

**RURAL
HEALTH
WEST**

**RURAL GENERAL PRACTICE
IN WESTERN AUSTRALIA**

Annual Workforce Update

**NOVEMBER 2021
PUBLISHED JUNE 2022**



Proudly funded by



**Government of Western Australia
WA Country Health Service**



Rural Health West

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Suggested citation

Rural Health West (2022). *Rural General Practice in Western Australia: Annual Workforce Update November 2021*. 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 2021.

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 (ACCHS) 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.

June 2022

COVER PHOTO:

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Acronyms

ACCHS	Aboriginal Community Controlled Health Services
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
PEP	Practice Experience Program
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 general 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 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 891 GPs in the Western Australian rural general practice workforce (workforce), 536 (60.2%) returned their survey. Of the 197 general practices, 142 (72.1%) returned at least one of their bi-annual surveys. Doctor age-range, commencement date and proceduralist details of the non-responding GPs was confirmed with the practice or doctor 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 2021.

Please note:

- The 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 2021.

Number of overall rural general practitioners

(Includes WAGPET GP registrars)

- As at 30 November 2021, there were 891 GPs known to be practising in MMM 2 to 7 locations, an increase of 11 GPs from 880 in 2020 (1.3% growth).
- The most significant increase was observed among fly-in/fly-out and drive-in/drive-out GPs with an additional 10 doctors (7.5% growth) between November 2020 and November 2021.

Age and gender

- The average age of rural GPs at 30 November 2021 was 47.7 years, 0.4 years higher than November 2020 (47.3 years).
- Since Rural Health West began collecting data in 2001, the average age of the overall workforce has increased 2.8 years (from 44.9 years to 47.7 years).
- At November 2021, there were 392 female GPs in the workforce (representing 44.0% of the total), a decrease of 1 GP (-0.7% proportionally) and a reversal of the prior upward trend.

Location/region

- The South West region was the most populous region with 282 GPs, representing 31.6% of the workforce in WA.
- GP numbers increased between 2020 and 2021 in most regions:
 - the Goldfields region gained 6 GPs (9.2% growth)
 - the Wheatbelt region gained 4 GPs (4.7% growth)
 - the Great Southern region gained 4 GPs (4.0% growth)
 - the Midwest region gained 3 GPs (3.4% growth)
 - the South West region gained 2 GPs (0.7% growth)
 - the Kimberley region gained 1 GP (0.9% growth)
 - The Pilbara region gained 1 GP (1.5% growth).
- The Outer Metropolitan region experienced a contraction of its workforce (9 GPs, -13.8%).
- The Indian Ocean Territories experienced a contraction of its workforce (1 GP, -25.0%).

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 2020 and November 2021 was 14.9%, a slight increase from 14.3% in the previous period.
- There was a growth of 21 GPs (2.8%) in the permanent workforce between November 2020 and November 2021.
- 111 rural GPs departed the workforce during this period (5 greater than in 2020), of which the most common destination was Perth (42 GPs, 37.9%).
- 132 GPs joined the permanent workforce in rural WA between November 2020 and November 2021, 19 greater than in the previous reporting period.
- The proportion of GPs arriving directly from overseas increased in 2021 after decreasing annually since 2017:
 - 20.8% in 2017
 - 14.5% in 2018
 - 12.2% in 2019
 - 8.9% in 2020
 - 12.9% in 2021
- 76 (57.6%) of the 132 GPs who commenced in the reporting period 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.
- 27 GPs (20.5% 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
 - 20 or 17.7% in 2020
 - 27 or 20.5% in 2021
- The Pilbara and Kimberley regions experienced the highest proportional movements out of the region between November 2020 and November 2021 (19 GPs or 29.2% of its workforce and 27 GPs or 28.4% respectively).
- The majority of GP movement inwards was also to the Pilbara and Kimberley regions, 19 GPs (29.2%) and 27 GPs (28.4%) respectively.
- The Great Southern region was the most stable, with the least proportional movements outward (7 GPs or 8.2%) and inward (10 GPs or 11.4%).

Working hours

- The average reported hours worked in 2021 was 38.2 hours per week, compared to 39.2 hours in 2020, a decrease of 1.0 hours.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- The proportion of GPs working part-time increased from 31.3% in 2020 to 31.6% in 2021.
- GPs in the Pilbara and Goldfields regions reported working longer hours on average than the rest of the workforce and GPs in the Wheatbelt region reported the shortest hours.
- The highest reported working hours were recorded in MMM 6 locations and the lowest were recorded in MMM 2.

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 7.4 years, 0.2 years shorter than in November 2020.
- An increased number of GPs have been employed for more than 5 years in their current practice. There were 334 long-stay GPs (44.8% of the workforce) in 2020 and 345 long-stay GPs (45.0%) in 2021.
- 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 region had the highest proportions of long-stay (>5 years) GPs (61.4% of its workforce) and a low proportion of newly-arrived GPs (9.1%) suggesting a highly stable workforce.
- The Pilbara region contained the highest proportion of newly-arrived GPs (27.7%).
- The majority of long-stay GPs were in MMM 4 locations (56.0%). MMM 2 locations had the lowest proportions of long-term GPs (36.4%).
- The highest proportion of newly-arrived GPs was in MMM 7 locations (21.0%). Combined with a low proportion of long-stay doctors in MMM 7 locations, this indicates the workforce is more transient in very remote locations.

Practice type

- There were 197 general practices as at 30 November 2021, excluding hospitals. Of these, 130 (66.0%) were group practices, 47 (23.9%) were solo practices and 20 (10.2%) were ACCHS.
- The Wheatbelt region contained the largest number and proportion of solo practices, with 18 of 34 practices being solo (52.9%).

Proceduralists

- There were 190 rural GP proceduralists (21.3% of the workforce) as at 30 November 2021, 4 fewer than in 2020 and the first decrease in the GP proceduralist workforce since 2015.
- The number of GPs performing anaesthetics has decreased by 5 from 102 (11.6% of total GPs) in 2020 to 97 (10.9%) in 2021, while doctors practising general surgery decreased by 2 from 20 (2.3%) to 18 (2.0%). The number of doctors practising obstetrics increased by 1 from 94 (10.7%) to 95 (10.7%).
- 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 2021, only 1 GP (0.5% of proceduralists) practised all 3 procedures and 18 (9.5%) practised 2 procedures.
- There were 69 female GP proceduralists in 2021, 36.3% of the GP proceduralist workforce; the highest number of female GP proceduralists over the past 10 years.

International Medical Graduates

- At 30 November 2021, 462 of the 891 rural GPs had obtained their initial medical qualification overseas. The proportion of IMGs in the workforce has increased from 51.0% in 2020 to 51.9% in 2021.
- The number of IMGs arriving in rural WA rose from 65 (58.0% of all arrivals) in 2020 to 76 (57.6%) in 2021. Of these, the largest proportion gained their basic medical qualification in:
 - United Kingdom/Ireland (23 or 30.3% of IMG arrivals)
 - India (9, 11.8%)
 - Nigeria (8, 10.5%)
 - South Africa (5, 6.6%)
- There were 141 (15.8% of the overall workforce) vocationally registered IMGs who have been in rural WA for 10 years or more at November 2021.
- As at 30 November 2021, 314 IMG GPs (68.0% of the IMG workforce) were Fellowed, an increase of 36 GPs from 2020 (278, 61.9%). In addition:
 - 103 IMG GPs (22.3% of IMGs) were on an accredited training program (increased from 96 IMG GPs (21.4% of IMGs)
 - 31 IMG GPs (6.7%) were on a Rural Health West supported program (decreased from 54 or 12.0% in 2020)
 - 14 IMG GPs (3.0%) were not known to be on any program towards Fellowship (decreased from 21 or 4.7% in 2020 and 37 in 2019 (8.4%).

GP registrars

- The total number of rural GP registrars at the census date of 30 November 2021 was 130 (14.6% of the overall workforce), 9 fewer than 2020 (139 registrars, 15.8%).
- 52 (40.0%) GP registrars completed their primary medical qualification overseas, a decrease from 62 (44.6%) in 2020. Of these:
 - 13 (25.0%) completed their basic medical qualification in the United Kingdom/Ireland
 - 10 (19.2%) in India
 - 7 (13.5%) in Pakistan
 - 22 (42.3%) completed their basic medical qualification in one of 17 other countries
- Of the 78 GP registrars who completed their primary medical qualification in Australia, 57 (73.1%) graduated from WA universities.

Aboriginal Community Controlled Health Services

(Excludes WAGPET GP registrars)

- As at 30 November 2021, 66 GPs (8.6% of the total workforce) worked in a rural ACCHS as their primary practice, an increase of 5 GPs from 2020 and the second highest number of GPs in the rural ACCHS workforce in the past 10 years.
- As at 30 November 2021, 36.4% of the ACCHS workforce were IMGs (24 doctors) compared with 55.8% IMGs in the non-ACCHS workforce (391 doctors). The representation of IMGs in both the overall workforce and the ACCHS workforce increased from 2020.
- The ACCHS workforce experienced a 24.6% turnover in 2021, lower than the 27.1% in 2020, but higher than the 14.6% turnover experienced in the non-ACCHS workforce.
- There were 37 female GPs (56.1%) working in the ACCHS workforce and 29 male GPs (43.9%). ACCHS continued to have a greater proportion of female GPs than the overall non-ACCHS workforce (40.7%).

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 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. 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.

In certain locations, some WACHS DMOs and 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 (891 GPs), of which 536 (60.2%) responded. Rural Health West made personal contact via telephone or email with the 355 (39.8%) 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.

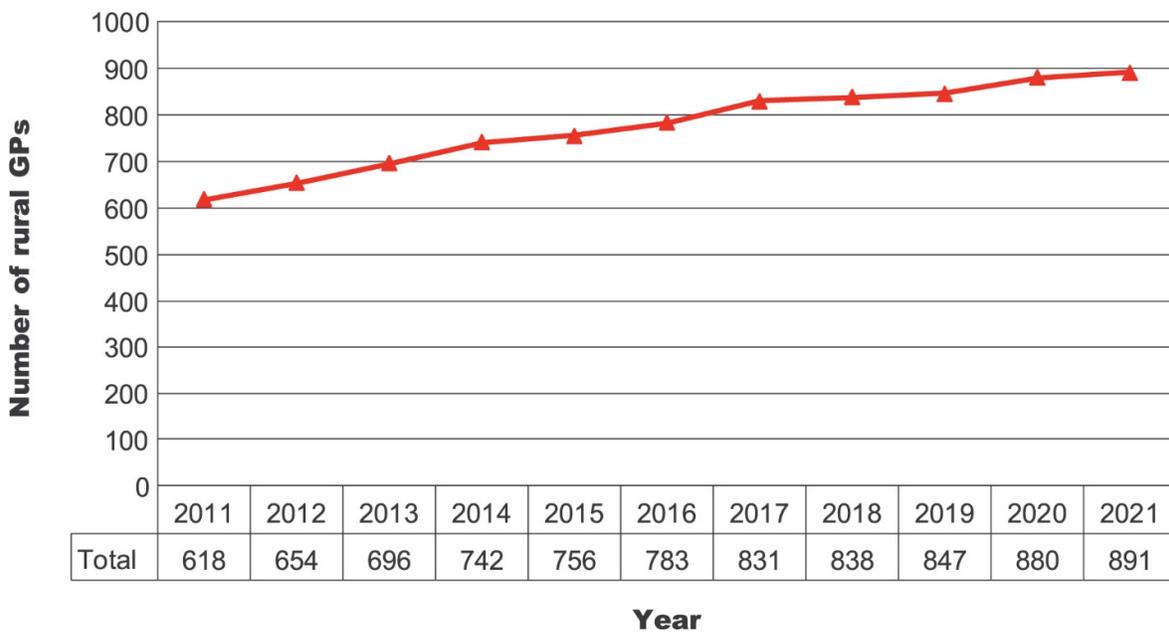
4 Demographics of the overall workforce as at 30 November 2021

This section describes the overall 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.

As at 30 November 2021, there were 891 GPs known to be practising in 2015 MMM 2 to 7 locations, an increase of 11 GPs from 880 in 2020 (growth of 1.3%).

Figure 1 shows the number of GPs working in rural WA at the census date of 30 November each year from 2011 to 2021.

Figure 1 Workforce 2011 to 2021



The 2021 data shows a slowing of the annual growth rate of the workforce since 2018 to under 3% again. This compares to growth of between 3% and 8% prior to 2018.

Models of service provision in rural Western Australia

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

Table 1 Rural GP numbers by primary model of service provision 2020 v 2021

Primary model of service provision	2020	2021	Difference	
Resident GP	478	487	9	1.9%
Fly-in/fly-out and drive-in/drive-out*	134	144	10	7.5%
Member of a primary health care team**	52	54	2	3.8%
Hospital-based GP (DMO/SMO)	73	73	0	0.0%
GP registrar	139	130	-9	-6.5%
Other	4	3	-1	-25.0%
Total	880	891	11	1.3%

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

** Primarily ACCHS

The greatest increase in numbers was seen in fly-in/fly-out and drive-in/drive-out GPs between November 2020 and November 2021 with an additional 10 doctors (7.5% growth). An increase of 9 doctors was seen in resident GPs (1.9% growth).

GP registrars decreased between 2020 and 2021, with 9 fewer doctors (-6.5%).

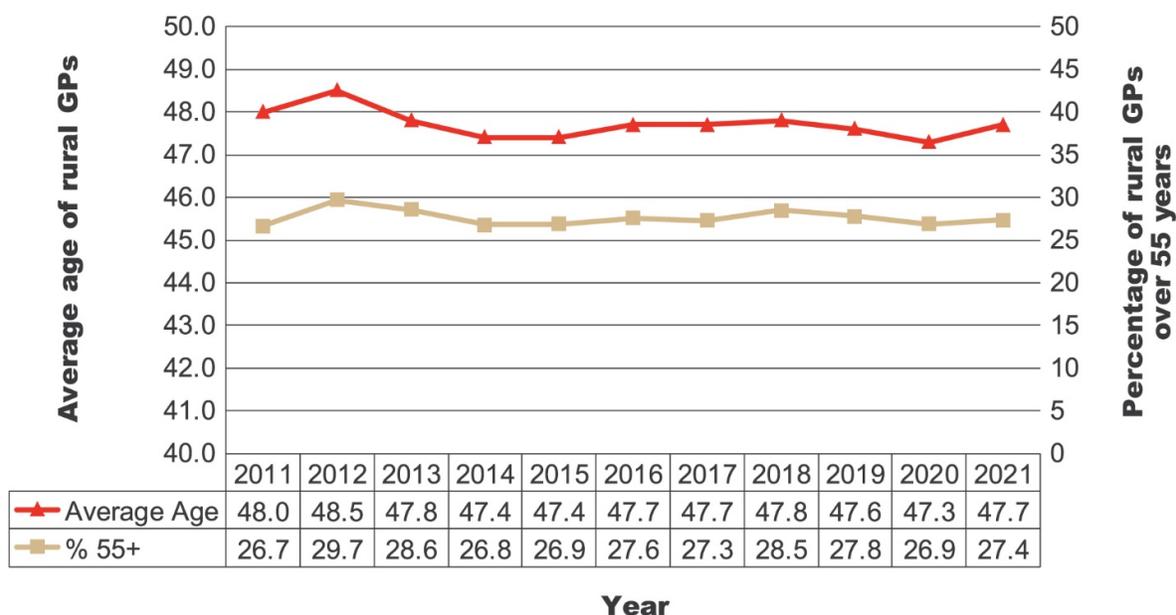
These figures do not include short-term locums who may be temporarily covering vacancies in the permanent workforce.

Rural general practitioners by age and gender

Average age of rural GPs

The average age of rural GPs at 30 November 2021 was 47.7 years, 0.4 years higher than November 2020 (47.3 years).

Figure 2 Average age of the workforce 2011 to 2021 and proportion over 55 years



The average age of rural GPs has fluctuated slightly over the past 10 years and in 2021, it is 0.3 years lower than in 2011. Overall, however, since Rural Health West began collecting data in 2001, the average age of the overall workforce has increased 2.8 years (from 44.9 years to 47.7 years).

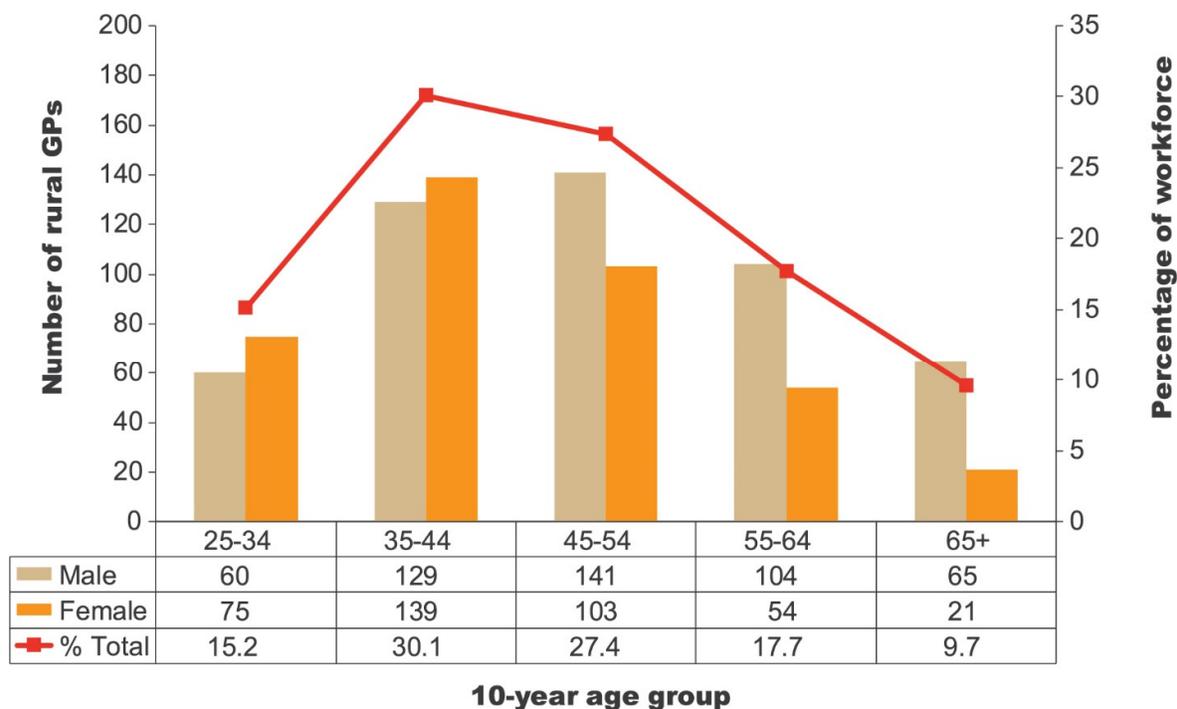
The proportion of rural GPs who are aged over 55 years remains greater than a quarter of the workforce (27.4% in 2021).

The average age for male GPs increased 0.2 years, from 49.6 years in 2020 to 49.8 years in 2021. The average age for female GPs increased by 0.7 years, from 44.3 years in 2020 to 45.0 years in 2021.

Rural GPs by age distribution and gender

Figure 3 below indicates the majority of the workforce (512 GPs, 57.5%) 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 2021, there were more male GPs in the age groups 45 years and over than females (310 and 178 respectively); with more female GPs than male GPs in the younger 25 to 44 year groups (214 and 189 respectively).

Figure 4 Number of rural GPs by gender and percentage of female GPs 2011 to 2021

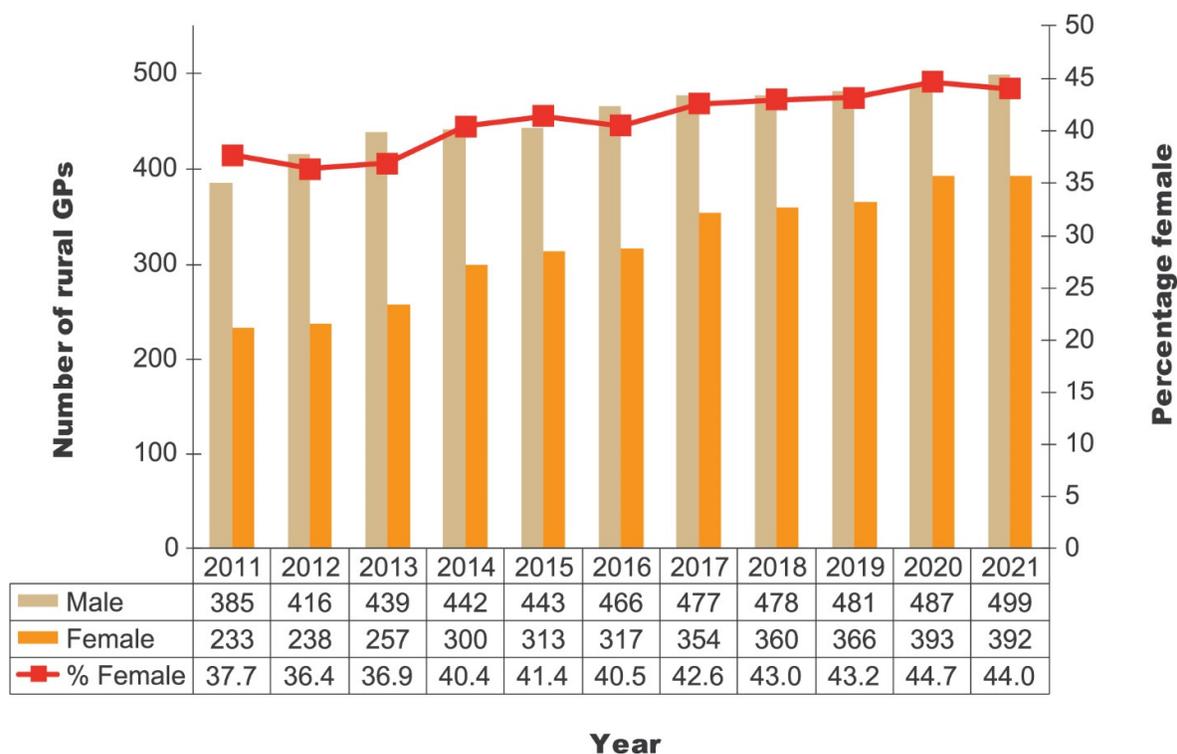


Figure 4 shows an increasing representation of female GPs in the workforce between 2011 and 2020. At November 2021 there were 392 female GPs in the workforce (representing 44.0% of the total), a decrease of 1 GP (-0.7% proportionally) and a slight reversal of the upward trend.

Rural general practitioner numbers by location/region

Rural GP numbers by region

Table 2 Rural GP numbers by region 2020 v 2021

Region	2020	2021	Difference	
Goldfields	65	71	6	9.2%
Great Southern	101	105	4	4.0%
Indian Ocean Territories	4	3	-1	-25.0%
Kimberley	112	113	1	0.9%
Metropolitan (RFDS Western Operations)	13	13	0	0.0%
Midwest	87	90	3	3.4%
Outer Metropolitan	65	56	-9	-13.8%
Pilbara	68	69	1	1.5%
South West	280	282	2	0.7%
Wheatbelt	85	89	4	4.7%
Totals	880	891	11	1.3%

As at 30 November 2021, the South West region contained the highest number of GPs at 282, representing 31.6% of the rural workforce in WA.

An increase in GP numbers occurred in most regions between 2020 and 2021. The Goldfields region gained 6 doctors (9.2% growth), the Great Southern and Wheatbelt regions each gained 4 doctors (growth of 4.0% and 4.7% respectively), the Midwest region gained 3 doctors (3.4% growth), the South West region gained 2 doctors (0.7% growth) and the Kimberley and Pilbara regions gained 1 doctor each (0.9% and 1.5% growth respectively).

There were decreases in the number of GPs working in the Outer Metropolitan locations (-9 doctors, 13.8% contraction) and Indian Ocean Territories (-1 doctors, 25.0% 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 2020 and November 2021 was 14.9% as per Table 3, an increase from 14.3% in the previous period.

Table 3 Rural GP turnover November 2020 to November 2021

Number of permanent rural GPs November 2020	746
Number of departures	111
Turnover	14.9%
Number of arrivals	132
Number of permanent rural GPs November 2021	767
Percentage growth	2.8%

Table 4 shows the destinations of GPs who departed rural WA between November 2020 and November 2021 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2020 v 2021

Destination	2020		2021	
	Number	%	Number	%
Perth	44	41.5	42	37.9
Interstate	24	22.7	30	27.0
Extended leave	10	9.4	17	15.3
Retirement	10	9.4	7	6.3
Overseas	5	4.7	5	4.5
Locum	3	2.9	1	0.9
GP training program	0	0.0	4	3.6
Other	10	9.4	5	4.5
Total	106	100.0	111	100.0

Overall, 111 GPs (14.9% of the workforce) departed rural WA between November 2020 and November 2021, 5 greater than for the preceding 12 months. More GPs left for interstate destinations or took extended leave than in the previous period.

The most common destinations for all GPs leaving rural WA in 2021 were:

- Perth, 42 GPs (37.9% of total departures)
- Interstate, 30 GPs (27.0%)
- Extended leave, 17 GPs (15.3%)
- Retirement, 7 GPs (6.3%)

Table 5 shows the origins of GPs joining or re-joining the permanent workforce between November 2020 and November 2021.

Table 5 *Origins of GPs joining the permanent workforce 2020 v 2021*

Origin	2020		2021	
	Number	%	Number	%
Perth	29	25.6	37	28.0
Overseas	10	8.9	17	12.9
Interstate	30	26.5	25	18.9
GP training program	20	17.7	27	20.5
Extended leave	10	8.9	10	7.6
Other	13	11.5	11	8.3
Locum	1	0.9	5	3.8
Total	113	100.0	132	100.0

From November 2020 to November 2021, 132 GPs joined the permanent workforce in rural WA, 19 greater than the previous period.

The greater intake of new doctors to rural WA between 2020 and 2021 was due to 3 main factors:

- the easing of movement restrictions into WA imposed in 2020 due to the COVID-19 pandemic allowed more overseas GPs to arrive during 2021;
- the increased cohort of GP registrars who commenced in 2017 have now completed their training and have remained in their roles after Fellowship; and
- some locum GPs stayed in placements long-term during this period due to the uncertainty of border restrictions.

The increase in GPs arriving directly from overseas from 10 in 2020 (8.9% of arrivals) to 17 in 2021 (12.9% of arrivals) has halted the annual decline that commenced in 2018 (20.8% in 2017, 14.5% in 2018, 12.2% in 2019 and 8.9% in 2020). The decrease in previous years was a result of a change in Government policy, which invested heavily in local medical education to reduce Australia's reliance on IMGs. Subsequent Workforce Analysis Updates will show whether this downward trend continues after the changes imposed by the COVID-19 restrictions.

Of the 132 GP arrivals who commenced between November 2020 and November 2021, 76 (57.6%) 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 2021, 27 (20.5% of arrivals) GP registrars had stayed rural after attaining Fellowship.

Permanent workforce changes by gender

Table 6 summarises changes in the permanent workforce by gender between 30 November 2020 and 30 November 2021.

Table 6 *Changes in the permanent workforce by gender 2020 v 2021*

Gender	Number of GPs Nov 2020	Departures	% departed	Arrivals	Number of GPs Nov 2021	% movement
Male	434	59	13.6	71	446	2.8
Female	312	52	16.7	61	321	2.9
Totals	746	111	14.9	132	767	2.8

The male workforce experienced more departures (59 GPs) and arrivals (71 GPs) in 2021 than the female workforce (52 GPs and 61 GPs). However, as a proportion of their workforce at census, female movements were higher (16.7% departed and 19.6% arrived) compared with males (13.6% departures and 16.4% arrivals).

Overall, the male workforce gained 12 GPs (2.8%) between November 2020 and November 2021, and the female workforce gained 9 GPs (2.9%).

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 2020 v 2021

Region	N per region Nov 2020	Movements OUT of rural WA regions				Movements INTO rural WA regions			N per region Nov 2021	% 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	58	5	3	8	13.8	11	1	12	62	19.4
Great Southern	85	7	0	7	8.2	9	1	10	88	11.4
Kimberley	95	24	3	27	28.4	23	4	27	95	28.4
Midwest	66	7	0	7	10.6	11	3	14	73	19.2
Outer Metropolitan	50	11	2	13	26.0	7	0	7	44	15.9
Pilbara	65	16	3	19	29.2	17	2	19	65	29.2
South West	237	32	3	35	14.8	40	1	41	243	16.9
Wheatbelt	73	6	2	8	11.0	12	4	16	81	19.8
Other*	17	3	1	4	23.5	2	1	3	16	18.8
Overall	746	111	17	128		132	17	149	767	

* RFDS Western Operations in Jandakot and Indian Ocean Territories.

Between November 2020 and November 2021, 128 GPs (17.2%) departed their workplaces, comprising 111 GPs (14.9%) who left rural WA and 17 GPs (2.3%) who moved from one rural region to another. Over the same period, 149 GPs (19.4%) moved into rural regions, including 132 (17.2%) from outside rural WA and the aforementioned 17 (2.2%) moving between regions.

The Pilbara and Kimberley regions experienced the highest proportional movements out of the region between November 2020 and November 2021 (19 GPs or 29.2% of the region's workforce and 27 GPs or 28.4% respectively). The Great Southern region experienced the lowest proportional departures (7 GPs or 8.2% of the region's workforce).

The majority of GP movement inwards proportionally was also to the Pilbara and Kimberley regions, 19 GPs (29.2%) and 27 GPs (28.4%) respectively. The region with the least inward movement was the Great Southern, with 10 new GPs (11.4%).

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.

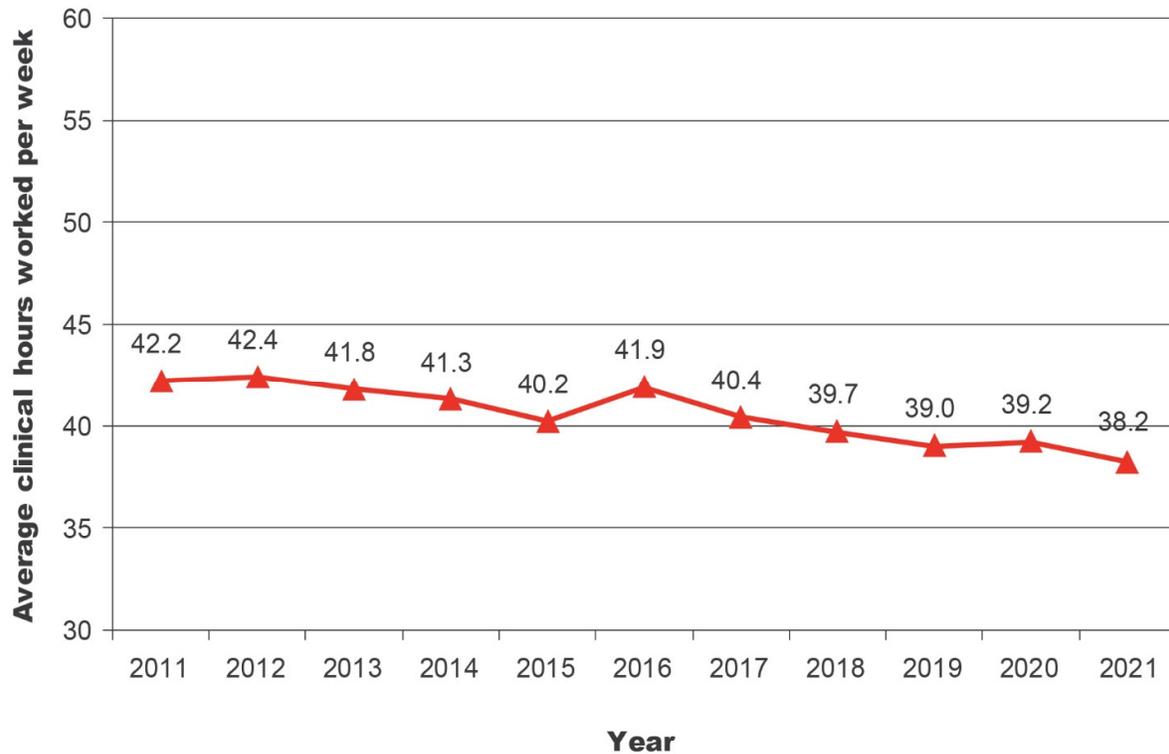
It is important to note that unlike previous sections of this report where data was available for 100% of rural GPs (via surveys and other ongoing strategies); the 'Clinical workload' section only includes data from the Rural General Practice Workforce Survey. Thus, there is no workload information recorded for the 355 (39.8%) GPs who did not return their surveys.

GPs working for RFDS Western Operations have also not been included in this section because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 519 GPs, including GP registrars, and encompasses 58.3% of the workforce for this reporting period.

Average clinical hours worked per week

At November 2021, the average reported clinical workload for rural GPs was 38.2 hours per week, compared to 39.2 hours per week in November 2020 as displayed in Figure 5 below.

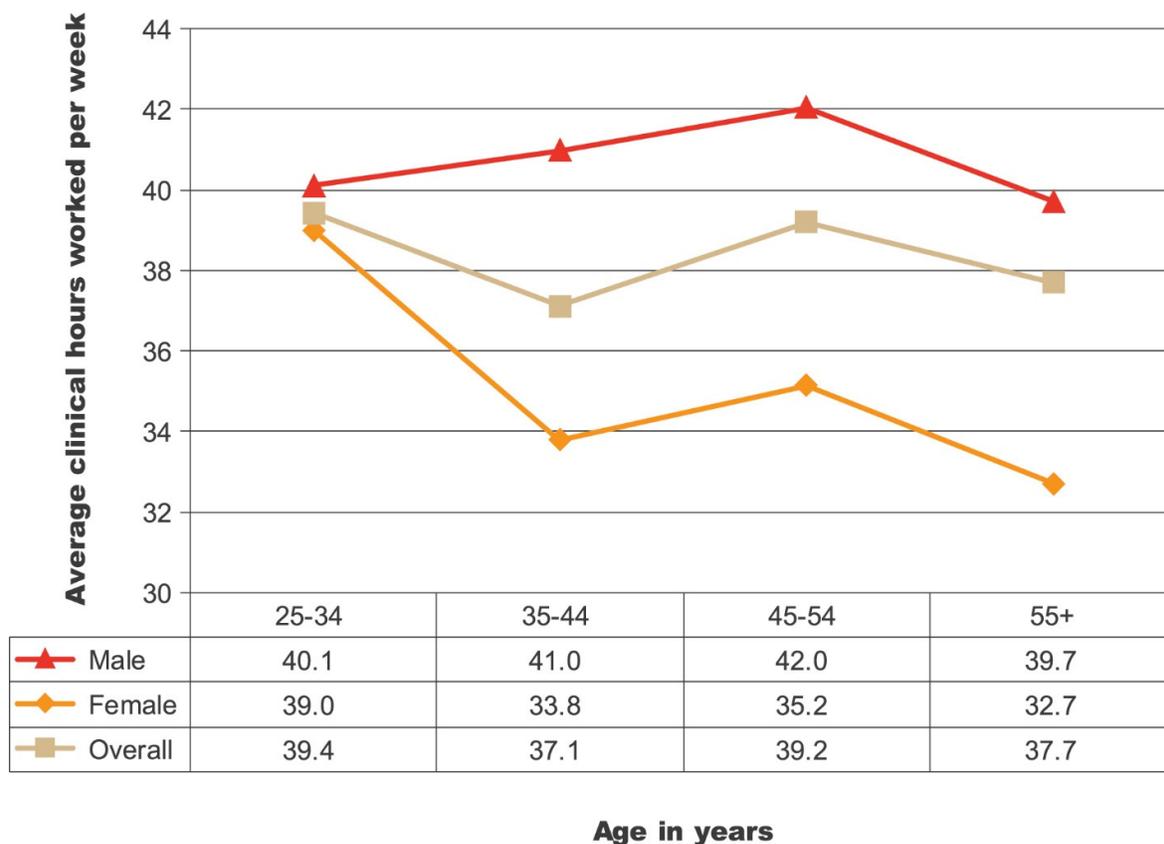
Figure 5 Average clinical hours worked per week from 2011 to 2021



Clinical working hours have been trending downwards since 2012, with slight increases experienced in 2016 and 2020.

Average 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, although there is currently very little difference in the number of males and females working in the youngest age group compared to previous years.

Comparing 2020 to 2021, the average working clinical hours per week for female GPs increased for those aged 25-34 years and 45-54 years. Average working clinical hours per week in the male workforce increased for those aged 35-44 years.

Overall, however, hours per week decreased except for GPs aged 25-34 years.

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	228	127	355	68.4
Part-time	67	97	164	31.6
Total respondents	295	224	519	100.0

There were 355 rural GPs (68.4% of respondents) who reported working full-time in the provision of routine clinical GP services in 2021. Of these, the majority (228, 64.2%) were male (127, 35.8% female). Conversely, 164 rural GPs (31.6% of respondents) reported working part-time, of whom 97 (59.1%) were female and 67 (40.9%) male.

Table 9 Part-time workforce by gender 2020 v 2021

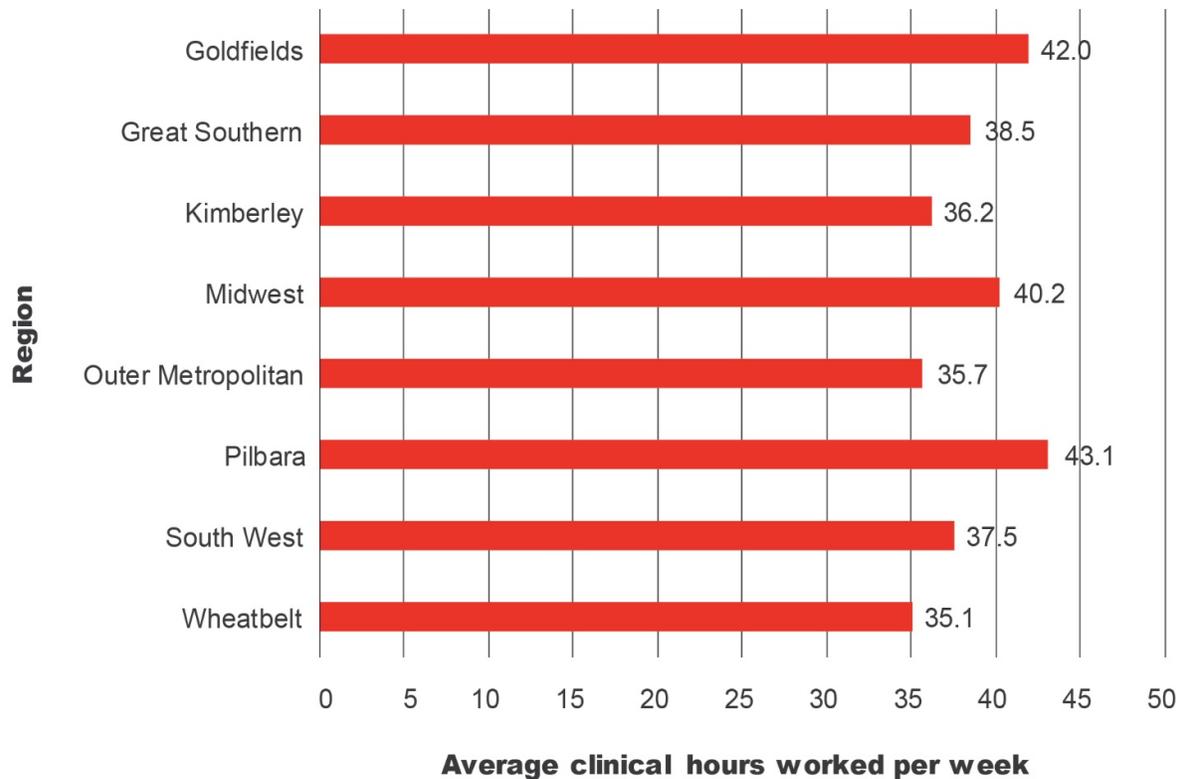
Year	Total males	Males working part-time	% of total males working part-time	Total females	Females working part-time	% of total females working part-time	Total respondents	% of total respondents working part-time
2020	296	56	18.9	237	111	46.8	533	31.3
2021	295	67	22.7	224	97	43.3	519	31.6

The proportion of male respondents working part-time increased from 18.9% in 2020 to 22.7% in 2021. The proportion of female respondents working part-time decreased from 46.8% in 2020 to 43.3% in 2021.

Overall, the proportion of respondents working part-time increased from 31.3% in 2020 to 31.6% in 2021.

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

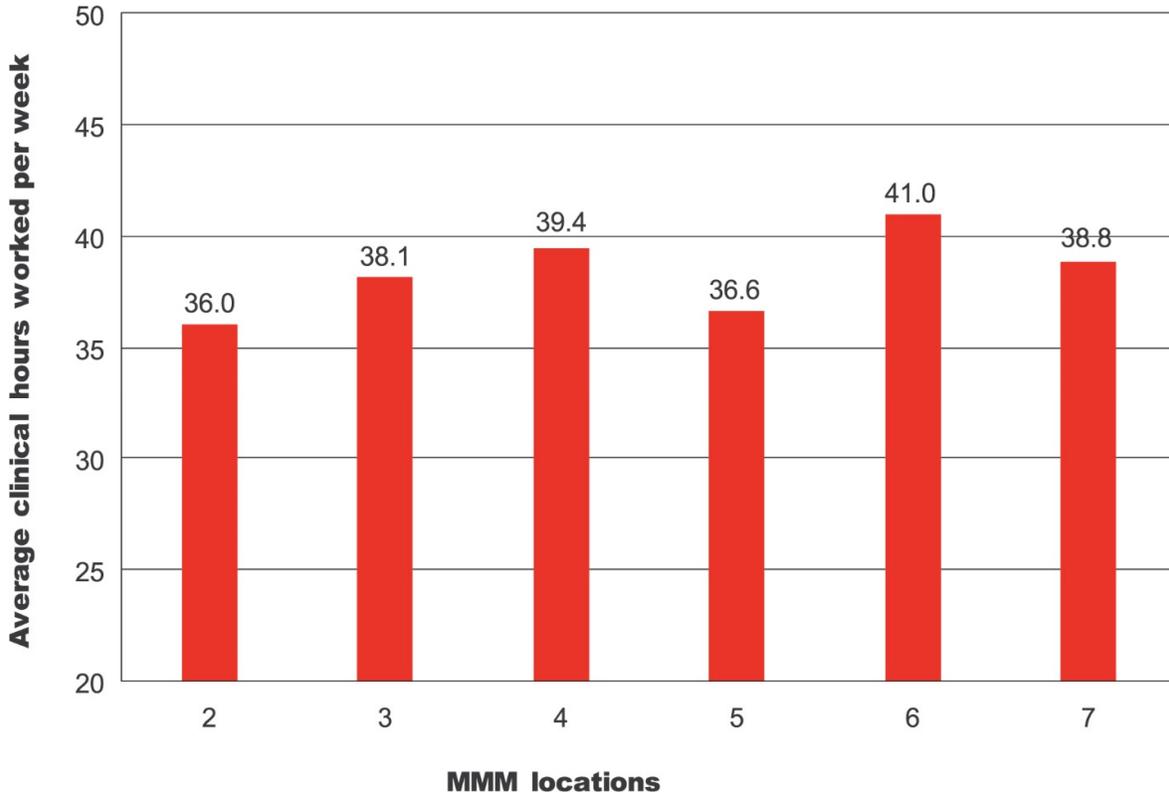
Figure 7 Average clinical hours worked per week by region



The highest reported average clinical hours worked is in the Pilbara region (43.1 hours per week) and the Goldfields region (42.0 hours per week), as it was in the previous period.

Conversely, the lowest reported clinical hours worked per week is in the Wheatbelt region with 35.1 hours per week.

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 6 locations (41.0 hours), with the lowest average working clinical hours reported by GPs working in MMM 2 locations (36.0 hours).

7 Length of employment in current principal practice

Average length of employment

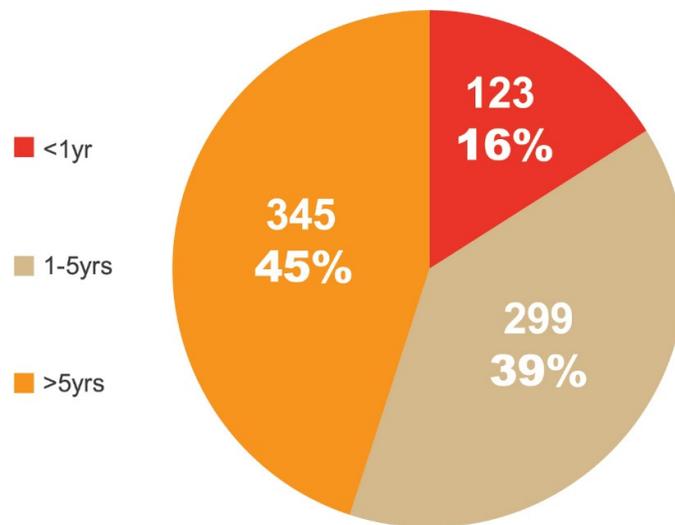
Across rural WA, the average length of employment in current principal practice for GPs was 7.4 years, 0.2 years shorter than in November 2020. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural practices.

Please note:

WAGPET GP registrars are not included in this section as the length of employment at a practice 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.

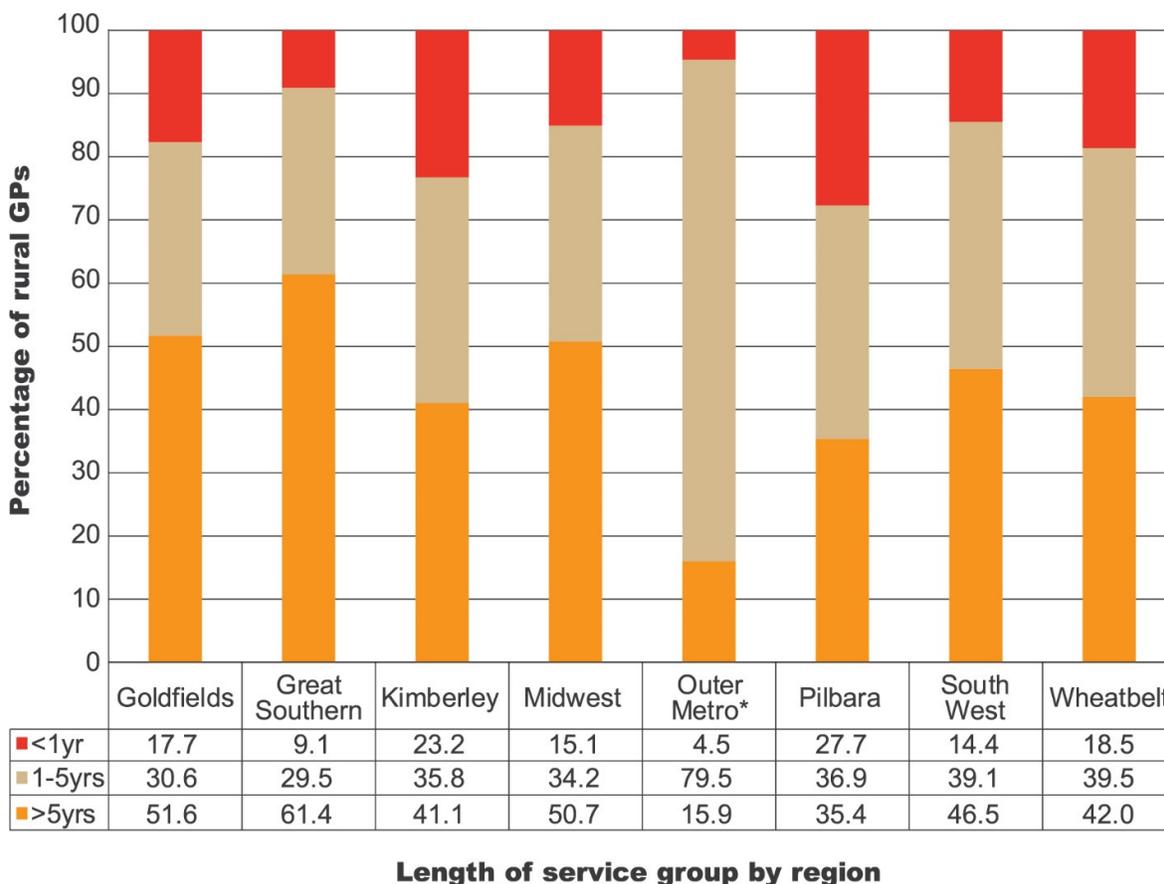
Figure 9 Length of employment in current principal practice



While each category of 'length of employment in current principal practice' experienced a small increase in GP numbers due to an overall increase in the GP workforce, the proportion of GPs employed in their current practice for the short-term, medium-term and long-term changed very little in 2021 when compared to 2020. This data highlights a relatively stable workforce between 2020 and 2021, with no overall loss of long-term doctors.

Average length of employment by region and Modified Monash Model location

Figure 10 Length of employment in current principal practice by region

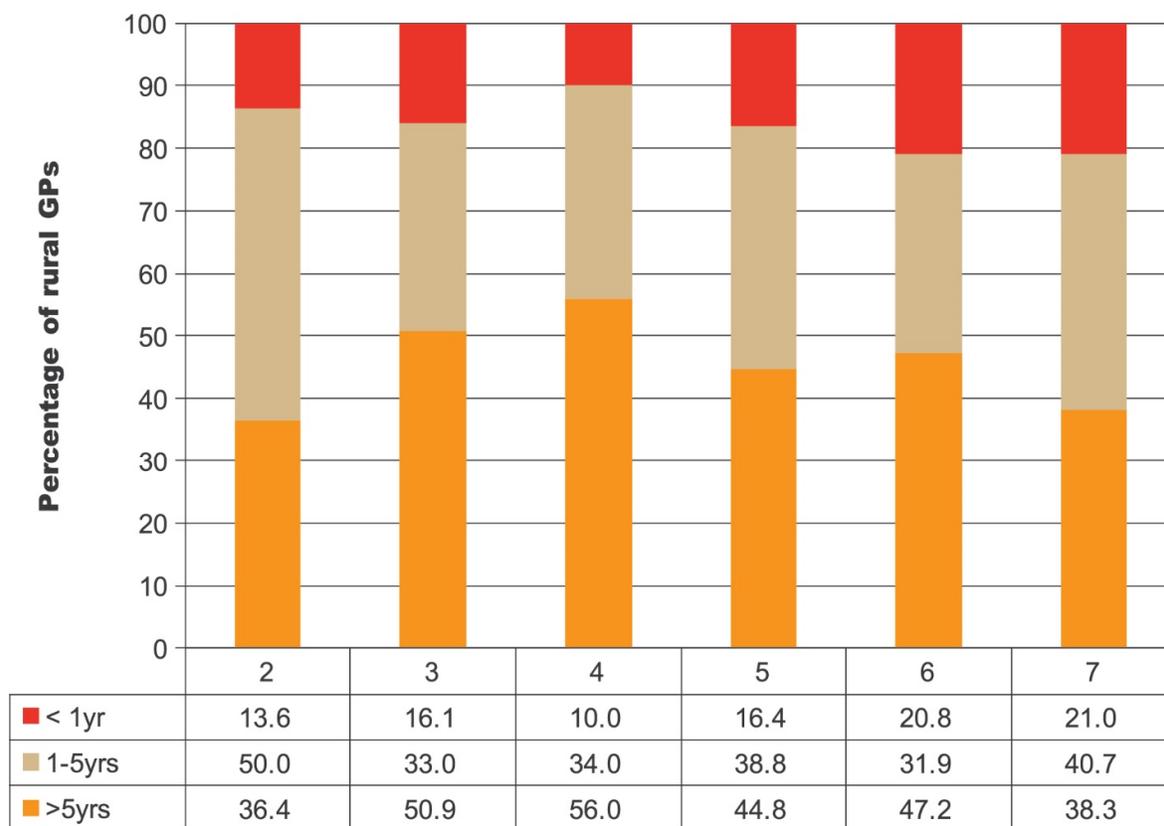


* Outer Metropolitan

Similar to 2020, the Great Southern region had the highest proportion of long-stay GPs (61.4% of its workforce) and a low proportion of recently arrived GPs (9.1%), suggesting a highly stable workforce.

The Pilbara region reported the highest proportion of new GPs (27.7%) as it did in 2020, with the Kimberley having the second highest (23.2%). These regions also report the lowest proportion of long-stay GPs.

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 2021 (>5 years) were in MMM 3 and 4 locations (50.9% and 56.0% respectively), a similar pattern as in 2020. In contrast, MMM 2 and 7 locations had the lowest proportions of long-term GPs (36.4% and 38.3% respectively).

The highest proportion of new GPs were in MMM 6 and 7 locations (20.8% and 21.0% respectively). The high proportion of newly arrived GPs, combined with a low proportion of long-stay doctors in MMM 7 locations 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	63	8	71	11.3
Great Southern	98	7	105	6.7
Indian Ocean Territories	3	0	3	0.0
Kimberley	110	3	113	2.7
Metropolitan (RFDS Western Operations)	13	0	13	0.0
Midwest	77	13	90	14.4
Outer Metropolitan	56	0	56	0.0
Pilbara	66	3	69	4.3
South West	274	8	282	2.8
Wheatbelt	67	22	89	24.7
Total	827	64	891	7.2

There were 827 (92.8%) rural GPs known to be practising in group practices at 30 November 2021 and 64 (7.2%) rural GPs working in solo practices, the same proportions as 2020.

The solo practitioner component of the workforce varies widely across geographical locations. Solo practice GPs are most prevalent in the Wheatbelt and Midwest regions with 22 (24.7%) and 13 (14.4%) doctors in these regions, respectively, working as solo practitioners.

Table 11 below delineates the number and type of practices in each region at the census date of November 2021 (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	10	6	3	19	31.6
Great Southern	13	6	0	19	31.6
Indian Ocean Territories	1	0	0	1	0.0
Kimberley	6	0	9	15	0.0
Midwest	13	9	4	26	34.6
Outer Metropolitan	14	0	0	14	0.0
Pilbara	9	1	3	13	7.7
South West	48	7	1	56	12.5
Wheatbelt	16	18	0	34	52.9%
Total	130	47	20	197	23.9%

There were 47 solo practices in 2021 (23.9% of total practices), 4 fewer than 2020 (51 or 26.4%). The 4 practices present in the last census as solo practices, but not in the current census either closed in this period or changed to group practices.

The majority of rural practices are group practices (130, 66.0%), 7 greater than 2020 (123, 63.7%). Most group practices are located in the South West region (48, 36.9% of group practices). This region also contains the majority of practices overall (56 or 28.4% of all practices).

The Wheatbelt region contained the largest number and proportion of solo practices, with 18 out of their 34 practices being solo (52.9%).

The discrepancy between the total number of solo practitioners (64, as per Table 10) and the total number of solo practices (47) 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 and town at any time.

9 Rural GP proceduralists

Number of rural GP proceduralists

In the annual census, rural GPs (or their practices) were asked whether they practised in the following clinical areas, or the information was provided by the practice:

- Anaesthetics
- Obstetrics
- General surgery

There were 190 (21.3% of the workforce) rural GP proceduralists recorded as at 30 November 2021, 4 fewer than in 2020. 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 2021.

Table 12 *Number and proportion of rural GPs practising procedures 2020 v 2021*

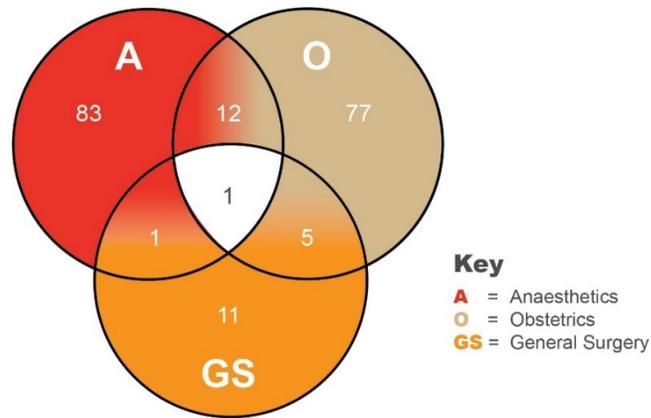
Procedure	N 2020	% of total GPs 2020	N 2021	% of total GPs 2021
Anaesthetics	102	11.6	97	10.9
Obstetrics	94	10.7	95	10.7
General surgery	20	2.3	18	2.0

The number of GPs performing anaesthetics has decreased by 5 from 102 (11.6% of total GPs) in 2020 to 97 (10.9%) in 2021, while doctors practising general surgery decreased by 2 from 20 (2.3%) to 18 (2.0%). The number of GPs practising obstetrics increased by 1 from 94 (10.7%) to 95 (10.7%).

Longer term, the proportion of the total workforce who practice GP anaesthetics continues to decrease, from 16.1% in 2010, to 10.9% in 2021. This trend is also observed in GP obstetrics (20.8% in 2010 to 10.7% in 2021) and GP surgeons (5.4% in 2010 to 2.0% in 2021).

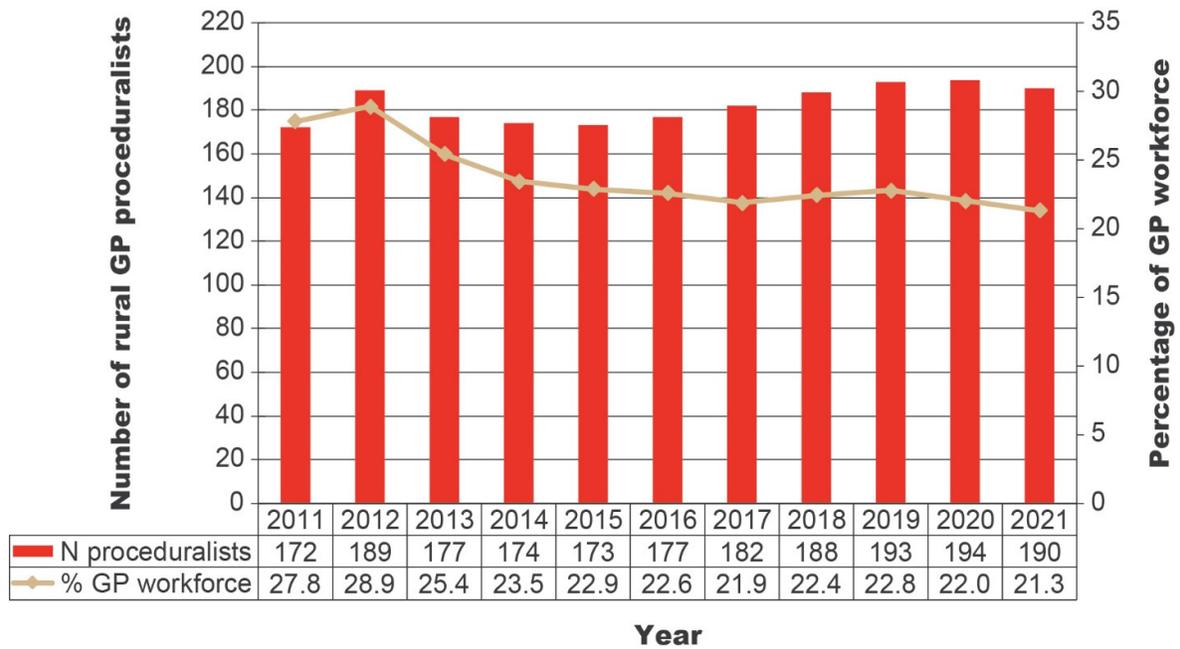
A diagram illustrating rural GPs practising in single or multiple procedural areas is displayed at Figure 12.

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 2021, only 1 GP (0.5% of proceduralists) practised all 3 procedures and 18 (9.5%) practised 2 procedures.

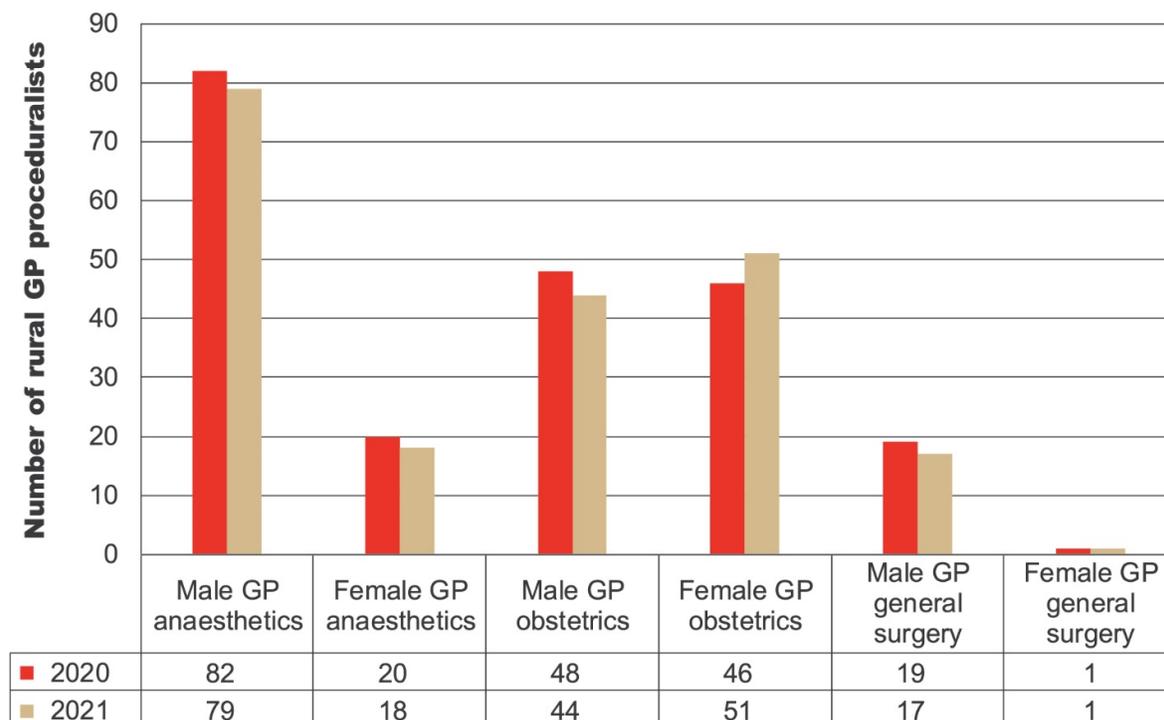
Figure 13 Number and proportion of rural GP proceduralists 2011 to 2021



The total number of GP proceduralists has decreased by 4 from 194 (22.0% of the workforce) in November 2020 to 190 (21.3%) in November 2021. This is the first decrease in the GP proceduralist workforce since 2015. Although the number of GP proceduralists has grown over the past 10 years, the proportion of GP proceduralists compared to the overall workforce has declined due to faster growth experienced in the non-procedural rural GP workforce.

Rural GP proceduralists by type and gender

Figure 14 Number of rural GP proceduralists by type and gender 2020 v 2021

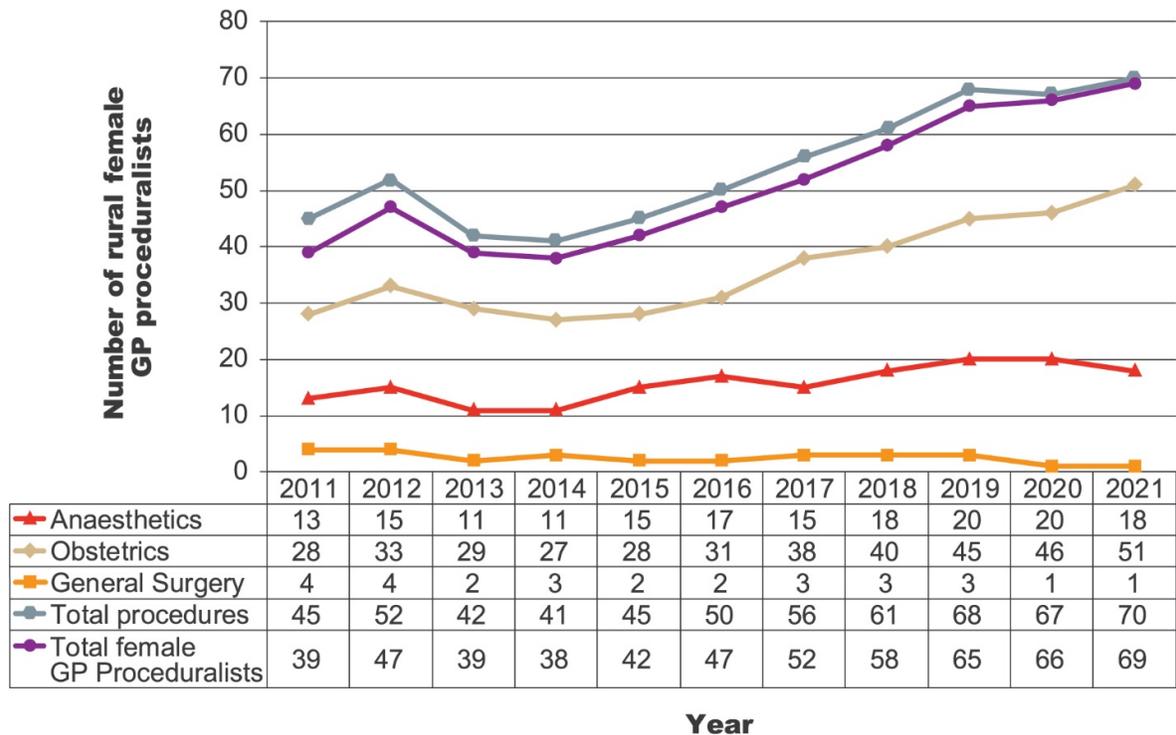


Procedural type and gender

The number of GPs performing anaesthetics has decreased in both genders from 2020 (from 82 to 79 in males and 20 to 18 in females). Male GP obstetrician numbers have also decreased (from 48 to 44) from 2020 while female GP obstetrician numbers have increased by 5 (46 to 51). Male GP general surgeon numbers also decreased from 2020 (19 to 17), while female GP general surgeon numbers remained the same.

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2011 and 2021.

Figure 15 Number of rural female GP proceduralists 2011 to 2021



The number of female GP proceduralists has risen from 39 (22.7% of the GP proceduralist workforce) in 2011 to 69 GPs (36.3%) in 2021.

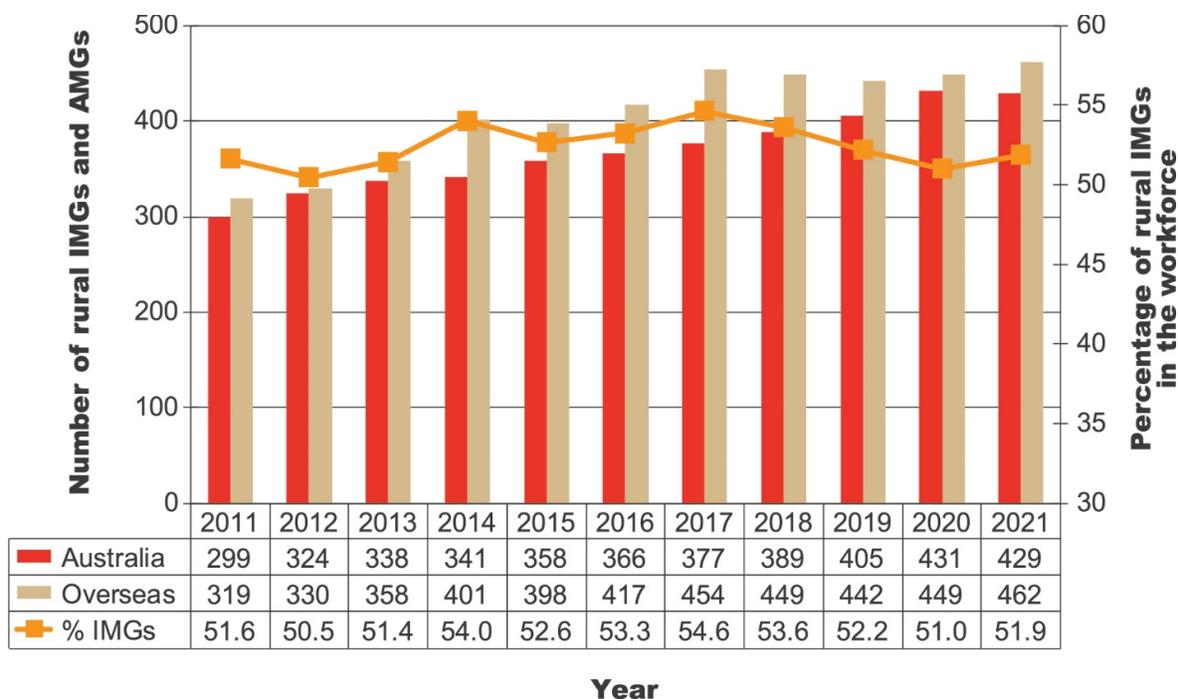
In 2021, just 1 female GP proceduralist is engaged in more than one procedural activity.

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 2011 to 2021.

Figure 16 Number and percentage of rural IMGs 2011 to 2021



At 30 November 2021, 462 GPs (51.9% of the workforce in WA) had obtained their basic medical qualification overseas, an increase of 13 GPs from 449 in 2020. The proportion of IMGs in the workforce has increased again in 2021, having previously been trending down since 2017. This represents a significant and enduring 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 141 (15.8% of the overall workforce) vocationally registered IMGs who had been in rural WA for 10 years or more at November 2021.

Between 30 November 2020 and 30 November 2021, there were 76 IMG GP arrivals (57.6% of all arrivals) into the workforce compared with 65 IMG GPs (58.0%) in 2020. Of these, the largest cohort gained their basic medical qualification from the United Kingdom/Ireland (23 or 30.3% of IMG arrivals), India (9, 11.8%), Nigeria (8, 10.5%) or South Africa (5, 6.6%).

Residency status

Table 13 Residency status of the IMG workforce

Residency	Number	%
Australian citizen	239	51.7
Permanent resident	167	36.1
Temporary resident	52	11.3
New Zealand citizen	4	0.9
Total	462	100.0

As at 30 November 2021, 239 IMG GPs (51.7% of the IMG workforce) were Australian citizens (an increase from 220 GPs, 49.0% in 2020), 167 (36.1%) had permanent residency (decreased from 178, 39.6% in 2020), and 52 (11.3%) were temporary residents (increased from 48, 10.7% in 2020).

A new question was asked of IMGs in the 2020 Annual Rural General Practice Workforce Survey regarding whether they initially entered Australia under a student visa. After 2 survey years now, we have this information from 150 IMG GPs (32.5% of the IMG workforce), of which 8 (5.3% of respondents) came into Australia as students and 142 (94.7% of respondents) did not.

Fellowship status

Table 14 Fellowship status of the IMG workforce

Fellowship status	Number 2020	% 2020	Number 2021	% 2021
Fellowed IMG GPs	278	61.9	314	68.0
Currently on an AGPT pathway	96	21.4	103	22.3
Currently on a Rural Health West run program*				
▪ 5 Year Scheme	5	1.1	2	0.4
▪ RLRP	29	6.5	16	3.5
▪ MDRAP	20	4.4	13	2.8
Not on any program	21	4.7	14	3.0
Total	449	100.0	462	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 2021, 314 IMG GPs (68.0% of the IMG workforce) were Felloved, an increase of 36 GPs from 2020 (278, 61.9%). 121 (26.2% of the IMG workforce) Felloved whilst on a Rural Health West program, 88 (19.0%) Felloved through an AGPT program, 69 (14.9%) were granted Fellowship Ad Eundem Gradum, and the remaining 36 (7.8%) through taking the exams privately or grandfathering.

On the same date, there were 148 non-Felloved IMG GPs (32.0% of the IMG workforce). 103 GPs (22.3% of the IMG workforce) were on an AGPT program and 31 GPs (6.7%) were on a Rural Health West supported program. 14 IMG GPs (3.0%) were not known to be on any program towards Fellowship at the census date of 30 November 2021. The number of non-Felloved IMGs who were not on an approved Fellowship pathway has decreased rapidly over the past 2 years from 37 in 2019 (8.4%) to 21 in 2020 (4.7%) to 14 in 2021 (3.0%).

Rural Health West administers a number of programs on behalf of the Australian Government Department of Health that enable non-vocationally registered GPs to work in rural WA while they gain their GP Fellowship. These are the 5 Year Scheme, RLRP and MDRAP programs.

As at 30 November 2021, there were 25 IMG GPs practising under the 5 Year Scheme. Of these, 6 (24.0%) had Felloved whilst on the program.

As at 30 November 2021, there were 16 IMG GPs practising in rural WA under the RLRP (all yet to Fellow), 13 fewer than in 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, RACGP PEP or AGPT to attain Fellowship. During this reporting period, Rural Health West assisted 11 RLRP IMG GPs onto the RACGP PEP program and 1 onto an AGPT program.

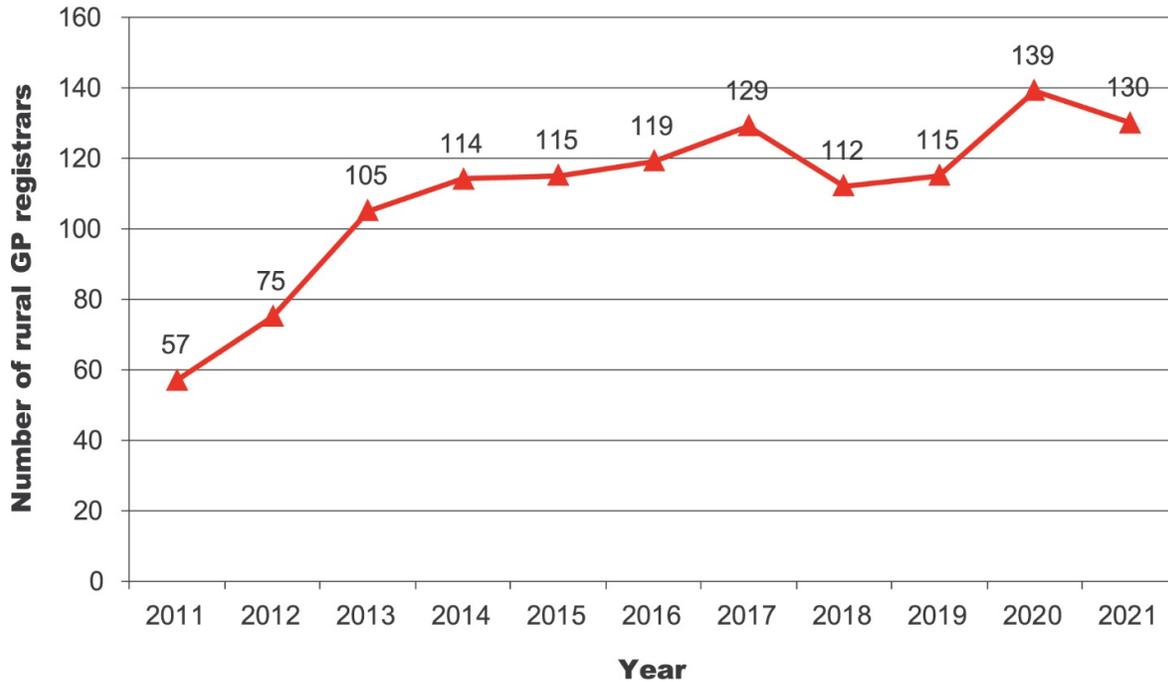
As at 30 November 2021, there were 13 rural IMG GPs practising on the MDRAP* program, 7 fewer than at the same date in 2020. During this period, 2 IMG GPs Felloved and 21 transferred to an accredited GP training pathway (RACGP PEP or AGPT).

* MDRAP is designed to prepare and transition non-Felloved GPs onto an accredited training pathway.

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 2011 to 2021 at the census date of 30 November each year.

Figure 17 Total number of rural GP registrars 2011 to 2021



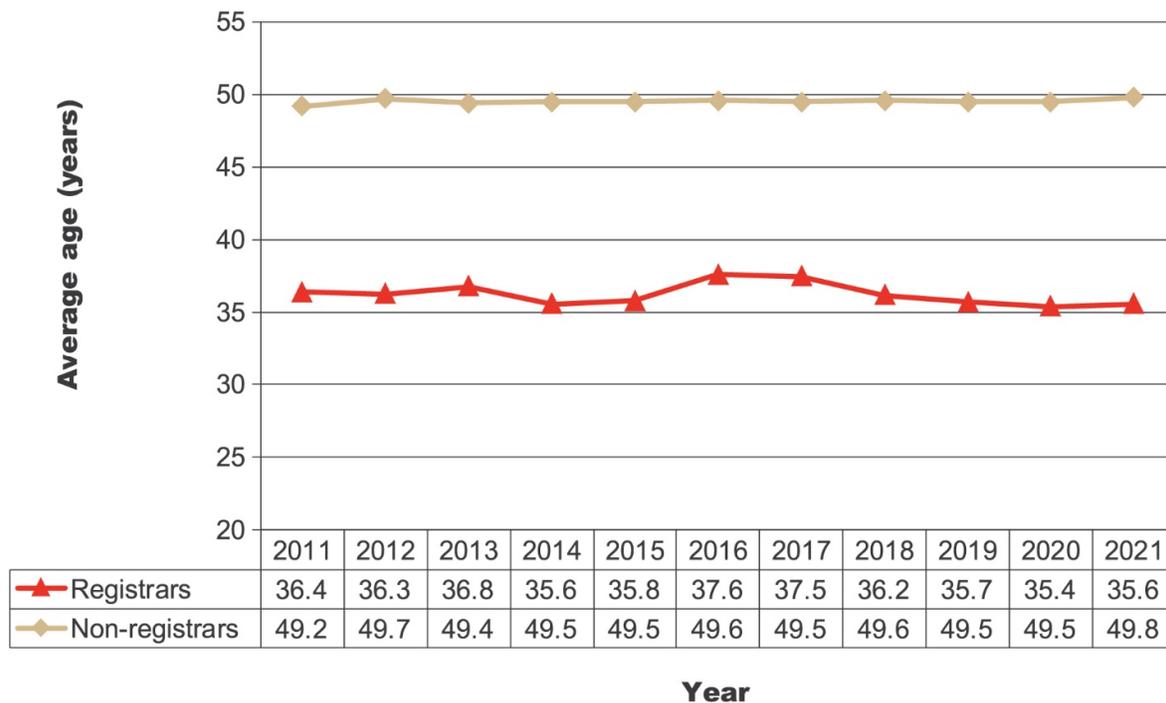
The total number of GP registrars in the workforce at the census date of 30 November 2021 was 130 (14.6% of the workforce), 9 fewer than 2020, which had 139 GP registrars (15.8%).

Although a decrease is observed from 2020 to 2021, the number of rural GP registrars remains much greater than 10 years previous.

In 2021, 124 (95.4%) rural GP registrars were trainees with WAGPET (a decrease of 10 doctors from 2020), and 6 (4.6%) were with RVTS (an increase of 1).

The average age of rural GP registrars (35.6 years) remains well below that of the rural GP non-registrar workforce (49.8 years) as shown in Figure 18.

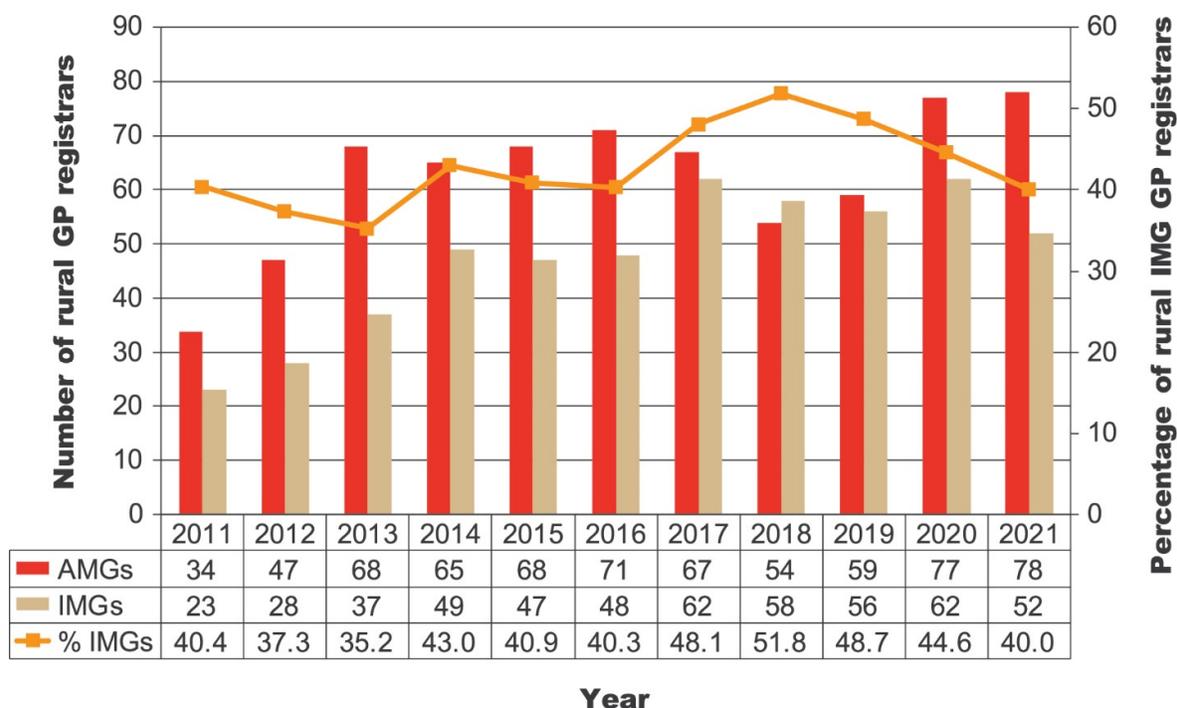
Figure 18 Average age of rural GP registrars v rural GP non-registrars 2011 to 2021



The average age of GP registrars has fluctuated slightly over the past ten years whereas the average age of the non-registrar workforce has remained more stable.

Figure 19 provides a comparative breakdown of rural GP registrar figures from 2011 to 2021, according to where they received their primary medical qualification.

Figure 19 Number and proportion of rural IMG v AMG GP registrars 2011 to 2021



The number of GP registrars who were IMGs decreased from 62 (44.6%) in 2020 to 52 (40.0%) in 2021.

Of the IMG GP registrars, 13 (25.0%) completed their basic medical qualification in the United Kingdom/Ireland, 10 (19.2%) in India, 7 (13.5%) in Pakistan and the remainder (22 or 42.3%) in 17 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 2021*

University of basic medical training	Number
The University of Western Australia	39
The University of Notre Dame Australia, Fremantle	18
Flinders University	3
Australian National University	2
Bond University	2
James Cook University	2
Monash University, Melbourne	2
University of New South Wales	2
University of Tasmania	2
Griffith University	1
University of New England	1
University of Newcastle	1
University of Queensland	1
University of Sydney	1
Western Sydney University	1
Total	78

39 (50.0%) of all Australian-trained GP registrars working in rural WA completed their basic medical training at The University of Western Australia and 18 (23.1%) at The University of Notre Dame Australia, Fremantle. Of the Australian-trained GP registrars, 57 (73.1%) completed their basic medical training in WA.

12 Rural Aboriginal Community Controlled Health Services

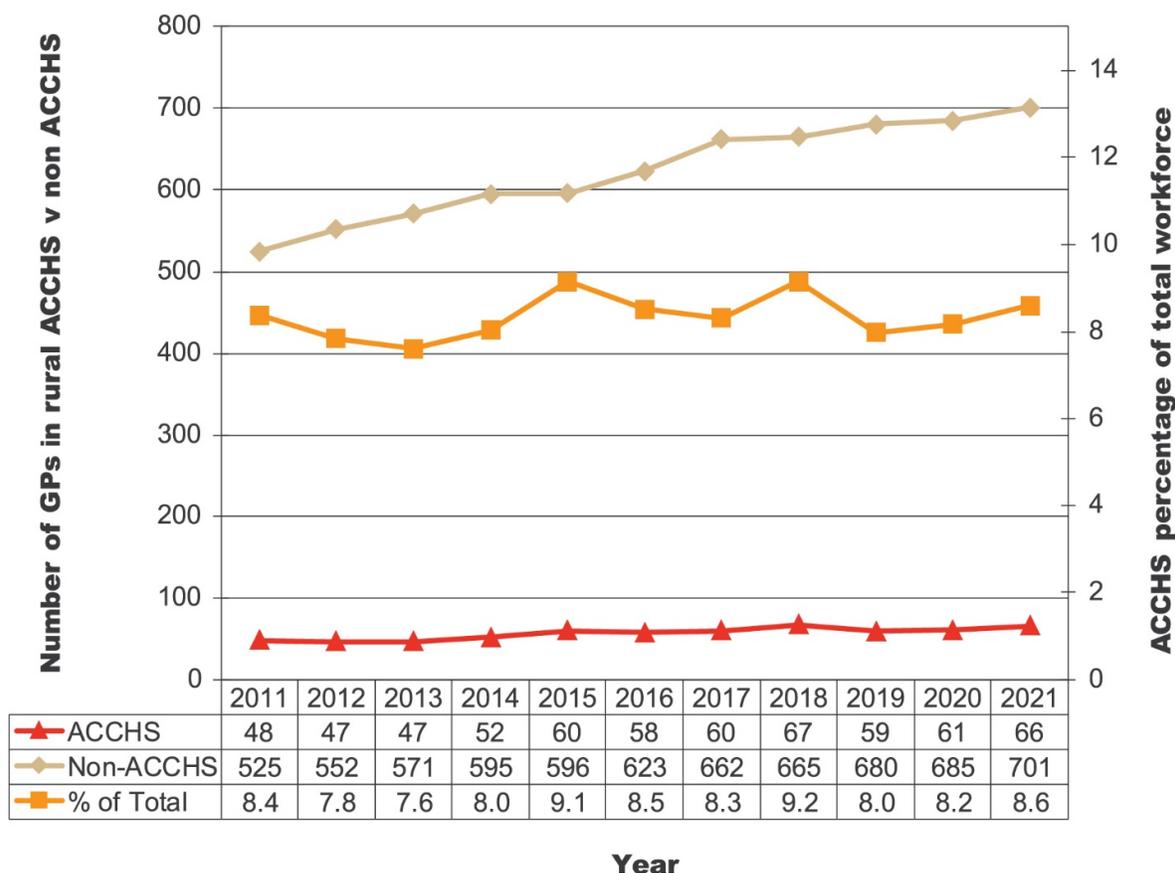
The following is an analysis of the workforce who work in an ACCHS as their primary practice. This workforce comprised a total of 79 GPs as at 30 November 2021 (8 greater than 2020), of which 54 were resident GPs, 13 were WAGPET GP registrars and 12 were fly-in/fly-out GPs.

Please note:

The 13 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.

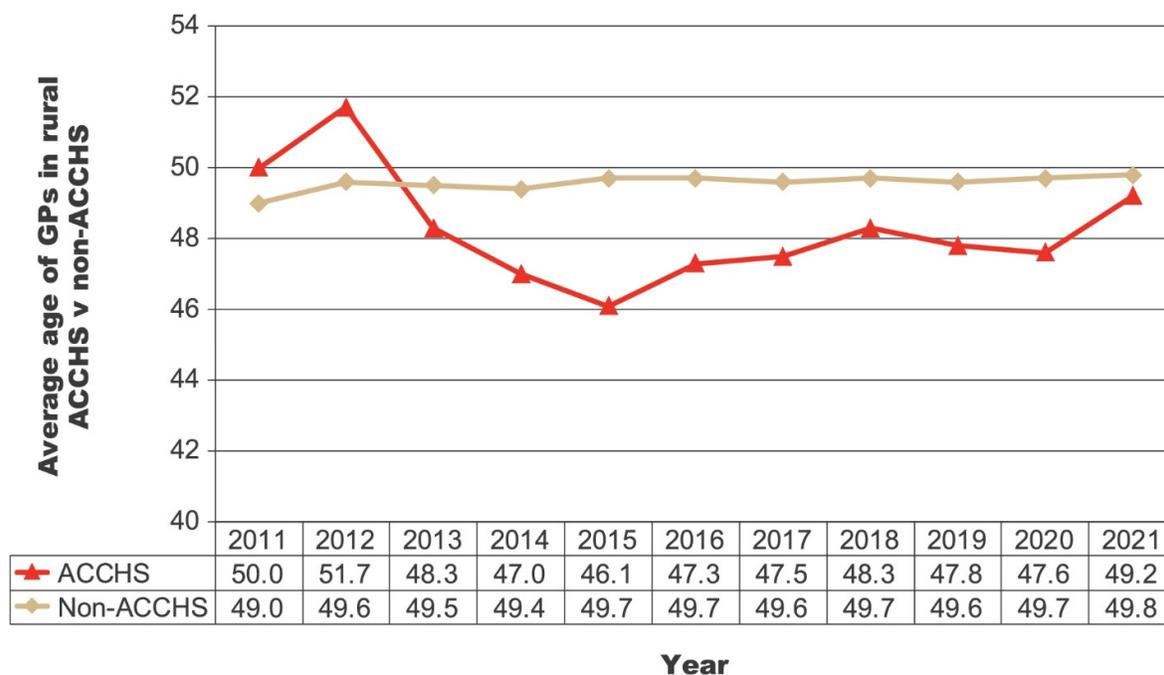
Figure 20 charts the number of GPs who identified a rural ACCHS as their primary practice from 2011 to 2021.

Figure 20 Number of GPs in rural ACCHS v non-ACCHS 2011 to 2021



As at 30 November 2021, there were 66 GPs (8.6% of the total workforce) working in a rural ACCHS, an increase of 5 GPs from 2020 and is the second highest number of GPs in the rural ACCHS workforce in the past 10 years. Since 2011, this workforce has increased by 37.5%, while the non-ACCHS workforce has increased by 33.5%. As a proportion of the total workforce; however, it has not increased.

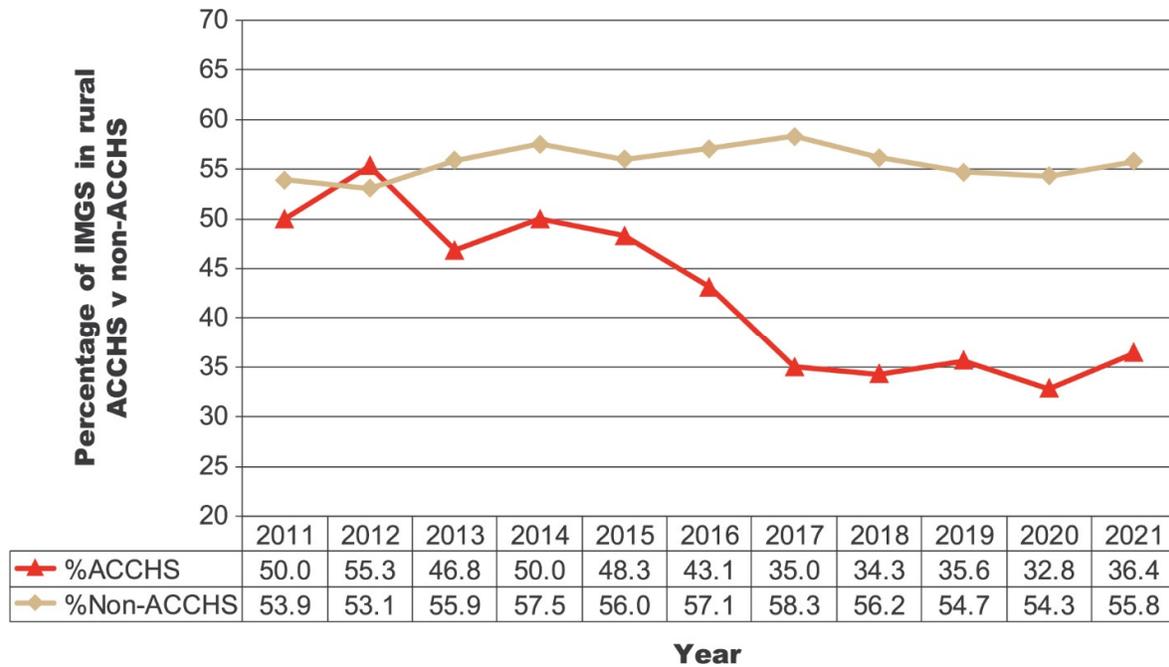
Figure 21 Average age of GPs in rural ACCHS v non-ACCHS 2011 to 2021



In 2021, the average age of ACCHS GPs was younger than that of the overall workforce, as it has been since 2013; however, the age discrepancy is much narrower than at any time over the past 10 years.

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.

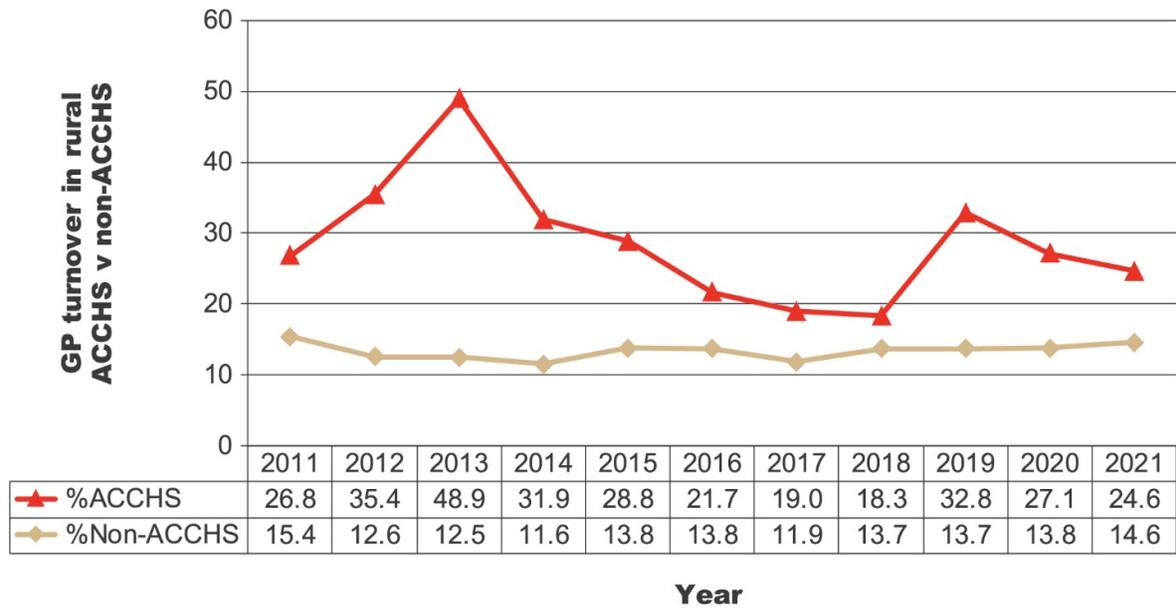
Figure 22 Percentage of IMGs in rural ACCHS v non-ACCHS 2011 to 2021



As at 30 November 2021, 36.4% of the ACCHS workforce were IMGs (24 doctors) compared with 55.8% IMGs in the non-ACCHS workforce (391 doctors).

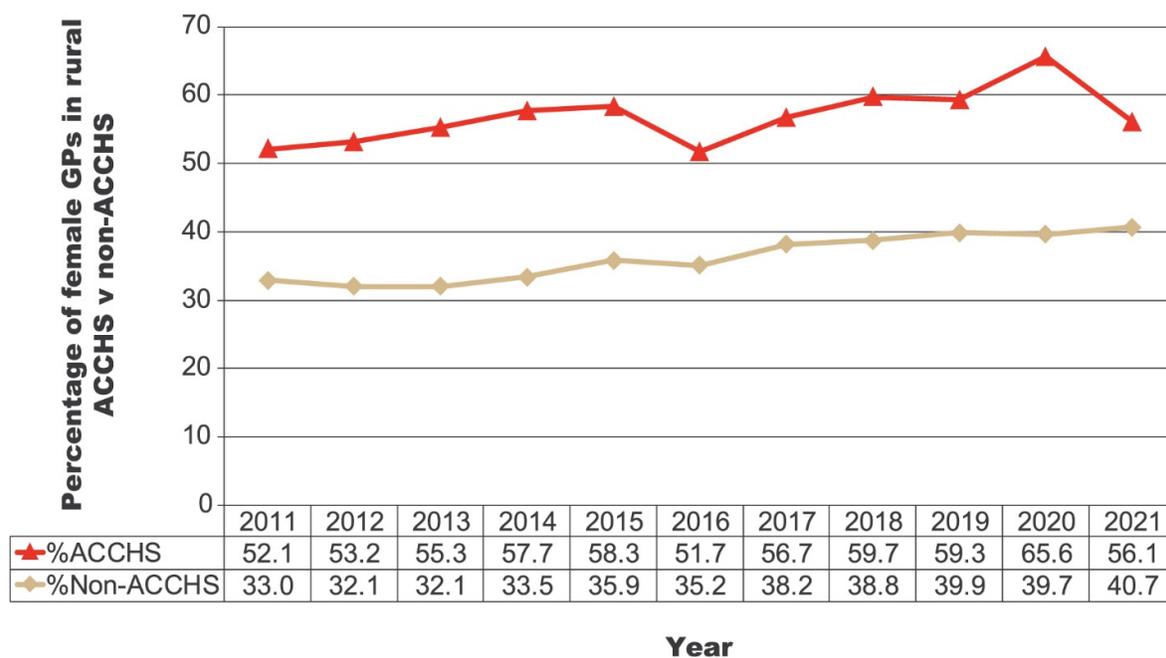
The percentage of IMGs working in ACCHS as their primary practice has mostly decreased annually since 2012, with 32.8% in 2020 being the lowest recorded; however, the 2021 date shows an increase of 3.6%. In comparison, the percentage of IMGs working in non-ACCHS has remained consistently above 50%.

Figure 23 GP turnover in rural ACCHS v non-ACCHS 2011 to 2021



GP turnover in rural ACCHS decreased from 27.1% in 2020 to 24.6% in 2021, although it remains consistently higher than the turnover among the non-ACCHS workforce (14.6%).

Figure 24 Percentage of female GPs in rural ACCHS v non-ACCHS 2011 to 2021



As at 30 November 2021, there were 37 female GPs (56.1%) working in the ACCHS workforce and 29 male GPs (43.9%). ACCHS continued to have a predominantly female workforce, which differs significantly to the gender profile of the non-ACCHS workforce, where 40.7% of the workforce is female.

13 COVID-19 impact

The COVID-19 pandemic continued to disrupt the rural health workforce during 2021 with sporadic outbreaks as well as WA borders still partially closed and travel affected. There are a number of significant statistics to note:

- An upward trend in workforce numbers annually was maintained, despite restricted and closed borders into WA (see Figure 1).
- Although a number of resident and regular fly-in/fly-out 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 (see page 20).
- The Kimberley and Pilbara regions, which usually have low numbers of arrivals annually, experienced gains in GP numbers as they did in 2020, the first year of the pandemic.
- Data not normally reported in this workforce analysis, but noted in this period:
 - The number of general practice locum placements cancelled due to no locum being available improved from the 2020 reporting period from 90 to 59 in the current period.
 - Average telehealth consultations undertaken per month in 2019 was 2.6 per month; in 2020 and 2021 there were 22.8 per month.
 - Average annual leave preferred was 6.7 weeks in both the 2019 and 2020 censuses. In the current census, it was 6.6 weeks. Annual leave reported as taken in the 2019 period was 5 weeks; in the 2020 period it was 4.5 weeks; in the current period, it was 4.1 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 and in the current reporting period, the number was 25 doctors.
 - 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. In the current census, hours per week worked on call was 3.0 hours.

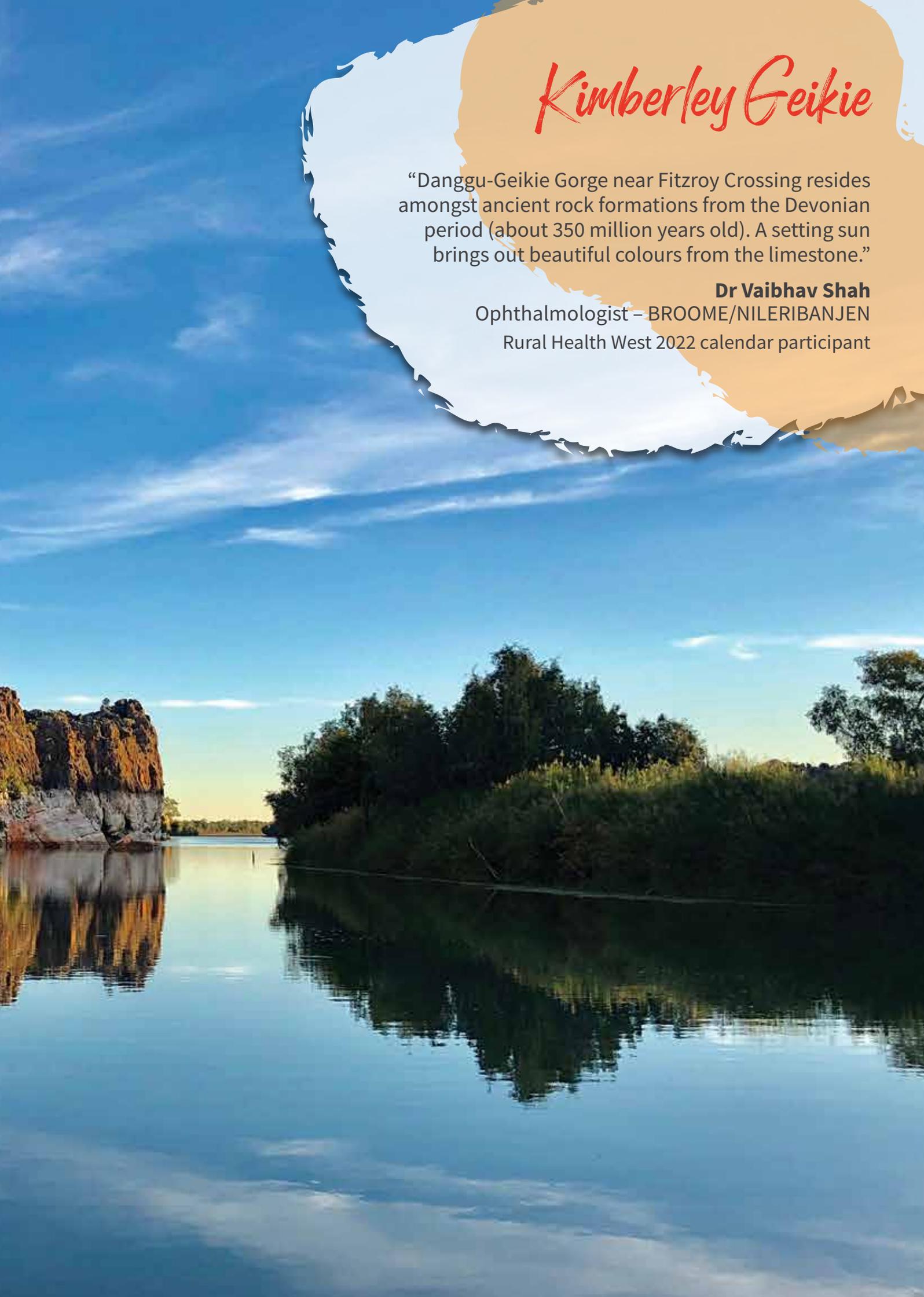
Kimberley Geikie

“Danggu-Geikie Gorge near Fitzroy Crossing resides amongst ancient rock formations from the Devonian period (about 350 million years old). A setting sun brings out beautiful colours from the limestone.”

Dr Vaibhav Shah

Ophthalmologist – BROOME/NILERIBANJEN

Rural Health West 2022 calendar participant



The logo for Rural Health West is composed of three stacked rectangular blocks. The top block is orange and contains the word 'RURAL' in white, bold, sans-serif capital letters. The middle block is red and contains the word 'HEALTH' in white, bold, sans-serif capital letters. The bottom block is purple and contains the word 'WEST' in white, bold, sans-serif capital letters. The 'W' in 'WEST' is stylized with a pointed right side.

RURAL HEALTH WEST

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