

RURAL GENERAL PRACTICE
IN WESTERN AUSTRALIA

Annual Workforce Update

NOVEMBER 2020
PUBLISHED JULY 2021



Proudly funded by

Rural Health West

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Suggested citation

Rural Health West (2021). *Rural General Practice in Western Australia: Annual Workforce Update November 2020*. Perth: Rural Health West

Limitations

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

The information in this report was current at the census date of 30 November 2020.

Website

www.ruralhealthwest.com.au

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Acknowledgments

Rural Health West thanks all rural general practitioners (GPs) and general practice staff in WA, WA Country Health Service (WACHS), Western Australian General Practice Education and Training Limited (WAGPET), WA Primary Health Alliance, Aboriginal Community Controlled Health Services (ACCHSs) and others for their support and contributions in providing and validating the data used in this report.

Rural Health West's recruitment and retention activities are primarily funded by the Australian Government Department of Health and the Western Australian Department of Health WACHS.

July 2021

COVER PHOTO:

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Acronyms

ACCHS	Aboriginal Community Controlled Health Service
AGPT	Australian General Practice Training
AMG	Australian medical graduate
ASGC-RA	Australian Statistical Geographical Classification – Remoteness Area
DMO	District Medical Officer
GP	General practitioner
IMG	International medical graduate
MDRAP	More Doctors for Rural Australia Program
MMM	Modified Monash Model
RACGP	The Royal Australian College of General Practitioners
RFDS	The Royal Flying Doctor Service Western Operations
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 proceduralist: GP practising general anaesthetics, obstetrics or surgery (or combinations thereof).

IMG: GP who has received their basic medical qualification in a country other than Australia.

Outer Metropolitan health region: For the purpose of this report, the Outer Metropolitan health 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 and relate to all locations classified as Modified Monash Model (MMM) 2 to 7.

Workforce: Rural Health West uses 'workforce' in place of 'rural general practice workforce' for brevity. All references to 'workforce' should be taken as the broader definition and relate to the Western Australian rural general practice workforce.

1 Introduction

Rural Health West has been operating 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 Western Australia 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, practices and rural communities.

Rural Health West maintains a robust database of GPs who provide 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 880 GPs in the Western Australian rural general practice workforce (workforce), 553 (62.8%) returned their survey. Of the 193 general practices, 152 (79.2%) returned at least one of their bi-annual surveys. Doctor count, ages and proceduralist information about the remaining 40 (20.8%) practices were all confirmed with the practice over the telephone or email. This response rate and coverage provides a high level of confidence in the validity of the information.

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 *Rural General Practice in Western Australia: Annual Workforce Update* provides an overview of findings, changes and trends in the workforce. This overview informs workforce planning and policy decisions.

The information in this *Rural General Practice in Western Australia: Annual Workforce Update* was current at the census date of 30 November 2020.

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 population centre and MMM 7 is a very remote location.
- The change from Australian Statistical Geographical Classification – Remoteness Area (ASGC-RA) to MMM in 2015 saw towns in the greater Mandurah area re-classified from rural to metropolitan locations. In order to enable valid comparisons with previous years, all historical data relating to these towns has been removed.
- Additionally, the Outer Metropolitan region locations of Alkimos, Pinjarra 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 in this report.
- The *Rural General Practice in Western Australia: Annual Workforce Update* includes WAGPET GP registrars except where their exclusion is noted throughout the document.

2 Executive summary

This section sets out brief comparisons and trends for the workforce in MMM 2 to 7 locations in WA at the most recent census date of 30 November 2020.

Number of overall rural general practitioners

(Includes WAGPET GP registrars)

- As at 30 November 2020, there were 880 GPs known to be practising in MMM 2 to 7 locations, an increase of 33 GPs from 847 in 2019 (3.9% growth).
- The most significant increase was observed among GP registrars, with 24 additional doctors (20.9% growth) joining the workforce between November 2019 and November 2020.
- The number of hospital-based doctors providing GP-type services increased by 11 doctors (17.7% growth), as did GPs working in Aboriginal Community Controlled Health Services (ACCHSs) (6 GPs, 13.0% growth).

Age and gender

- The average age of rural GPs at 30 November 2020 was 47.3 years, 0.3 years lower than November 2019 (47.6 years).
- The average age of the overall workforce has increased 2.4 years since 2001 (from 44.9 years to 47.3 years).
- The proportion of female GPs peaked in 2020 at 393 GPs, representing 44.7% of the workforce.

Location/region

- The South West region was the most populous region with 280 GPs, representing 31.8% of the workforce in WA.
- GP numbers increased between 2019 and 2020 in a number of regions:
 - the Outer Metropolitan region gained 9 GPs (16.1% growth)
 - the South West region also gained 9 GPs (3.3% growth)
 - the Pilbara region gained 8 GPs (13.3% growth)
 - the Kimberley region gain 8 GPs (7.7% growth)
 - the Wheatbelt region gained 4 GPs (4.9% growth)
- Three regions experienced a contraction in GP numbers:
 - the Goldfields region (3 GPs, -4.4%)
 - the Great Southern region (1 GP, -1.0%)
 - the Midwest region (1 GP, -1.1%)

Turnover

(Excludes WAGPET GP registrars, but includes Remote Vocational Training Scheme (RVTS) registrars and all other doctors on an accredited Fellowship training program)

- Turnover in the permanent workforce between November 2019 and November 2020 was 14.3%, a slight improvement from 14.8% in the previous period.
- There was a growth of 7 GPs (0.9%) in the permanent workforce between November 2019 and November 2020.
- 106 rural GPs departed the workforce during this period (2 fewer than in 2019), of which the most common destination was Perth (44 GPs, 41.5%).
- 113 GPs joined the permanent workforce in rural WA between November 2019 and November 2020, 2 fewer than in the previous reporting period.
- The proportion of GPs arriving directly from overseas is decreasing annually
 - 20.8% in 2017
 - 14.5% in 2018
 - 12.2% in 2019
 - 8.8% in 2020
- 65 (57.5%) of the 113 GPs who commenced between November 2019 and November 2020 were international medical graduates (IMGs) from a variety of origins (including overseas, interstate and Perth), indicating that IMGs continue to be integral to the workforce.
- 20 GPs (17.7% of arrivals) joined the permanent workforce from the WAGPET GP training program.
- 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, 26 or 22.6% in 2019 and 20 or 17.7% in 2020).
- The Goldfields region experienced the highest proportional movements out between November 2019 and November 2020 (16 GPs or 24.6% of its workforce). The Pilbara, Wheatbelt and Kimberley regions experienced similar turnover rates (12 GPs or 20.7%, 14 GPs or 20.0% and 16 GPs or 19.5% of its workforce respectively).
- The South West region experienced the lowest proportional departures (27 GPs or 11.4% of its workforce).
- The highest inward movement of GPs occurred in the Kimberley (29 GPs, representing 30.5% of its workforce) and South West regions (28 GPs, 11.8%). The region with the least inward movement was the Midwest, with 5 new GPs (7.6%).

Working hours

- The average reported hours worked in 2020 was 39.2 hours per week, compared to 39.0 hours in 2019, an increase of 0.2 hours.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- The part-time workforce has increased, with more respondents working part-time (167 GPs, 31.3%) than in 2019 (152 GPs, 30.2%). 111 (66.5%) were female and 56 (33.5%) male.
- GPs in the Pilbara and Goldfields regions reported working longer hours on average than the rest of the workforce and GPs in the Outer Metropolitan region the lowest hours.
- The highest reported working hours were recorded in MMM 5 and 6 locations and the lowest were recorded in MMM 2 and 3 locations.

Length of employment

(Excludes WAGPET GP registrars, but includes RVTS registrars and all other doctors on an accredited Fellowship training program)

- The average length of employment for rural GPs in their current principal practice was 7.6 years, 0.1 year longer than in November 2019.
- An increased number of GPs have been employed for more than 5 years in their current practice. There were 328 long-stay GPs (44.4% of the workforce) in 2019 and 334 long-stay GPs (44.8%) in 2020.
- The data highlights an overall newer workforce at this census date than last, but also shows that most movement out of the current practice occurred among medium-term (1-5 years) doctors, rather than a loss of long-term doctors.
- The Great Southern and South West regions had the highest proportions of long-stay (>5 years) GPs and low proportions of newly arrived GPs.
- The Outer Metropolitan region contained the second highest proportion of newly arrived GPs and the lowest proportion of long-stay GPs.
- The Pilbara region contained the highest proportion of newly arrived 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.
- The highest proportion of newly-arrived GPs was in MMM 7 locations. This, combined with the lowest proportion of long-stay doctors as above, indicates the workforce is more transient in very remote locations.

Practice type

- There were 193 general practices as at 30 November 2020, excluding hospitals. Of these, 123 (63.5%) were group practices, 51 (26.0%) were solo practices and 19 (10.4%) were ACCHSs.
- The Wheatbelt region contained the largest number and proportion of solo general practices, with 16 (50.0%) of the 32 practices being solo general practices.

Proceduralists

- There were 194 rural GP proceduralists (22% of the workforce) as at 30 November 2020, 1 greater than in 2019.
- The number of rural GP proceduralists increased for the fifth consecutive year, with more GP proceduralists working in rural WA than at any point over the past 10 years.
- The number of GPs performing anaesthetics has increased by 1 from 101 in 2019 to 102 in 2020, while obstetrics remained the same at 94 and general surgery decreased by 2 from 22 to 20.
- The number of rural GP proceduralists performing more than 1 procedure type has decreased markedly in recent years. In 2007, there were 14 GPs who practised all 3 procedure types and 68 who practised 2 procedure types. In 2020, 2 GPs practised all 3 procedure types and 18 practised 2 procedure types.
- There were 66 female GP proceduralists in 2020, 34.0% of the GP proceduralist workforce; the highest number of female GP proceduralists over the past 10 years.

International Medical Graduates

- At 30 November 2020, 449 of the 880 rural GPs had obtained their initial medical qualification overseas. The proportion of IMGs in the workforce has decreased from 52.2% in 2019 to 51.0% in 2020.
- The number of IMGs arriving in rural WA rose from 59 (51.3% of all arrivals) in 2019 to 65 (58.0%) in 2020. Of these, the largest proportion gained their basic medical qualification in:
 - the United Kingdom/Ireland (16 or 24.6% of IMG arrivals)
 - India (9, 13.9%)
 - South Africa (6, 9.2%)
 - Nigeria (6, 9.2%)
- There were 131 (29% of the IMG workforce) vocationally registered IMGs who have been in rural WA for 10 years or more at November 2020.
- As at 30 November 2020, 278 IMG GPs (61.9% of the IMG workforce) were Fellowed, a decrease of 6 GPs from 2019 (284, 64.3%). In addition:
 - 96 IMG GPs (21.4% of IMGs) were on an accredited training program (increased from 60 or 13.6% in 2019)
 - 54 GPs (12.0%) were on a Rural Health West supported program (decreased from 61 or 13.8% in 2019)
 - 21 doctors (4.7%) were not known to be on any program towards Fellowship (decreased from 37 or 8.4% in 2019)

GP registrars

- The total number of rural GP registrars at the census date of 30 November 2020 was 139 (15.8% of the overall workforce), 24 more than 2019 (115 registrars, 13.6%).
- 62 (44.6%) GP registrars completed their primary medical qualification overseas, an increase from 56 (48.7%) in 2019. Of these:
 - 16 (25.8%) completed their basic medical qualification in the United Kingdom/Ireland
 - 12 (19.4%) in India
 - 6 (9.7%) in Pakistan
 - 5 (8.1%) in Russia
 - 29 (37.1%) completed their basic medical qualification in one of 16 other countries
- Of the 77 GP registrars who completed their primary medical qualification in Australia, 58 (75.3%) graduated from WA universities.

Aboriginal Community Controlled Health Services

(Excludes WAGPET GP registrars)

- As at 30 November 2020, 61 GPs (8.2% of the total workforce) worked in a rural ACCHS as their primary practice, an increase of 2 GPs from 2019.
- The ACCHS workforce experienced a 27.1% turnover in 2020, lower than the 32.8% in 2019, but higher than the 13.8% turnover experienced in the non-ACCHS workforce.
- There were 40 female GPs (65.6%) working in the ACCHS workforce and 21 male GPs (34.4%). ACCHSs continued to have a significantly greater proportion of female GPs than the overall non-ACCHS workforce (39.7%).
- 20 doctors were IMGs, representing 32.8% of the ACCHS workforce. This differs significantly to the non-ACCHS workforce which comprises 54.3% IMGs.

3 Data collection and analysis strategies

Since 2001, Rural Health West has maintained a robust database of the workforce in rural WA. Rural Health West collects information about 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 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 workforce. Medicare Local boundaries were used in the 2012 to 2014 reports, but were excluded in 2015 due to the cessation of those entities. WA Country Health Service (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 *Rural General Practice in Western Australia: Annual Workforce Update 2018* to enable valid comparisons between years under the new classification system.

In 2019, the locations of Alkimos, Pinjarra 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 is grouped together into a health region named the Outer Metropolitan region.

As a result of market failure in certain locations, some WACHS District Medical Officers (DMOs) and Senior Medical Officers (SMOs) 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 as these doctors are not considered to provide general practice services due to the availability of community-based GPs in these locations.

The Rural General Practice Workforce Survey was distributed in September 2020 to all doctors identified as working in rural WA (880 GPs), of which 553 (62.8%) responded. Rural Health West made personal contact via telephone or email with the 327 (37.2%) GP non-responders and/or their practice to confirm doctor count, ages and proceduralist work. This high response rate and data confirmation enables Rural Health West to offer valid contemporary data about trends in the workforce to support workforce policy and planning.

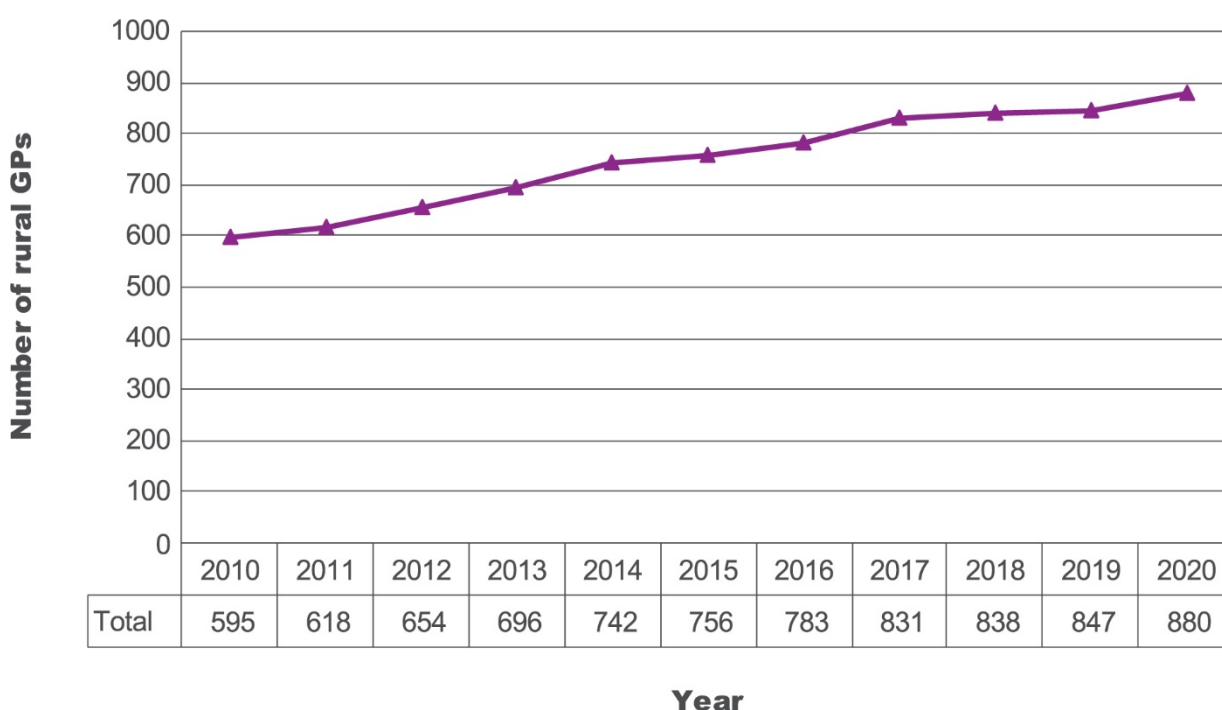
It is acknowledged that by its nature the data collated is a census at a particular point in time (30 November) and as such, caution should be taken when drawing inference from the data.

4 Demographics of the overall workforce as at 30 November 2020

This section describes the overall workforce by year, service model, age, gender and location, and includes private practice GPs, GP registrars, RFDS 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 2010 to 2020.

Figure 1 Workforce 2010 to 2020



As at 30 November 2020, there were 880 GPs known to be practising in 2015 MMM 2 to 7 locations, an increase of 33 GPs from 847 in 2019 (growth of 3.9%).

The *Rural General Practice in Western Australia: Annual Workforce Update 2018* suggested that the annual increase of the workforce in previous years of between 3% and 8% per annum may be slowing, after reporting a growth of 0.8% between 2017 and 2018. 2019 data remained below the previous average at 1.1%. However, 2020 shows a return into the average long-term growth range at 3.9%.

Models of service provision in rural Western Australia

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

Table 1 Rural GP numbers by primary model of service provision 2019 v 2020

Primary model of service provision	2019	2020	Difference	
Resident GP	486	478	-8	-1.6%
Fly-in/fly-out and drive-in/drive-out*	135	134	-1	-0.7%
Member of a primary health care team**	46	52	6	13.0%
Hospital-based GP (DMO/SMO)	62	73	11	17.7%
GP registrar	115	139	24	20.9%
Other	3	4	1	33.3%
Total	847	880	33	3.9%

* 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

The greatest increase in numbers was seen in GP registrars between November 2019 and November 2020 with an additional 24 doctors (20.9% growth) and in hospital-based doctors (11 doctors, 17.7% growth). An increase was also seen in ACCHS doctors (6 doctors, 13.0% growth).

There were small reductions in the number of resident GPs (8 fewer doctors, a difference of -1.6%) and fly-in/fly-out and drive-in/drive-out (1 fewer doctor, -0.7%).

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

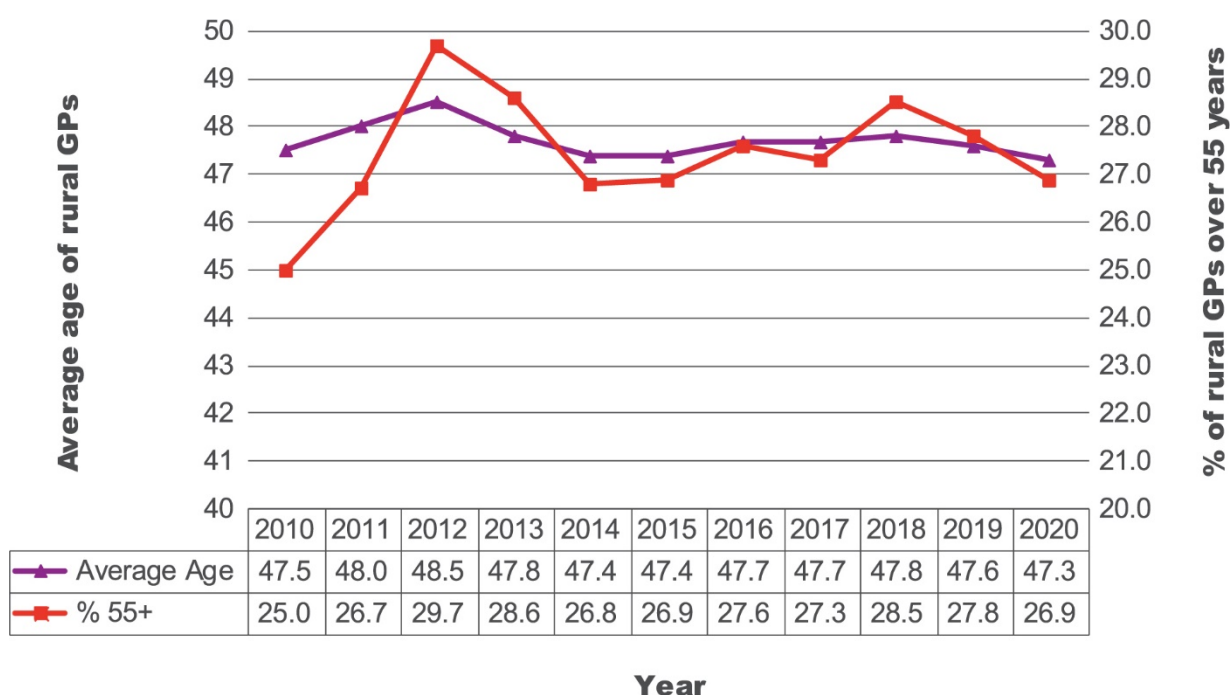
Rural general practitioners by age and gender

Average age of rural GPs

The average age of rural GPs at 30 November 2020 was 47.3 years, 0.3 years lower than November 2019 (47.6 years).

Figure 2 compares the average age of all rural GPs since 2010 and the proportion of the workforce who are aged 55 years or greater. The average age of rural GPs at November 2020 (47.3 years) is the lowest it has been in the past 10 years. The decreasing 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 2.4 years (from 44.9 years to 47.3 years).

Figure 2 Average age of the workforce 2010 to 2020 and proportion over 55 years

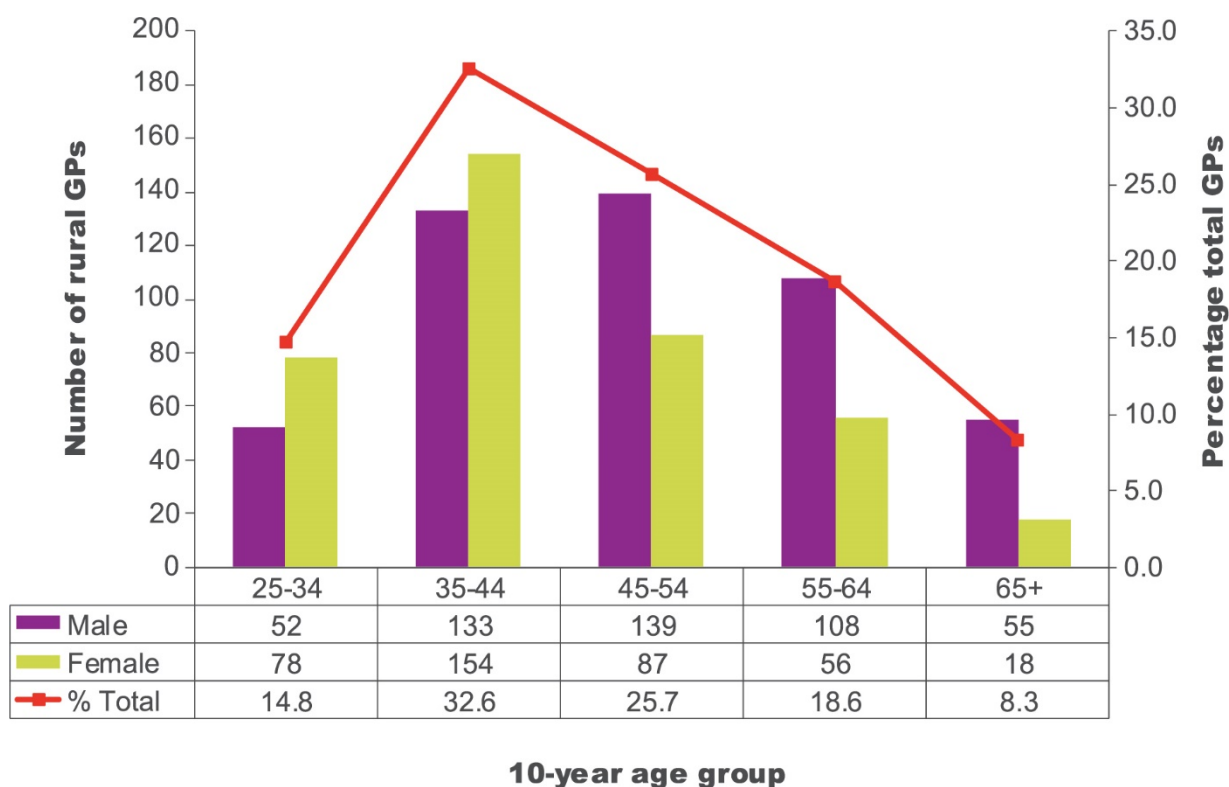


The average age for male GPs decreased 0.2 years, from 49.8 years in 2019 to 49.6 years in 2020. The average age for female GPs decreased by 0.5 years, from 44.8 years in 2019 to 44.3 years in 2020.

Rural GPs by age distribution and gender

Figure 3 indicates that the majority of the workforce (513 GPs, 58.3%) was aged between 35 and 54 years, which is similar to previous years.

Figure 3 Composition of the workforce by ten-year age group and gender



As at 30 November 2020, there were more male GPs in the age groups 45 years and over than females (302 and 161 respectively); with more female GPs than male GPs in the younger 25 to 44 year groups (232 and 185 respectively).

There were 237 GPs aged 55 and over, 26.9% of the workforce in 2020 compared with 27.8% in 2019, 28.5% in 2018, 27.3% in 2017, 27.6% in 2016 and 26.0% in 2015.

Figure 4 Number of rural GPs by gender and percentage of female GPs 2010 to 2020

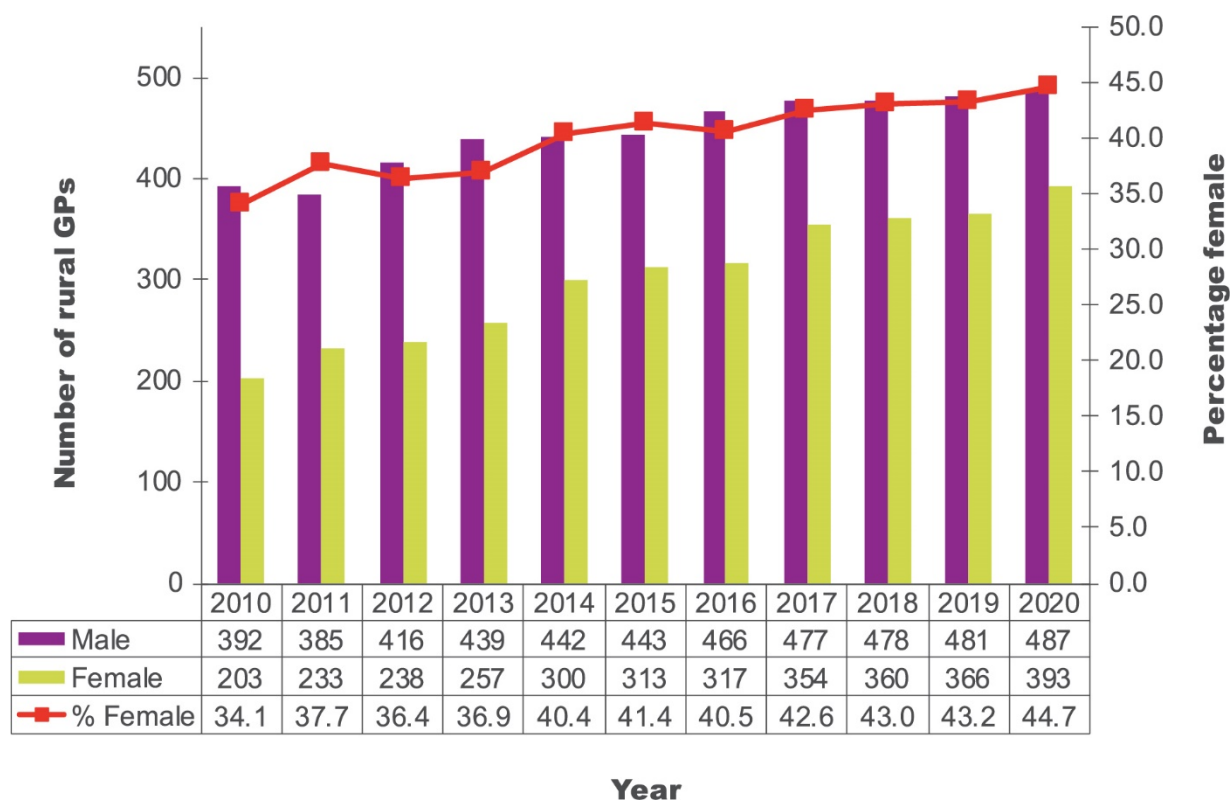


Figure 4 shows an increasing representation of female GPs in the workforce since 2010. In November 2020, there were 393 female GPs in the workforce, representing 44.7% of the total, again the highest proportion to date.

Rural general practitioner numbers by location/region

Rural GP numbers by region

The following table compares rural GP numbers within regions in 2019 and 2020.

Table 2 *Rural GP numbers by region 2019 v 2020*

Region	2019	2020	Difference	
Goldfields	68	65	-3	-4.4%
Great Southern	102	101	-1	-1.0%
Indian Ocean Territories	4	4	0	0.0%
Kimberley	104	112	8	7.7%
Metropolitan (RFDS Western Operations)	13	13	0	0.0%
Midwest	88	87	-1	-1.1%
Outer Metropolitan	56	65	9	16.1%
Pilbara	60	68	8	13.3%
South West	271	280	9	3.3%
Wheatbelt	81	85	4	4.9%
Totals	847	880	33	3.9%

As at 30 November 2020, the South West region contained the highest number of GPs at 280, representing 31.8% of the rural workforce in WA.

An increase in GP numbers occurred between 2019 and 2020 in a number of regions. The Outer Metropolitan region gained 9 doctors (16.1% growth), the South West region gained 9 doctors (3.3% growth), the Pilbara region gained 8 doctors (13.3% growth), the Kimberley region also gained 8 doctors (7.7% growth) and the Wheatbelt region gained 4 doctors (4.9% growth).

There were small decreases in the number of GPs working in the Goldfields (-3 doctors, 4.4% contraction), Great Southern (-1 doctor, 1.0% contraction) and Midwest regions (-1 doctor, 1.1% contraction).

5 Changes in the permanent workforce

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

Please note:

WAGPET GP registrars are not included in this section as the length of their terms of employment generally range 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 the entirety of their GP training (often at the same location) in a rural area and are considered to be permanent staff.

Overall permanent workforce turnover

Turnover in the permanent workforce between November 2019 and November 2020 was 14.3% as per Table 3, a decrease from 14.8% in the previous period.

Table 3 Rural GP turnover November 2019 to November 2020

Number of permanent rural GPs November 2019	739
Number of departures	106
Turnover	14.3%
Number of arrivals	113
Number of permanent rural GPs November 2020	746
Percentage growth	0.9%

Table 4 shows the destinations of GPs who departed rural WA between November 2019 and November 2020 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2019 v 2020

	2019		2020	
Destination	Number	%	Number	%
Perth	41	38.0	44	41.5
Interstate	27	25.0	24	22.7
Extended leave	4	3.7	10	9.4
Retirement	10	9.3	10	9.4
Overseas	5	4.6	5	4.7
Locum	5	4.6	3	2.9
GP training program	4	3.7	0	0.0
Other	12	11.1	10	9.4
Total	108	100.0	106	100.0

Overall, 106 (14.3% of the workforce) rural GPs departed rural WA between November 2019 and November 2020, 2 fewer than for the preceding 12 months.

The most common destinations for all GPs leaving rural WA in 2020 were:

- Perth, 44 GPs (41.5% of total departures)
- Interstate, 24 GPs (22.6%)
- Retirement, 10 GPs (9.4%)
- Extended leave, 10 GPs (9.4%)
- Other - accepted into non-GP roles within rural WA 10 GPs (9.4%)

Table 5 shows the origins of GPs joining or re-joining the permanent workforce between November 2019 and November 2020.

Table 5 *Origins of GPs joining the permanent workforce 2019 v 2020*

	2019		2020	
Origin	Number	%	Number	%
Perth	38	33.1	29	25.7
Overseas	14	12.2	10	8.9
Interstate	19	16.5	30	26.5
GP training program	26	22.6	20	17.7
Extended leave	9	7.8	10	8.8
Other	4	3.5	13	11.5
Rural locum	5	4.3	1	0.9
Total	115	100.0	113	100

From November 2019 to November 2020, 113 GPs joined the permanent workforce in rural WA. Although 2 doctors fewer than in the previous reporting period, the relatively stable intake of new doctors to rural WA is significant given the movement restrictions around WA and within Australia due to the COVID-19 pandemic in 2020.

Prior to 2013, arrivals came from overseas, interstate and Perth in similar proportions. 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 GPs arriving directly from overseas decreasing annually (20.8% in 2017, 14.5% in 2018, 12.2% in 2019 and 8.8% in 2020). This has been a result of a change in Government policy, which has invested heavily in local medical education to reduce Australia's reliance on IMGs. In 2020, the low number of arrivals directly from overseas was also due to the closure of the Australian border due to the COVID-19 pandemic.

Of the 113 GP arrivals who commenced between November 2019 and November 2020, 65 (57.5%) 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 are represented in Table 5 as doctors originating from 'GP training program'. As at November 2020, 20 (17.7% of arrivals) GP registrars had stayed rural.

Permanent workforce changes by gender

Table 6 summarises changes in the permanent workforce by gender between 30 November 2019 and 30 November 2020.

Table 6 *Changes in the permanent workforce by gender 2019 v 2020*

Gender	Number of GPs Nov 2019	Departures	% departed	Arrivals	Number of GPs Nov 2020	% movement
Male	433	61	14.1	62	434	0.2
Female	306	45	14.7	51	312	2.0
Totals	739	106	14.3	113	746	0.9

The male workforce experienced more departures in 2020 (61 GPs or 14.1% of their workforce at census) than the female workforce (45 GPs or 14.7%).

The male workforce experienced more arrivals in 2020 (62 GPs) than the female workforce (51 GPs); however, as a proportion of their workforce at census, female arrivals were higher (14.3% and 16.4% respectively).

Overall, the male workforce gained 1 GP (0.2%) between November 2019 and November 2020, whereas the female workforce gained 6 GPs (2.0%).

Permanent workforce changes by region

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

Table 7 *Changes in the permanent workforce by region 2019 v 2020*

Region	N per region Nov 2019	Movements OUT of rural WA regions				Movements INTO rural WA regions			N per region Nov 2020	% 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	65	12	4	16	24.6	8	1	9	58	15.5
Great Southern	91	11	2	13	14.3	4	3	7	85	8.2
Kimberley	82	13	3	16	19.5	27	2	29	95	30.5
Midwest	73	10	2	12	16.4	4	1	5	66	7.6
Outer Metropolitan	47	7	3	10	21.3	11	2	13	50	26.0
Pilbara	58	10	2	12	20.7	17	2	19	65	29.2
South West	236	27	0	27	11.4	26	2	28	237	11.8
Wheatbelt	70	12	2	14	20.0	14	3	17	73	23.3
Other*	17	4	0	4	23.5	2	2	4	17	23.5
Overall	739	106	18	124		113	18	131	746	

* RFDS Western Operations in Jandakot and Indian Ocean Territories.

Between November 2019 and November 2020, 124 GPs (16.8%) departed their workplaces, comprising 106 GPs (14.3%) who left rural WA and 18 GPs (2.4%) who moved from one rural region to another. Over the same period, 131 GPs (17.6%) moved into rural regions, including 113 (15.1%) from outside rural WA and the aforementioned 18 (2.4%) moving between regions.

The Goldfields experienced the highest proportional movements out of the region between November 2019 and November 2020 (16 GPs or 24.6% of its workforce). The Pilbara, Wheatbelt and Kimberley regions also experienced approximately 20% losses of their workforces (12, 14 and 16 GPs respectively). The South West region experienced the lowest proportional departures (27 GPs or 11.4% of its workforce).

The majority of GP movement inwards was to the Kimberley and South West regions, which gained 29 GPs (30.5%) and 28 GPs (11.8%) respectively. The region with the least inward movement was the Midwest, with 5 new GPs (7.6%).

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 should not 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 327 (37.2%) GPs who did not return their surveys.

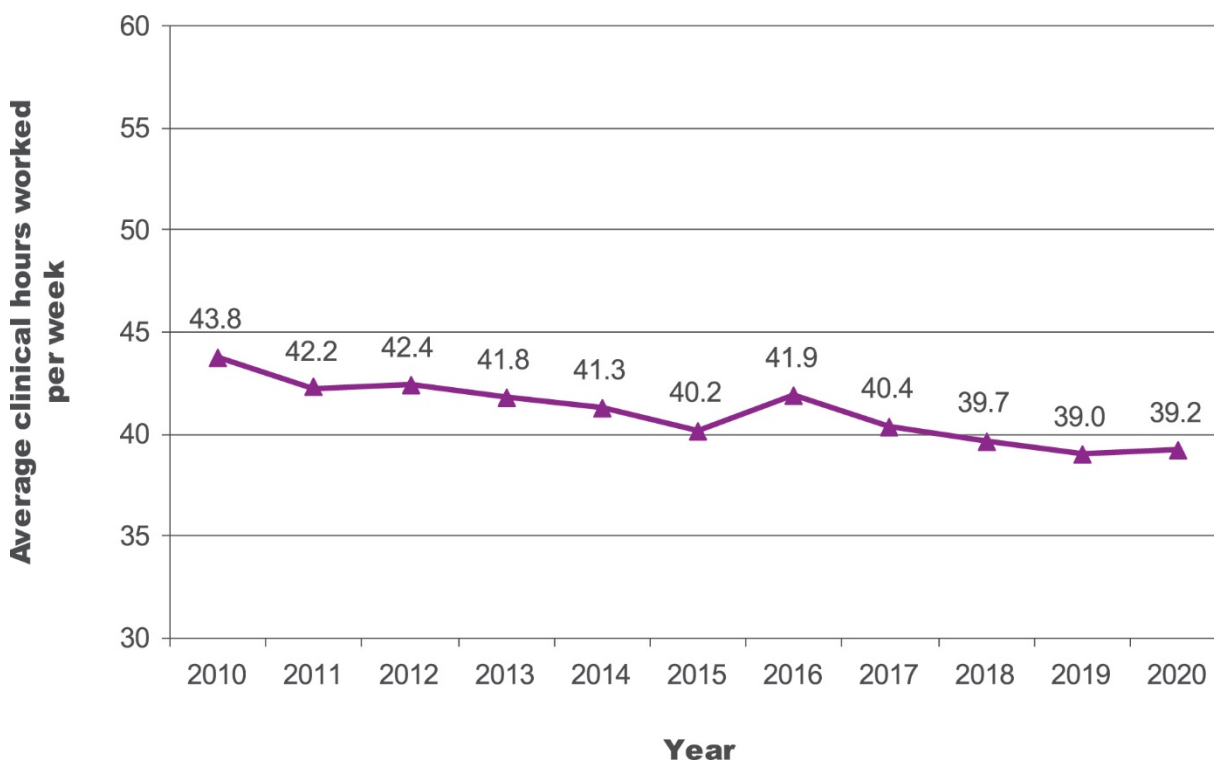
GPs working for RFDS Western Operations have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 533 GPs, including GP registrars, and encompasses 60.6% of the workforce for this reporting period.

Average clinical hours worked per week

At November 2020, the average reported clinical workload for rural GPs was 39.2 hours per week, compared to 39.0 hours per week in November 2019.

Figure 5 displays the average weekly clinical hours worked each year from 2010 to 2020.

Figure 5 Average clinical hours worked per week from 2010 to 2020

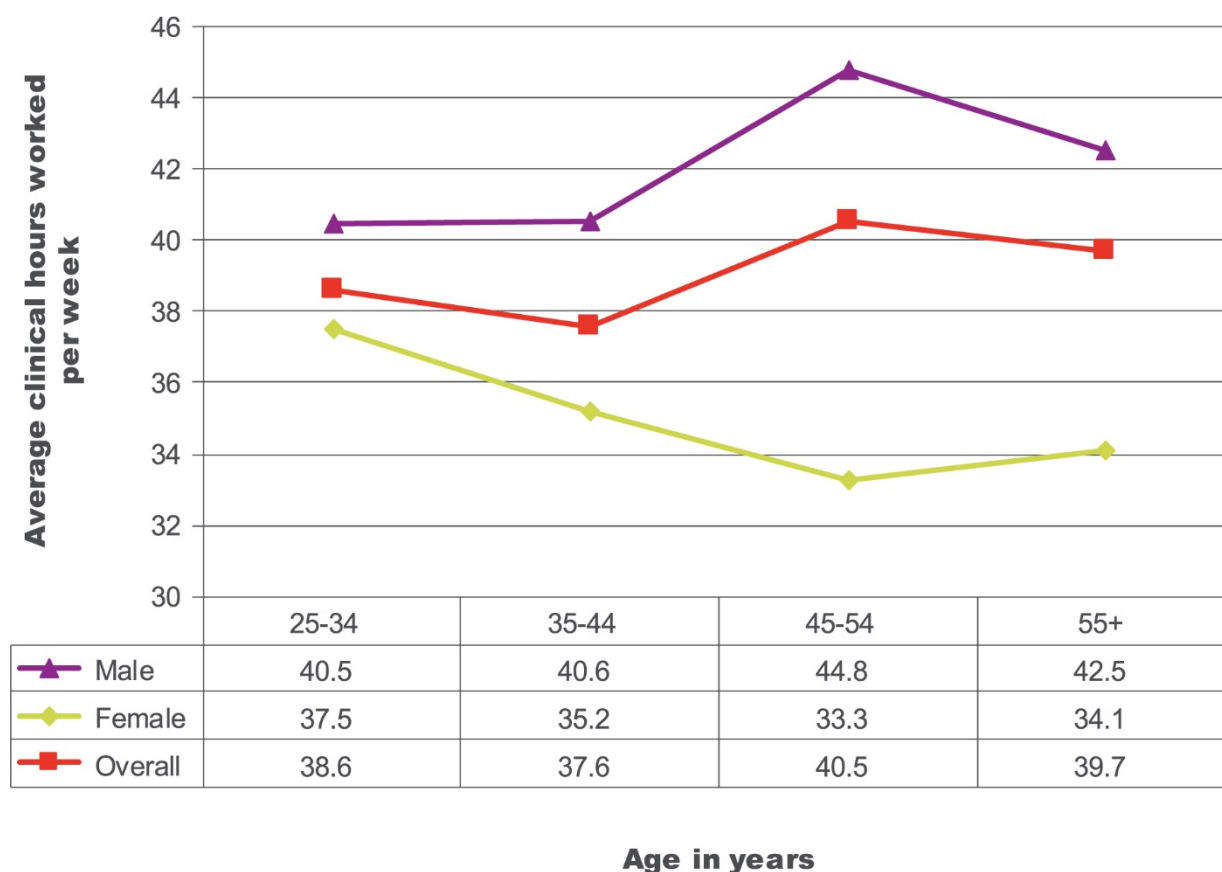


Aside from an increase in 2016, the average reported working clinical hours have been declining annually. November 2020 data shows the first increase in working hours since 2016.

Average clinical 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 clinical 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.

Comparing 2019 to 2020, the average working clinical hours per week for female GPs increased in every age group. Conversely, average working clinical hours per week in the male workforce decreased in all but the 45-54 year age group.

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	240	126	366	68.7
Part-time	56	111	167	31.3
Total respondents	296	237	533	100.0

There were 366 rural GPs (68.7% of respondents) who reported working full-time in the provision of routine clinical GP services in 2020. Of these, the majority (240, 65.6%) were male (126, 34.4% female). Conversely, 167 rural GPs (31.3% of respondents) reported working part-time. Of these, 111 (66.5%) were female and 56 (33.5%) male.

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

Table 9 Part-time workforce by gender 2019 v 2020

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
2019	289	50	17.3	215	102	47.4	504	30.2
2020	296	56	18.9	237	111	46.8	533	31.3

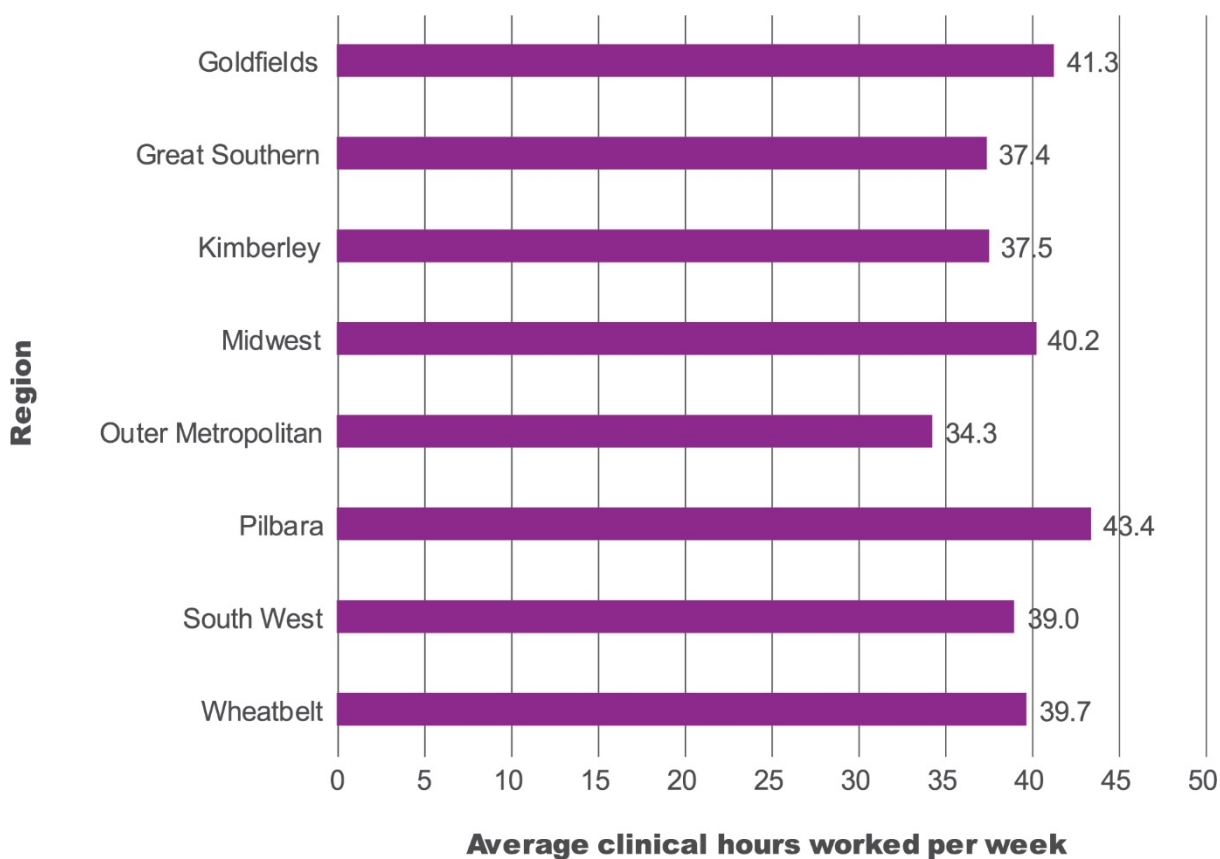
There were more respondents working part-time in 2020 (167 GPs, 31.3%) than in 2019 (152 GPs, 30.2%).

There were 56 (18.9%) male respondents who reported working part-time in 2020, rising from 50 (17.3%) in 2019. 111 female respondents (46.8%) reported working part-time in 2020, rising from 102 (47.4%) in 2019.

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

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

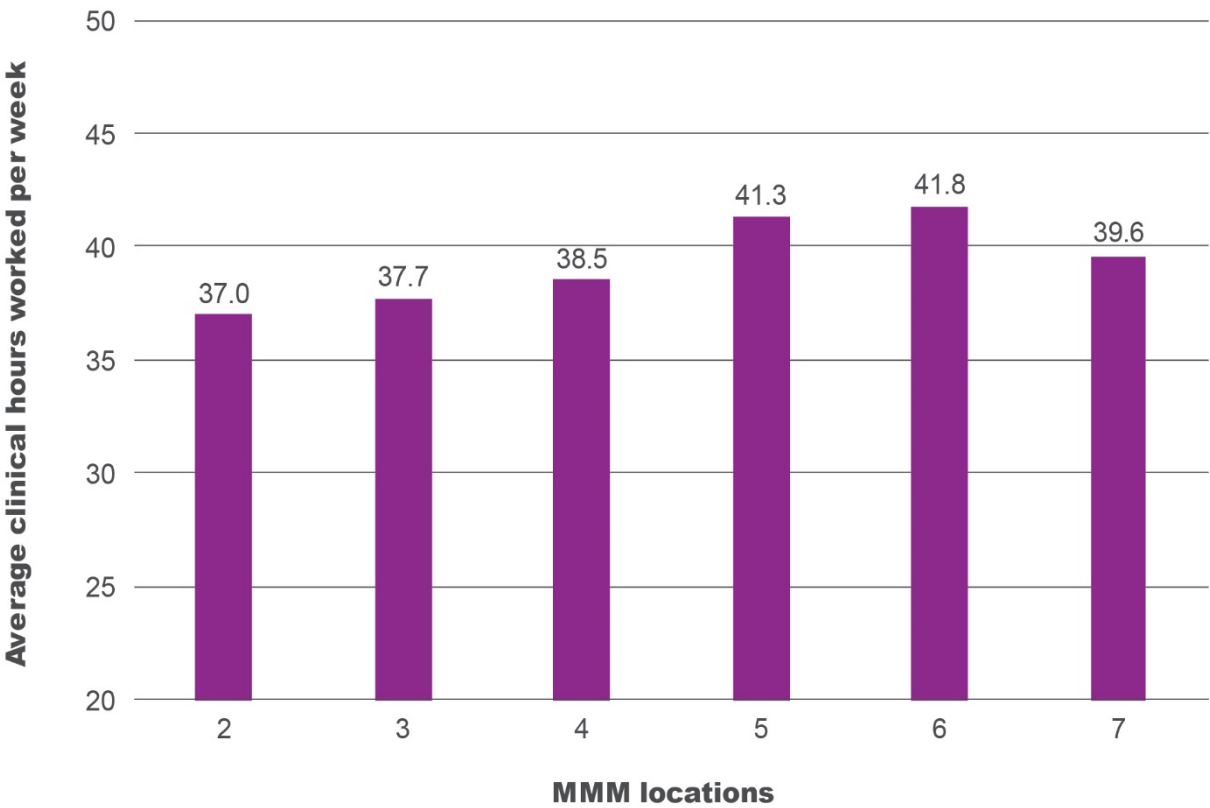
Figure 7 *Average clinical hours worked per week by region*



The highest reported average clinical hours worked is in the Pilbara region (43.4 hours per week) as it was in the previous period. The second highest is in the Goldfields region (41.3 hours per week). Conversely, the lowest reported clinical hours worked per week is in the Outer Metropolitan region (34.3 hours), also as in 2019.

Figure 8 below shows the average clinical hours worked per week by MMM location.

Figure 8 Average clinical hours worked per week by MMM location



There is a correlation between increasing remoteness and clinical hours worked as shown in Figure 8. The highest average working clinical hours were reported by GPs working in MMM 5 and MMM 6 locations (41.3 hours and 41.8 hours respectively), with the lowest average working clinical hours reported by GPs working in MMM 2 and MMM 3 locations (37.0 hours and 37.7 hours respectively).

The exception to this trend is GPs working in MMM 7 locations, who reported working fewer clinical hours than their counterparts in MMM 5 and 6 locations.

7 Length of employment in current principal practice

Average length of employment

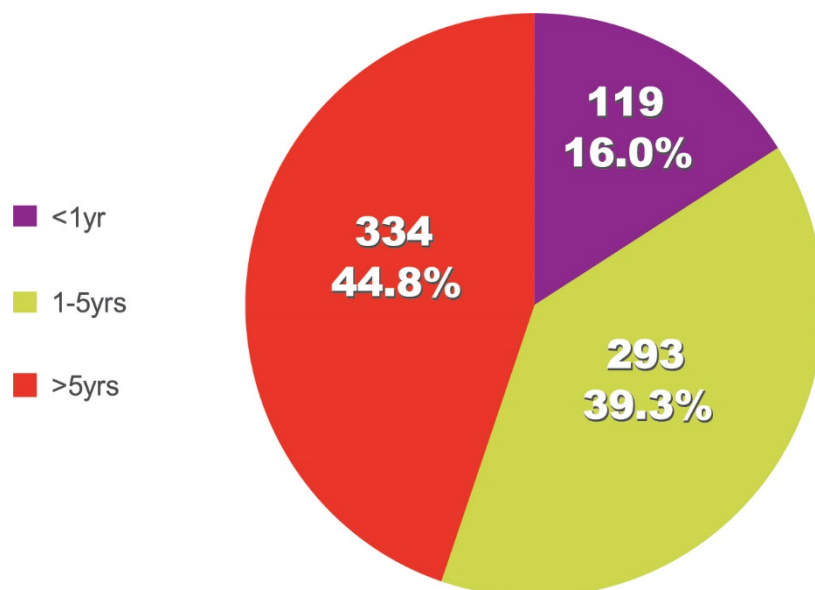
Across rural WA, the average length of employment in current principal practice for GPs was 7.6 years, 0.1 year longer than in November 2019. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural practices.

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 and as such, they are not part of this permanent workforce. RVTS GP registrars however, have been included.

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

Figure 9 Length of employment in current principal practice



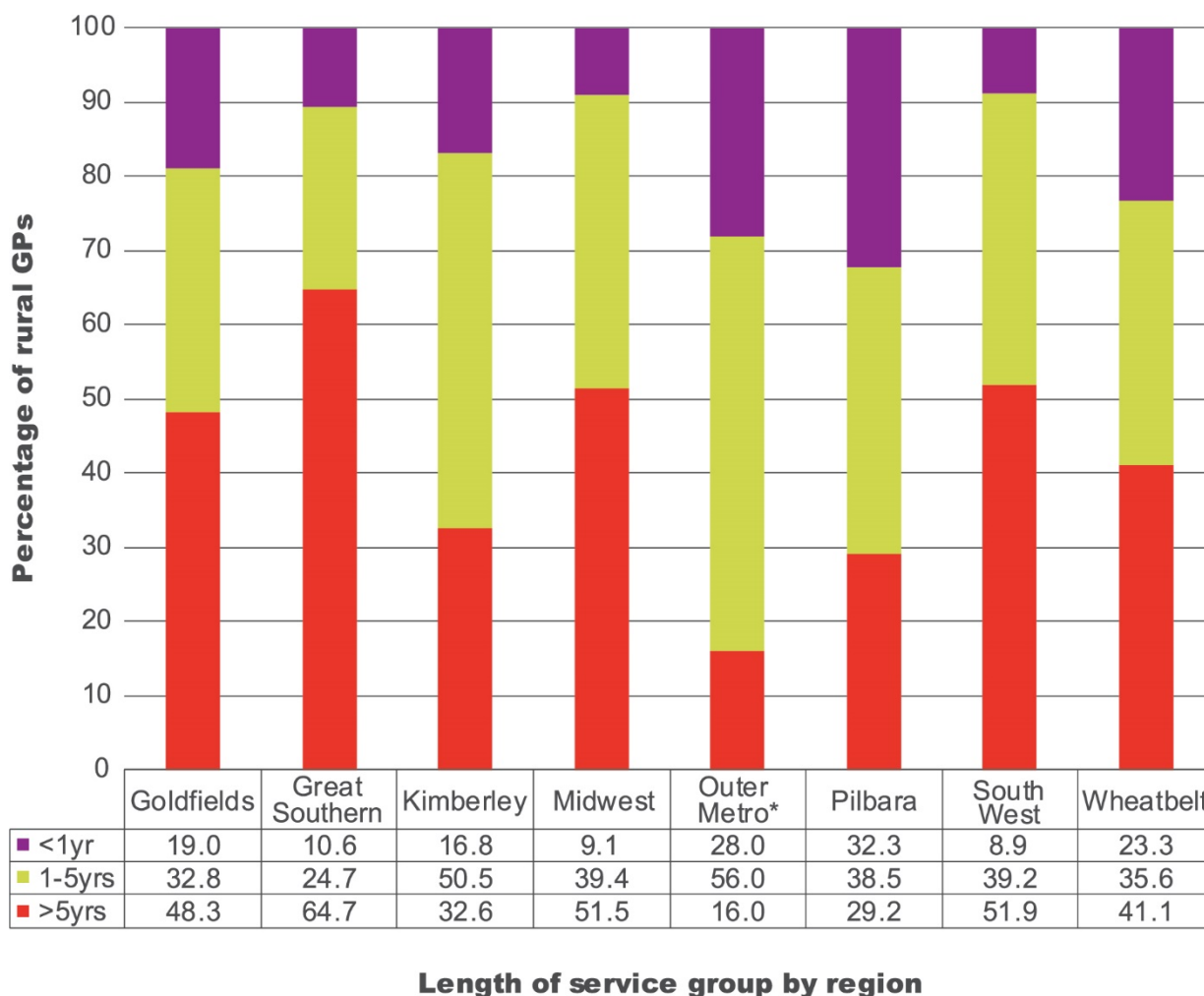
The number of GPs employed in their current practice for less than 1 year increased from 105 in 2019 (14.2% of the total workforce) to 119 in 2020 (16.0%). GPs employed for more than 5 years in their current practice also increased from 328 GPs (44.4% of the workforce) in 2019 to 334 GPs (44.8%) in 2020. Conversely, there was a decrease of 13 medium-term (1-5 years) doctors from 306 (41.4% of the workforce) in 2019 to 293 (39.3%) in 2020.

Although this data highlights an overall newer workforce at this census date than last, it also shows that most movement out of the current practice occurred in the medium-term (1-5 years) doctors, rather than a loss of long-term doctors.

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



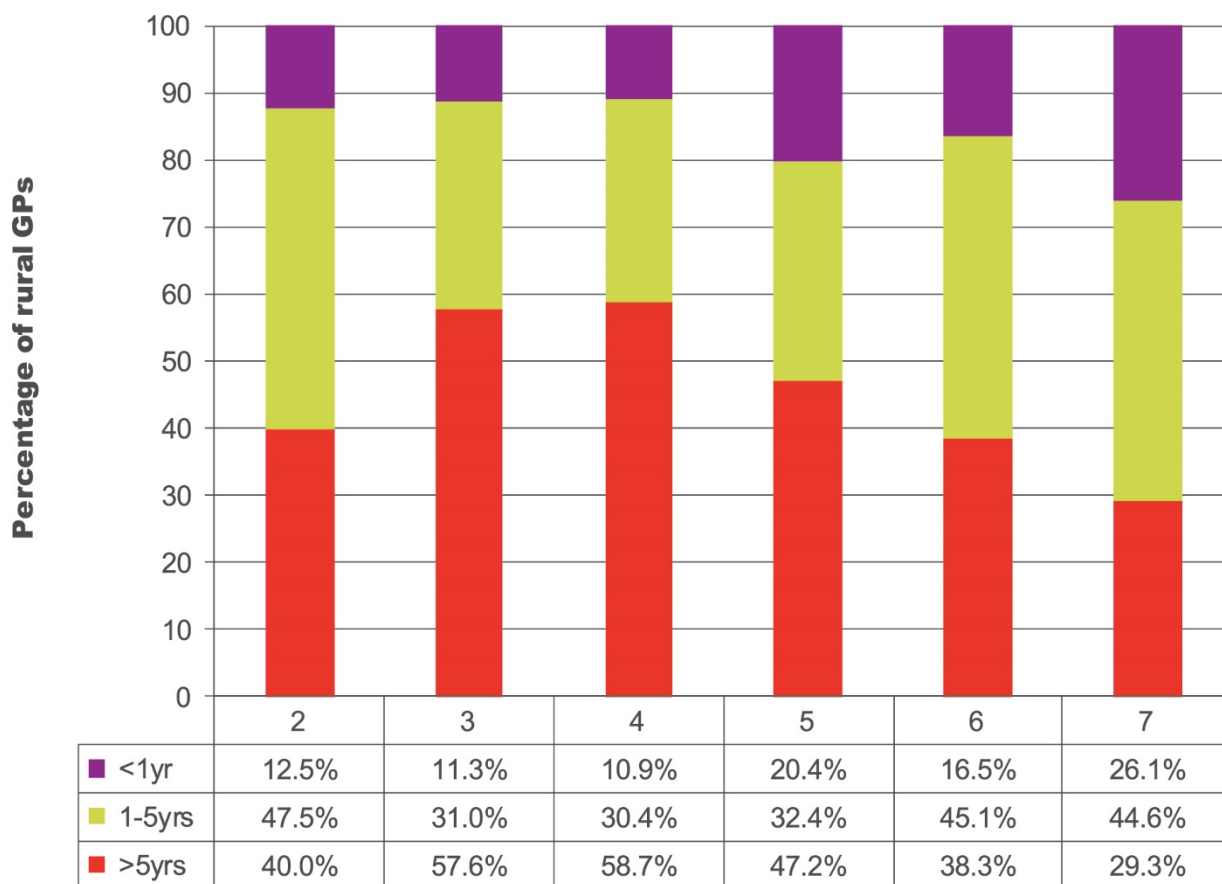
* Outer Metropolitan

Similar to 2019, the Great Southern region had the highest proportion of long-stay GPs (64.7% of its workforce) and a low proportion of GP arrivals (10.6%), suggesting a highly stable workforce. The South West showed a similar pattern as the Great Southern, with 51.9% of long-stay GPs and 8.9% being new.

The Pilbara region contained the highest proportion of new GPs (32.3%). The Outer Metropolitan region had the second highest proportion of GP arrivals (28.0%) and the lowest proportion of long-stay GPs (16.0%), suggesting a more transient workforce.

Figure 11 below 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



Length of service group by MMM location

The majority of long-stay GPs in 2020 (>5 years) were in MMM 3 and 4 locations (57.6% and 58.7% respectively), a similar pattern as in 2019. In contrast, MMM 6 and 7 locations had the lowest proportions of long-term GPs (38.3% and 29.3% respectively).

The highest proportion of new GPs was in MMM 7 locations (26.1%). This, combined with the lowest proportion of long-stay doctors as above, indicates the workforce is more transient in very remote locations.

8 Practice type

Table 10 below shows the number of GPs per region working in all practice types broken down into whether they are group or solo practices.

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

Region	Group	Solo	Total	% Solo
Goldfields	56	9	65	13.8
Great Southern	95	6	101	5.9
Indian Ocean Territories	3	1	4	25.0
Kimberley	108	4	112	3.6
Metropolitan (RFDS Western Operations)	13	0	13	0.0
Midwest	74	13	87	14.9
Outer Metropolitan	65	0	65	0.0
Pilbara	65	3	68	4.4
South West	270	10	280	3.6
Wheatbelt	68	17	85	20.0
Total	817	63	880	7.2

There were 817 (92.8%) rural GPs known to be practising in group practices at 30 November 2020 and 63 (7.2%) rural GPs working in solo practices, 1 fewer solo GP than in 2019.

The solo practitioner component of the workforce varies widely across geographical locations. Solo practice GPs are most prevalent in the Wheatbelt, Midwest, South West and Goldfields regions with 17 (20.0%), 13 (14.9%), 10 (3.6%) and 9 (13.8%) doctors in these regions, respectively, working as solo practitioners.

Table 11 below delineates the number and type of practices in each region, which had at least 1 GP working in it as their primary practice at the census date of November 2020 (excluding WACHS hospitals, and services categorised as 'Other').

Table 11 Number and type of practices per region

Region	Group	Solo	ACCHS	Number of practices per region	% Solo
Goldfields	9	8	2	19	42.1
Great Southern	13	6	0	19	31.6
Indian Ocean Territories	1	1	0	2	50.0
Kimberley	5	0	8	13	0.0
Midwest	12	10	4	26	38.5
Outer Metropolitan	14	0	0	14	0.0
Pilbara	8	1	4	13	7.7
South West	45	9	1	55	16.4
Wheatbelt	16	16	0	32	50.0
Total	123	51	19	193	26.4

There were 51 solo practices in 2020 (26.4% of total practices), equal to 2019.

The majority of rural practices are group practices (123, 63.7%), 5 fewer than 2019. Most group practices are located in the South West region (45, 36.6% of group practices). This region also contains the majority of practices overall (55 or 28.5% of all practices).

The Wheatbelt region contained the largest number and proportion of solo practices, with 16 out of their 32 practices being solo (50.0%).

The discrepancy between the total number of solo practitioners (63, as per Table 10) 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 194 (22.1% of the workforce) rural GP proceduralists recorded as at 30 November 2020, 1 more than in 2019. 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 2020.

Table 12 *Number and proportion of rural GPs practising procedures 2019 v 2020*

Procedure	N 2019	% of total GPs 2019	N 2020	% of total GPs 2020
Anaesthetics	101	11.9	102	11.6
Obstetrics	94	11.1	94	10.7
General surgery	22	2.6	20	2.3

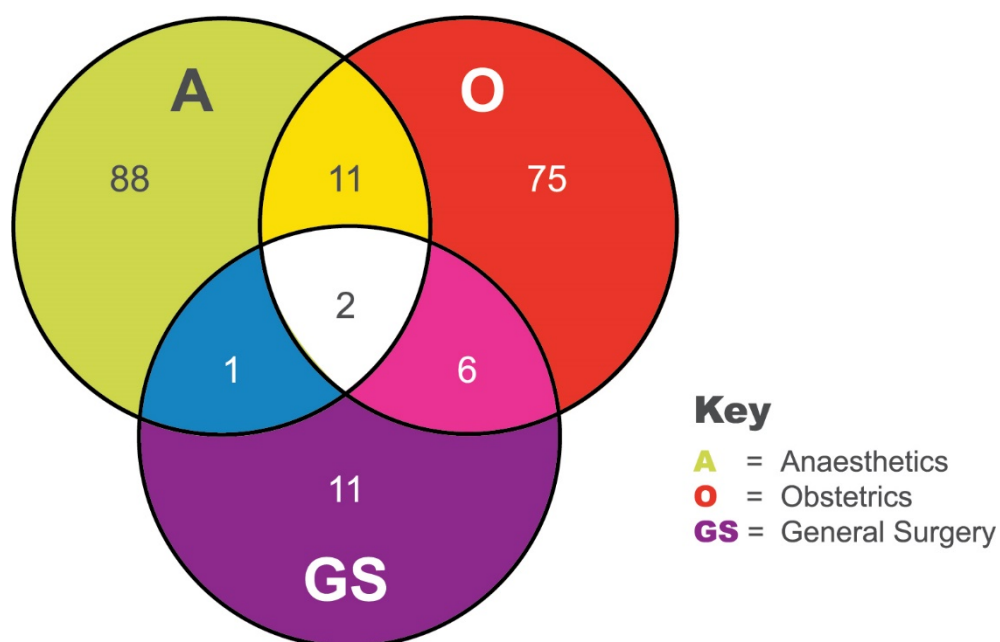
The number of GPs performing anaesthetics has increased by 1 from 101 (11.9% of total GPs) in 2019 to 102 (11.6%) in 2020, while obstetrics remained the same at 94 (10.7%) and general surgery decreased by 2 from 22 (2.6%) to 20 (2.3%).

Since 2010, the number of GP anaesthetists has increased (96 in 2010 to 102 in 2020); however, as a proportion of the total workforce, it has decreased from 16.1% in 2010, to 11.6% in 2020.

Both GP surgeon numbers and proportion reduced from 32 GPs in 2010 (5.4%) to 20 (2.3%) in 2020 and GP obstetricians likewise reduced from 124 (20.8%) in 2010 to 94 in 2020 (10.7%).

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

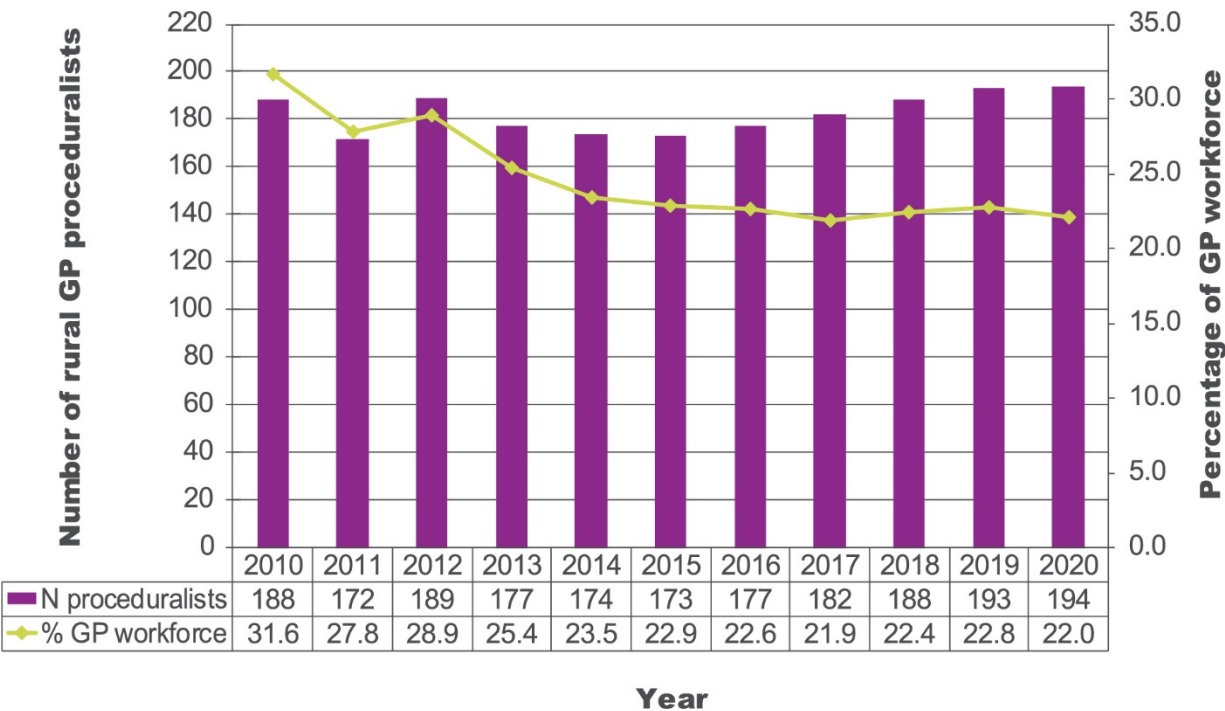
Figure 12 *Number of rural GPs undertaking procedural work*



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 2020, 2 GPs (1.0% of proceduralists) practised all 3 procedures and 18 (9.3%) practised 2 procedures.

Figure 13 below illustrates the changes in overall rural GP proceduralist numbers and proportions between 2010 and 2020.

Figure 13 *Number and proportion of rural GP proceduralists 2010 to 2020*

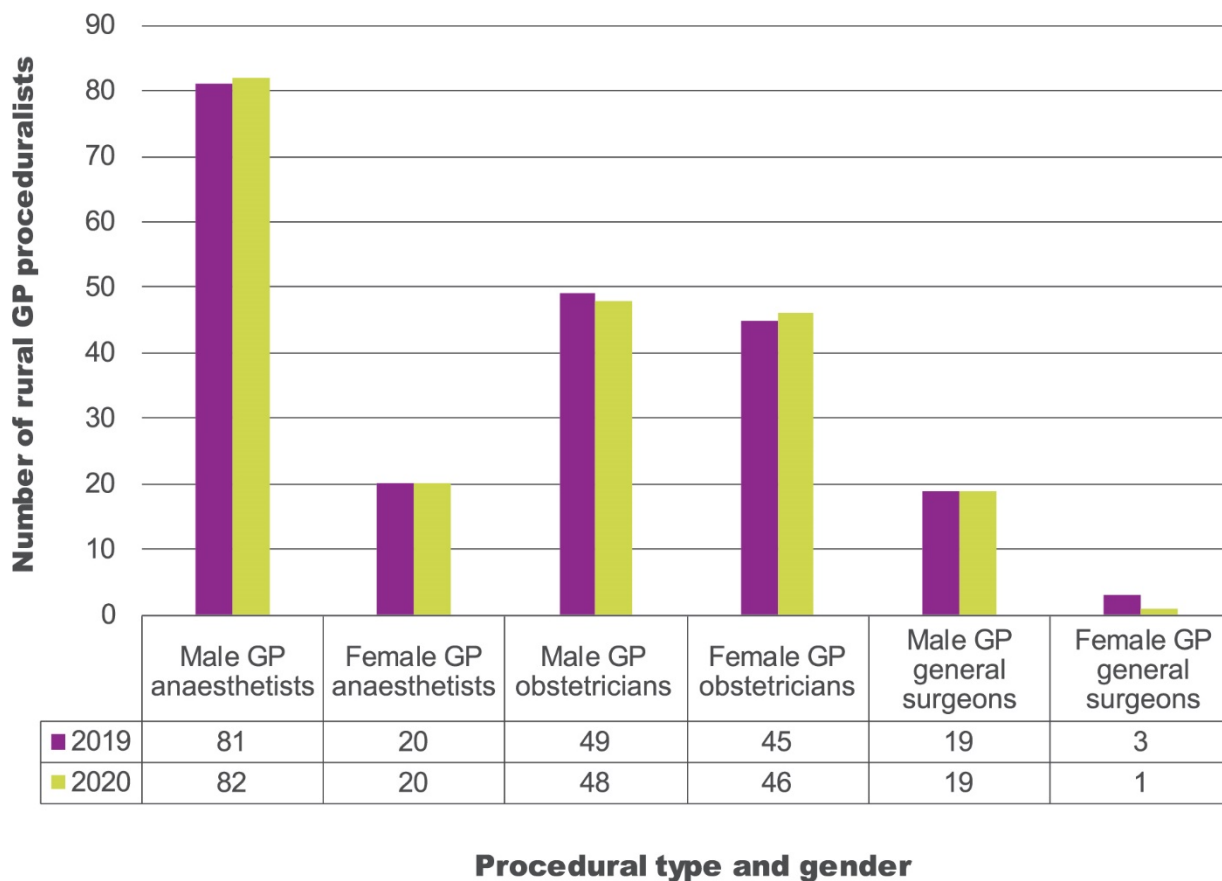


The total number of GP proceduralists has risen by 1 from 193 (22.8% of the workforce) in November 2019 to 194 (22.0%) in November 2020. This is the fifth consecutive year of growth in GP proceduralist numbers.

Rural GP proceduralists by type and gender

Figure 14 provides the number and type of rural GP proceduralists by gender for 2019 and 2020.

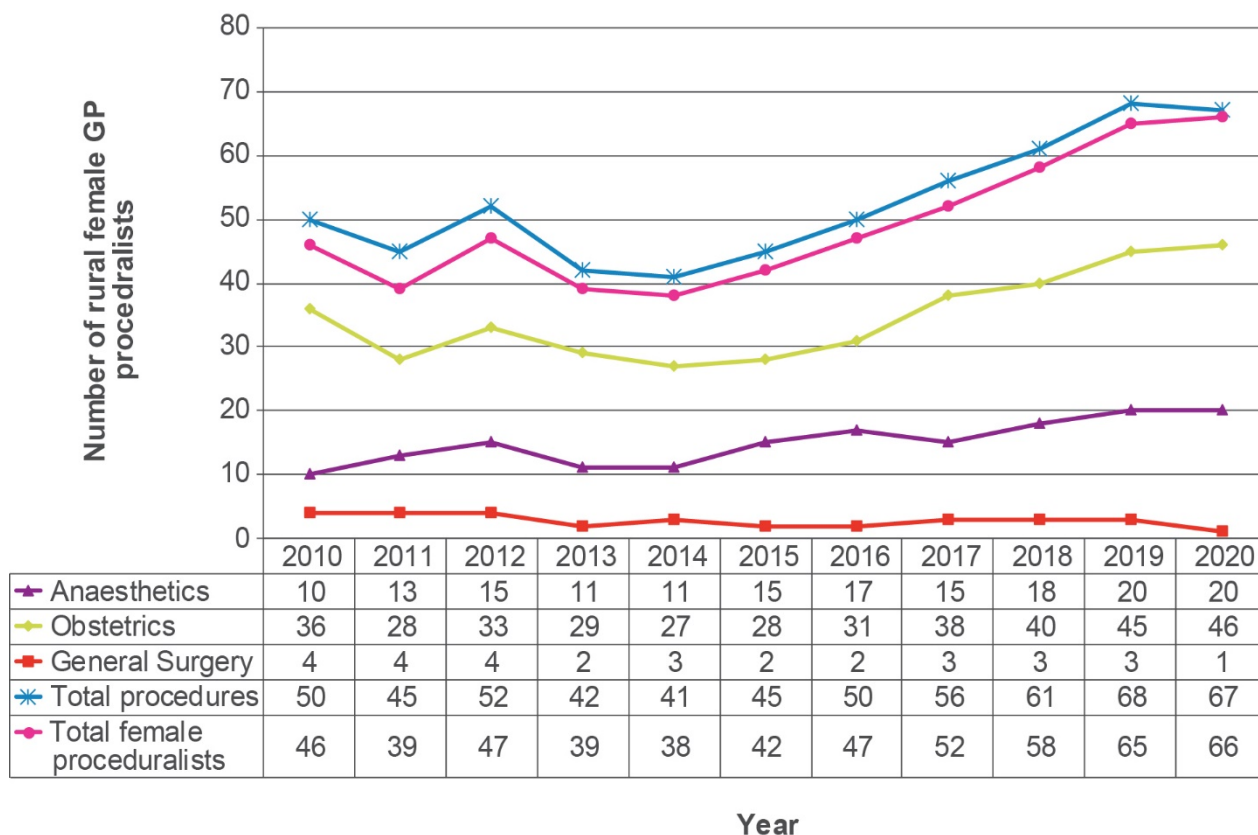
Figure 14 Number of rural GP proceduralists by type and gender 2019 v 2020



The number of male GPs performing anaesthetics has increased by 1 GP from 2019, and remained the same in females. Male GP obstetrician numbers has decreased by 1 from 2019 while female GP obstetrician numbers have increased by 1. Male GP general surgeon numbers remained unchanged from 2019, while female GP general surgeon numbers decreased by 2.

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2010 and 2020.

Figure 15 Number of rural female GP proceduralists 2010 to 2020



The total number of procedure types practised by female GPs increased year on year since 2014 (41 procedures) to its highest recorded at 68 in 2019. 2020 sees a decrease of 1 procedure since 2019 to 67 procedures.

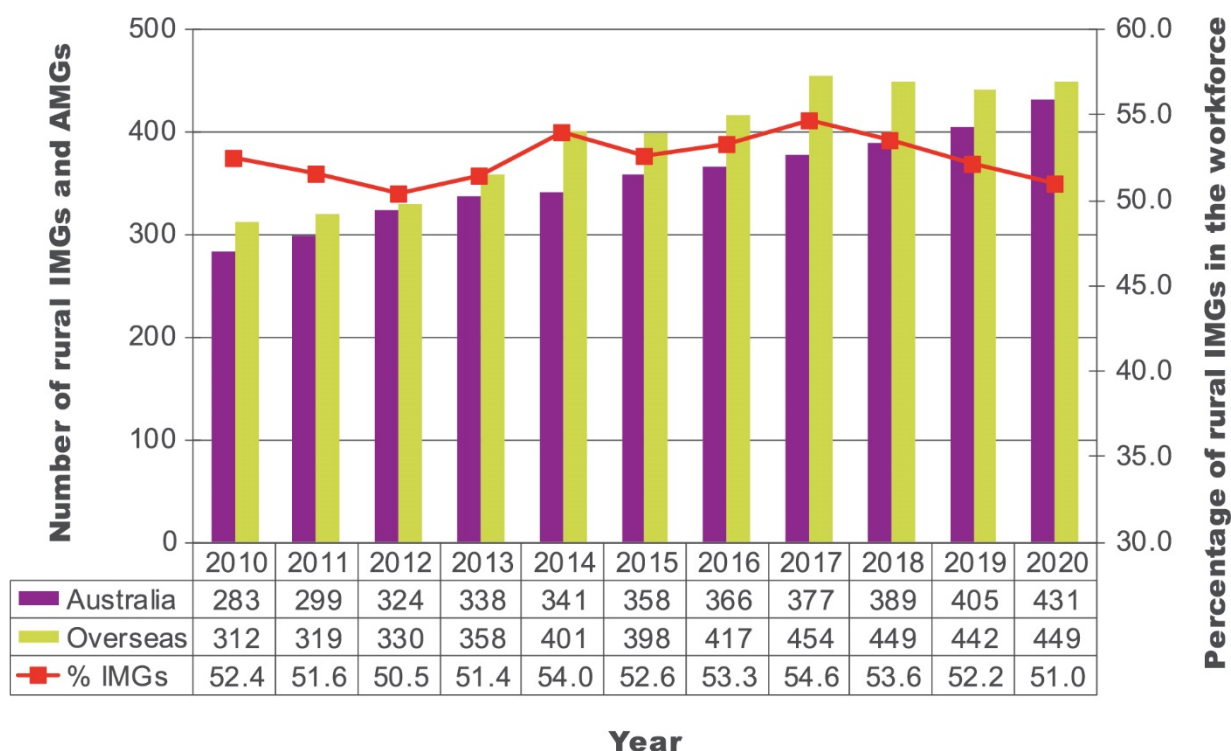
The number of female GP proceduralists has risen from 46 (24.5% of the GP proceduralist workforce) in 2010 to 66 GPs (34.0%) in 2020.

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 2010 to 2020.

Figure 16 Number and percentage of rural IMGs 2010 to 2020



At 30 November 2020, 449 GPs (51.0% of the workforce in WA) had obtained their basic medical qualification overseas, an increase of 7 GPs from 442 in 2019. Although the actual number has increased, the proportion of IMGs in the workforce has been reducing each year since it peaked in 2017 at 54.6%. This represents a reduced, but still significant reliance on IMGs to provide primary care in rural WA.

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 131 (14.9% of the overall workforce) vocationally registered IMGs who had been in rural WA for 10 years or more at November 2020.

Between 30 November 2019 and 30 November 2020, there were 65 IMG GP arrivals (58.0% of all arrivals) into the workforce compared with 59 (51.3%) in 2019. Of these, the largest proportion gained their basic medical qualification from the United Kingdom/Ireland (16 or 24.6% of IMG arrivals), India (9, 13.9%), South Africa (6, 9.2%) or Nigeria (6, 9.2%).

Residency status

Table 13 displays the residency status of the IMG workforce at 30 November 2020.

Table 13 *Residency status of the IMG workforce*

Residency	Number	%
Australian citizen	220	49.0
Permanent resident	178	39.6
Temporary resident	48	10.7
New Zealand citizen	3	0.7
Total	449	100.0

As at 30 November 2020, 220 IMG GPs (49.0% of the IMG workforce) were Australian citizens (an increase from 211 GPs, 47.7% in 2019), 178 (39.6%) had permanent residency (decreased from 182, 41.2% in 2019), and 48 (10.7%) were temporary residents (decreased from 47, 10.6%) in 2019.

A new question was asked of IMGs in the 2020 Annual Rural General Practice Workforce Survey regarding whether or not the GP initially entered Australia under a student visa. Of the 248 IMGs who returned their survey, 10 (4.0%) came into Australia as students.

Fellowship status

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

Table 14 *Fellowship status of the IMG workforce*

Fellowship status	Number 2019	% 2019	Number 2020	% 2020
Fellowed IMG GPs	284	64.2	278	61.9
Currently on an AGPT pathway	60	13.6	96	21.4
Currently on a Rural Health West run program*				
▪ 5 Year Scheme	5	1.1	5	1.1
▪ RLRP	49	11.1	29	6.5
▪ MDRAP	7	1.6	20	4.4
Not on any program	37	8.4	21	4.7
Total	442	100.0	449	100.0

* GPs on the Five Year Overseas Trained Doctors Scheme (5 Year Scheme), Rural Locum Relief Program (RLRP) and More Doctors for Rural Australia Program (MDRAP).

As at 30 November 2020, 278 IMG GPs (61.9% of the IMG workforce) were Fellowed, a decrease of 6 GPs from 2019 (284, 64.3%). 104 (23.2% of the IMG workforce) Fellowed whilst on a Rural Health West program, 73 (16.3%) Fellowed through an AGPT program, 62 (13.8%) were granted Fellowship Ad Eundem Gradum, and the remaining 39 (8.7%) through taking the exams privately or grandfathering.

On the same date, there were 171 non-Fellowed IMG GPs (38.1% of the IMG workforce). 96 GPs (21.4%) were on an AGPT program and 54 GPs (12.0%) were on a Rural Health West supported program. 21 IMG GPs (4.7%) were not known to be on any program towards Fellowship at the census date of 30 November 2020 (a decrease from 37 or 8.4% in 2019).

Rural Health West administers a number of programs on behalf of the Australian Government Department of Health that assist non-vocationally registered GPs to be able to work in rural Western Australia as well as gain their GP Fellowship. These are the 5 Year Scheme, the RLRP and the MDRAP.

As at 30 November 2020, there were 23 IMG GPs practising under the 5 Year Scheme. Of these, 18 (78.3%) had Fellowed while on the program and 5 (21.7%) were yet to Fellow.

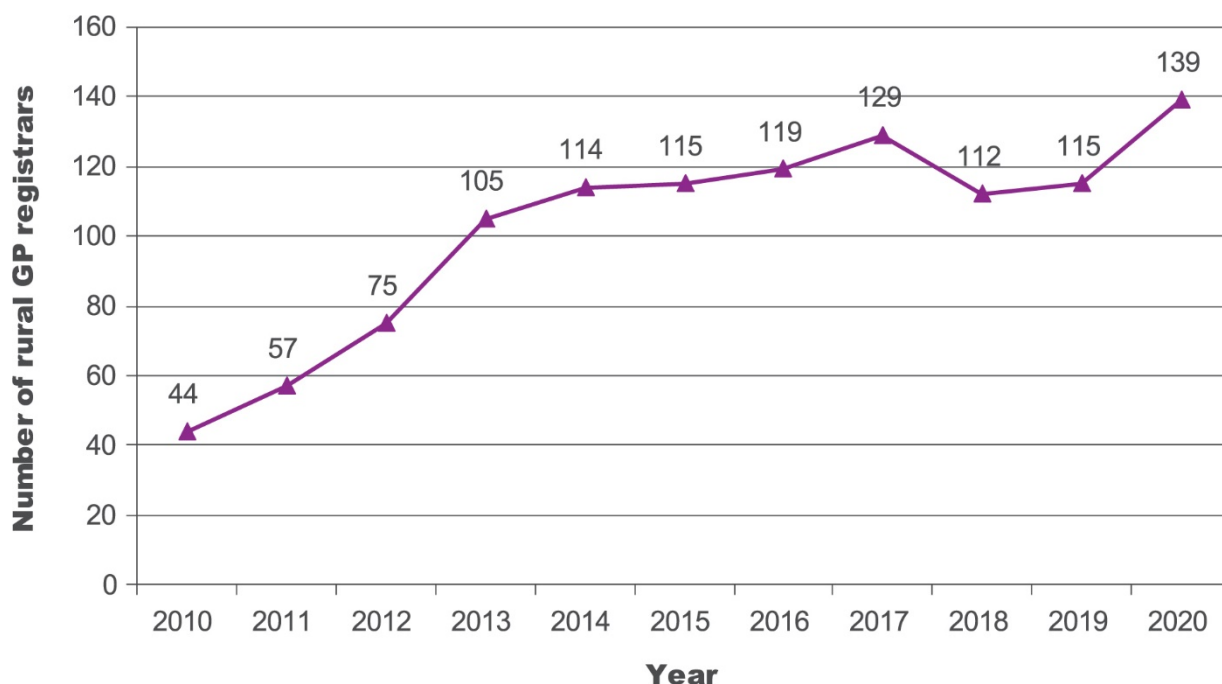
As at 30 November 2020, there were 29 IMG GPs on the RLRP (all yet to Fellow), 20 fewer than in 2019. During this reporting period, 9 RLRP GPs obtained Fellowship while on the program and were still working in rural WA as at 30 November 2020. Subsequent reports will continue to inform of declining GP 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 Australian Government Stronger Rural Health Strategy. Under these reforms the RLRP no longer accepted new applications from 1 July 2019 and will cease on 30 June 2023. Rural Health West is working with RLRP participants to move them onto alternate programs such as MDRAP, The Royal Australian College of General Practitioners (RACGP) PEP or AGPT to attain Fellowship. During this reporting period, Rural Health West assisted 4 RLRP IMG GPs onto the RACGP PEP program and 2 onto an AGPT program.

As at 30 November 2020, there were 20 rural IMG GPs practising on the new MDRAP program, 13 more than at the same date in 2019. During this period, 1 IMG GP Fellowed and remained rural and 9 transferred to an accredited GP training pathway (RACGP PEP or AGPT).

11 Rural GP registrars

The following section analyses the GP registrar workforce in rural WA. Figure 17 compares rural GP registrar numbers over the period 2010 to 2020 at the census date of 30 November each year.

Figure 17 Total number of rural GP registrars 2010 to 2020



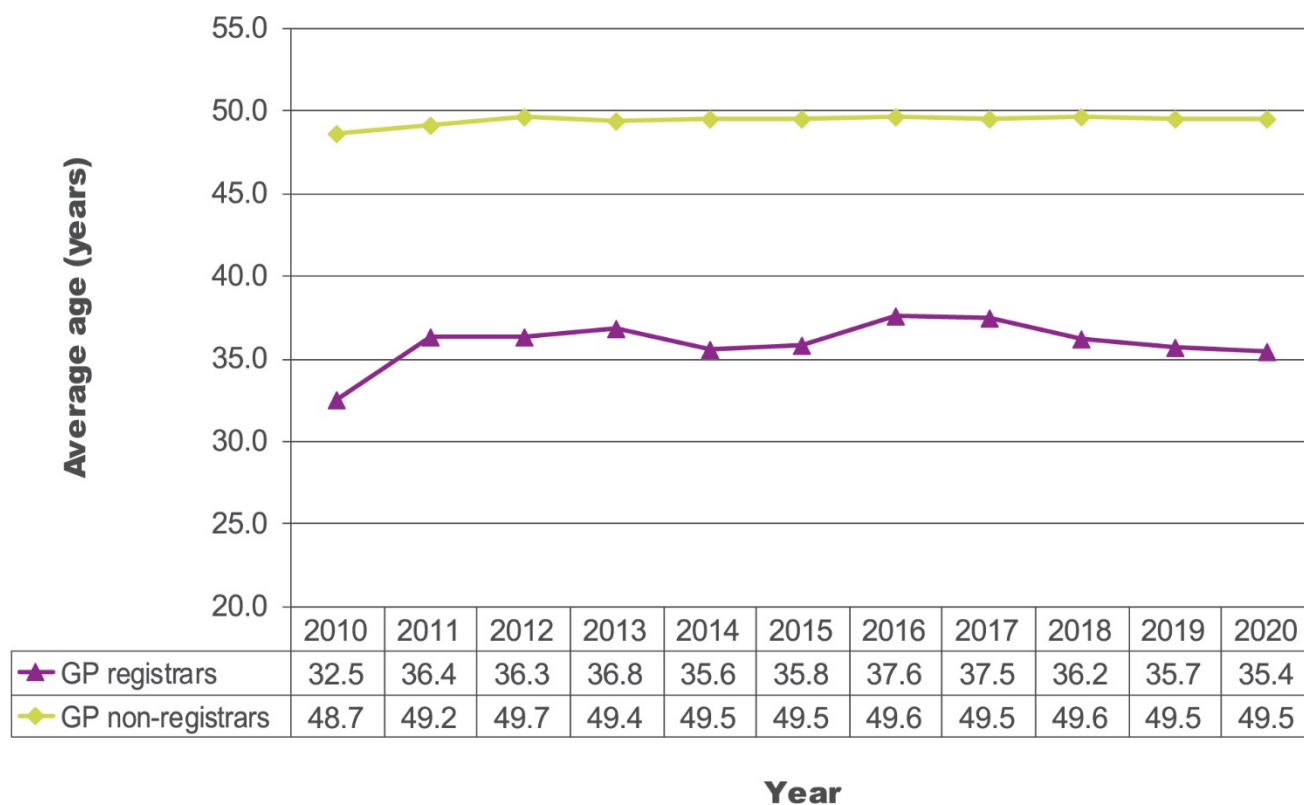
The total number of GP registrars in the workforce at the census date of 30 November 2020 was 139 (15.8% of the workforce), 24 more than 2019, which had 115 GP registrars (13.6%).

Since 2010, the number of GP registrars in the workforce has more than tripled, from 44 (7.4% of the workforce) to 139 (15.8%) in 2020.

In 2020, 134 (96.4%) rural GP registrars were trainees with WAGPET (an increase of 26 doctors from 2019), and 5 (3.6%) were with RVTS (a decrease of 2).

The average age of rural GP registrars (35.4 years) remains well below that of the rural GP non-registrar workforce (49.5 years) as shown in Figure 18.

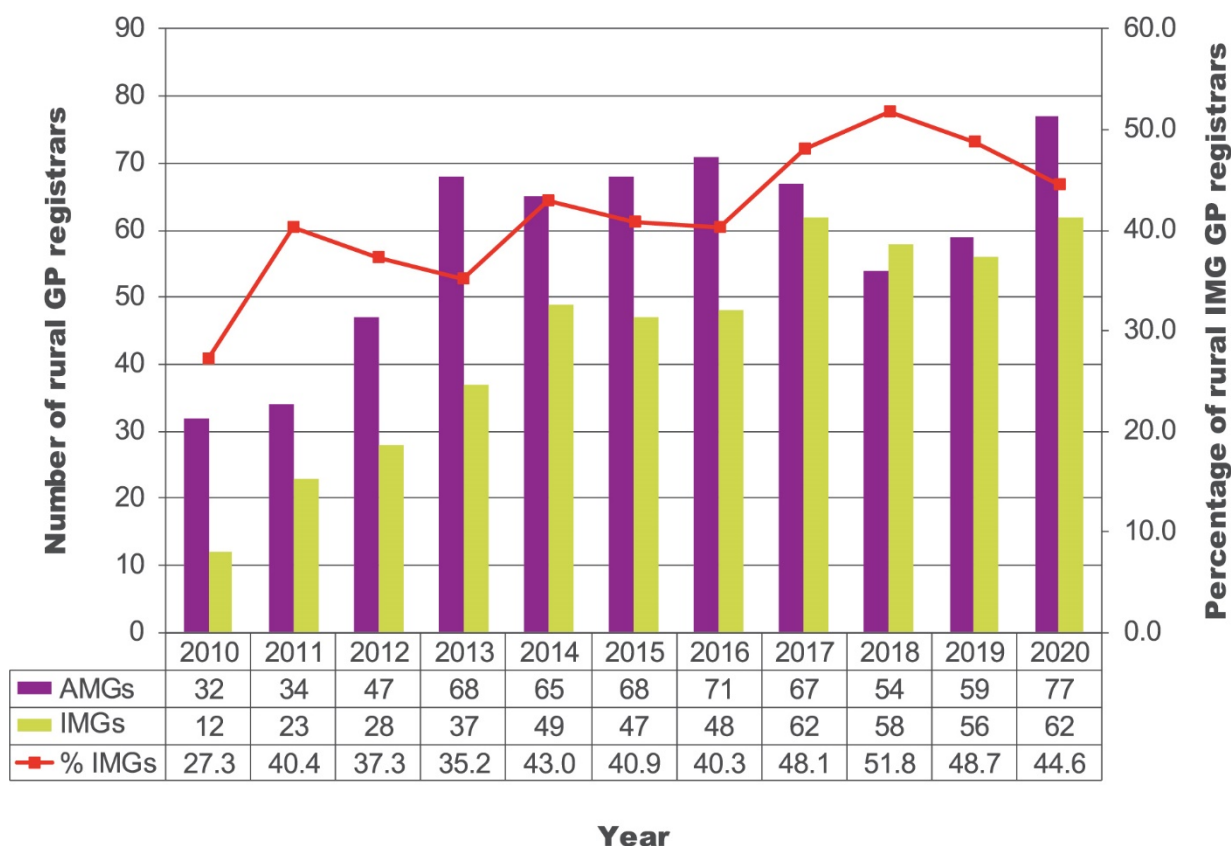
Figure 18 Average age of rural GP registrars v rural GP non-registrars 2010 to 2020



The average age of GP registrars has increased by 2.9 years since 2010. This compares with an increase of 0.8 years in the average age among the GP non-registrar workforce.

Figure 19 provides a comparative breakdown of rural GP registrar figures from 2010 to 2020, according to where they received their primary medical qualification.

Figure 19 Number and proportion of rural IMG v AMG GP registrars 2010 to 2020



The number of GP registrars who were IMGs increased from 56 (48.7%) in 2019 to 62 (44.6%) in 2020.

Of the IMG GP registrars, 16 (25.8%) completed their basic medical qualification in the United Kingdom/Ireland, 12 (19.4%) in India, 6 (9.7%) in Pakistan, 5 (8.1%) in Russia, and the remainder (23 or 37.1%) in 16 other countries.

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 2020

University of basic medical training	Number
The University of Western Australia	37
The University of Notre Dame Australia, Fremantle	21
Australian National University	3
Bond University	2
Flinders University	2
Monash University	2
The University of Queensland	2
University of New South Wales	2
James Cook University	1
The University of Newcastle	1
The University of Sydney	1
University of New England	1
University of Tasmania	1
University of Wollongong	1
Total	77

This table shows that 37 (48.1%) of all Australian-trained GP registrars working in rural WA completed their basic medical training at The University of Western Australia and 21 (27.3%) at The University of Notre Dame Australia, Fremantle. Of the Australian-trained GP registrars, 58 (75.3%) completed their basic medical training in WA.

12 Rural Aboriginal Community Controlled Health Services

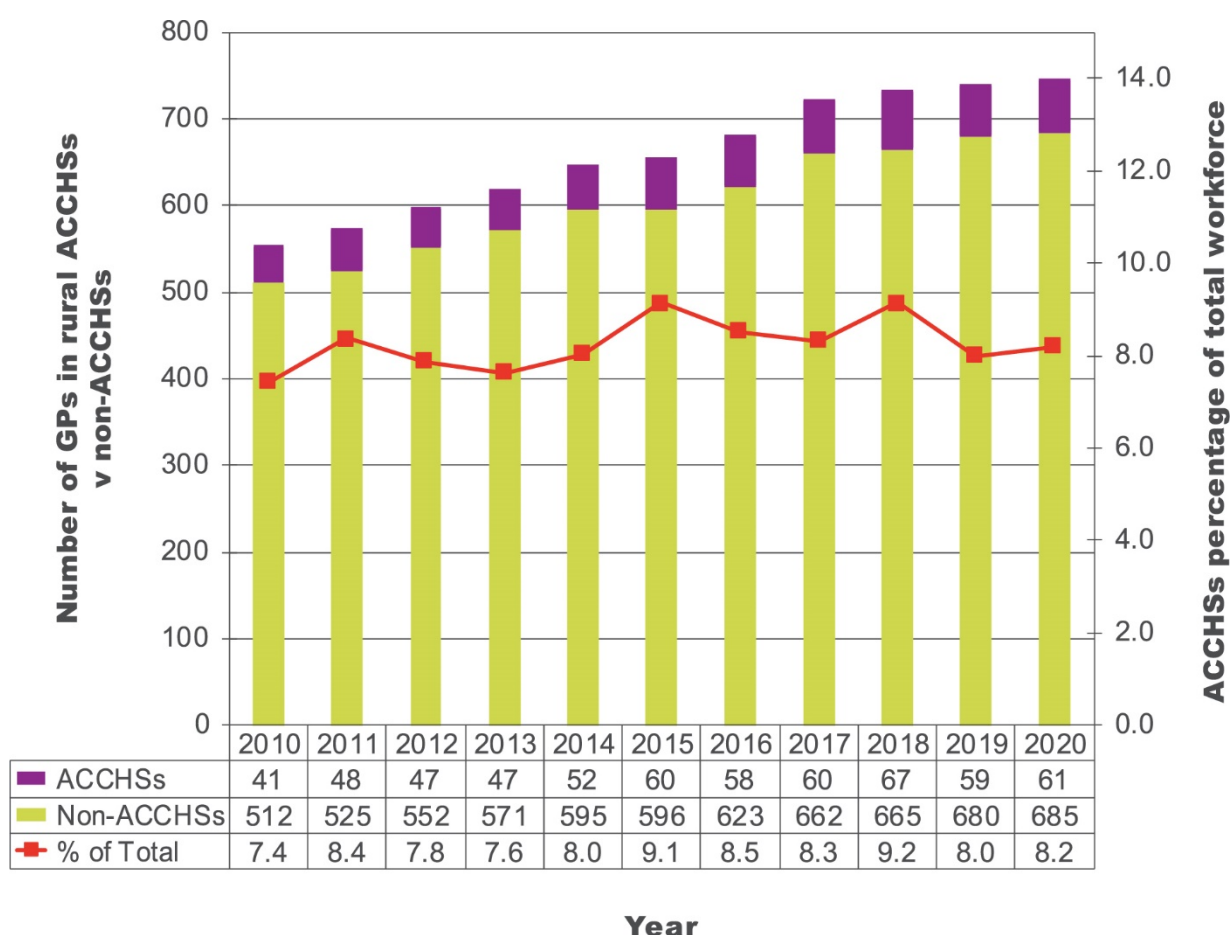
The following is an analysis of the workforce who work in an ACCHS as their primary practice. This workforce comprised a total of 71 GPs as at 30 November 2020 (3 fewer than 2019), of which 52 were resident GPs, 10 were WAGPET GP registrars and 9 were fly-in/fly-out or drive-in/drive-out GPs.

Please note:

The 10 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 2010 to 2020.

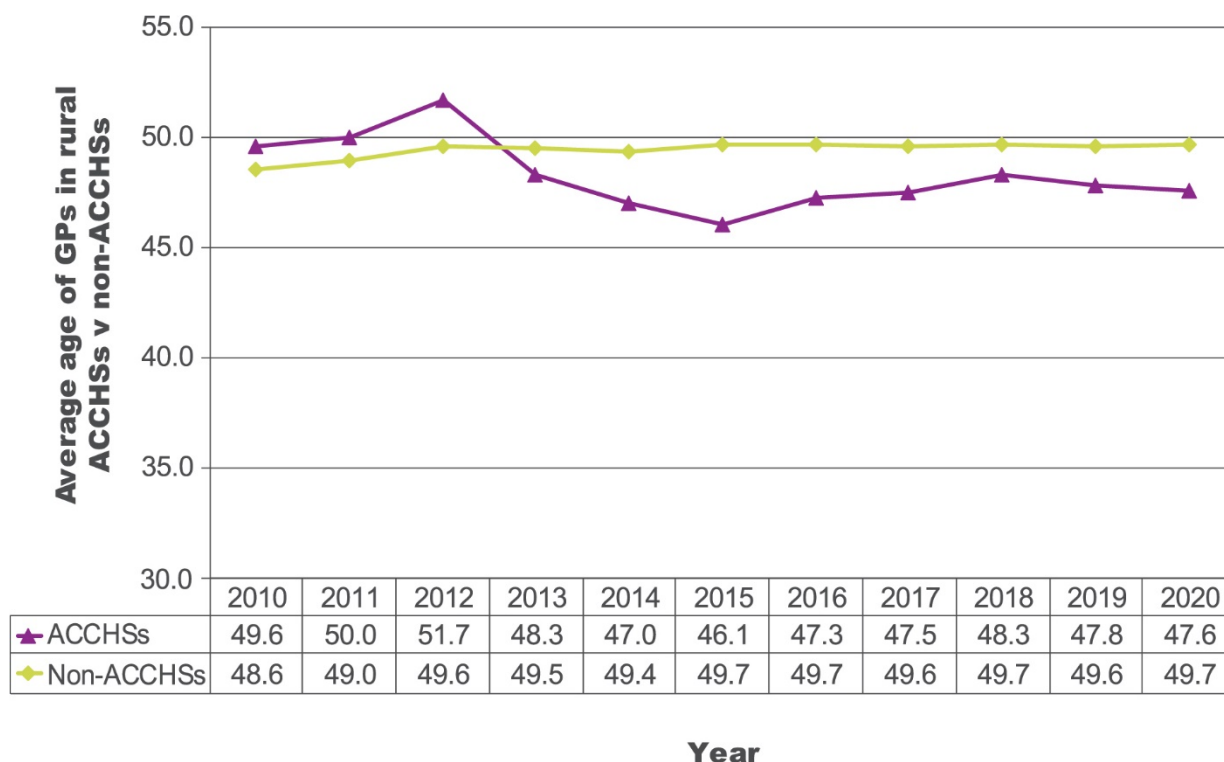
Figure 20 Number of GPs in rural ACCHSs v non-ACCHSs 2010 to 2020



In 2020, there were 61 GPs (8.2% of the total workforce) working in a rural ACCHS, an increase of 2 GPs from 2019. Overall, the ACCHS-employed workforce has increased by 20 GPs since 2010.

Figure 21 identifies the average age of GPs in rural ACCHSs from 2010 to 2020 compared to the overall age of the non-ACCHSs workforce in rural WA.

Figure 21 Average age of GPs in rural ACCHSs v non-ACCHSs 2010 to 2020

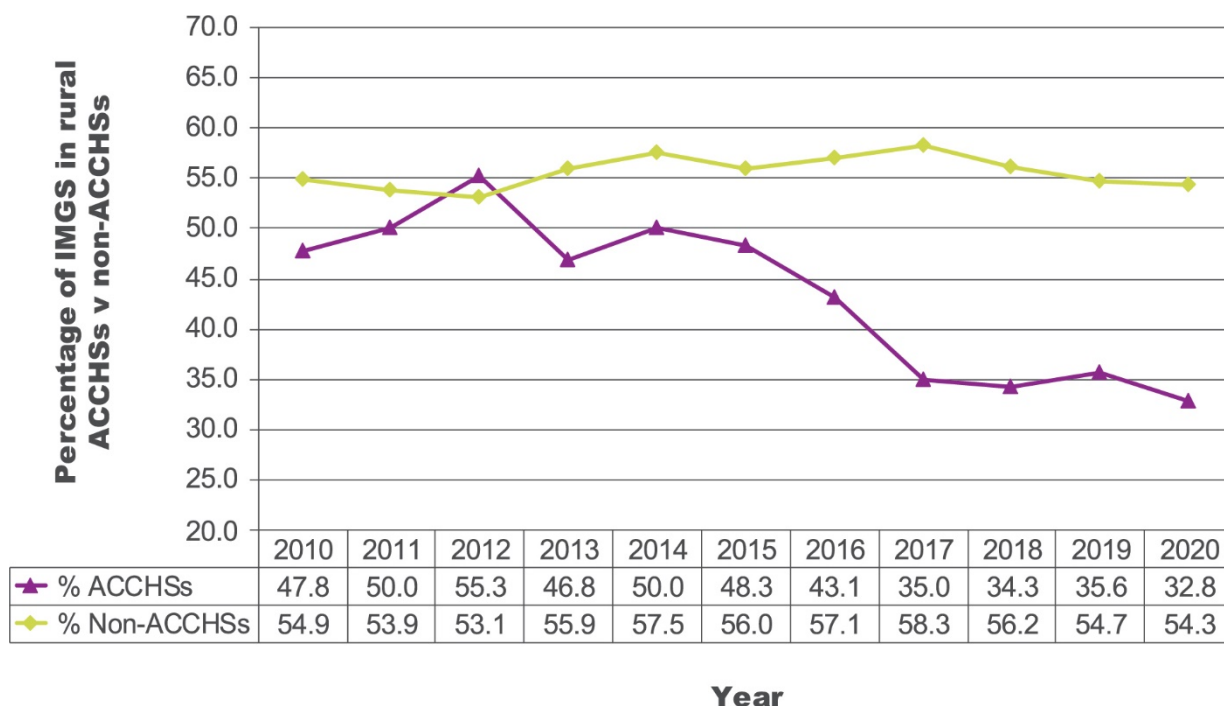


In 2020, the average age of ACCHSs GPs was younger than that of the overall workforce, as it has been since 2013.

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 2010 and 2020.

Figure 22 Percentage of IMGs in rural ACCHSs v non-ACCHSs 2010 to 2020

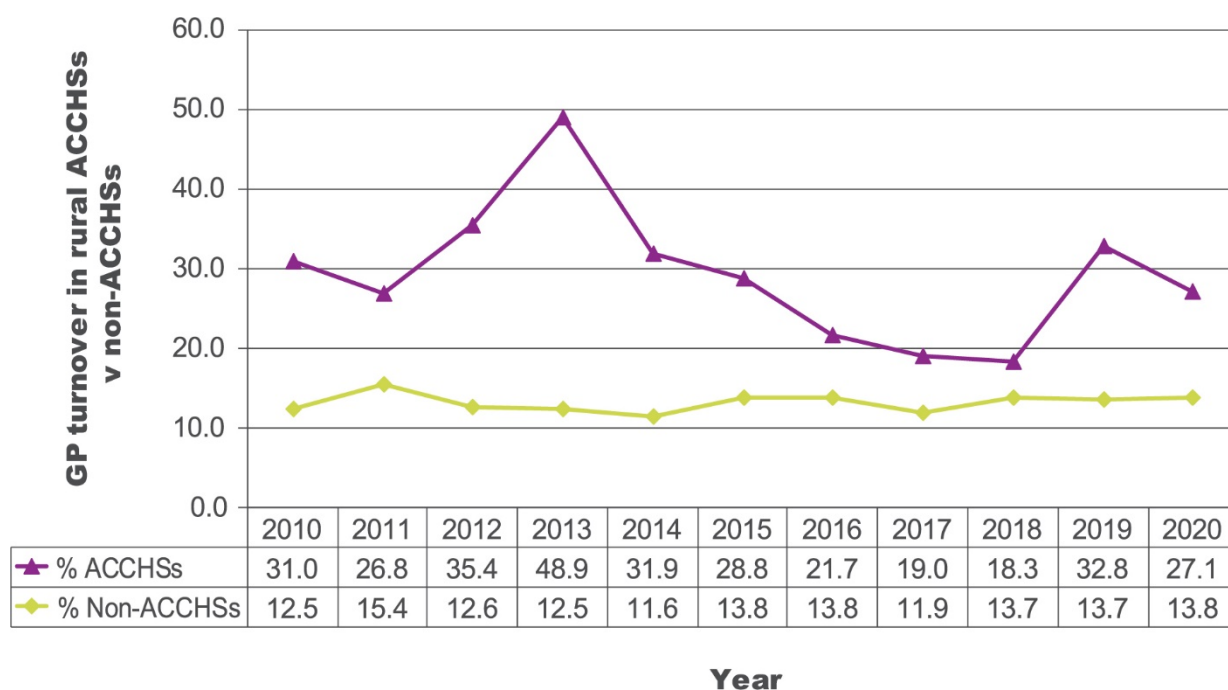


As at 30 November 2020, 32.8% of the ACCHS workforce were IMGs (20 doctors) compared with 54.3% IMGs in the non-ACCHS workforce (372 doctors).

The percentage of IMGs working in ACCHSs as their primary practice has mostly decreased annually since 2012, with 32.8% in 2020 being the lowest recorded. Alternately, the percentage of IMGs working in non-ACCHSs has remained consistently above 50%.

Figure 23 compares the GP turnover in ACCHSs with the GP turnover in non-ACCHSs in rural WA between 2010 and 2020.

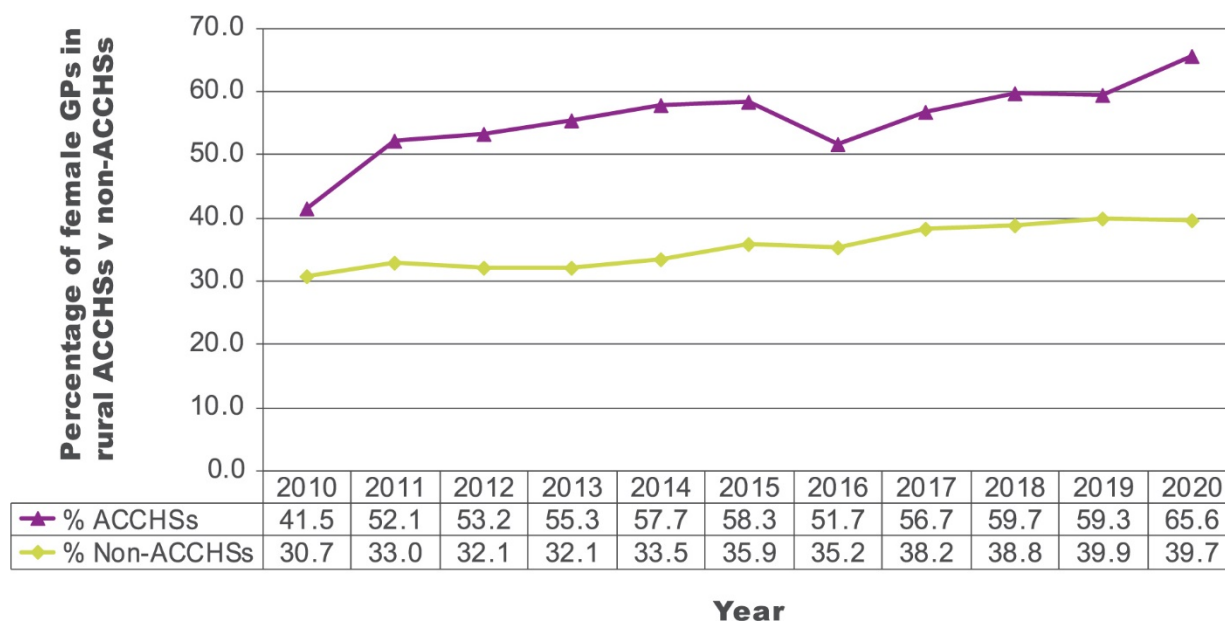
Figure 23 GP turnover in rural ACCHSs v non-ACCHSs 2010 to 2020



After decreasing annually since 2013, the GP turnover in ACCHSs increased from 18.3% in 2018 to 32.8% in 2019. Although the turnover has decreased to 27.1% in 2020, it remains higher than the turnover among the non-ACCHSs workforce.

Figure 24 charts the percentage of female GPs in rural ACCHSs compared with the non-ACCHSs workforce between 2010 and 2020.

Figure 24 Percentage of female GPs in rural ACCHSs v non-ACCHSs 2010 to 2020



As at 30 November 2020, there were 40 female GPs (65.6%) working in the ACCHS workforce and 21 male GPs (34.4%). ACCHSs continued to have a predominantly female workforce, which differs significantly to the gender profile of the non-ACCHS workforce, where 39.7% of the workforce is female.

13 COVID-19

2020 was a year distinguished from all others due to the COVID-19 pandemic, which caused population lockdowns, border closures and restriction of movement within rural and metropolitan WA, nationally and internationally.

By the time of the census date of 30 November 2020, COVID outbreaks within Australia had stabilised; however, the WA borders were still partially closed and travel remained affected. There are a number of significant statistics to note:

- An upward trend in workforce numbers annually was maintained, despite doctors from overseas and interstate having to go into hotel quarantine for 2 weeks upon arrival in WA (see Figure 1).
- Although a number of resident and regular FIFO doctors were caught overseas or interstate, workforce numbers were able to be maintained through locums staying in placements for longer periods or becoming permanent, new doctors sourced from within WA from non-GP services such as hospital settings, and permanent doctors delaying their intention to retire or leave the region. This is seen in the increase in the number of GP arrivals (employed in their current practice for less than 1 year) (see page 30).
- The Kimberley and Pilbara regions, which usually have low numbers of arrivals annually, experienced gains in GP numbers.
- Data not normally reported in this workforce analysis report but noted in this period:
 - The number of general practice locum placements cancelled during 2018-2019 was 66; in 2019-2020 there were 377 cancellations.
 - Average telehealth consultations undertaken per month in 2019 was 2.6 per month; in 2020 there were 22.8 per month.
 - Average annual leave preferred was 6.7 weeks in both the 2019 and 2020 censuses. Annual leave reported as taken in the 2019 period was 5 weeks; in the 2020 period it was 4.5 weeks. In 2019, 8 GPs reported that they had taken no leave in the previous 12 months. In 2020, the number of GPs reporting they had taken no leave increased to 19.
 - Average hours worked on call was reported as 3.6 hours per week in the 2019 census and in the 2020 census, 5.3 hours per week was reported.



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