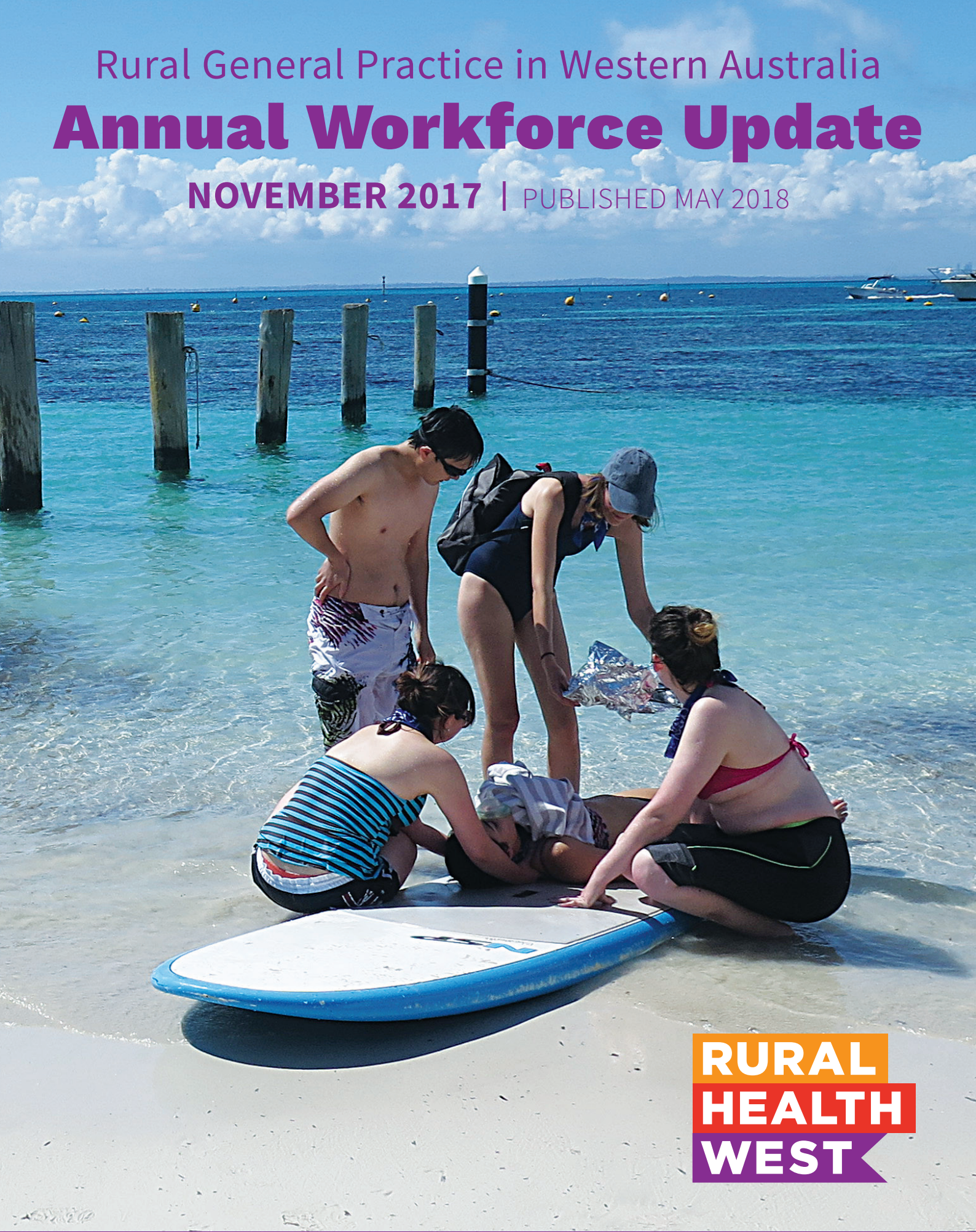
Rural General Practice in Western Australia

Annual Workforce Update

NOVEMBER 2017 | PUBLISHED MAY 2018



RURAL HEALTH WEST

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Limitations

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

The information in this report was current at the census date of 30 November 2017.

Website

www.ruralhealthwest.com.au

Compiled by

Rosalie Wharton, Data Coordinator, Rural Health West.

Acknowledgments

Rural Health West thanks all rural and remote 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 Medical Services (AMSs) 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.

April 2018

COVER PHOTO

Delegates participating in one of the scenarios during the Rural Health West 2017 Rotto Ramble event.

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1 Introduction

Rural Health West is the rural workforce agency in WA focused on the provision of a highly skilled, motivated and sustainable rural health workforce and gathers data and evidence to plan for future workforce requirements. Rural Health West maintains a robust database of the medical workforce in Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) 2 to 5 locations in WA. This database is updated each year through GP and practice surveys as well as ongoing workforce strategies. It is the most comprehensive database of rural GPs working in WA. The data is collated, de-identified and compiled into a detailed annual report titled *Rural General Practice in Western Australia: Annual Workforce Update (formerly known as the Minimum Data Set Report and Workforce Analysis Update)*.

Historically, the locations from which data was collected and reported on were defined as Rural, Remote and Metropolitan Area (RRMA) Classifications 4 to 7. In July 2010, the ASGC-RA system was introduced, which replaced RRMA. Rural Health West then used ASGC-RA 2 to 5 locations to report on the rural and remote workforce. In 2012 and 2013 this data was also reported by Medicare Local boundaries. In 2015, WACHS region data was also added. Medicare Locals ceased operations in 2015 and in light of this change, GP location data was no longer reported on by this classification. In July 2017, a new rural classification system, the MMM, was introduced. [1] This Workforce Analysis Update uses RA 2 to 5 to define the scope of the workforce, but MMM 2 to 7 and WACHS regions to describe such. From 2018, the workforce will be defined by MMM 2 to 7 and WACHS regions only.

Overall, there was a 62.9% response rate to the GP survey and a 75% response rate to the bi-annual practice survey. These high response rates enable Rural Health West to offer contemporary, valid data about trends in the rural general practice workforce to support workforce policy and planning.

The information in this report was current at the census date of 30 November 2017. Key findings are outlined in the Executive Summary and detailed in the body of the report.

[1] http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator

2 Executive Summary

This section of the report sets out brief comparisons and trends for the rural general practice workforce in RA 2 to 5 locations in WA at the most recent census date of 30 November 2017.

Number of rural GPs

- As at 30 November 2017, the number of GPs known to be practising in RA 2 to 5 locations was 992 (including GP registrars). This represented an increase of 6.2% from November 2016.
- Gains were seen in all GP types, with fly-in/fly-out (including drive-in/drive-out) GPs comprising the largest proportional increase in the rural workforce, with an additional 34 GPs (30.6% higher than at November 2016). This cohort has been the fastest growing group in rural WA since 2012, when we began separating them from their resident counterparts.
- Rural GP registrar numbers increased by 7 GPs, an increase of 4.8%. Numbers have been increasing steadily since 2011.

Age and gender

- The average age of the overall rural GP workforce was 47.4 years, 0.1 year less than 2016.
- The overall rural GP workforce has aged 3.1 years since 2001.
- The majority of the rural workforce (58.3%) was aged between 35 and 54 years.
- GPs aged 55 and over made up 26.6% of the rural workforce in 2017 compared to 26.7% in 2016.
- The increasing proportion of female GPs in the workforce continued in 2017, with a new peak of 42.7% females.

Location

- The South West region contained the largest number of GPs (260 GPs or 26.2% of the rural and remote general practice workforce) and was the region which experienced the largest increase in numbers between 2016 and 2017 (25 GPs).
- Gains were seen in all WACHS regions, except for the Kimberley which lost 1 GP between 2016 and 2017.

Turnover

- Turnover of the rural workforce between 30 November 2016 and 30 November 2017 was 11.6%, a decrease of 2.2% from the previous period.
- 94 GPs departed the rural workforce during this period (13 fewer than in 2016) of which the most common destinations were Perth (48.9%) and interstate (21.3%).
- 147 GPs joined the permanent rural workforce during this period. The most common origin was from Perth (29.3%).
- There were 12 more IMGs entering rural WA directly from overseas than in 2016. The number of IMGs entering the workforce (regardless of origin) continues to increase (102 or 69.4% of all new arrivals).
- 20 GPs joined the permanent rural workforce from the WAGPET GP training program, representing 13.6% of all new arrivals. The increased intake of rural GP registrars since 2012 is making inroads into the number of trainees staying on when Fellowed (in 2011 only 5.4% of arrivals were trainees remaining in rural WA).
- Both the female and male rural general practice workforce experienced similar departure rates in 2017. However, the female workforce experienced a greater proportion of arrivals than males (16.8% and 1.0%). This continues the trend of increasing female GP representation in the rural and remote workforce
- The Kimberley region experienced the greatest proportional movements out (22.4% of all departures), with the majority of these GPs going interstate or to Perth. The South West region experienced the least outbound movement, with 10.3% of GPs departing.
- The South West region experienced the greatest movement inward (22.6%), with the majority moving into the greater Bunbury area. The Peel region also experienced a large inbound movement. 72.7% of the arrivals into the South West and Peel regions were IMGs.

Working hours

- The average self-reported hours worked in 2017 was 39.8 hours per week compared to 41.0 hours in 2016, a drop of 1.2 hours.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- The proportion of the respondents self-reporting working full-time has decreased 2.3% from 2016.
- GPs in the Midwest and Pilbara regions self-reported working greater average hours per week than in the other regions, as did GPs in the more remote locations of MMM 7.

Length of employment

- The average length of employment in current rural practice was 7.2 years, which was 0.1 years lower than for 2016.
- The Great Southern region had the highest proportion of long-stay GPs (57.8% of its workforce) and the Goldfields region the lowest proportion (23.0%).
- Aside from the Outer Metro (RA 2) locations, the Pilbara region had the highest proportion of newly arrived GPs (29.5%), whilst the Peel region had the lowest (12.2%).
- The majority of long-stay rural GPs were in MMM 3 and 4 locations, in contrast to MMM 6 and 7 locations which had the lowest proportion.

Proceduralists

- There were 192 rural GP proceduralists recorded as at 30 November 2017, equal to 2016.
- An increase was seen in GP obstetrician numbers and a decrease in GP anaesthetics.
- The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in the past decade. In 2006, there were 14 GPs who practised all 3 procedures, and 68 who practised 2 procedures, compared with 2 practising all 3 procedures and 36 practising 2 procedures in 2017.
- The GP proceduralist proportion of the overall workforce continues to decline annually.
- There are now more female proceduralists than in any previous year.

IMGs

- 57.2% of the rural and remote medical workforce in WA had obtained their basic medical qualification overseas, 1.2% higher than 2016 and the highest percentage recorded to date.
- The number of IMGs arriving in rural WA has risen from 92 in 2016 to 94 in 2017.
- The largest proportion of IMGs arriving in 2017 gained their basic medical qualification in the United Kingdom, India, Pakistan and Myanmar.
- 60.5% of the IMG workforce were Fellowed, 12.5% were on an accredited training program, 18.5% were on a Rural Health West supported program, and 8.5% were not on any program towards Fellowship.

GP registrars

- There were 153 rural GP registrars in the rural workforce at 30 November 2017 training under three GP training organisations − WAGPET, Remote Vocational Training Scheme (RVTS) and the Australian College of Rural and Remote Medicine (ACRRM), a gain of 7 GPs from 2016 and the highest number recorded to date.
- 47.7% of the rural GP registrar workforce completed their primary medical qualification overseas, the highest proportion to date.
- Of the Australian trained rural GP registrars, 78.8% completed their basic medical training in WA.

AMS practices

- 60 GPs worked in a rural AMS as their primary practice, an increase of 2 from 2016, and their representation in the overall GP workforce decreased from 7.7% in 2016 to 7.5% in 2017.
- The proportion of IMGs in rural AMS practices decreased from 43.1% in 2016 to 35.0% in 2017.
- The turnover rate of the GP workforce in rural AMS practices between November 2016 and November 2017 decreased from 21.7% in 2016 to 18.6% in 2017.
- Rural AMS practices continued to have a consistently greater proportion of female GPs compared to the overall workforce.

3 Data collection and analysis strategies

Since 2001, Rural Health West has maintained a robust database of the rural and remote medical workforce in WA in accordance with the national Minimum Data Set (national MDS) requirements. [2] Rural Health West collects information about rural general practice workforce participation on an ongoing basis from sources including:

- Annual Rural General Practice Workforce Survey
- Bi-annual Practice Survey
- WAGPET
- Australian College of Rural and Remote Medicine
- Remote Vocational Training Scheme
- Australian Health Practitioner Regulation Agency registers
- Personal contact with rural practices and GPs

Historically, the locations from which data was collected and reported on were defined as Rural, Remote and Metropolitan Area (RRMA) Classifications 4 to 7. In July 2010, the ASGC-RA system was introduced, which replaced RRMA. Rural Health West then used ASGC-RA 2 to 5 locations to report on the rural and remote workforce. In 2012 and 2013 this data was also reported by Medicare Local boundaries. In 2015, WACHS region data was also added. Medicare Locals ceased operations in 2015 and in light of this change, GP location data was no longer reported on by this classification. In July 2017, a new rural classification system, the MMM, was introduced.3 This Workforce Analysis Update uses RA 2 to 5 to define the scope of the workforce, but MMM 2 to 7 and WACHS regions to describe such. From 2018, the workforce will be defined by MMM 2 to 7 and WACHS regions only.

WACHS District Medical Officers (DMOs) and Senior Medical Officers (SMOs), depending on their locations, are considered to perform GP-type services in their communities and are included in this analysis. Those in the larger regional centres of Bunbury, Geraldton, Kalgoorlie, Northam and Mandurah have not been included because these doctors are not considered to be performing primary GP services, due to the size of the hospitals and the number of GPs in these areas.

The full Rural General Practice Workforce Survey was distributed in September 2017 to all doctors on the Rural Health West database identified as working in regional, rural and remote WA. A reduced two-page survey covering only the national MDS core questions was distributed in early November 2017 to those GPs who had not returned their original survey. Additionally, the survey was available online.

Overall, there was a 62.9% response rate to the rural GP survey. This high response rate enables Rural Health West to offer contemporary valid data about trends in the general practice workforce in RA 2 to 5 locations in WA to support workforce policy and planning. This report presents the data as at 30 November 2017, and where appropriate, makes comparisons with data from previous years.

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[2] The national Minimum Data Set was developed by the State Rural Workforce Agencies in conjunction with the Australian Government to describe the workforce participation of GPs living in non-metropolitan Australia.

[3] http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator

4 Demographics of rural general practice workforce as at 30 November 2017

This section describes the rural general practice workforce by service model, age, gender and location.

As at 30 November 2017, there were 992 GPs known to be practising in RA 2 to 5 locations. This represented an increase of 6.2% compared to 30 November 2016.

Models of service provision in rural WA

Table 1 indicates the number of GPs in each primary model of service provision in rural WA, based on the national MDS data dictionary classifications.

Table 1 Rural GP numbers by primary model of service provision 2016 v 2017

Primary model of service provision	2016	2017	Difference	
Resident GP	569	578	9	*1.6%*
Fly-in/fly-out*	111	145	34	*30.6%*
Member of a primary health care team**	44	45	1	*2.3%*
Hospital-based GP (DMO/SMO)	63	69	6	*9.5%*
GP registrar	146	153	7	*4.8%*
Other	1	2	1	*100.0%*
Total	**934**	**992**	**58**	***6.2%***

* Includes fly-in/fly-out and drive-in/drive-out GPs working for the Royal Flying Doctor Service (RFDS), WACHS DMOs and SMOs, AMS practices and private GPs
** Primarily AMS practices

Gains can be seen in all rural GP types since November 2016. GPs who live outside rural and remote WA and fly-in/fly-out or drive-in/drive-out to their rural and remote practices, comprised the largest proportional increase in the workforce, with an additional 34 GPs (30.6% higher than at November 2016) working in RA 2 to 5 locations. This cohort has been the fastest growing group in rural WA since 2012, when we began separating them from their resident counterparts.

Of the 153 rural GP registrars recorded at the November 2017 census date, 131 were training with WAGPET (5 more than in November 2016), 4 training with the RVTS and 18 on the ACRRM Independent Pathway.

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

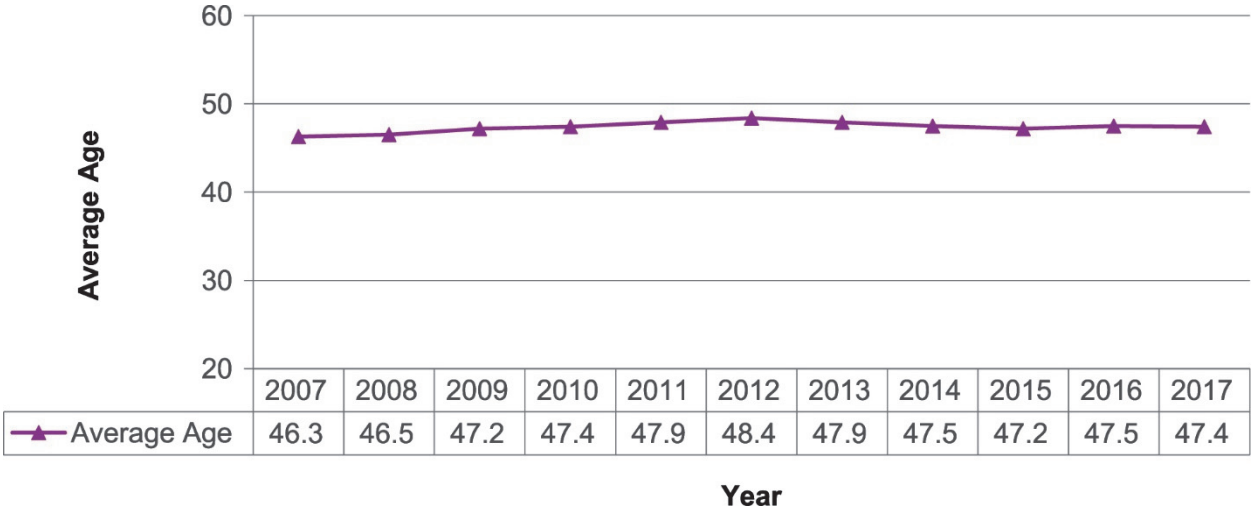
Rural GPs by age and gender

Average age of all rural GPs

The average age across all rural GPs at 30 November 2017 was 47.4 years, slightly lower than that of November 2016.

Figure 1 compares the average age since 2007 and shows that the average age of the rural and remote workforce remains higher than 2007, but lower than when it peaked in 2012. This decrease in the average age since 2012 is attributable to increasing numbers of GP registrars entering the workforce who form a younger cohort (see Figure 19). The overall workforce has aged 3.1 years since 2001.

Figure 1 Average age of rural general practice workforce 2007 to 2017



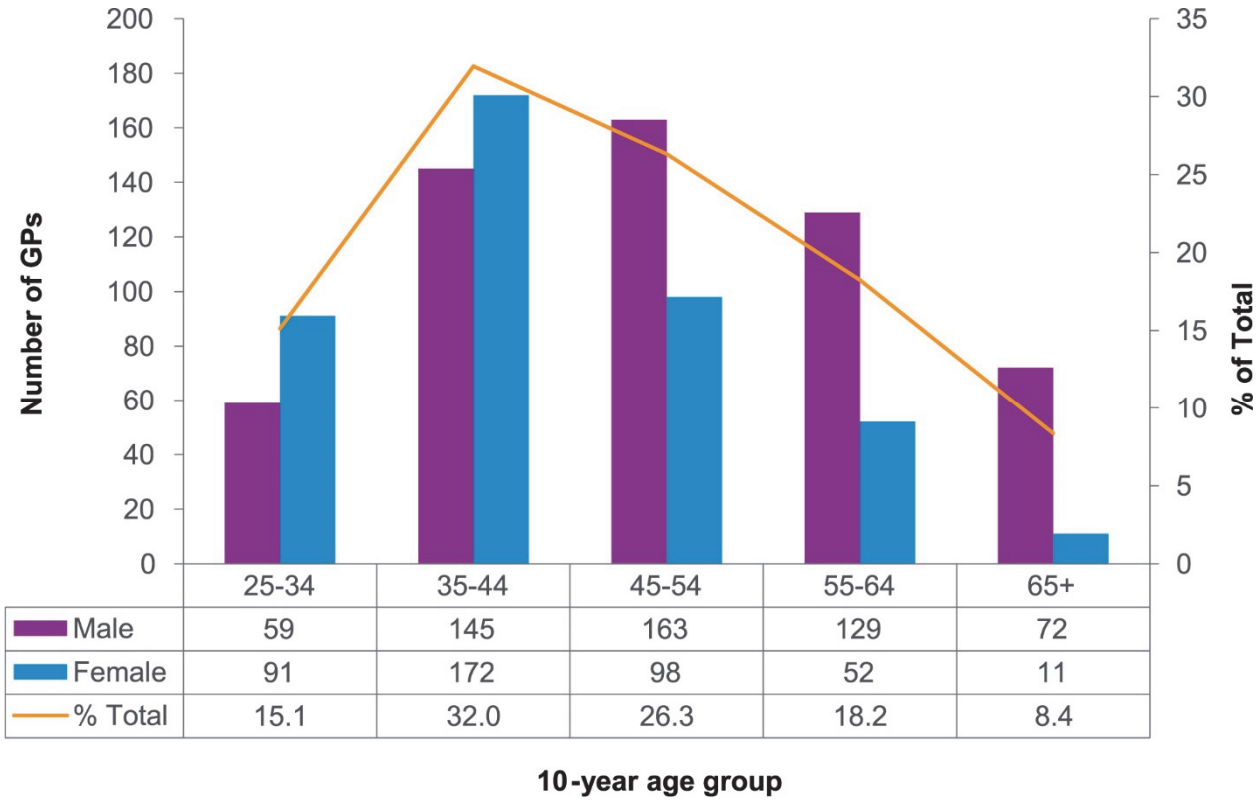
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Average Age	46.3	46.5	47.2	47.4	47.9	48.4	47.9	47.5	47.2	47.5	47.4

The average age for male GPs increased 0.1 years, from 50.2 years in 2016 to 50.3 years in 2017. The average age for female GPs increased 0.2 years, from 43.4 years in 2016 to 43.6 in 2017.

Rural GPs by age group and gender

Figure 2 indicates that the majority of the rural workforce (58.3%) was aged between 35 and 54 years, similar to previous years.

Figure 2 Composition of the rural general practice workforce by 10-year age group and gender as at 30 November 2017



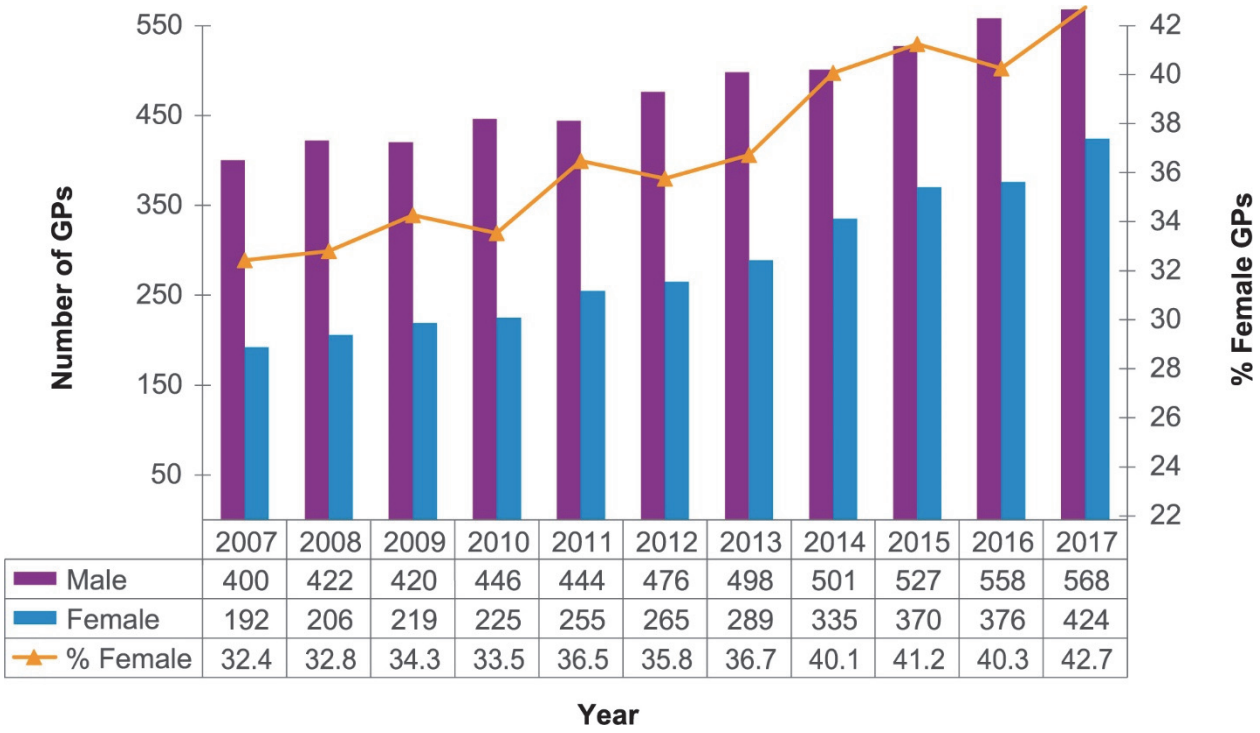
	25-34	35-44	45-54	55-64	65+
Male	59	145	163	129	72
Female	91	172	98	52	11
% Total	15.1	32.0	26.3	18.2	8.4

10-year age group

There were more male GPs in the age groups 45 years and over, a similar pattern to previous years. There were more females in the two younger groups aged between 25 and 44 years. This is in contrast to 2016, in which there were more females only in the youngest group 25 to 34 years.

GPs aged 55 and over made up 26.6% of the rural workforce in 2017 compared to 26.7% in 2016 and 26.0% in 2015.

Figure 3 Number of rural GPs by gender and percentage of female GPs 2007 to 2017



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Male	400	422	420	446	444	476	498	501	527	558	568
Female	192	206	219	225	255	265	289	335	370	376	424
% Female	32.4	32.8	34.3	33.5	36.5	35.8	36.7	40.1	41.2	40.3	42.7

The continual increase in the proportion of female GPs working in rural and remote WA halted in 2016 with a decrease of 0.9% from 2015 to 2016. In November 2017, the proportion has increased again, reaching a new high of 42.7% of the total workforce (representing 48 more female GPs than in 2016). Figure 3 continues to demonstrate a progressive trend of an increasing female GP representation in the rural workforce since 2007.

Rural GP numbers by location

With the phasing out of the ASGC-RA system and the closure of the Medicare Locals, GP location is now being described using WACHS regional boundaries as these are used extensively in rural and remote WA and MMM. The Peel region was included in the South West region in previous reports, because under the ASGC-RA system, it was RA 2 and thus part of rural WA. Under the MMM Classification system, Peel is MMM 1 and no longer seen as rural. In this report, as we are transitioning to MMM boundaries, Peel has been separated from the South West, and given its own status

Rural GP numbers by region

The following table compares rural GP numbers within regions in 2016 and 2017.

Table 2 Rural GP numbers by region 2016 v 2017

Region	2016	2017	Actual difference	% difference
Goldfields	73	79	6	*8.2%*
Great Southern	98	100	2	*2.0%*
Indian Ocean Territories	2	4	2	*100.0%*
Kimberley	104	103	-1	*-1.0%*
Metropolitan (RFDS Western Operations)	15	13	-2	*-13.3%*
Midwest	90	92	2	*2.2%*
Outer Metro (RA 2)*	28	40	12	*42.9%*
Peel	147	155	8	*5.4%*
Pilbara	59	63	4	*6.8%*
South West	235	260	25	*10.6%*
Wheatbelt	83	83	0	*0.0%*
Total	**934**	**992**	**58**	***6.2%***

* Practices located within metropolitan health boundaries but located in RA 2 locations (ie Golden Bay, Lancelin)

The South West region contained the highest number of GPs (260 recorded GPs) which was 26.2% of the rural and remote general practice workforce in WA.

Indian Ocean Territories and Outer Metro regions experienced the greatest proportional increases between 2016 and 2017 (100% and 42.9% respectively). Excluding RFDS, the Kimberley region experienced the only loss, with a slight decrease of -1.0% (1 doctor).

5 Changes in the permanent rural general practice workforce

The following section describes turnover of the rural general practice workforce. WAGPET GP registrars are not included in this section because, although they form a significant proportion of the workforce, the length of their terms of employment range from 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 and remote WA on completion of their traineeship.

In past years, GP registrars undergoing the ACRRM Independent Pathway or RVTS programs were also excluded from the permanent general practice workforce reporting. However, in 2012, these doctors were reinstated because they do form part of the permanent rural workforce, unlike WAGPET GP registrars. The ACRRM doctors must be in situ in a rural area before they can complete their training and the RVTS doctors spend their whole training in a rural area. These doctors generally finish their threeten year training in the one place, and are thus relied upon as permanent staff.

Overall rural general practice workforce turnover

Table 3 details the turnover rate of rural GPs between November 2016 and November 2017. This movement represents an 11.6% turnover during this period, a decrease of 2.2% from the previous period. The percentage increase in the permanent workforce was 6.6%, compared to a 4.4% increase in 2016.

Table 3 Rural GP turnover November 2016 to November 2017 (excluding WAGPET GP registrars)

Number of permanent rural GPs November 2016	808
Number of departures	94
Turnover	**11.6%**
Number of arrivals	147
Number of permanent rural GPs November 2017	861
Percentage increase	**6.6%**

Table 4 shows the destinations of GPs who departed rural and remote WA between November 2016 and November 2017 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2016 v 2017

	2016		2017	
Destination	**Number**	**%**	**Number**	**%**
Perth	39	*36.4%*	46	*48.9%*
Interstate	30	*28.0%*	20	*21.3%*
Extended leave	16	*15.0%*	8	*8.5%*
Retirement	7	*6.5%*	8	*8.5%*
Overseas	6	*5.6%*	5	*5.3%*
Locum	4	*3.7%*	4	*4.3%*
Other	5	*4.7%*	3	*3.2%*
Total	**107**	***100.0%***	**94**	***100.0%***

There were 13 fewer departures in the 12-month period to November 2017 than for the preceding 12 months. The most common destination for all GPs leaving rural and remote WA in 2017 was Perth, with 46 GPs departing (48.9% of total departures).

Table 5 shows the origins of GPs joining or re-joining the permanent rural and remote workforce between November 2016 and November 2017.

Table 5 Origins of GPs joining the rural workforce 2016 v 2017

	2016		2017	
Origin	**Number**	**%**	**Number**	**%**
Perth	52	*36.9%*	43	*29.3%*
Overseas	21	*14.9%*	33	*22.4%*
Interstate	23	*16.3%*	26	*17.7%*
Trainee program	20	*14.2%*	20	*13.6%*
Extended leave	11	*7.8%*	16	*10.9%*
Other	9	*6.4%*	8	*5.4%*
Roving locum	5	*3.5%*	1	*0.7%*
Total	**141**	***100.0%***	**147**	***100.0%***

There were 6 more GPs who joined the permanent rural workforce between November 2016 and November 2017 than in the previous reporting period. Historically, the proportion of arrivals from overseas, interstate and Perth prior to 2013 was fairly equal. However, 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. However, overseas arrivals remain significant, providing 22.4% of new GPs in 2017. Of the GPs arriving from Perth and interstate, 71% were IMGs.

WAGPET GP registrars who stay on as permanent doctors after Fellowing comprise doctors whose origin is 'Trainee program'. As at November 2017, there were 20 registrars who stayed rural, the same number as in November 2016. The increased intake of rural GP registrars since 2012 has made an impact on the number of trainees staying on in rural WA when Fellowed. In 2011, 5.4% of arrivals were trainees who stayed on, 12.0% in 2014, and 13.6% in 2017.

Rural general practice workforce changes by gender

Table 6 summarises changes in the permanent rural general practice workforce by gender between 30 November 2016 and 30 November 2017, excluding WAGPET GP registrars.

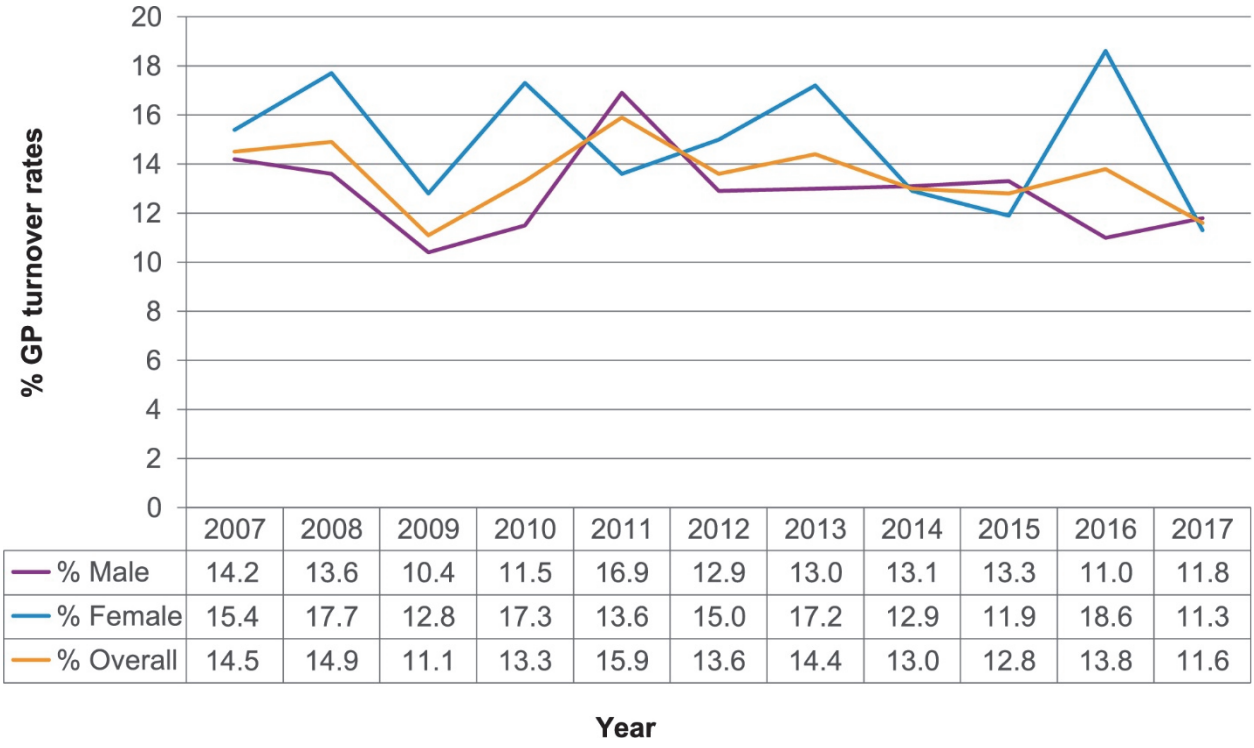
Table 6 Changes in the rural general practice workforce by gender 2016 v 2017 (excluding WAGPET GP registrars)

Gender	Number of GPs Nov 2016	Departures	% departed	Arrivals	Number of GPs Nov 2017	% increase
Male	516	61	*11.8%*	66	521	*1.0%*
Female	292	33	*11.3%*	81	340	*16.4%*
Total	**808**	**94**	***11.6%***	**147**	**861**	***6.6%***

Both the female and male rural general practice workforce experienced similar departure rates in 2017 (11.3% and 11.8% respectively). Alternately, there was a much greater proportional increase in the female arrivals than males (16.4% and 1.0%). This continues to show a trend of increasing female GP representation in the rural and remote workforce.

Figure 4 compares GP turnover figures by gender for the period 2007 to 2017.

Figure 4 Rural GP turnover rates by gender 2007 to 2017 (excluding WAGPET GP registrars)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
% Male	14.2	13.6	10.4	11.5	16.9	12.9	13.0	13.1	13.3	11.0	11.8
% Female	15.4	17.7	12.8	17.3	13.6	15.0	17.2	12.9	11.9	18.6	11.3
% Overall	14.5	14.9	11.1	13.3	15.9	13.6	14.4	13.0	12.8	13.8	11.6

Contrary to most years (aside from 2014 and 2015), the female turnover rate was lower than that of the male workforce in 2017.

Rural general practice workforce changes by region

Table 7 illustrates the changes in the rural general practice workforce by region. This table shows movements in and out of the rural and remote general practice workforce, as well as movement within the state between varying regions.

Table 7 Changes in the rural general practice workforce by region 2016 v 2017 (excluding WAGPET GP registrars)

		Movements OUT of rural WA				Movements INTO rural WA			
Region	**N per region Nov 2016**	**Left rural WA**	**Moved to another rural region**	**Total out**	**% of region departed**	**Arrived from outside rural WA**	**Arrived from another rural region**	**Total in**	**N per region Nov 2017**
Goldfields	70	9	1	10	***14.3%***	13	1	14	74
Great Southern	79	8	1	9	***11.4%***	11	2	13	83
Kimberley	85	18	1	19	***22.4%***	16	3	19	85
Midwest	75	7	1	8	***10.7%***	10	2	12	79
Peel	122	10	5	15	***12.3%***	24	0	24	131
Pilbara	54	4	4	8	***14.8%***	14	1	15	61
South West	204	20	1	21	***10.3%***	31	6	37	220
Wheatbelt	74	11	3	14	***18.9%***	14	0	14	74
Other*	45	7	0	7	***15.6%***	14	2	16	54
Overall	**808**	**94**	**17**	**111**		**147**	**17**	**164**	**861**

* RFDS Western Operations in Jandakot and outer metropolitan areas are classified as 'Other'.

Between November 2016 and November 2017, 94 GPs left rural WA and a further 17 GPs moved from one rural region to another, totalling 111 GP departures from all regions. Over the same period, a total of 164 GPs moved into rural and remote regions, including 147 from outside rural WA and 17 who moved from one rural region to another.

The Kimberley region experienced the greatest proportional movements out (22.4% of all departures), with the majority of these GPs going interstate or to Perth.

The South West region experienced the least outbound movement, with 10.3% of GPs departing. The South West region also experienced the greatest inbound movement (22.6%). The majority of these arriving doctors went to the greater Bunbury area (19 GPs, 61.3% of South West arrivals). The Peel area also continued to experience a large movement inwards, with 24 new GPs (14.6% of total arrivals). 72.7% of these arrivals into the South West and Peel were IMGs.

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 and remote GPs in providing medical services that are not claimed or are not claimable through Medicare. Specific services not included are after-hours work in the hospital setting and obstetric and anaesthetic services provided to public patients by GPs. This can represent up to 40% of a procedural GP's workload and is therefore a major source of inaccuracy and underestimation of workload.

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 GP practice
- Hours worked in a hospital
- Hours worked on call-outs (not hours available on-call)
- Hours worked in population health
- Hours travelled between principle practice and other places of primary care provision

Hours reported cannot be interpreted as total hours worked because non-clinical tasks such as teaching, administration and supervision are not included.

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

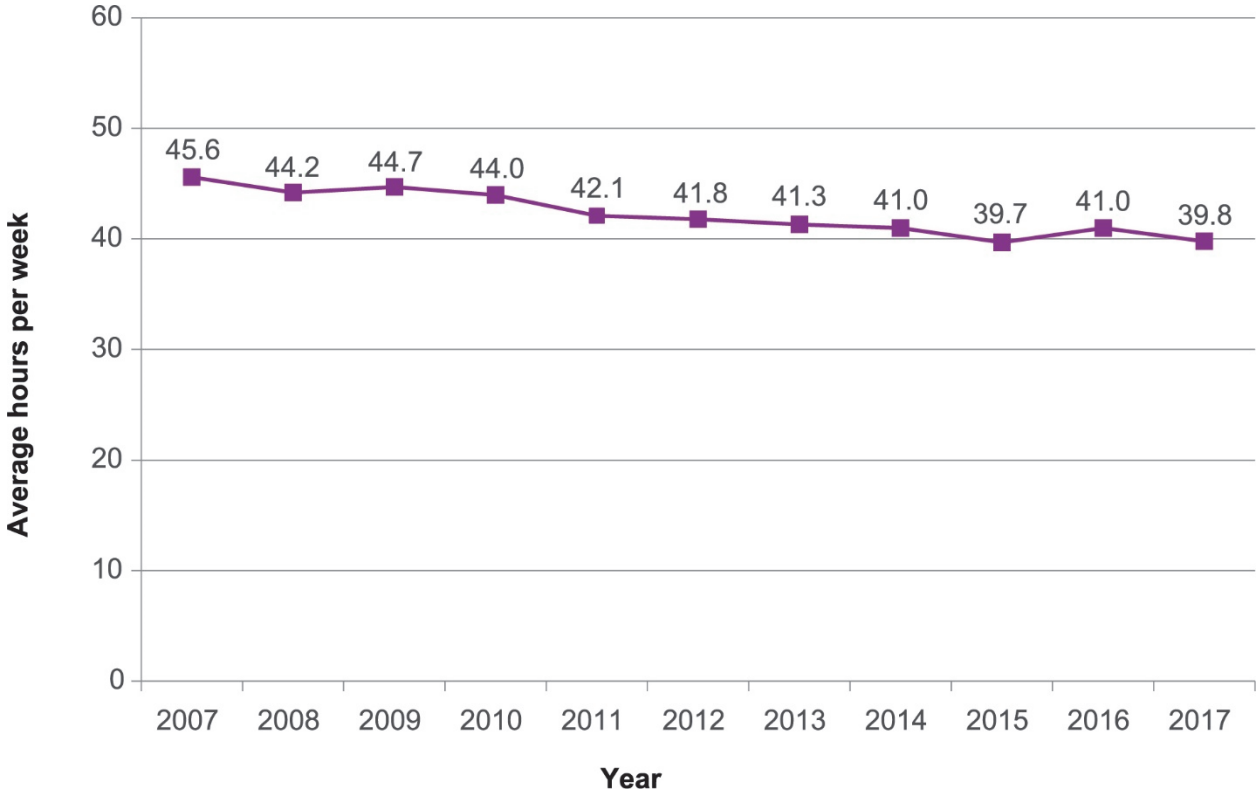
GPs working for the RFDS Western Operations have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 607 GPs, including GP registrars, and encompasses 61.2% of the rural workforce for this reporting period.

Average hours worked per week

At November 2017 the average self-reported clinical workload for rural GPs was 39.8 hours per week, compared to 41.0 hours per week in November 2016.

Figure 5 displays the average hours worked each year from 2007 to 2017. Aside from a small increase in 2016, the average working hours continues to decrease.

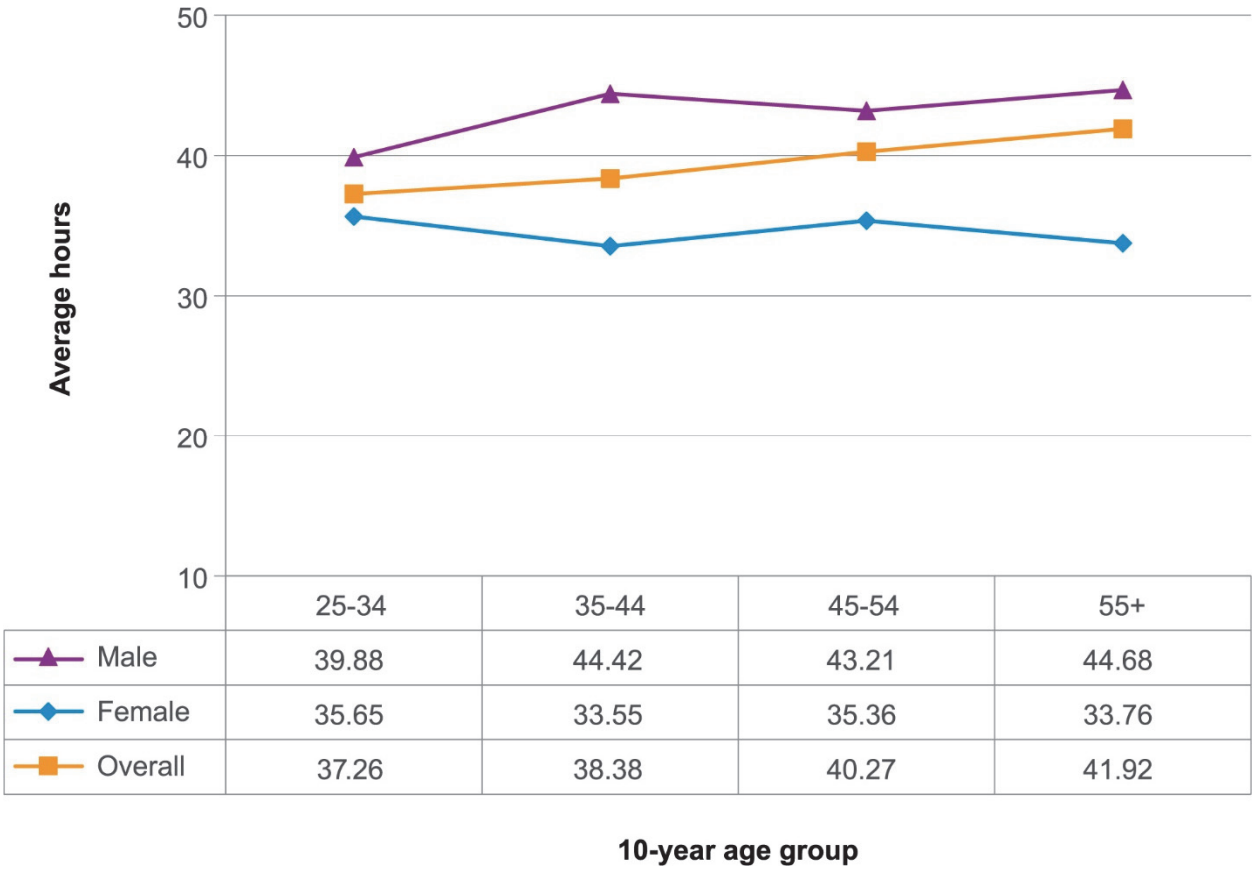
Figure 5 Average hours worked per week from 2007 to 2017



Average hours worked by gender and age group

Figure 6 provides a breakdown of average weekly clinical hours worked by gender and age group and shows that male GPs in all age groups continued to report working longer clinical hours per week than their female counterparts.

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



	25-34	35-44	45-54	55+
Male	39.88	44.42	43.21	44.68
Female	35.65	33.55	35.36	33.76
Overall	37.26	38.38	40.27	41.92

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 and other Rural Workforce Agencies to differentiate between full-time and part-time service provision. Using this benchmark, Table 8 provides a comparison between part-time and full-time workloads by gender.

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

Type of workload	Male	Female	Total	% of respondents
Full-time	299	139	438	*72.2%*
Part-time	48	121	169	*27.8%*
Total respondents	**347**	**260**	**607**	***100.0%***

438 rural GPs (72.2% of respondents) self-reported working full-time in the provision of routine clinical GP services. This represents a decrease of 2.3% in the self-reported full-time rural workforce compared to 2016. Of these full-time GPs in 2017, the vast majority were male (299 male and 139 female).

Conversely, 169 rural GPs (27.8% of respondents) self-reported as working part-time. Of these part-time GPs, 121 were female (32 GPs more than 2016) and 48 male (9 fewer than 2016).

Table 9 looks specifically at the part-time rural workforce, comparing by gender those who self-reported as working part-time in the current reporting period.

Table 9 Part-time rural workforce by gender 2016 v 2017

Year	Total males	Males working part-time	% of total males	Total females	Females working part-time	% of total females	Total respondents	% of total respondents working part-time
2016	347	57	***16.4%***	226	89	***39.4%***	573	***25.5%***
2017	347	48	***13.8%***	260	121	***46.5%***	607	***27.8%***

13.8% of male respondents reported working part-time in 2017, a 2.6% decrease from 2016. Conversely, the female respondents working part-time increased by 7.1% from 2016. Overall, the proportion of the workforce working part-time increased 2.3% from 2016.

Average hours worked per week by region and Modified Monash Model

Figure 7 shows the average hours worked per week by region and shows working hours to be greater in the Midwest and Pilbara regions and fewer in the Outer Metro (RA 2) and Peel areas closer to Perth. This is a similar pattern to 2016.

Figure 7 Average hours worked per week by region

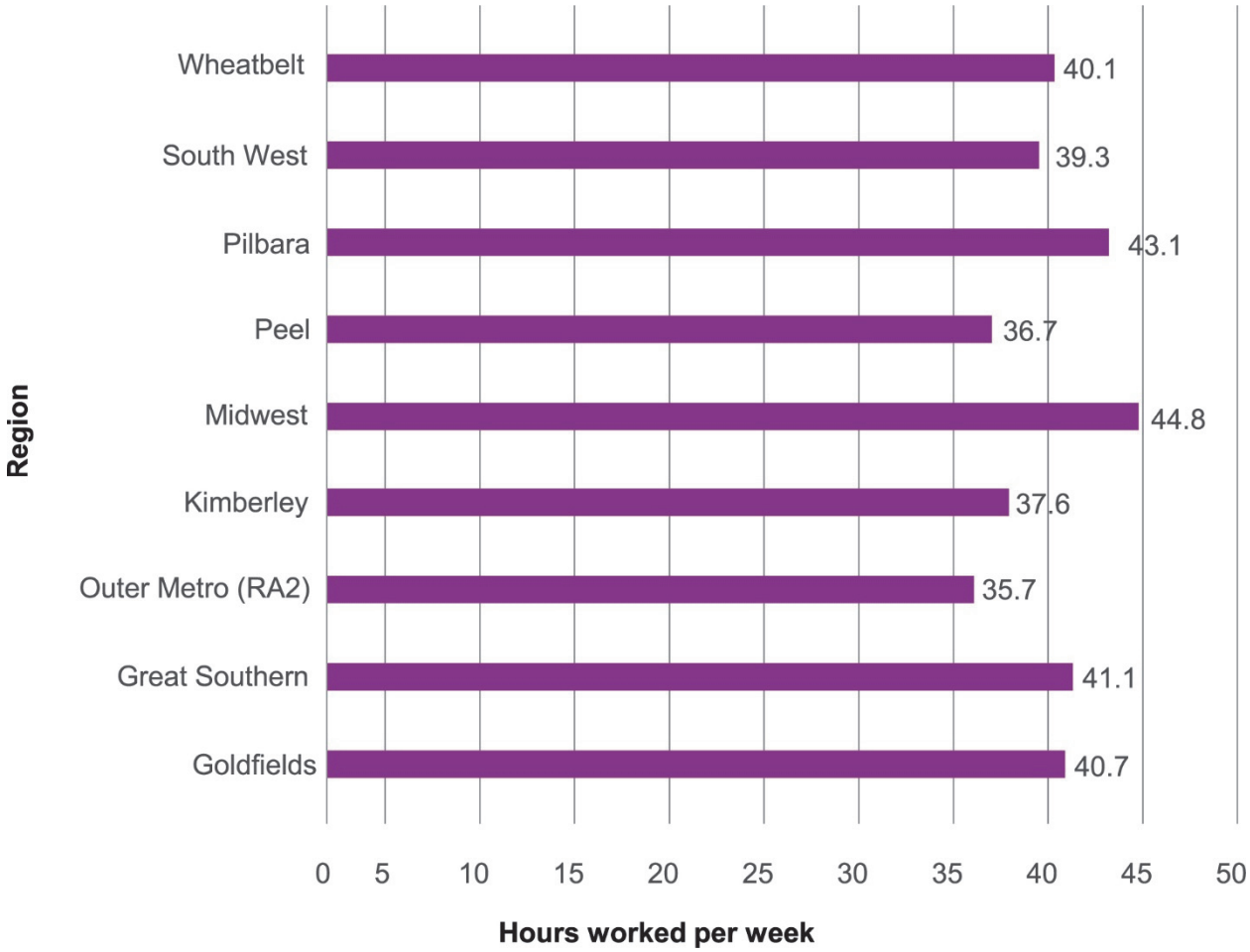
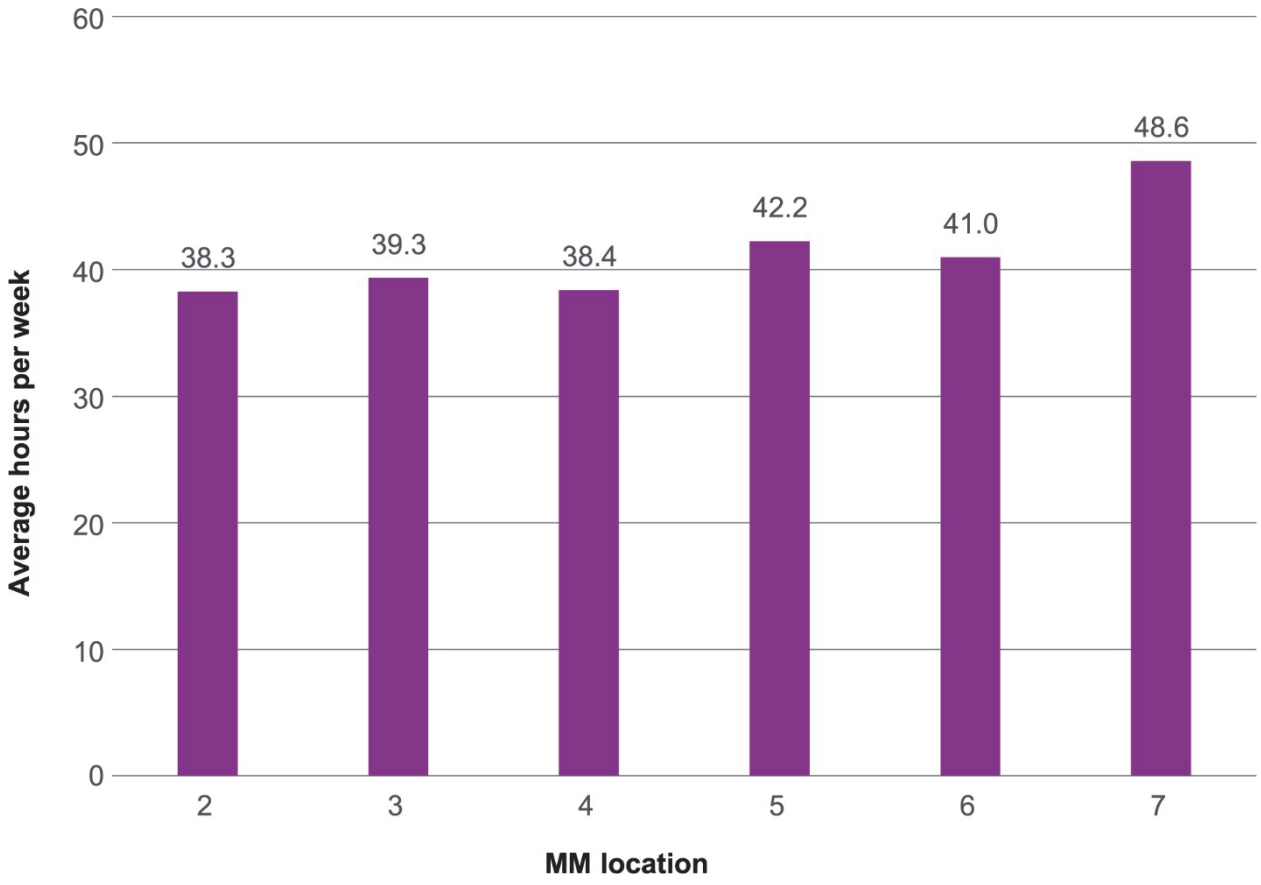


Figure 8 below shows an inverse relationship between hours worked and remoteness ie GPs working in more remote locations work more hours per week on average compared with their colleagues in less remote locations.

Figure 8 Average hours worked per week by MM locations



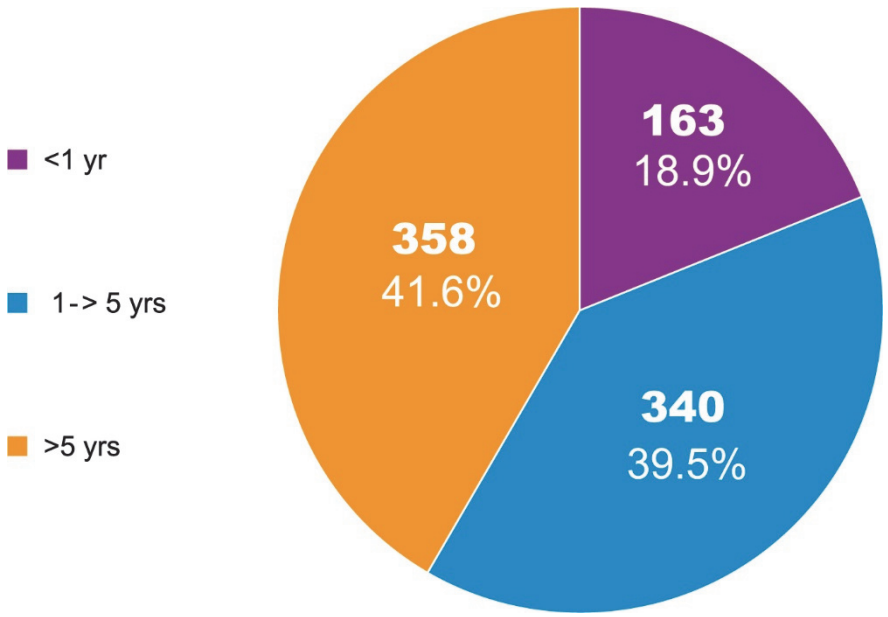
7 Length of employment in current principal practice

Average length of employment

Across rural and remote WA, the average length of employment in current principal practice for all GPs (not including WAGPET GP registrars) was 7.2 years, 0.1 years lower than in November 2016. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural or remote practices.

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

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



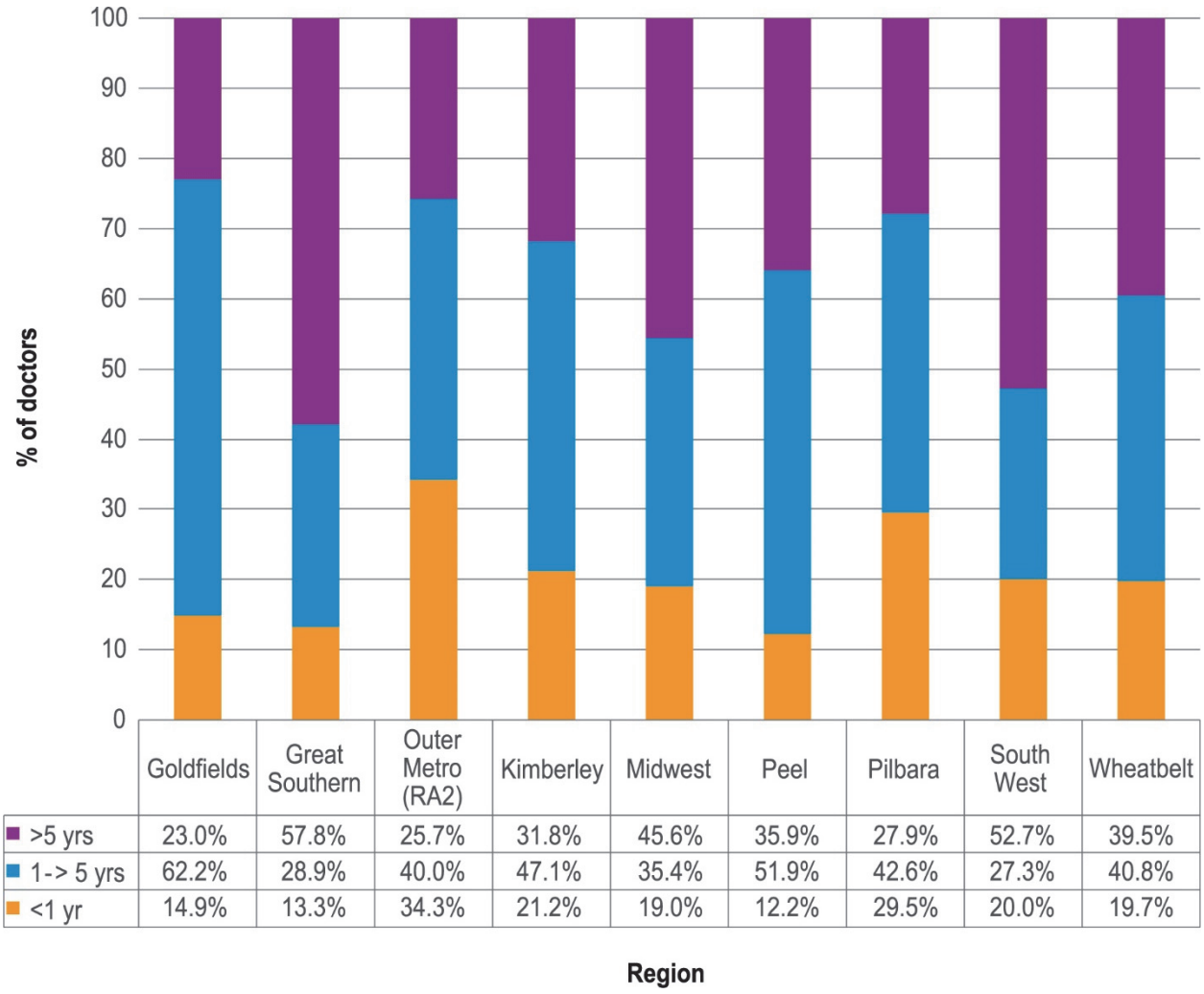
Rural GPs employed for less than 1 year decreased by 1.1% from 2016. Rural GPs employed between 1 and 5 years increased by 2.5% from 2016. Rural GPs employed for more than 5 years decreased by 1.4% from 2016.

Though the proportion of long stay rural GPs (more than 5 years) has decreased in the past 2 years, it remains higher than the previous decade (37% in 2007).

Average length of employment by region and MMM

Figure 10 below compares the length of employment in current principal practice for rural GPs across regions and shows that, similar to 2016, the Great Southern region again had the greatest proportion of long stay GPs (57.8% of its workforce). The Peel region, followed by the Great Southern region had the lowest proportion of short stay GPs (12.2% and 13.3% respectively). The Outer Metro (RA 2) area (comprising outer metropolitan suburbs classified as RA 2) contained the highest proportion of newly arrived GPs (34.3%), followed by the Pilbara (29.5%) region. The Goldfields region had the lowest proportion of long stay GPs (23.0%).

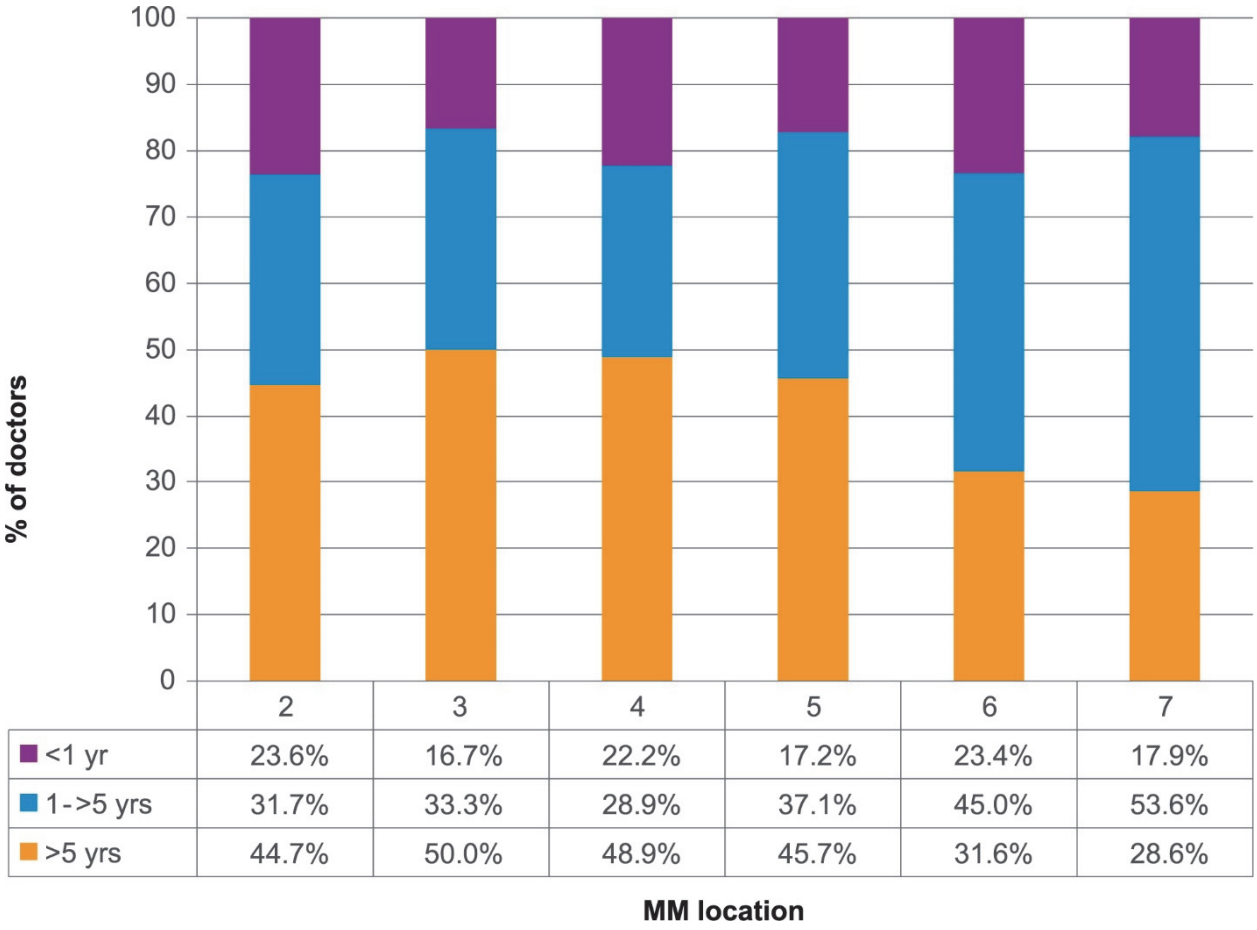
Figure 10 Length of employment in current principal practice by region (excluding WAGPET GP registrars)



	Goldfields	Great Southern	Outer Metro (RA2)	Kimberley	Midwest	Peel	Pilbara	South West	Wheatbelt
>5 yrs	23.0%	57.8%	25.7%	31.8%	45.6%	35.9%	27.9%	52.7%	39.5%
1-> 5 yrs	62.2%	28.9%	40.0%	47.1%	35.4%	51.9%	42.6%	27.3%	40.8%
<1 yr	14.9%	13.3%	34.3%	21.2%	19.0%	12.2%	29.5%	20.0%	19.7%

Figure 11 compares the length of employment in current principal practice for rural GPs across MMM categories (excluding WAGPET GP registrars). It shows that the majority of long stay GPs (>5 years) were in MMM 3 and 4 locations. In contrast, MMM 6 and 7 locations had the lowest proportions of long-term GPs (31.6% and 28.6% respectively).

Figure 11 Length of employment in current principal practice by MM locations (excluding WAGPET GP registrars)



	2	3	4	5	6	7
<1 yr	23.6%	16.7%	22.2%	17.2%	23.4%	17.9%
1->5 yrs	31.7%	33.3%	28.9%	37.1%	45.0%	53.6%
>5 yrs	44.7%	50.0%	48.9%	45.7%	31.6%	28.6%

MM location

8 Practice type

Table 10 below shows the number of GPs (including GP registrars) working in group and solo practices per region. There were 935 rural GPs known to be practising in group practices at 30 November 2017. There were 57 rural GPs working in solo practices in 2017, 4 more than in 2016. This represented 5.7% of the rural general practice workforce and was 0.1% lower than in 2016 (5.8%).

The solo practitioner component of the rural workforce varied widely across geographical locations, with the highest proportion (20.5%) being in the Wheatbelt region (excluding Indian Ocean Territories), followed by 8.9% in the Goldfields and 8.7% in the Midwest.

Table 10 Number of rural GPs by practice type and region

Region	Group	Solo	Total	% Solo
Goldfields	72	7	79	*8.9%*
Great Southern	95	5	100	*5.0%*
Indian Ocean Territories	3	1	4	*25.0%*
Outer Metro (RA 2)	40	0	40	*0.0%*
Kimberley	99	4	103	*3.9%*
Metropolitan (RFDS Drs)	13	0	13	*0.0%*
Midwest	84	8	92	*8.7%*
Peel	153	2	155	*1.3%*
Pilbara	59	4	63	*6.3%*
South West	251	9	260	*3.5%*
Wheatbelt	66	17	83	*20.5%*
Total	**935**	**57**	**992**	***5.7%***

Table 11 below delineates the number of practices in each region (excluding WACHS hospitals and RFDS Western Operations). The reported number of practices in 2017 was 219, up from 210 in 2016. There were 51 solo practices in 2017, equal to that of 2016.

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

Region	Group practice	Solo practice	AMS practice	Number of practices
Goldfields	12	5	3	20
Great Southern	14	5	0	19
Indian Ocean Territories	1	1	0	2
Outer Metro (RA 2)	9	1	0	10
Kimberley	5	2	7	14
Midwest	13	7	4	24
Peel	22	1	0	23
Pilbara	8	3	3	14
South West	45	10	1	56
Wheatbelt	20	16	1	37
Total	**149**	**51**	**19**	**219**

The majority of rural practices overall are group practices (149 practices), 8 more than 2016. 4 of these new practices opened in the Peel/South West regions, which have the greatest number of group practices (67 practices combined).

The Wheatbelt region contains the most solo practices, with 31.4% of all solo practices.

The discrepancy between the total number of solo practitioners (57) and the total number of solo practices (51) is because some solo practices are serviced by more than 1 fly-in/fly-out doctor. 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 are asked whether they practised in the following clinical areas:

- Anaesthetics − regional and general
- Obstetrics − normal deliveries, Lower Segment Caesarean Section and non-Lower Segment Caesarean Section
- General surgery

Figures for anaesthetics, obstetrics (excluding shared care) and general surgery are analysed for this report. 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 2017.

Table 12 Number and proportion of rural GPs practising procedures 2016 v 2017

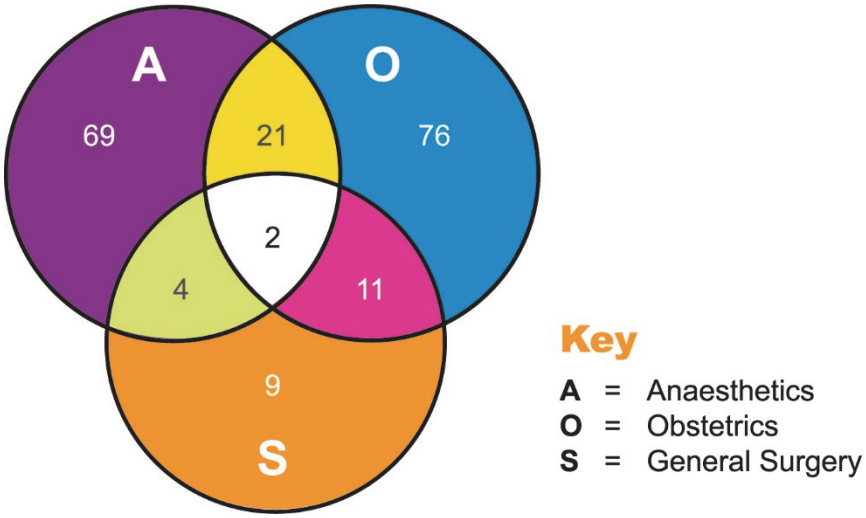
Procedure	N 2016	% of total GPs 2016	N 2017	% of total GPs 2017
Anaesthetics	101	***10.8%***	96	***9.7%***
Obstetrics	106	***11.3%***	110	***11.1%***
General surgery	23	***2.5%***	26	***2.6%***

There were 192 rural GP proceduralists recorded as at 30 November 2017, the same number as in 2016. The number of GPs performing anaesthetics has dropped by 5 doctors, but there have been increases in GP obstetricians and surgeons.

Many of these proceduralist GPs practise in more than 1 procedural area.

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

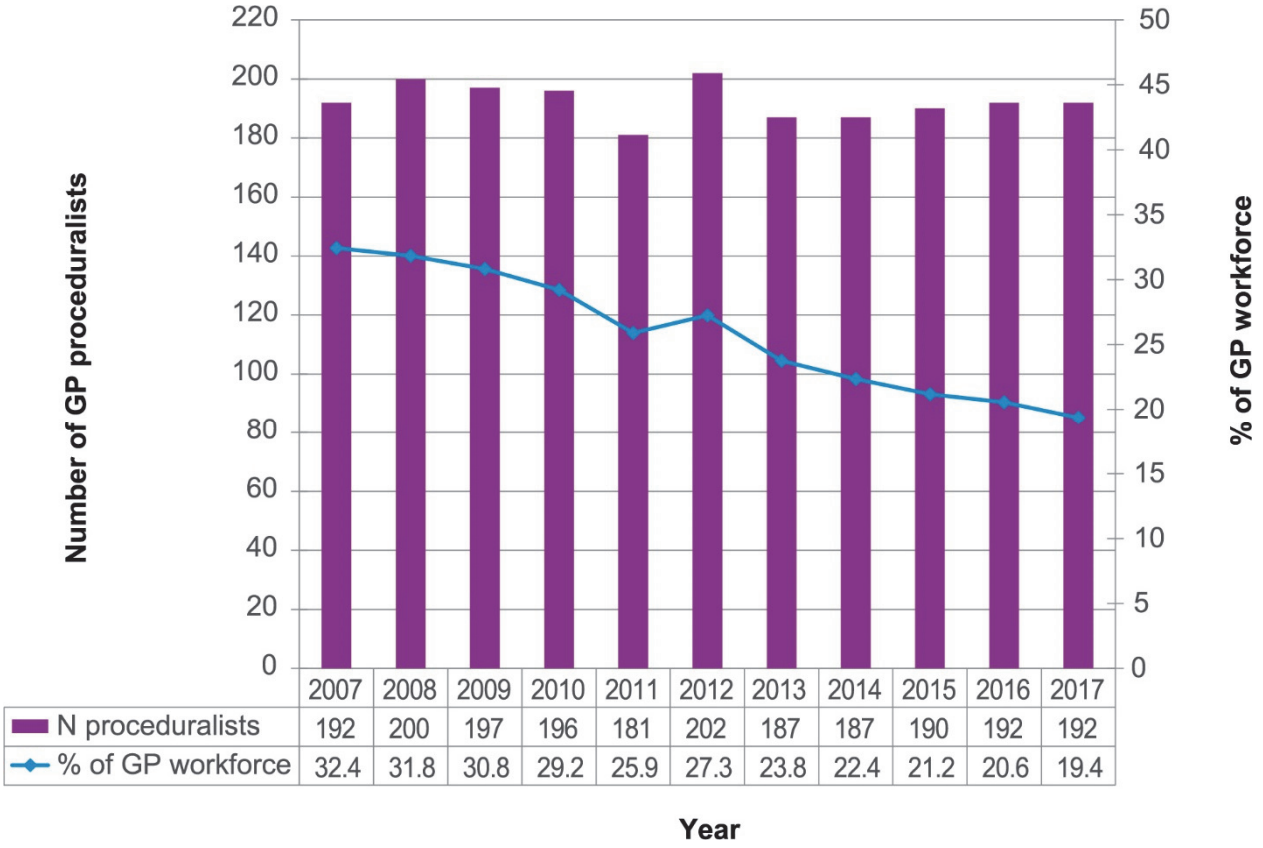
Figure 12 Number of rural GPs undertaking procedural work



The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2007, there were 14 GPs who practised all 3 procedures, and 68 who practised 2 procedures, compared with 2 practising all 3 procedures and 36 practising 2 procedures in 2017.

Figure 13 below illustrates the fluctuations in overall rural GP proceduralist numbers and proportions between 2007 and 2017.

Figure 13 Number and proportion of rural GP proceduralists 2007 to 2017



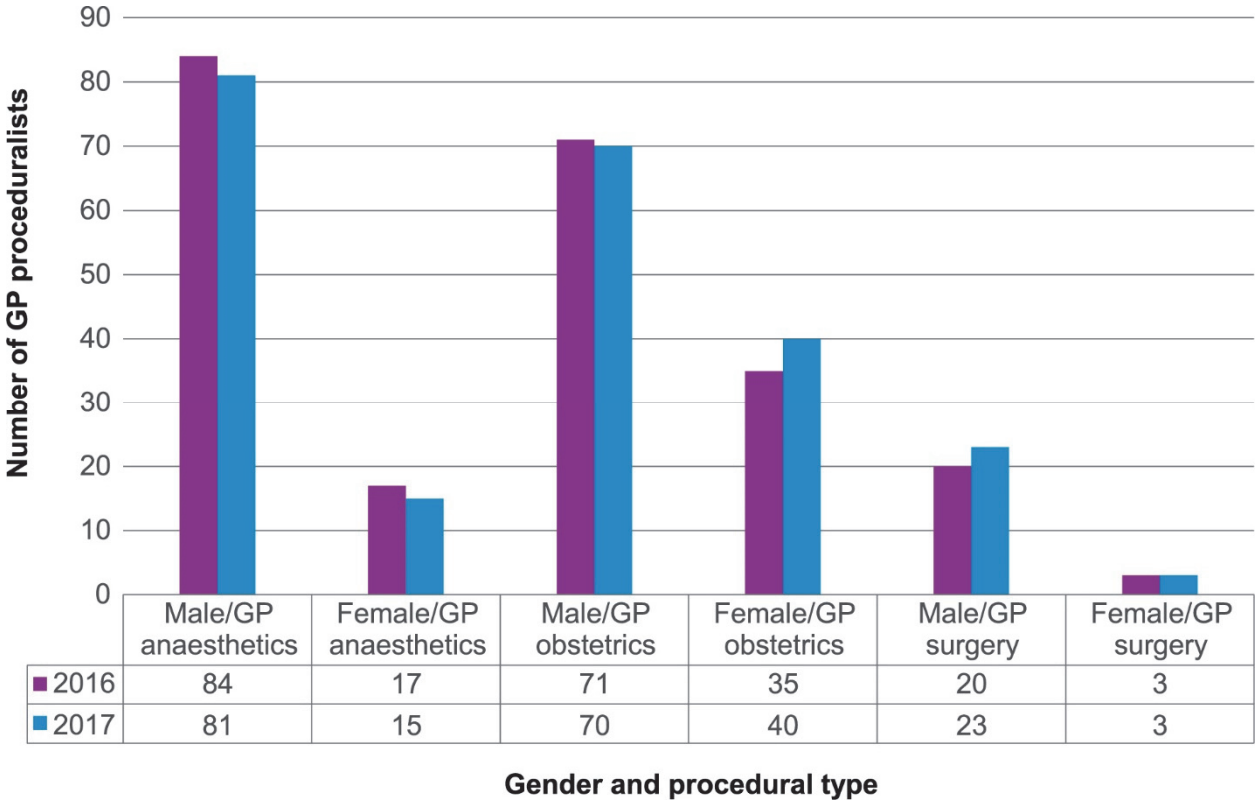
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
N proceduralists	192	200	197	196	181	202	187	187	190	192	192
% of GP workforce	32.4	31.8	30.8	29.2	25.9	27.3	23.8	22.4	21.2	20.6	19.4

The proportion of the total rural general practice workforce who were practising proceduralists as at November 2017 decreased from 20.6% in 2016 to 19.4% in 2017. The GP proceduralist proportion of the overall workforce continues to decline annually.

Rural GP proceduralists by gender and age

Figure 14 provides the number and proportion of rural GP proceduralists by gender for 2016 and 2017 and shows that the number of GPs performing anaesthetics has decreased in both genders since 2016. Female GP obstetrician numbers have increased, whilst there has been a slight drop in males of 1 doctor. There are more male GP surgeons than in 2016 and equal numbers of females.

Figure 14 Number of rural GP proceduralists by type and gender 2016 v 2017

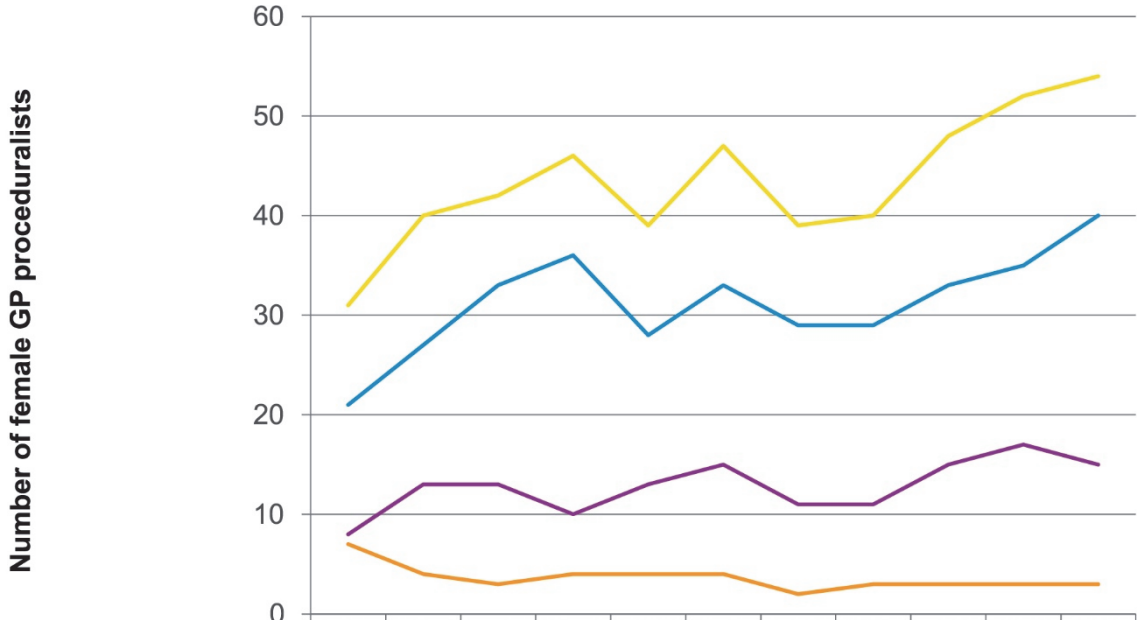


	Male/GP anaesthetics	Female/GP anaesthetics	Male/GP obstetrics	Female/GP obstetrics	Male/GP surgery	Female/GP surgery
2016	84	17	71	35	20	3
2017	81	15	70	40	23	3

The gender distribution of rural GPs practising in each procedural field remains disproportionate to that of the overall WA rural and remote general practice workforce. 42.7% of the overall rural workforce was female in 2017 (see Figure 3), whilst only 28.1% of the rural GP proceduralist population was female.

It is noted that the female portion of the procedural workforce has risen 12% since 2007 (16.1% to 28.1%). Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2007 and 2017 and shows that the numbers have increased in all procedural areas since 2013 and the total number of rural female GP proceduralists is the highest recorded (54 GPs).

Figure 15 Number of rural female GP proceduralists between 2007 and 2017

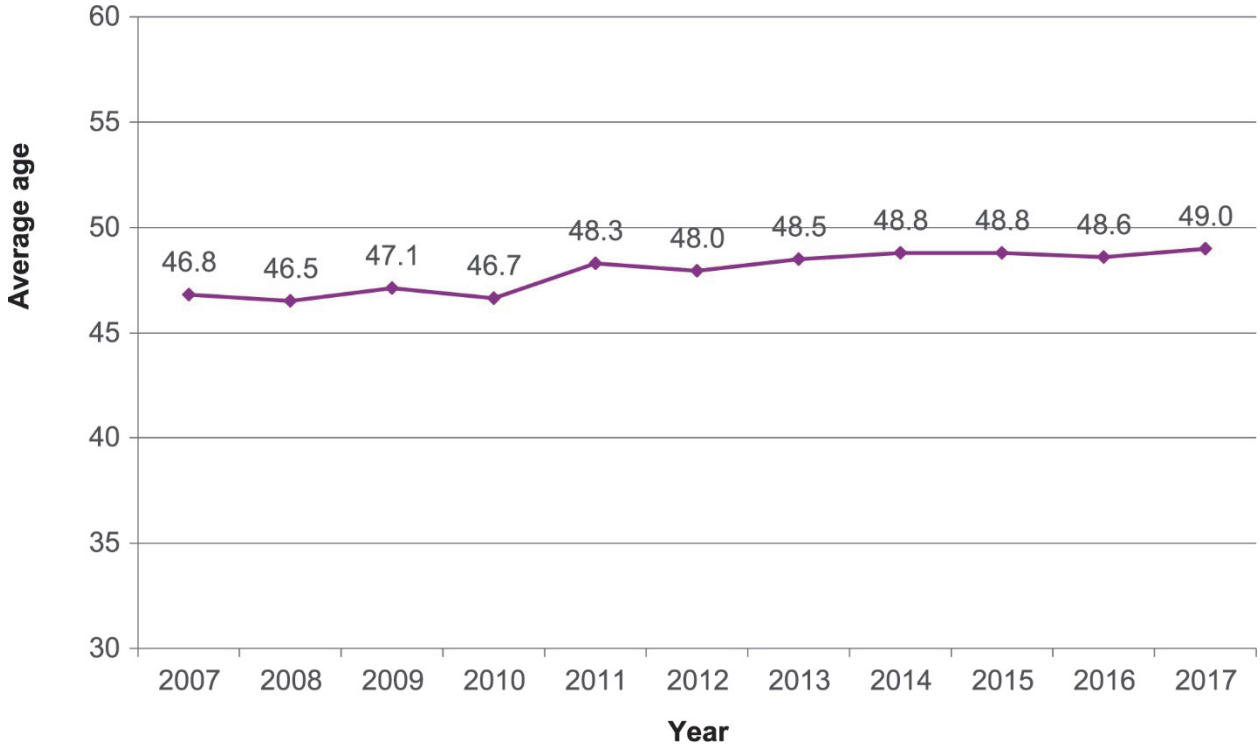


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Anaesthetics	8	13	13	10	13	15	11	11	15	17	15
Obstetrics	21	27	33	36	28	33	29	29	33	35	40
Surgery	7	4	3	4	4	4	2	3	3	3	3
Total female GP proceduralists	31	40	42	46	39	47	39	40	48	52	54

Year

Figure 16 shows the average age of rural proceduralists between 2007 and 2017.

Figure 16 Average age of rural GP proceduralists 2007 to 2017

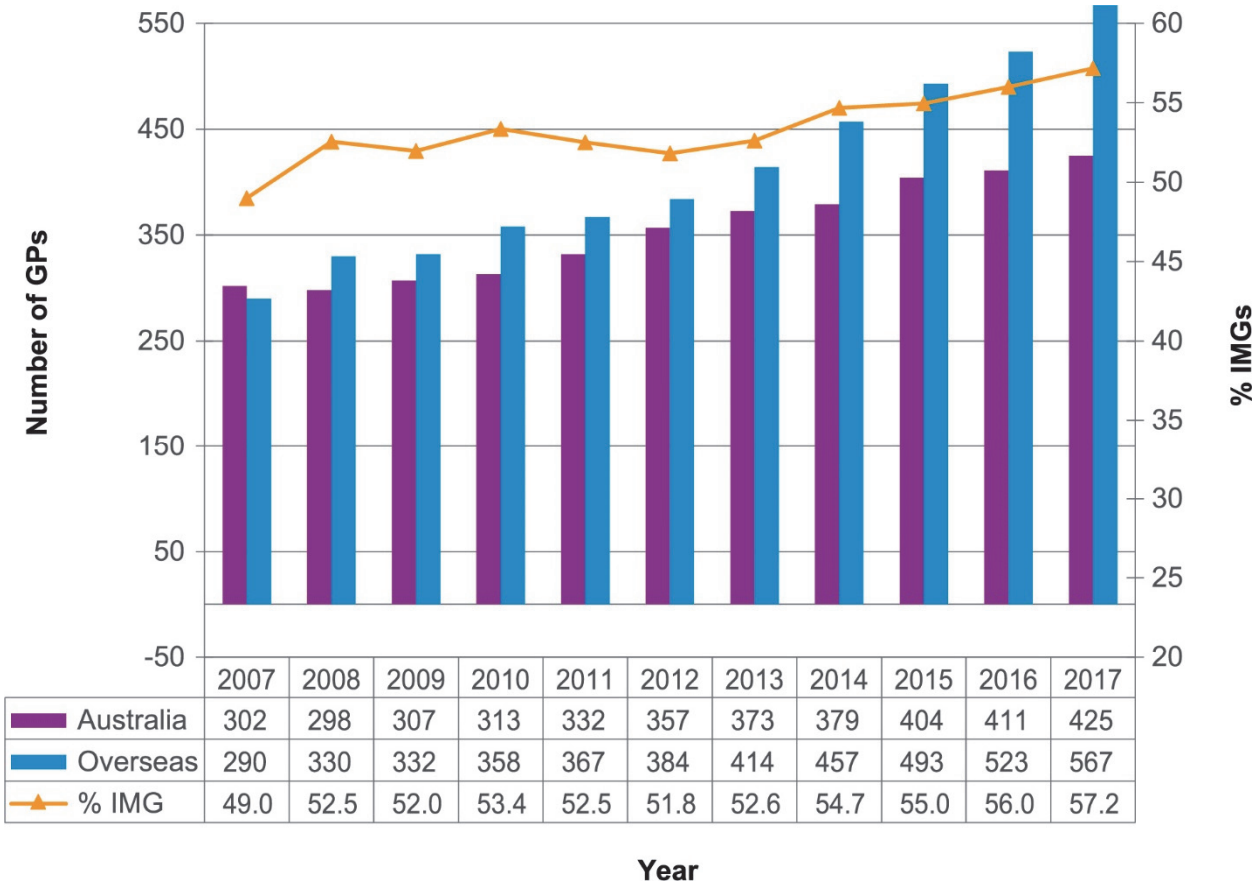


The average age of the rural GP proceduralist workforce increased by 0.4 years between 2016 and 2017 and remains higher than the non-proceduralist workforce (47.4 years).

10 Country of training

Figure 17 displays the number of rural GPs who trained in Australia compared with overseas and the percentages of the total workforce who were IMGs from 2007 to 2017.

Figure 17 Number and percentage of rural IMGs 2007 to 2017



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Australia	302	298	307	313	332	357	373	379	404	411	425
Overseas	290	330	332	358	367	384	414	457	493	523	567
% IMG	49.0	52.5	52.0	53.4	52.5	51.8	52.6	54.7	55.0	56.0	57.2

Year

At 30 November 2017, 57.2% of the rural and remote medical workforce in WA had obtained their basic medical qualification overseas. This was 1.2% higher than 2016 and is again the highest recorded to date. This also highlights that rural and remote WA remains heavily dependent on IMGs.

Many of these 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. IMGs who are vocationally registered and have been in rural WA for 10 years or more made up 15.7% of the overall workforce at November 2017.

In the 2017 period, excluding those returning from an extended leave, there were 94 IMG arrivals to rural WA compared with 92 in 2016 and 82 in 2015. Of these 94 IMGs, the largest proportion gained their basic medical qualification from the United Kingdom (18 or 19.2%), India (13 or 13.8%), Pakistan (8 or 8.5%) and Myanmar (7 or 7.5%).

Residency status

Table 13 displays the residency status of the rural IMG GP workforce at 30 November 2017.

Table 13 Residency status of the rural IMG workforce

Residency	Number	%
Australian citizen	258	*45.5%*
Permanent resident	211	*37.2%*
Temporary resident	92	*16.2%*
New Zealand citizen	6	*1.1%*
Total	**567**	***100.0%***

As at 30 November 2017, 45.5% of the rural IMG workforce were Australian citizens (a decrease from 47.0% in 2016); 37.2% had permanent residency (an increase from 34.8% in 2016); and 16.2% were temporary residents (a decrease from 16.1% in 2016).

Fellowship status

There were 37 GPs practising under the 5 Year Overseas Trained Doctors Scheme on 30 November 2017 (4 fewer than in 2016). During the preceding year, 3 GPs joined the Scheme and conversely, there were 14 GPs who left the Scheme. Of those who left, 4 completed the Scheme and remained rural. 10 GPs did not complete the scheme, of which 6 moved interstate, 3 moved to ineligible locations in rural WA and 1 moved to Perth.

As at November 30 2017, there were also 90 GPs on the Rural Locum Relief Program (RLRP), another Australian Government program administered by Rural Health West, where GPs who are Australian Citizens or permanent residents are assisted to receive a Medicare provider number for work in rural WA.

Doctors on the above programs are supported by Rural Health West towards achieving Fellowship. Table 14 shows the Fellowship status of IMG GPs working in rural and remote WA.

Table 14 Fellowship status of the rural IMG workforce

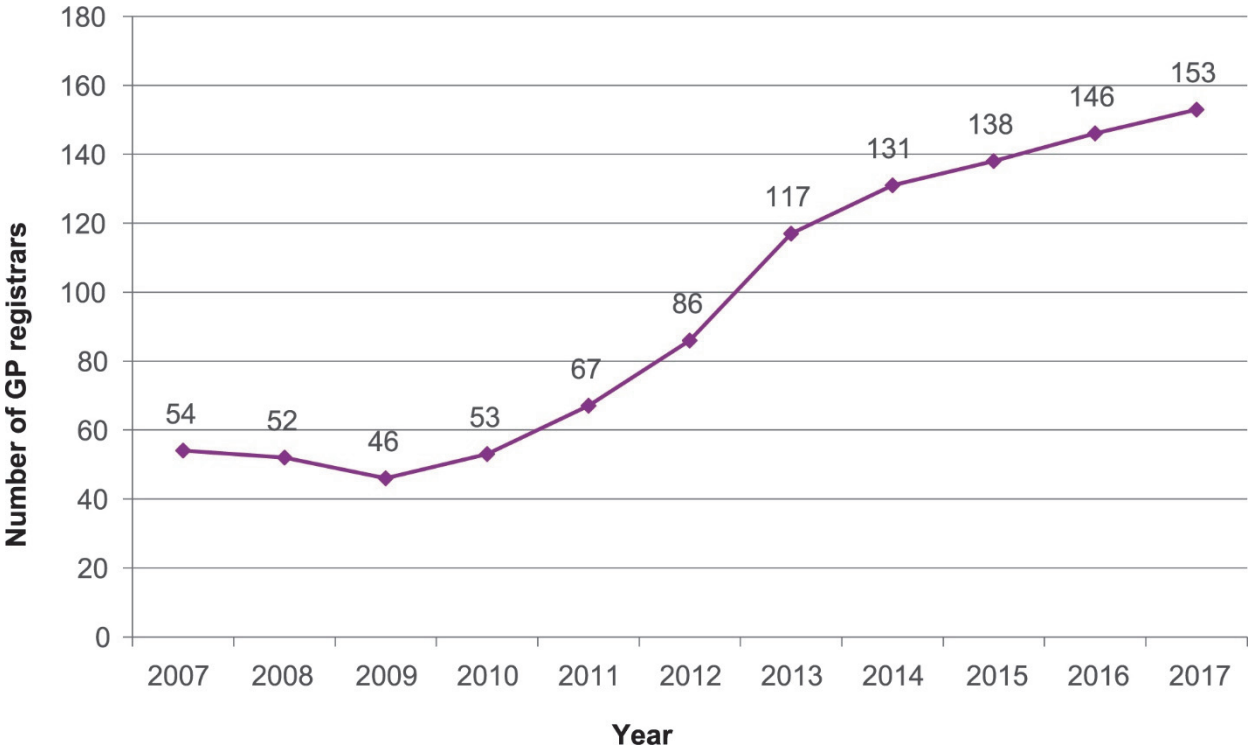
Fellowship status	Number	%
Fellowed with RACGP or ACRRM	343	*60.5%*
Currently WAGPET/ACRRM/RVTS registrar	71	*12.5%*
Currently on a Rural Health West program*	105	*18.5%*
Not on any program	48	*8.5%*
Total	**567**	***100%***

* GPs on the 5 Year Overseas Trained Doctors Scheme, Rural Locum Relief Program and Forward to Fellowship program

11 Rural GP registrars

The following section analyses the rural GP registrar workforce in rural and remote WA. Figure 18 compares rural GP registrar numbers over the period 2007 to 2017 at the census date of 30 November each year.

Figure 18 Total number of rural GP registrars 2007 to 2017



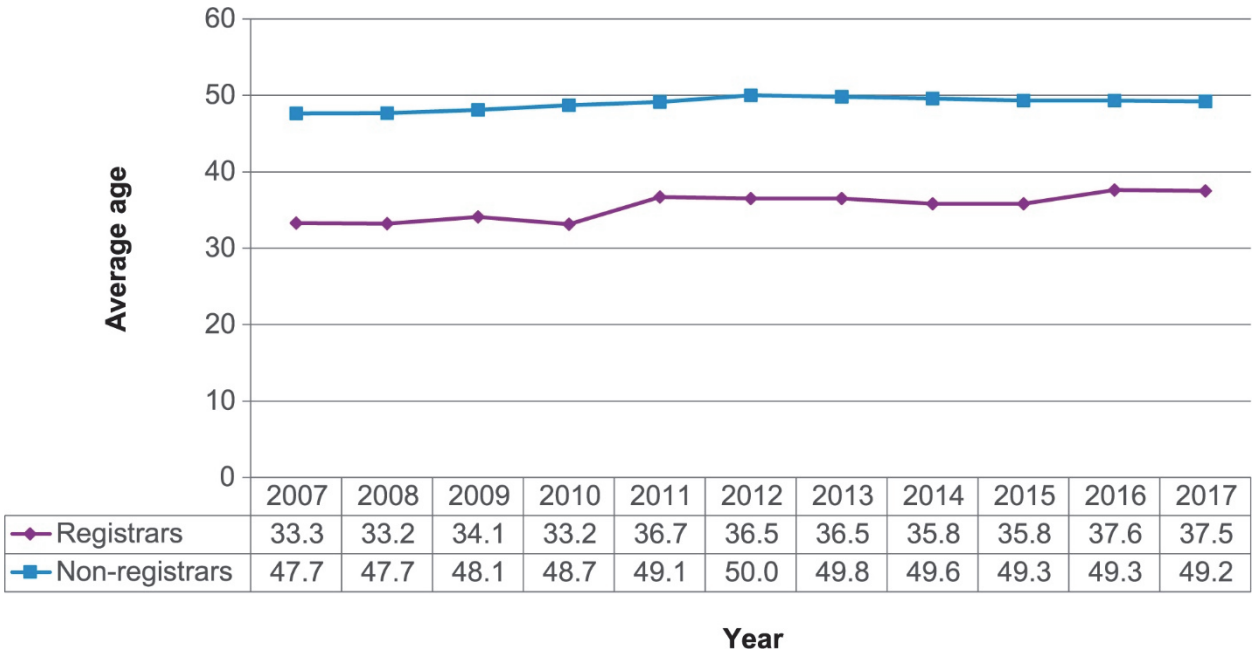
The total number of GP registrars in the rural and remote WA workforce at the census date of 30 November 2017 was 153, which was 7 more than 2016 and the highest figure recorded to date. The increase since 2011 reflects the expansion of WAGPET GP registrar intake and rural placement, and the commencement of RVTS and ACRRM Independent Pathway registrars in WA.

In 2017, the number of rural GP registrars in each program were WAGPET (131, an increase of 5 from 2016), ACRRM Independent Pathway (18, an increase of 5) and RVTS (4, a decrease of 3). GP registrars represented 15.4% of the rural and remote general practice workforce in 2017, compared to 15.6% in 2016, 15.4% in 2015, 15.7% in 2014, 14.9% in 2013, 11.6% in 2012 and 9.6% in 2011.

60.8% of all rural GP registrars were female (a decrease from 61.0% in 2016). 64.1% of all WAGPET GP registrars working in rural WA were female.

The average age of rural GP registrars remains well below that of the non-registrar general practice workforce as shown in Figure 19. The GP registrar workforce has aged 4.2 years since 2007 compared with the non-registrar workforce who aged only 1.5 years.

Figure 19 Average age of rural GP registrars 2007 to 2017

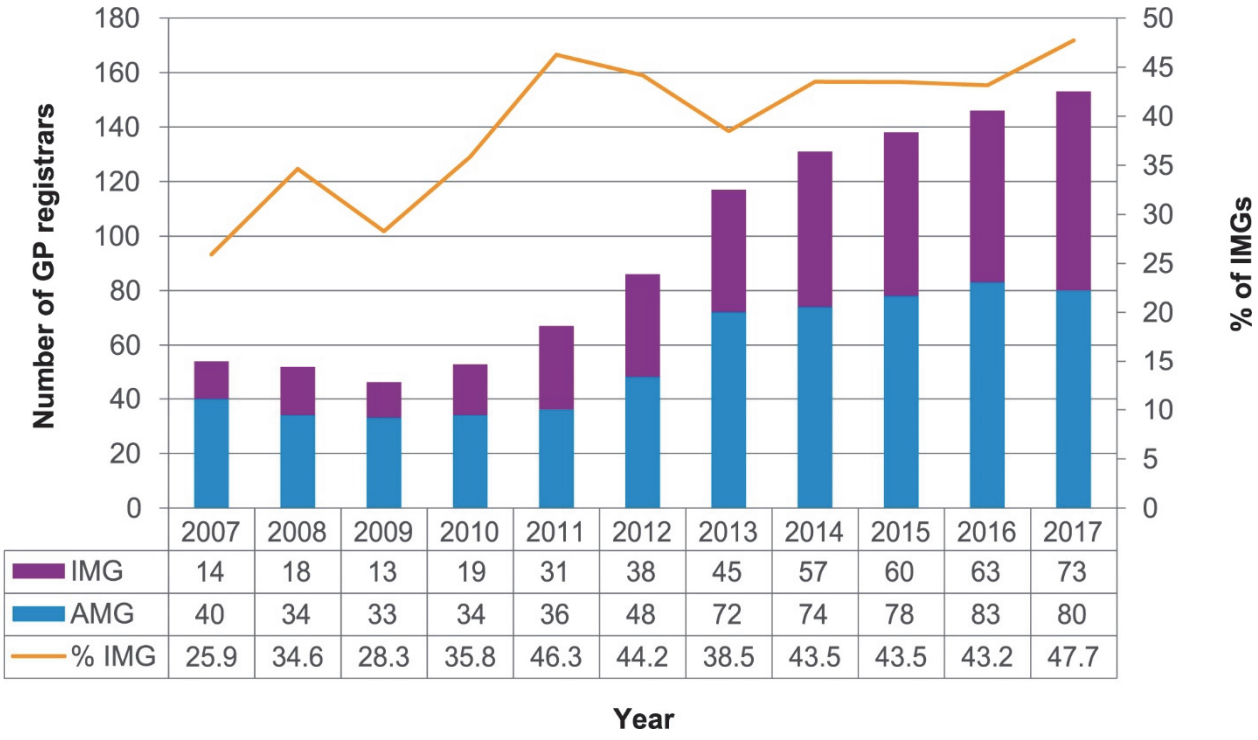


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Registrars	33.3	33.2	34.1	33.2	36.7	36.5	36.5	35.8	35.8	37.6	37.5
Non-registrars	47.7	47.7	48.1	48.7	49.1	50.0	49.8	49.6	49.3	49.3	49.2

Year

Figure 20 provides a comparative breakdown of rural GP registrar figures from 2007 to 2017, according to where they received their primary medical qualification.

Figure 20 Number and proportion of overseas trained rural GP registrars 2007 to 2017



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
IMG	14	18	13	19	31	38	45	57	60	63	73
AMG	40	34	33	34	36	48	72	74	78	83	80
% IMG	25.9	34.6	28.3	35.8	46.3	44.2	38.5	43.5	43.5	43.2	47.7

Year

This chart shows that the number of rural GP registrars who completed their primary medical qualification overseas (IMG) increased by 10 GPs in 2017, while the number of Australian trained GP registrars decreased by 3. The proportion of registrars who were IMGs was higher in 2017 (47.7%) than in 2016 (43.2%) and the highest proportion to date.

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 2017

University of basic medical training	Number of GPs
The University of Western Australia	45
The University of Notre Dame Australia	18
University of Adelaide	4
University of Tasmania	4
University of Queensland	3
University of Sydney	3
Griffith University	1
University of Melbourne	1
University of Wollongong	1
Total	**80**

This table shows that 56.3% of all Australian trained GP registrars working in rural WA completed their basic medical training at The University of Western Australia and that overall, (78.8%) completed their basic medical training in WA.

12 Rural AMS practices

The following section analyses the general practice workforce in rural and remote AMS practices. This workforce comprised a total of 73 GPs in 2017 (equal to 2016), of which 13 were WAGPET registrars, 3 were RVTS registrars, 12 were fly-in/fly-out GPs and 45 were resident GPs.

The 13 WAGPET GP registrars who identified as working in a rural AMS practice as their primary practice are excluded from the remainder of this analysis. Table 16 below shows the number of WAGPET registrars in AMS practices since 2007.

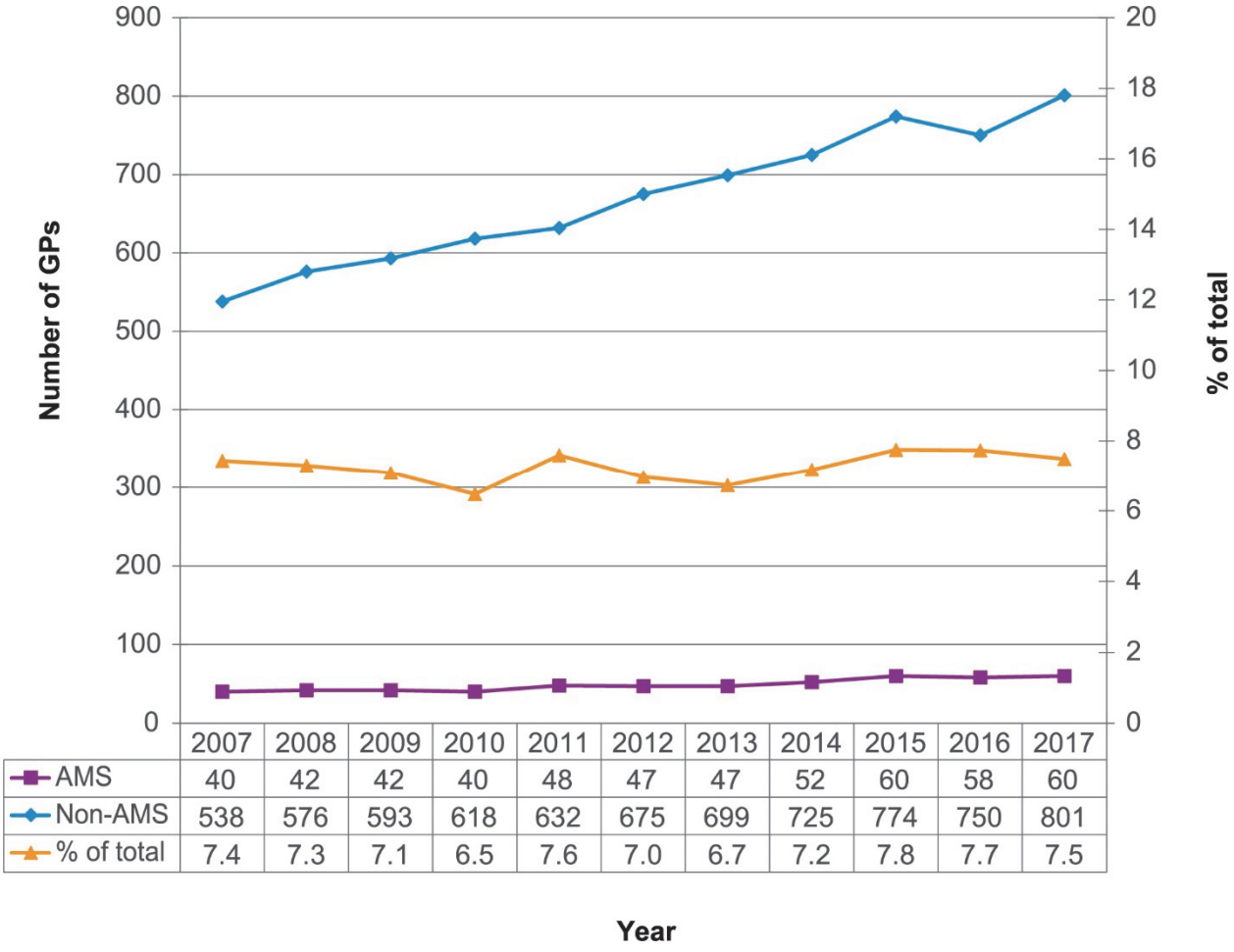
Table 16 WAGPET GP registrars in rural AMS practices 2007 to 2017

Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number of GP registrars	11	8	9	9	10	12	14	20	28	15	13

Also excluded from this analysis are the 8 private practice GPs who worked at a rural AMS practice as a secondary practice.

Figure 21 charts the number of GPs who identified a rural AMS practice as their primary practice from 2007 to 2017. In 2017, there were 60 GPs, an increase of 2 GPs from 2016. This chart shows that the AMS GP workforce in rural and remote WA has increased 50% since 2007, as has the non-AMS GP workforce. As both cohorts have increased by 50%, the proportion of AMS doctors compared to overall rural GPs remains the same.

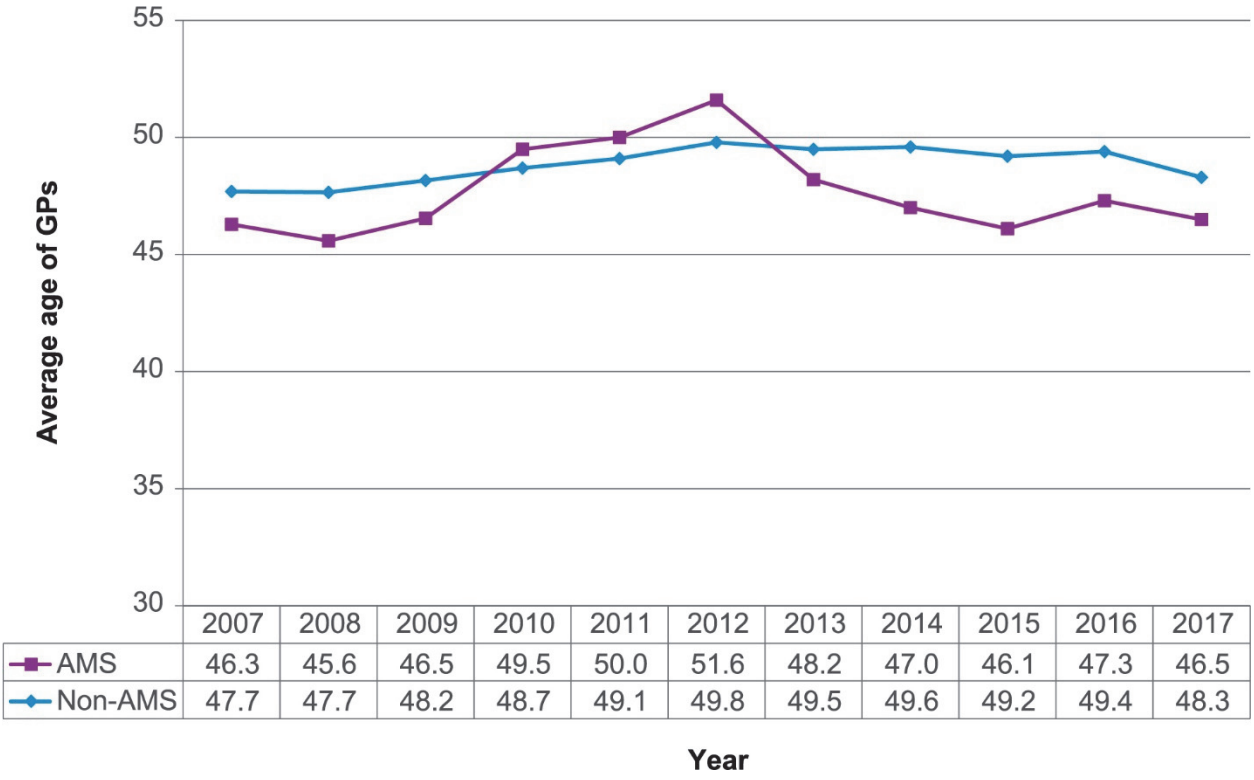
Figure 21 Number of GPs in rural AMS practices v overall 2007 to 2017 (excluding WAGPET GP registrars)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMS	40	42	42	40	48	47	47	52	60	58	60
Non-AMS	538	576	593	618	632	675	699	725	774	750	801
% of total	7.4	7.3	7.1	6.5	7.6	7.0	6.7	7.2	7.8	7.7	7.5

Figure 22 identifies the average age of GPs in rural AMS practices from 2007 to 2017 compared to the overall age of the general practice workforce in rural and remote WA. In 2017, the average age of AMS practice GPs was younger than that of the overall workforce, as it has been since 2012.

Figure 22 Average age of GPs in rural AMS practices v overall 2007 to 2017 (excluding WAGPET GP registrars)

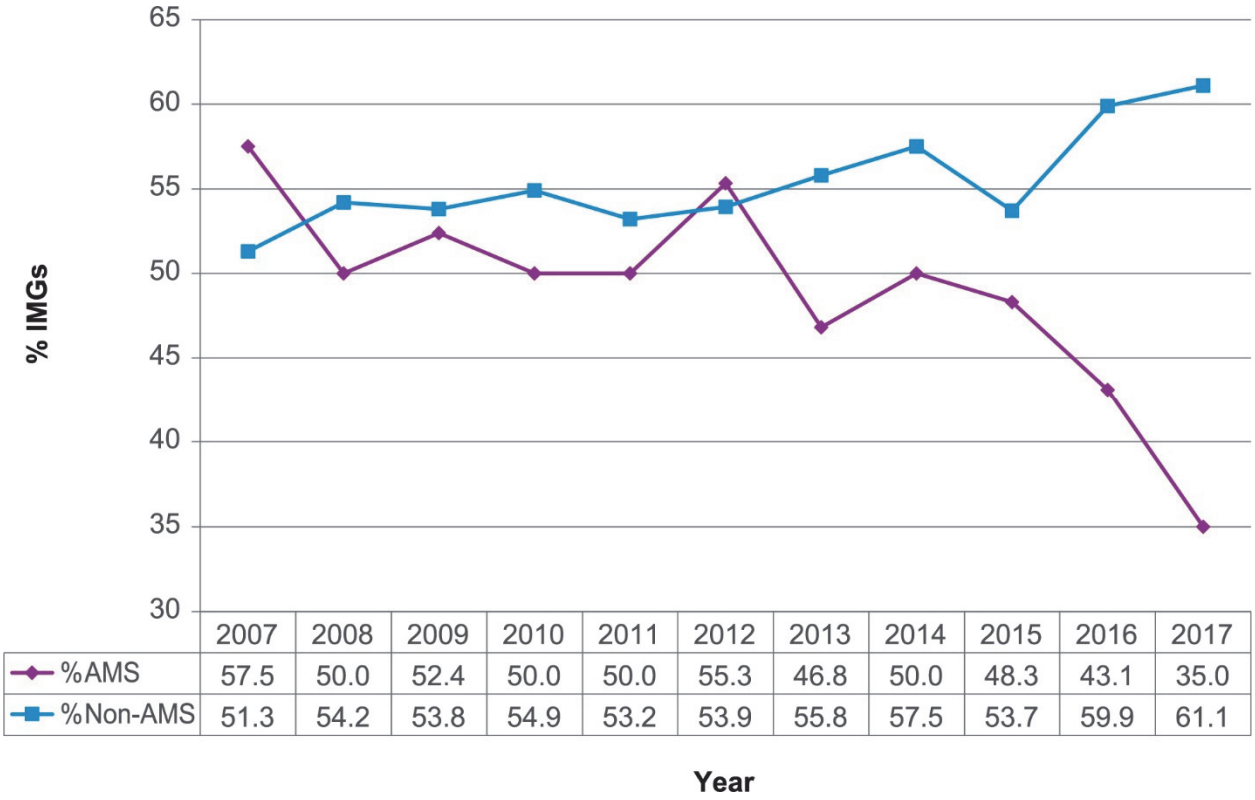


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMS	46.3	45.6	46.5	49.5	50.0	51.6	48.2	47.0	46.1	47.3	46.5
Non-AMS	47.7	47.7	48.2	48.7	49.1	49.8	49.5	49.6	49.2	49.4	48.3

The overall average age for each year will differ from that reported in Section 4 at Figure 1 because of the inclusion of WAGPET GP registrars in the overall age profile, whereas WAGPET GP registrars are excluded from the calculations in Figure 22.

Figure 23 charts the percentage of IMGs in rural AMS practices compared with the overall rural general practice workforce between 2007 and 2017. It shows that the percentage of IMGs working in AMS practices as their primary practice has decreased since 2014, compared to the increase in IMGs amongst the overall non-registrar non-AMS workforce.

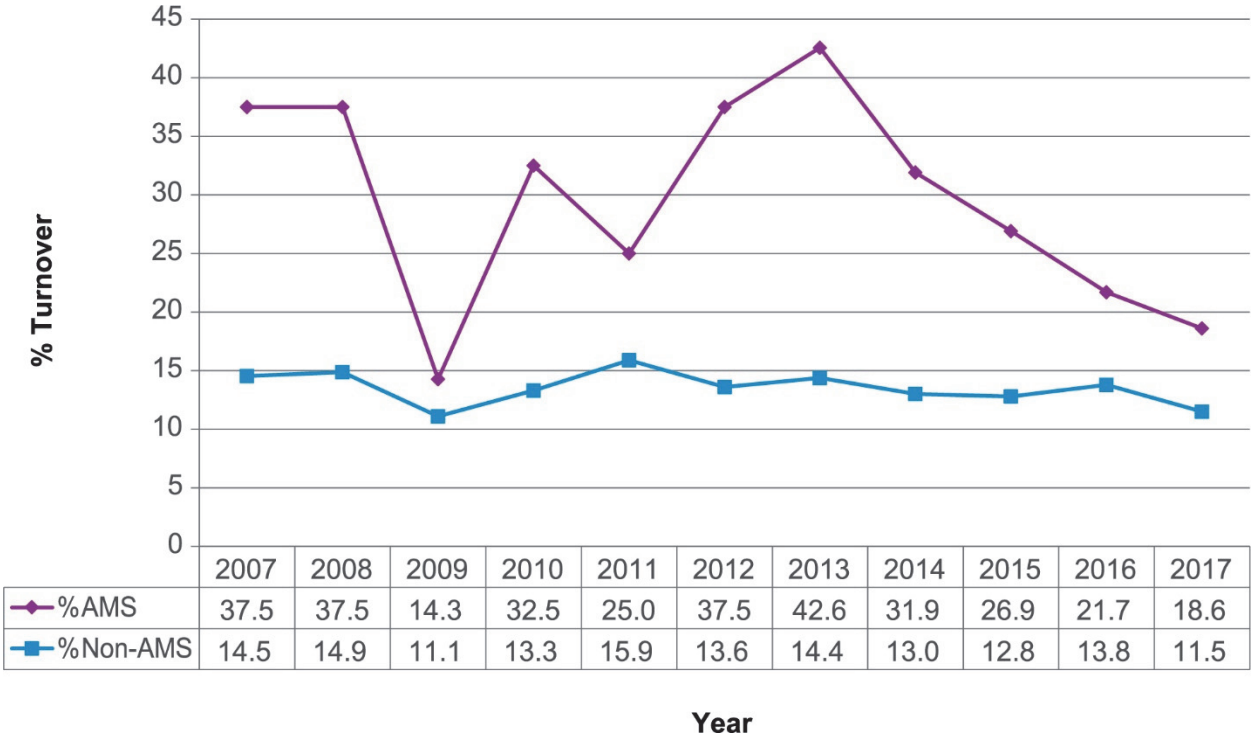
Figure 23 Percentage of IMGs in rural AMS practices v overall 2007 to 2017 (excluding WAGPET GP registrars)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
%AMS	57.5	50.0	52.4	50.0	50.0	55.3	46.8	50.0	48.3	43.1	35.0
%Non-AMS	51.3	54.2	53.8	54.9	53.2	53.9	55.8	57.5	53.7	59.9	61.1

Figure 24 compares the GP turnover in rural AMS practices with the non-AMS GP turnover between 2007 and 2017. Turnover in AMS practices decreased 3.1% from 2016, compared to turnover in non-AMS practices, which decreased 2.3%. Turnover in AMS practices remains higher than the overall workforce, but has decreased annually since it peaked in 2013.

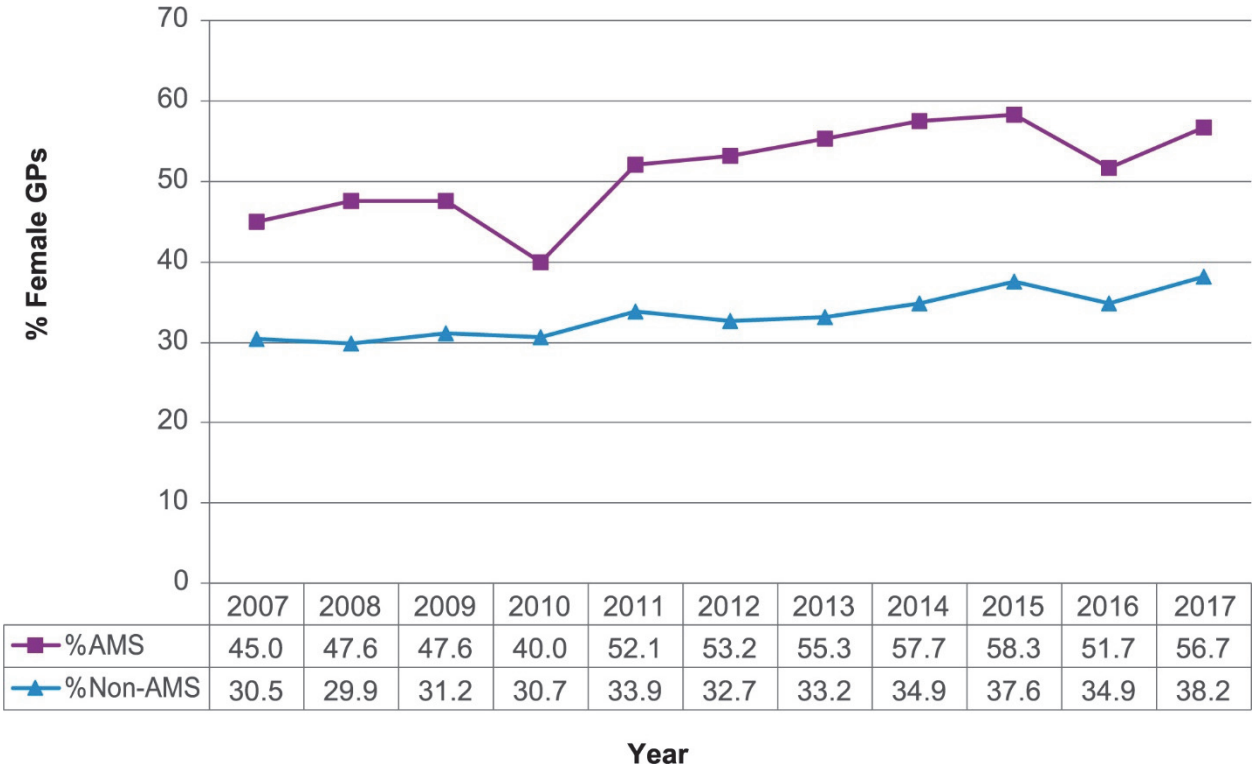
Figure 24 Comparison between turnover in rural AMS practices v overall 2007 to 2017 (excluding WAGPET GP registrars)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
%AMS	37.5	37.5	14.3	32.5	25.0	37.5	42.6	31.9	26.9	21.7	18.6
%Non-AMS	14.5	14.9	11.1	13.3	15.9	13.6	14.4	13.0	12.8	13.8	11.5

Figure 25 charts the percentage of female GPs in rural AMS practices compared with the overall rural workforce from 2007 to 2017.

Figure 25 Percentage of female GPs in rural AMS practices v overall 2007 to 2017 (excluding WAGPET GP registrars)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
%AMS	45.0	47.6	47.6	40.0	52.1	53.2	55.3	57.7	58.3	51.7	56.7
%Non-AMS	30.5	29.9	31.2	30.7	33.9	32.7	33.2	34.9	37.6	34.9	38.2

The proportion of female GPs working in rural AMS practices increased 5.0% in 2017 from 2016. AMS practices continued to have a consistently greater proportion of female GPs than the overall rural workforce with a variance of 18.5% in 2017.

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For additional printed copies of this annual workforce update, please contact Rural Health West:

PO Box 433, Nedlands Western Australia 6909

T +61 8 6389 4500
F +61 8 6389 4501
E info@ruralhealthwest.com.au

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