



# Minimum Data Set Summary Report 2017

A snapshot of the general practitioner workforce landscape  
in Queensland as at 30 November, 2017



Health Workforce  
Queensland

## HEALTH WORKFORCE QUEENSLAND

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Health Workforce Queensland is a not-for-profit Rural Workforce Agency focused on making sure remote, rural and Aboriginal and Torres Strait Islander communities have access to highly skilled health professionals when and where they need them, now and into the future.

## OUR VISION

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To ensure optimal health workforce to enhance the health of Queensland communities.

## OUR MISSION

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Creating sustainable health workforce solutions that meet the needs of remote, rural and regional and Aboriginal and Torres Strait Islander communities.

# 1 Introduction

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Health Workforce Queensland maintains an up-to-date database of the general practitioner workforce in remote, rural and regional Queensland that is informed by an annual survey of General Practices and General Practitioners, and a variety of other strategies.

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The locations for which data have been collected are those defined under the Australian Standard Geographical Classification (ASGC) Remoteness Areas (RA) system and covers areas from Inner Regional Queensland (RA 2) through to Very Remote Queensland (RA 5). This summary report represents a minimum, specified set of data based on a data snapshot taken on 30 November 2017.

Information generated by the minimum data set informs policy development relevant to the remote, rural and regional health workforce at local, state and national levels, and supports services for the recruitment and retention of remote, rural and regional medical professional services in Queensland. The project allows for effective monitoring of current workforce distributions and helps facilitate proactive planning for identified areas of current, or potential future areas of workforce shortage. Finally, the data allows Health Workforce Queensland to assist other institutions and organisations to research remote, rural and regional health workforce issues. This includes assisting academic institutions, local, state and federal governments, and private businesses.

Data have been collated, de-identified and then compiled into this Summary Report to represent doctors practising in a general practice environment in Queensland remote, rural and regional communities on 30 November, 2017. It should be noted that the number of doctors reported reflect stable elements of the remote, rural and regional medical workforce and do not include transient, short-term service providers (e.g. locum tenens).

## 2 Results

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As at 30 November 2017, there were 2,248 medical practitioners working in RA 5-2 Queensland.

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### Synopsis

The Northern Queensland Primary Health Network (PHN) had the largest remote, rural and regional medical workforce in the state. The average age of the workforce was 50.8 years and 44% were female, although, in very remote communities, female practitioners represented only 35% of the workforce. Practitioners reported an average 44 hours per week of medical-related work but there were increased hours from male doctors in Remote Queensland ( $M = 54$  hours), who also worked almost 20 hours per week more than their female Remote area peers (35 hours). Female practitioners (38 hours) averaged approximately 10 hours per week less than males (48 hours). Approximately 56% of the workforce were trained in Australia and approximately 5% of practitioners were working as solo practitioners.

### Workforce Characteristics

Figure 1 outlines the percentage of medical practitioners in the four main remote and rural PHNs in Queensland according to ASGC-RA classifications. Northern Queensland PHN had the most medical practitioners ( $n = 916$ ), the majority of whom worked in Outer Regional locations. Almost 50% of the practitioners in the Western Queensland PHN were in Very Remote locations.

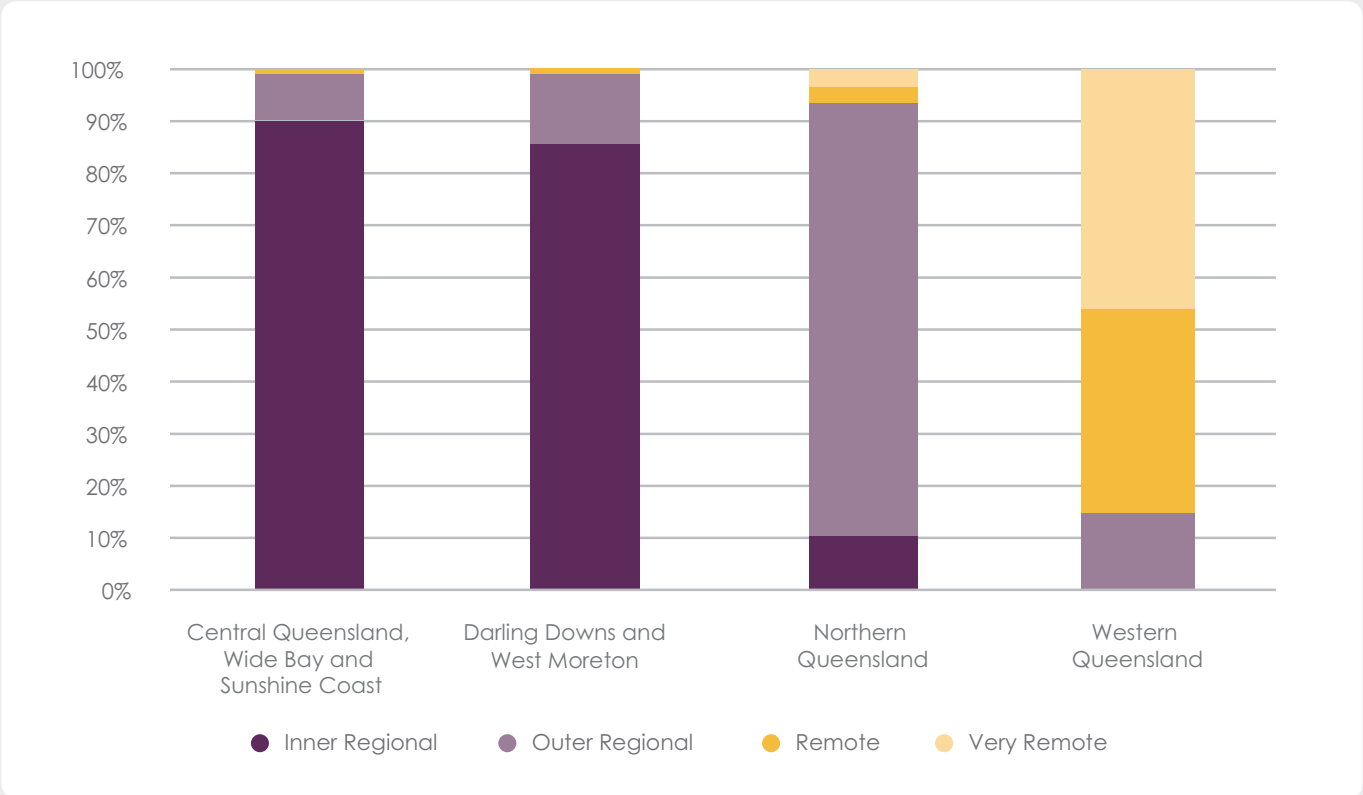


Figure 1: Percent of medical practitioners by Primary Health Network and ASGC-RA classification

The primary employment type for the majority of medical practitioners was in general practice positions followed by Hospital and Health Service and Aboriginal Medical Service positions.

Table 1: Employment type by ASGC-RA

| Employment Type              | Inner Regional | Outer Regional | Remote | Very Remote | Total |
|------------------------------|----------------|----------------|--------|-------------|-------|
| Aboriginal Medical Service   | 29             | 53             | 12     | 6           | 100   |
| General Practice             | 1,138          | 738            | 47     | 23          | 1,946 |
| Hospital and Health Service  | 20             | 98             | 13     | 44          | 175   |
| Royal Flying Doctors Service | 0              | 14             | 6      | 7           | 27    |
| Total                        | 1,187          | 903            | 78     | 80          | 2,248 |

The proportion of the workforce engaged in general practice positions tended to decrease with increasing remoteness, reducing from 96% in Inner Regional Queensland to 29% in Very Remote Queensland (Figure 2).

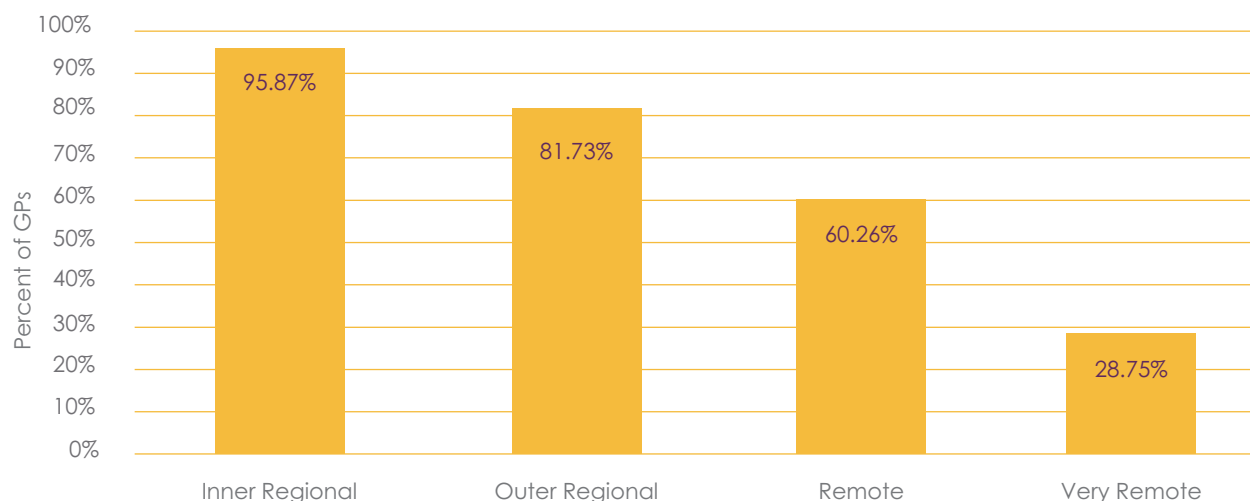


Figure 2: Percent of medical practitioners in GP roles by ASGC-RA classification

Almost 70% of Inner Regional and Outer Regional practitioners indicated that they intended to remain at their current practice for more than three years, this dropped to approximately 40% for Remote practitioners (Figure 3).

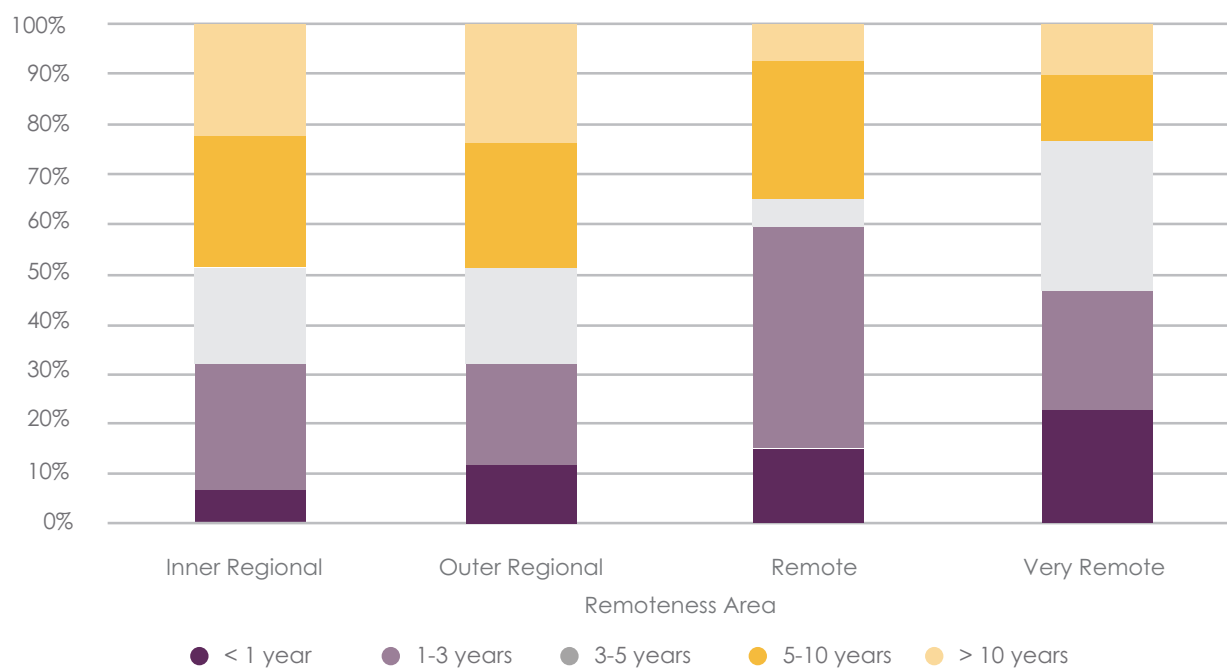


Figure 3: Intention to remain by ASGC-RA classification

The self-reported average total hours worked per week by Queensland RA 5-2 practitioners was 43.9 hours. For Queensland practitioners this represents a 1.2 hour reduction in the self-reported total hours since 2012 (Figure 4).

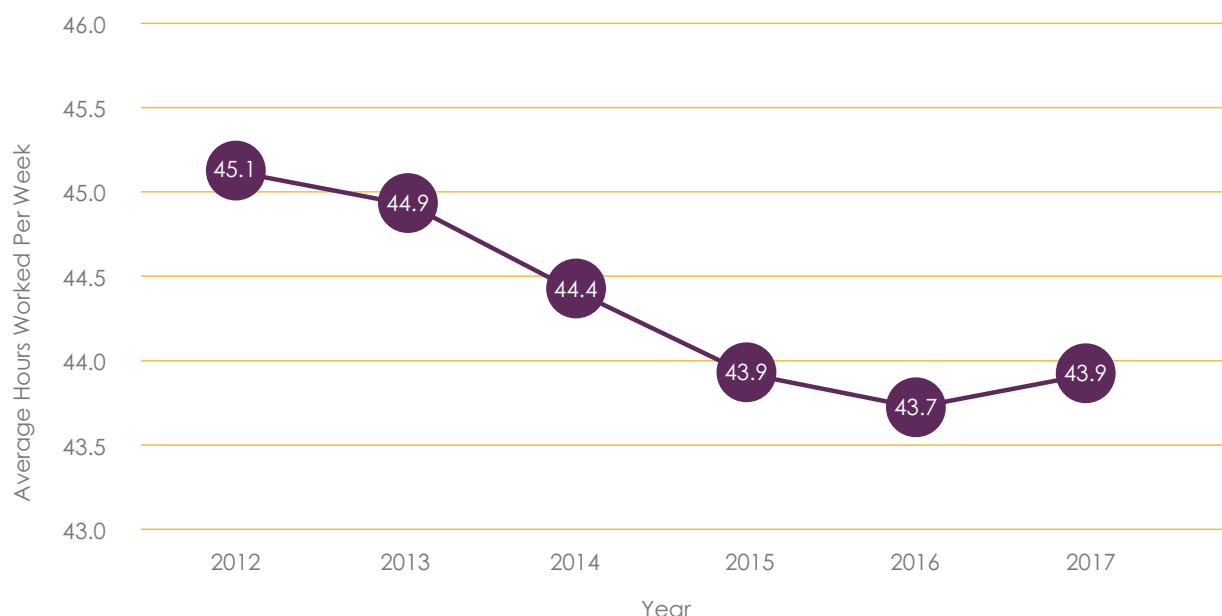


Figure 4: Average total hours worked per week 2012-2017

Male practitioners ( $M = 48.1$  hours) tended to work about 10 hours per week more than female practitioners ( $M = 37.6$ ). The most marked difference was between male and female practitioners in Remote RA4, where the difference was almost 20 hours per week (see, Table 2 and Figure 5).

Table 2: Average total hours per week by sex and ASGC-RA

| Sex                | Inner Regional | Outer Regional | Remote       | Very Remote  | Grand Total  |
|--------------------|----------------|----------------|--------------|--------------|--------------|
| Female             | 38.14          | 37.09          | 35.22        | 36.61        | 37.55        |
| Male               | 48.27          | 47.50          | 54.41        | 46.84        | 48.11        |
| <b>Grand Total</b> | <b>44.26</b>   | <b>43.26</b>   | <b>45.78</b> | <b>44.13</b> | <b>43.91</b> |

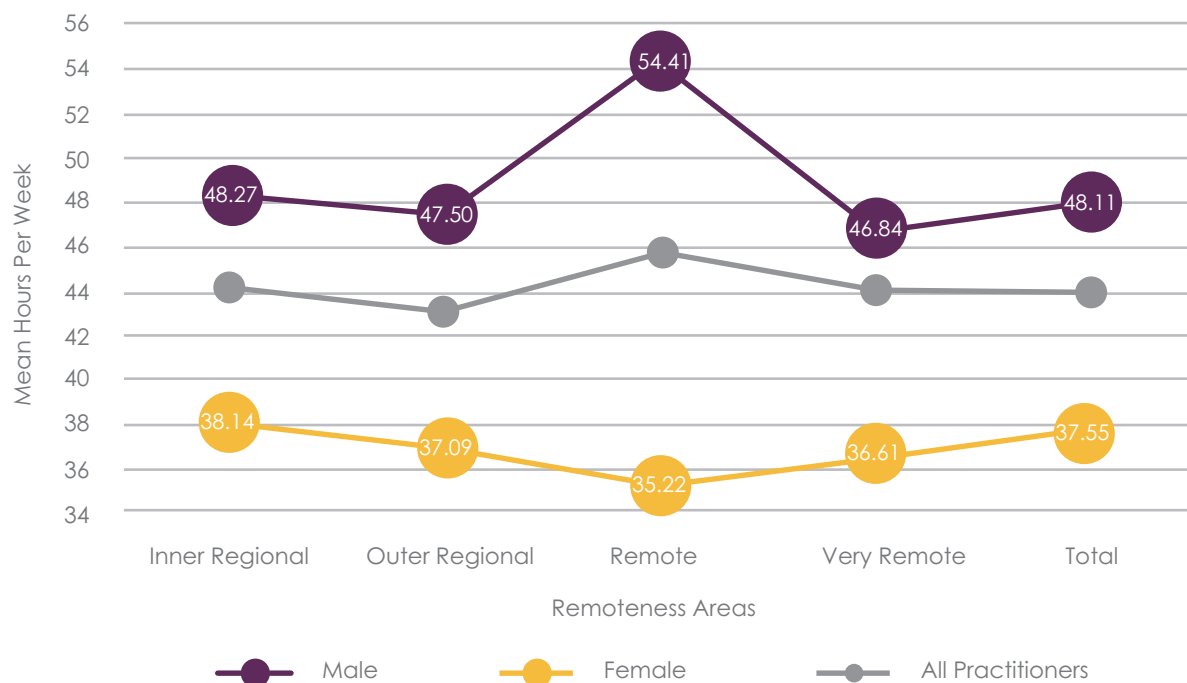


Figure 5: Mean hours per week by sex and ASGC-RA classification

The average age of practitioners has increased 2.6 years since 2012 (Figure 6).

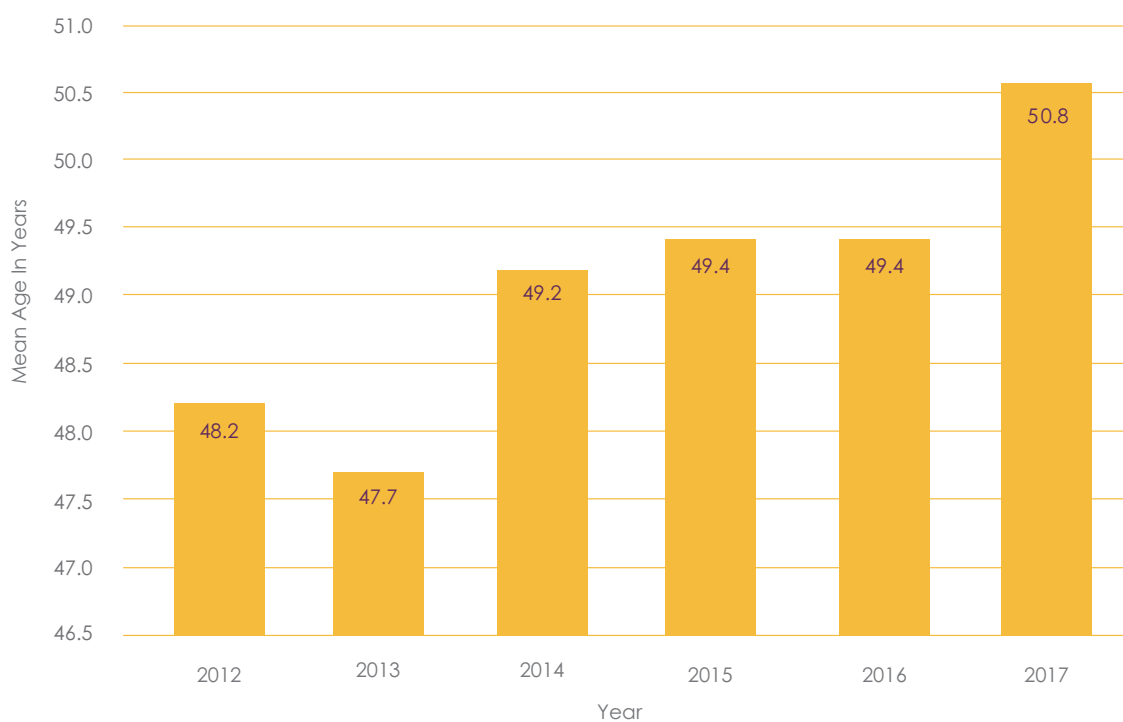


Figure 6: Average age 2012-2017

Figure 7 highlights the increased percentage of female practitioners since 2012.

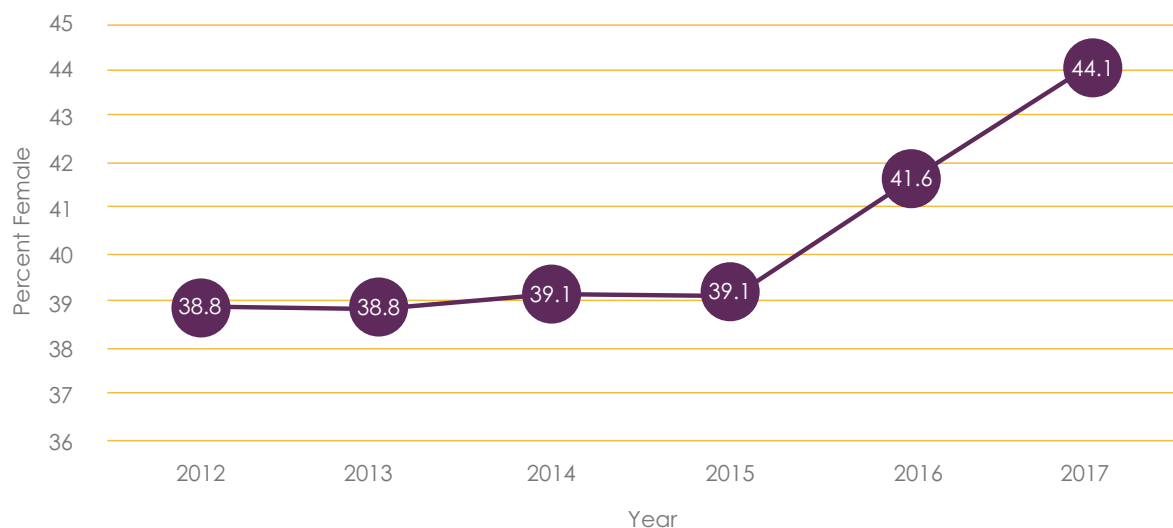


Figure 7: Percent of female medical practitioners 2012-2017

Figure 8 displays the self-reported average total hours across age groups and gender. This indicates that for all age groupings (5-year increments), female practitioners tended to work between 8 and 12 less hours per week than their male colleagues.

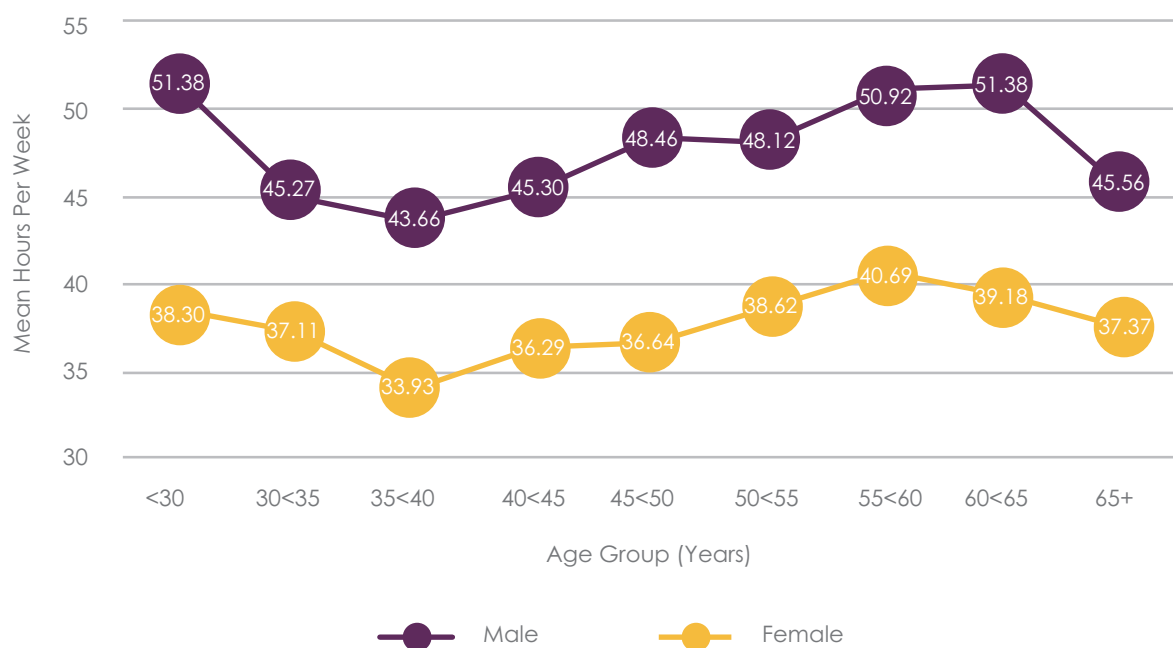


Figure 8: Average total hours worked by gender and age group

Female practitioners comprised just over 44% of the overall workforce but only 35% in Very Remote Queensland (Figure 9).

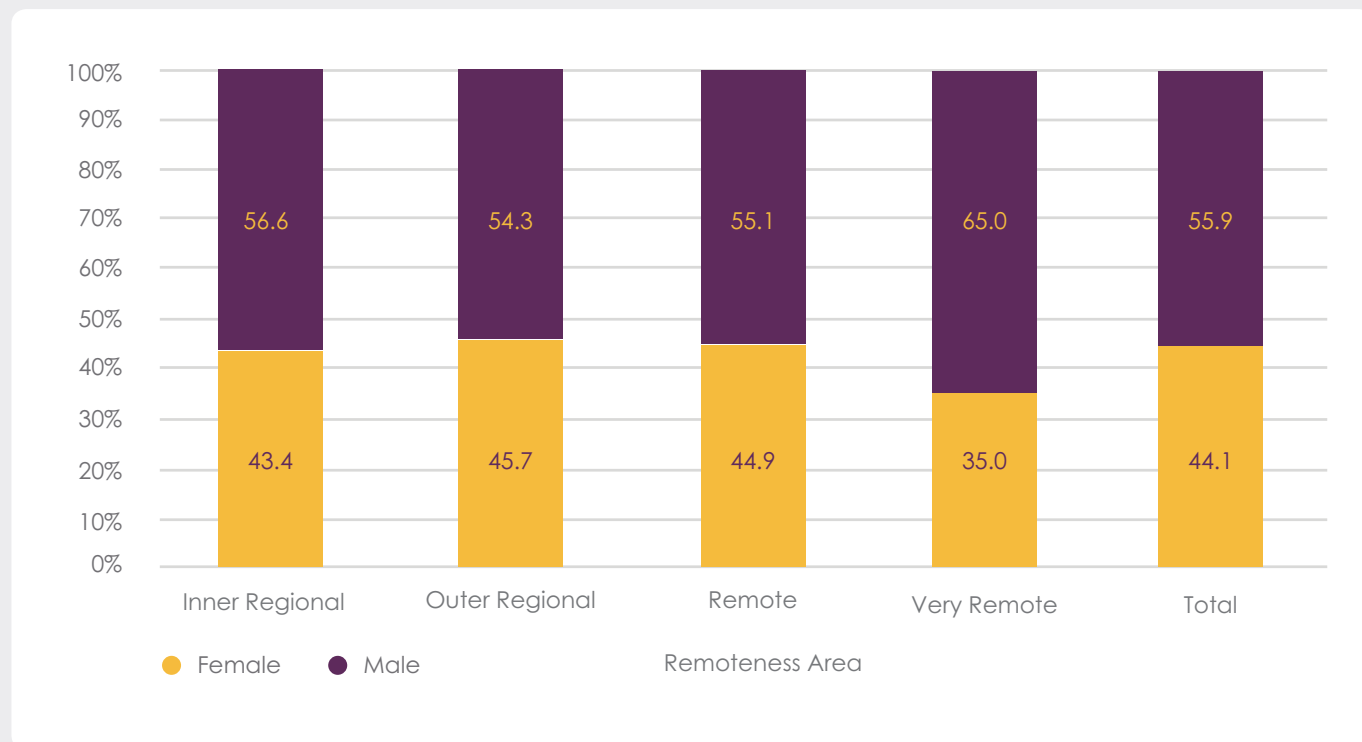


Figure 9: Sex percent by ASGC-RA classification

Practitioners in Remote communities tended to work more than practitioners in all other areas (Figure 10).

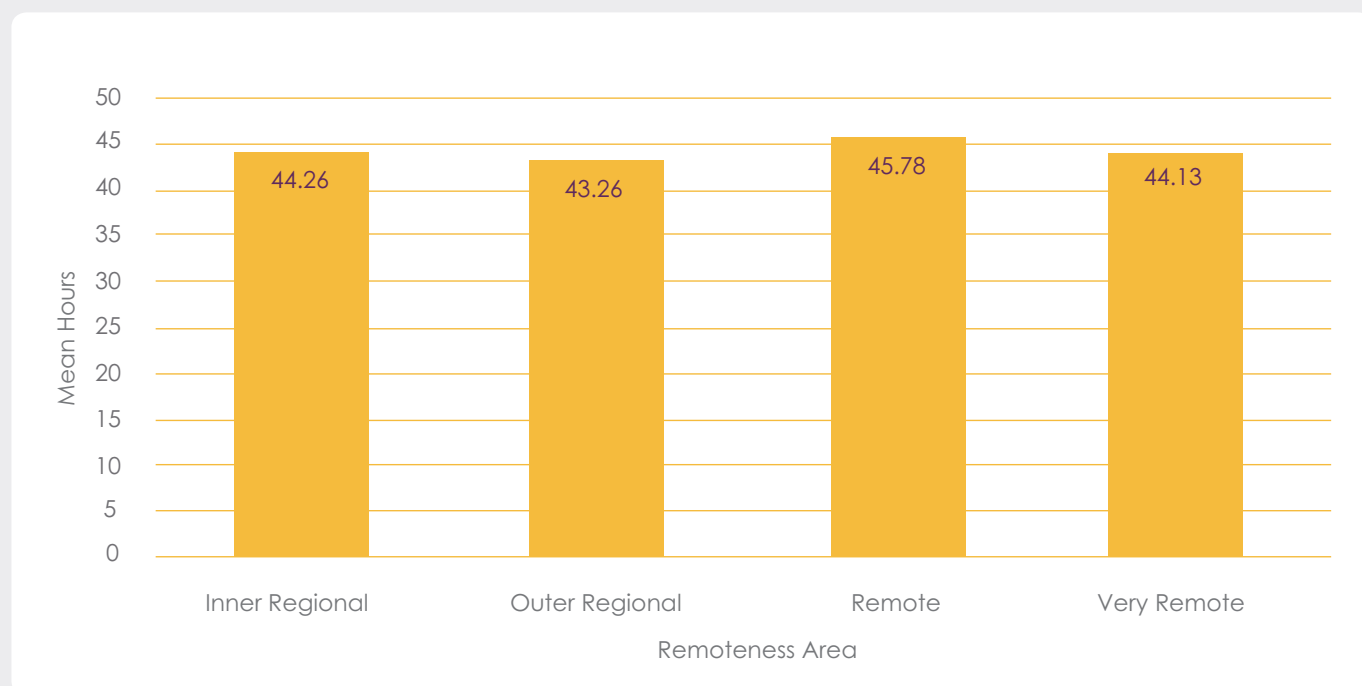


Figure 10: Mean hours worked per week by ASGC-RA classification

The main difference in the types of tasks that practitioners were involved with on a weekly basis was that practitioners in Remote and Very Remote Queensland spent a greater proportion of their average weekly working hours involved in routine hospital work than Inner and Outer Regional practitioners. The two examples in Figure 11 provide the breakdown of typical tasks undertaken during the week by practitioners in Inner Regional locations and Very Remote locations.

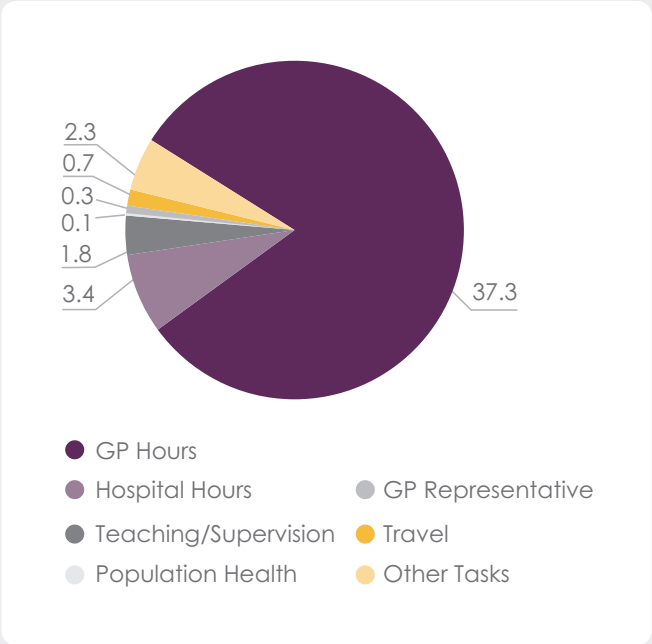


Figure 11a: Mean hours by task for Inner Regional practitioners

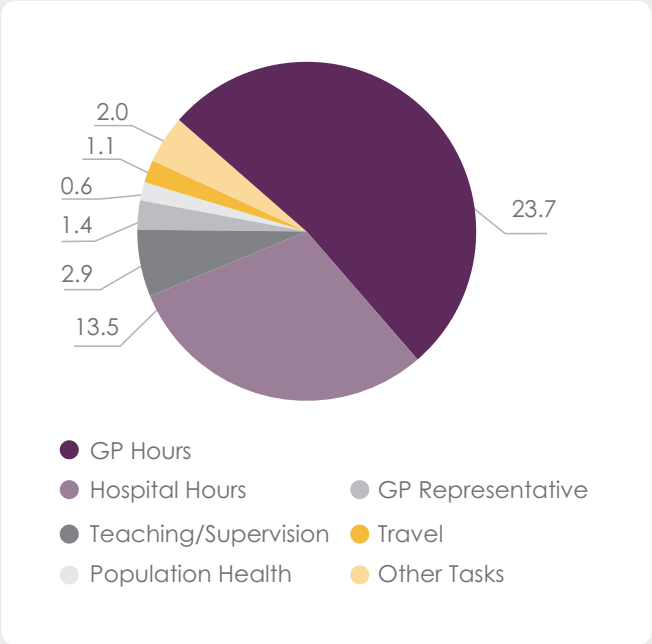


Figure 11b: Mean hours by task for Very Remote practitioners

The following Venn diagram (Figure 12) displays the number of practitioners that reported regular practise in the procedural skills of obstetrics, anaesthetics and surgery. Nine practitioners reported regular practise in all three procedural areas.

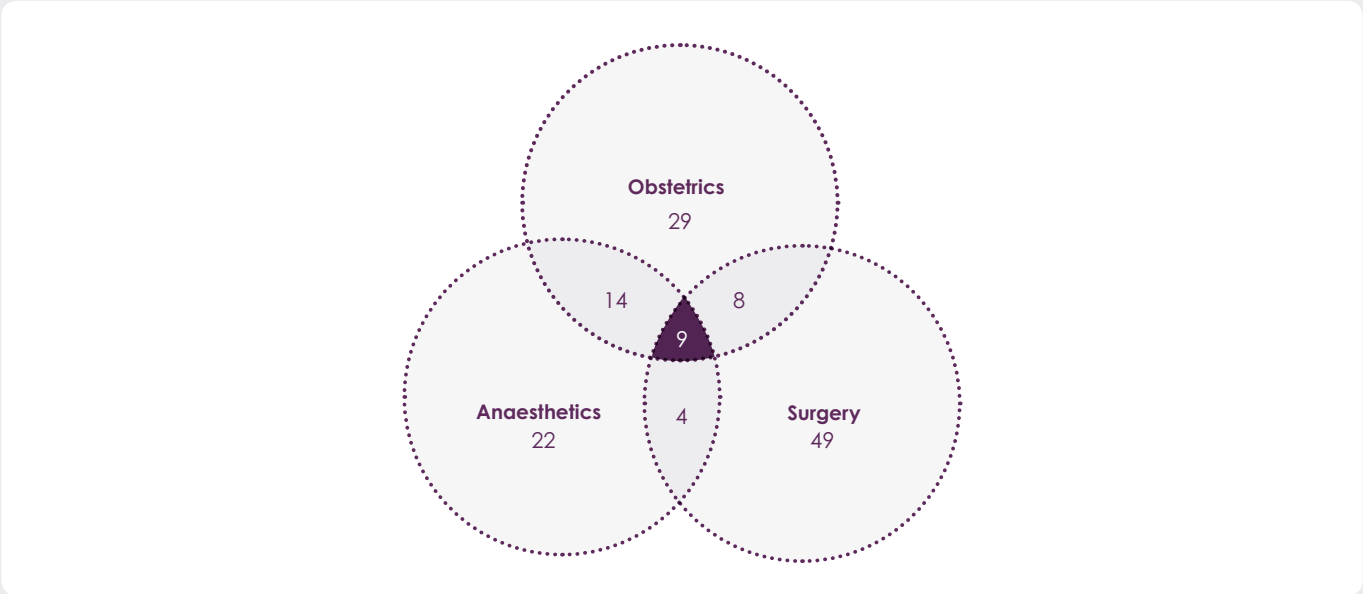
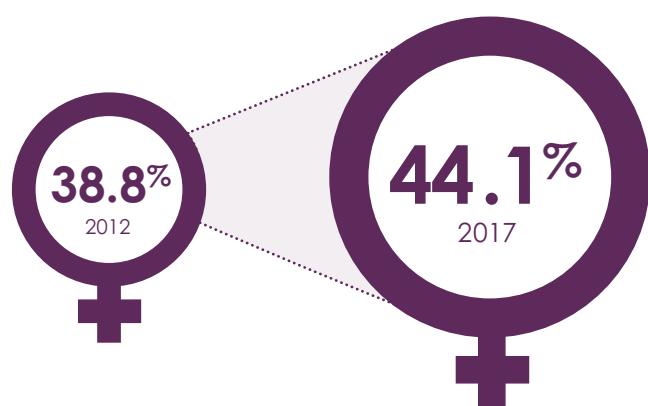


Figure 12: Number of medical practitioners undertaking single and multiple procedures

Proportion of female practitioners working in remote, rural and regional locations has increased from 38.8% in 2012 to 44.1% in 2017.



On average, female practitioners self-reported working approximately 10.5 hours per week less than male practitioners.

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**DID YOU KNOW?**

The average age of remote, rural and regional medical practitioners in Queensland was 50.8 years.

**50.8**  
years

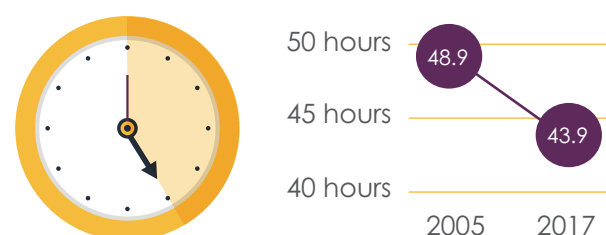
Only 4.3% of medical practitioners self-reported working as a 'Solo' doctor.



Although another 0.7% described themselves as 'Solo co-located' (working independently at premises shared with at least one other doctor).



Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural and regional Queensland has decreased by five hours, from 48.9 hours in 2005, to 43.9 hours in 2017.



The proportion of Queensland practitioners trained in Australia has increased from 50.6% in 2016 to 56.2% in 2017.



**Level 13, 288 Edward Street  
Brisbane QLD 4000  
GPO Box 2523  
Brisbane QLD 4001**

**P: 07 3105 7800 | F: 07 3105 7801  
E: [admin@healthworkforce.com.au](mailto:admin@healthworkforce.com.au)  
W: [healthworkforce.com.au](http://healthworkforce.com.au)**



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