Rural Health West

Western Australia's General Practice Workforce Analysis Update

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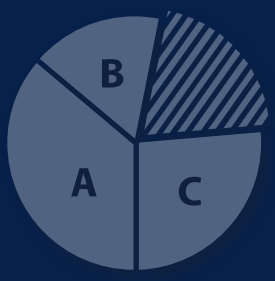
DATA ANALYSIS



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 2015.

Website

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National data reported here was sourced from the Rural Health Workforce Australia *Medical practice in rural and remote Australia: Combined Rural Workforce Agencies National Minimum Data Set report as at 30th November 2015.*

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1 Introduction

The core mission of Rural Health West is to attract, recruit and retain the rural health workforce and to gather evidence to plan for future workforce requirements. Rural Health West maintains a robust database of the medical workforce in Remoteness Area (RA) 2 to 5 locations in Western Australia (WA). This database is updated each year through GP and practice surveys and a variety of other ongoing 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 entitled *Western Australia's General Practice Workforce Analysis Update* (formerly known as the *Minimum Data Set Report and Workforce Analysis Update* - MDS report).

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

It is anticipated that the new rural classification system, currently described as the Modified Monash Model (MMM), will be introduced and reported on in the next workforce analysis update. Because of the phasing out of the ASGC-RA system, GP location information in this report has also been described using WA Country Health Service (WACHS) boundaries as these are used extensively in rural and remote WA.

Overall there was a 66.7% response rate to the GP survey and an 87% 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 2015. The 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 general practice workforce in RA 2 to 5 locations in WA at the most recent census date of 30 November 2015.

Number of GPs

- As at 30 November 2015, the number of GPs known to be practising in RA 2 to 5 locations was 897 (including GP registrars). This represented an increase of 7.3% from November 2014.
- Gains were seen in all GP types.
- Fly-in/fly-out (including drive-in/drive-out) GPs comprised the largest proportional increase in the workforce, with an additional 16 doctors (19.5% higher than at November 2014).
- GPs working in Aboriginal Medical Service (AMS) practices increased by 5 doctors, an 11.5% increase.
- GP registrar numbers increased by 7 doctors, an increase of 5.3%. Numbers have been increasing steadily since 2011, attributable to an increase in rural placements from Western Australian General Practice Education and Training (WAGPET) and 2 new training providers.

Age and gender

- The average age of the overall general practice workforce was 47.2 years, a decrease of 0.3 years from 2014. This decrease in the average age is attributable to the higher number of GP registrars, who form a younger cohort.
- The majority of the workforce (58.5%) was aged between 35 and 54 years, the same as for 2014, 2013 and 2012.
- Doctors aged 55 and over made up 26.0% of the workforce in 2015 compared to 26.9% in 2014.
- The number of females in the workforce has been rising since 2005, with 2015 female GP numbers (370) and their proportion of the workforce (41.2%) being the highest recorded.

Location

- The South West region (357 GPs) contained 40% of the rural and remote general practice workforce in WA, an increase of 15.9% from 2014.
- The Goldfields region again experienced the greatest percentage increase in numbers of GPs between 2014 and 2015 (20.6% or 14 doctors) as it did in the previous period.
- The Midwest region experienced the greatest percentage loss (-16.5%) and the highest actual loss of GPs (-16 doctors).

Turnover

- Turnover of the workforce between 30 November 2014 and 30 November 2015 was 12.8%, a decrease of 0.2% from the period prior.
- 93 doctors departed the workforce during this period, of which the most common destinations were Perth (32.2%) and interstate (25.8%).
- 142 doctors joined the permanent workforce during this period. In past years, the most common origin was directly from overseas, but there was a decline in numbers from overseas in 2015, with the most common origins being Perth (31.0%) and interstate (23.2%).
- Although there was a decrease in International Medical Graduates (IMGs) entering rural WA directly from overseas, the number of IMGs entering the workforce (regardless of origin) has not decreased.
- 25 doctors joined the permanent workforce from the WAGPET GP training program, representing 17.6% of all new arrivals. This increase in numbers and proportion is the first indication of a positive impact of the increased intake of registrars since 2011.
- Proportionally, more females entered the GP workforce (15.0%) than males (2.3%). Overall, female GPs experienced a lower turnover rate than the male workforce, in contrast to previous reporting periods except 2014.
- The South West region experienced the least movement outwards (6.5% of doctors departing) and the greatest movement inward (39.1%). This reflects the influx of doctors moving into the greater Mandurah area, of which 80% were IMGs.

Working hours

- The average self-reported hours worked was 39.7 hours per week compared to 41 hours in 2014 and has decreased by 6.7 hours since 2006.
- Male doctors in all age groups continued to work longer clinical hours per week than their female counterparts.
- The number of females working full-time is increasing each year compared to the relatively stable numbers in the male full-time workforce.
- Doctors in the very remote area of RA 5 worked greater average hours per week than in the other locations, with an average of 43.3 hours per week as opposed to 37.4 hours in RA 2.

Length of employment

- The average length of employment in current practice was 7.5 years, which was 0.2 years lower than for 2014.
- The Great Southern region had the highest proportion of long stay doctors (56.6% of its workforce) and the lowest proportion of short stay doctors (2.6%).
- The Kimberley, Goldfields and Pilbara regions have the highest proportion of newly arrived doctors, with the Pilbara and Goldfields having the lowest proportion of long stay doctors.

Proceduralists

- There were 190 proceduralists recorded as at 30 November 2015, 3 more than 2014.
- The overall proportion of GP proceduralists in the workforce was 21.2% in 2015, continuing the generally downward trend since 2005.
- The proportion of overseas trained GP proceduralists in the workforce remained consistent with 2014.
- The number of male proceduralists has decreased in all procedural areas from 2014, yet has risen or remained stable in the female workforce.

IMGs

- 55.0% of the rural and remote medical workforce in WA had obtained their basic medical qualification overseas, 0.3% higher than 2014 and the highest percentage recorded to date.
- The actual number of IMGs arriving in rural WA has remained relatively stable over the past 3 years (82 in 2015 and 80 in both 2013 and 2014).
- Analysis of countries of training of newly-arrived IMGs in rural WA in the 2015 period showed that the largest proportion gained their basic medical qualification in the United Kingdom (UK) (19.5%), followed by Pakistan (8.5%) and Nigeria (7.3%).
- Whilst the UK continues to be a significant source of new GPs, the proportion of doctors who initially trained there is declining annually (19.5% in 2015 compared to 25.6% in 2012).

GP registrars

- There were 138 GP registrars in the rural workforce at 30 November 2015 training under 3 GP training organisations − WAGPET, Remote Vocational Training Scheme and the Australian College of Rural and Remote Medicine. This was a gain of 7 doctors from 2014, and the highest number recorded to date.
- 70.5% of Australian trained GP registrars completed their basic medical training in WA.
- The proportion of the GP registrar population who completed their primary medical qualification overseas was 43.5%, consistent with 2014.

AMS practices

- 60 GPs identified an AMS as their primary practice, an increase of 8 from 2014, and their proportion of the overall GP workforce increased from 7.2% in 2014 to 7.8% in 2015.
- The proportion of IMGs in AMS practices decreased from 50% in 2014 to 48.3% in 2015.
- The turnover rate of the GP workforce in AMS practices between November 2014 and November 2015 decreased from 31.9% in 2014 to 26.9% in 2015.
- AMS practices continued to have a consistently greater proportion of female GPs compared to the overall workforce.
- The number of WAGPET GP registrars working in AMS practices has increased from 7 in 2005 to 28 in 2015.

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 general practice workforce participation on an ongoing basis from sources including:

- The annual general practice workforce survey
- Twice yearly practice surveys
- Medicare Locals/Primary Health Networks
- WAGPET
- ACRRM
- RVTS
- Australian Health Practitioner Regulation Agency registers
- Personal contact with practices and GPs

Since July 2010, workforce data has been collected for ASGC-RA 2 to 5 locations and in 2012 and 2013 this data was also reported by Medicare Local boundaries. In 2014, WACHS region location data was added to Medicare Local data. Medical Locals ceased operations on 30 June 2015 and in light of this change, GP location data will no longer be reported by this classification. It is anticipated that the new rural classification system MMM will be reported on in the next 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 and Mandurah have not been included because, due to the size of the hospitals and the numbers of GPs in the areas, these doctors are not considered to be performing primary GP services.

The full general practice workforce survey was distributed in September 2015 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 sent out in early November 2015 to those GPs who had not returned their original survey. Additionally, the survey was available online.

Overall there was a 66.7% response rate to the 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 general practice workforce analysis update report presents the data as at 30 November 2015, and where appropriate, makes comparisons with data from previous years and with data from the national MDS report[3].

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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] Rural Health Workforce Australia (2016). *Medical practice in rural and remote Australia: Combined rural workforce agencies national minimum data set report as at 30th November 2015*. Melbourne: RHWA

4 Demographics of general practice workforce as at 30 November 2015

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

As at 30 November 2015, there were 897 GPs known to be practising in RA 2 to 5 locations. This represented an increase of 7.3% compared to 30 November 2014 and was the fourth consecutive year that the workforce had shown a regular pattern of growth. The general practice workforce increased by 6.2% in the previous 2 reporting periods and by 6% in the November 2011 to November 2012 period.

Models of service provision

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

Table 1 GP numbers by primary model of service provision 2014 v 2015

Primary model of service provision	2014	2015	Difference	
Resident GP	524	554	30	*5.7%*
'Fly-in/fly-out'*	82	98	16	*19.5%*
Member of a primary health care team**	45	50	5	*11.1%*
WACHS (DMO/SMO)	54	56	2	*3.7%*
GP registrar	131	138	7	*5.3%*
Other	0	1	1	*0.1%*
Total	**836**	**897**	**61**	***7.3%***

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

** Primarily AMS practices

Gains can be seen in all GP types compared with November 2014. 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 16 doctors (19.5% higher than at November 2014) working in RA 2 to 5 locations.

Of the 138 GP registrars recorded at the November 2015 census date, 123 were training with WAGPET (a 10.8% increase from November 2014, 10 were with the RVTS and 5 were on the ACRRM Independent Pathway.

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

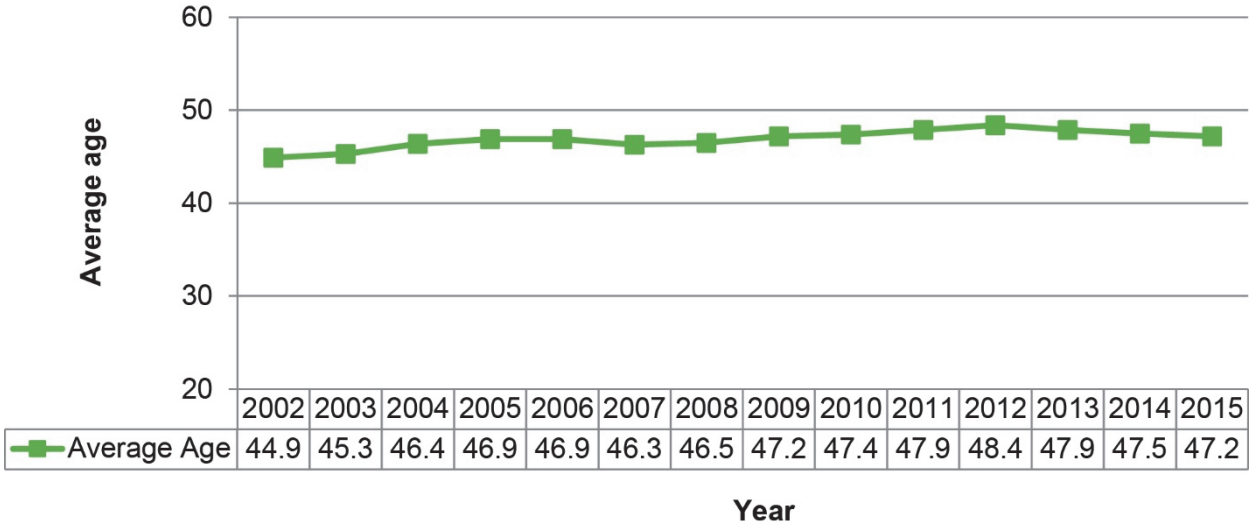
GPs by age and gender

Average age of all GPs

The average age across all GPs at 30 November 2015 was 47.2 years. This is 0.3 years lower than November 2014 and compares to the national average age of 49.3 years (November 2015)[3].

Figure 1 compares the average age since 2002 and shows that the average age of the rural and remote workforce remains higher than 2002, but has continued to decline since peaking in 2012. This decrease in the average age is attributable to the increasingly higher number of GP registrars entering the workforce who form a younger cohort (see Figure 18).

Figure 1 Average age of general practice workforce 2002 to 2015



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Average Age	44.9	45.3	46.4	46.9	46.9	46.3	46.5	47.2	47.4	47.9	48.4	47.9	47.5	47.2

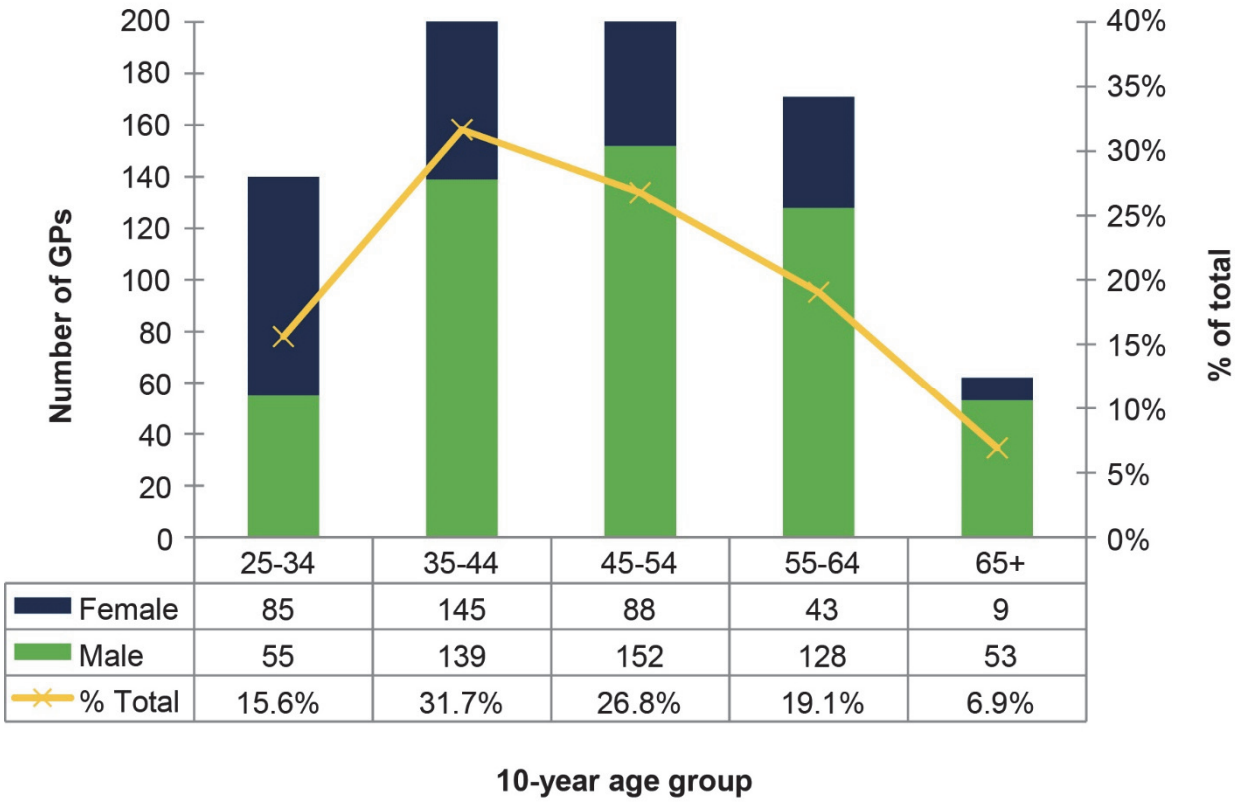
The average age for male GPs decreased 0.4 years, from 50.4 years in 2014 to 50.0 years in 2015. The average age for female GPs increased 0.1 years from 43.1 years in 2014 to 43.2 years in 2015.

GPs by age group and gender

Figure 2 indicates that the majority of the workforce (58.5%) was aged between 35 and 54 years. This was the same proportion as in 2014 and 2013.

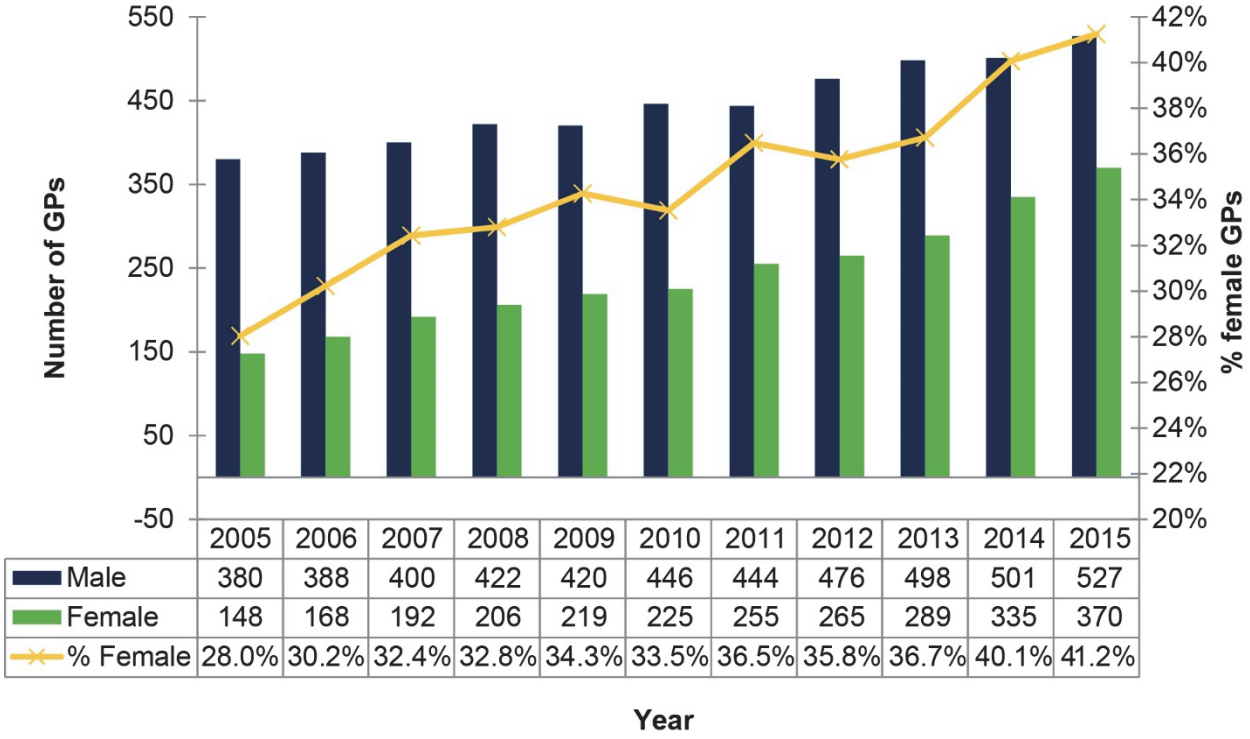
There were more male GPs in the age groups 45 years and over, a similar pattern to previous years. There were more females in the younger group aged between 25 and 34 years, also a similar pattern to previous years. However, for the first time there are more females in the 35-44 year group, which has historically shown greater numbers of males than females. This contrasts with the national pattern of more males than females in all age groups except <35 years[3].

Figure 2 Composition of the general practice workforce by ten-year age group and gender as at 30 November 2015



	25-34	35-44	45-54	55-64	65+
Female	85	145	88	43	9
Male	55	139	152	128	53
% Total	15.6%	31.7%	26.8%	19.1%	6.9%

Figure 3 Number of GPs by gender and percentage of female GPs 2005 to 2015



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male	380	388	400	422	420	446	444	476	498	501	527
Female	148	168	192	206	219	225	255	265	289	335	370
% Female	28.0%	30.2%	32.4%	32.8%	34.3%	33.5%	36.5%	35.8%	36.7%	40.1%	41.2%

There were 35 more female GPs working in rural and remote WA in 2015 than in 2014, and the proportion of female GPs in the overall workforce increased 1.1% from 2014 to 41.2%. This graph demonstrates a progressive trend of increasing female GP representation in the workforce, with the 2015 figures higher than for any previous year, both in actual numbers and as a proportion.

Female GP representation in the rural and remote WA workforce in November 2015 was comparable to the national average female GP participation rate of 41.1%.[3]

GP numbers by location

With the phasing out of the ASGC-RA system and the closure of the Medicare Locals, GP location information is now being described using WACHS regional boundaries as these are used extensively in rural and remote WA.

GP numbers by WA Country Health Service regions

The following table compares GP numbers within WACHS regions in 2014 and 2015.

Table 2 GP numbers by WACHS regions 2014 v 2015

WACHS region	2014	2015	Actual difference	% difference
Goldfields	68	82	14	*20.6%*
Great Southern	92	93	1	*1.1%*
Indian Ocean Territories	4	2	-2	*-50.0%*
Kimberley	101	109	8	*7.9%*
Metropolitan (RFDS Western Operations)	19	17	-2	*-10.5%*
Midwest	97	81	-16	*-16.5%*
Outer metropolitan (RA 2)*	18	22	4	*22.2%*
Pilbara	60	60	0	*0.0%*
South West**	308	357	49	*15.9%*
Wheatbelt	69	74	5	*7.2%*
Totals	**836**	**897**	**61**	***7.3%***

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

** Includes Mandurah, Pinjarra and Waroona

The South West region with 357 recorded GPs contained 40% of the rural and remote general practice workforce in WA, an increase of 15.9% from 2014.

Excluding the Indian Ocean Territories and the metropolitan regions, the Goldfields region again experienced the greatest percentage increase in numbers of GPs between 2014 and 2015 (20.6% or 14 doctors) as it did in the previous period. The Midwest region experienced the greatest percentage loss (-16.5%) and the highest actual loss of GPs (-16).

5 Changes in the permanent general practice workforce

The following section describes turnover of the 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 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 3 year training in the one place, and are thus relied upon as permanent staff.

Overall general practice workforce turnover

Table 3 details the turnover rate of GPs between November 2014 and November 2015. This movement represents a 12.8% turnover during this period, a decrease of 0.2% from the previous period. The percentage increase in the workforce was 6.8% compared to a 3.7% increase in 2013.

Table 3 GP turnover November 2014 to November 2015 (excluding WAGPET GP registrars)

Number of permanent GPs November 2014	725
Number of departures	93
Turnover	**12.8%**
Number of arrivals	142
Number of permanent GPs November 2015	774
% increase	**6.8%**

Table 4 shows the destinations of GPs who departed rural and remote WA between November 2014 and November 2015 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2014 v 2015

	2014		2015	
Destination	**Number**	**%**	**Number**	**%**
Perth	43	*47.3%*	30	*32.2%*
Extended leave	9	*9.9%*	16	*17.2%*
Interstate	14	*15.4%*	24	*25.8%*
Overseas	7	*7.7%*	4	*4.3%*
Other	6	*6.6%*	8	*8.6%*
Retirement	6	*6.6%*	6	*6.5%*
Locum	3	*3.3%*	5	*5.4%*
Trainee	3	*3.3%*	0	*0.0%*
Total	**91**	***100.0%***	**93**	***100.0%***

There were 2 more departures in the 12-month period to November 2015 than for the preceding 12 months. The most common destination for all doctors leaving rural and remote WA in 2015 was to Perth and interstate, with 54 doctors departing (58% of total departures). This is a similar pattern to previous years, however, the number of departures to interstate was much higher than previous years. Analysis of these interstate departures revealed that the majority (24 doctors, 71%) had originally come to rural WA from interstate and thus returned.

Table 5 shows the origins of GPs joining or rejoining the permanent rural and remote workforce between November 2014 and November 2015.

Table 5 Origins of GPs joining the workforce 2014 v 2015

	2014		2015	
Origin	**Number**	**%**	**Number**	**%**
Overseas	44	*37.6%*	21	*14.8%*
Interstate	26	*22.2%*	33	*23.3%*
Perth	17	*14.5%*	44	*31.0%*
Extended leave	13	*11.1%*	9	*6.3%*
Trainee program	14	*12.0%*	25	*17.6%*
Roving locum	2	*1.7%*	7	*4.9%*
Other	1	*0.9%*	3	*2.1%*
Total	**117**	***100.0%***	**142**	***100.0%***

There were 25 more doctors who joined the permanent workforce between November 2014 and November 2015 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 doctors arrived directly from overseas than from any other location and they represented 37.6% of all new arrivals in 2014. In this current period between 2014 and 2015, more doctors arrived from Perth and interstate than directly from overseas (77 doctors). 45 (58.4%) of these doctors were IMGs and the majority went into practices close to the metropolitan area.

Although there was a decrease in IMGs entering rural WA directly from overseas, the number of IMGs entering the workforce (regardless of origin) has not decreased. In 2015, 82 of the new arrivals were IMGs (57.7% of the 142 arrivals). In 2014 there were 80 new IMGs, the same in 2013, 90 in 2012 and 65 in 2011.

25 doctors, representing 17.6% of all new arrivals, joined the permanent workforce from the WAGPET GP training program in 2015 compared to 14 (12.0%) in 2014. This increase in locally trained doctors entering the permanent workforce is the first indication that the rural and remote WA workforce has been positively impacted since the 2011 increase in intake numbers by WAGPET.

General practice workforce changes by gender

Table 6 summarises changes in the permanent general practice workforce by gender between 30 November 2014 and 30 November 2015, excluding WAGPET GP registrars.

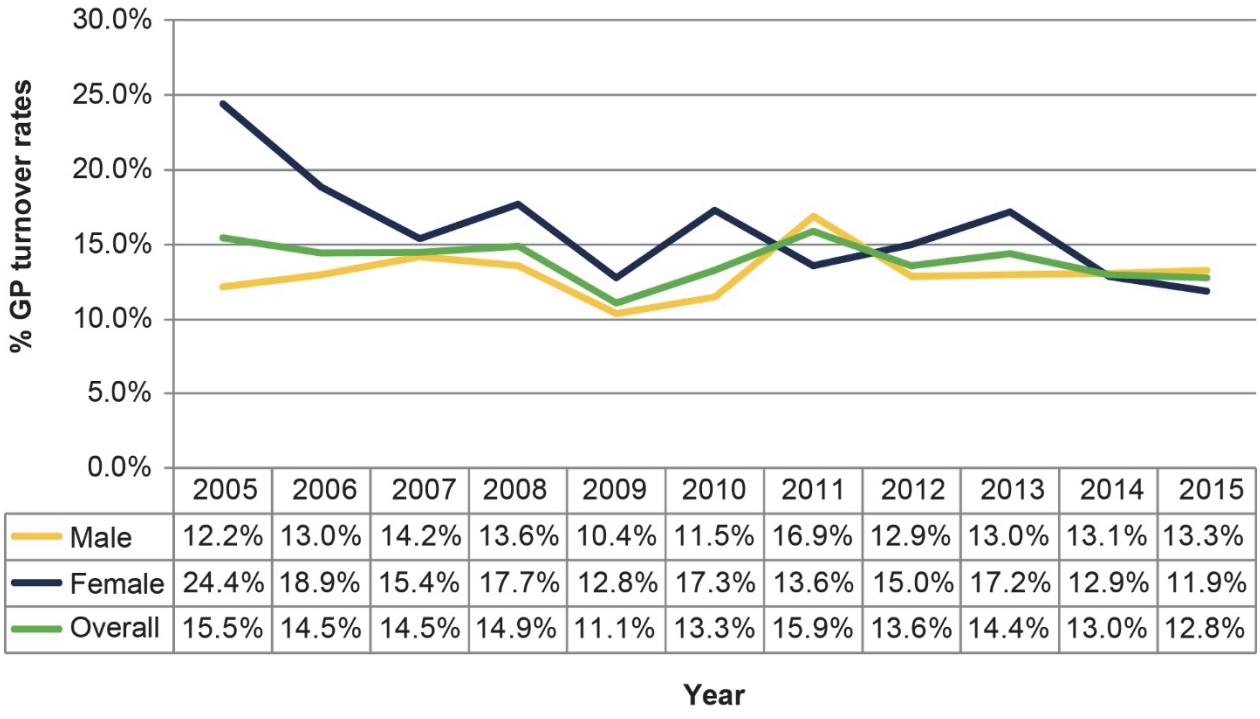
Table 6 Changes in the general practice workforce by gender 2014 to 2015 (excluding WAGPET GP registrars)

Gender	Number of GPs Nov 2014	Departures	% departed	Arrivals	Number of GPs Nov 2015	% increase
Male	472	63	***13.3%***	74	483	***2.3%***
Female	253	30	***11.9%***	68	291	***15.0%***
Totals	**725**	**93**	***12.8%***	**142**	**774**	***6.8%***

Both the female and male general practice workforce experienced similar departure rates (13.3% and 11.9%) in 2015. However, consistent with the trend of increasing female GP representation in the rural and remote workforce, female GP numbers showed a greater increase (27 more GPs) and a higher proportional increase (12.7% higher) than the male workforce in the current reporting period.

Figure 4 compares GP turnover figures by gender for the period 2005 to 2015.

Figure 4 GP turnover rates by gender 2005 to 2015 (excluding WAGPET GP registrars)



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male	12.2%	13.0%	14.2%	13.6%	10.4%	11.5%	16.9%	12.9%	13.0%	13.1%	13.3%
Female	24.4%	18.9%	15.4%	17.7%	12.8%	17.3%	13.6%	15.0%	17.2%	12.9%	11.9%
Overall	15.5%	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%	13.6%	14.4%	13.0%	12.8%

Historically, the female turnover rate has been higher than that of the male workforce. However, in 2014 and 2015, the female turnover rate is less than the male turnover rate.

General practice workforce changes by RA and region

Table 7 illustrates the changes in the 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 general practice workforce by region 2014 v 2015 (excluding WAGPET GP registrars)

		Movements OUT of rural WA				Movements INTO rural WA			
Region	**N per region Nov 2014**	**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 2015**
Goldfields	65	5	1	6	***9.2%***	17	3	20	79
Great Southern	78	4	4	8	***10.3%***	6	0	6	76
Kimberley	78	20	2	22	***28.2%***	21	2	23	79
Midwest	82	18	3	21	***25.6%***	10	1	11	72
Pilbara	56	15	1	16	***28.6%***	17	0	17	57
South West*	261	16	1	17	***6.5%***	56	5	61	305
Wheatbelt	64	9	2	11	***17.2%***	10	1	11	64
Other**	41	6	0	6	***14.6%***	5	2	7	42
Overall	**725**	**93**	**14**	**107**		**142**	**14**	**156**	**774**

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

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

Between November 2014 and November 2015, 93 doctors left rural WA and a further 14 doctors moved from 1 rural region into another, totalling 107 doctor departures from all regions. Over the same period, a total of 156 GPs moved into rural and remote regions, including 142 from outside rural WA and 14 who moved from one rural region to another.

The Kimberley and Pilbara regions experienced the greatest proportional movements out (56.8% of all departures), with the majority of these doctors going interstate.

The South West region experienced the least movement out, with only 6.5% of doctors departing and the greatest movement inward (39.1%). This reflects the influx of doctors moving into the greater Mandurah area in this period (35 doctors, 62.5% of arrivals into the South West region, 45.7% of these 35 doctors were Fellowed, 80% were IMGs).

Table 8 outlines the destinations of GPs who departed rural WA in 2015 by RA. Overall the majority of all departures (32.3%) were to Perth, with most coming from RA 3 and 4 locations. The overall number of departures from RA 3 and 4 locations were higher than from other locations and accounted for 54 (58.1%) of all departures.

Table 8 Destination of GPs who departed rural WA in 2015 by RA

Destination	RA 2	RA 3	RA 4	RA 5	Metro (RFDS)	Total
Perth	5	8	11	3	3	30
Leave	3	6	5	2	0	16
Interstate	3	4	9	8	0	24
Overseas	2	0	0	2	0	4
Other	2	1	4	1	0	8
Retirement	1	3	0	2	0	6
Locum	0	1	2	2	0	5
Total	**16**	**23**	**31**	**20**	**3**	**93**

General practice workforce changes by age group

Table 9 summarises the changes in workforce numbers by age group for the current reporting period.

Table 9 Changes in GP numbers by age group 2014 to 2015 (excluding WAGPET GP registrars)

Age group	# in age group Nov 2014	Departed rural WA	% of age group departed	Arrivals into rural WA	Moved to next age group	Moved from previous age group	# in age group Nov 2015	% increase in age group
25-34	59	12	*20.3%*	37	16	0	68	*15.3%*
35-44	221	28	*12.7%*	51	20	16	240	*8.6%*
45-54	220	26	*11.8%*	32	13	20	233	*5.9%*
55-64	167	18	*10.8%*	20	11	13	171	*2.4%*
65+	58	9	*15.5%*	2	0	11	62	*6.9%*
Total	**725**	**93**	***12.8%***	**142**	**60**	**60**	**774**	***6.8%***

The greatest movement inwards and outwards came from the 25-34 age group, reflecting the increase in GP registrars entering the workforce and greater mobility of this group. The most common region into which this age group arrived was the South West (40.5%), followed by the Kimberley (18.9%).

The 35-54 year age group contained the greatest number of GPs in the non-registrar workforce and increased in proportion by 7.3% in 2015. Almost half of this age group (47.1%) moved into the South West region.

6 Clinical workloads

Estimates of full-time equivalents and full-time workload 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 general practice
- Hours worked in a hospital
- Hours worked on call-outs (not hours available on-call)
- Hours worked in population health
- Hours travelled between 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 GPs (via the GP and practice surveys and other contacts), this section only includes data from the GP survey. Thus, there is no 'hours' information recorded for GPs who did not return their surveys.

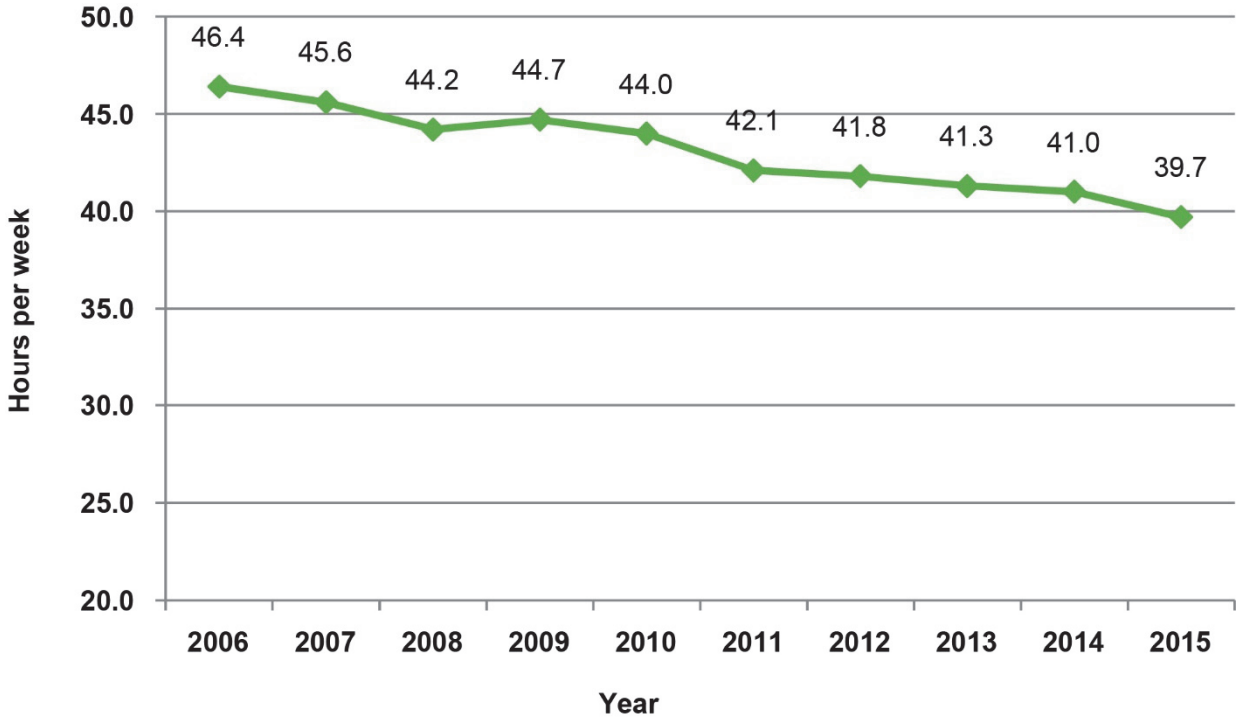
GPs working for the RFDS Western Operations have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 576 doctors, including GP registrars, and encompasses 64.2% of the workforce for this reporting period. This is consistent with the last reporting period (November 2014) when data was available for 63.0% of the workforce.

Average hours worked per week

At November 2015 the average self-reported clinical workload was 39.7 hours per week, compared to 41.0 hours per week in November 2014. This compares to the national average self-reported clinical workload of 38.5 hours at November 2015[3].

Figure 5 displays the average hours worked each year from 2006 to 2015. This shows that the average number of hours worked per week continues to decline and has decreased by 6.7 hours since 2006.

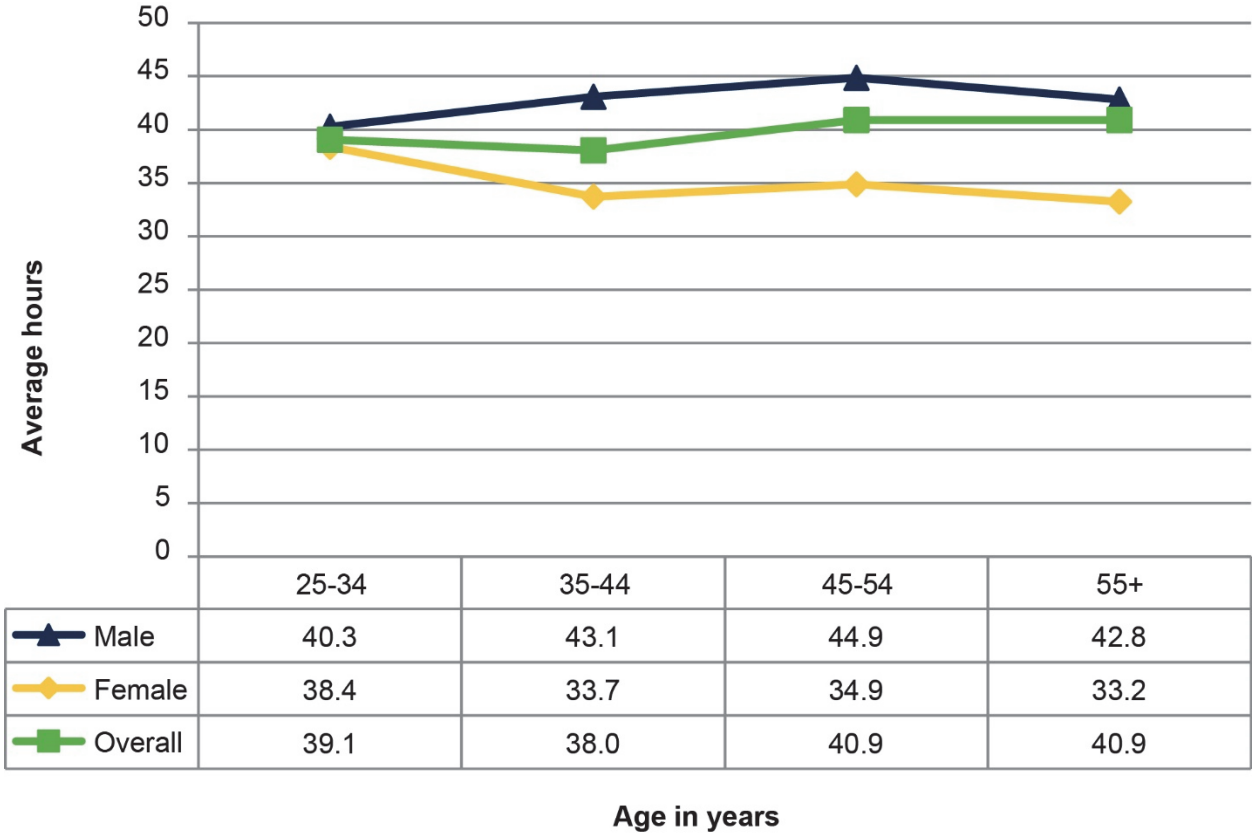
Figure 5 Average hours worked per week from 2006 to 2015



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 doctors 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	43.1	44.9	42.8
Female	38.4	33.7	34.9	33.2
Overall	39.1	38.0	40.9	40.9

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 10 provides a comparison between part-time and full-time workloads by gender.

Table 10 Comparison between part-time and full-time workloads by gender

Type of workload	Male	Female	Total	% of respondents
Full-time	266	149	415	*72.0%*
Part-time	62	99	161	*28.0%*
Total respondents	**328**	**248**	**576**	***100.0%***

415 doctors (72.0% of respondents) self-reported working full-time in the provision of routine clinical GP services. This represents a decrease of 2.4% in the self-reported full-time workforce compared to 2014. Of these full-time doctors in 2015, the vast majority were male (266 male, 149 female).

This is a similar pattern to previous years, 2014 (267 male, 125 female), 2013 (264 male, 112 female) and 2012 (257 male, 94 female), where there were significantly more males working full-time than females. However, the number of females working full-time is increasing each year compared to a relatively stable male full-time workforce. The full-time female workforce has increased from 99 in 2011 to 149 in 2015; whereas the male full-time workforce is virtually the same in 2015 (266) as in 2011 (267).

Conversely, 161 doctors (28.0% of respondents) self-reported as working part-time. Of these part-time doctors, 99 were female and 62 male (20 more males than in 2014). The overall proportion of GPs working part-time has increased 8.3% since 2010 (19.7%). Table 11 looks specifically at the part-time workforce, comparing by gender those who self-reported as working part-time in the current reporting period.

Table 11 Part-time workforce by gender 2014 v 2015

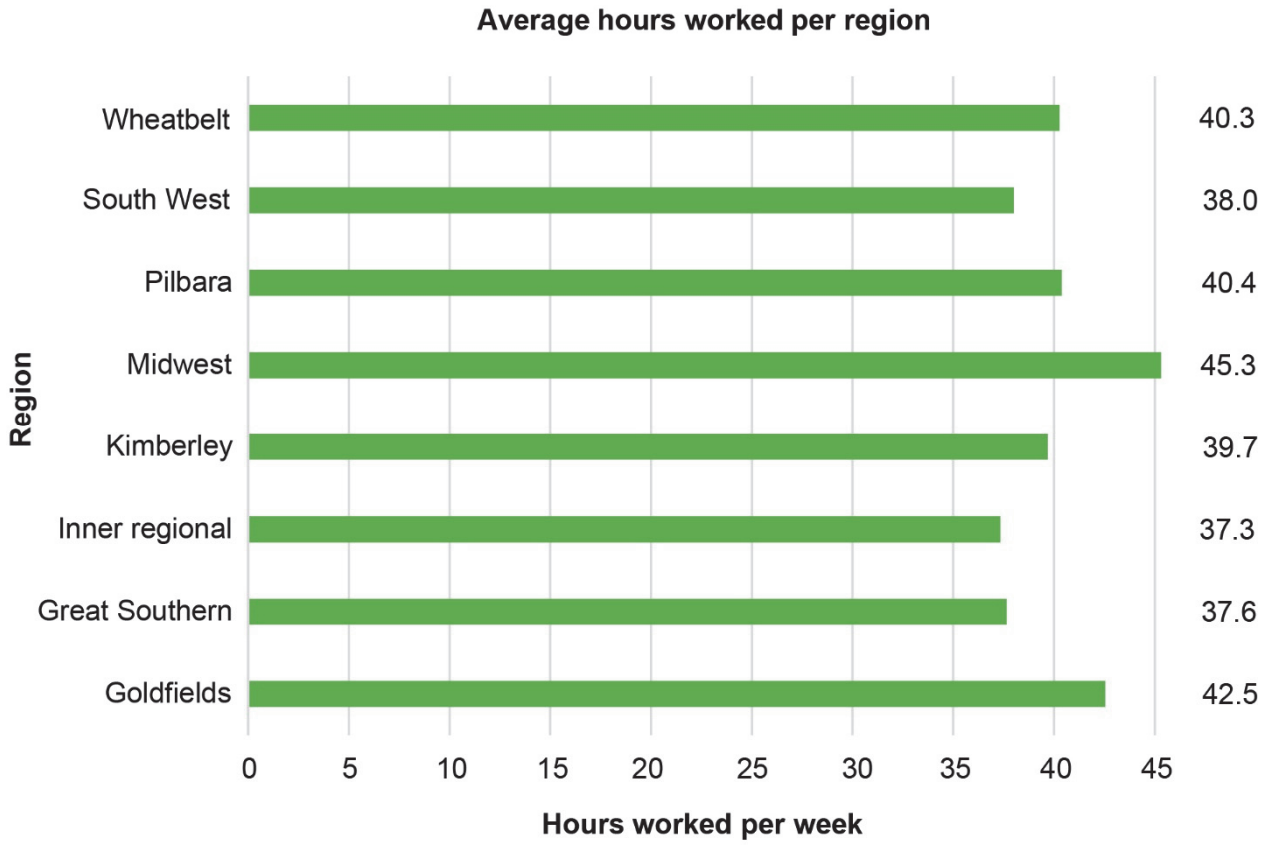
Year	Total males	Males working part-time	% of total males	Total females	Females working part-time	% of total females	Total respondents	% of total respondents working part-time
2014	309	42	***13.6%***	218	93	***42.7%***	527	***25.6%***
2015	328	62	***18.9%***	248	99	***39.9%***	576	***28.0%***

18.9% of male respondents reported working part-time in 2015, a proportion greater than in any previous reporting period.

Average hours worked per week by RA and region

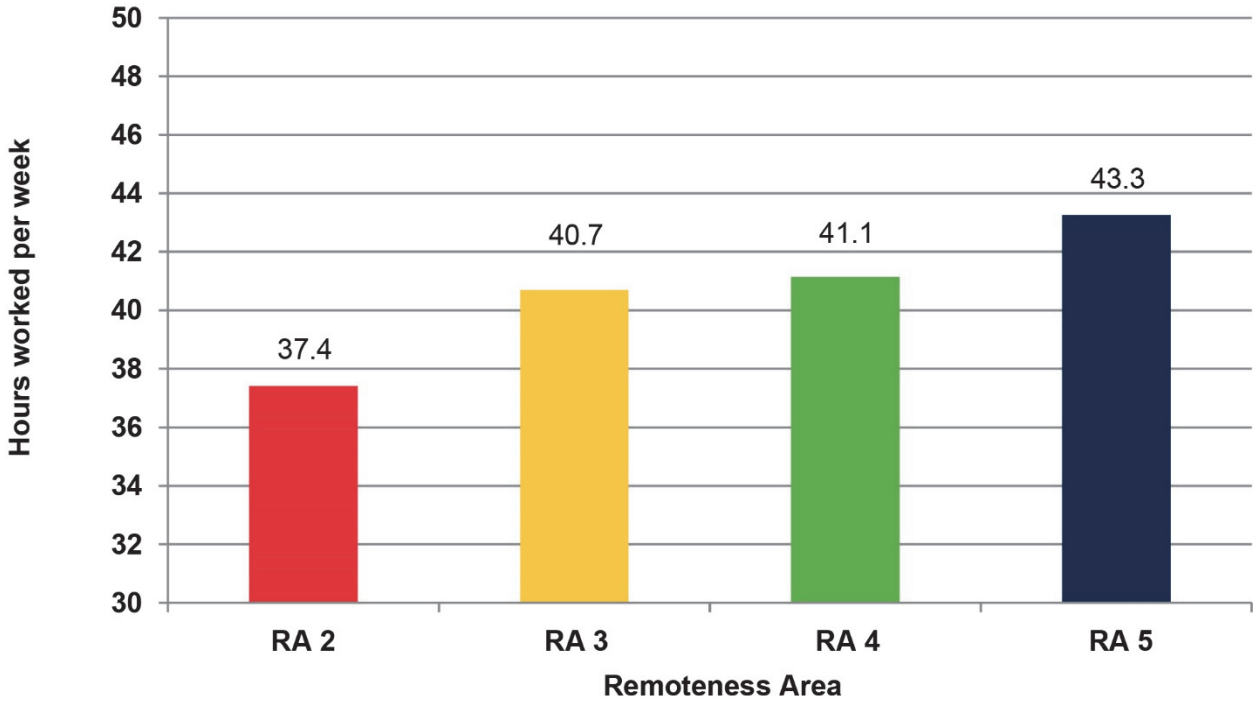
Figure 7 shows the average hours worked per week by region and shows working hours to be greater in the Midwest and Goldfields regions and lesser in the inner regional area close to Perth.

Figure 7 Average hours worked per week by region



As in previous reports, the average hours by RA shown in Figure 8 below was useful in showing an inverse relationship between hours worked and remoteness i.e. GPs working in more remote locations work more hours per week on average compared with their colleagues in less remote areas. This is not so clearly seen in the classification by region shown in Figure 7.

Figure 8 Average hours worked per week by RA



7 Length of employment in current principal practice

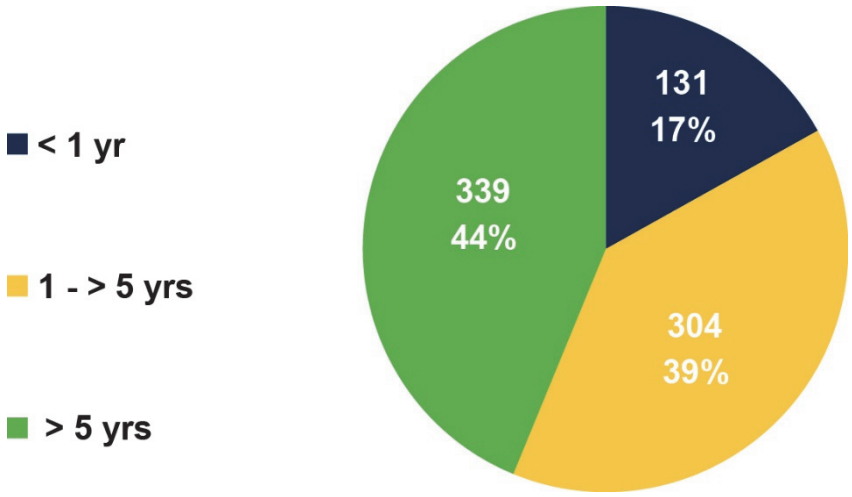
Average length of employment

Across rural and remote WA, the average length of employment in current principal practice for all GPs (not including WAGPET GP registrars) was 7.5 years, 0.2 years lower than in November 2014. These figures are calculated on time worked in the doctor's current 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 7.2 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)



Doctors employed for less than 1 year increased by 2% (25 GPs) from 2014. Doctors employed between 1 and 5 years decreased by 3% proportionally from 2014, with the actual number of GPs in this group being the same.

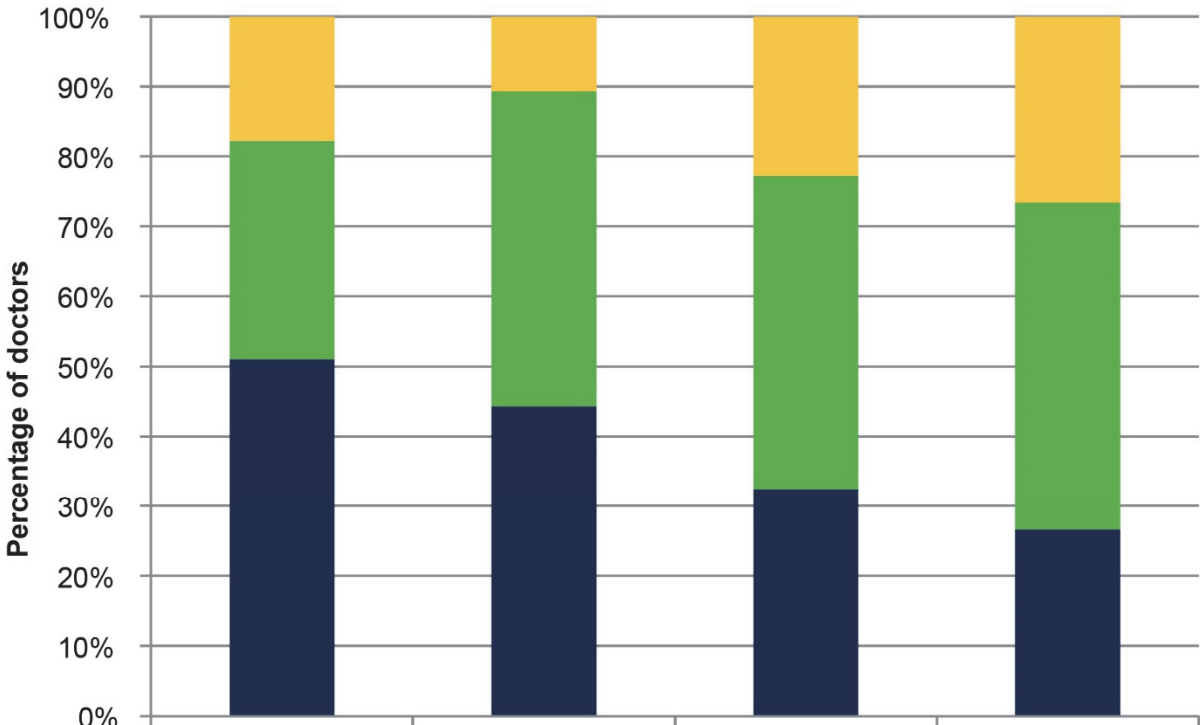
Doctors employed for more than 5 years increased by 1% (24 doctors) from 2014. The overall percentage of long stay doctors (more than 5 years) has increased from 37% in 2007 to 44% in 2015, a positive in the rural practice workforce.

Average length of employment by RA and region

Figure 10 compares the length of employment in current principal practice for GPs across RA categories. Again, figures for WAGPET GP registrars are excluded from this discussion. It shows that the majority of long-stay doctors (>5 years) were in RA 2 and 3 locations. In contrast, in RA 5 there were only 26.6% long-term doctors, however, this is up from 22.6% in 2014, 19.7% in 2013 and 16.1% in 2012.

RA 5 also recorded the highest proportion of newly arrived doctors (26.6%, 2.4% higher than 2014).

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



	RA 2	RA 3	RA 4	RA 5
< 1 yr	17.8%	10.7%	22.8%	26.6%
1 - > 5 yrs	31.3%	45.1%	44.8%	46.9%
> 5 yrs	51.0%	44.3%	32.4%	26.6%

Remoteness Area

Further analysis by region shows that the Great Southern region has the greatest proportion of long stay doctors (56.6% of its workforce), and the least proportion of short stay doctors (2.6%). The Kimberley, Goldfields and Pilbara regions have the highest proportion of newly-arrived doctors, with the Pilbara and Goldfields regions having the lowest proportion of long stay doctors.

8 Practice type

There were 880 GPs, including GP registrars, but excluding RA 1 (metropolitan RFDS Western Operations), known to be practising at 30 November 2015. Table 11 shows the number of those doctors in each RA who were solo practitioners compared with the number working in group practices. There were 58 doctors working in solo practices in 2015, the same number as in 2014, compared to 52 in 2013. This represented 6.6% of the general practice workforce and was 0.3% lower than in 2014 (6.9%).

The solo practitioner component of the workforce varied widely across geographical locations, with the highest proportion (17.1%) being in RA 5 locations, followed by RA 3 locations (8.3%).

Table 12 Number of GPs by practice type and RA

	Group	Solo	Total	*% Solo*
RA 2	350	9	359	*2.5%*
RA 3	254	23	277	*8.3%*
RA 4	160	14	174	*8.0%*
RA 5	58	12	70	*17.1%*
Overall	**822**	**58**	**880**	***6.6%***

The overall proportion of GPs working in solo practices in WA (6.6%) is equal to the national average in 2015 (also of 6.6%). Nationally, the majority of doctors working in solo practices were in RA 2 locations, whereas in WA, the majority are in RA 3[3].

Table 13 below delineates the number of practices in each RA (excluding WACHS hospitals and RFDS Western Operations). The reported number of practices in 2015 was 197, up from 194 in 2014 and 185 in 2013. There were 54 solo practices in 2015, consistent with 2014.

Table 13 Number of practices per RA (excluding WACHS hospitals)

RA	Group practice	Solo practice	AMS practice	Number of practices
RA 2	62	9	2	73
RA 3	44	22	2	68
RA 4	16	14	6	36
RA 5	5	9	6	20
Total	**127**	**54**	**16**	**197**

The majority of practices overall are group practices in RA 2 and 3 locations (106 or 53.8%), where there are many more group than solo practices. RA 4 locations contain similar numbers of group and solo practices. RA 5 locations contain 4 more solo practices than RA 4. There was an increase of 8 group practices in RA 2 since 2014, mostly attributable to a number of new practices opening up in the Mandurah area.

The discrepancy between the total number of solo practitioners (58) and the total number of solo practices (54) 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 doctor at the solo practice at any time.

9 GP proceduralists

Number of GP proceduralists

In the annual census, 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 general anaesthetics, obstetrics (excluding shared care) and general surgery are analysed for this report. The number of GPs regularly practising each of these procedures is displayed in Table 14 along with the percentage of the total workforce these GPs represented in 2015.

Table 14 Number and proportion of GPs practising procedures 2014 v 2015

Procedure	n 2014	% of total GPs 2014	n 2015	% of total GPs 2015
Anaesthetics	102	*12%*	101	*11%*
Obstetrics	108	*13%*	105	*12%*
Surgery	33	*4%*	24	*3%*

There were 190 GP proceduralists recorded as at 30 November 2015 (3 more than in 2014), many of whom practised in more than 1 procedural area. The percentage of overseas trained GP proceduralists (34.7%) was relatively unchanged from 2014 (34.8%).

A diagram illustrating practitioners practising in single or multiple procedural areas is shown at Figure 11.

Figure 11 Number of GPs undertaking procedural work

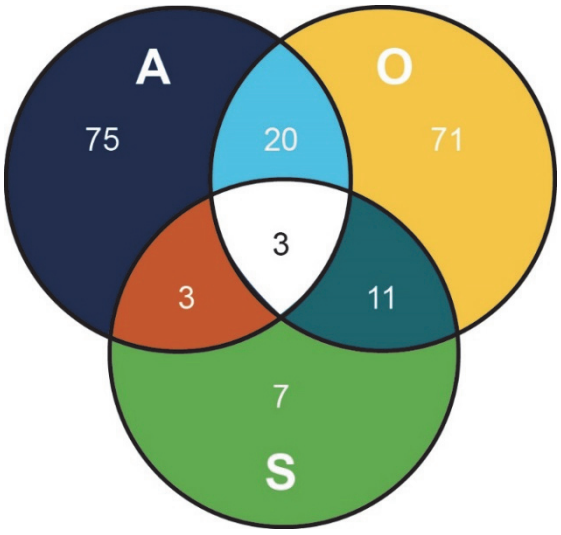
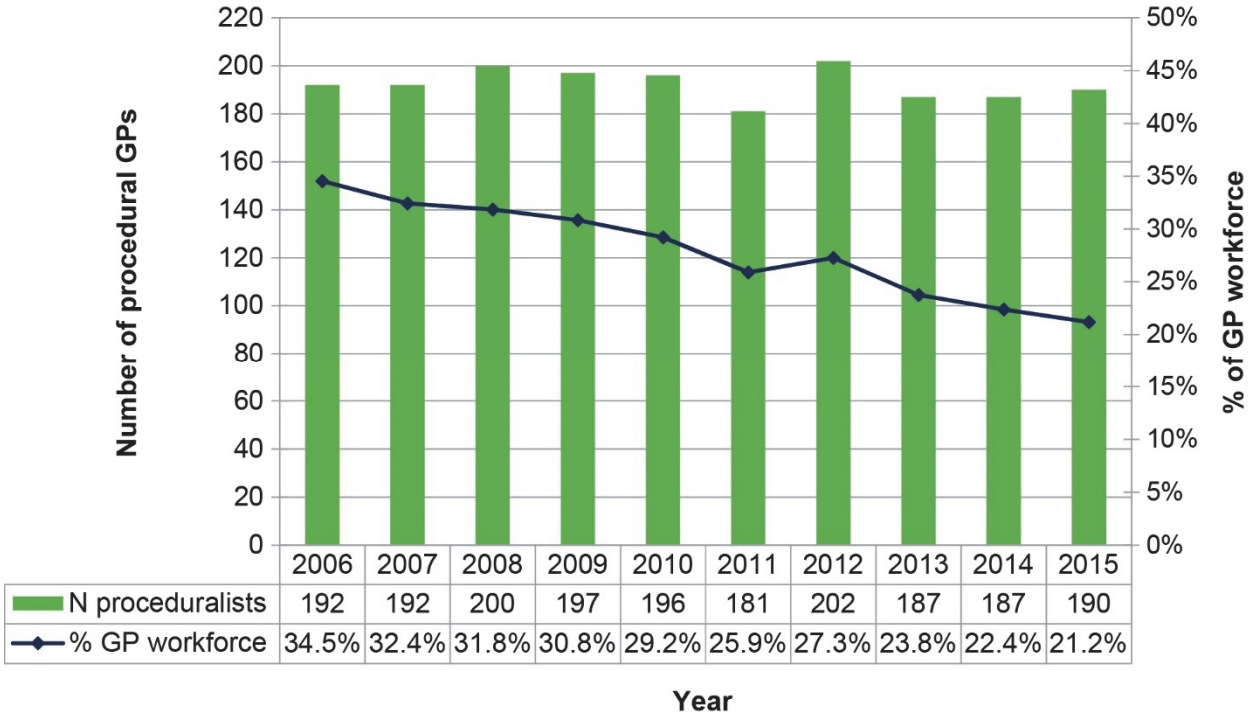


Figure 12 illustrates the fluctuations in overall GP proceduralist numbers and proportions between 2006 and 2015. There was a gain of 3 proceduralists in 2015, but the overall trend of decreasing proportions of the overall workforce continued in 2015.

Figure 12 Number and proportion of GP proceduralists 2006 to 2015

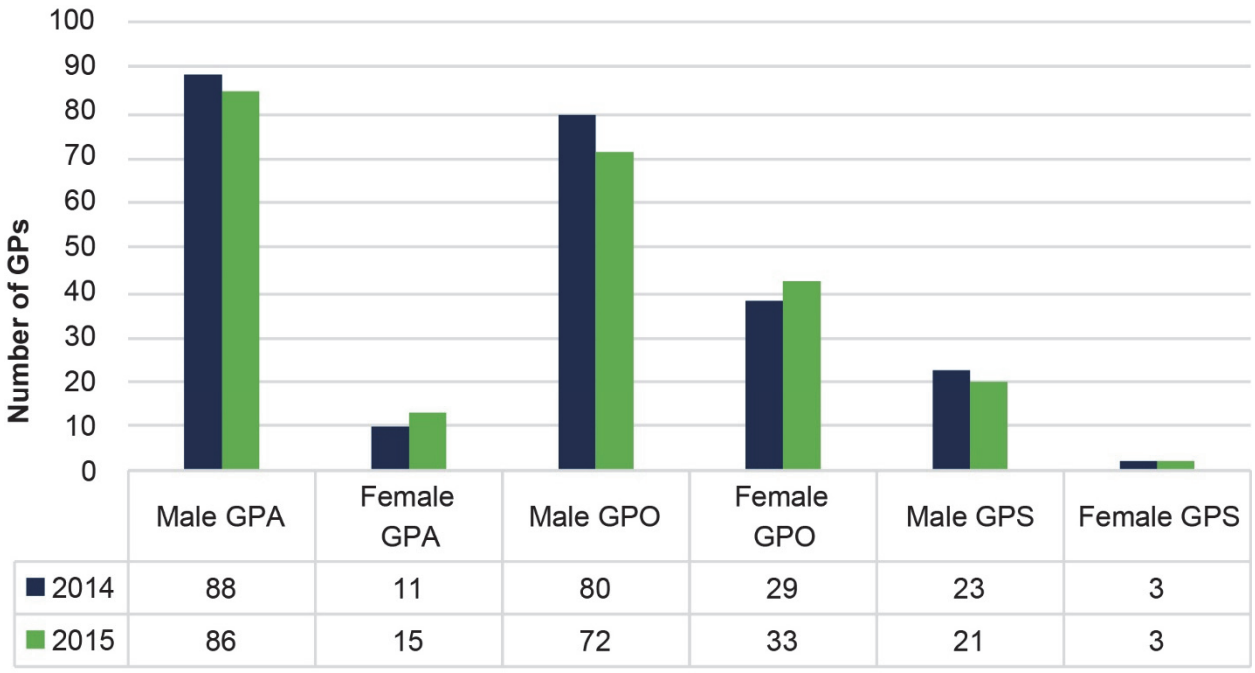


The proportion of the total general practice workforce who self-reported as proceduralists was 21.2%. In the national representation, this figure was lower only than Northern Territory (28.5%) and South Australia (23.8%), but much higher than New South Wales (8.7%), Queensland (8.3%) and Victoria[3]. It appears that the states with the smaller populations have a greater proportion of proceduralists than states with larger populations.

GP proceduralists by gender

Figure 13 provides the number and proportion of GP proceduralists by gender for 2014 and 2015 and shows that the number of male proceduralists has decreased in all procedural areas since 2014, yet has risen or remained stable in the female workforce.

Figure 13 Number of GP proceduralists by type and gender 2014 v 2015



	Male GPA	Female GPA	Male GPO	Female GPO	Male GPS	Female GPS
2014	88	11	80	29	23	3
2015	86	15	72	33	21	3

Procedural type x gender x year

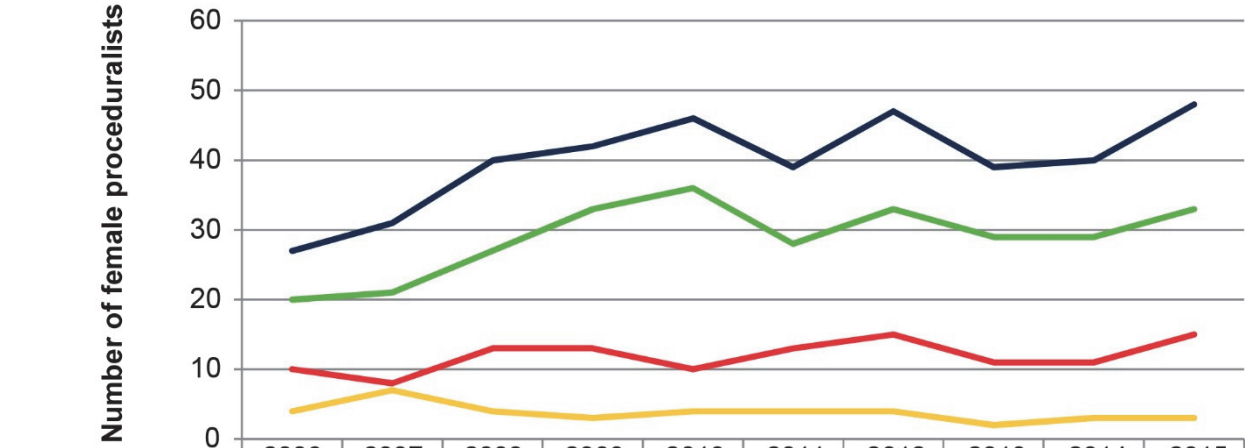
GPA = GP anaesthetist, **GPO** = GP obstetrician, **GPS** = GP surgeon

The gender distribution of GPs practising in each procedural field is shown to remain disproportionate to that of the overall WA rural and remote general practice workforce. 41.2% of the overall workforce was female in 2015 (see Figure 3), whilst only 25.3% of the GP proceduralist population was female. It is also noted that the female portion of the procedural workforce has risen 11.2% since 2006.

Nationally, female proceduralists comprised 41.1% of the procedural workforce in 2015[3].

Figure 14 compares the total number of female GP proceduralists and the range of procedures they practised between 2006 and 2015 and shows that the numbers have increased in all procedural areas since 2013, and the total number of female GP proceduralists is the highest recorded.

Figure 14 Number of female GP proceduralists between 2006 and 2015



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

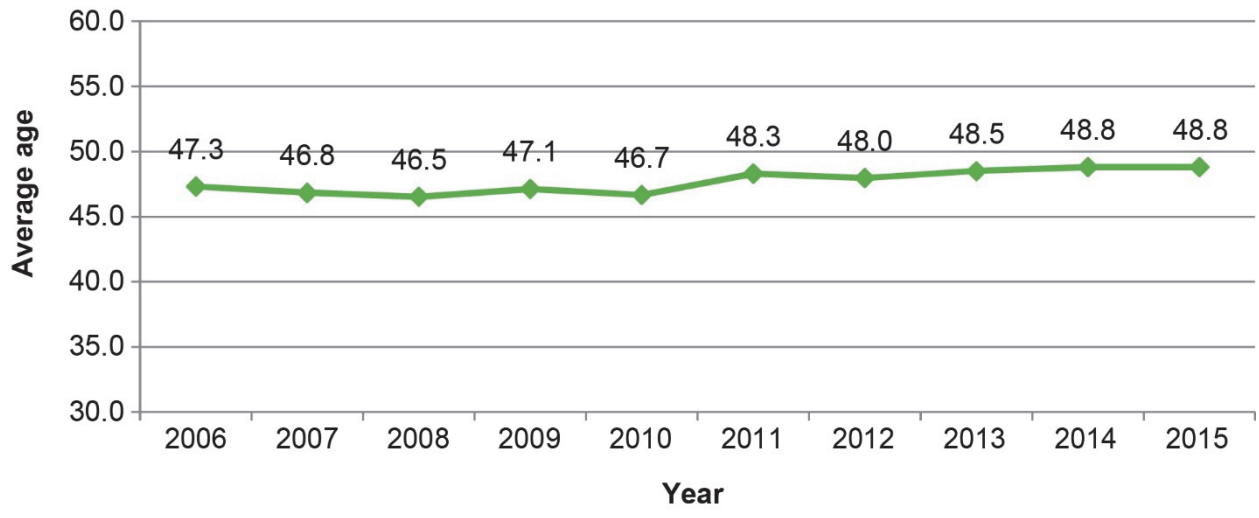
Year

*** Total proceduralists**

GP proceduralists by age

Figure 15 shows the average age of proceduralists between 2006 and 2015

Figure 15 Average age of GP proceduralists 2006 to 2015



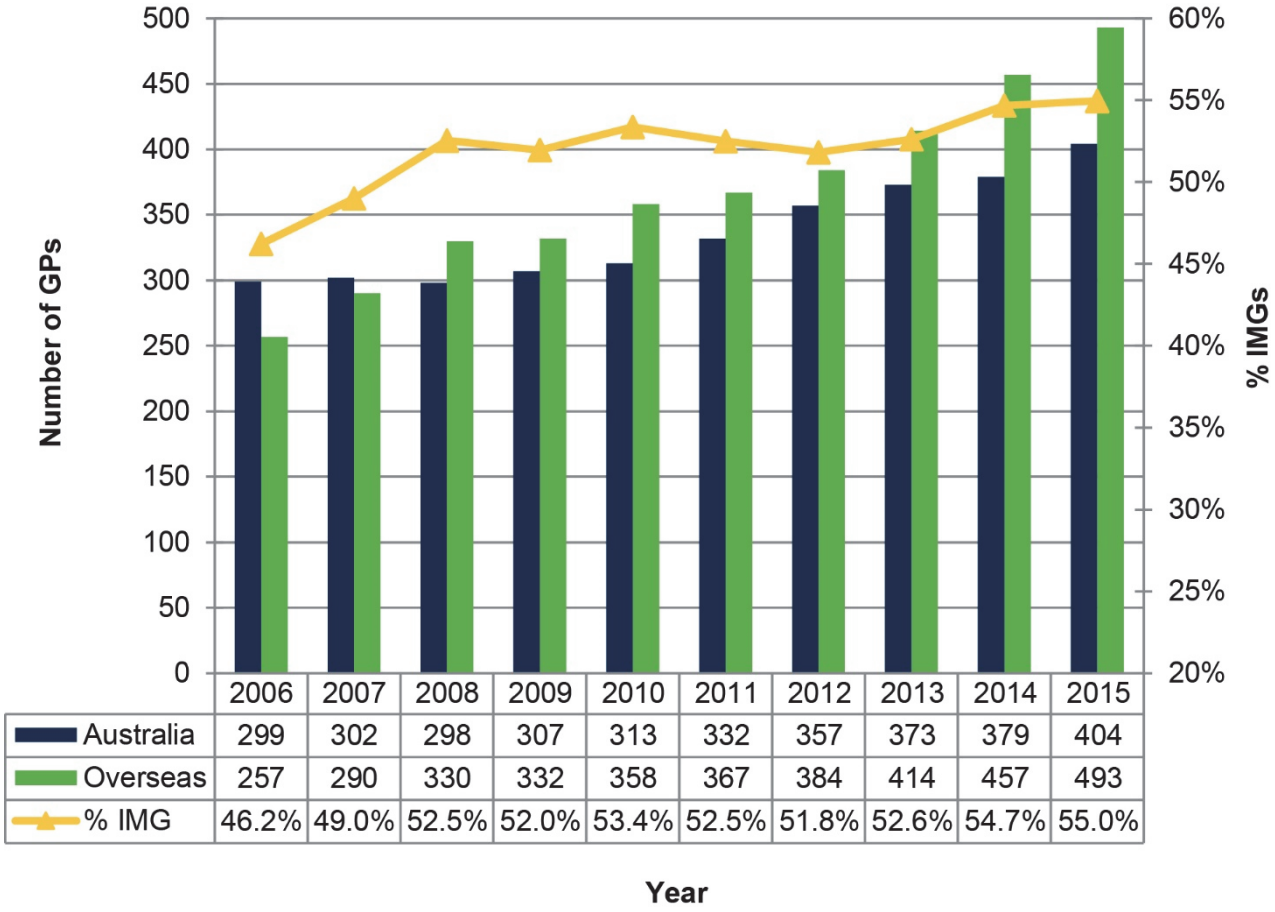
The average age of the GP proceduralist workforce remained the same between 2014 and 2015 at 48.8 years and remains higher than the non-proceduralist workforce (47.2 years).

10 Country of training and residency status

Country of training

Figure 16 displays the number of GPs who trained in Australia compared with overseas and the percentages of the total workforce who were IMGs, from 2006 to 2015.

Figure 16 Number and percentage of IMGs 2006 to 2015



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

At 30 November 2015, 55.0% of the rural and remote medical workforce in WA had obtained their basic medical qualification overseas. This was 0.3% higher than 2014 and is again the highest recorded to date. This also highlights that rural and remote WA is still very 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. These IMGs (doctors who are vocationally registered and who have been in rural WA for 10 years or more) make up 10% of the workforce.

The actual number of IMGs arriving in rural WA has remained relatively stable over the past 3 years. In the 2015 period, there were 82 IMG arrivals, compared with 80 in 2013 and 2014. Of the 82 IMGs arriving in 2015, the largest proportion gained their basic medical qualification from the United Kingdom (19.5%), followed by Pakistan (8.5%), Nigeria (7.3%) and Egypt, India, South Africa and Sri Lanka (all with 6.1%).

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

Residency status

The residency status of the general practice workforce as at 30 November 2015 is displayed in Table 15.

Table 15 Residency status of general practice workforce 30 November 2015

Residency	Number	%
Australian citizen	598	*66.7%*
Permanent resident	198	*22.1%*
Temporary resident	93	*10.3%*
New Zealand citizen	8	*0.9%*
Total	**897**	***100.0%***

As at 30 November 2015, 66.7% of the workforce were Australian citizens, an increase of 2.5% from 2014. 10.4% of the workforce were temporary residents, a decrease of 2.2% from 2014.

There were 42 doctors practising under the Five Year Overseas Trained Doctors Scheme on 30 November 2015 (8 less than in 2014). 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 doctors 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 2014 and November 2015, 3 doctors joined the Five Year Overseas Trained Doctors Scheme. Conversely, there were 7 doctors who left the Scheme. Of those who left, 2 completed the Scheme (both remaining in rural WA), 2 moved interstate, 2 moved to ineligible locations in rural WA and 1 moved to Perth.

Table 16 indicates the residency status of the Five Year Overseas Trained Doctors Scheme doctors and shows a gain of 3 Australian citizens to the workforce.

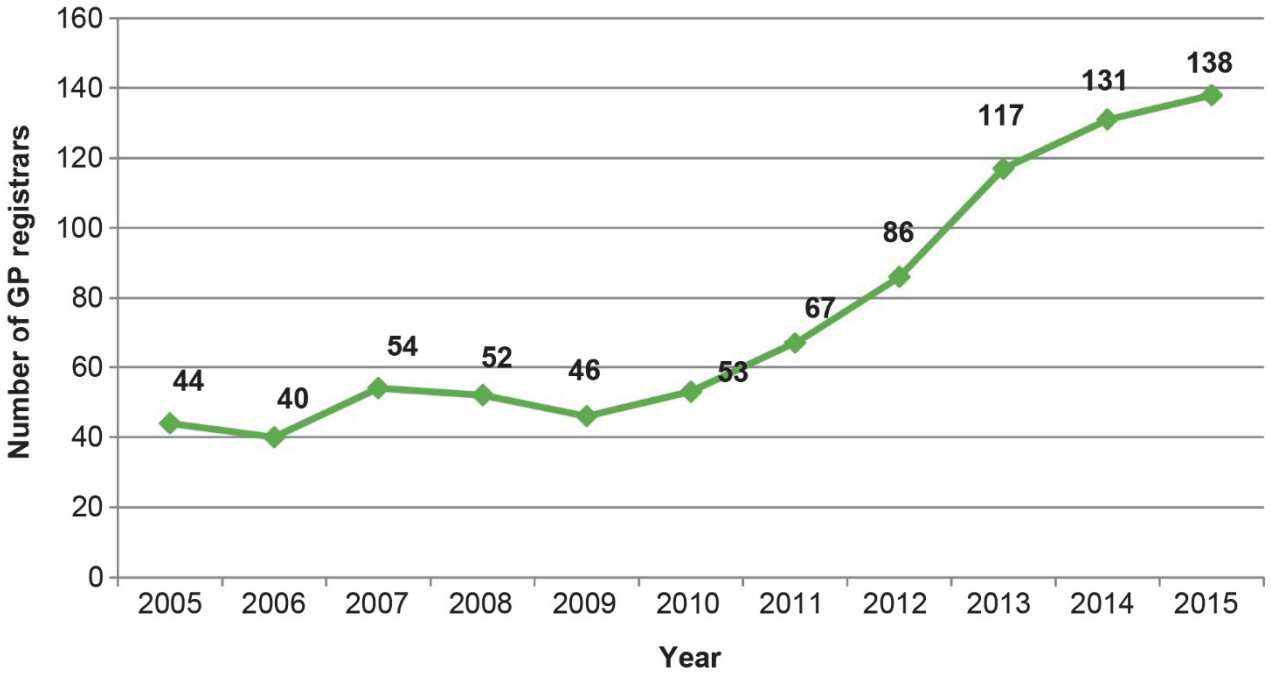
Table 16 Residency status of doctors on the Five Year Overseas Trained Doctors Scheme 2014 v 2015

Residency	2014	%	2015	%
Australian citizen	4	*8.0%*	7	*16.7%*
Permanent resident	21	*42.0%*	15	*35.7%*
Temporary resident	25	*50.0%*	20	*47.6%*
Total	**50**	***100.0%***	**42**	***100.0%***

11 GP registrars

The following section analyses the GP registrar workforce in rural and remote WA. Figure 17 compares GP registrar numbers over the period 2005 to 2015 at the census date of 30 November each year.

Figure 17 Total number of GP registrars 2005 to 2015



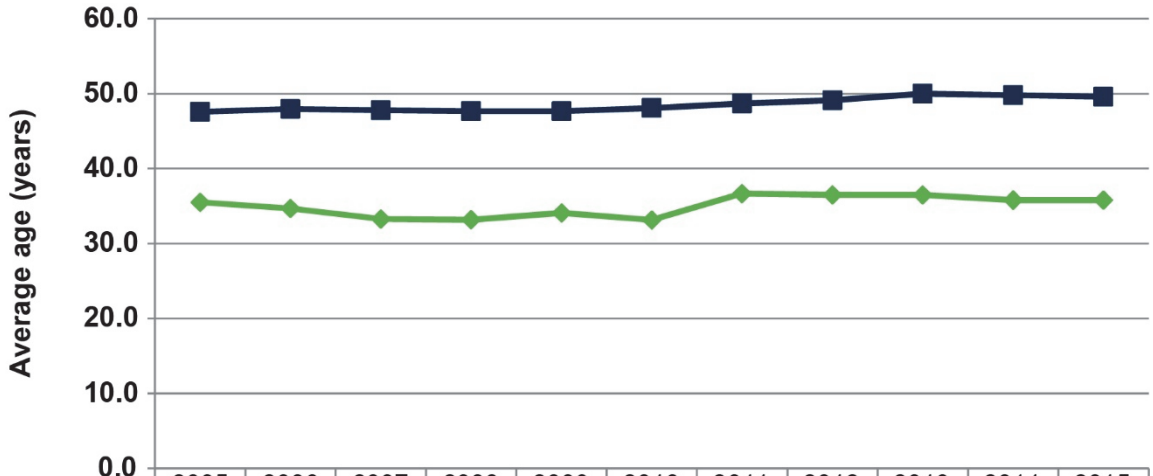
The total number of GP registrars in the rural and remote WA workforce at the census date of 30 November 2015 was 138, which was 7 more than 2014 and the highest figure recorded to date. The increase since 2011 reflects an increase in the intake and rural placements of WAGPET GP registrars and the commencement of WA placements by RVTS and ACRRM.

In 2015, the number of GP registrars in each program were WAGPET (123, an increase of 12 from 2014), ACRRM Independent Pathway (5, a decrease of 2) and RVTS (10, a decrease of 3). The trend of GP registrars comprising an increasing proportion of the workforce has been evident over the last 4 reporting periods, but decreased 0.3% in this period. GP registrars represented 15.4% of the rural and remote general practice workforce in 2015, compared to 15.7% in 2014, 14.9% in 2013, 11.6% in 2012 and 9.6% in 2011.

58.7% of all GP registrars were female (decreased from 67.2% in 2014). 64.2% of all WAGPET GP registrars were female.

The average age of GP registrars remains well below that of the non-registrar general practice workforce as shown in Figure 18.

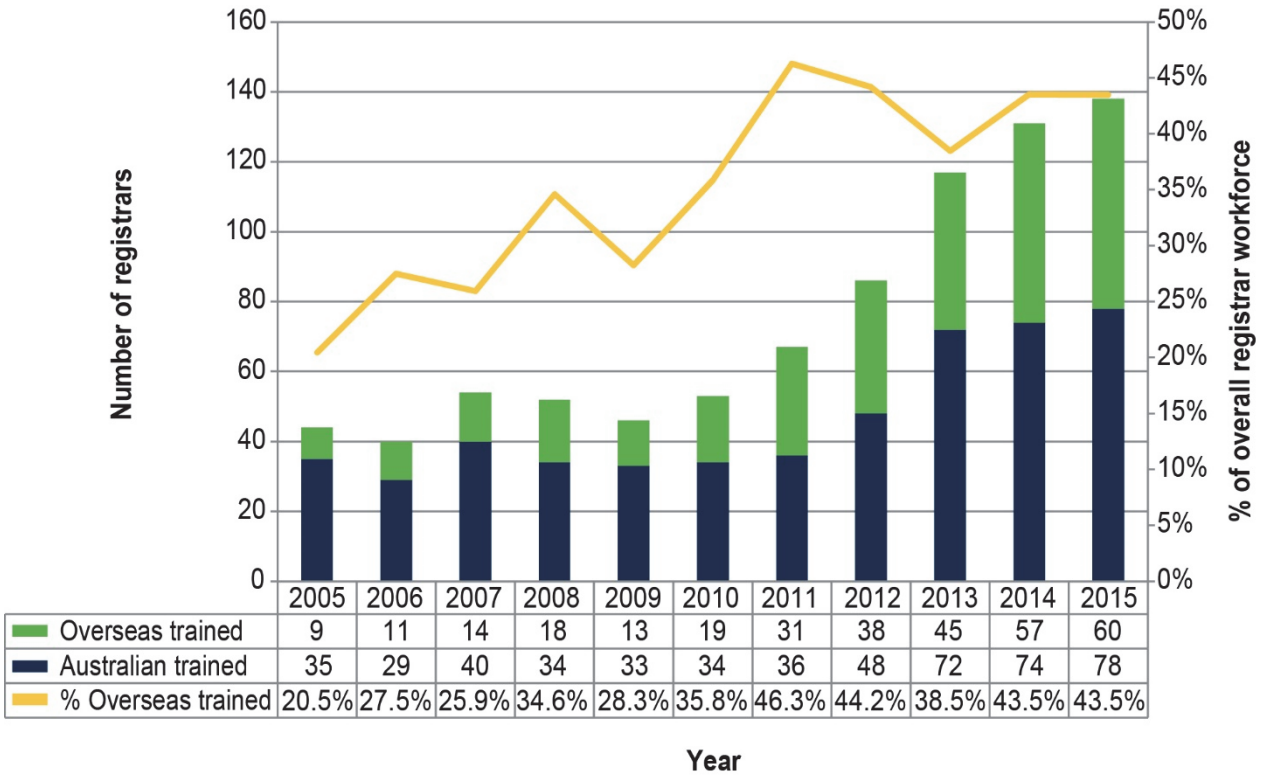
Figure 18 Average age of GP registrars 2005 to 2015



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Registrars	35.5	34.7	33.3	33.2	34.1	33.2	36.7	36.5	36.5	35.8	35.8
Non-registrars	47.6	48.0	47.8	47.7	47.7	48.1	48.7	49.1	50.0	49.8	49.6

Figure 19 provides a comparative breakdown of GP registrar figures from 2005 to 2015, according to where they received their primary medical qualification.

Figure 19 Number and proportion of overseas trained GP registrars 2005 to 2015



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Overseas trained	9	11	14	18	13	19	31	38	45	57	60
Australian trained	35	29	40	34	33	34	36	48	72	74	78
% Overseas trained	20.5%	27.5%	25.9%	34.6%	28.3%	35.8%	46.3%	44.2%	38.5%	43.5%	43.5%

This chart shows that the number of GP registrars who completed their primary medical qualification overseas (IMG) increased by 3 doctors in 2015, while the number of Australian trained GP registrars (AMG) increased by 4. The proportion of registrars who were IMGs was the same as in 2014 (43.5%)

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

Table 17 University of basic medical training of Australian-trained GP registrars 2015

University of basic medical training	Number of GPs
The University of Western Australia	40
The University of Notre Dame Australia	15
The University of Melbourne	5
Flinders University	2
University of Newcastle	2
The University of Sydney	2
The University of Queensland	5
James Cook University Australia	1
University of Tasmania	1
The University of New South Wales	1
Deakin University	1
Unknown	3
Total	**78**

This table shows that 51.3% of all Australian trained GP registrars completed their basic medical training at The University of Western Australia and that overall, 55 (70.5%) completed their basic medical training in WA.

12 Aboriginal Medical Service practices

The following section analyses the general practice workforce in rural and remote AMS practices. The 28 WAGPET GP registrars who identified as working in an AMS as their primary practice are excluded from this analysis. Notably however, as seen in Table 18 below, the number of registrars in AMS practices has grown from 7 in 2005 to 28 in 2015.

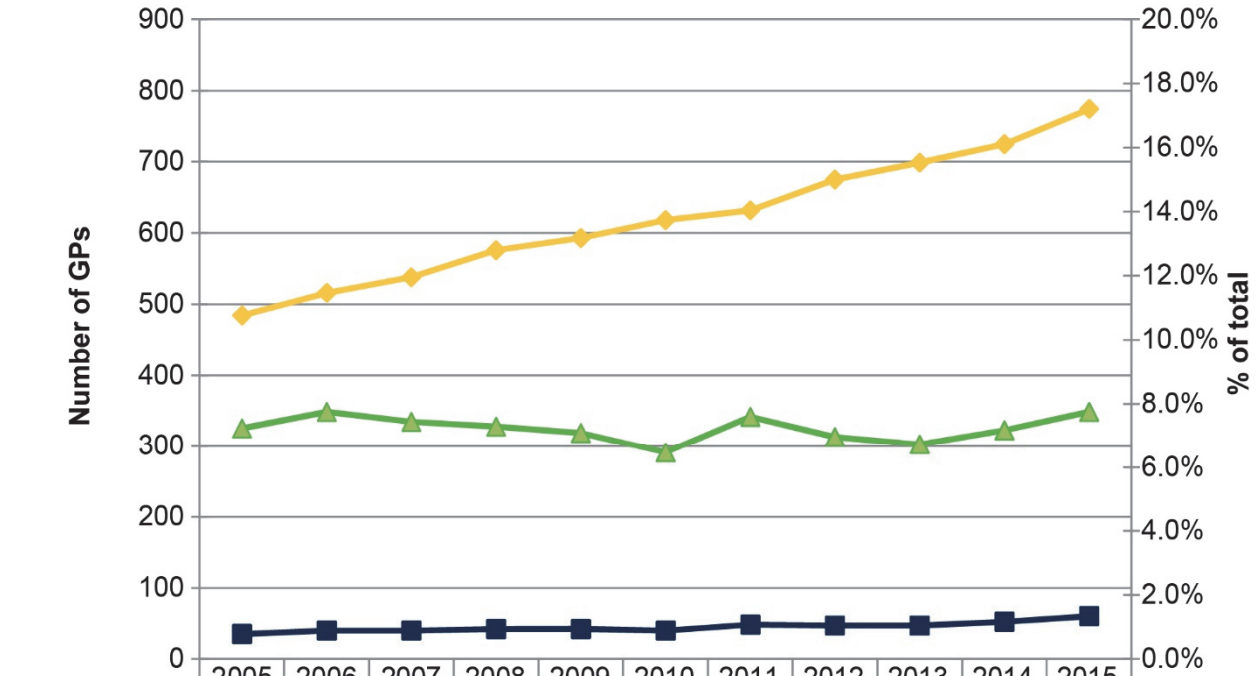
Table 18 WAGPET GP registrars in AMS practices 2005 to 2015

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
No. registrars	7	6	11	8	9	9	10	12	14	20	28

Also excluded from this analysis are the 6 private practice GPs who worked at an AMS practice as a secondary practice.

Figure 20 charts the number of GPs who identified an AMS practice as their primary practice from 2005 to 2015. In 2015, there were 60 GPs (50 resident, 3 RVTS GP registrars and 7 fly-in/fly-out), an increase of 8 doctors from 2014. The percentage of the general practice workforce identifying an AMS practice as their primary practice increased again in 2015, from 7.2% to 7.8%.

Figure 20 Number of GPs in AMS practices v overall 2005 to 2015 (excluding WAGPET GP registrars)

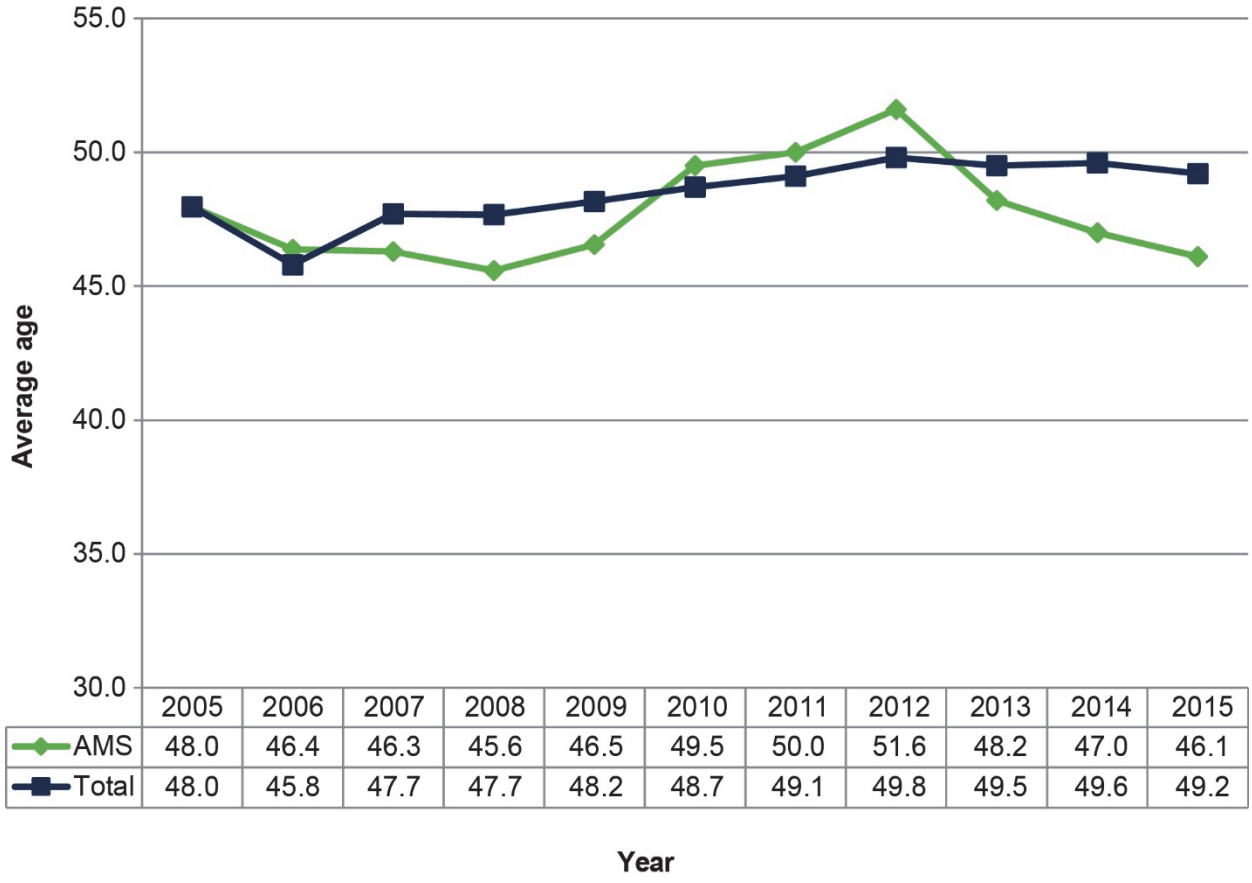


	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
AMS	35	40	40	42	42	40	48	47	47	52	60
Total	484	516	538	576	593	618	632	675	699	725	774
% of total	7.2%	7.8%	7.4%	7.3%	7.1%	6.5%	7.6%	7.0%	6.7%	7.2%	7.8%

Year

Figure 21 identifies the average age of GPs in AMS practices from 2005 to 2015 compared to the overall age of the general practice workforce in rural and remote WA. In 2015, the average age of AMS practice GPs was lower than that of the overall workforce, as it was in 2014, reflecting the departure of a number of older GPs combined with younger arrivals.

Figure 21 Average age of GPs in AMS practices v overall 2005 to 2015 (excluding WAGPET GP registrars)

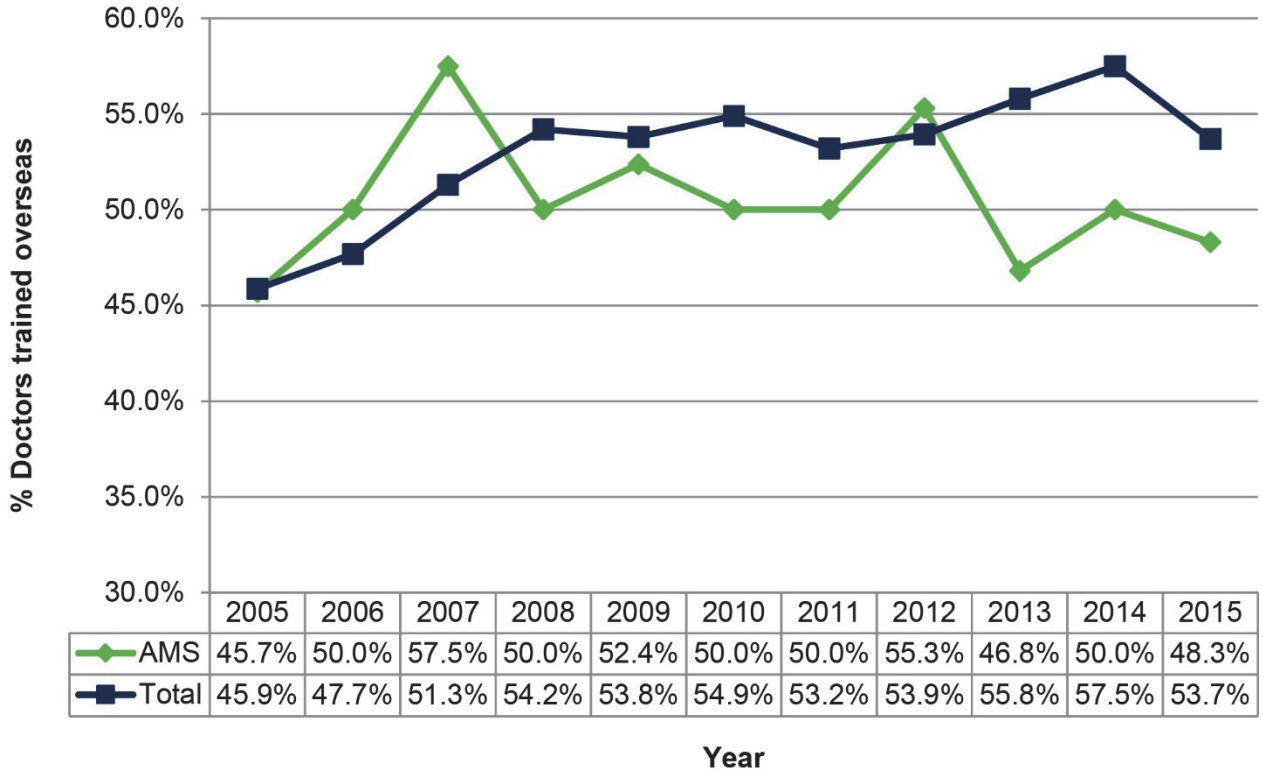


	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
AMS	48.0	46.4	46.3	45.6	46.5	49.5	50.0	51.6	48.2	47.0	46.1
Total	48.0	45.8	47.7	47.7	48.2	48.7	49.1	49.8	49.5	49.6	49.2

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 21.

Figure 22 charts the percentage of IMGs in AMS practices compared with the overall general practice workforce between 2005 and 2015 and shows that the percentage of IMGs working in AMS practices as their primary practice has decreased since 2014, similar to the trend in the overall non-registrar workforce.

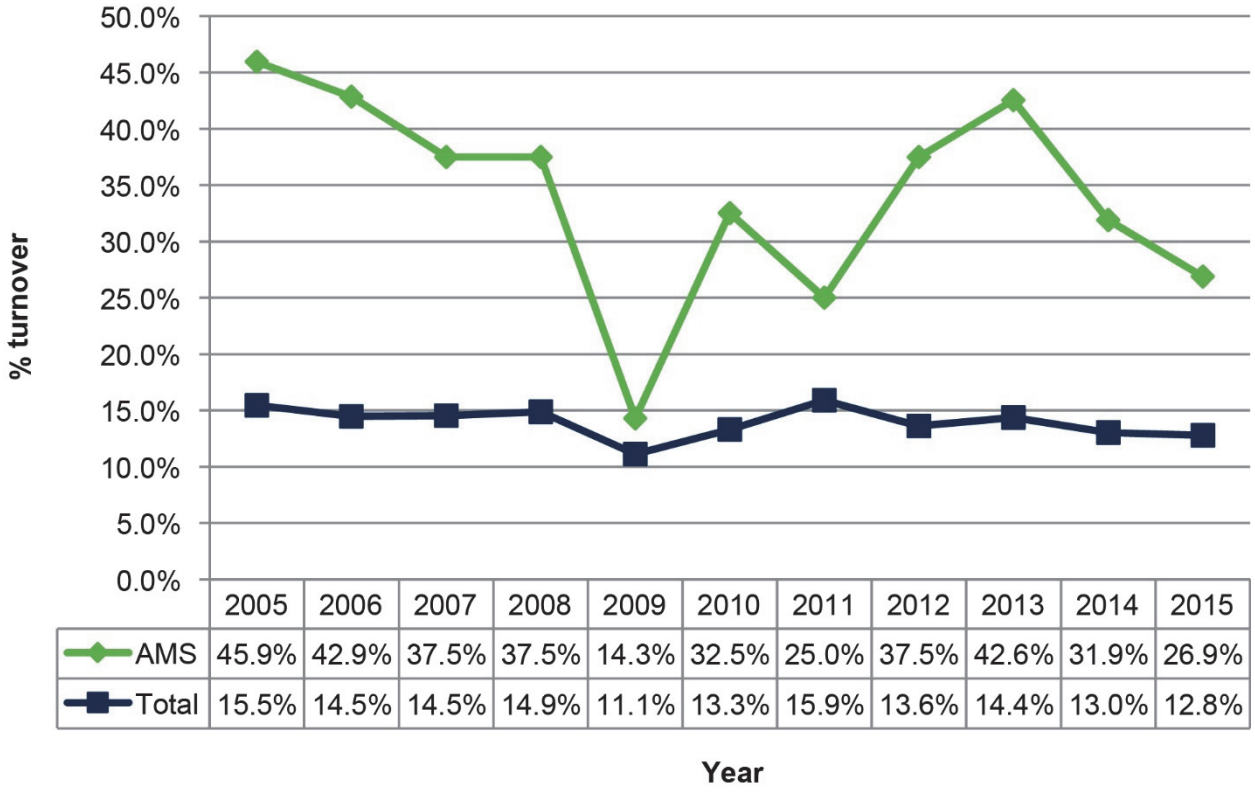
Figure 22 Percentage of IMGs in AMS practices v overall 2005 to 2015 (excluding WAGPET GP registrars)



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
AMS	45.7%	50.0%	57.5%	50.0%	52.4%	50.0%	50.0%	55.3%	46.8%	50.0%	48.3%
Total	45.9%	47.7%	51.3%	54.2%	53.8%	54.9%	53.2%	53.9%	55.8%	57.5%	53.7%

Figure 23 compares the turnover in AMS practices with the overall GP rate between 2005 and 2015 and shows a 5% decrease in turnover from 2014, however turnover in AMS practices remains higher than the overall workforce.

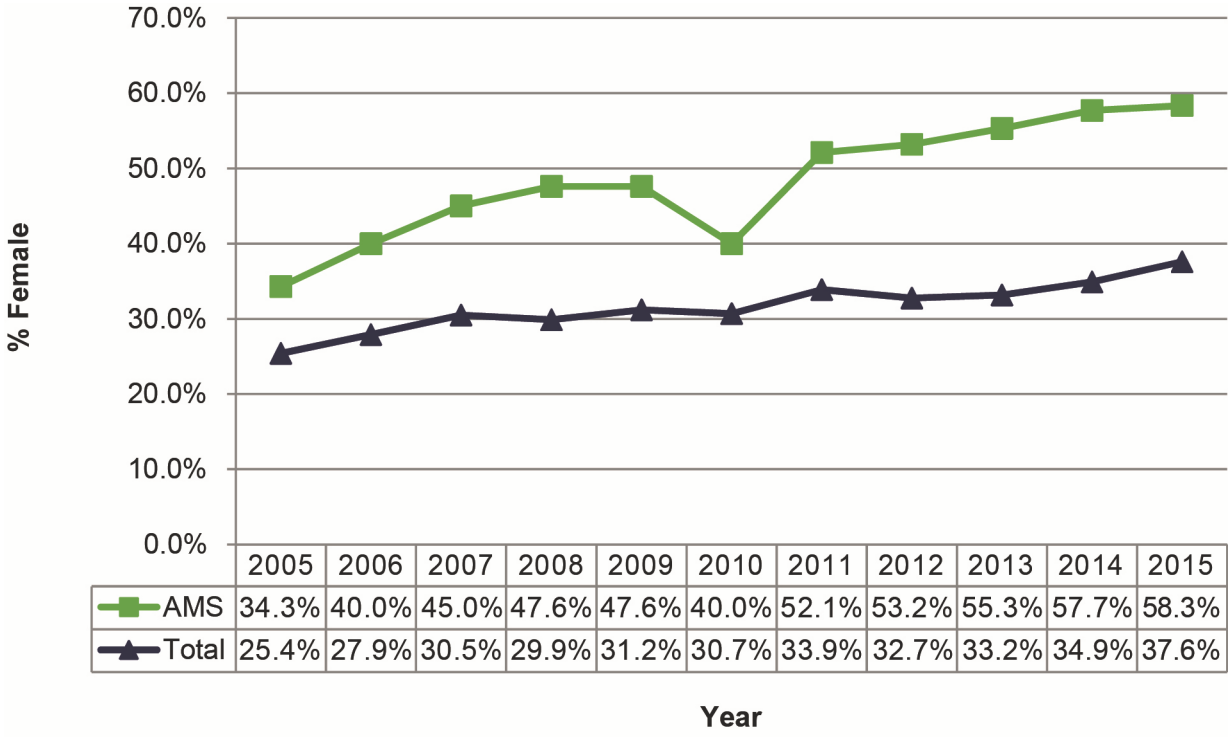
Figure 23 Comparison between turnover in AMS practices v overall 2005 to 2015 (excluding WAGPET GP registrars)



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
AMS	45.9%	42.9%	37.5%	37.5%	14.3%	32.5%	25.0%	37.5%	42.6%	31.9%	26.9%
Total	15.5%	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%	13.6%	14.4%	13.0%	12.8%

Figure 24 charts the percentage of female GPs in AMS practices compared with the overall workforce from 2005 to 2015.

Figure 24 Percentage of female GPs in AMS practices v overall 2005 to 2015 (excluding WAGPET GP registrars)



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
AMS	34.3%	40.0%	45.0%	47.6%	47.6%	40.0%	52.1%	53.2%	55.3%	57.7%	58.3%
Total	25.4%	27.9%	30.5%	29.9%	31.2%	30.7%	33.9%	32.7%	33.2%	34.9%	37.6%

The proportion of female GPs working in AMS practices increased by 0.6% in 2015 and was the highest recorded. AMS practices continued to have a consistently greater proportion of female GPs than the overall workforce with a variance of 20.7% in 2015.

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