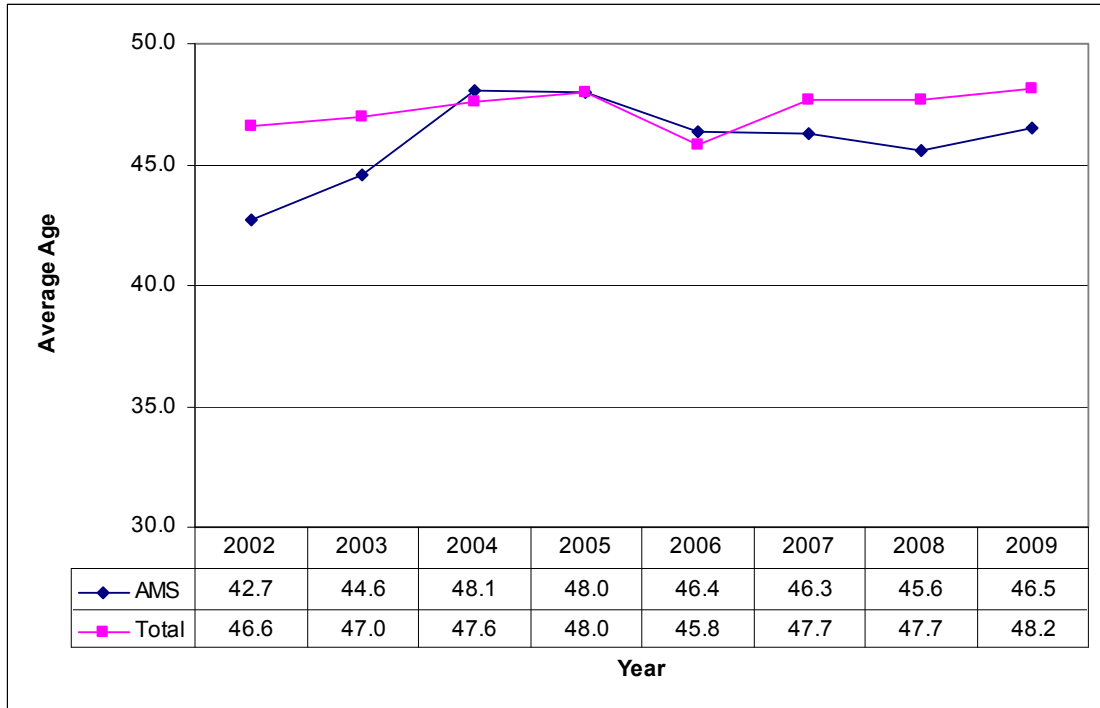


Figure 20 Average age of GPs in AMS practices 2002 to 2009

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 2009, this trend continues.

Figure 21 (below) shows the percentage of International Medical Graduates (IMGs) in AMS practices compared with the overall GP workforce between 2002 and 2009.

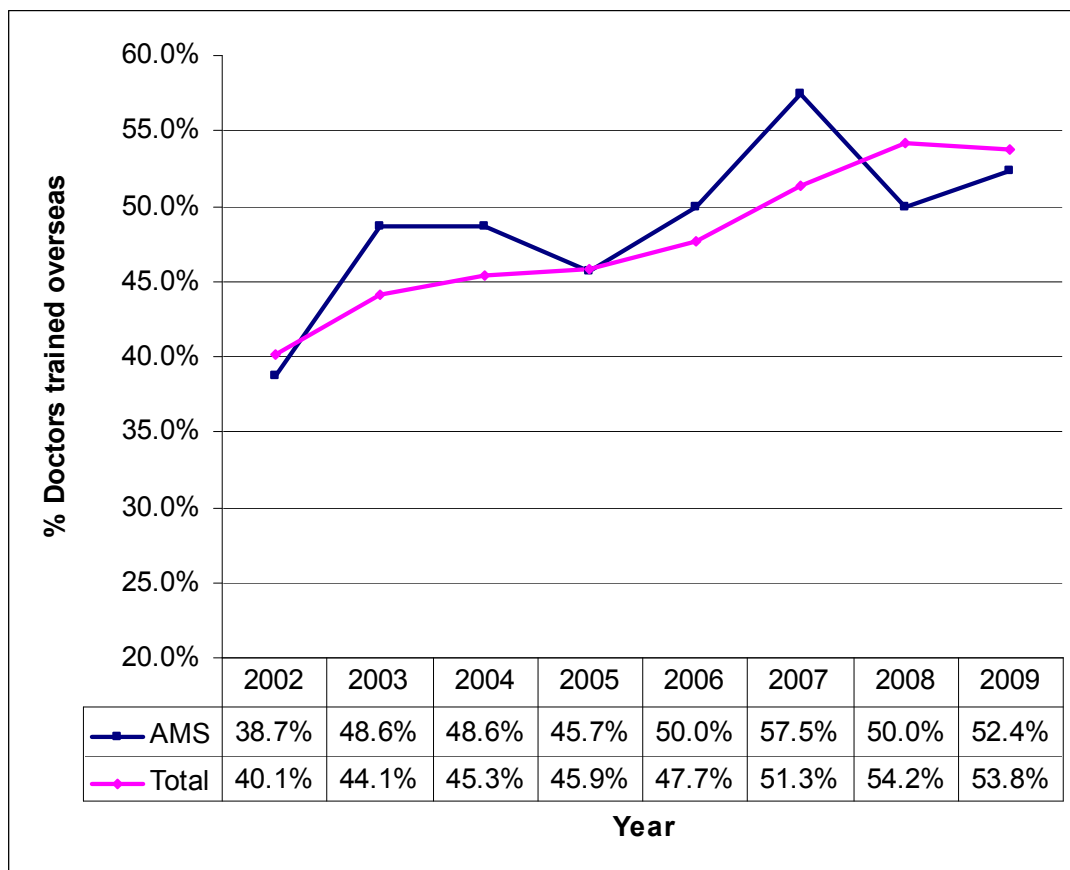


Figure 21 The percentage of IMGs in AMS practices v overall 2002 to 2009

In 2007, the percentage of IMGs (GP registrars excluded) working in AMS practices reached its highest mark since 2002 (57.5%), then dropped in 2008. In 2009, the proportion of IMGs in AMS practices has increased again by 2.4%. Alternatively, the proportion of IMGs in the total workforce (GP registrars excluded) decreased by 0.4%.

Figure 22 (below) compares the turnover in AMS practices compared with the overall GP population between 2003 and 2009.

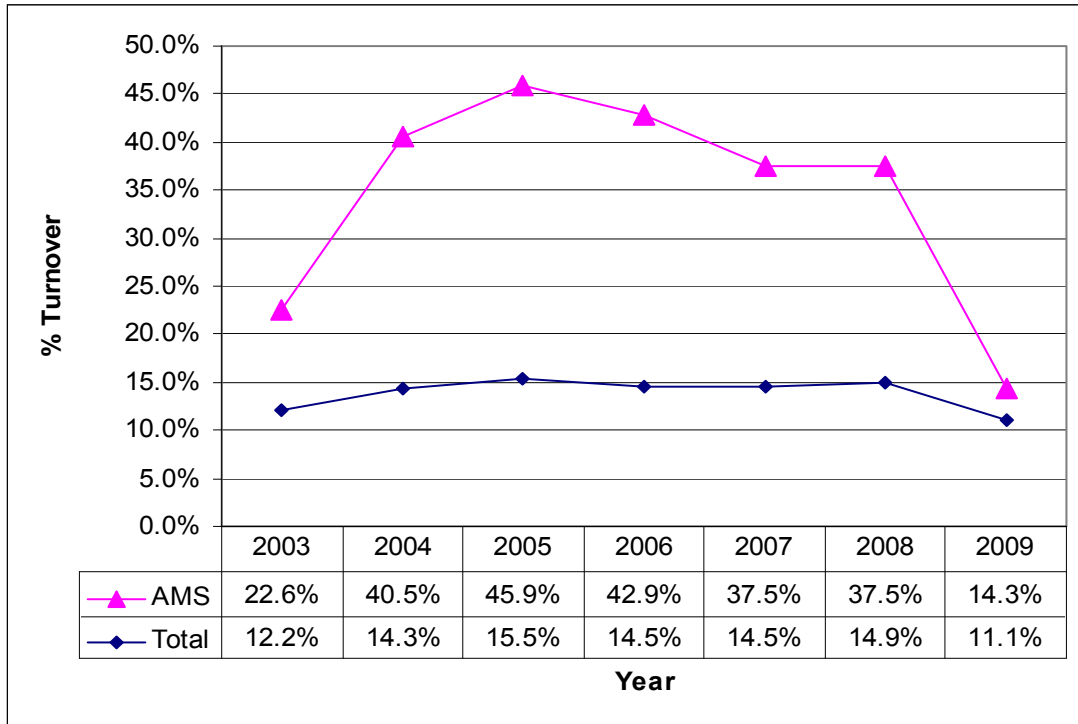


Figure 22 Comparison between the turnover in AMS practices v overall 2003 to 2009

This graph shows that the AMS workforce has continually experienced a much greater turnover of doctors since 2003 than the overall workforce. However, this changed dramatically in 2009, with a decrease of 23.2% and brings AMS turnover in line with overall turnover prior to 2008.

Figure 23 (below) displays the percentage of female GPs in AMS practices compared with the overall workforce from 2002 to 2009.

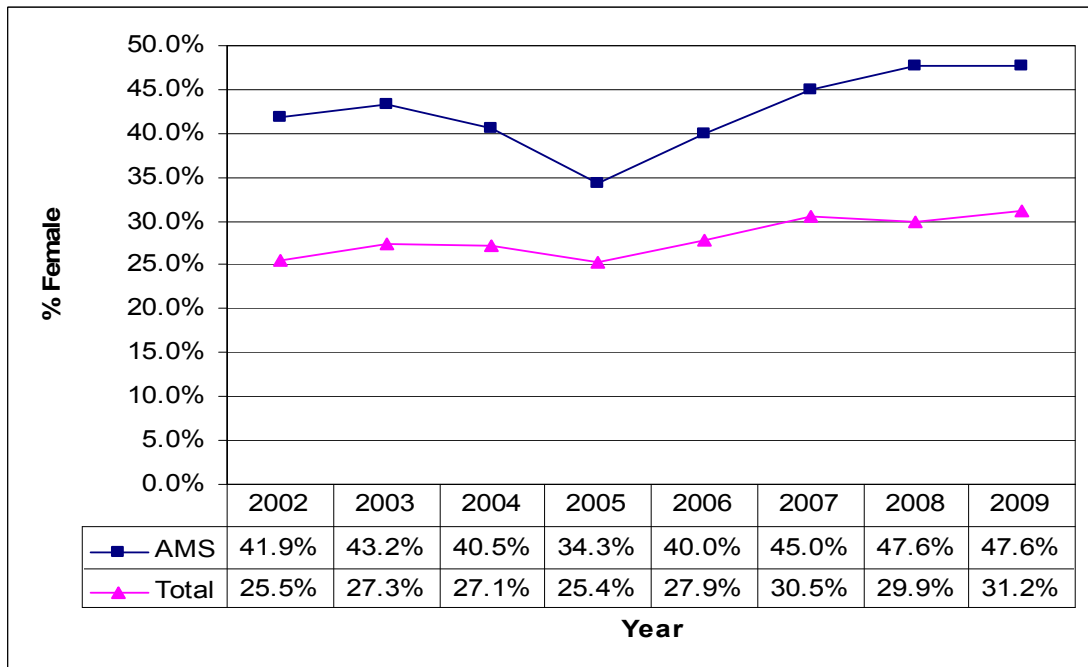


Figure 23 Percentage of female GPs in AMS practices v overall 2002 to 2009

This graph shows that AMS practices have a consistently greater proportion of female GPs than the overall workforce.

APPENDIX A

RURAL, REMOTE AND METROPOLITAN AREAS CLASSIFICATION (RRMA)

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

Metropolitan areas

1. *Capital cities* consist of the State and Territory capital cities: Sydney, Melbourne, Brisbane, Perth, Adelaide, Hobart, Darwin and Canberra.
2. *Other metropolitan centres* consist of one or more statistical subdivisions that have an urban centre of population of 100,000 or more.

Rural zone

3. *Large rural centres* are statistical local areas where most of the population resides in urban centres of population of 25,000 to 99,999.
4. *Small rural centres* are statistical local areas in rural zones containing urban centres of population between 10,000 and 24,999. These centres are Albany, Bunbury, Geraldton, and Mandurah (WA).
5. *Other rural areas* are the remaining statistical areas within the rural zone. Examples are Moora Shire, York Shire (WA).

Remote zone

These are generally less densely populated than rural statistical local areas and are hundreds of kilometres from a major urban centre.

6. *Remote centres* are statistical local areas in the remote zone containing urban centres of population. Examples are: Broome, Carnarvon, East Pilbara, Esperance, Kalgoorlie/Boulder, Port Hedland, and Karratha (WA).
7. *Other remote areas* are the remaining areas within the remote zone. Examples are: Coolgardie, Exmouth, Laverton, and Shark Bay (WA).²

² Australian Medical Workforce Agency Committee (2000), *The General Practice Workforce in Australia*, AMWAC Report 2000.2, Sydney. pg 102