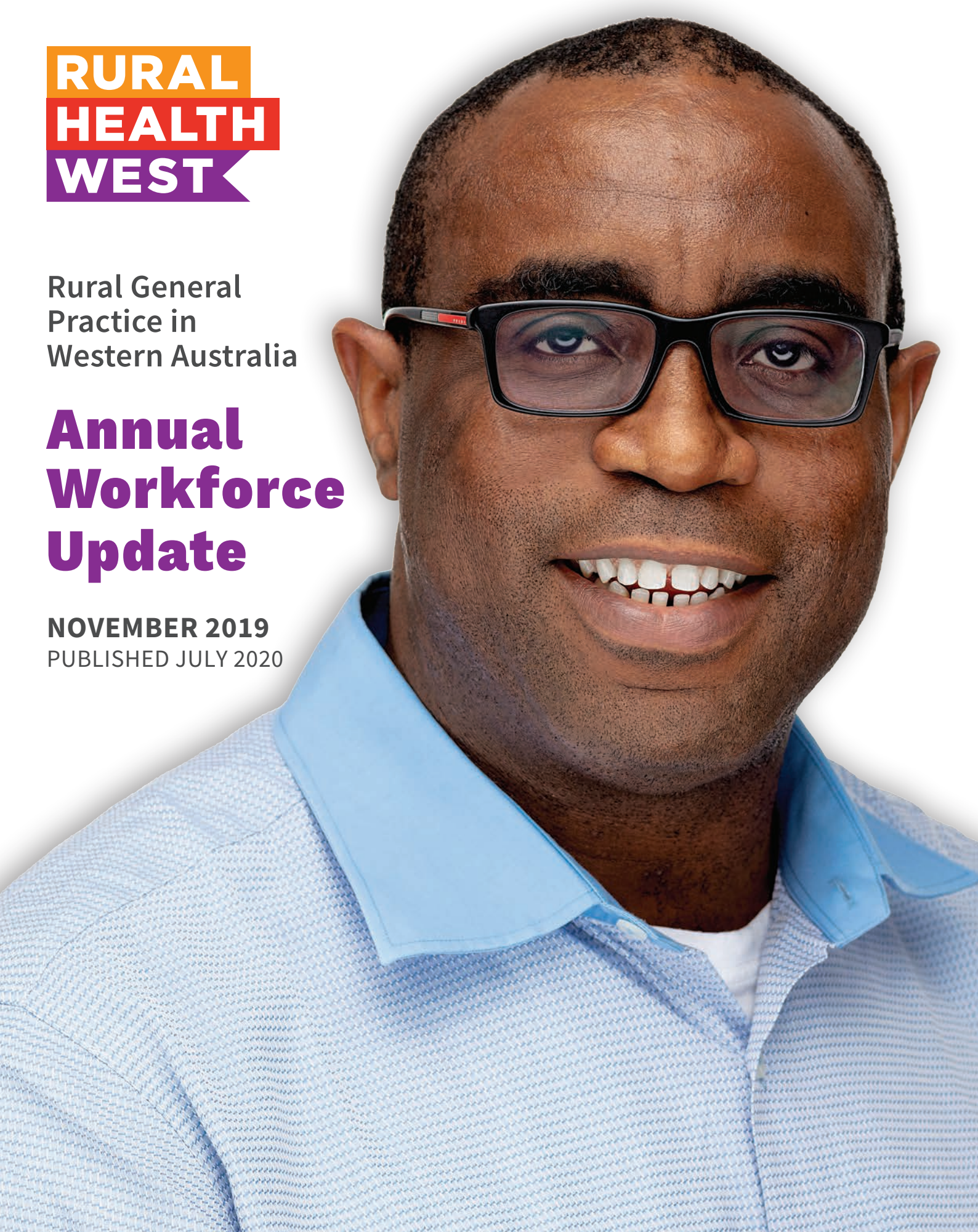


Rural General
Practice in
Western Australia

Annual Workforce Update

NOVEMBER 2019
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Rural Health West

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Limitations

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

The information in this report was current at the census date of 30 November 2019.

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June 2020

COVER PHOTO

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Acronyms

ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
AMG	Australian Medical Graduate
ASGC-RA	Australian Statistical Geographical Classification – Remoteness Area (RA)
DMO	District Medical Officer
GP	General Practitioner
IMG	International Medical Graduate
MDRAP	More Doctors for Rural Australia Program
MMM	Modified Monash Model
RACGP	Royal Australian College of General Practitioners
RFDS	Royal Flying Doctor Service
RLRP	Rural Locum Relief Program
RRMA	Rural, Remote and Metropolitan Area
RVTS	Remote Vocational Training Scheme
SMO	Senior Medical Officer
WA	Western Australia
WACHS	WA Country Health Service
WAGPET	Western Australian General Practice Education and Training Limited

Glossary of terms

Fellowship Ad Eundem Gradum: in the same rank or standing: pertaining to an Australian College recognising the IMG's Fellowship from a College with equivalent standing.

GP proceduralists: a GP practising general anaesthetics, obstetrics or surgery (or combinations thereof).

IMG: An IMG is defined as a doctor who has received their basic medical qualification in a country other than Australia.

Outer Metropolitan region: For the purpose of this report, the Outer Metropolitan region is defined by the locations of Alkimos, Bullsbrook, Gidgegannup, Pinjarra, Serpentine and Yanchep. These locations fall within the boundaries of a metropolitan health service.

Rural: Rural Health West uses 'rural' in place of 'rural, regional and remote' for brevity. All references to 'rural' should be taken as the broader definition.

1 Introduction

Rural Health West has been operating in WA since 1989. We believe that everyone, everywhere is entitled to good health and that distance should be no obstacle to accessing healthcare.

We are an independent non-government organisation committed to ensuring that rural communities in WA have ready access to qualified and experienced health professionals.

We work towards this vision by attracting, recruiting and retaining health professionals to rural locations through a range of programs and services. Over 30 years, we have developed strong relationships with rural health professionals and practices.

Rural Health West maintains a robust database of GPs providing primary care services across rural WA. It is the most comprehensive database of rural GPs working in WA.

The database is updated through ongoing contact with rural GPs and practices and through annual GP and bi-annual practice surveys. Of the 847 GPs in the rural WA general practice workforce, 519 (61.3%) returned their survey. Of the 198 GP practices, 174 (87.9) returned their survey. This response rate provides a high level of confidence in the validity of the information provided.

Each year, the information Rural Health West maintains is collated, de-identified and compiled into a detailed annual report titled *Rural General Practice in Western Australia: Annual Workforce Update*.

The Annual Workforce Update provides an overview of findings, changes and trends in the rural general practice workforce to inform workforce planning and policy decisions.

The information in this Annual Workforce Update was current at the census date of 30 November 2019.

Please note:

- The Modified Monash Model (MMM) defines whether a location is a city, or is rural, remote or very remote. The model measures remoteness and population size on a scale of MMM 1 to 7. MMM 1 is a major city and MMM 7 is a very remote location.
- In 2018, towns in the Peel region (including Mandurah) were re-classified as MMM1 locations. In order to enable valid comparisons with previous years, all data relating to towns in the Peel region was removed.
- In this report, the Outer Metropolitan region locations of Alkimos, Bullsbrook, Gidgegannup, Pinjarra, Serpentine and Yanchep, which were classified as MMM 2 locations in the 2015 MMM, were re-classified to MMM 1 locations in the 2019 MMM. To enable valid comparisons to previous years, this report uses the 2015 MMM classifications, therefore data relating to these towns has been retained.

2 Executive summary

This section of the Annual Workforce Update sets out brief comparisons and trends for the rural general practice workforce in MMM 2 to 7 locations in WA at the most recent census date of 30 November 2019.

Number of overall rural general practitioners

As at 30 November 2019, there were 847 GPs known to be practising in 2015 MMM 2 to 7 locations, an increase of 9 GPs from 838 in 2018 (a difference of 1.1%).

- Slight increases were seen in fly-in/fly-out and drive-in/drive-out, hospital-based GPs and GP registrars in 2019.
- There were no losses in any GP type in 2019.
- There were 115 GP registrars in rural WA at 30 November 2019, 3 more than in 2018 (112).

Age and gender

- The average age of rural GPs at 30 November 2019 was 47.6 years, 0.2 years lower than in November 2018 (47.8 years).
- The average age of the overall rural general practice workforce has increased 2.7 years since 2001 (from 44.9 years to 47.6 years).
- There were 235 GPs aged 55 and over, 27.8% of the rural general practice workforce in 2019 compared with 28.5% in 2018, 26.6% in 2017, 26.7% in 2016 and 26.0% in 2015.
- In November 2019, 366 of the rural GP workforce were female, representing 43.2% of the rural general practice workforce.

Location/region

- The South West region was the most populous region with 271 GPs. This represents 32.0% of the rural general practice workforce.
- Increases in GP numbers occurred between 2018 and 2019 in the regions closest to Perth, being the Outer Metropolitan region (11 doctors, a difference of 24.4%) and the South West region (15 doctors, a difference of 5.9%).
- Decreases occurred in the Goldfields, Great Southern, Midwest and Pilbara regions, with the greatest losses seen in the Midwest region (8 doctors, a difference of 8.3%) and the Pilbara region (6 doctors, a difference of 9.1%).

Turnover

(Excludes WAGPET GP registrars)

- Turnover in the permanent rural general practice workforce between November 2018 and November 2019 was 14.8%, a slight increase from 13.9% in the previous period.
- There was a 1.0% growth (7 GPs) in the permanent rural general practice workforce between November 2018 and November 2019.
- 108 rural GPs departed the rural general practice workforce during this period (8 more than in 2018) of which the most common destination was Perth (41 GPs, 38.0%).
- 115 GPs joined the permanent rural general practice workforce in rural WA between November 2018 and November 2019, 5 more than in the previous reporting period, a difference of 4.6%
- The number of new GPs arriving directly from overseas is decreasing annually (20.8% in 2017, 14.5% in 2018 and 12.2% in 2019).
- 59 of the 115 GP arrivals (51.3%) who commenced between November 2018 and November 2019 were IMGs arriving from a variety of origins (including a range of countries, interstate and Perth), indicating that IMG arrivals to the workforce remain significant.
- 26 GPs (22.6% of arrivals) joined the permanent rural general practice workforce from the WAGPET GP training program, a new peak.
- The increased intake of rural GP registrars since 2012 has had a positive impact on the number of trainees staying on in rural WA when Fellowed (20 registrars or 10.4% of arrivals in 2017, 22 or 20.0% in 2018 and 26 or 22.6% in 2019) Overall, the male rural general practice workforce experienced a loss of 1 GP (-0.2%) between November 2018 and November 2019 whereas the female workforce gained 8 GPs (2.7%).
- The Kimberley and Midwest regions experienced the highest movements out between November 2018 and November 2019 (25 GPs or 28.7% and 22 GPs or 26.2% respectively), most of whom moved interstate or to Perth. The Great Southern and South West regions experienced the lowest proportional departures (8.1% and 8.6% respectively).
- The majority of GP movement inwards was to the South West region, which gained 35 GPs (14.8%). The highest proportional inwards movement was into the Outer Metropolitan region, receiving 20 GPs, with 42.6% of their workforce in 2019 being new arrivals.

Working hours

- The average reported hours worked in 2019 was 39.0 hours per week, compared to 39.7 hours in 2018, a drop of 0.7 hours.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- In 2019, 152 (30.2%) respondents reported working part-time, up from 141 (27.2%) in 2018. Of these, 102 (67.1%) were female and 50 (32.9%) male
- GPs in the Pilbara and Midwest regions reported working longer hours on average than the rest of the rural general practice workforce and GPs in the Outer Metropolitan and Kimberley regions worked the lowest hours.
- The lowest reported working hours were in MMM 2 and 4 locations.

Length of employment

(excludes WAGPET GP registrars)

- The average length of employment for rural GPs in their current principal practice was 7.5 years, 0.1 year less than in November 2018.
- Rural GPs employed for less than 1 year decreased, while GPs employed for more than 5 years increased from 2018 to 2019.
- The Great Southern region had the highest proportion of long-stay (>5 years) GPs and the lowest proportion of newly arrived GPs
- The Outer Metropolitan region contained the highest proportion of newly arrived GPs and had the lowest proportion of long-stay GPs.
- The majority of long-stay rural GPs were in MMM 3 and 4 locations. MMM 6 and 7 locations had the lowest proportion of long-stay rural GPs.

Practice type

- The Wheatbelt region contained the largest number and proportion of solo practices, with 18 (50.0%) of the 36 practices being solo practices.

Proceduralists

- There were 193 rural GP proceduralists as at 30 November 2019, 5 more than in 2018.
- The number of GPs performing anaesthetics has increased by 5 from 96 (11.5% of total GPs) in 2018 to 101 (11.9%) in 2019, while obstetrics decreased by 3 from 97 (11.6%) to 94 (11.1%) and general surgery decreased by 2 from 24 (2.9%) to 22 (2.6%).
- The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2007, there were 14 GPs (7.3% of proceduralists) who practised all 3 procedures and 68 (35.4%) who practised 2 procedures. In 2019, only 2 GPs (1.0% of proceduralists) practised all 3 procedures and 20 (10.4%) practised 2 procedures.
- The number of rural GP proceduralists increased for the fourth consecutive year and is now the highest in the past 10 years.
- There are more female GP proceduralists than in any past 10 years. There were 65 female GP proceduralists in 2019, 33.7% of the rural proceduralist workforce.

International Medical Graduates

- At 30 November 2019, 442 GPs (52.2% of the rural general practice workforce in WA) had obtained their basic medical qualification overseas, a slight decrease from 449 GPs in 2018 (53.6%).
- The number of IMGs arriving in rural WA rose from 53 (48.2% of all arrivals) in 2018 to 59 (51.3%) in 2019. Of these, the largest proportion gained their basic medical qualification in the United Kingdom/Ireland (18 GPs, 30.5% of IMG arrivals), India (8, 13.6%) or Nigeria (5, 8.5%). There were 132 (15.6% of the overall workforce) vocationally registered IMGs who have been in rural WA for 10 years or more at November 2019.
- As at 30 November 2019, 284 IMG GPs (64.3% of the IMG workforce) were Fellowed, an increase from 283 GPs (63.0%) in 2018. In addition, 60 IMG GPs (13.6% of IMGs) were on an accredited training program, 61 GPs (13.8%) were on a Rural Health West supported program, and 37 doctors (8.4%) were not known to be on any program towards Fellowship.

GP registrars

- The total number of GP registrars in the rural WA workforce at the census date of 30 November 2019 was 115 (13.6% of the rural general practice workforce), 3 more than 2018, which had 112 registrars (13.4%). 56 (48.7%) of the rural GP registrar workforce completed their primary medical qualification overseas, a decrease from 58 (51.8%) in 2018.
- Of the IMG GP registrars, 16 (28.6%) completed their basic medical qualification in the United Kingdom/Ireland, 9 (16.1%) in India, 5 (8.9%) in Pakistan, 4 (7.1%) in South Africa, 4 (7.1%) in Russia and the remainder in 12 other countries (32.2%)
- Of the rural 59 GP registrars who completed their primary medical qualification in Australia, 48 (81.4%) graduated from WA universities.

Aboriginal Community Controlled Health Services

(excludes WAGPET GP registrars)

- As at 30 November 2019, 59 GPs (8.0% of the total workforce) worked in a rural ACCHS as their primary practice, a decrease of 8 from 2018.
- There were 21 IMGs (35.6% of their workforce) working in rural ACCHSs as their primary practice, compared with 372 IMGs (54.7%) in the Non-ACCHS workforce.
- The ACCHS GP workforce experienced a 32.8% turnover in 2019, higher than the 18.3% in 2018, and higher than the 13.7% of non-ACCHS workforce.
- there were 35 female GPs (59.3%) working in the rural ACCHS workforce and 24 male GPs (40.7%). ACCHSs continued to have a consistently greater proportion of female GPs than the overall non-ACCHS rural general practice workforce with a variance of 19.4% in 2019.

3 Data collection and analysis strategies

Since 2001, Rural Health West has maintained a robust database of the rural general practice workforce in WA. Rural Health West collects information about rural general practice workforce participation on an ongoing basis from sources including:

- Annual Rural General Practice Workforce Survey
- Bi-annual Practice Survey
- WAGPET
- RVTS
- Australian Health Practitioner Regulation Agency
- Personal contact with rural practices and GPs

Originally, the locations from which data was collected and reported on were defined as per the Rural, Remote and Metropolitan Areas (RRMA) Classifications 4 to 7.

In July 2010, the Australian Statistical Geographical Classification – Remoteness Area (ASGC-RA) system replaced the RRMA classifications, therefore Rural Health West transitioned to the use of ASGC-RA 2 to 5 locations to report on the rural general practice workforce. Medicare Local boundaries were used in the 2012 to 2014 reports, but were excluded in 2015 due to the cessation of those entities. WACHS regional boundaries were added in 2015.

The Australian Government replaced the ASGC-RA in 2017 with the 2015 MMM. Accordingly, the *Rural General Practice in Western Australia Annual Workforce Update 2017* reported using ASGC-RA 2 to 5 locations and 2015 MMM 2 to 7 locations.

The change of classification system from ASGC-RA to the MMM resulted in the loss of approximately 170 GPs from the dataset (predominantly from the Peel area). Historical workforce totals were subsequently adjusted in the 2018 Annual Workforce Update to enable valid comparisons between years under the new classification system.

In 2019, the locations of Alkimos, Bullsbrook, Gidgegannup, Pinjarra, Serpentine and Yanchep, which were classified as rural MMM 2 locations in the 2015 MMM, were re-classified to MMM 1. To enable valid comparisons to previous years, this report uses the 2015 MMM classifications, therefore data relating to these towns has been retained and these locations have been grouped together into a health region named the Outer Metropolitan region

Depending on their location, WACHS District Medical Officers (DMOs) and Senior Medical Officers (SMOs), are considered to provide GP-type services in their communities and are included in this analysis. Those in the larger regional centres of Albany, Bunbury, Geraldton, Kalgoorlie and Northam are excluded because these doctors are not considered to be providing GP services due to the size of the hospitals and the number of community-based GPs in these locations.

The Rural General Practice Workforce Survey was distributed in September 2019 to all doctors identified as working in rural WA (847 GPs), and 519 (61.3%) responded. This high response rate enables Rural Health West to offer valid contemporary data about trends in the WA rural general practice workforce to support workforce policy and planning.

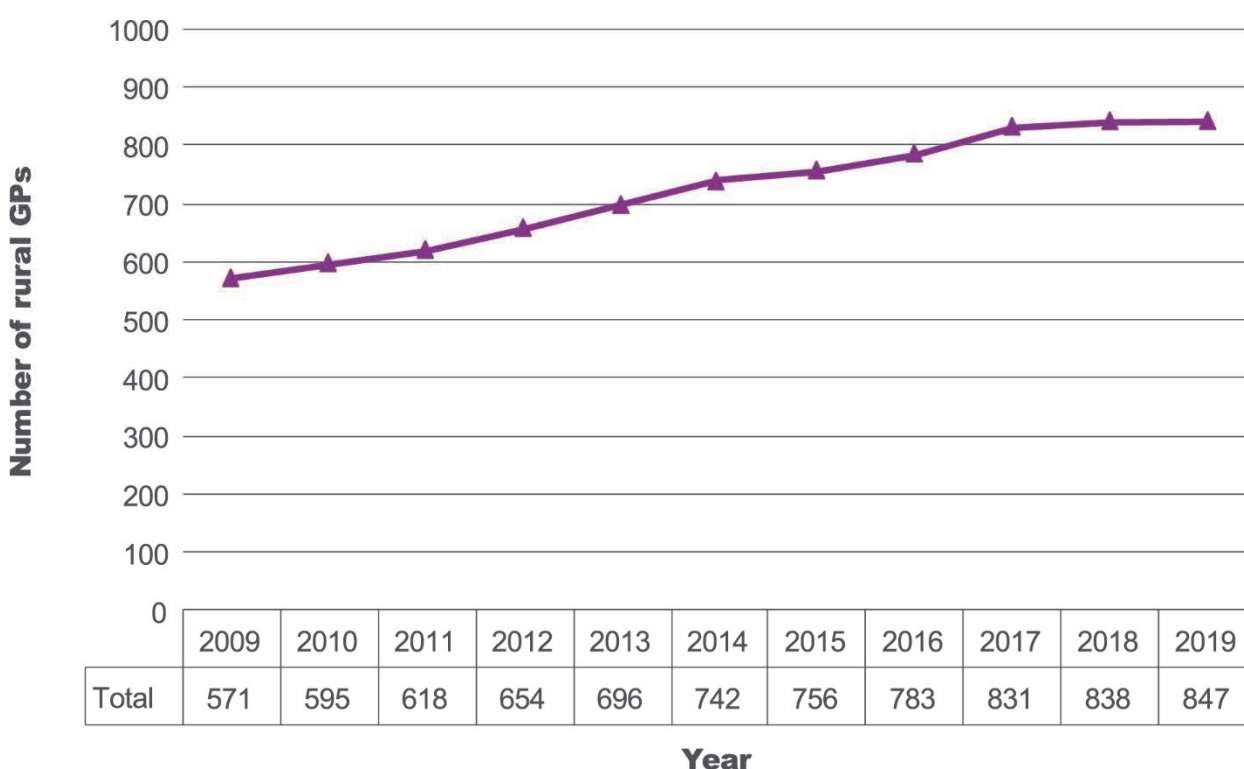
It is acknowledged that by its nature the data collated is a census at a particular point in time and, as such, caution should be taken when drawing inference from the data.

4 Demographics of the overall rural general practice workforce as at 30 November 2019

This section describes the overall rural general practice workforce by year, service model, age, gender and location and includes private practice GPs, GP registrars, RFDS Western Operations GPs, ACCHS-employed GPs and regional hub hospital DMOs and SMOs.

Figure 1 shows the number of GPs working in rural WA at the census date of 30 November each year from 2009 to 2019.

Figure 1 Rural general practice workforce 2009 to 2019



As at 30 November 2019, there were 847 GPs known to be practising in 2015 MMM 2 to 7 locations, an increase of 9 GPs from 838 in 2018 (difference of 1.1%).

The 2018 Annual Workforce Update suggested that it was possible the annual increase of the GP workforce in previous years of between 3% and 8% per annum was slowing down, after reporting a growth of only 0.8% between 2017 and 2018. Although the 2019 data shows an increase in the workforce, it remains below long-term average growth.

Models of service provision in rural Western Australia

Table 1 indicates the number of GPs in each primary model of service provision in rural WA, based on the National Minimum Data Set Data Dictionary classifications.

Table 1 Rural GP numbers by primary model of service provision 2018 v 2019

Primary model of service provision	2018	2019	Difference	
Resident GP	486	486	0	0.0%
Fly-in/fly-out and drive-in/drive-out*	133	135	2	1.5%
Member of a primary health care team**	46	46	0	0.0%
Hospital-based GP (DMO/SMO)	59	62	3	5.1%
GP registrar	112	115	3	2.7%
Other	2	3	1	50.0%
Total	838	847	9	1.1%

* Includes fly-in/fly-out and drive-in/drive-out GPs working for RFDS Western Operations, WACHS (DMOs and SMOs), ACCHSs and private GPs

** Primarily ACCHSs

There were no losses in any GP type in 2019 and slight increases were seen in fly-in/fly-out and drive-in/drive-out, hospital-based GPs and GP registrars between November 2018 and November 2019.

There were 115 GP registrars in rural WA at 30 November 2019, 3 more than in 2018 (112).

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

Rural general practitioners by age and gender

Average age of rural GPs

The average age of rural GPs at 30 November 2019 was 47.6 years, 0.2 years lower than November 2018.

Figure 2 compares the average age of all rural GPs since 2009. The average age of rural GPs at November 2019 (47.6 years) was higher than the average age in November 2009 (47.2 years). The average age of rural GPs peaked in 2012, but decreased slightly in 2013 and has been relatively stable since. This lower average age since 2012 is attributable to increasing numbers of GP registrars entering the workforce who form a younger cohort (see Figure 18). Since Rural Health West began collecting data in 2001, the average age of the overall workforce has increased 2.7 years (from 44.9 years to 47.6 years).

Figure 2 Average age of the rural general practice workforce 2009 to 2019

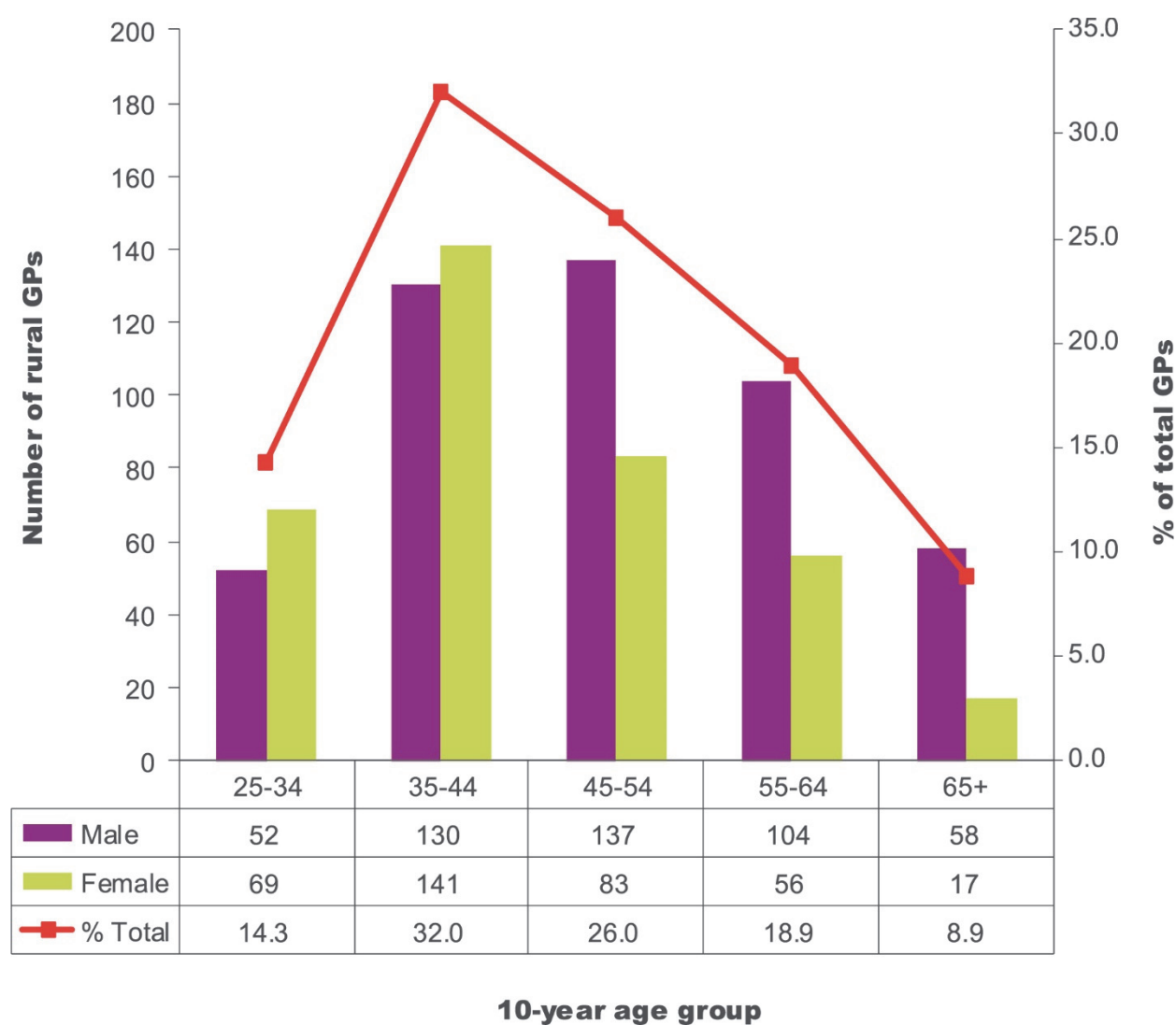


The average age for male GPs decreased 0.4 years, from 50.2 years in 2018 to 49.8 years in 2019. The average age for female GPs increased by 0.2 years, from 44.6 years in 2018 to 44.8 years in 2019.

Rural GPs by age distribution and gender

Figure 3 indicates that the majority of the rural general practice workforce (491 GPs, 58.0%) was aged between 35 and 54 years, which is similar to previous years.

Figure 3 *Composition of the rural general practice workforce by ten-year age group and gender as at 30 November 2019*



As at 30 November 2019, there were more male GPs in the age groups 45 years and over than females (299 and 156 respectively) and more females than males in the younger 25 to 44 year groups (210 and 182 respectively) .

There were 235 GPs aged 55 and over, 27.8% of the rural general practice workforce in 2019 compared with 28.5% in 2018, 26.6% in 2017, 26.7% in 2016 and 26.0% in 2015.

Figure 4 Number of rural GPs by gender and percentage of female GPs 2009 to 2019

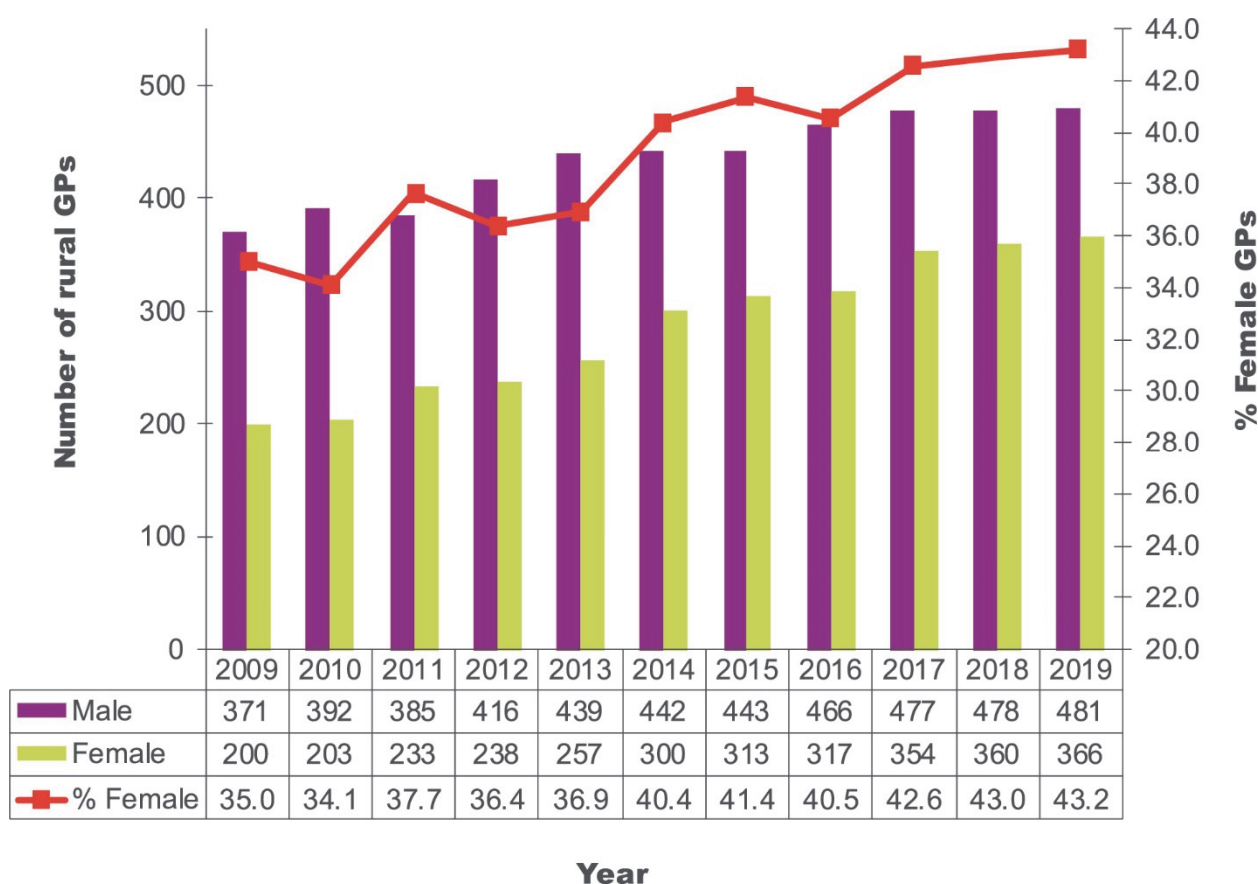


Figure 4 shows an increasing female GP representation in the rural general practice workforce since 2009. In November 2019, 366 of the rural GP workforce were female, representing 43.2%, the highest proportion to date.

Rural general practitioner numbers by location/region

Rural GP numbers by region

The following table compares rural GP numbers within regions in 2018 and 2019.

Table 2 Rural GP numbers by region 2018 v 2019

Region	2018	2019	Difference	
Goldfields	71	68	-3	-4.2%
Great Southern	103	102	-1	-1.0%
Indian Ocean Territories	3	4	1	33.3%
Kimberley	103	104	1	1.0%
Metropolitan (RFDS Western Operations)	15	13	-2	-13.3%
Midwest	96	88	-8	-8.3%
Outer Metropolitan	45	56	11	24.4%
Pilbara	66	60	-6	-9.1%
South West	256	271	15	5.9%
Wheatbelt	80	81	1	1.3%
Totals	838	847	9	1.1%

As at 30 November 2019, the South West region contained the highest number of GPs (271 recorded GPs) representing 32.0% of the rural general practice workforce in WA.

An increase in GP numbers occurred between 2018 and 2019 in the regions closest to Perth – the Outer Metropolitan region (11 more doctors, a difference of 24.4%) and the South West region (15 doctors, a difference of 5.9%).

Decreases occurred in the Goldfields, Great Southern, Midwest and Pilbara regions, with the greatest losses seen in the Midwest region (8 doctors, a difference of 8.3%) and the Pilbara region (6 doctors, a difference of 9.1%).

5 Changes in the permanent rural general practice workforce

The following section describes turnover (GP movement in and out of rural locations) of the permanent rural general practice workforce.

Please note:

WAGPET GP registrars are not included in this section as the length of their terms of employment generally ranges from 6 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 WA on completion of their traineeship. RVTS registrars are included in the turnover figures as they spend their whole training time in a rural area and are considered to be permanent staff.

Overall permanent rural general practice workforce turnover

Turnover in the WA permanent rural general practice workforce between November 2018 and November 2019 was 14.8% as per Table 3, a slight increase from 13.9% in the previous period.

Table 3 Rural GP turnover November 2018 to November 2019

Number of permanent rural GPs November 2018	732
Number of departures	108
Turnover	14.8%
Number of arrivals	115
Number of permanent rural GPs November 2019	739
Percentage difference	1.0%

Table 4 shows the destinations of GPs who departed rural WA between November 2018 and November 2019 and compares this with the departure destinations for the previous period.

Table 4 **Destination of departing GPs 2018 v 2019**

	2018		2019	
Destination	Number	%	Number	%
Perth	33	33.0	41	38.0
Interstate	16	16.0	27	25.0
Extended leave	14	14.0	4	3.7
Retirement	10	10.0	10	9.3
Overseas	13	13.0	5	4.6
Locum	6	6.0	5	4.6
GP training program	0	0.0	4	3.7
Other	8	8.0	12	11.1
Total	100	100.0	108	100.0

Overall, 108 (14.8% of the workforce) rural GPs departed rural WA between November 2018 and November 2019, 8 more than for the preceding 12 months. The most common destination for all GPs leaving rural WA in 2019 was Perth, with 41 GPs departing (38.0% of total departures), followed by Interstate, with 27 GPs departing (25%). 4 GPs (3.7%) left the permanent workforce to join the WAGPET GP training program.

Table 5 shows the origins of GPs joining or re-joining the permanent rural general practice workforce between November 2018 and November 2019.

Table 5 **Origins of GPs joining the permanent rural general practice workforce 2018 v 2019**

Origin	2018		2019	
	Number	%	Number	%
Perth	35	31.8	38	33.0
Overseas	16	14.5	14	12.2
Interstate	27	24.5	19	16.5
GP training program	22	20.0	26	22.6
Extended leave	3	2.7	9	7.8
Other	5	4.5	4	3.5
Rural locum	2	1.8	5	4.3
Total	110	100.0	115	100.0

115 GPs joined the permanent rural general practice workforce in rural WA between November 2018 and November 2019, 5 more than in the previous reporting period, a difference of 4.6%.

Prior to 2013, the proportion of arrivals from overseas, interstate and Perth was similar. In subsequent years, these figures have varied. In 2013 and 2014 more GPs arrived directly from overseas than from any other location. Since 2015, the majority of arrivals have been from Perth, with the proportion of new GPs arriving directly from overseas decreasing annually (20.8% in 2017, 14.5% in 2018 and just 12.2% in 2019).

59 (51.3%) of the 115 GP arrivals who commenced between November 2018 and November 2019 were IMGs arriving from a variety of origins (including a range of countries, interstate and Perth), indicating that IMG arrivals to the workforce remain significant.

WAGPET GP registrars who stay on as permanent doctors in a rural location after achieving their Fellowship comprise doctors whose origin is the GP training program. As at November 2019, 26 (22.6% of arrivals) registrars had stayed rural – the highest number to date.

The increased intake of rural GP registrars since 2012 has had a positive impact on the number of trainees continuing to work in rural WA when Fellowed (20 registrars or 10.4% of arrivals in 2017, 22 or 20.0% in 2018 and 26 or 22.6% in 2019).

Permanent rural general practice workforce changes by gender

Table 6 summarises changes in the permanent rural general practice workforce by gender between 30 November 2018 and 30 November 2019.

Table 6 *Changes in the permanent rural general practice workforce by gender 2018 v 2019*

Gender	Number of GPs Nov 2018	Departures	% departed	Arrivals	Number of GPs Nov 2019	% movement
Male	434	66	15.2	65	433	-0.2
Female	298	42	14.1	50	306	2.7
Totals	732	108	14.8	115	739	1.0

The male rural general practice workforce experienced more departures in 2019 (66 GPs or 15.2% of their workforce) than the female workforce (42 GPs or 14.1%).

The male workforce experienced more arrivals in 2019 (65 GPs) than the female workforce (50 GPs), however, as a proportion of their 2019 workforce, female arrivals were higher (15.0% and 16.3% respectively).

Overall, the male rural general practice workforce experienced a loss of 1 GP (-0.2%) between November 2018 and November 2019, whereas the female workforce gained 8 GPs (2.7%).

Permanent rural general practice workforce changes by region

Table 7 illustrates the changes in the permanent rural general practice workforce by region. This table shows movements in and out of the permanent rural general practice workforce, as well as movements within the State between different regions.

Table 7 *Changes in the permanent rural general practice workforce by region 2018 v 2019*

Region	N per region Nov 2018	Movements OUT of rural WA				Movements INTO rural WA			N per region Nov 2019	% arrived into region
		Left rural WA	Moved to another rural region	Total out	% departed from region	Arrived from outside rural WA	Arrived from another rural region	Total in		
Goldfields	69	12	1	13	18.8	9	0	9	65	13.8
Great Southern	86	7	0	7	8.1	11	1	12	91	13.2
Kimberley	87	21	4	25	28.7	16	4	20	82	24.4
Midwest	84	20	2	22	26.2	10	1	11	73	15.1
Outer Metropolitan	35	7	1	8	22.9	19	1	20	47	42.6
Pilbara	62	12	2	14	22.6	9	1	10	58	17.2
South West	220	19	0	19	8.6	33	2	35	236	14.8
Wheatbelt	71	9	2	11	15.5	7	3	10	70	14.3
Other*	18	1	1	2	11.1	1	0	1	17	5.9
Overall	732	108	13	121		115	13	128	739	

* RFDS Western Operations in Jandakot and Indian Ocean Territories

Between November 2018 and November 2019, 108 GPs (14.8%) left rural WA and 13 GPs (1.8%) moved from one rural region to another, totalling 121 GP (16.5%) departures from regions. Over the same period, 128 GPs (17.3%) moved into rural regions, including 115 (15.6%) from outside rural WA and the aforementioned 13 (1.8%) moving between regions.

The Kimberley and Midwest regions experienced the highest movements out between November 2018 and November 2019 (25 GPs or 28.7% and 22 GPs or 26.2% respectively), most of whom moved interstate or to Perth. The Great Southern and South West regions experienced the lowest proportional departures (8.1% and 8.6% respectively).

The majority of GP movement inwards was to the South West region, which gained 35 GPs (14.8%). The highest proportional inwards movement was into the Outer Metropolitan region, receiving 20 GPs, with 42.6% of their workforce in 2019 being new arrivals.

6 Clinical workloads

Estimates of full-time equivalents 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 this is a useful measure of overall service provision under Medicare, it does not reflect the number of hours worked by rural GPs in providing medical services that are not claimed or are not claimable through Medicare. Specific services not included are after-hours work in hospital settings and obstetric and anaesthetic services provided to public patients by GPs.

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 a general practice
- Hours worked in a hospital
- Hours worked on call-outs (not hours available on-call)
- Hours worked in population health
- Hours travelled between principal 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 rural GPs (via surveys and other ongoing strategies), the Clinical Workload section only includes data from the Rural General Practice Workforce Survey. Thus, there is no workload information recorded for the 328 (38.7%) GPs who did not return their surveys.

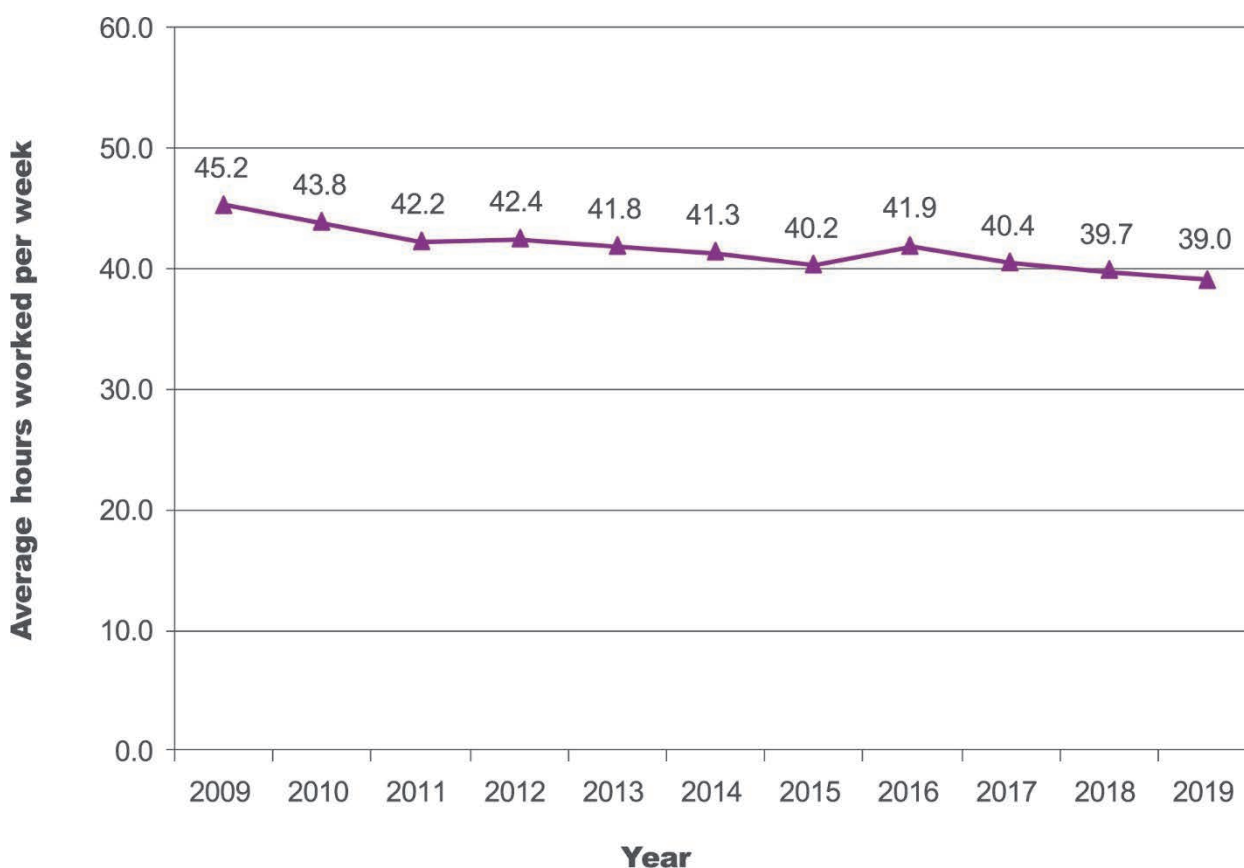
GPs working for RFDS Western Operations have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 504 GPs, including GP registrars, and encompasses 59.5% of the rural general practice workforce for this reporting period.

Average hours worked per week

At November 2019, the average reported clinical workload for rural GPs was 39.0 hours per week, compared to 39.7 hours per week in November 2018.

Figure 5 displays the average clinical weekly hours worked each year from 2009 to 2019.

Figure 5 Average hours worked per week from 2009 to 2019

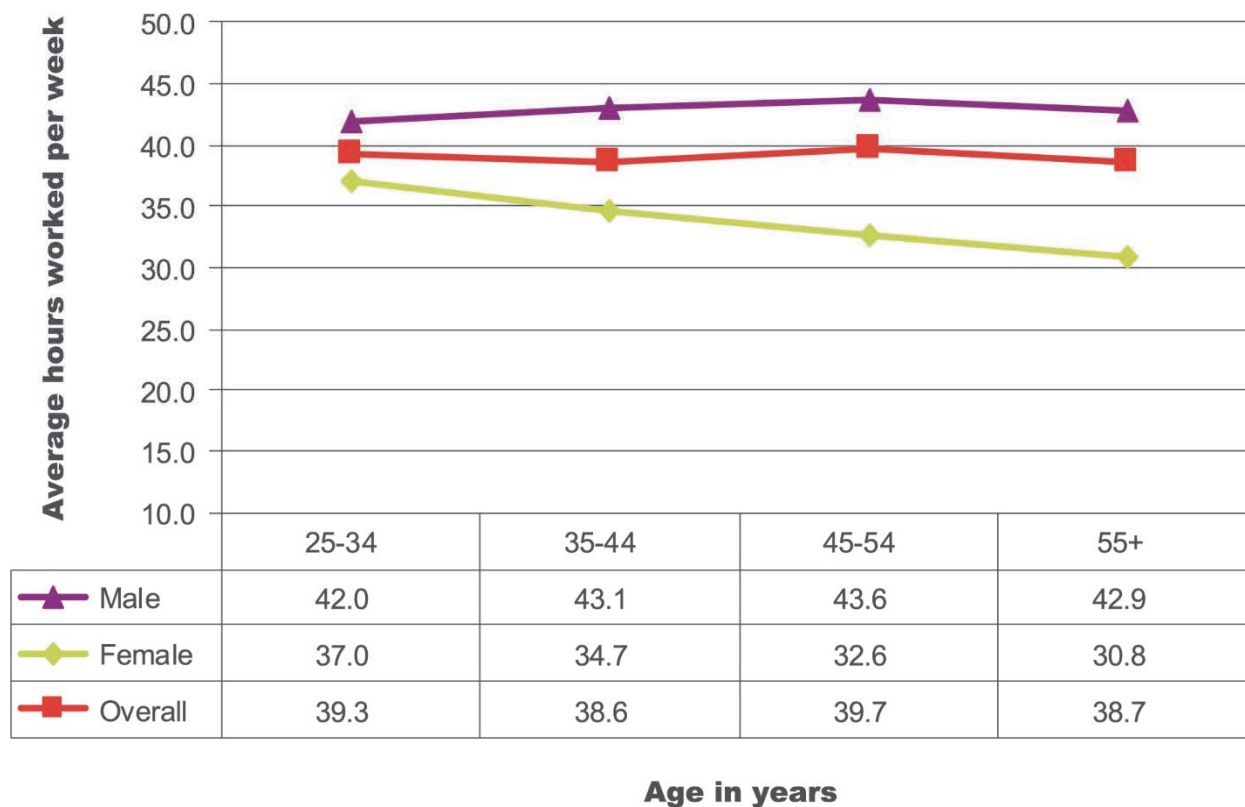


Aside from an increase in 2016, the average working hours has continued to decline annually.

Average hours worked by gender and age group

Figure 6 provides a breakdown of average weekly clinical hours worked by gender and age group.

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



Male GPs in all age groups continued to report working more clinical hours per week than their female counterparts.

Full-time and part-time workloads

The Australian Bureau of Statistics defines full-time work as being 35 hours per week or more and part-time work as less than 35 hours per week. It is this measure that has been chosen by Rural Health West to differentiate between full-time and part-time service provision. Using this benchmark, Table 8 provides a comparison between full-time and part-time workloads by gender.

Table 8 *Comparison between full-time and part-time workloads by gender*

Type of workload	Male	Female	Total	% of respondents
Full-time	239	113	352	69.8
Part-time	50	102	152	30.2
Total respondents	289	215	504	100.0

352 rural GPs (69.8% of respondents) reported working full-time in the provision of routine clinical GP services in 2019. Of these, the majority (239, 67.9%) were male (113, 32.1% female). Conversely, 152 rural GPs (30.2% of respondents) reported working part-time. Of these, 102 (67.1%) were female and 50 (32.9%) male.

Table 9 looks specifically at the part-time rural general practice workforce, comparing by gender those who reported as working part-time in the current and prior reporting periods.

Table 9 *Part-time rural general practice workforce by gender 2018 v 2019*

Year	Total males	Males working part-time	% of total males working part-time	Total females	Females working part-time	% of total females working part-time	Total respondents	% of total respondents working part-time
2018	301	43	14.3	217	98	45.2	518	27.2
2019	289	50	17.3	215	102	47.4	504	30.2

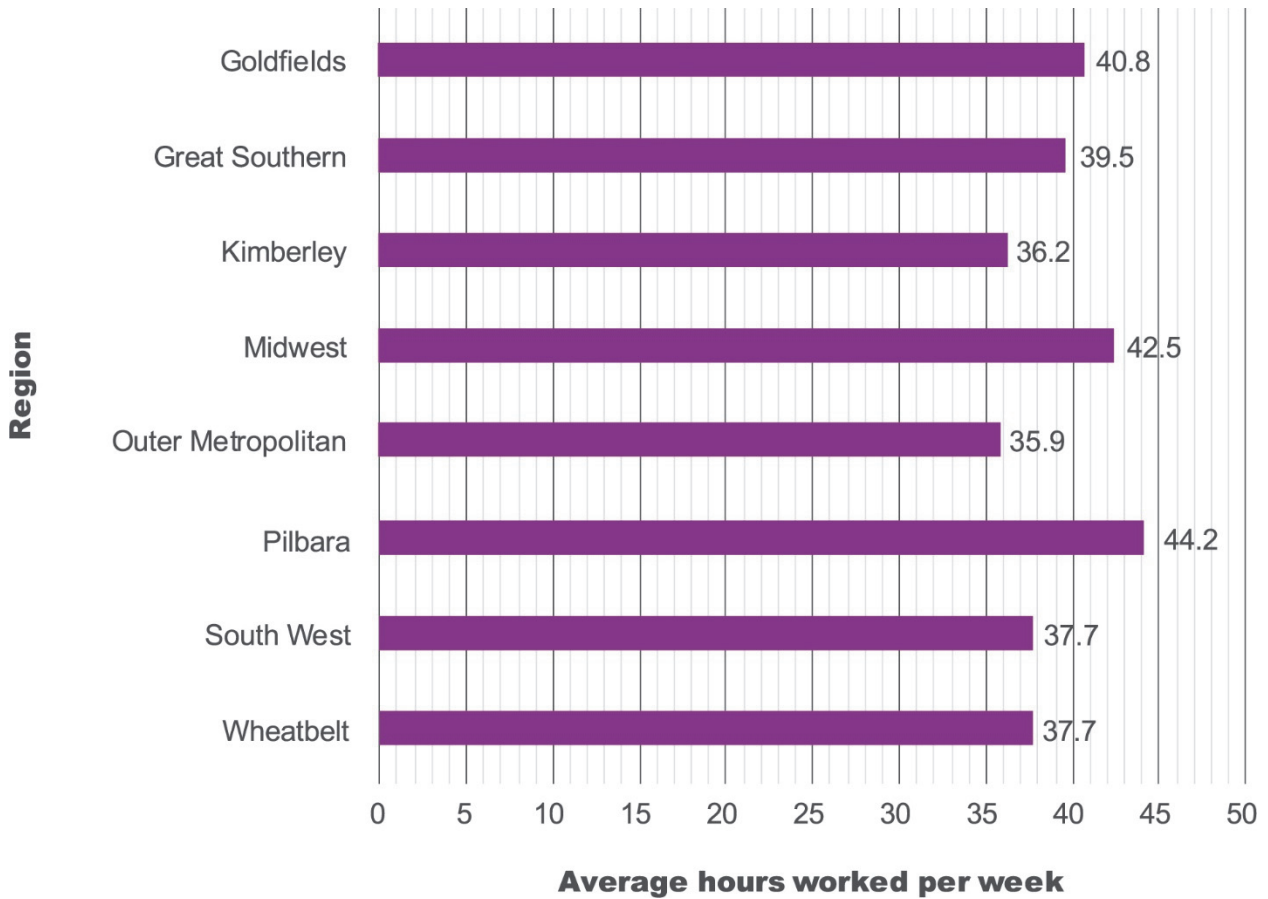
There were more respondents working part time in 2019 (152 GPs, 30.2%) than in 2018 (141 GPs, 27.2%).

There were 50 (17.3%) male respondents reported working part-time in 2019, rising from 43 (14.3%) in 2018. 102 female respondents (47.4%) reported working part-time in 2019, rising from 98 (45.2%) in 2018.

Average hours worked per week by region and Modified Monash Model location

Figure 7 below shows the average hours worked per week by region.

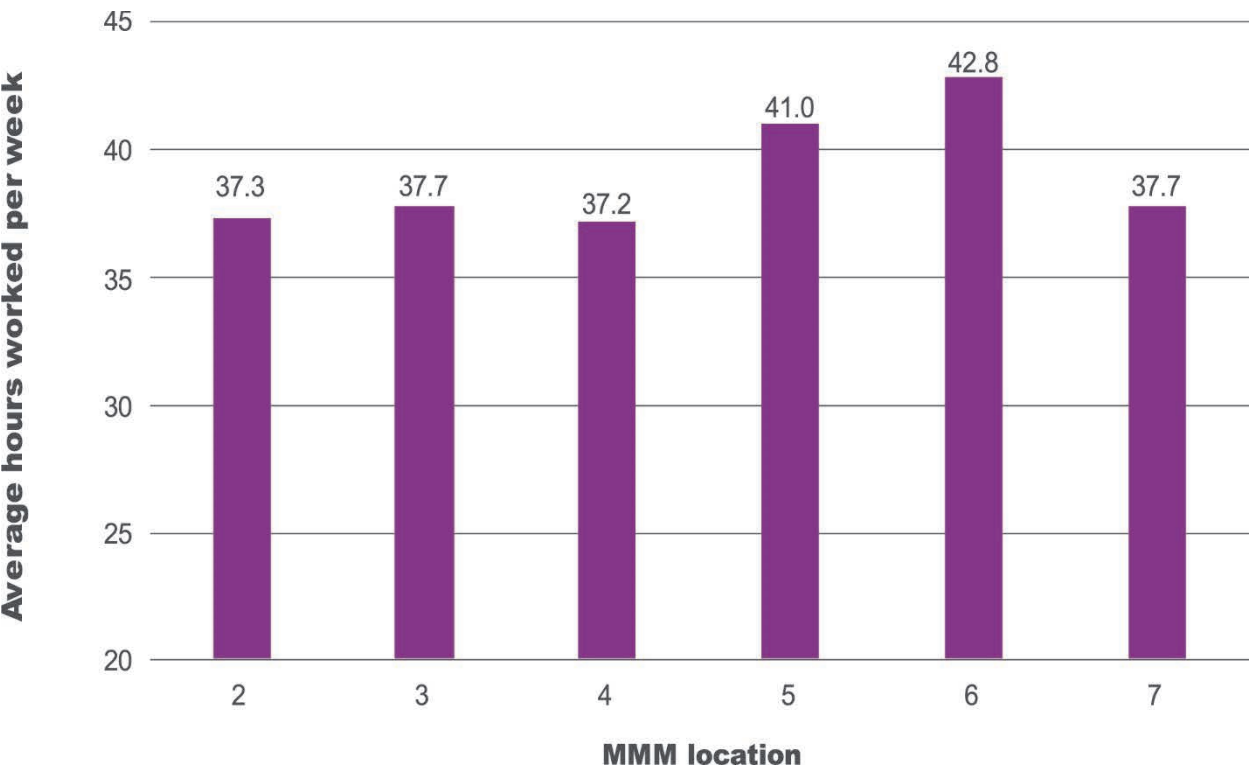
Figure 7 *Average hours worked per week by region*



The highest reported average hours worked are recorded in the Pilbara (44.2 hours per week) and Midwest (42.5 hours per week) regions. Conversely, the lowest reported hours worked per week are recorded in the Outer Metropolitan (35.9 hours) and Kimberley (36.2 hours) regions. This is the same pattern as in 2018.

Figure 8 below shows an inverse relationship between hours worked and remoteness between MMM 2 and 6 locations; GPs working in more remote locations typically work more hours per week on average compared with their colleagues in less remote locations.

Figure 8 Average hours worked per week by MMM location



The lowest reported average working hours per week were in MMM 2 and 4 (37.3 and 37.2 hours respectively) locations.

Hours worked by GPs in MMM 7 locations decreased from 41.3 hours per week in 2018 to 37.7 hours per week in 2019. This is likely due to there being a larger number of respondents reporting part-time hours in 2019 (18 GPs) than in 2018 (10 GPs).

7 Length of employment in current principal practice

Average length of employment

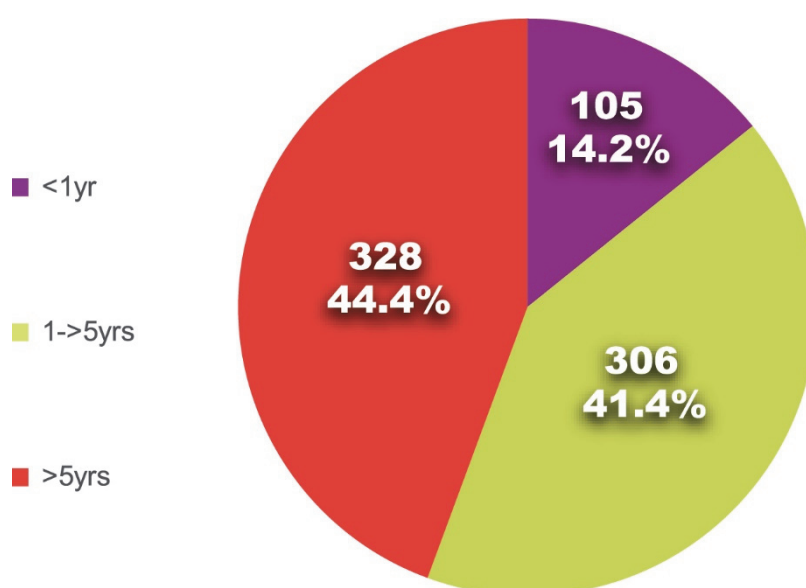
Across rural WA, the average length of employment in current principal practice for GPs was 7.5 years, 0.1 year less than in November 2018. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural practices.

Please note:

WAGPET GP registrars are not included in this section as the length of their terms of employment generally ranges from 6 to 12 months, as such they are not part of this permanent workforce. RVTS GP registrars, however, have been included.

Figure 9 shows the proportion of the general practice workforce who have been in their current positions in each length of employment category.

Figure 9 *Length of employment in current principal practice*

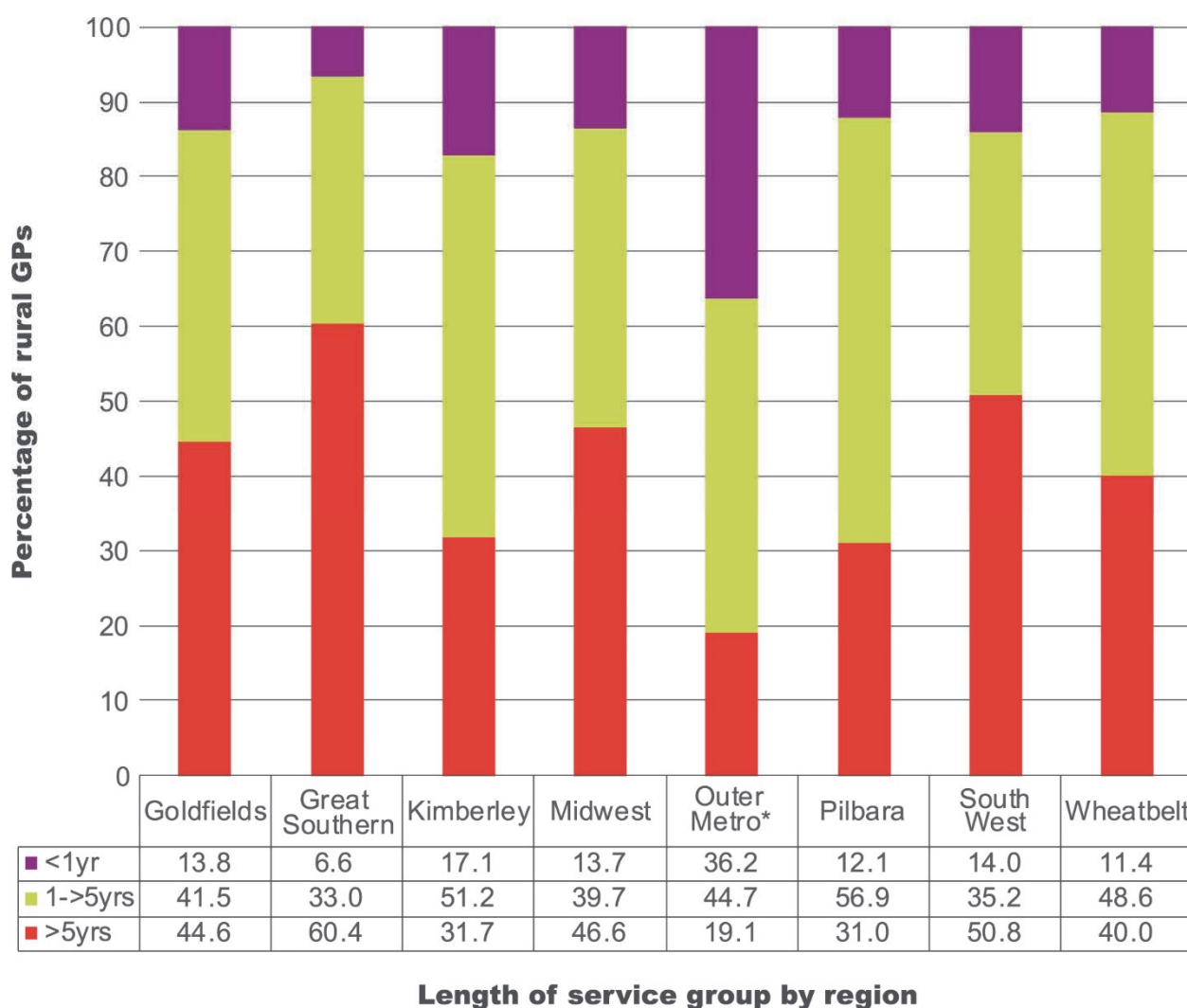


Rural GPs employed for less than 1 year decreased from 15.6% in 2018 to 14.2% in 2019, while those employed between 1 and 5 years increased slightly from 40.3% in 2018 to 41.4% and those employed for more than 5 years increased from 44.1% in 2018 to 44.4%.

Average length of employment by region and Modified Monash Model location

Figure 10 below compares the length of employment in current principal practice for rural GPs across regions.

Figure 10 Length of employment in current principal practice by region



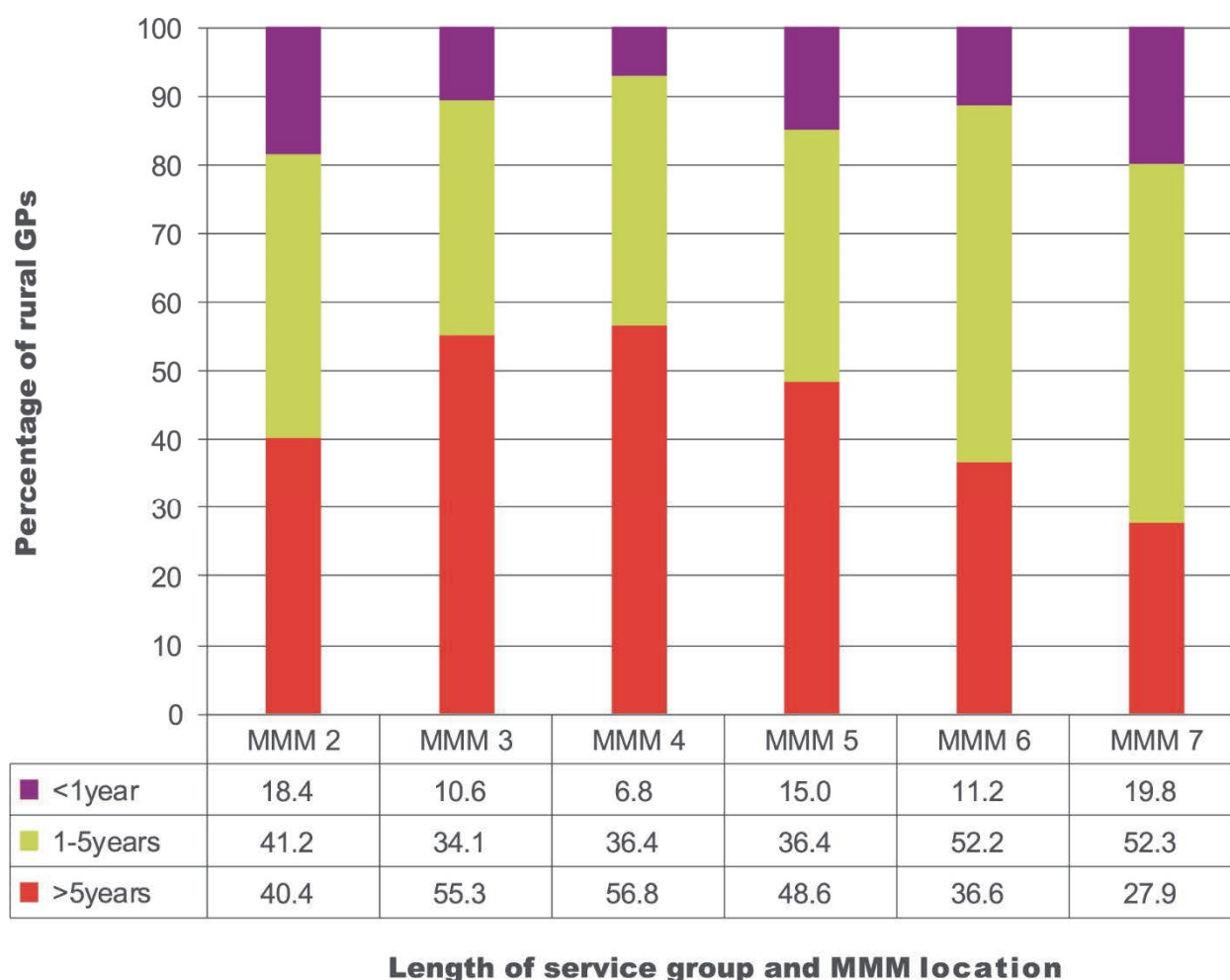
* Outer Metropolitan

Similar to 2018, the Great Southern region had the highest proportion of long-stay GPs (60.4% of its workforce) and the lowest proportion of newly-arrived GPs, again suggesting a very stable workforce.

The Outer Metropolitan region contained the highest proportion of newly arrived GPs (36.2%) and had the lowest proportion of long-stay GPs (19.1%).

Figure 11 compares the length of employment in current principal practice for rural GPs across MMM locations.

Figure 11 Length of employment in current principal practice by MMM location



The majority of long-stay GPs (>5 years) were in MMM 3 and 4 locations (55.3% and 56.8% respectively). In contrast, MMM 6 and 7 locations had the lowest proportions of long-term GPs (36.6% and 27.9% respectively).

The highest proportion of newly-arrived GPs were in MMM 2 and 7 locations (18.4% and 19.8% respectively).

8 Practice type

Table 10 below shows the number of GPs (including GP registrars) working in group and solo practices per region.

Table 10 *Number of rural GPs by practice type and region*

Region	Group	Solo	Total	% Solo
Goldfields	58	10	68	14.7
Great Southern	94	8	102	7.8
Indian Ocean Territories	3	1	4	25.0
Kimberley	101	3	104	2.9
Metropolitan (RFDS Western Operations)	13	0	13	0.0
Midwest	81	7	88	8.0
Outer Metropolitan	56	0	56	0.0
Pilbara	53	7	60	11.7
South West	262	9	271	3.3
Wheatbelt	62	19	81	23.5
Total	783	64	847	7.6

There were 783 (92.4%) rural GPs known to be practising in group practices at 30 November 2019 and 64 (7.6%) rural GPs working in solo practices, 5 fewer solo GPs than in 2018.

The solo practitioner component of the rural general practice workforce varies widely across geographical locations. Solo practices are most prevalent in the Wheatbelt, Goldfields and Pilbara regions with 19 (23.5%), 10 (14.7%) and 7 (11.7%) GPs in these regions respectively working as solo practitioners.

Table 11 below delineates the number of practices in each region.

Table 11 *Number of practices per region (excluding WACHS hospitals)*

Region	Group	Solo	ACCHS	Number of practices per region	% Solo
Goldfields	10	8	3	21	38.1
Great Southern	15	7	0	22	31.8
Indian Ocean Territories	1	1	0	2	50.0
Kimberley	6	0	7	13	0.0
Midwest	13	6	4	23	26.1
Outer Metropolitan	11	0	0	11	0.0
Pilbara	8	2	3	13	15.4
South West	47	9	1	57	15.8
Wheatbelt	17	18	1	36	50.0
Total	128	51	19	198	25.8

The reported number of practices in 2019 was 198, 3 more than 2018. There were 51 solo practices in 2019 (25.8% of total practices), 2 (27.2%) fewer than in 2018.

The majority of rural practices are group practices (128, 64.7%), 5 greater than 2018. Most group practices are located in the South West region (36.7% of group practices). This region also contains the majority of practices overall (57 or 28.8% of all practices).

The Wheatbelt region contained the largest number and proportion of solo practices, with 18 out of their 36 practices being solo (50.0%).

The discrepancy between the total number of solo practitioners (64) and the total number of solo practices (51) is because some solo practices are serviced by more than 1 fly-in/fly-out or drive-in/drive-out GP. These GPs job share, but there is only ever 1 GP at the solo practice at any time.

9 Rural GP proceduralists

Number of rural GP proceduralists

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

- Anaesthetics
- Obstetrics
- General surgery

There were 193 rural GP proceduralists recorded as at 30 November 2019, 5 greater than in 2018. A number of these GPs practise in more than one procedural area.

The number of rural GPs regularly practising each of these procedures is displayed in Table 12 along with the percentage of the total workforce these GPs represented in 2019.

Table 12 *Number and proportion of rural GPs practising procedures 2018 v 2019*

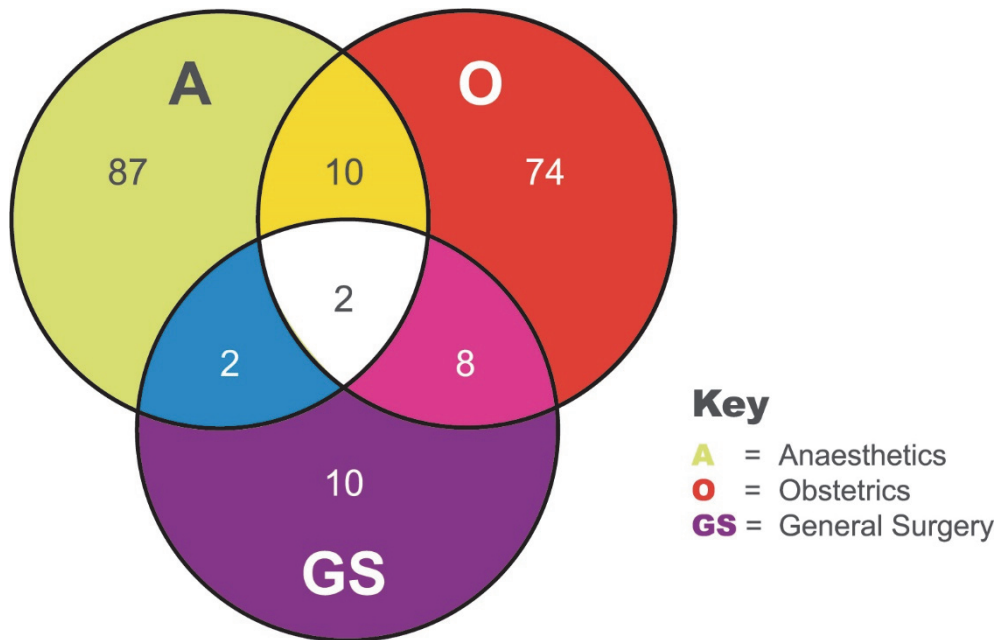
Procedure	N 2018	% of total GPs 2018	N 2019	% of total GPs 2019
Anaesthetics	96	11.5	101	11.9
Obstetrics	97	11.6	94	11.1
General surgery	24	2.9	22	2.6

The number of GPs performing anaesthetics has increased by 5 from 96 (11.5% of total GPs) in 2018 to 101 (11.9%) in 2019, while obstetrics decreased by 3 from 97 (11.6%) to 94 (11.1%) and general surgery decreased by 2 from 24 (2.9%) to 22 (2.6%).

Since 2010, the number of GP anaesthetists has increased (96 in 2010 to 101 in 2019), however, as a proportion of the total workforce, it has decreased from 16.1% in 2010, to 11.9% in 2019. Both GP surgeon numbers and proportion reduced from 32 GPs in 2010 (5.4%) to 22 (2.6%) in 2019 and GP obstetricians likewise reduced from 124 (20.8%) in 2010 to 94 in 2019 (11.1%).

A diagram illustrating rural GPs practising in single or multiple procedural areas is shown at Figure 12.

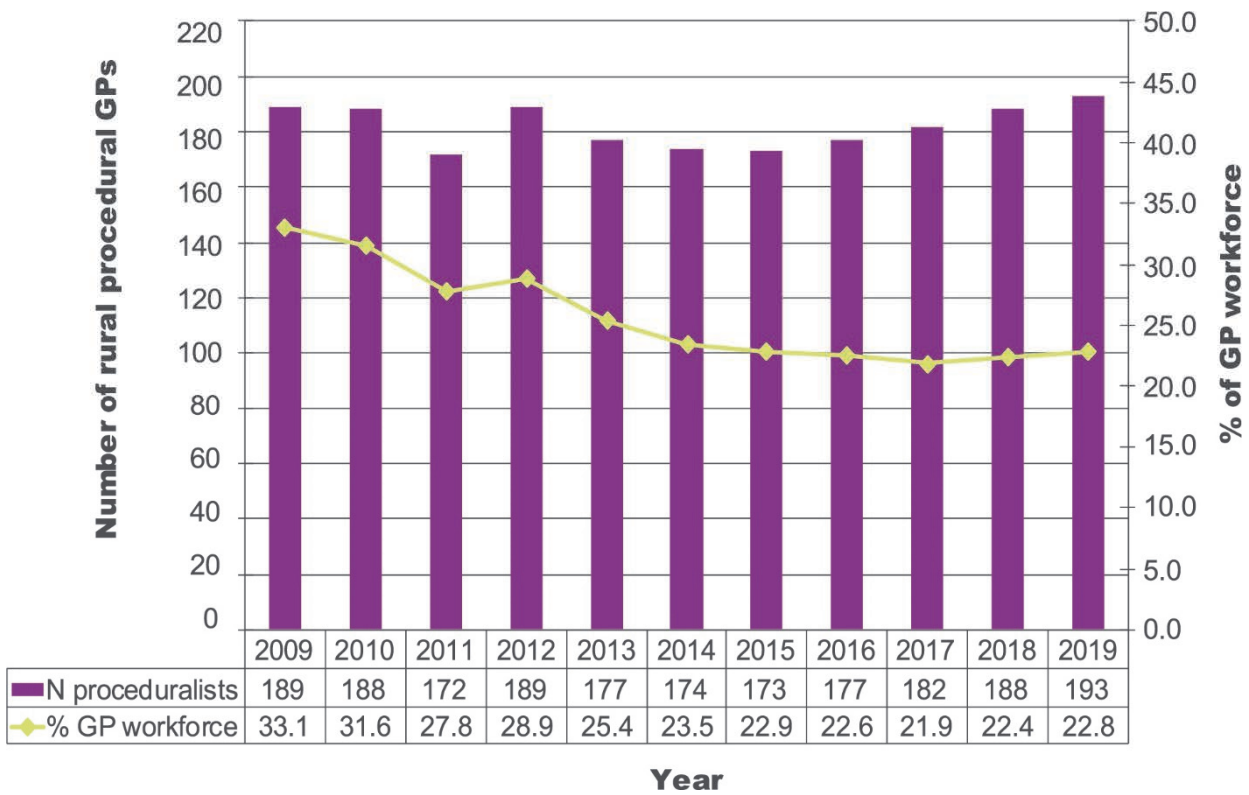
Figure 12 *Number of rural GPs undertaking procedural work*



The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2007, there were 14 GPs (7.3% of proceduralists) who practised all 3 procedures and 68 (35.4%) who practised 2 procedures. In 2019, only 2 GPs (1.0% of proceduralists) practised all 3 procedures and 20 (10.4%) practised 2 procedures.

Figure 13 below illustrates the changes in overall rural GP proceduralist numbers and proportions between 2009 and 2019.

Figure 13 *Number and proportion of rural GP proceduralists 2009 to 2019*

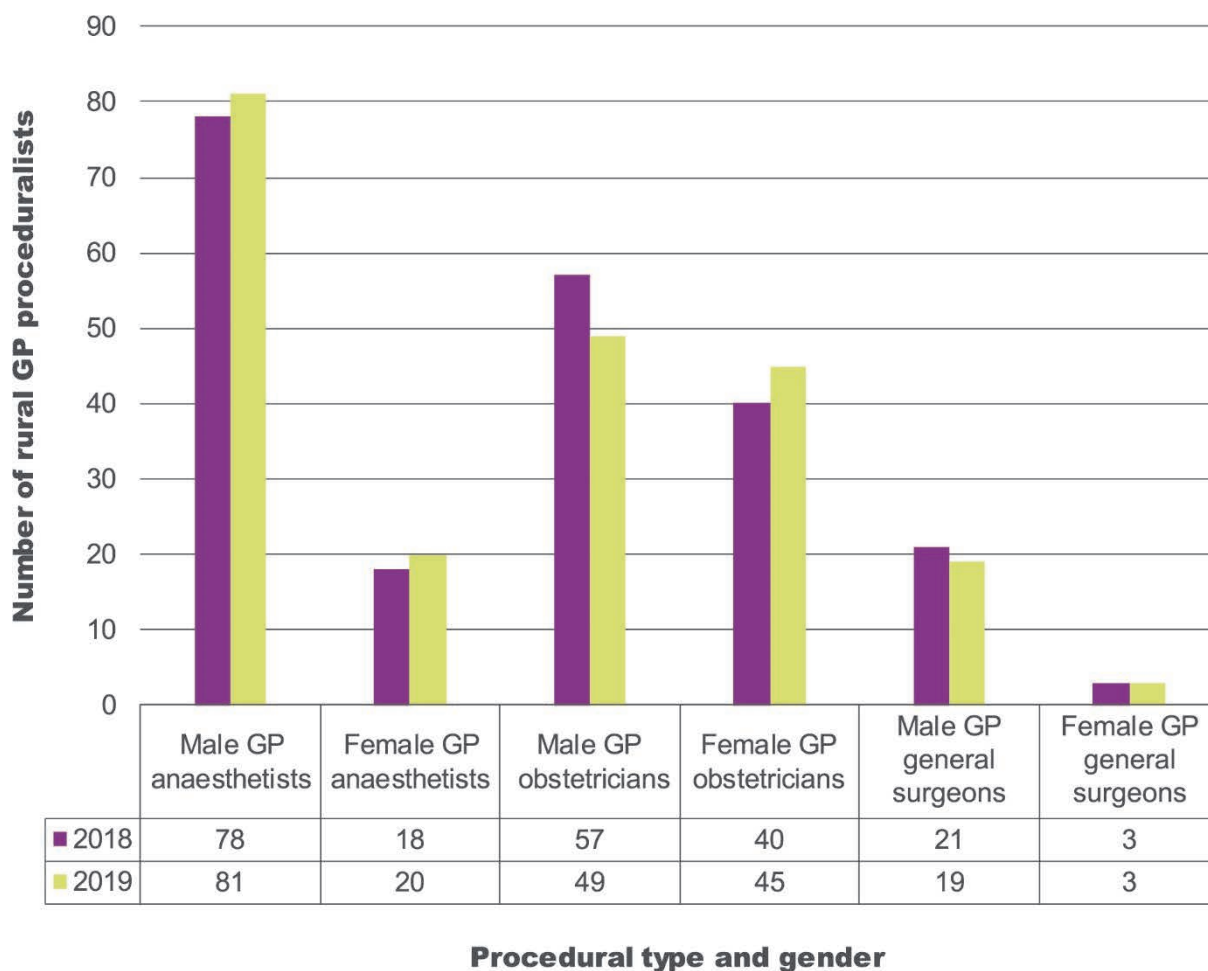


The total number of GP proceduralists has risen by 5 from 188 (22.4% of the rural GP workforce) in November 2018 to 193 (22.8%) in November 2019. This is the fourth consecutive year of growth and is now the highest number in the previous 10 years.

Rural GP proceduralists by type and gender

Figure 14 provides the number and type of rural GP proceduralists by gender for 2018 and 2019.

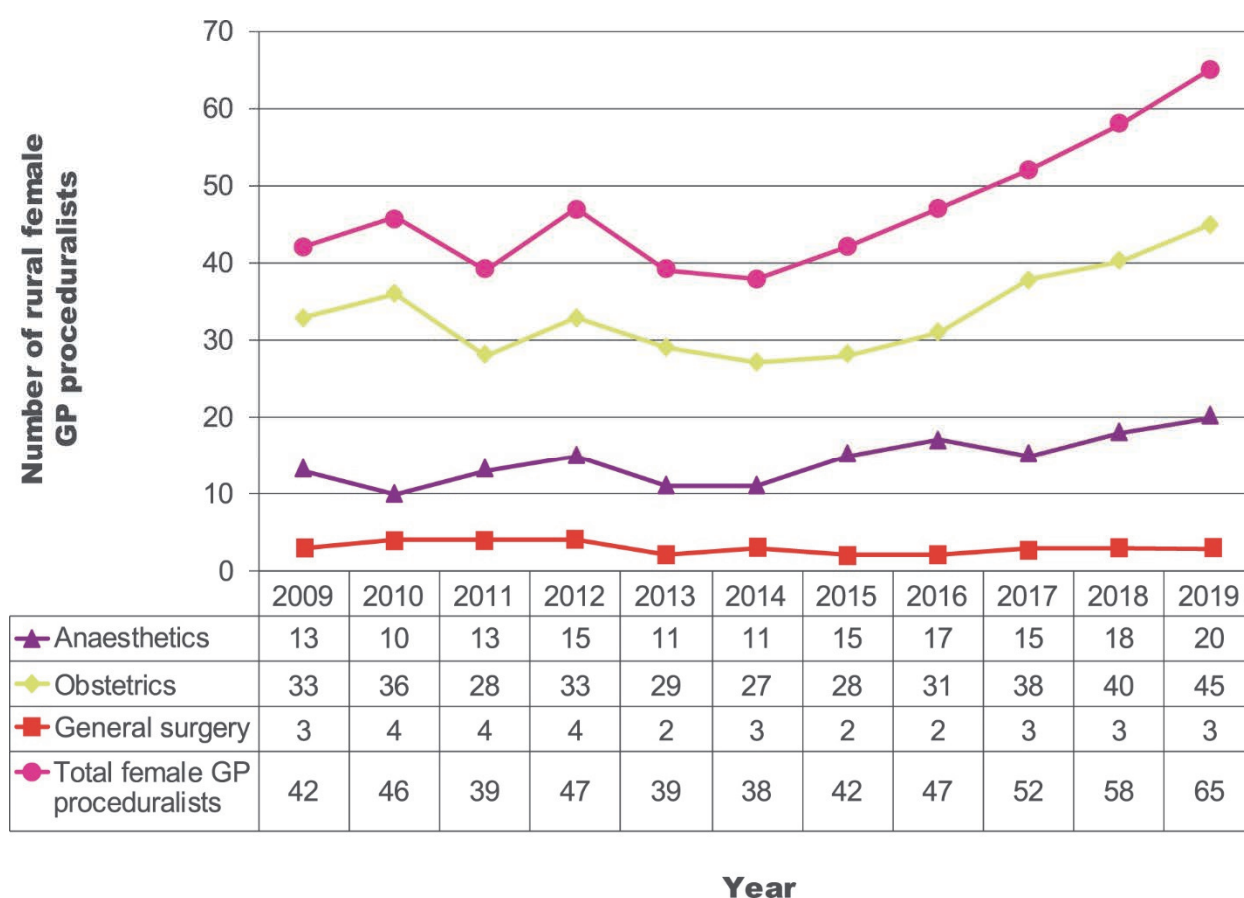
Figure 14 Number of rural GP proceduralists by type and gender 2018 v 2019



The number of GPs performing anaesthetics has increased in both genders from 2018. Male GP obstetrician numbers have decreased by 8 while female GP obstetrician numbers have increased by 5. Male GP general surgeon numbers decreased by 2, while female GP general surgeon numbers remained unchanged.

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2009 and 2019.

Figure 15 Number of rural female GP proceduralists 2009 to 2019



The total number of procedure types practised by female GPs has increased year on year since 2014 (41 procedures) and is currently the highest recorded (68 in 2019).

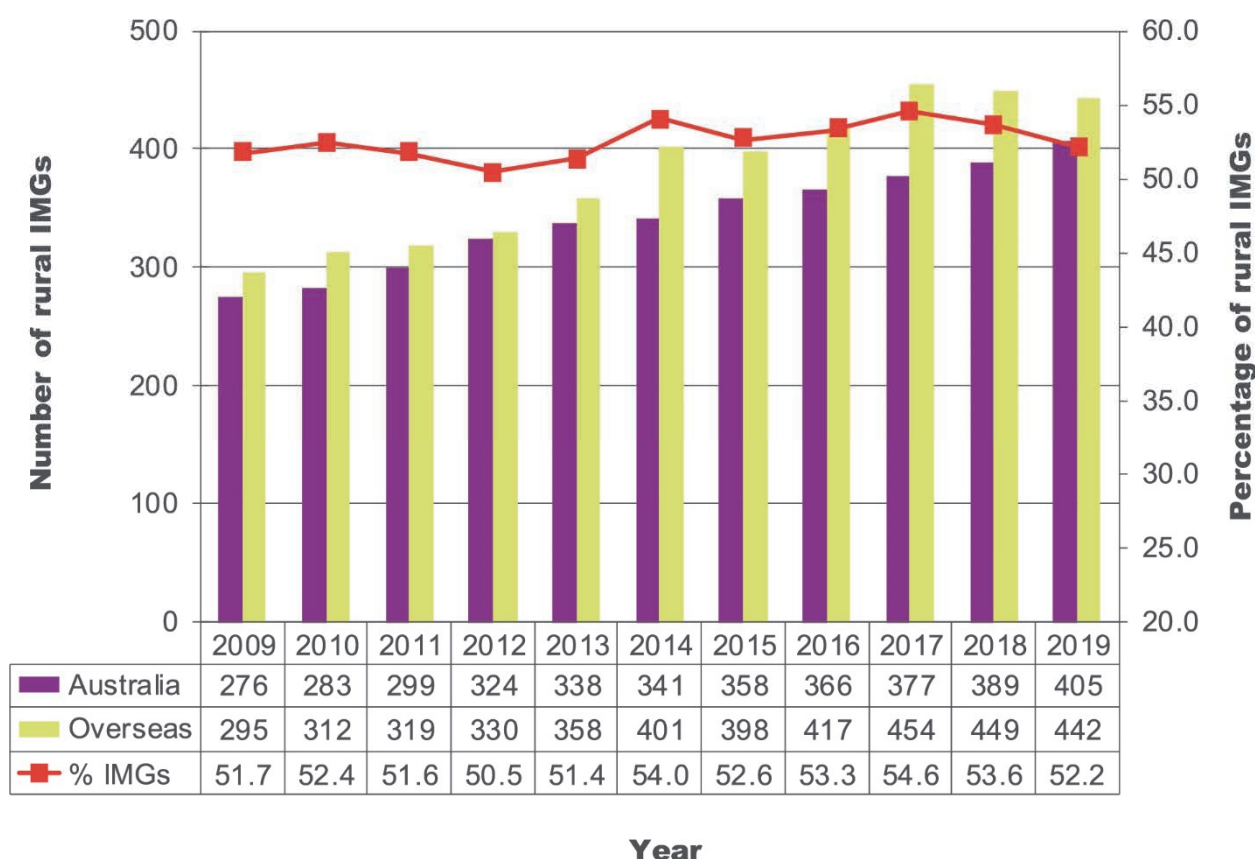
The number of female GP proceduralists has risen from 42 (22.8% of the proceduralist workforce) in 2009 to 65 GPs (33.7%) in 2019.

10 Country of training

An IMG is defined as a doctor who has received their basic medical qualification in a country other than Australia.

Figure 16 displays the number of rural GPs who obtained their basic medical qualification in Australia compared with overseas and the percentages of the total workforce who were IMGs from 2009 to 2019.

Figure 16 Number and percentage of rural IMGs 2009 to 2019



At 30 November 2019, 442 GPs (52.2% of the rural general practice workforce in WA) had obtained their basic medical qualification overseas, a slight decrease from 449 GPs in 2018 (53.6%).

Many IMGs are Australian citizens or permanent residents who have practised medicine in Australia for many years and contribute significantly to the health of rural communities. There were 132 (15.6% of the overall workforce) vocationally registered IMGs who have been in rural WA for 10 years or more at November 2019.

In the 12 months to 30 November 2019, there were 59 IMG GP arrivals (51.3% of all arrivals) into the rural WA GP workforce compared with 53 (48.2%) in 2018. Of these, the largest proportion gained their basic medical qualification from the United Kingdom/Ireland (18, 30.5%), India (8, 13.6%) or Nigeria (5, 8.5%).

Residency status

Table 13 displays the residency status of the rural IMG general practice workforce at 30 November 2019.

Table 13 *Residency status of the rural IMG workforce*

Residency	Number	%
Australian citizen	211	47.7
Permanent resident	182	41.2
Temporary resident	47	10.6
New Zealand citizen	2	0.5
Total	442	100.0

As at 30 November 2019, 211 GPs (47.7% of the rural IMG workforce) were Australian citizens (an increase from 201 GPs, 44.8% in 2018), 182 (41.2%) had permanent residency (increased from 181, 40.3% in 2018), and 47 (10.6%) were temporary residents (decreased from 64, 14.3% in 2018).

Fellowship status

Rural Health West administers a number of programs on behalf of the Australian Government that assist non-vocationally registered GPs to be able to work in rural Western Australia as well as gain their Fellowship with either RACGP or ACRRM. These are the Five Year Overseas Trained Doctors Scheme (5 Year Scheme), the Rural Locum Relief Program (RLRP) and the More Doctors for Rural Australia Program (MDRAP).

There were 21 GPs practising under the 5 Year Scheme on 30 November 2019 (9 fewer than in 2018). During this reporting period there were 9 GPs who departed the Scheme and no new GPs joining. Of those who left, 6 completed the Scheme (having gained permanent residency and GP Fellowship) of whom 3 were still practising in rural WA as at 30 November 2019 and 3 had left rural WA. 3 GPs left the Scheme without completing it, 1 of whom returned overseas, 1 returned interstate and the other remains in rural WA.

As at 30 November 2019, there were 47 IMG GPs on the RLRP, 2 fewer than in 2018. During this reporting period 16 RLRP GPs obtained Fellowship, all of whom were still working in rural WA as at 30 November 2019. Subsequent reports will continue to report declining GP numbers on the RLRP program due to changes made to Section 3A of the Health Insurance Act 1973. These changes were made as part of the Stronger Rural Health Strategy and under these reforms, the RLRP no longer accepted new applications from 1 July 2019.

As at 30 November 2019, there were 9 IMG GPs on the new MDRAP program, which commenced in late 2019.

Table 14 shows the Fellowship status of all IMG GPs working in rural WA.

Table 14 Fellowship status of the rural IMG workforce

Fellowship status	Number 2018	% 2018	Number 2019	% 2019
Fellowed IMG GPs	283	63.0	284	64.3
Currently WAGPET/RVTS registrars	60	13.4	60	13.6
Currently on a Rural Health West program*	66	14.7	61	13.8
Not on any program	40	8.9	37	8.4
Total	449	100.0	442	100.0

* GPs on the 5 Year Scheme, Rural Locum Relief Program and More Doctors for Rural Australia Program

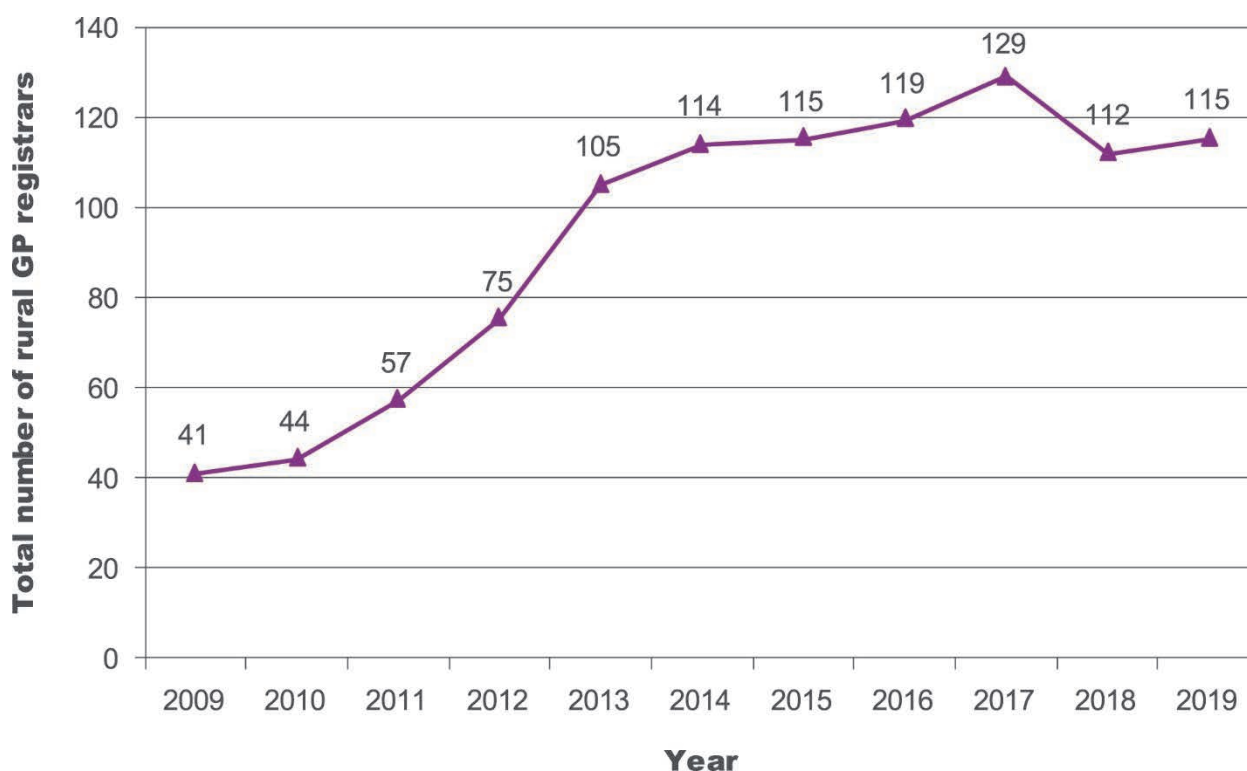
As at 30 November 2019, 284 IMG GPs (64.3% of the IMG workforce) were Fellowed, an increase from 283 GPs (63.0%) in 2018. In addition, 60 IMG GPs (13.6% of IMGs) were on an accredited training program, 61 GPs (13.8%) were on a Rural Health West supported program, and 37 doctors (8.4%) were not known to be on any program towards Fellowship.

Of the 284 Fellowed IMGs in the workforce, 106 (37.3%) Fellowed through a Rural Health West program, 62 (21.8%) were granted Fellowship Ad Eundem Gradum, 44 (15.5%) Fellowed through WAGPET, RVTS or the ACRRM Independent Pathway and the remaining through other programs or grandfathering.

11 Rural GP registrars

The following section is an analysis of the rural GP registrar workforce in rural WA. Figure 17 compares rural GP registrar numbers over the period 2009 to 2019 at the census date of 30 November each year.

Figure 17 Total number of rural GP registrars 2009 to 2019



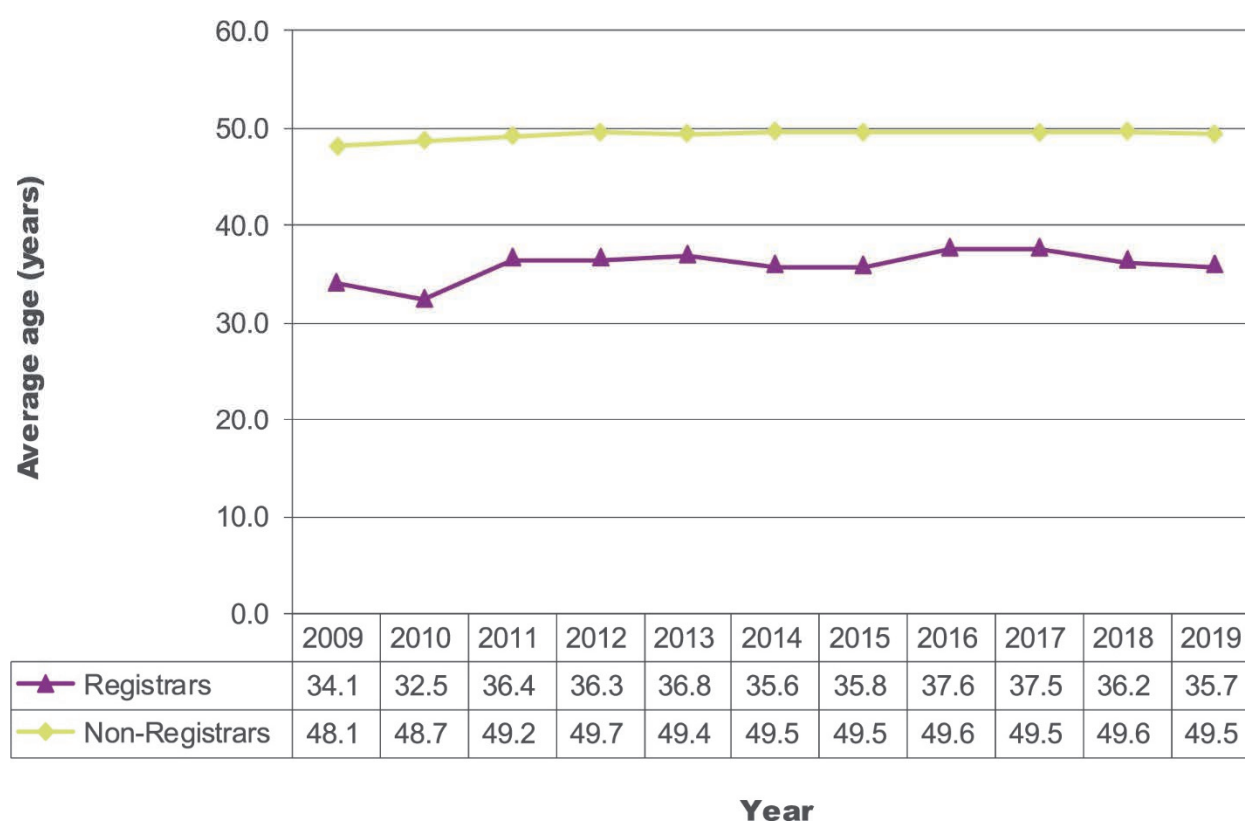
The total number of GP registrars in the rural WA workforce at the census date of 30 November 2019 was 115 (13.6% of the rural general practice workforce), 3 more than 2018, which had 112 registrars (13.4%).

Since 2009, the number of GP registrars in the rural WA workforce has more than doubled, from 41 (7.2% of the workforce) to 115 (13.6%) in 2009.

In 2019, 108 (93.9%) rural GP registrars were trainees with WAGPET (an increase of 2 from 2018), and 7 (6.1%) were with RVTS (an increase of 1).

As expected, the average age of rural GP registrars (35.7 years) remains well below that of the non-registrar general practice workforce (49.5 years) as shown in Figure 18.

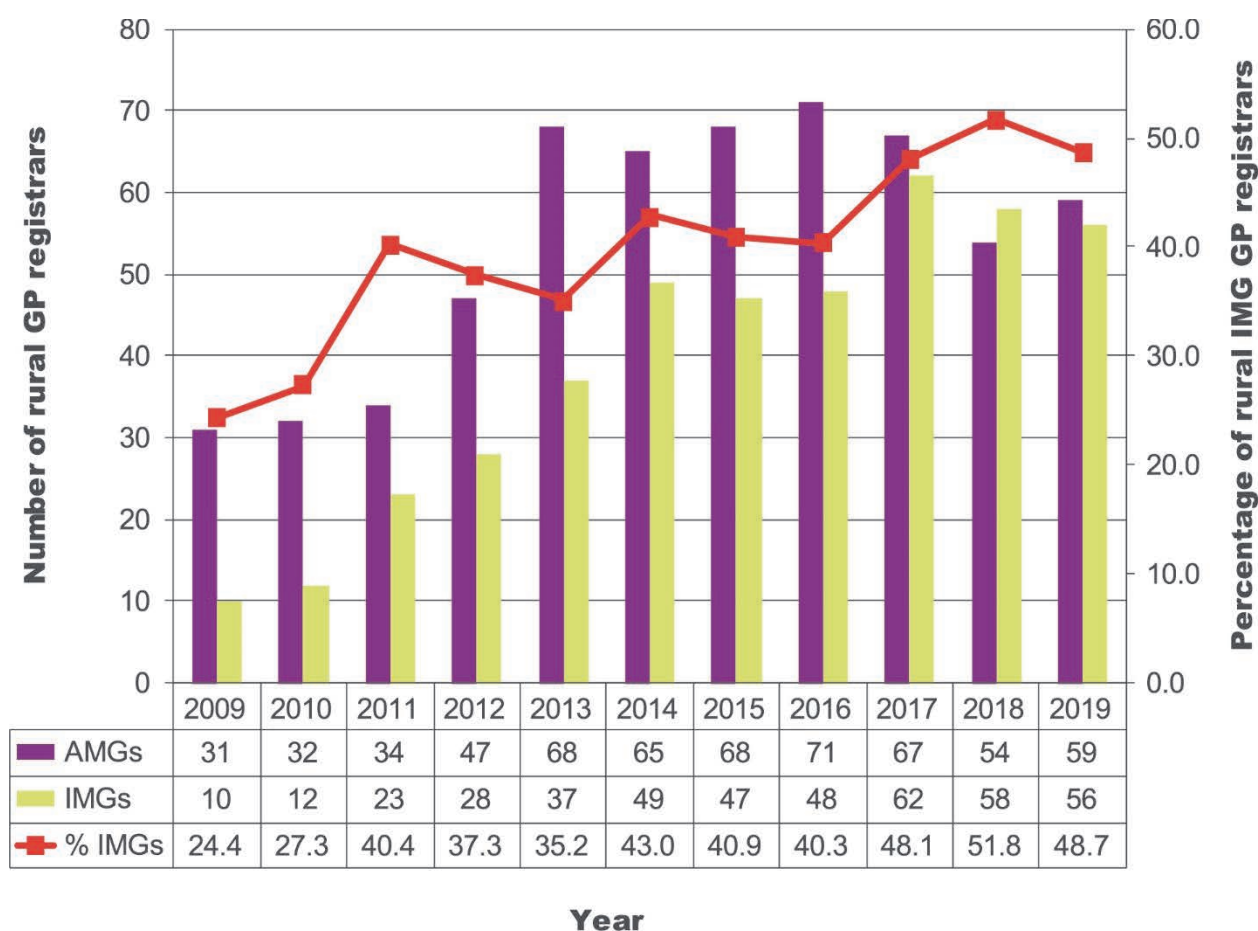
Figure 18 Average age of rural GP registrars 2009 to 2019



The average age of GP registrars has increased by 1.6 years since 2009. This compares with an increase of 1.4 years in the average age among the non-registrar workforce.

Figure 19 provides a comparative breakdown of rural GP registrar figures from 2009 to 2019, according to where they received their primary medical qualification.

Figure 19 Number and proportion of rural IMG GP registrars 2009 to 2019



The number of GP registrars who were IMGs has decreased from 58 (51.8%) in 2018 to 56 (48.7%) in 2019.

Of the IMG GP registrars, 16 (28.6%) completed their basic medical qualification in the United Kingdom/Ireland, 9 (16.1%) in India, 5 (8.9%) in Pakistan, 4 (7.1%) in South Africa, 4 (7.1%) in Russia and the remainder in 12 other countries (32.2%)

The following table shows the university at which Australian trained GP registrars working in rural WA obtained their basic medical degree.

Table 15 *University of basic medical training of Australian trained GP registrars working in rural WA 2019*

University of basic medical training	Number
The University of Western Australia	34
The University of Notre Dame Australia, Fremantle	14
Monash University, Melbourne	2
University of New England	2
University of Sydney	2
Australian National University	1
University of Adelaide	1
University of New South Wales	1
University of Queensland	1
University of Tasmania	1
Total	59

This table shows that 34 (57.6%) of all Australian trained GP registrars working in rural WA completed their basic medical training at The University of Western Australia and 14 (23.7%) at The University of Notre Dame Australia, Fremantle. Overall, 48 GP registrars (81.4%) completed their basic medical training in WA.

12 Rural Aboriginal Community Controlled Health Services

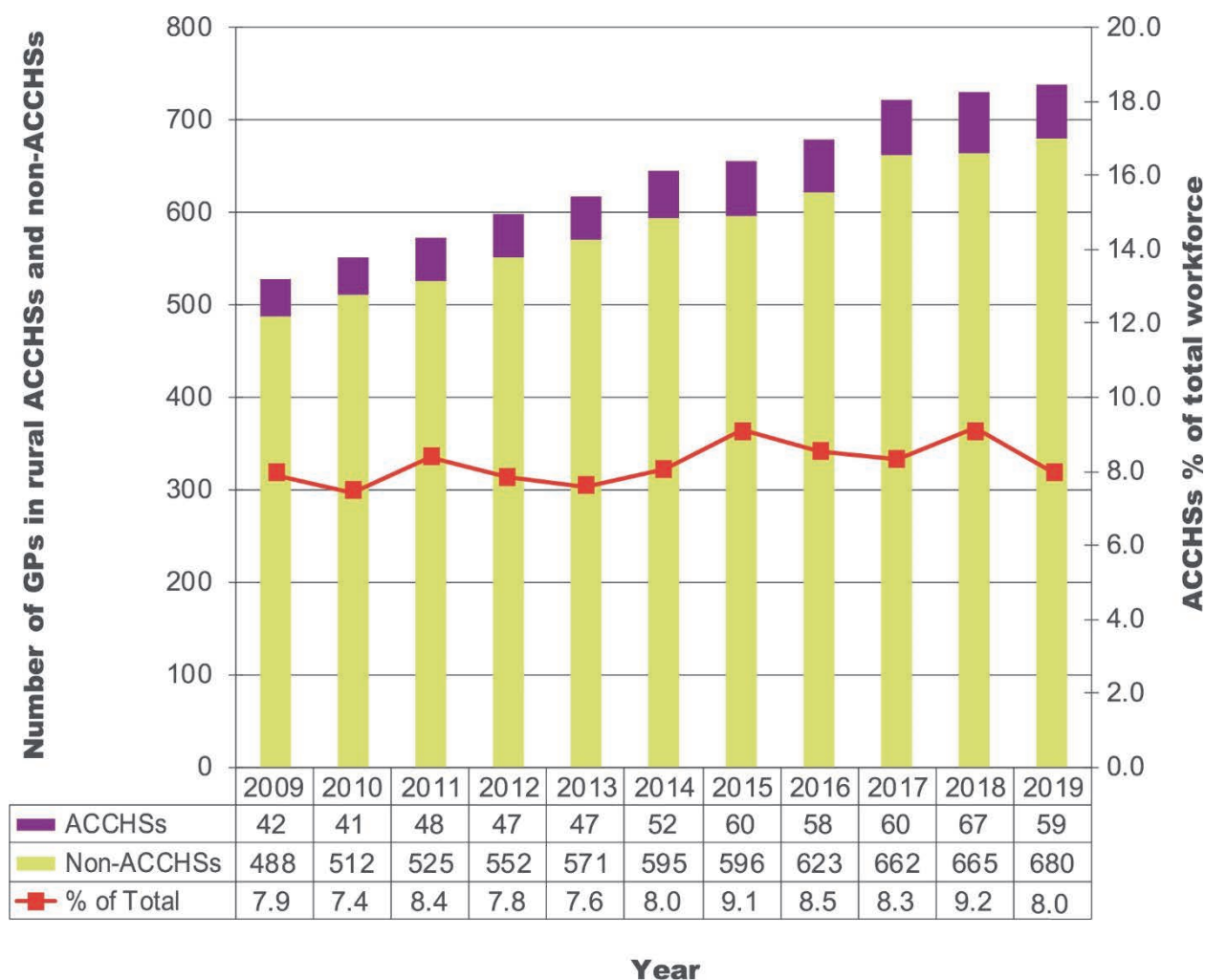
The following is an analysis of the general practice workforce who work in a rural ACCHS as their primary practice. This workforce comprised a total of 74 GPs as at November 30 2019 (1 less than 2018), of which 15 were WAGPET registrars, 1 was an RVTS registrar, 12 were fly-in/fly-out or drive-in/drive-out GPs and 46 were resident GPs.

Please note:

The 15 WAGPET GP registrars who identified as working in a rural ACCHS as their primary practice are excluded from the remainder of this analysis as they are not considered permanent staff.

Figure 20 charts the number of GPs who identified a rural ACCHS as their primary practice from 2009 to 2019.

Figure 20 Number of GPs in rural ACCHSs v non-ACCHSs 2009 to 2019

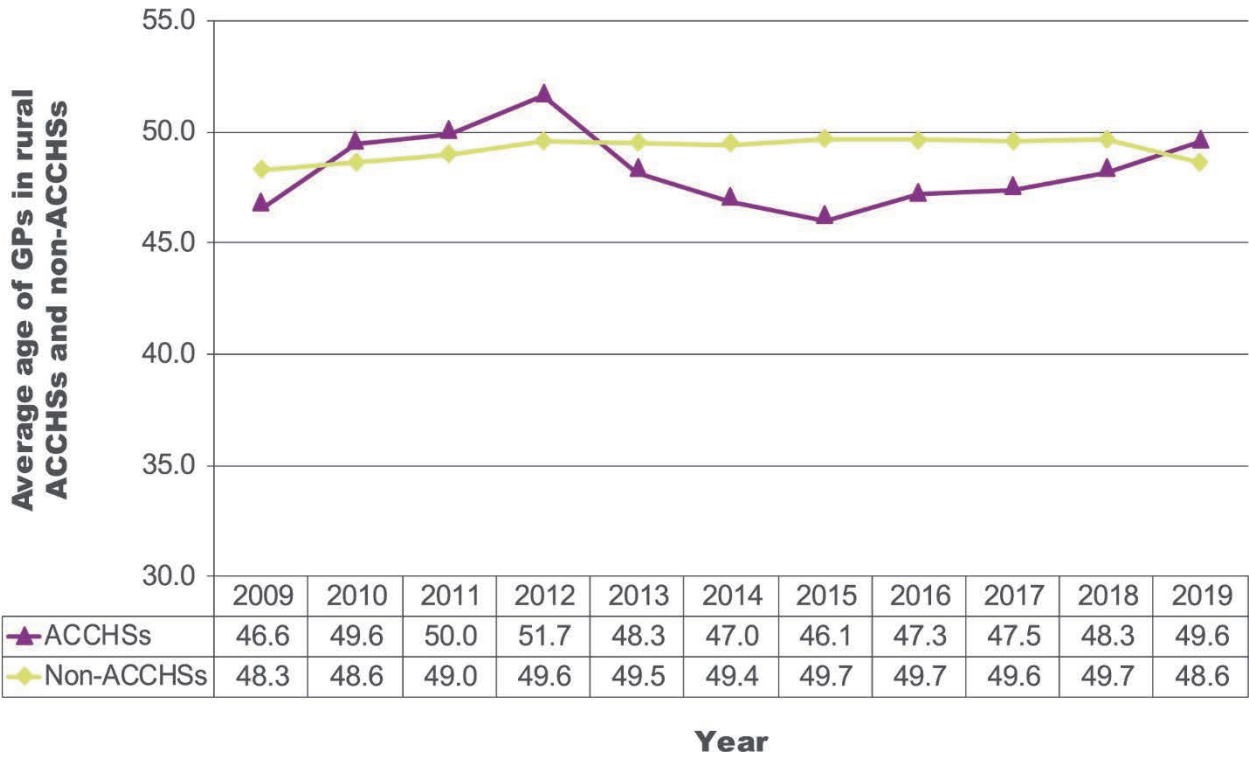


In 2019, there were 59 GPs (8.0% of the total workforce) working in a rural ACCHS, a decrease of 8 GPs from 2018. Despite a drop between 2018 and 2019, overall the ACCHSs-employed workforce has increased by 17 GPs since 2009.

Figure 21 identifies the average age of GPs in rural ACCHSs from 2009 to 2019 compared to the overall age of the non-ACCHS general practice workforce in rural WA.

In 2019, the average age of ACCHSs GPs was younger than that of the overall workforce, as it has been since 2013.

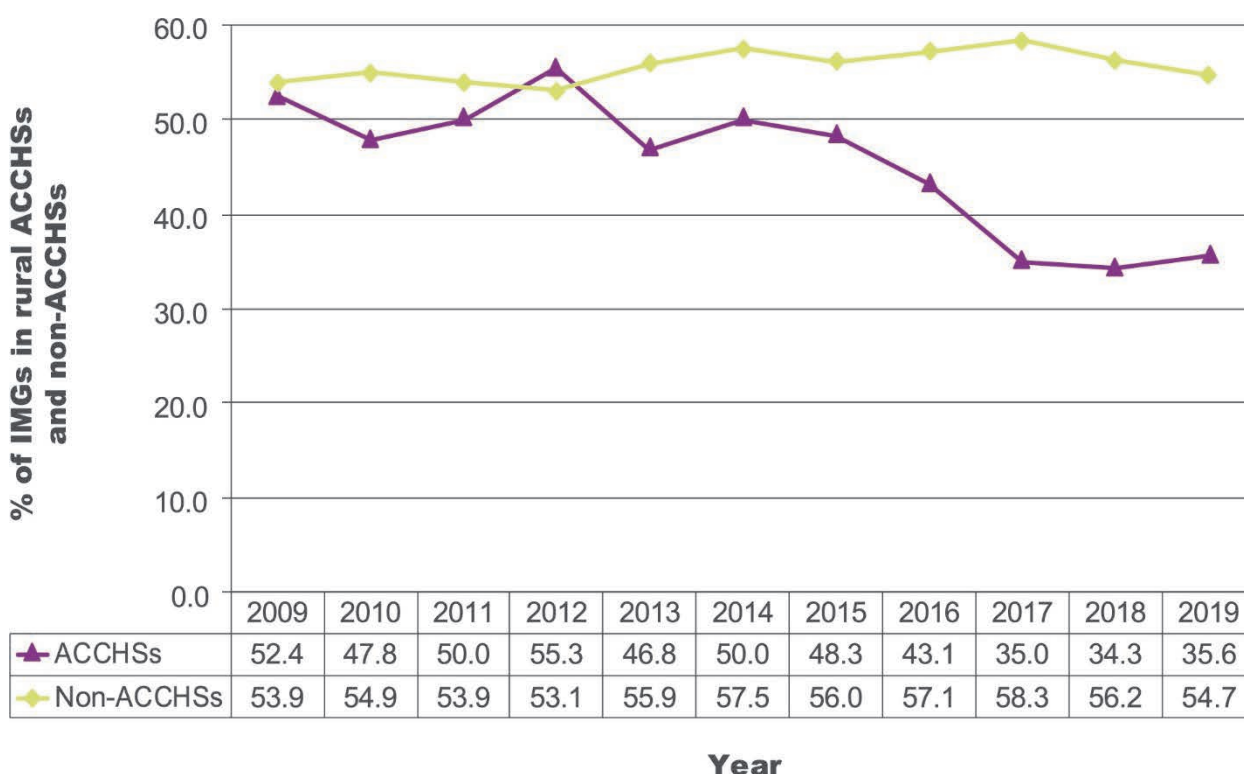
Figure 21 Average age of GPs in rural ACCHSs v non-ACCHSs 2009 to 2019



The overall average age for each year will differ from that reported in Section 4 at Figure 2 due to the inclusion of WAGPET GP registrars in the overall age profile, whereas WAGPET GP registrars are excluded from the calculations in Figure 21.

Figure 22 charts the percentage of IMGs in rural ACCHSs compared with the non-ACCHSs workforce between 2009 and 2019.

Figure 22 Percentage of IMGs in rural ACCHSs v non-ACCHSs 2009 to 2019



As at 30 November 2019, there were 21 IMGs (35.6% of their workforce) working in rural ACCHSs as their primary practice, compared with 372 IMGs (54.7%) in the Non-ACCHS workforce.

The percentage of IMGs working in ACCHSs as their primary practice mostly decreased annually between 2012 and 2018, but increased slightly in 2019. Conversely, the percentage of IMGs working in non-ACCHSs mostly increased between 2012 and 2017, with decreases in 2018 and 2019. Workforce analyses over subsequent years will show whether these trends are sustained.

Figure 23 compares the GP turnover in ACCHSs with the GP turnover in non-ACCHSs in rural WA, between 2009 and 2019.

After decreasing annually since 2013, the GP turnover in ACCHSs increased from 18.3% in 2018 to 32.8% in 2019. By comparison, turnover in non-ACCHSs remained the same over this period. Turnover in ACCHSs remains higher than the turnover among the non-ACCHSs workforce.

Figure 23 GP turnover in rural ACCHSs v non-ACCHSs 2009 to 2019

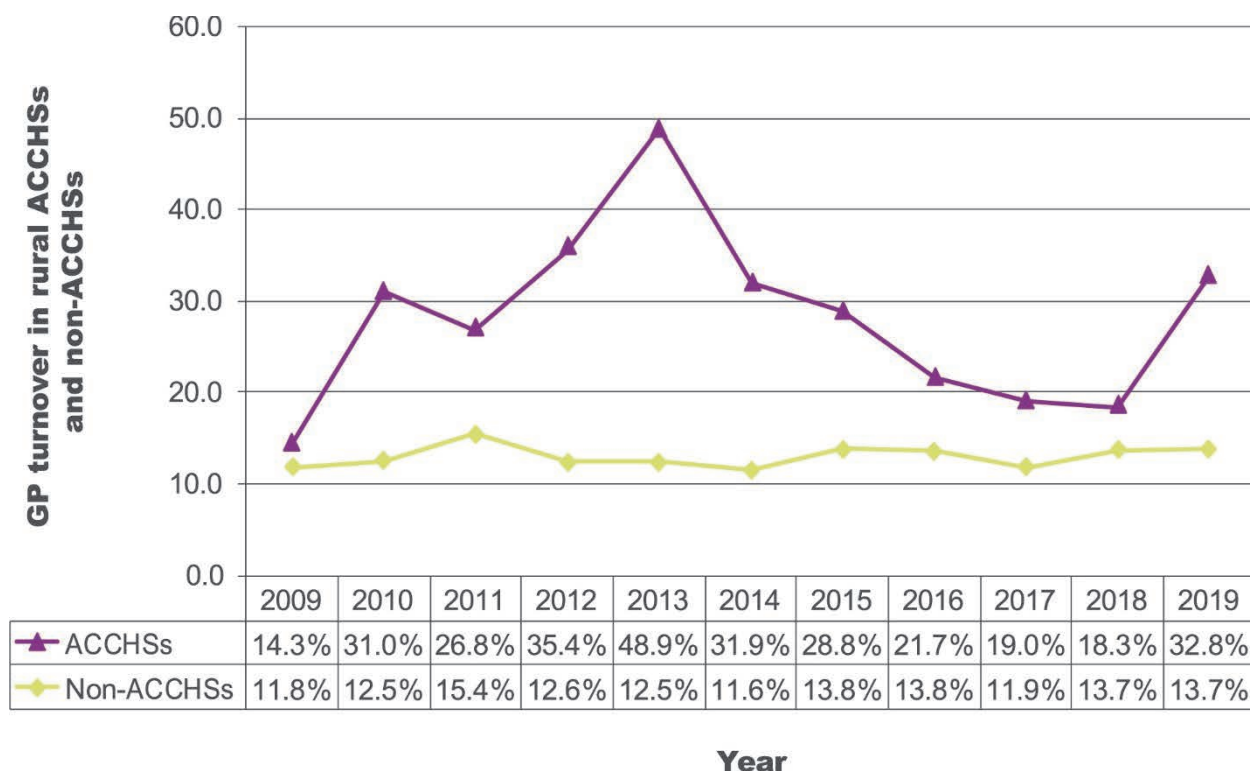
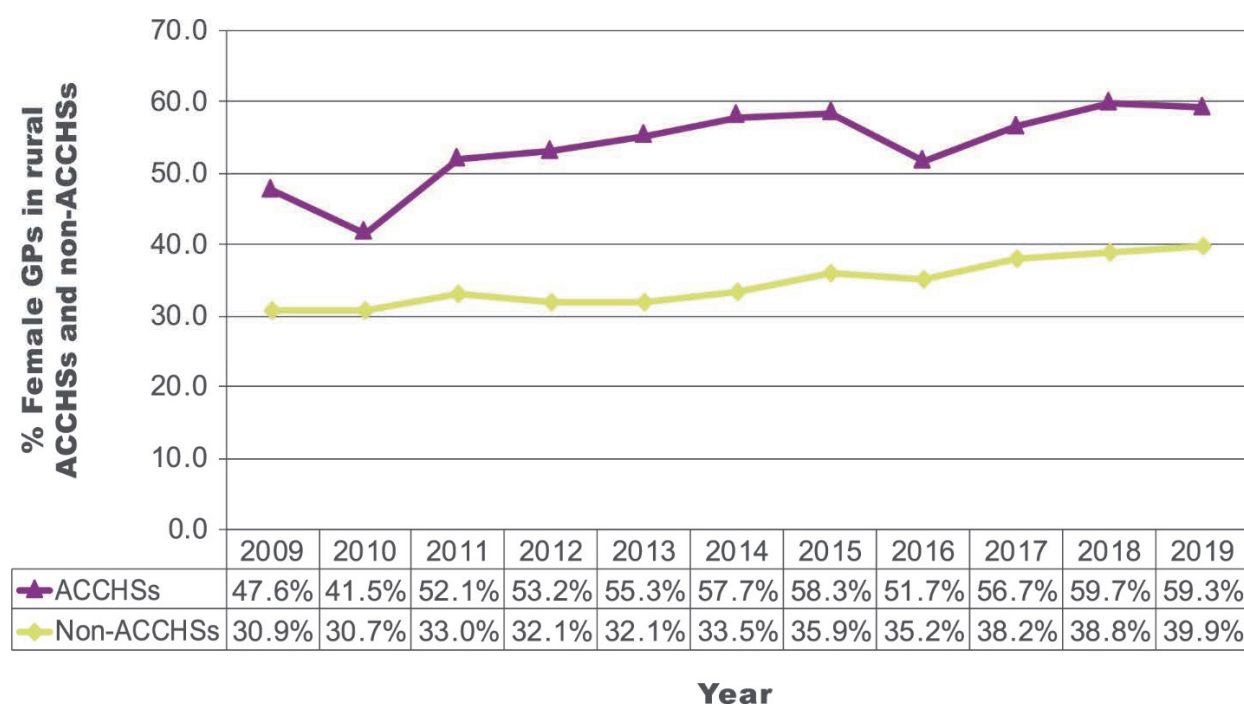


Figure 24 charts the percentage of female GPs in rural ACCHSs compared with the non-ACCHSs workforce between 2009 and 2019.

Figure 24 Percentage of female GPs in rural ACCHSs v non-ACCHSs 2009 to 2019



As at 30 November 2019, there were 35 female GPs (59.3%) working in the rural ACCHS workforce and 24 male GPs (40.7%). ACCHSs continued to have a consistently greater proportion of female GPs than the overall non-ACCHS rural general practice workforce with a variance of 19.4% in 2019.



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