Rural General Practice in Western Australia

Annual Workforce Update

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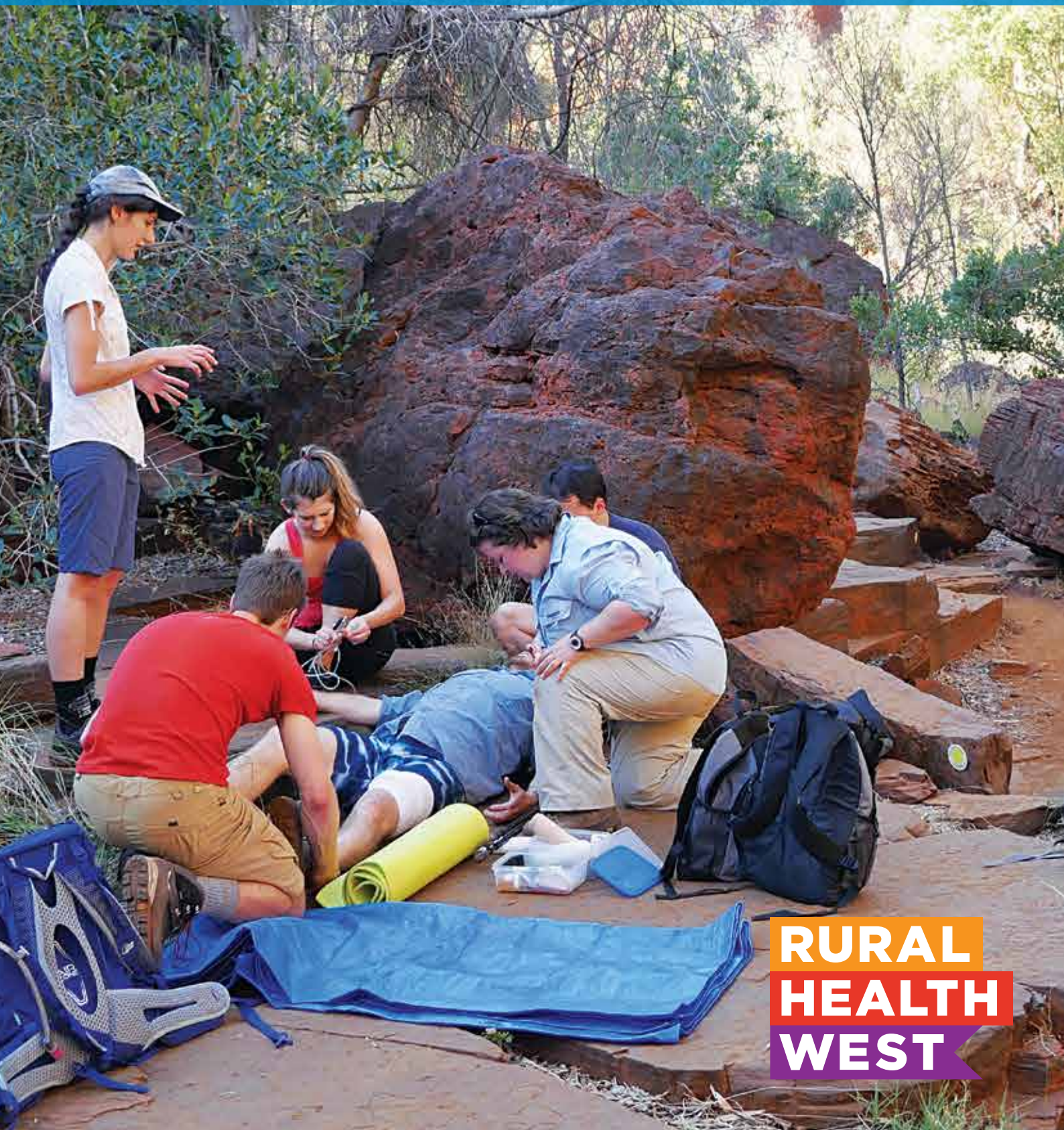

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Limitations

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 2016.

Website

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Acknowledgments

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National data reported here was sourced from the Rural Health Workforce Australia *Medical Practice in Rural and Remote Australia: National Minimum Data Set (MDS) Report as at 30 November 2016.*

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Table of contents

List of tables

List of figures

1 Introduction

Rural Health West is the rural workforce agency in Western Australia 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 Western Australia. This database is updated each year through general practitioner (GP) and practice surveys and ongoing workforce strategies. It is the most comprehensive database of rural general practitioners working in Western Australia. The data is collated, de-identified and compiled into a detailed annual report entitled *Western Australia's General Practice Workforce Analysis Update* (formerly known as the *Minimum Data Set Report and Workforce Analysis Update*).

Historically, the locations from which data was collected were defined as Rural, Remote and Metropolitan Area (RRMA) classifications 4 to 7. In July 2010, the ASGC-RA classification was introduced, which replaced the RRMA. Rural Workforce Agencies now collect workforce data for ASGC-RA 2 to 5 locations.[1]

A new rural classification system, the Modified Monash Model (MMM), has been introduced and reported on in this Workforce Analysis Update. GP location information in this report has also been described using WA Country Health Service (WACHS) regions as these are used extensively in rural and remote Western Australia.

Overall, there was a 63.3% response rate to the GP survey and a 60% 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 2016. 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 Western Australia (WA) at the most recent census date of 30 November 2016.

Number of rural general practitioners

- As at 30 November 2016, the number of GPs known to be practising in RA 2 to 5 locations was 934 (including GP registrars). This represented an increase of 4.1% from November 2015.
- Gains were seen in all GP types, except in Aboriginal Medical Service (AMS) practices.
- Fly-in/fly-out (including drive-in/drive-out) GPs comprised the largest proportional increase in the rural workforce, with an additional 13 GPs (13.3% higher than at November 2015).
- Rural GP registrar numbers increased by 8 GPs, an increase of 5.8%. Numbers have been increasing steadily since 2011.

Age and gender

- The average age of the overall rural GP workforce was 47.5 years, an increase of 0.3 years from 2015.
- The overall rural GP workforce has aged 3.2 years since 2001.
- The majority of the rural workforce (57.8%) was aged between 35 and 54 years.
- GPs aged 55 and over made up 26.7% of the rural workforce in 2016 compared to 26.0% in 2015.
- There were many more male GPs joining the rural workforce in 2016 (31) compared with females (6), halting the increasing proportion of female GPs since 2001.

Location

- The South West region contained the largest number of GPs (382 GPs or 41% of the rural and remote general practice workforce) and was the region which experienced the largest increase in numbers between 2015 and 2016 (25 GPs).
- The Goldfields region experienced the greatest percentage decrease in the number of GPs between 2015 and 2016 (11% or 9 GPs), following two consecutive years of gain.

Turnover

- Turnover of the rural workforce between 30 November 2015 and 30 November 2016 was 13.8%, an increase of 1% from the previous period.
- 107 GPs departed the rural workforce during this period, (14 more than in 2015) of which the most common destinations were Perth (35.5%) and interstate (28%).
- 141 GPs joined the permanent rural workforce during this period. The most common origin was from Perth (36.9%).
- Although the number of International Medical Graduates (IMGs) entering rural WA directly from overseas was stable, the number of IMGs entering the workforce (regardless of origin) continues to increase (65.2% of all new arrivals).

- 20 GPs joined the permanent rural workforce from the Western Australian General Practice Education and Training (WAGPET) GP training program, representing 14.2% of all new arrivals. The increased intake of rural GP registrars since 2012 has made a small impact on the number of trainees staying on when Fellowed (in 2011 only 5.4% of arrivals included trainees remaining in rural WA).
- Both the female and male rural general practice workforce experienced similar departure numbers in 2016. However, as a proportion of the rural workforce female departures were greater.
- The Pilbara region experienced the greatest proportional movements out (31.6% of all departures), with the majority of these GPs going interstate or overseas. The Great Southern region experienced the least movement out, with only 9.2% of GPs departing.
- The South West region experienced the greatest movement inward (35.8%), reflecting the influx of GPs moving into the greater Mandurah area for the second consecutive year (21 GPs, 36.2% of south west arrivals).

Working hours

- The average self-reported hours worked was 41.0 hours per week compared to 39.7 hours in 2015 and has decreased by 5.4 hours since 2006.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- 74.5% of respondents self-reported working full-time.
- GPs in the Pilbara worked greater average hours per week than in the other locations, as did GPs in the more remote locations of MMM 7.

Length of employment

- The average length of employment in current rural practice was 7.3 years, which was 0.2 years lower than for 2015.
- The Great Southern region had the highest proportion of long-stay GPs (59.5% of its workforce) and the lowest proportion of short-stay GPs (8.9%).
- The Outer Metro (RA 2) region had the highest proportion of newly arrived GPs, and the Pilbara had the lowest proportion of long-stay GPs.

  The majority of long-stay rural GPs were in MMM 2 and 3 locations, in contrast to MMM 6 and 7 locations which had the least proportion.

Proceduralists

- There were 192 GP rural proceduralists recorded as at 30 November 2016, 2 more than 2015.
- The number of GP rural proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2006, there were 14 GPs who practised all 3 procedures, and 68 who practised 2 procedures, compared with 3 practising all 3 procedures and 32 practising 2 procedures in 2016.
- The number of rural male proceduralists has decreased in all procedural areas from 2015, yet has risen or remained stable in the female workforce.

International Medical Graduates

- 56.0% of the rural and remote medical workforce in WA had obtained their basic medical qualification overseas, 1% higher than 2015 and the highest percentage recorded to date.
- The number of IMGs arriving in rural WA has risen from 80 in 2012 to 92 in 2016.
- The largest proportion of IMGs arriving in 2016 gained their basic medical qualification in India, the United Kingdom and Nigeria.
- Whilst the United Kingdom continues to be a significant source of new rural GPs, the proportion of arrivals who initially trained there is declining annually (15.2% in 2016 compared to 25.6% in 2012).

GP registrars

- There were 146 rural GP registrars in the rural workforce at 30 November 2016 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 8 GPs from 2015 and the highest number recorded to date.
- 72.3% of Australian trained rural GP registrars completed their basic medical training in WA.
- The proportion of the rural GP registrar population who completed their primary medical qualification overseas was 43.2%, slightly less than 2015.

Aboriginal Medical Service practices

- 58 GPs worked in a rural AMS as their primary practice, a decrease of 2 from 2015, and their proportion of the overall GP workforce decreased from 7.8% in 2015 to 7.7% in 2016.
- The proportion of IMGs in rural AMS practices decreased from 48.3% in 2015 to 43.1% in 2016.
- The turnover rate of the GP workforce in rural AMS practices between November 2015 and November 2016 decreased from 26.9% in 2015 to 21.7% in 2016.
- 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 Western Australia 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:

- The annual Rural General Practice Workforce Survey
- Twice yearly Practice Survey
- WAGPET
- Australian College of Rural and Remote Medicine (ACRRM)
- Remote Vocational Training Scheme (RVTS)
- Australian Health Practitioner Regulation Agency registers
- Personal contact with rural practices and GPs

Since July 2010, workforce data has been collected for ASGC-RA 2 to 5 locations. In 2012 and 2013 this data was also reported by Medicare Local boundaries. In 2015, WACHS region location data was added to Medicare Local data. Medicare Locals ceased operations on 30 June 2015 and in light of this change, GP location data will no longer be reported on by this classification. The new rural classification system MMM is now being reported on in this Workforce Analysis Update in place of ASGC-RA.

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 the areas.

The full rural general practice workforce survey was distributed in September 2016 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 2016 to those GPs who had not returned their original survey. Additionally, the survey was available online.

Overall, there was a 63.3% 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 2016, and where appropriate, makes comparisons with data from previous years and the national MDS report[3].

[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] Rural Health Workforce Australia (2017). *Medical practice in rural and remote Australia: Combined rural workforce agencies national minimum data set report as at 30th November 2017*. Melbourne: RHWA

4 Demographics of rural general practice workforce as at 30 November 2016

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

As at 30 November 2016, there were 934 GPs known to be practising in RA 2 to 5 locations. This represented an increase of 4.1% compared to 30 November 2015 and a growth of 103% since 2001.

Models of service provision in rural Western Australia

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

Table 1 Rural GP numbers by primary model of service provision 2015 v 2016

Primary model of service provision	2015	2016	Difference	
Resident GP	554	569	15	2.7%
Fly-in/fly-out*	98	111	13	13.3%
Member of a primary health care team**	50	44	- 6	-12.0%
WACHS (DMO/SMO)	56	63	7	12.5%
GP registrar	138	146	8	5.8%
Other	1	1	0	0.0%
Total	**897**	**934**	**37**	**4.1%**

* Includes fly-in/fly-out and drive-in/drive-out GPs working for the Royal Flying Doctor Service, WACHS DMOs and SMOs, Aboriginal Medical Service practices and private GPs

** Primarily AMS practices

Gains can be seen in most rural GP types compared with November 2015. GPs who live outside rural and remote WA and fly-in/fly-out (including drive-in/drive-out) to their rural and remote practices, comprised the largest proportional increase in the workforce, with an additional 13 GPs (13.3% higher than at November 2015) working in RA 2 to 5 locations.

The number of GPs working in rural Aboriginal Medical Service practices appears to have dropped, however, the shortfall of 6 has been filled with increased GP registrar numbers, with the actual totals the same in both years.

Of the 146 rural GP registrars recorded at the November 2016 census date, 126 were training with WAGPET (3 more than in November 2015), 7 training with the RVTS and 13 on the ACRRM Independent Pathway.

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

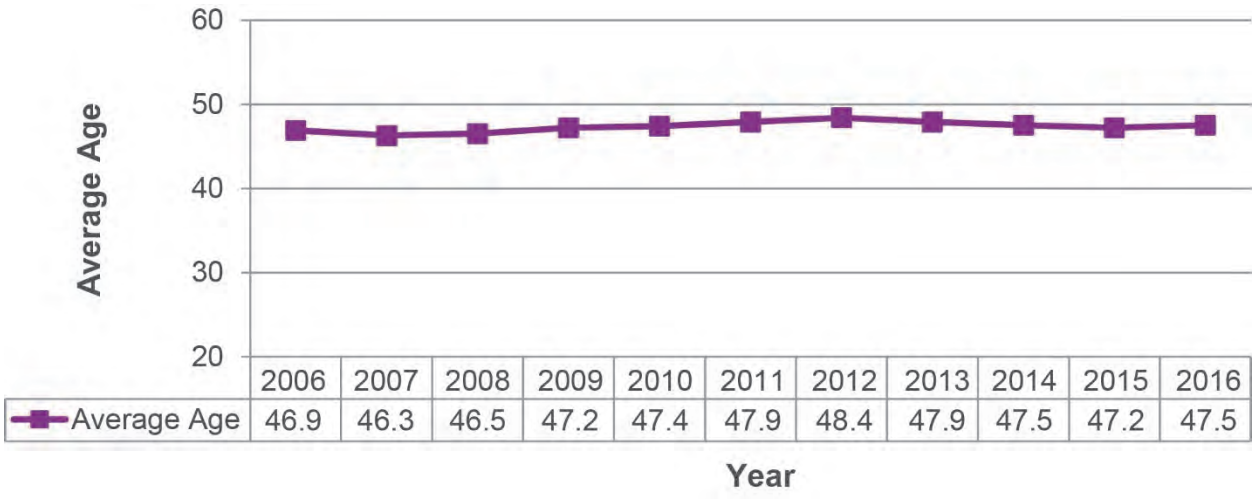
Rural general practitioners by age and gender

Average age of all rural general practitioners

The average age across all rural GPs at 30 November 2016 was 47.5 years. This is 0.3 years higher than November 2015 and compares to the national average age of 48.9 years (November 2016)[3].

Figure 1 compares the average age since 2005 and shows that the average age of the rural and remote workforce remains higher than 2005, but lower than when it peaked in 2012. This decrease in the average age since 2012 is attributable to the increasingly higher number of GP registrars entering the workforce who form a younger cohort (see Figure 19). The overall workforce has aged 3.2 years since 2001.

Figure 1 Average age of rural general practice workforce 2006 to 2016



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Average Age	46.9	46.3	46.5	47.2	47.4	47.9	48.4	47.9	47.5	47.2	47.5

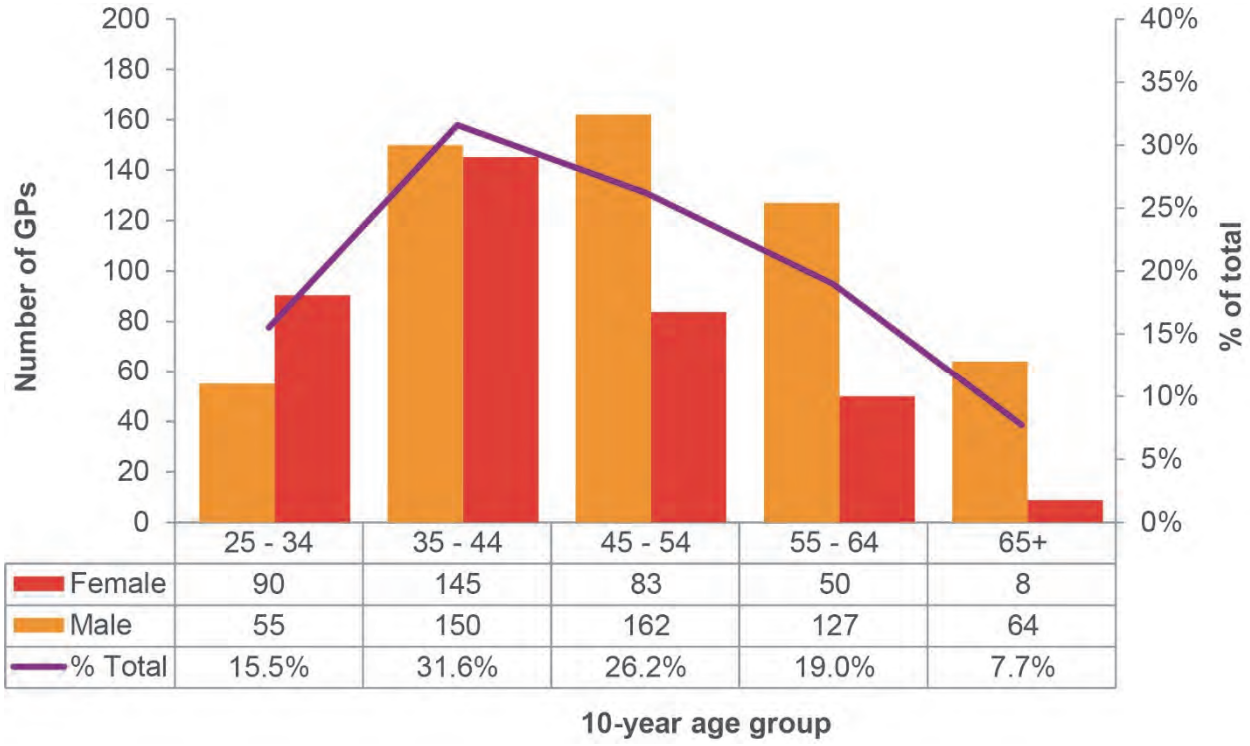
The average age for male GPs increased 0.2 years, from 50.0 years in 2015 to 50.2 years in 2016. The average age for female GPs increased 0.2 years, from 43.2 years in 2015 to 43.4 in 2016.

Rural general practitioners by age group and gender

Figure 2 indicates that the majority of the rural workforce (57.8%) was aged between 35 and 54 years, similar to previous years.

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 younger group aged between 25 and 34 years, also a similar pattern to previous years. This corresponds with the national pattern of more males than females in all age groups except <35 years[3].

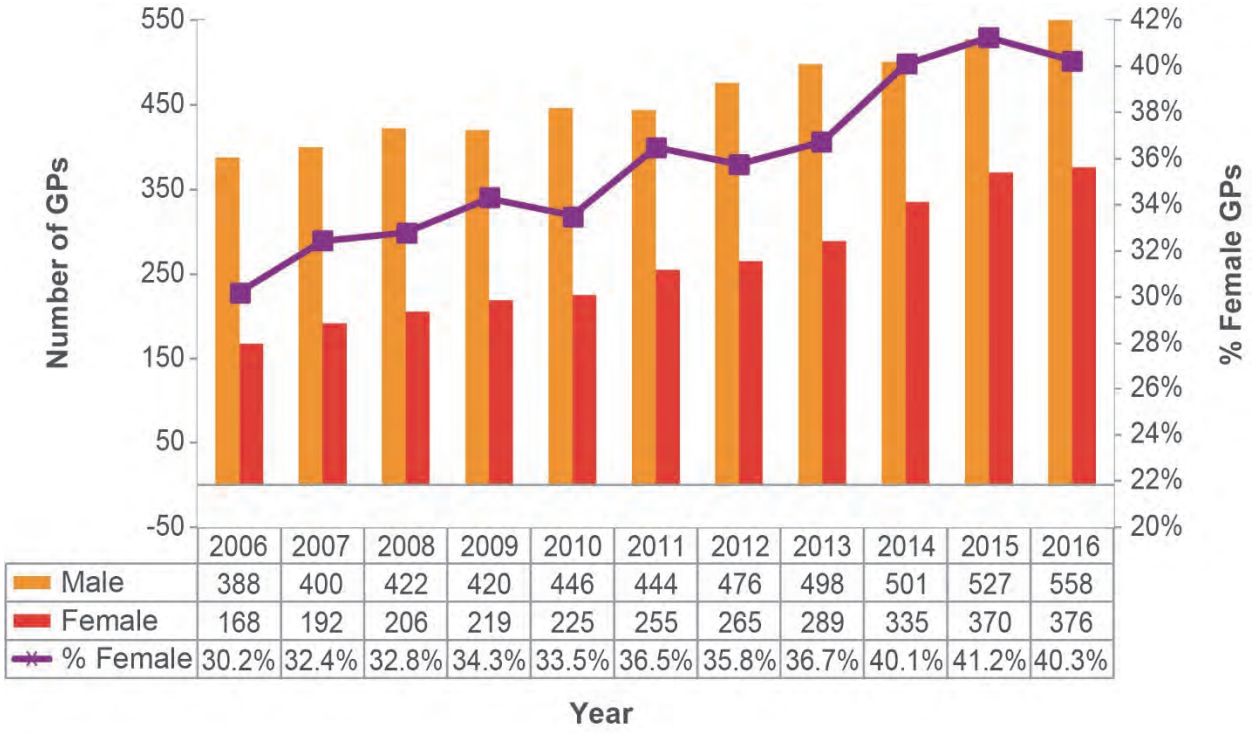
Figure 2 Composition of the rural general practice workforce by ten-year age group and gender as at 30 November 2016



	25 - 34	35 - 44	45 - 54	55 - 64	65+
Female	90	145	83	50	8
Male	55	150	162	127	64
% Total	15.5%	31.6%	26.2%	19.0%	7.7%

10-year age group

Figure 3 Number of rural GPs by gender and percentage of female GPs 2006 to 2016



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	388	400	422	420	446	444	476	498	501	527	558
Female	168	192	206	219	225	255	265	289	335	370	376
% Female	30.2%	32.4%	32.8%	34.3%	33.5%	36.5%	35.8%	36.7%	40.1%	41.2%	40.3%

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 41.2% in 2015 to 40.3% in 2016. This is due to the higher number of male GPs joining the rural workforce in 2016 (31) compared with females (6). Figure 3 continues to demonstrate a progressive trend of an increasing female GP representation in the rural workforce since 2006.

Female GP representation in the rural and remote WA workforce in November 2016 was lower than the national female GP average participation rate of 41.8%.[3]

Rural general practitioner 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. The Peel area (Mandurah, Pinjarra and surrounds) is included in the South West region, because although they are classified in the South Metropolitan Health region and not part of WACHS, they are actually ASGC-RA 2 locations. There is also another metropolitan region added to this analysis which we have named Outer Metro (RA 2), which includes outer metropolitan suburbs classified as ASGC-RA 2 locations.

Rural general practitioner numbers by region

The following table compares rural GP numbers within regions in 2015 and 2016.

Table 2 Rural GP numbers by region 2015 v 2016

Region	2015	2016	Actual difference	% difference
Goldfields	82	73	-9	*-11.0%*
Great Southern	93	98	5	*5.4%*
Indian Ocean Territories	2	2	0	*0.0%*
Kimberley	109	104	-5	*-4.6%*
Metropolitan (RFDS Western Operations)	17	15	-2	*-11.8%*
Midwest	81	90	9	*11.1%*
Outer Metro (RA 2)*	22	28	6	*27.3%*
Pilbara	60	59	-1	*-1.7%*
South West**	357	382	25	*7.0%*
Wheatbelt	74	83	9	*12.2%*
Totals	**897**	**934**	**37**	***4.1%***

* Practices located within metropolitan health boundaries but located in RA 2 locations (ie Golden Bay, Lancelin) but excluding Mandurah, Pinjarra and Waroona

** Includes Mandurah, Pinjarra and Waroona

The South West region contained the highest number of GPs (382 recorded GPs) which is 41% of the rural and remote general practice workforce in WA. 40.0% of these were in the Peel area and 42.5% were in the Greater Bunbury area.

The Outer Metro region experienced the greatest percentage increase (27.3%), although this was only six GPs. In contrast, the Goldfields region, after two consecutive years of gains, experienced the greatest percentage decrease in numbers of GPs between 2015 and 2016 (11%), a loss of nine GPs.

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 three 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 2015 and November 2016. This movement represents a 13.8% turnover during this period, an increase of 1% from the previous period. The percentage increase in the workforce was 4.4% compared to a 6.8% increase in 2015.

Table 3 Rural GP turnover November 2015 to November 2016 (excluding WAGPET GP registrars)

Number of permanent rural GPs November 2015	774
Number of departures	107
Turnover	**13.8%**
Number of arrivals	141
Number of permanent rural GPs November 2016	808
Percentage increase	**4.4%**

Table 4 shows the destinations of GPs who departed rural and remote WA between November 2015 and November 2016 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2015 v 2016

	2015		2016	
Destination	**Number**	**%**	**Number**	**%**
Perth	30	*32.2%*	39	*36.4%*
Extended leave	16	*17.2%*	16	*15.0%*
Interstate	24	*25.8%*	30	*28.0%*
Overseas	4	*4.3%*	6	*5.6%*
Other	8	*8.6%*	5	*4.7%*
Retirement	6	*6.5%*	7	*6.5%*
Locum	5	*5.4%*	4	*3.7%*
Total	**93**	***100.0%***	**107**	***100.0%***

There were 14 more departures in the 12-month period to November 2016 than for the preceding 12 months. The most common destinations for all GPs leaving rural and remote WA in 2016 was to Perth and interstate, with 69 GPs departing (64.5% of total departures). This is a similar pattern to previous years, however, the number of departures to interstate has doubled since 2014. Analysis of these interstate departures revealed that the majority (17 GPs, 83.3%) had originally come to rural WA from interstate or overseas.

Table 5 shows the origins of GPs joining or re-joining the permanent rural and remote workforce between November 2015 and November 2016.

Table 5 Origins of GPs joining the rural workforce 2015 v 2016

	2015		2016	
Origin	**Number**	**%**	**Number**	**%**
Overseas	21	*14.8%*	21	*14.9%*
Interstate	33	*23.3%*	23	*16.3%*
Perth	44	*31.0%*	52	*36.9%*
Extended leave	9	*6.3%*	11	*7.8%*
Trainee program	25	*17.6%*	20	*14.2%*
Roving locum	7	*4.9%*	5	*3.5%*
Other	3	*2.1%*	9	*6.4%*
Total	**142**	***100.0%***	**141**	***100.0%***

There was one fewer GP who joined the permanent rural workforce between November 2015 and November 2016 than in the previous reporting period. Prior to 2013, the proportion of arrivals from overseas, interstate and Perth was fairly equal. However, in 2013 and 2014 more GPs arrived directly from overseas than from any other location. In 2016, overseas arrivals almost equal interstate arrivals at 14.9% and 16.3% respectively. In this current period, more GPs arrived from Perth than any other location (52 GPs or 36.9%). 40 (76.9%) of these GPs were IMGs.

Although the number of IMGs entering rural WA directly from overseas was stable, the number of IMGs entering the workforce (regardless of origin) has increased. In 2016, 92 of the new arrivals were IMGs (65.2% of the 141 arrivals). In 2015 there were 82 new IMGs; in 2013 and 2014 there were 80 new IMGs, 90 in 2012 and 65 in 2011.

20 GPs, representing 14.2% of all new arrivals, joined the permanent rural workforce from the WAGPET GP training program in 2016 compared to 25 (17.6%) in 2015. The increased intake of rural registrars since 2012 has made an impact on the number of trainees staying on in rural WA when Fellowed, that is 5.4% of arrivals in 2011 were trainees who stayed on, 9.3% in 2012, 12.4% in 2013 and 12.0% in 2014.

Rural general practice workforce changes by gender

Table 6 summarises changes in the permanent rural general practice workforce by gender between 30 November 2015 and 30 November 2016, excluding WAGPET GP registrars.

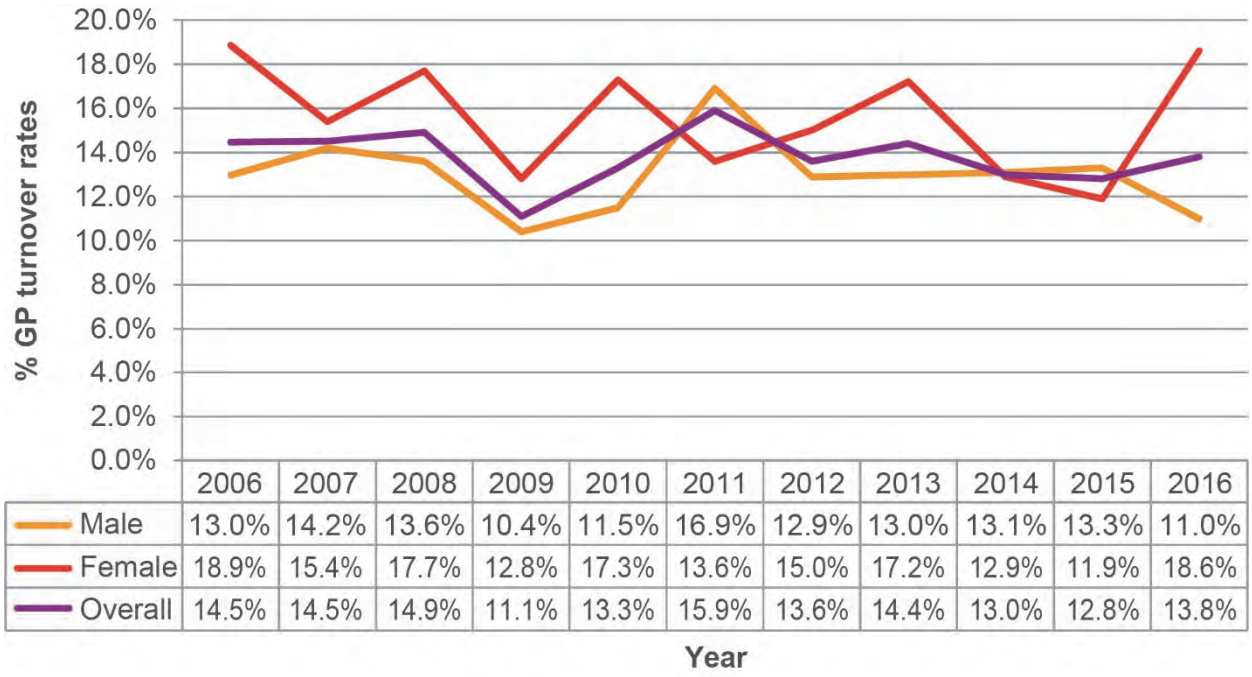
Table 6 Changes in the rural general practice workforce by gender 2015 to 2016 (excluding WAGPET GP registrars)

Gender	Number of GPs Nov 2015	Departures	% departed	Arrivals	Number of GPs Nov 2016	% increase
Male	483	53	***11.0%***	86	516	***6.8%***
Female	291	54	***18.6%***	55	292	***0.3%***
Totals	**774**	**107**	***13.8%***	**141**	**808**	***4.4%***

Both the female and male rural general practice workforce experienced similar departure numbers in 2016. However, proportionally, more females departed than males. Against the trend of increasing female GP representation in the rural and remote workforce, there were fewer female GP arrivals than males in the current reporting period.

Figure 4 compares GP turnover figures by gender for the period 2006 to 2016.

Figure 4 Rural GP turnover rates by gender 2006 to 2016 (excluding WAGPET GP registrars)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	13.0%	14.2%	13.6%	10.4%	11.5%	16.9%	12.9%	13.0%	13.1%	13.3%	11.0%
Female	18.9%	15.4%	17.7%	12.8%	17.3%	13.6%	15.0%	17.2%	12.9%	11.9%	18.6%
Overall	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%	13.6%	14.4%	13.0%	12.8%	13.8%

As in previous years (aside from 2014 and 2015), the female turnover rate was higher than that of the male workforce in 2016.

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 2015 v 2016 (excluding WAGPET GP registrars)

		Movements OUT of rural WA				Movements INTO rural WA			
Region	**N per region Nov 2015**	**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 2016**
Goldfields	79	15	3	18	***22.8%***	7	2	9	70
Great Southern	76	3	4	7	***9.2%***	10	0	10	79
Kimberley	79	14	0	14	***17.7%***	18	2	20	85
Midwest	72	10	1	11	***15.3%***	11	3	14	75
Pilbara	57	13	5	18	***31.6%***	14	1	15	54
South West*	305	34	3	37	***12.1%***	53	5	58	326
Wheatbelt	64	10	3	13	***20.3%***	18	5	23	74
Other**	42	8	2	10	***23.8%***	10	3	13	45
Overall	**774**	**107**	**21**	**128**		**141**	**21**	**162**	**808**

*Includes WACHS South West region plus the outer metropolitan area of Peel

** RDFS Western Operations in Jandakot and outer metropolitan areas classified as Other.

Between November 2015 and November 2016, 107 GPs left rural WA and a further 21 GPs moved from one rural region to another, totalling 128 GP departures from all regions. Over the same period, a total of 162 GPs moved into rural and remote regions, including 141 from outside rural WA and 21 who moved from one rural region to another.

The Pilbara region experienced the greatest proportional movements out (31.6% of all departures), with the majority of these GPs going interstate or overseas.

The Great Southern region experienced the least movement out, with only 9.2% of GPs departing. The South West region experienced the greatest movement in (35.8%), reflecting the influx of GPs moving into the greater Mandurah area for the second consecutive year (21 GPs, 36.2% of arrivals).

6 Clinical workloads

Estimates of full-time equivalents as used by Medicare Australia in calculating GP medical service provision are based solely on the number and dollar value of claims made by a provider over a given reference period (usually 12 months).

While this is a useful measure of overall service provision under Medicare, it does not reflect the number of hours worked by rural 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 GPs' 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 GP and practice surveys and other contacts), this section only includes data from the rural GP survey. Thus, there is no workload information recorded for GPs who did not return their surveys.

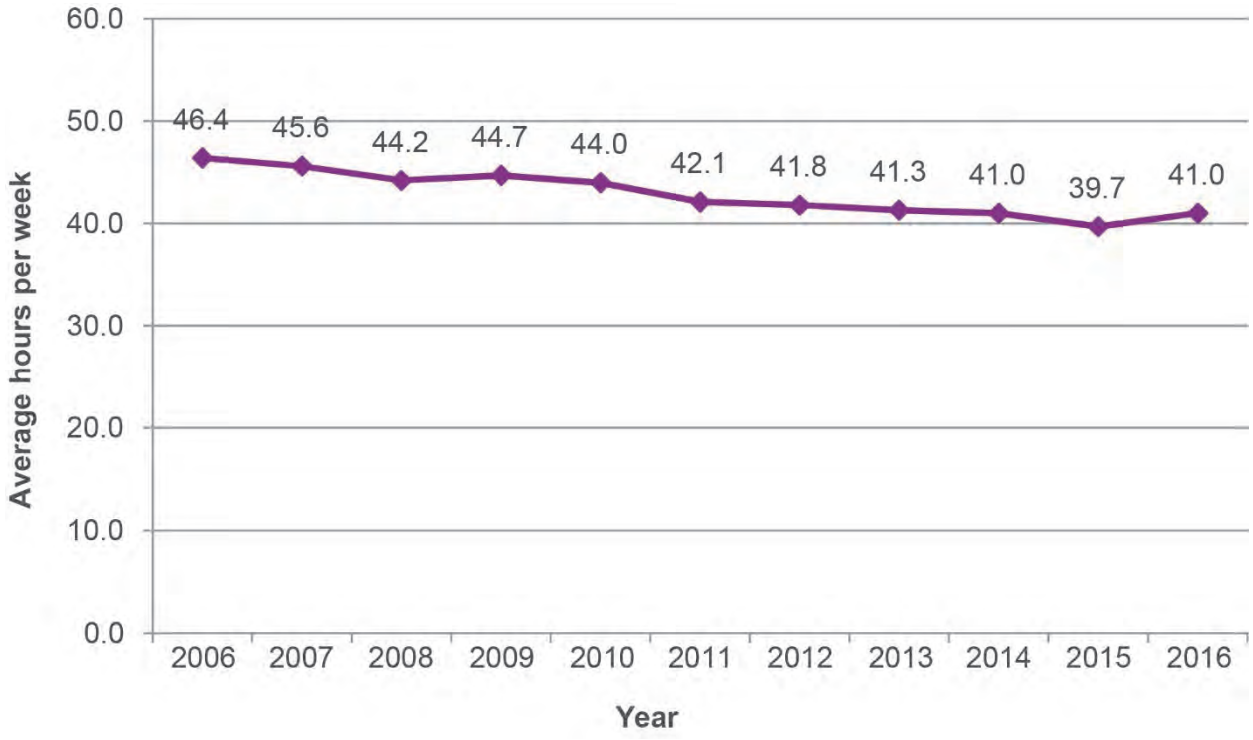
GPs working for the RFDS Western Operations have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 573 GPs, including GP registrars, and encompasses 61.4% of the rural workforce for this reporting period.

Average hours worked per week

At November 2016 the average self-reported clinical workload for rural GPs was 41.0 hours per week, compared to 39.7 hours per week in November 2015. This compares to the national average self-reported total hours of 38.3 hours at November 2016[3].

Figure 5 displays the average hours worked each year from 2006 to 2016. In contrast to the annual decrease in average working hours since 2009, in 2016, the average increased 1.3 hours from 2015.

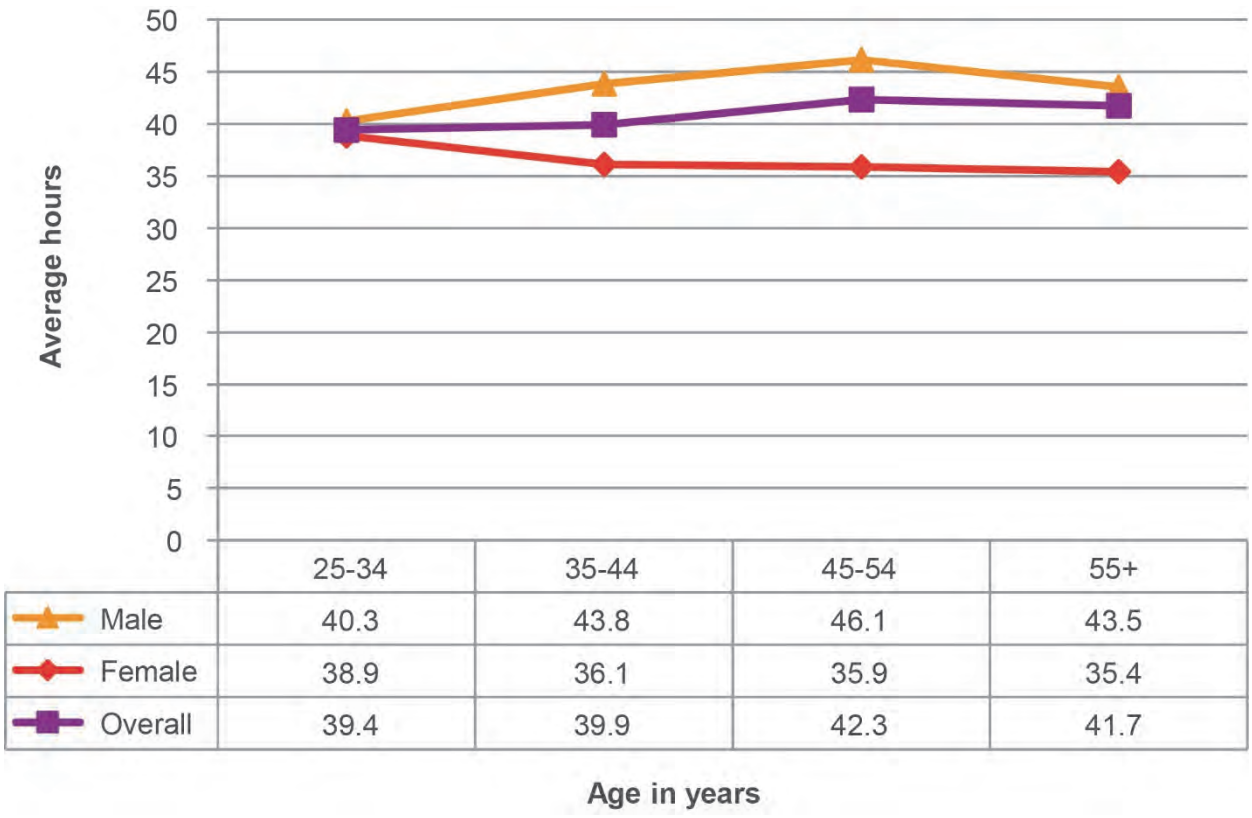
Figure 5 Average hours worked per week from 2006 to 2016



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 ten-year age groups



	25-34	35-44	45-54	55+
Male	40.3	43.8	46.1	43.5
Female	38.9	36.1	35.9	35.4
Overall	39.4	39.9	42.3	41.7

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	290	137	427	*74.5%*
Part-time	57	89	146	*25.5%*
Total respondents	**347**	**226**	**573**	***100.0%***

427 rural GPs (74.5% of respondents) self-reported working full-time in the provision of routine clinical GP services. This represents an increase of 2.5% in the self-reported full-time rural workforce compared to 2015. Of these full-time GPs in 2016, the vast majority were male (290 male and 137 female).

Conversely, 146 rural GPs (25.5% of respondents) self-reported as working part-time. Of these part-time GPs, 89 were female and 57 male (5 fewer than 2015). 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 2015 v 2016

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
2015	328	62	*18.9%*	248	99	*39.9%*	576	*28.0%*
2016	347	57	*16.4%*	226	89	*39.4%*	573	*25.5%*

16.4% of male respondents reported working part-time in 2016, a 2.5% decrease from 2015.

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 Pilbara region and fewer in the Outer Metro (RA 2) area close to Perth.

Figure 7 Average hours worked per week by region

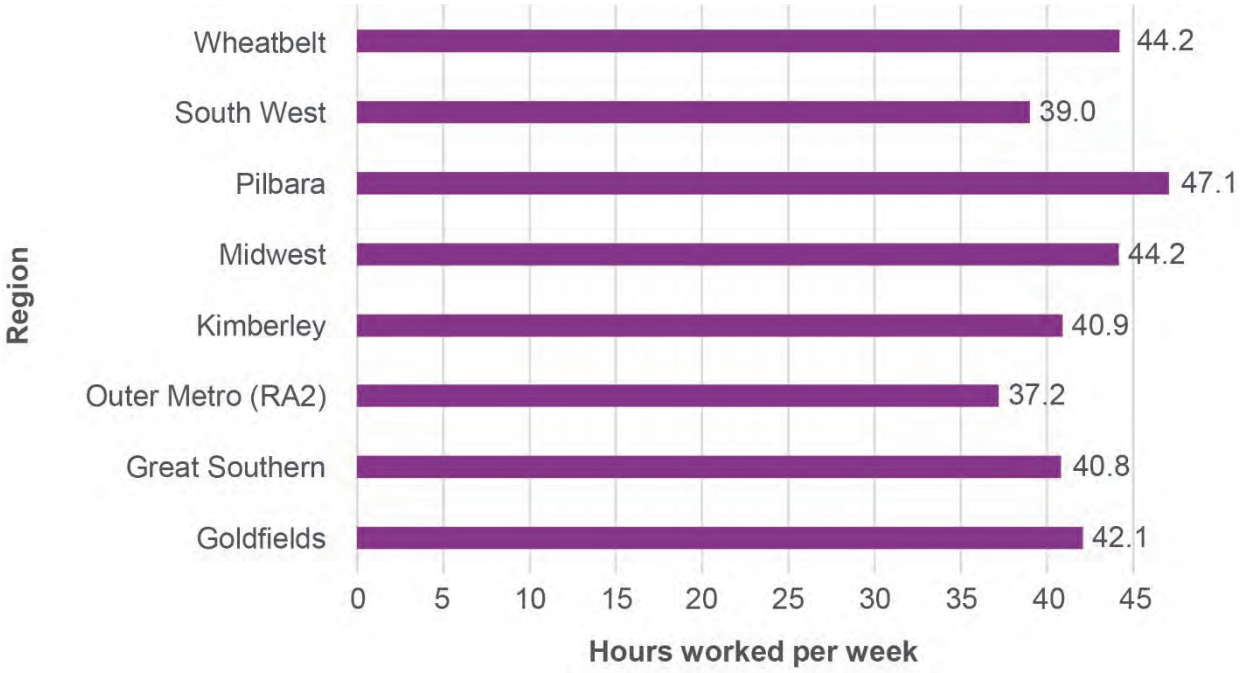
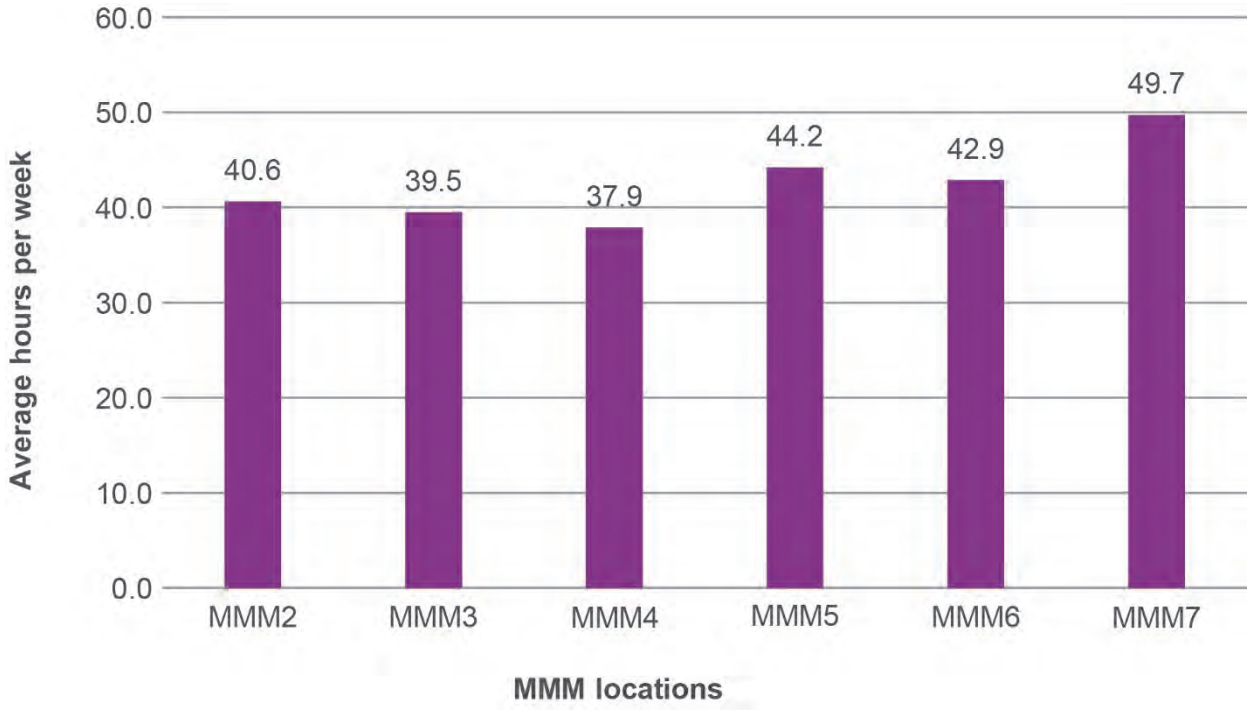


Figure 8 below shows an inverse relationship between hours worked and remoteness ie GPs working in more remote locations work more hours per week on average compared with their colleagues in less remote locations.

Figure 8 Average hours worked per week by MMM locations



7 Length of employment in current principal practice

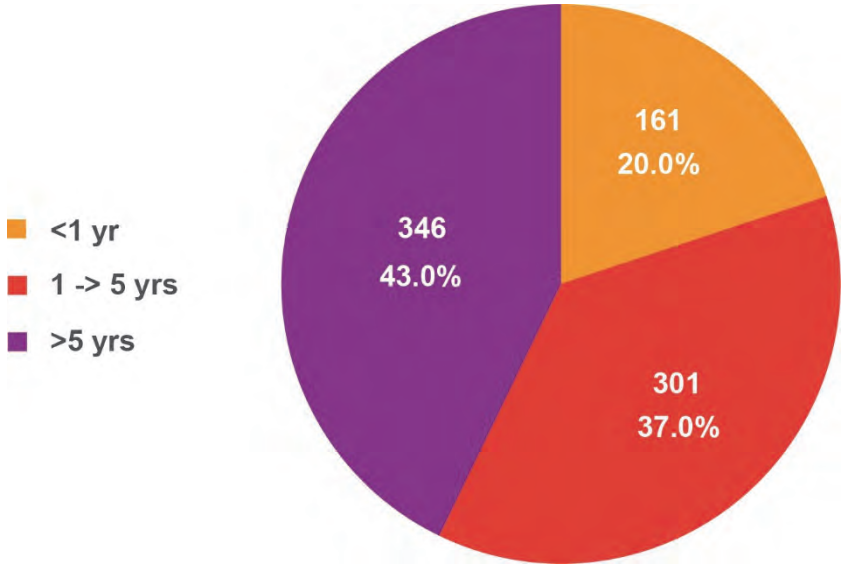
Average length of employment

Across rural and remote WA, the average length of employment in current principal practice for all GPs (not including WAGPET GP registrars) was 7.3 years, 0.2 years lower than in November 2015. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural or remote practices.

This compares to the national average length of employment in the current principal practice of 7.1 years (2016), 7.2 years (2015) and 7.3 years (2014)[3].

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)



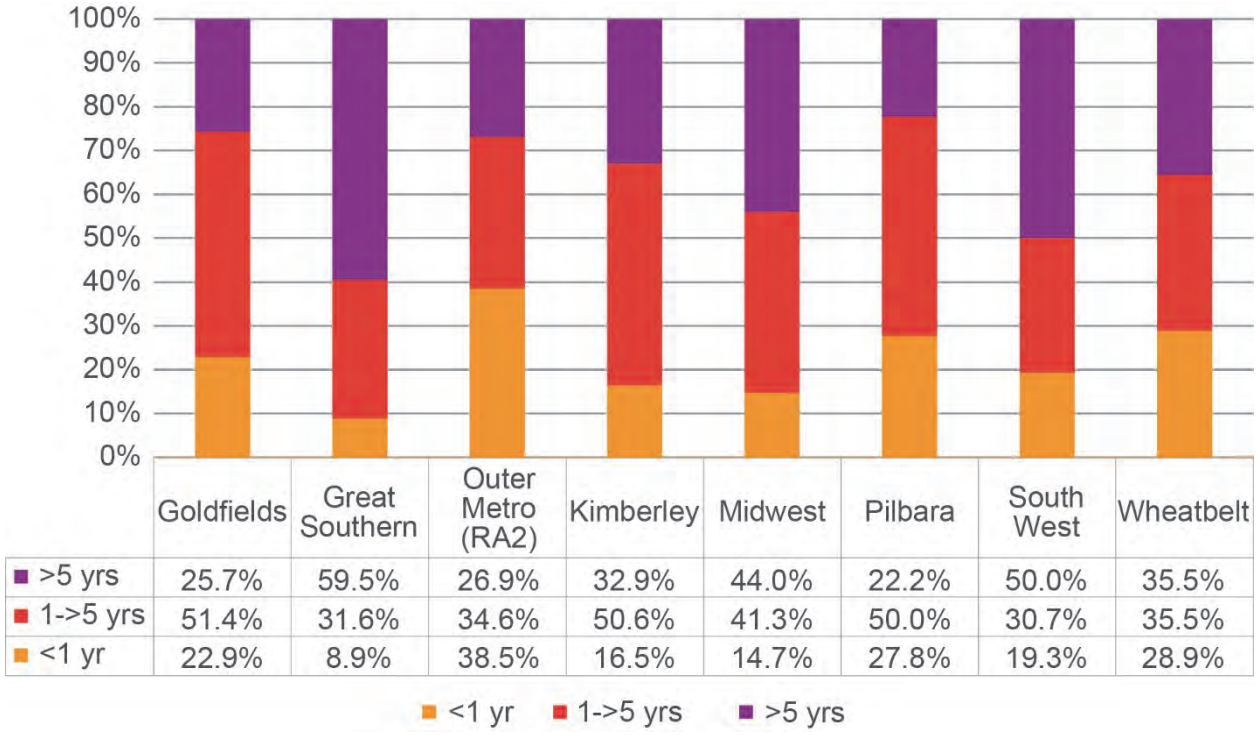
Rural GPs employed for less than 1 year increased by 3% from 2015. Rural GPs employed between 1 and 5 years decreased by 2% from 2015. Rural GPs employed for more than 5 years decreased by 1% from 2015.

The overall percentage of long stay rural GPs (more than 5 years) has increased from 37% in 2007 to 43% in 2016.

Average length of employment by region and Modified Monash Model

Figure 10 below compares the length of employment in current principal practice for rural GPs across regions and shows that, similar to 2015, the Great Southern region again had the greatest proportion of long stay GPs (59.5% of its workforce) and the lowest proportion of short stay GPs (8.9%). The Outer Metro (RA 2) area (comprising outer metropolitan suburbs classified as RA 2) contained the highest proportion of newly arrived GPs (38.5%), followed by the Wheatbelt (28.9%) and the Pilbara (27.8%) regions. The Pilbara region had the lowest proportion of long stay GPs (22.2%).

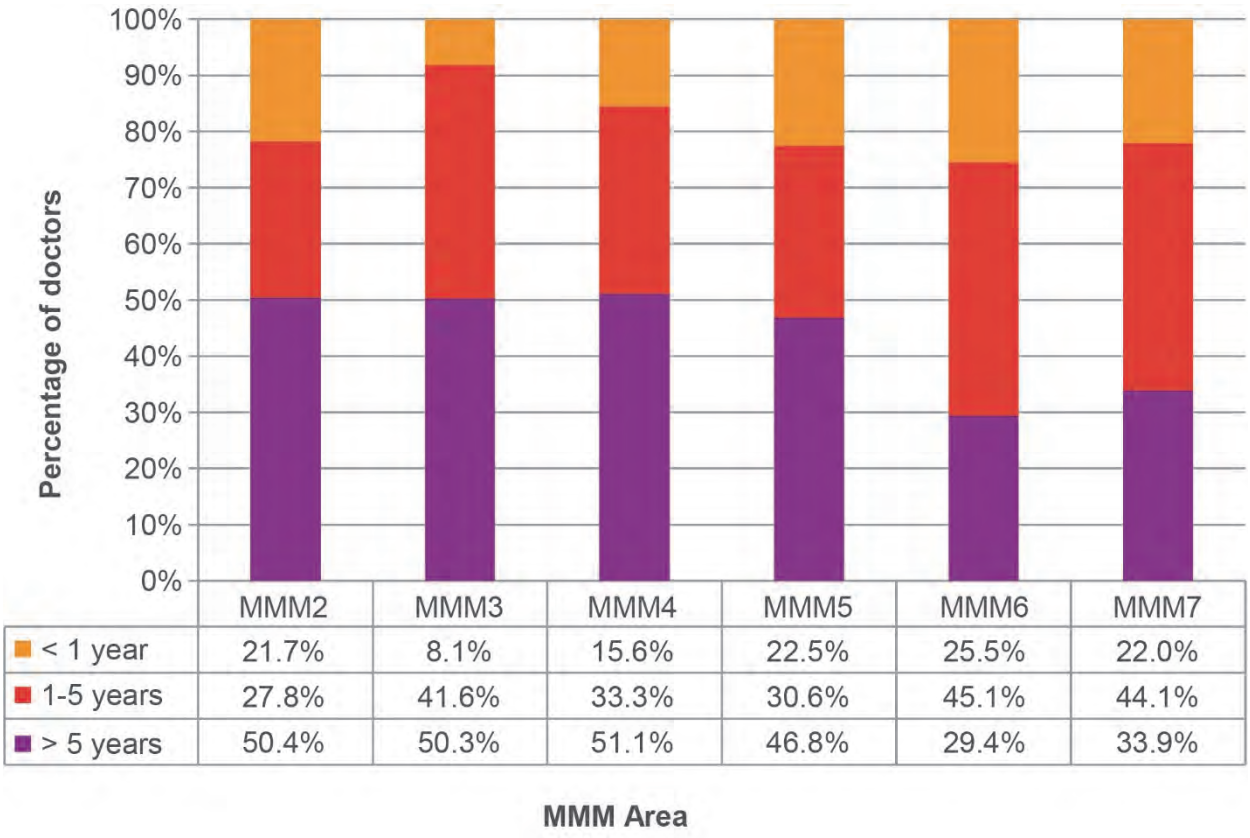
Figure 10 Length of employment in current principal practice by region (excluding WAGPET GP registrars)



	Goldfields	Great Southern	Outer Metro (RA2)	Kimberley	Midwest	Pilbara	South West	Wheatbelt
>5 yrs	25.7%	59.5%	26.9%	32.9%	44.0%	22.2%	50.0%	35.5%
1->5 yrs	51.4%	31.6%	34.6%	50.6%	41.3%	50.0%	30.7%	35.5%
<1 yr	22.9%	8.9%	38.5%	16.5%	14.7%	27.8%	19.3%	28.9%

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 2, 3 and 4 locations. In contrast, in MMM 6 and 7 locations, 29.4% and 33.9% were long-term GPs.

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



	MMM2	MMM3	MMM4	MMM5	MMM6	MMM7
< 1 year	21.7%	8.1%	15.6%	22.5%	25.5%	22.0%
1-5 years	27.8%	41.6%	33.3%	30.6%	45.1%	44.1%
> 5 years	50.4%	50.3%	51.1%	46.8%	29.4%	33.9%

8 Practice type

There were 917 rural GPs, including GP registrars, but excluding RA 1 (metropolitan RFDS Western Operations) and Indian Ocean Territories GPs, known to be practising at 30 November 2016. Table 10 shows the number of GPs in each region who were solo practitioners compared with the number working in group practices. There were 53 rural GPs working in solo practices in 2016, five fewer than in 2015. This represented 5.8% of the rural general practice workforce and was 0.8% lower than in 2015 (6.6%).

The solo practitioner component of the rural workforce varied widely across geographical locations, with the highest proportion (19.3%) being in the Wheatbelt region, followed by 11.1% in the Midwest.

There has been an increase of 22 GPs in group practices in the South West region since 2015, attributable to a number of new practices opening in the Peel and Bunbury areas.

Table 10 Number of rural GPs by practice type and region

Region	Group	Solo	Total	% Solo
Goldfields	70	3	73	4.1%
Great Southern	92	6	98	6.1%
Outer Metro (RA 2)	27	1	28	3.6%
Kimberley	103	1	104	1.0%
Midwest	80	10	90	11.1%
Pilbara	56	3	59	5.1%
South West	369	13	382	3.4%
Wheatbelt	67	16	83	19.3%
Overall	**864**	**53**	**917**	**5.8%**

The overall proportion of rural GPs working in solo practices in WA (5.8%) is slightly lower than the national average in 2016 of 6.6%. Nationally, the majority of rural GPs working in solo practices were in RA 2 locations, whereas in WA, the majority are in RA 3[3].

Table 11 below delineates the number of practices in each region (excluding WACHS hospitals and RFDS Western Operations). The reported number of practices in 2016 was 210, up from 197 in 2015 and 194 in 2014. There were 51 solo practices in 2016, three fewer than 2015; 1 of these practices employed an additional GP with the other 2 solo practices incorporated into larger group practices.

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

Region	Group practice	Solo practice	AMS practice	Number of practices
Goldfields	12	3	3	**18**
Great Southern	13	6	0	**19**
Outer Metro (RA2)	8	1	0	**9**
Kimberley	6	1	7	**14**
Midwest	12	10	3	**25**
Pilbara	9	3	3	**15**
South West	63	11	1	**75**
Wheatbelt	18	16	1	**35**
Total	**141**	**51**	**18**	**210**

The majority of rural practices overall are group practices. The South West has the most group practices (63 practices). The Midwest region contains somewhat similar numbers of group and solo practices as does the Wheatbelt region. The Wheatbelt region contains the most solo practices, with 31.4% of all solo practices. There has been an increase of 4 group practices in the South West region since 2015.

The discrepancy between the total number of solo practitioners (53) 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, and thus 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 2016.

Table 12 Number and proportion of rural GPs practising procedures 2015 v 2016

Procedure	n 2015	% of total GPs 2015	n 2016	% of total GPs 2016
Anaesthetics	101	11.3%	101	10.8%
Obstetrics	105	11.7%	106	11.3%
General surgery	24	2.7%	23	2.5%

There were 192 rural GP proceduralists recorded as at 30 November 2016 (2 more than in 2015), many of whom practised in more than 1 procedural area. Although this appears encouraging, the number of GP proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2006, there were 14 GPs who practised all 3 procedures and 68 who practised 2 procedures. This compares with 2016, where there were only 3 practising all 3 procedures and 32 practising 2 procedures.

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

Figure 12 Number of rural GPs undertaking procedural work

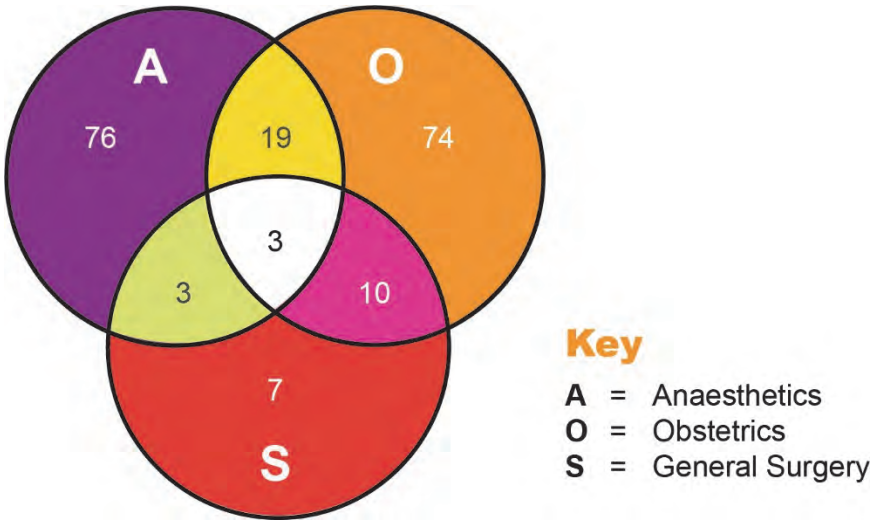
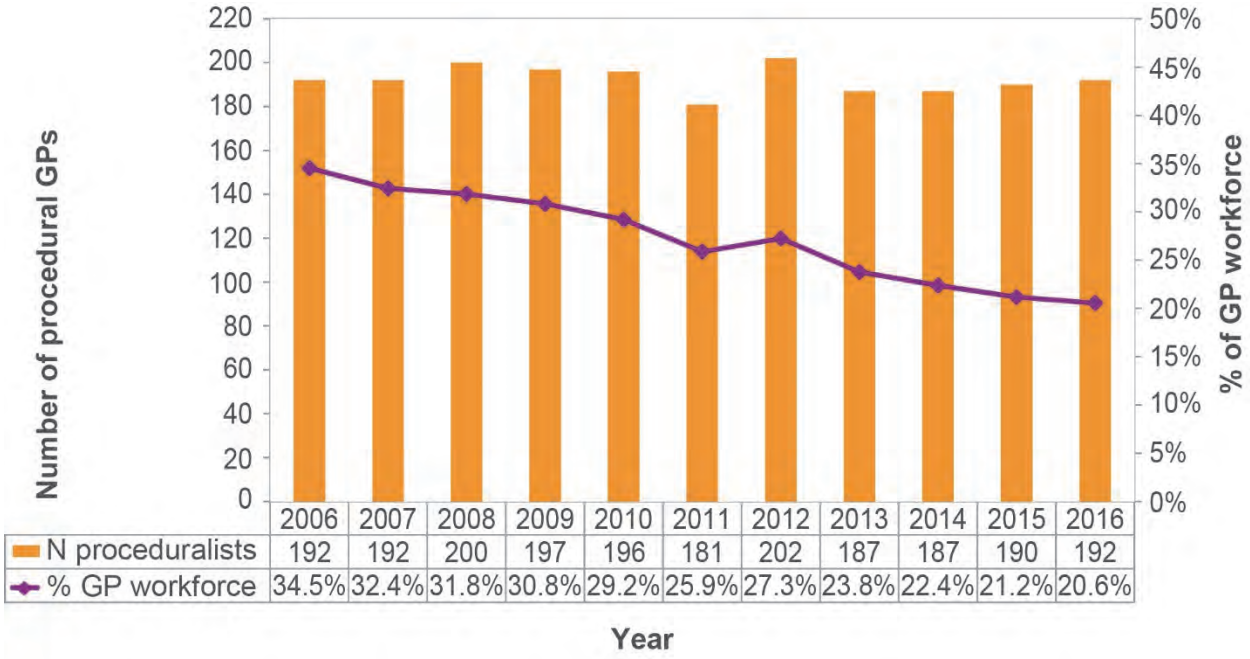


Figure 13 illustrates the fluctuations in overall rural GP proceduralist numbers and proportions between 2006 and 2016. There was a gain of 2 proceduralists in 2016, but the overall trend of decreasing proportions of the overall workforce continued in 2016.

Figure 13 Number and proportion of rural GP proceduralists 2006 to 2016



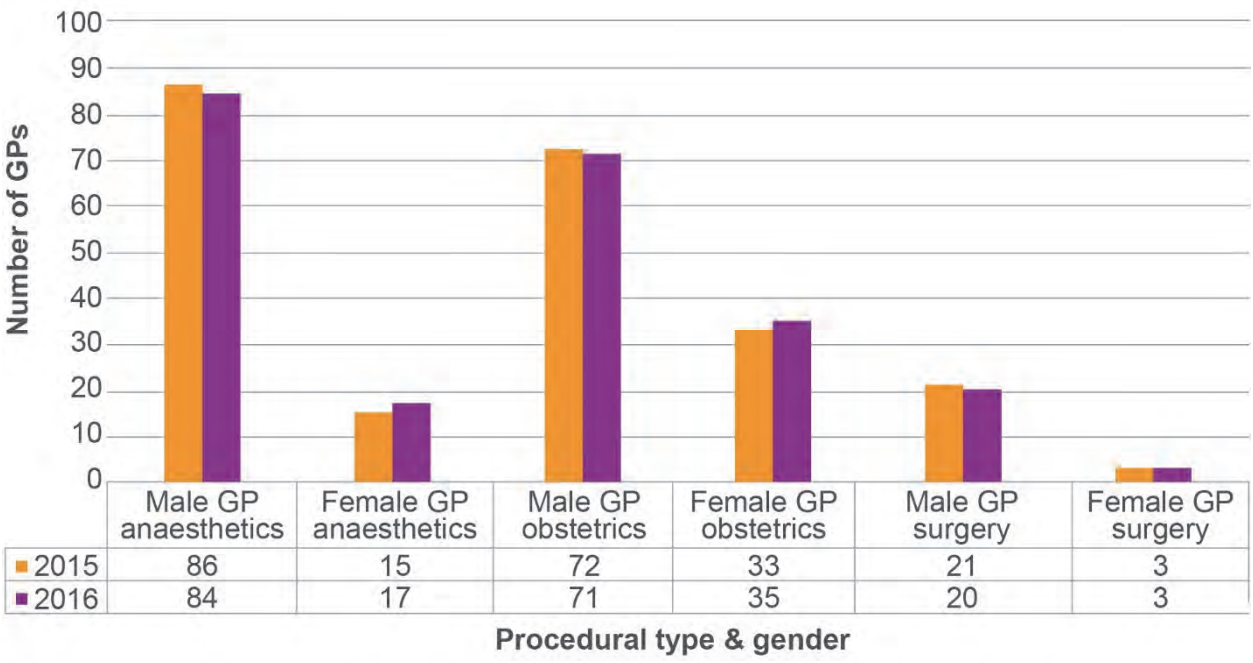
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
N proceduralists	192	192	200	197	196	181	202	187	187	190	192
% GP workforce	34.5%	32.4%	31.8%	30.8%	29.2%	25.9%	27.3%	23.8%	22.4%	21.2%	20.6%

The proportion of the total rural general practice workforce who were practising proceduralists was 20.6%. In the national representation, this figure was lower than the Northern Territory (28.5%) and South Australia (24.3%), but higher than New South Wales (8.0%), Queensland (8.1%) and Victoria (6.0%)[3]. It appears that the states with the smaller populations have a greater proportion of rural proceduralists than states with larger populations.

Rural GP proceduralists by gender

Figure 14 provides the number and proportion of rural GP proceduralists by gender for 2015 and 2016 and shows that the number of male proceduralists has decreased in all procedural areas since 2015, yet has increased or remained stable in the female workforce.

Figure 14 Number of rural GP proceduralists by type and gender 2015 v 2016

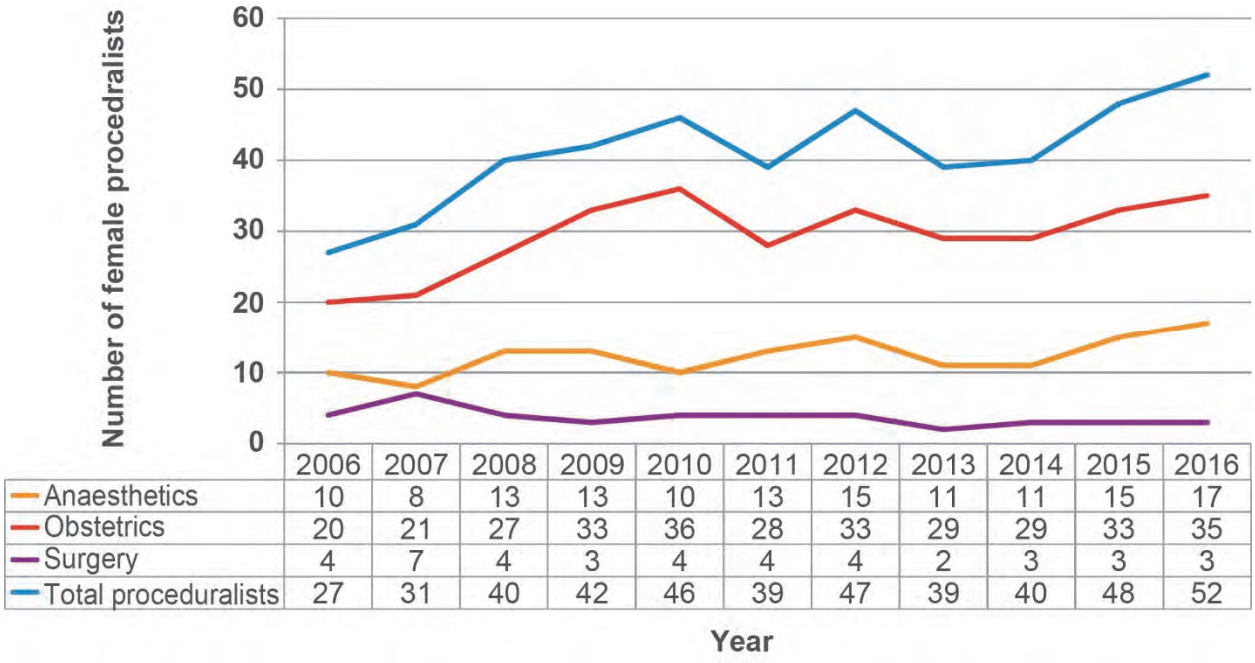


The gender distribution of rural GPs practising in each procedural field is shown to remain disproportionate to that of the overall WA rural and remote general practice workforce. 40.3% of the overall rural workforce was female in 2016 (see Figure 3), whilst only 27.1% of the rural GP proceduralist population was female. It is also noted that the female portion of the procedural workforce has risen 13% since 2006.

Nationally, female proceduralists comprised 41.8% of the rural procedural workforce in 2016[3].

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2006 and 2016 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.

Figure 15 Number of rural female GP proceduralists between 2006 and 2016

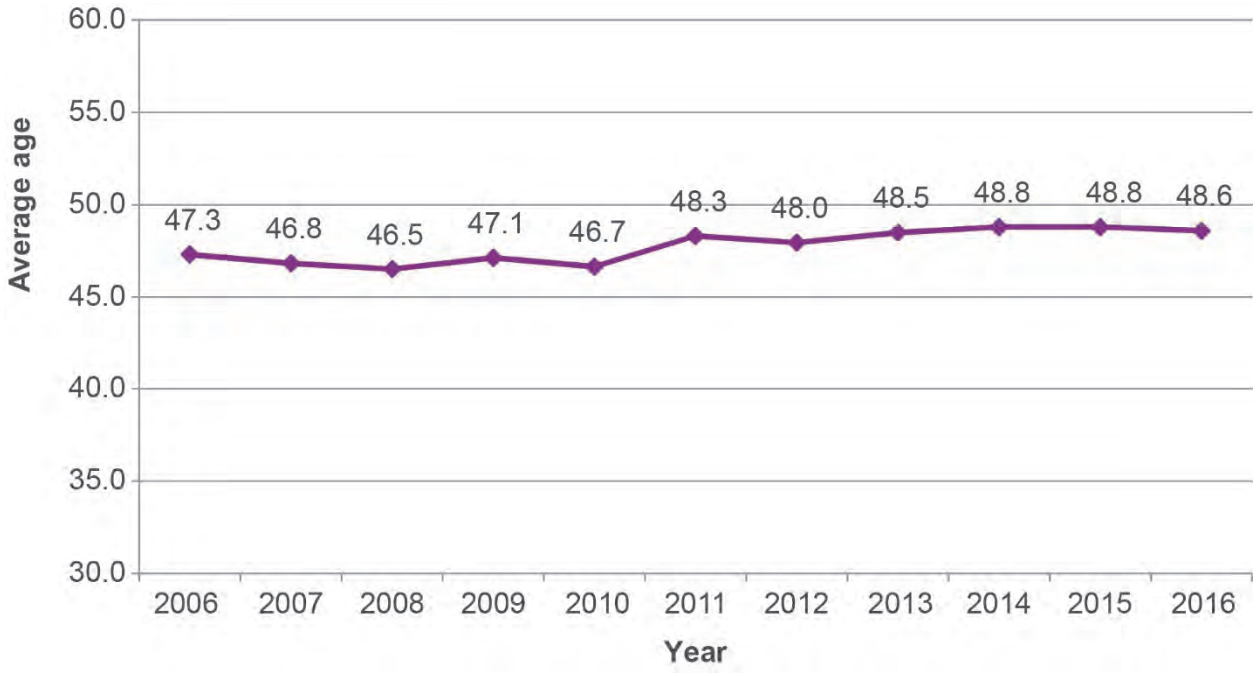


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Anaesthetics	10	8	13	13	10	13	15	11	11	15	17
Obstetrics	20	21	27	33	36	28	33	29	29	33	35
Surgery	4	7	4	3	4	4	4	2	3	3	3
Total proceduralists	27	31	40	42	46	39	47	39	40	48	52

Rural GP proceduralists by age

Figure 16 shows the average age of rural proceduralists between 2006 and 2016.

Figure 16 Average age of rural GP proceduralists 2006 to 2016



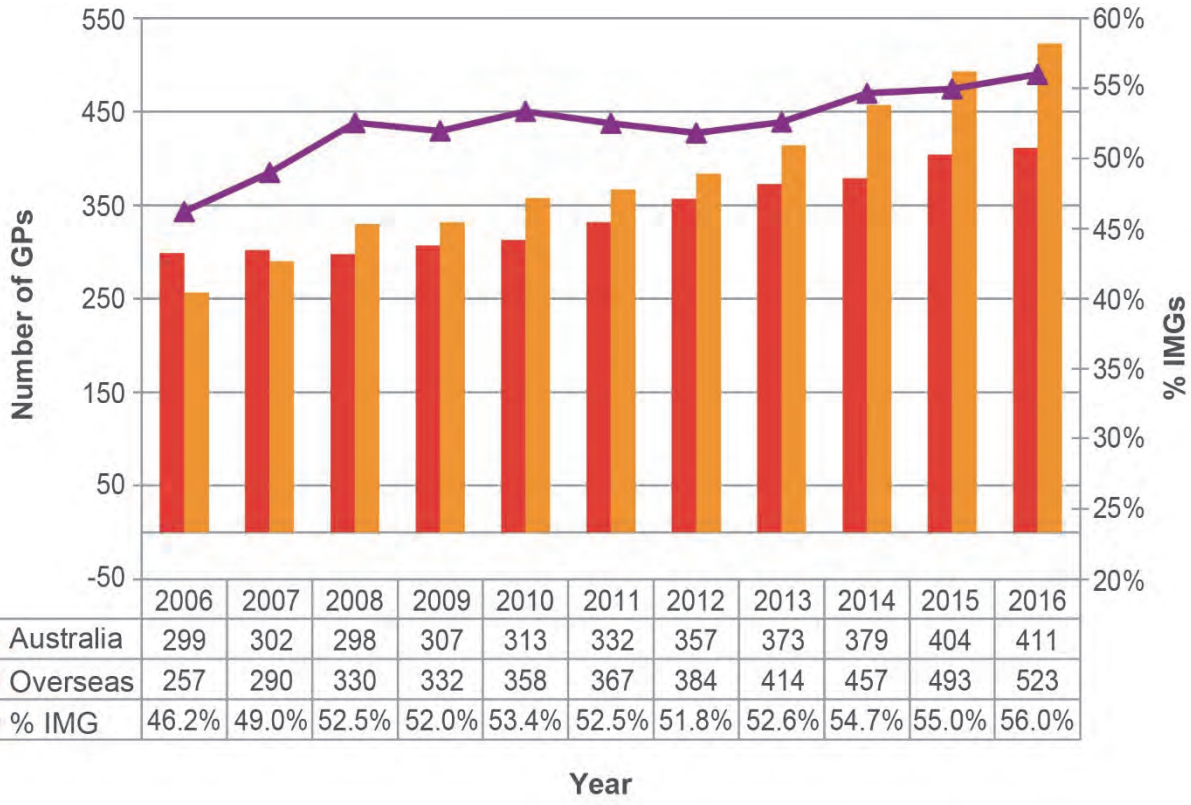
The average age of the rural GP proceduralist workforce decreased by 0.2 years between 2015 and 2016, though it remains higher than the non-proceduralist workforce (47.2 years).

10 Country of training and residency status

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 2006 to 2016.

Figure 17 Number and percentage of rural IMGs 2006 to 2016



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Australia	299	302	298	307	313	332	357	373	379	404	411
Overseas	257	290	330	332	358	367	384	414	457	493	523
% IMG	46.2%	49.0%	52.5%	52.0%	53.4%	52.5%	51.8%	52.6%	54.7%	55.0%	56.0%

At 30 November 2016, 56.0% of the rural and remote medical workforce in WA had obtained their basic medical qualification overseas. This was 1% higher than 2015 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 make up 10% of the workforce.

In the 2016 period, there were 92 IMG arrivals to rural Western Australia, compared with 82 in 2015 and 80 in 2014 and 2013. Of the 92 IMGs arriving in 2016, the largest proportion gained their basic medical qualification from India (16.3%), the United Kingdom (15.2%), Nigeria (9.8%), and Pakistan and Myanmar (both 6.5%).

Whilst the United Kingdom continues to be a significant source of new rural GPs, the proportion of IMG GPs arriving annually from the United Kingdom continues to decline (15.2% in 2016, 19.5% in 2015, 20.0% in 2014, 23.8% in 2013 and 25.6% in 2012.)

Residency status

The residency status of the rural general practice workforce as at 30 November 2016 is displayed in Table 13.

Table 13 Residency status of rural general practice workforce 30 November 2016

Residency	Number	%
Australian citizen	622	66.6%
Permanent resident	213	22.8%
Temporary resident	86	9.2%
New Zealand citizen	13	1.4%
Total	**934**	**100.0%**

As at 30 November 2016, 66.6% of the rural workforce were Australian citizens, a decrease of 0.1% from 2015. 9.2% of the rural workforce were temporary residents, a decrease of 1.1% from 2015.

There were 41 GPs practising under the Five Year Overseas Trained Doctors Scheme on 30 November 2016 (1 fewer than in 2015). This scheme provides opportunities for IMGs to obtain permanent residency after achieving Fellowship of The Royal Australian College of General Practitioners (FRACGP) or equivalent. These GPs must work in an Area of Need for 5 years (less in some remote areas) in order to obtain an unrestricted Medicare Provider Number.

Between November 2015 and November 2016, 8 GPs joined the Five Year Overseas Trained Doctors Scheme. Conversely, there were 7 GPs who left the Scheme. Of those who left, 2 completed the Scheme (1 remained in rural WA and 1 moved to Perth) and 5 did not complete the scheme (2 moved interstate, 2 moved to ineligible locations in rural WA and 1 moved to Perth).

Table 14 indicates the residency status of the Five Year Overseas Trained Doctors Scheme GPs and shows a loss of 3 Australian citizens to the rural workforce but a gain of 7 permanent residents.

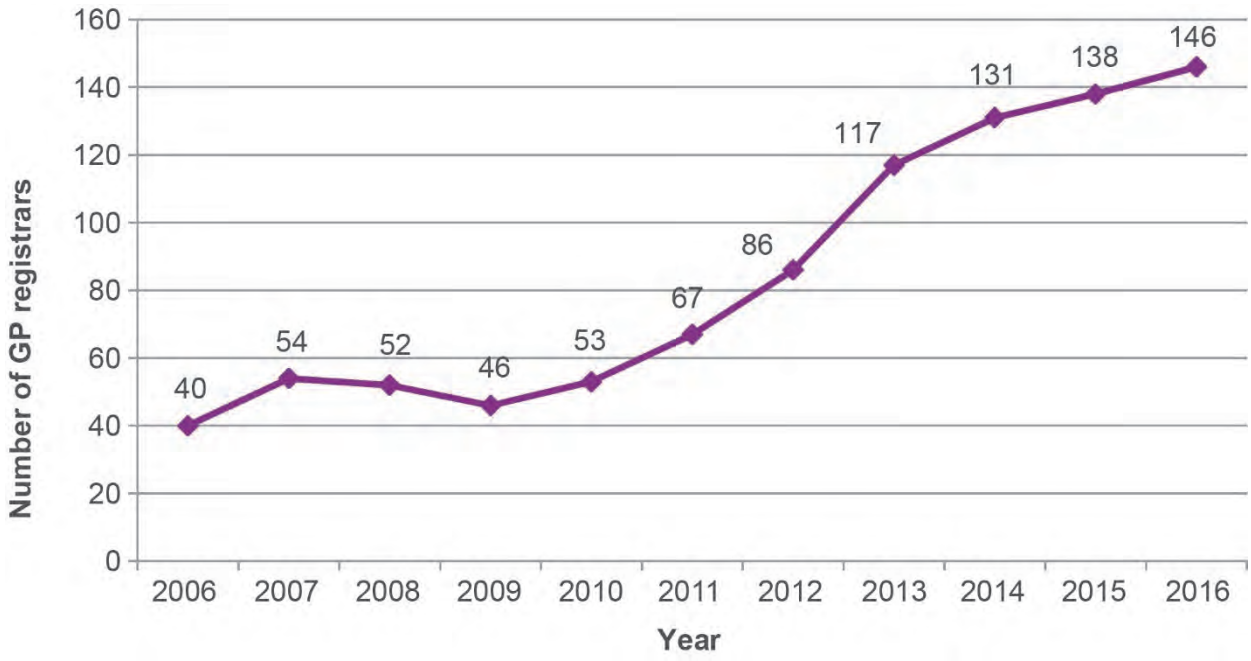
Table 14 Residency status of rural GPs on the Five Year Overseas Trained Doctors Scheme 2015 v 2016

Residency	2015	%	2016	%
Australian citizen	7	*16.7%*	4	*9.8%*
Permanent resident	15	*35.7%*	22	*53.7%*
Temporary resident	20	*47.6%*	15	*36.6%*
Total	**42**	***100.0%***	**41**	***100.0%***

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 2006 to 2016 at the census date of 30 November each year.

Figure 18 Total number of rural GP registrars 2006 to 2016



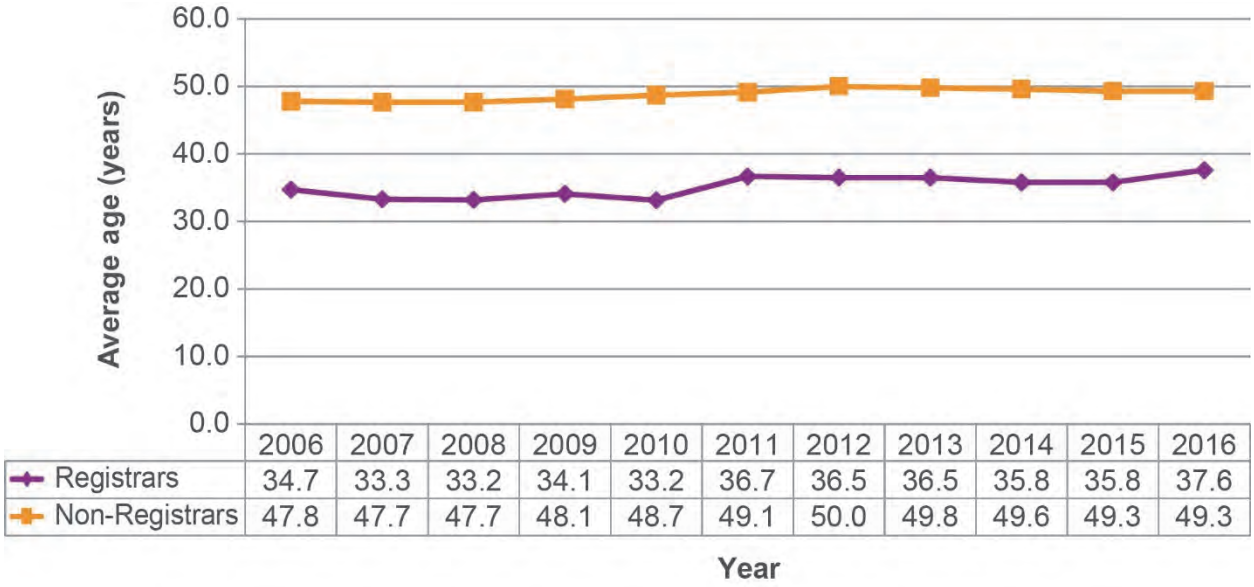
The total number of GP registrars in the rural and remote WA workforce at the census date of 30 November 2016 was 146, which was 8 more than 2015 and the highest figure recorded to date. The increase since 2011 reflects an increase in the intake and rural placements of WAGPET GP registrars and the commencement of WA placements by RVTS and ACRRM.

In 2016, the number of rural GP registrars in each program were WAGPET (126, an increase of 3 from 2015), ACRRM Independent Pathway (13, an increase of 8) and RVTS (7, a decrease of 3). GP registrars represented 15.6% of the rural and remote general practice workforce in 2016, compared to 15.4% in 2015, 15.7% in 2014, 14.9% in 2013, 11.6% in 2012 and 9.6% in 2011.

61.0% of all rural GP registrars were female (an increase from 58.7% in 2015). 66.7% of all WAGPET GP registrars working in rural Western Australia 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.

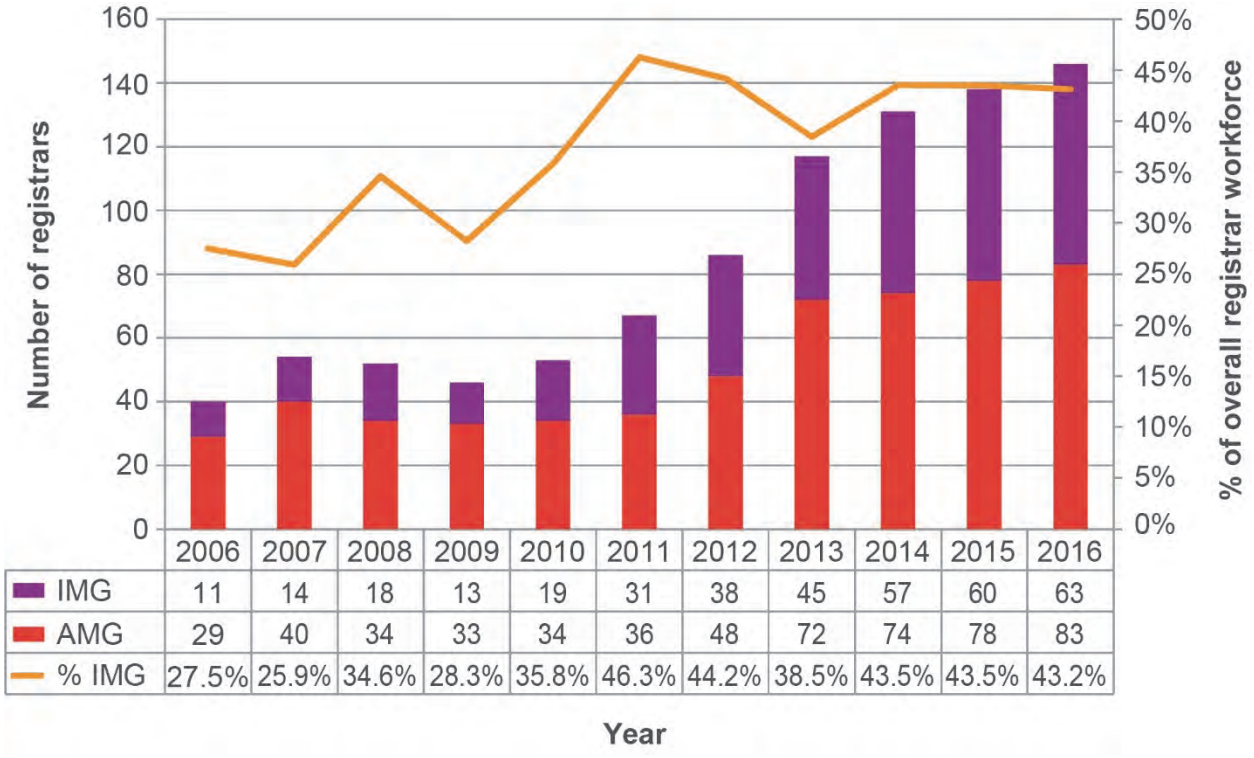
Figure 19 Average age of rural GP registrars 2006 to 2016



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Registrars	34.7	33.3	33.2	34.1	33.2	36.7	36.5	36.5	35.8	35.8	37.6
Non-Registrars	47.8	47.7	47.7	48.1	48.7	49.1	50.0	49.8	49.6	49.3	49.3

Figure 20 provides a comparative breakdown of rural GP registrar figures from 2006 to 2016, according to where they received their primary medical qualification.

Figure 20 Number and proportion of overseas trained rural GP registrars 2006 to 2016



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
IMG	11	14	18	13	19	31	38	45	57	60	63
AMG	29	40	34	33	34	36	48	72	74	78	83
% IMG	27.5%	25.9%	34.6%	28.3%	35.8%	46.3%	44.2%	38.5%	43.5%	43.5%	43.2%

This chart shows that the number of rural GP registrars who completed their primary medical qualification overseas (IMG) increased by 3 GPs in 2016, while the number of Australian trained GP registrars increased by 5. The proportion of registrars who were IMGs was slightly lower in 2016 (43.2%) than in 2015 (43.5%).

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

Table 15 University of basic medical training of Australian trained GP registrars working in rural Western Australia 2016

University of basic medical training	Number of GPs
The University of Western Australia	40
The University of Notre Dame Australia	20
The University of Queensland	7
The University of Sydney	3
The University of Tasmania	3
Flinders University	2
The University of Adelaide	2
Bond University	1
Griffith University	1
James Cook University Australia	1
The University of Melbourne	1
The University of New South Wales	1
University of Newcastle	1
Total	**83**

This table shows that 48.2% of all Australian trained GP registrars working in rural Western Australia completed their basic medical training at The University of Western Australia and that overall, 60 (72.3%) completed their basic medical training in WA.

12 Rural Aboriginal Medical Service practices

The following section analyses the general practice workforce in rural and remote AMS practices. This workforce comprised a total of 73 GPs in 2016, of which 15 were WAGPET registrars, 4 were RVTS registrars, 10 were fly-in/fly-out GPs and 44 were resident GPs.

The 15 WAGPET GP registrars who identified as working in a rural AMS practice as their primary practice are excluded from the remainder of this analysis. Notably however, as seen in Table 16 below, the number of registrars in AMS practices dropped 28 in 2015 to 15 in 2016.

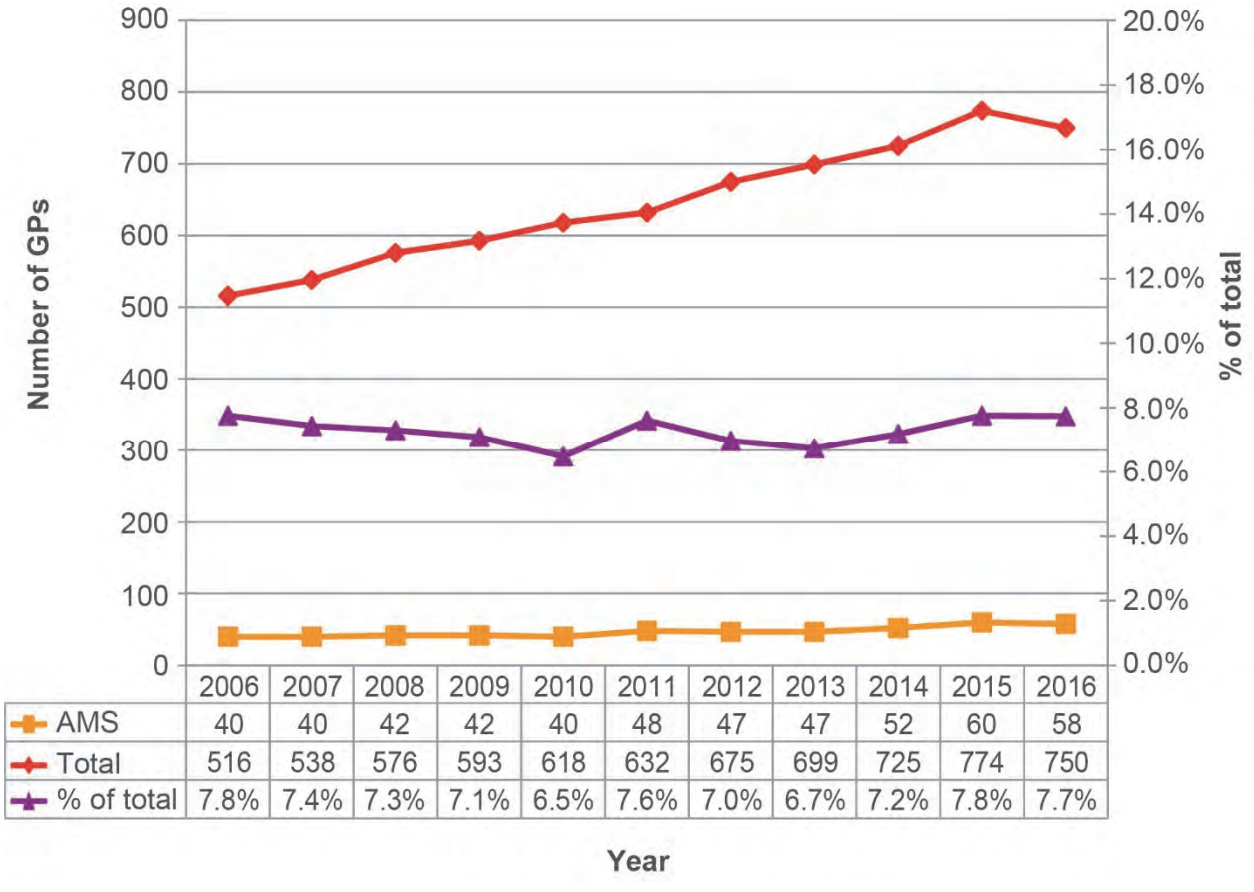
Table 16 WAGPET GP registrars in rural Aboriginal Medical Service practices 2006 to 2016

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of GP registrars	6	11	8	9	9	10	12	14	20	28	15

Also excluded from this analysis are the 9 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 2006 to 2016. In 2016, there were 58 GPs, a decrease of 2 GPs from 2015. The percentage of the rural general practice workforce identifying an AMS practice as their primary practice decreased in 2016, from 7.8% to 7.7%.

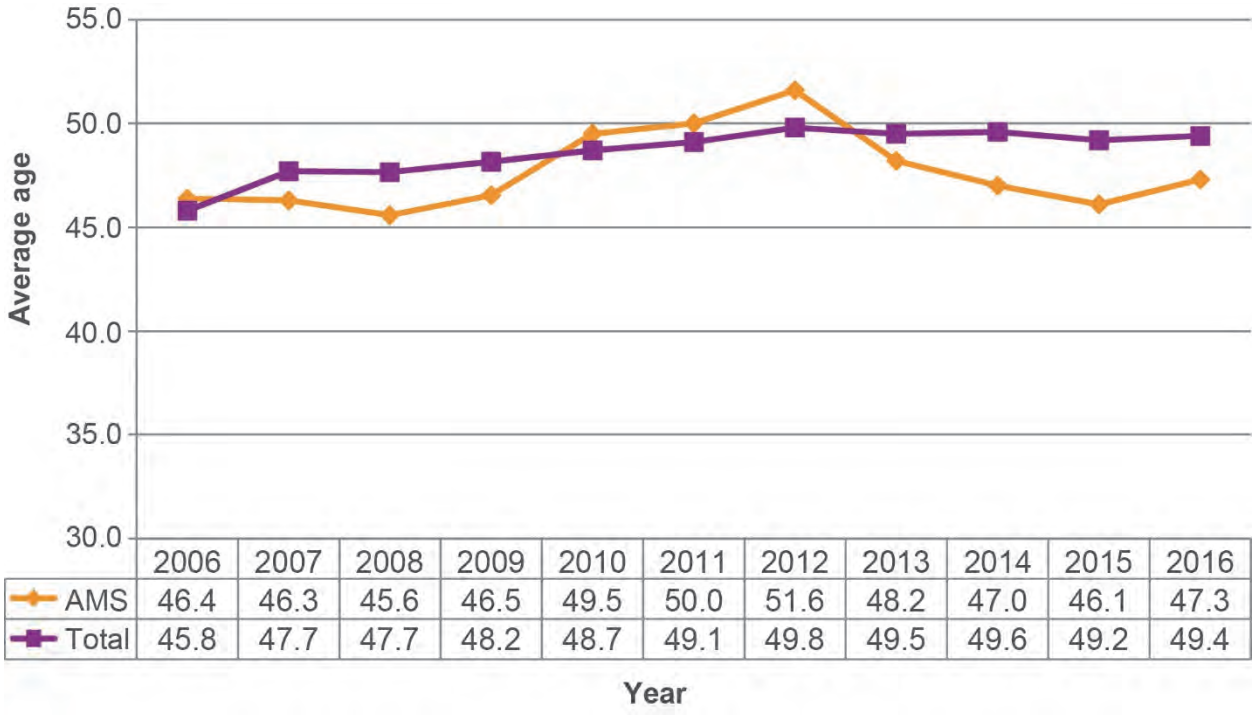
Figure 21 Number of GPs in rural Aboriginal Medical Service practices v overall 2006 to 2016 (excluding WAGPET GP registrars)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
AMS	40	40	42	42	40	48	47	47	52	60	58
Total	516	538	576	593	618	632	675	699	725	774	750
% of total	7.8%	7.4%	7.3%	7.1%	6.5%	7.6%	7.0%	6.7%	7.2%	7.8%	7.7%

Figure 22 identifies the average age of GPs in rural AMS practices from 2006 to 2016 compared to the overall age of the general practice workforce in rural and remote WA. In 2016, the average age of AMS practice GPs was younger than that of the overall workforce, as it has been every year since 2012.

Figure 22 Average age of GPs in rural Aboriginal Medical Service practices v overall 2006 to 2016 (excluding WAGPET GP registrars)

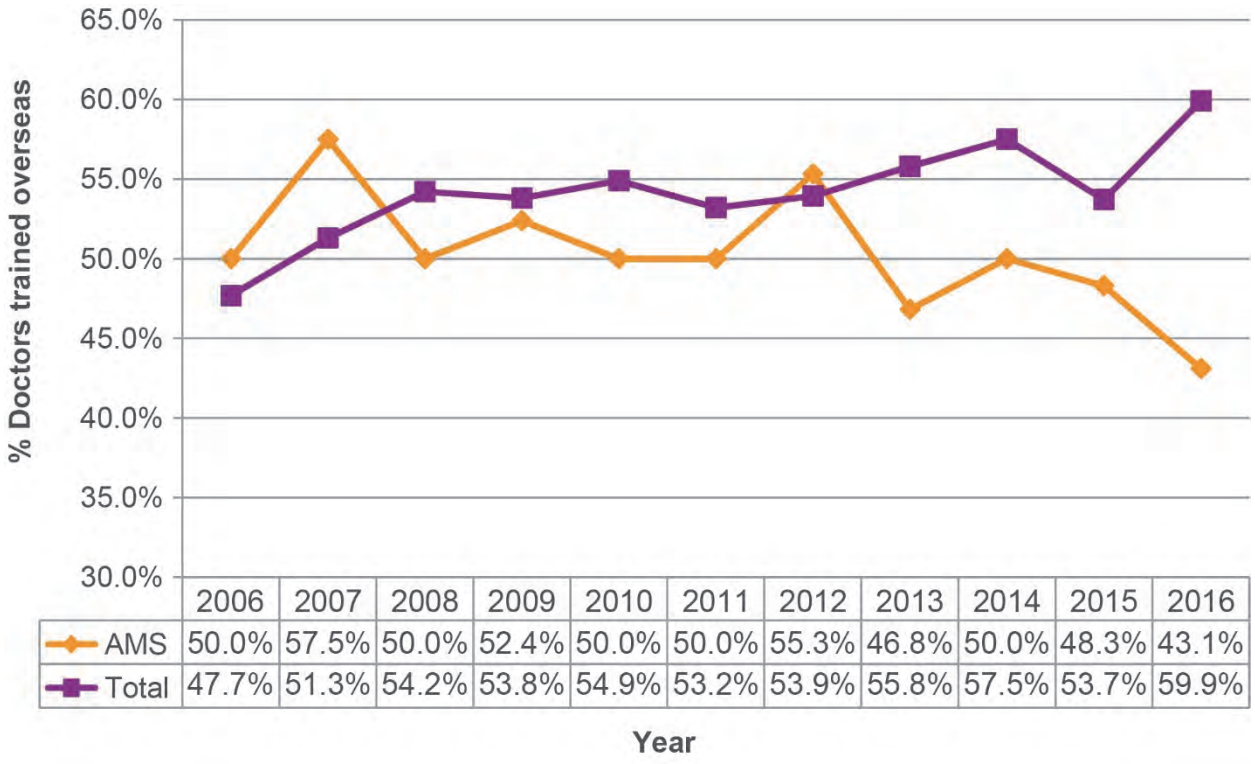


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
AMS	46.4	46.3	45.6	46.5	49.5	50.0	51.6	48.2	47.0	46.1	47.3
Total	45.8	47.7	47.7	48.2	48.7	49.1	49.8	49.5	49.6	49.2	49.4

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 2006 and 2016 and shows that the percentage of IMGs working in AMS practices as their primary practice has decreased since 2015, as opposed to the increase in the overall non-registrar workforce.

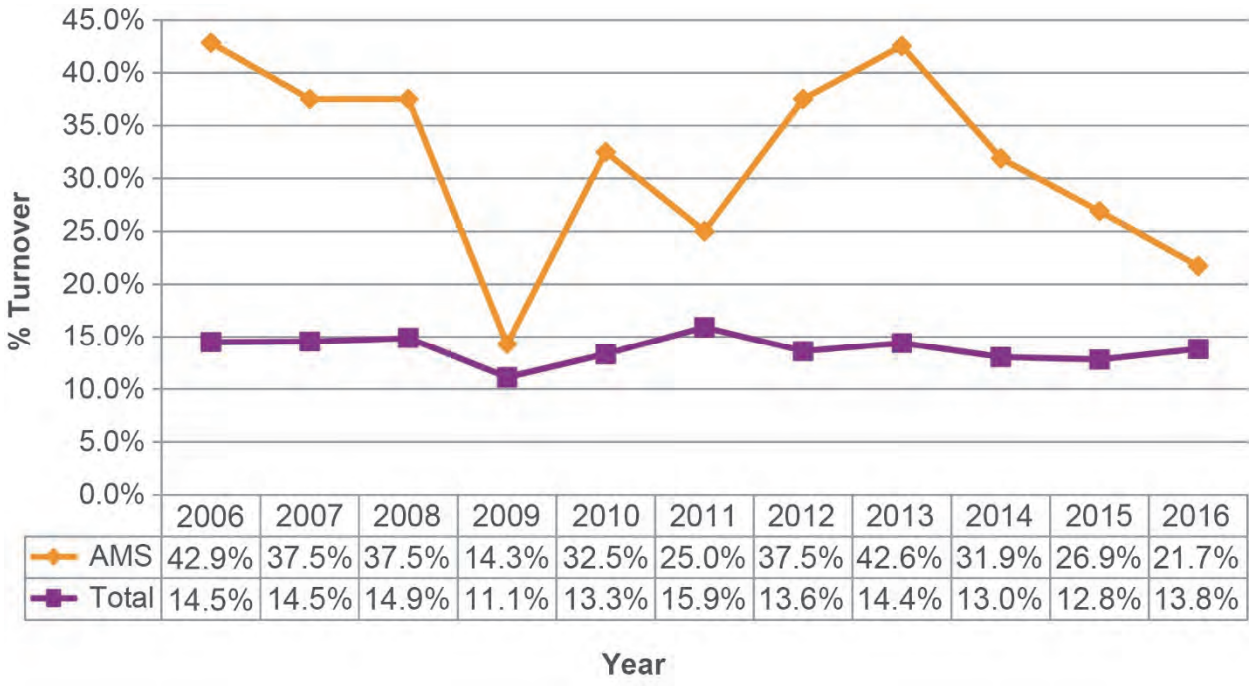
Figure 23 Percentage of IMGs in rural Aboriginal Medical Service practices v overall 2006 to 2016 (excluding WAGPET GP registrars)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
AMS	50.0%	57.5%	50.0%	52.4%	50.0%	50.0%	55.3%	46.8%	50.0%	48.3%	43.1%
Total	47.7%	51.3%	54.2%	53.8%	54.9%	53.2%	53.9%	55.8%	57.5%	53.7%	59.9%

Figure 24 compares the turnover in rural AMS practices with the overall rural non registrar GP turnover rate between 2006 and 2016 and shows a 5.2% decrease in turnover from 2015, however turnover in AMS practices remains higher than the overall workforce.

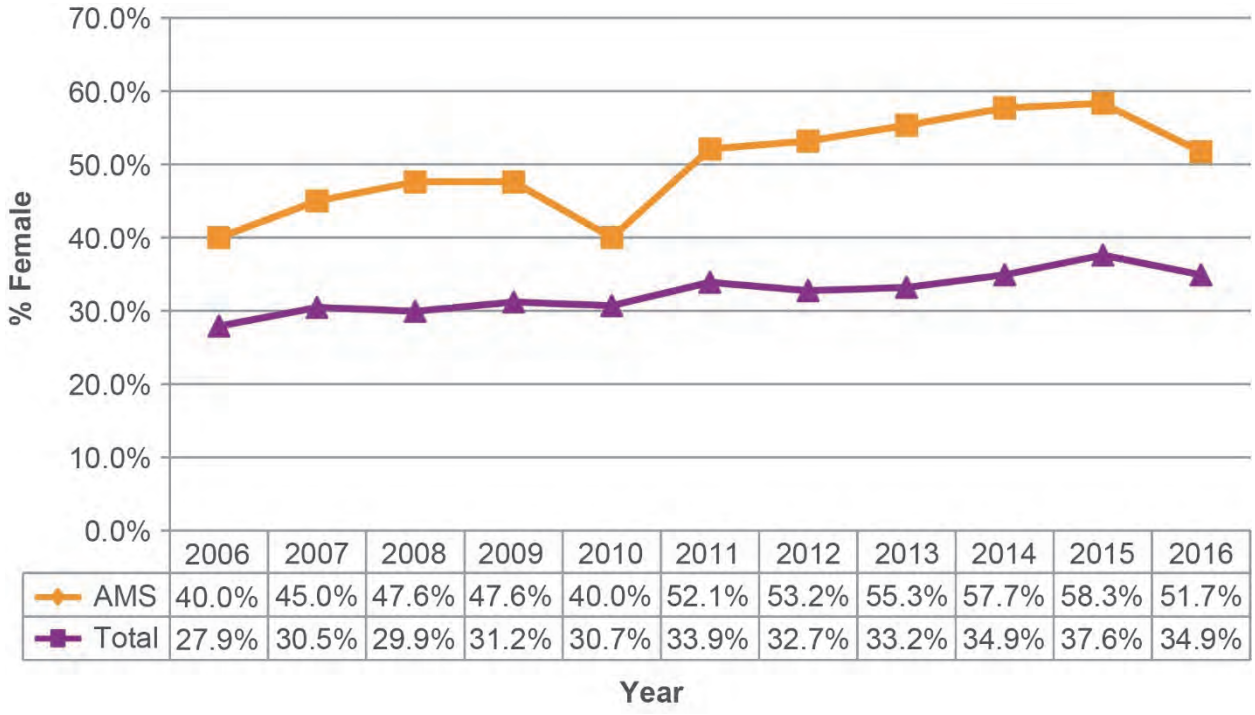
Figure 24 Comparison between turnover in rural Aboriginal Medical Service practices v overall 2006 to 2016 (excluding WAGPET GP registrars)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
AMS	42.9%	37.5%	37.5%	14.3%	32.5%	25.0%	37.5%	42.6%	31.9%	26.9%	21.7%
Total	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%	13.6%	14.4%	13.0%	12.8%	13.8%

Figure 25 charts the percentage of female GPs in rural AMS practices compared with the overall rural workforce from 2006 to 2016.

Figure 25 Percentage of female GPs in rural Aboriginal Medical Service practices v overall 2006 to 2016 (excluding WAGPET GP registrars)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
AMS	40.0%	45.0%	47.6%	47.6%	40.0%	52.1%	53.2%	55.3%	57.7%	58.3%	51.7%
Total	27.9%	30.5%	29.9%	31.2%	30.7%	33.9%	32.7%	33.2%	34.9%	37.6%	34.9%

The proportion of female GPs working in rural AMS practices decreased by 6.6% in 2016. AMS practices continued to have a consistently greater proportion of female GPs than the overall rural workforce with a variance of 16.8% in 2016.

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