Rural Health West

Western Australia's General Practice Workforce Analysis Update

Photo courtesy Tony Wells
Rural Health Workforce Australia

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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 2014.

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Acknowledgements

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National data reported here was sourced from the Medical Practice in Rural and Remote Australia: National Minimum Data Set (MDS) Report as at November 2014.

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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 an up-to-date database of the medical workforce in Remoteness Area 2 to 5 locations in Western Australia. This database is updated each year through GP and practice surveys and a variety of other ongoing strategies. The data is collated, de-identified and then compiled into a detailed annual 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 RA 5 locations.[1]

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

Overall there was a 67.1% 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 2014. The key findings are outlined in the Executive Summary and detailed in the body of the report.

In addition to the 2014 census data, this report also contains results from a longitudinal study of GP retention in the rural and remote Western Australian workforce. In early 2015 Rural Health West undertook a linked workforce study utilising its longitudinal GP data. The overall objective of this study was to identify the survival/retention rates of all GPs who commenced working in the Western Australian rural and remote primary health care sector (RA 2 to 5) in the decade January 2004 to December 2013.

[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 RA 5 locations in Western Australia at the most recent census date of 30 November 2014.

Number of GPs

- As at 30 November 2014, the number of GPs known to be practising in RA 2 to RA 5 locations was 836 (including GP registrars). This represented an increase of 6.2% compared to November 2013.
- GPs working in AMS practices comprised the largest proportional increase (5 or 12.4%).
- The second largest proportional increase in the workforce was GP registrars, attributable to a 26% increase in rural placements from WAGPET.
- Resident GP numbers also increased by 27 in this reporting period.
- 58 GPs worked in solo practices with the majority (39 or 67%) being in RA 3 and RA 4 locations.

Age and gender

- The average age of the overall general practice workforce was 47.5 years, a decrease of 0.4 years compared to 2013. 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%) was aged between 35 and 54 years, the same as for 2013 and 2012.
- Doctors aged 55 and over made up 26.9% of the workforce in 2014 compared to 29% in 2013.
- There continues to be more males in the workforce than females, although the number of females has been rising since 2005. In 2014 female GP numbers (335) and their proportion of the workforce (40.1%) was the highest ever recorded.

Location

- 69.3% (579) of GPs worked in RA 2 (inner regional) and RA 3 (outer regional) locations whilst RA 5 (Very Remote) contained the smallest proportion of the general practice workforce with a reduction of 7.4% compared to 2013.
- GPs working in rural and remote Western Australia encompassed 3 rural Medicare Locals and 4 metropolitan Medicare Locals. The South West WA Medicare Local contained almost half the general practice workforce (363 or 43.4%).
- The greatest increase in numbers of doctors between 2013 and 2014 were in the Goldfields-Midwest Medicare Local (+21) and the South West WA Medicare Local (+25).
- The WACHS South West region contains the greatest number of GPs (308).

Turnover

- Turnover of the workforce from 30 November 2013 to 30 November 2014 was 13%, a decrease of 1.4% from the period prior.
- 6 less doctors departed the workforce during this period than the previous period. The most common destination for doctors leaving rural and remote Western Australia was Perth (47.3%) and interstate (15.4%).
- 4 fewer doctors joined the permanent workforce during this period. The greatest proportion of arrivals was from overseas (37.6%), an increase of 4.5% compared to 2013.
- 14 doctors joined the permanent workforce from the WAGPET GP training program, representing 12.0% of all new arrivals.
- Male and female GPs experienced similar turnover rates in 2014. Female GP numbers showed a greater increase (15 more) and a higher proportional increase (8% higher) than the male workforce in the current reporting period.
- For the first time, the 55-64 age group recorded a decrease (-4 or 22.3%).

Working hours

- The average self-reported clinical workload was 41.0 hours per week compared to 41.3 hours in 2013.
- The average hours worked per week has decreased by 5.4 hours since 2006. Male doctors in all age groups continued to work longer clinical hours per week than their female counterparts.
- There was a decrease of 0.4% in the self-reported full-time workforce compared to 2013 and more males worked full-time than females.
- 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 more remote areas of RA 4 (remote) and RA 5 (very remote) worked greater average hours per week than their colleagues in the less remote areas and average working hours increased in all except RA 2 locations, which recorded a decrease of 1.8 hours per week compared to 2013.

Length of employment

- The average length of employment in current practice was 7.7 years, which was 0.4 years higher than for 2013.
- Doctors employed for less than 1 year decreased by 1% compared to 2013 whilst the percentage of doctors employed for more than 5 years increased by 1%.
- Doctors in the long stay category (greater than 5 years) have increased from 37% in 2007 to 43% in 2014.
- The majority of long-stay doctors were in RA 2 and RA 3 locations. RA 5 had the highest proportion of newly arrived doctors in 2014 (24.2%), down from 25.8% in 2013, 29% in 2012 and 39.1% in 2011.

Proceduralists

- There were 187 proceduralists recorded as at 30 November 2014, the same number as in 2013.
- The overall proportion of GP proceduralists in the workforce was 22.4% in 2014, continuing the generally downward trend since 2005.
- The gender distribution of GPs practising in each procedural field remained disproportionate to that of the general practice workforce. Whilst at 30 November 2014, 40.1% of the overall workforce was female, only 21.4% of GP proceduralists were female, which represented a small increase from 20.9% in 2013.
- Overseas trained GP proceduralists comprised 34.8% of the proceduralist workforce in 2014, an increase of 0.6% compared to 2013.
- The average age of the proceduralist workforce (48.8 years) was higher than the average age of the overall workforce (47.1 years), continuing the trend of previous years. Between 2013 and 2014, the average age of the GP proceduralist workforce increased by 0.3 years

International Medical Graduates

- As at 30 November 2014, 54.7% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This was 2.1% higher than 2013 and the highest percentage recorded to date.
- During this reporting period, there was a slight decrease in the percentage of Australian citizens (64.2%) in the general practice workforce compared to 2013 (66.7%). Permanent resident (+28) and temporary resident (+9) numbers increased.
- 50 doctors were registered on the Five Year Overseas Trained Doctors Scheme in November 2014, an increase of 21 from 2013.

GP registrars

- There were 131 GP registrars in the rural workforce at 30 November 2014, training under 3 GP training organisations − WAGPET, the Rural Vocational Training Scheme (RVTS) and the Australian College of Rural and Remote Medicine (ACRRM).
- There was a growth of 14 doctors from 2013 (representing 15.7% of the general practice workforce) and was the highest figure recorded to date.
- 67.6% of Australian trained GP registrars completed their basic medical training in Western Australia.
- The proportion of the GP registrar population who completed their primary medical qualification overseas was 43.5%.
- 67.2% of all GP registrars were female, up from 54.7% in 2013.
- 73.9% of the WAGPET GP registrars were female, up from 64.7% in 2013.
- The average age of all GP registrars increased from 34.1 years in 2004 to 35.8 years in 2014.

AMS practices

- 52 GPs identified an AMS as their primary practice, an increase of 5 compared to 2013. However, their proportion of the overall general practice workforce has declined from 7.8% in 2004 to 7.2% in 2014.
- 7 other GPs reported working at an AMS as a secondary practice. A further 269 GPs self-reported providing Aboriginal health services in their practices.
- The proportion of International Medical Graduates (IMGs) in AMS practices increased to 50% in 2014 from 46.8% in 2013.
- The 31.9% turnover rate in AMS practices between November 2013 and November 2014 was lower than for 2013 (42.6%) but consistently higher than for the overall general practice workforce at 13% in 2014.
- AMS practices continued to have a consistently greater proportion of female GPs compared to the overall female workforce.

3. Data collection and analysis strategies

Since 2001, Rural Health West has maintained an up-to-date database of the rural and remote medical workforce in Western Australia in accordance with the national MDS requirements.[2] Rural Health West collects and updates 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
- GP 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 RA 2 to RA 5 locations [3] and in 2012 and 2013 this data was also reported by Medicare Local boundaries. Medicare Locals will cease operations by 30 June 2015 and in light of this change, GP location data has been reported by both Medicare Local and WACHS regions in this report. The new Country WA Primary Health Network encompasses the boundaries of the 3 prior rural Medicare Locals.

It is anticipated that the new rural classification system (currently described as the Modified Monash Model) will be introduced and reported on in the next report.

WACHS District Medical Officers (DMOs) and Senior Medical Officers (SMOs) are included as, due to their locations, these doctors are considered to perform GP-type services in their communities. Salaried DMOs, SMOs and Regional Medical Officers (RMOs) at Bunbury Hospital, Geraldton Hospital, Kalgoorlie Health Campus and Peel Health Campus (Mandurah) have not been included as, 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 2014 to all doctors on the Rural Health West database identified as working in regional, rural and remote Western Australia. A reduced two-page survey covering only the national MDS questions was sent out in early November 2014 to those GPs who had not returned their original survey. Additionally, the survey was available online.

Overall there was a 67.1% 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 RA 5 locations in Western Australia to support workforce policy and planning. The 2014 report presents the data as at 30 November 2014, and where appropriate, makes comparisons with data from previous years.

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

[3] http://www.doctorconnect.gov.au/

4. Demographics of general practice workforce as at 30 November 2014

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

As at 30 November 2014, there were 836 GPs known to be practising in RA 2 to RA 5 locations. This represented an increase of 6.2% compared to 30 November 2013 and was the third consecutive year that the workforce had shown a regular pattern of growth. The general practice workforce also increased by 6.2% in the prior reporting period from November 2012 to November 2013 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 Data Dictionary classifications.

Table 1 GP numbers by primary model of service provision 2013 v 2014

Primary Model of service provision	2013	2014	Difference	
Resident GP	497	524	27	*5.4%*
'Fly-in/fly-out'*	81	82	1	*1.2%*
Member of a primary health care team**	40	45	5	*12.5%*
WACHS (DMO/SMO)	52	54	2	*3.8%*
GP registrar	117	131	14	*12%*
Total	**787**	**836**	**49**	***6.2%***

* Primarily Royal Flying Doctor Service, but now also includes fly-in/fly-out, WACHS DMOs and SMOs and private GPs

** Primarily AMS practices

GPs working in AMS practices comprised the largest proportional increase in the rural and remote general practice workforce, with an additional 5 (12.5% higher than at November 2013) working in RA 2 to RA 5 locations.

GP registrars comprised the second largest proportional increase, attributable to a 26% increase in rural placements from WAGPET. Of the 131 GP registrars recorded at the November 2014 census date, 111 were training with WAGPET, 13 were with the RVTS and 7 were with ACRRM.

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

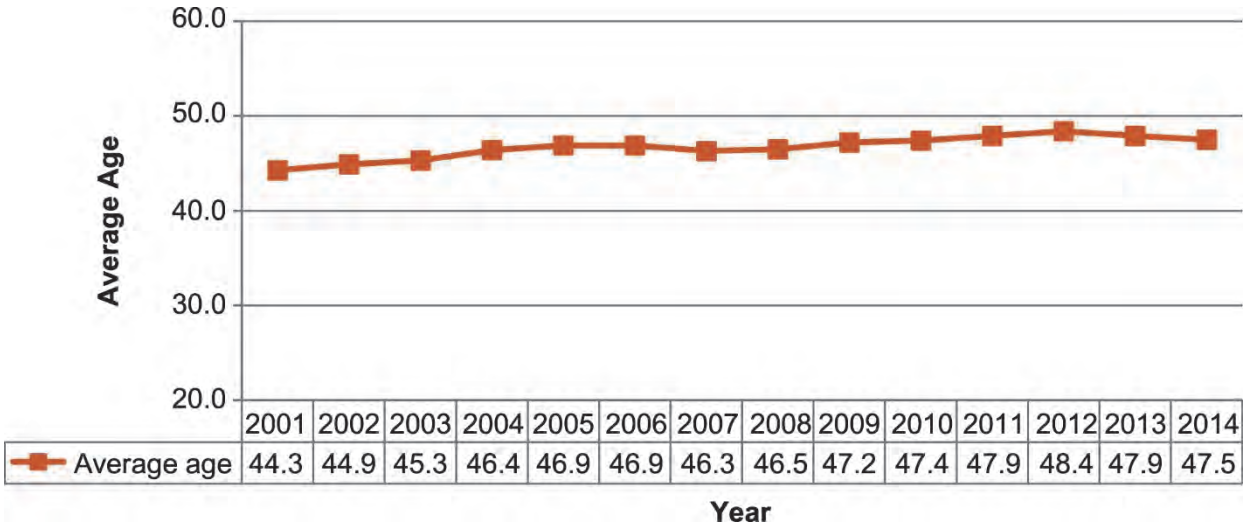
GPs by age and gender

Average age of all GPs

The average age of all GPs at 30 November 2014 was 47.5 years. This compares to the national average age of 49.7 years (November 2014) and 49.9 years (November 2013).

Figure 1 compares the average age since 2001 and shows that the average age of the overall rural and remote workforce has increased by 3.2 years since 2001. However the data also shows the beginning of a declining trend with the average age decreasing by 0.9 years since 2012. This decrease in the average age is attributable to the higher number of GP registrars, who form a younger cohort (see Figure 18).

Figure 1 Average age of general practice workforce 2001 to 2014



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Average age	44.3	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

The average age for male GPs increased 0.1 year, from 50.3 years in 2013 to 50.4 years in 2014. The average age for female GPs decreased 0.6 years from 43.7 years in 2013 to 43.1 years in 2014.

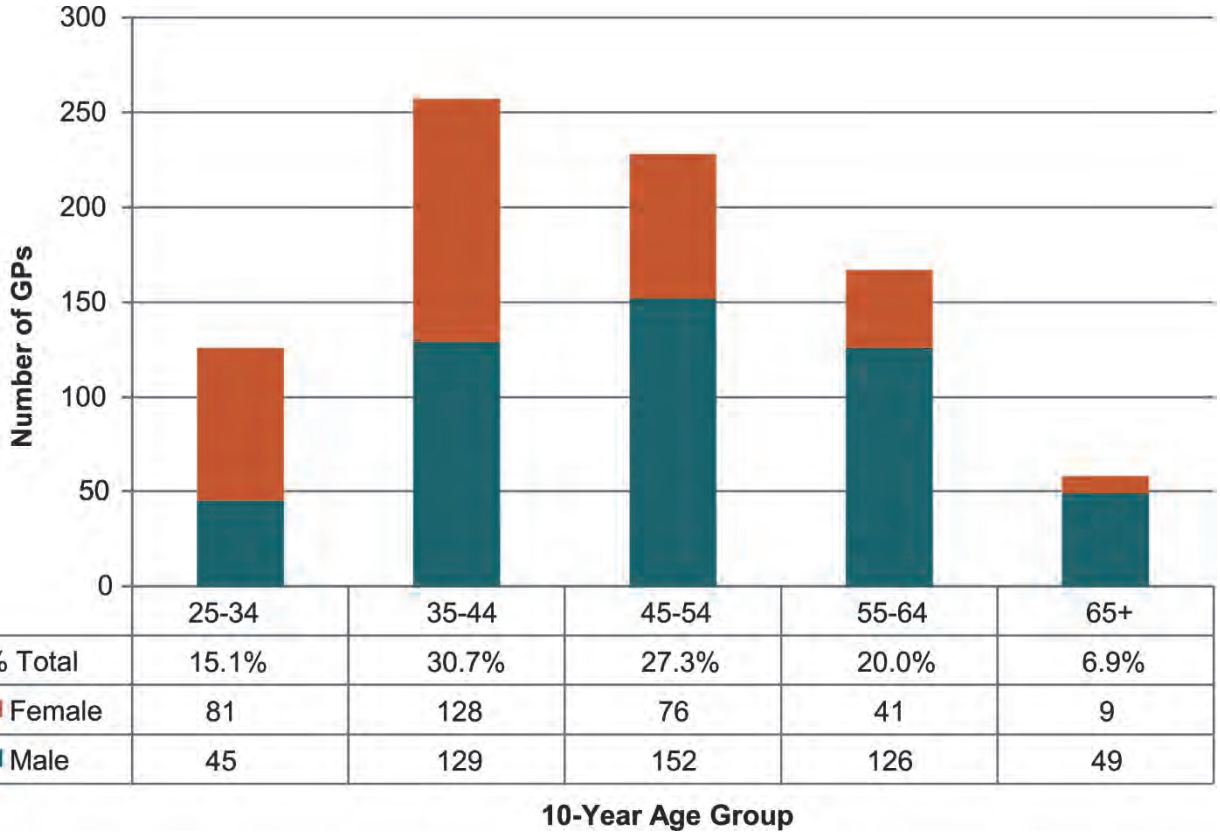
GPs by age group and gender

Figure 2 indicates that the majority of the workforce (58%) was aged between 35 and 54 years. This was the same proportion as in 2013 and 2012.

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; but more recently attributable to the increase in female WAGPET GP registrars, who comprised 73.9% of all WAGPET GP registrars recorded in rural and remote Western Australia at 30 November 2014.

The gender distribution of the 35-44 year GPs has historically always shown greater numbers of males than females. However, in 2014, the distribution was virtually equal which could be attributed to the increase in WAGPET female registrars in this age cohort.

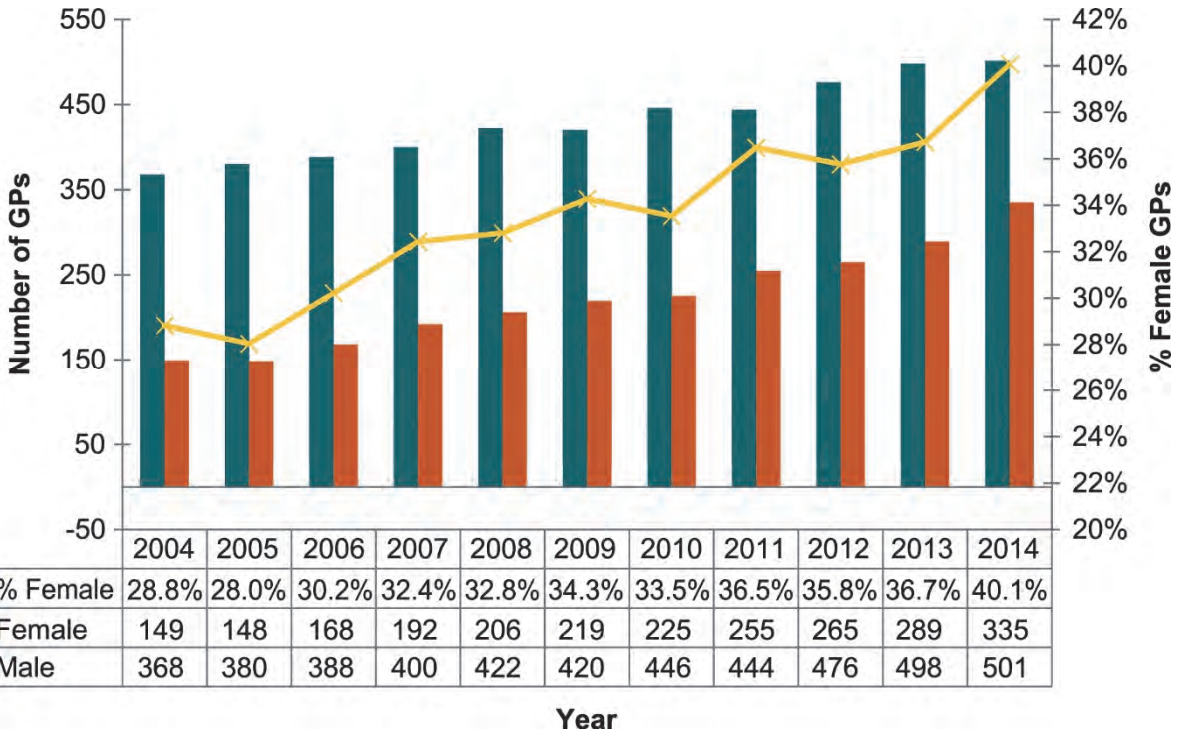
Figure 2 Composition of the general practice workforce by ten-year age group and gender as at 30 November 2014



	25-34	35-44	45-54	55-64	65+
% Total	15.1%	30.7%	27.3%	20.0%	6.9%
Female	81	128	76	41	9
Male	45	129	152	126	49

Figure 3 compares GP numbers by gender for the years 2004 to 2014 and the percentage of the female workforce in each of those years.

Figure 3 Number of GPs by gender and percentage of female GPs 2004 to 2014



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
% Female	28.8%	28.0%	30.2%	32.4%	32.8%	34.3%	33.5%	36.5%	35.8%	36.7%	40.1%
Female	149	148	168	192	206	219	225	255	265	289	335
Male	368	380	388	400	422	420	446	444	476	498	501

There were 46 more female GPs working in rural and remote Western Australia in 2014 compared with 2013, and the proportion of female GPs in the overall workforce increased 3.4% from 2013 to 40.1%. This graph demonstrates a progressive trend of increasing female GP representation in the workforce and the 2014 figures were higher than for any previous year, both in actual numbers and as a proportion.

Female GP representation in the rural and remote Western Australian workforce in November 2014 was comparable to the national average female GP participation rate of 40.4% but was lower than most states and territories, with the exception of Queensland (39.1%) and South Australia (35.8%).[2]

GP numbers by location

With the phasing out of the ASGC-RA system and the closure of the Medicare Locals, GP location information has also been described using WACHS boundaries as these are used extensively in rural and remote Western Australia.

GP numbers by Remoteness Area

Commencing in 2010, GP work locations have been recorded and analysed using the ASGC-RA system and data is now available for 5 census years. GPs employed by the Royal Flying Doctor Service which is based in Jandakot (RA 1 location), work across RA 2 to RA 5 locations. Table 2 shows the number of GPs within each RA in 2014 compared to 2013.

Table 2 GP numbers by Remoteness Area

Remoteness Area	2013	2014	Actual difference	% difference by RA
2 (Inner Regional)	290	303	13	*4.5%*
3 (Outer Regional)	246	276	30	*12.2%*
4 (Remote)	161	175	14	*8.7%*
5 (Very Remote)	68	63	-5	*-7.4%*
1 (RFDS)	22	19	-3	*-13.6%*
Overall	**787**	**836**	**49**	***6.2%***

This table shows that the greatest increase in GP numbers in 2013 occurred in RA 3 with 30 additional doctors. Overall, the majority of GPs worked in RA 2 and RA 3 locations (579 GPs or 69.3%) in 2014. There was a loss of 5 GPs working in RA 5.

GP numbers by Medicare Local boundaries

A key change to the general practice workforce analysis first occurred in the Rural Health West MDS Report and Workforce Analysis Update 2012 with the application of Medicare Local boundaries, which replaced GP Networks/Divisions of General Practice boundaries as a reporting criterion. The following table identifies and compares GP numbers within Medicare Local boundaries in 2013 and 2014.

Table 3 GP numbers by Medicare Local boundaries 2013 v 2014

Medicare Local	2013	2014	Actual Difference	% Difference
Goldfields Midwest	150	171	21	*14.0%*
Kimberley Pilbara	157	161	4	*2.5%*
Metro - Bentley Armadale	0	1	1	*NA*
Metro - Fremantle	23	19	-4	*-17.4%*
Metro - Perth Central and East	3	2	-1	*-33.3%*
Metro - Perth North	5	5	0	*0.0%*
Metro - Perth South Coastal	111	114	3	*2.7%*
South West	338	363	25	*7.4%*
Overall	**787**	**836**	**49**	***6.2%***

There were large increases in GP numbers working within both the Goldfields Midwest Medicare Local and the South West Medicare Local boundaries (21 and 25 more GPs respectively).

GP numbers by WACHS regions

The following table identifies and compares GP numbers within WACHS regions in 2013 and 2014.

Table 4 GP numbers by WACHS regions 2013 v 2014

WACHS region	2013	2014	Actual Difference	% Difference
Goldfields	57	68	11	*19.3%*
Great Southern	78	92	14	*17.9%*
Indian Ocean Territories	4	4	0	*0.0%*
Kimberley	90	101	11	*12.2%*
Metro (RFDS Jandakot)	23	19	-4	*-17.4%*
Midwest	89	97	8	*9.0%*
Outer Metro (RA 2)*	16	18	2	*12.5%*
Pilbara	67	60	-7	*-10.4%*
Southwest**	297	308	11	*3.7%*
Wheatbelt	66	69	3	*4.5%*
Totals	**787**	**836**	**49**	***6.2%***

* 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 308 recorded GPs contained just over one third of the general practice workforce in RA 2 to RA 5 locations in Western Australia (36.8%). This was similar to 2013.

The greatest percentage increase in numbers of GPs between 2013 and 2014 was in the Goldfields region (19.3% or 11 doctors). Excluding the Metropolitan region, the Pilbara region experienced the greatest percentage loss (-10.4%) and highest actual loss of GPs (-7).

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 Western Australia on completion of their traineeship.

In past years, GP registrars undergoing the ACRRM Independent Pathway or RVTS programs were also excluded from reporting on the permanent general practice workforce. However, in 2012, these doctors were reinstated because they do form a part of the permanent workforce, unlike WAGPET GP registrars. The ACRRM and RVTS doctors must be in situ in a rural area before they can begin either program and 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 5 details the turnover rate of GPs between November 2013 and November 2014. This movement represents a 13.0% turnover during this period, a decrease of 1.4% from the previous period. The percentage increase in the workforce was 3.7% compared to a 3.6% increase in 2013.

Table 5 GP turnover November 2013 to November 2014 (excluding WAGPET GP registrars)

Number of permanent GPs November 2013	699
Number of departures	91
Turnover	**13.0%**
Number of arrivals	117
Number of permanent GPs November 2014	725
% increase	**3.7%**

Table 6 shows the destinations of GPs who departed rural and remote Western Australia between November 2013 and November 2014 and compares this with the departure destinations for the previous period.

Table 6 Destination of departing GPs 2013 v 2014

	2013		2014	
Destination	**Number**	**%**	**Number**	**%**
Perth	38	*39.2%*	43	*47.3%*
Extended leave	16	*16.5%*	9	*9.9%*
Interstate	15	*15.5%*	14	*15.4%*
Overseas	7	*7.2%*	7	*7.7%*
Other	6	*6.2%*	6	*6.6%*
Retirement	10	*10.3%*	6	*6.6%*
Locum	2	*2.1%*	3	*3.3%*
Trainee	3	*3.1%*	3	*3.3%*
Total	**97**	***100.0%***	**91**	***100.0%***

There were 6 fewer departures in the 12-month period to November 2014 than for the preceding 12 months. The most common destination for all doctors leaving rural and remote Western Australia in 2014 was to Perth, with 43 departing (47.3% of total departures). There were also a high number of doctors moving interstate (14) in this period.

Table 7 shows the origins of GPs joining or rejoining the permanent rural and remote workforce between November 2013 and November 2014.

Table 7 Origins of GPs joining the workforce 2013 v 2014

	2013		2014	
Origin	**Number**	**%**	**Number**	**%**
Overseas	40	*33.1%*	44	*37.6%*
Interstate	20	*16.5%*	26	*22.2%*
Perth	27	*22.3%*	17	*14.5%*
Extended leave	12	*9.9%*	13	*11.1%*
Trainee program	15	*12.4%*	14	*12.0%*
Roving locum	1	*0.8%*	2	*1.7%*
Other	6	*5.0%*	1	*0.9%*
Total	**121**	***100.0%***	**117**	***100.0%***

There were 4 fewer doctors who joined the permanent workforce between November 2013 and November 2014 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.

14 doctors (representing 12.0% of all new arrivals) joined the permanent workforce from the WAGPET GP training program in 2014 compared to 15 (12.4%) in 2013.

General practice workforce changes by gender

Table 8 summarises changes in the permanent general practice workforce by gender between 30 November 2013 and 30 November 2014, excluding WAGPET GP registrars.

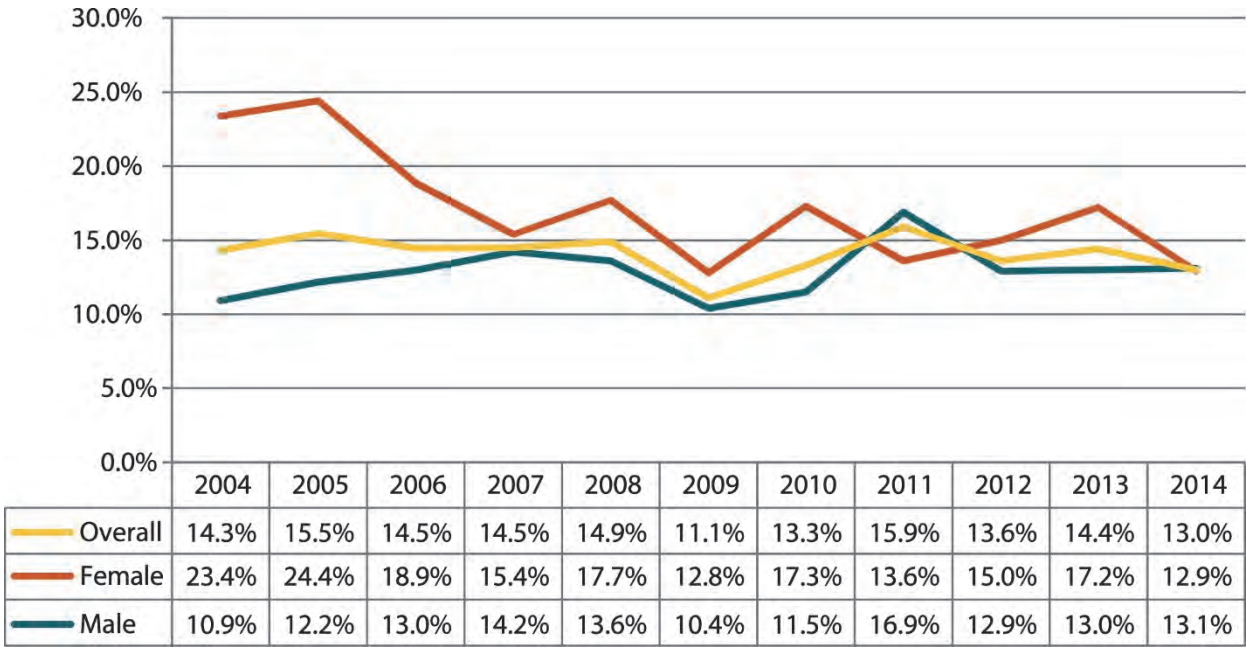
Table 8 Changes in* general practice *workforce by gender 2013 to 2014 (excluding WAGPET GP registrars)

Gender	Number of GPs Nov 2013	Departures	% departed	Arrivals	Number of GPs Nov 2014	% increase
Male	467	61	***13.1%***	66	472	***1.1%***
Female	232	30	***12.9%***	51	253	***9.1%***
Totals	**699**	**91**	***13.0%***	**117**	**725**	***3.7%***

Both the female and male general practice workforce experienced similar departure rates (12.9% and 13.1%) in 2014. Consistent with the trend of increasing female GP representation in the rural and remote workforce, female GP numbers showed a greater increase (15 more GPs) and a higher proportional increase (8% higher) than the male workforce in the current reporting period.

Figure 4 compares GP turnover figures by gender for the period 2004 to 2014.

Figure 4 GP turnover rates by gender 2004 to 2014 (excluding WAGPET GP registrars)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Overall	14.3%	15.5%	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%	13.6%	14.4%	13.0%
Female	23.4%	24.4%	18.9%	15.4%	17.7%	12.8%	17.3%	13.6%	15.0%	17.2%	12.9%
Male	10.9%	12.2%	13.0%	14.2%	13.6%	10.4%	11.5%	16.9%	12.9%	13.0%	13.1%

There was minimal difference in turnover between the male and female workforce in 2014. Historically, the female turnover rate has been higher than that of the male workforce.

General practice workforce changes by Remoteness Area

Table 9 illustrates the changes in the general practice workforce by RA. This table shows movements in and out of the rural and remote general practice workforce, as well as movement within the state between varying RA locations.

Table 9 Changes in* general practice *workforce by Remoteness Area 2013 v 2014 (excluding WAGPET GP registrars)

		Movements OUT of rural Western Australia				Movements INTO rural Western Australia			
RA	**No. per RA Nov 2013**	**Left rural WA**	**Moved to another rural RA**	**Total out**	**% of RA departed**	**Arrived from outside rural WA**	**Arrived from another rural RA**	**Total into**	**No. per RA Nov 2014**
2	258	28	3	31	***12.0%***	29	4	33	260
3	215	16	3	19	***8.8%***	38	5	43	239
4	138	25	6	31	***22.5%***	35	3	38	145
5	66	18	4	22	***33.3%***	15	3	18	62
Metro (RFDS)	22	4	0	4	***18.2%***	0	1	1	19
Overall	**699**	**91**	**16**	**107**		**117**	**16**	**133**	**725**

Between November 2013 and November 2014, 91 doctors left rural Western Australia and a further 16 doctors moved from one rural RA location into another RA location, totalling 107 doctor departures from all RAs. Over the same period, a total of 133 GPs moved into RA 2 to RA 5 locations, including 117 from outside rural Western Australia and 16 who moved from one RA location to another.

The RA 5 area experienced the greatest proportional movements out (33.3%) of all departures. RA 5 also experienced the least movement inward, with only 18 new doctors. RA 3 was the most stable with the lowest turnover rate (8.8%) and highest number of new arrivals (43).

Table 10 outlines the destinations of GPs who departed rural Western Australia in 2014 by RA. Overall the majority of all departures (47.3%) were to Perth. The number of departures from RA 2 and RA 4 were higher than from other locations and accounted for 28 (30.8%) and 25 (27%) respectively of all departures. RA 2 also showed the highest number of departures to Perth of all Remoteness Areas (16 or 37.2 %).

Table 10 Destination of GPs who departed rural Western Australia in 2014 by Remoteness Area

Destination	RA 2	RA 3	RA 4	RA 5	Metro (RFDS)	Total
Perth	16	10	7	10	0	43
Leave	1	1	4	3	0	9
Interstate	2	2	7	3	0	14
Overseas	1	0	4	2	0	7
Other	2	0	0	0	4	6
Retirement	3	2	1	0	0	6
Locum	0	1	2	0	0	3
Trainee	3	0	0	0	0	3
Total	**28**	**16**	**25**	**18**	**4**	**91**

General practice workforce changes by age group

Table 11 summarises the changes in workforce numbers by age group for the current reporting period.

Table 11 Changes in GP numbers by age group 2013 to 2014 (excluding WAGPET GP registrars)

Age group	No. in age group Nov 2013	Departed rural WA	% of age group departed	Arrivals into rural WA	Moved to next age group	Moved from previous age group	No. in age group Nov 2014	% increase in age group
25-34	52	15	*28.8%*	31	9	0	59	*13.5%*
35-44	208	25	*12.0%*	47	18	9	221	*6.3%*
45-54	214	21	*9.8%*	19	10	18	220	*2.8%*
55-64	171	20	*11.7%*	15	9	10	167	*-2.3%*
65+	54	10	*18.5%*	5	0	9	58	*7.4%*
Total	**699**	**91**	***13.0%***	**117**	**46**	**46**	**725**	***3.7%***

The 35-54 year age groups encompassed the greatest number of GPs, however, the greatest movement inwards and outwards came from the 25-34 year and 65+ year age groups.

The youngest age group (25 to 34 years) had the highest departure rate (28.8%), a similar pattern to 2012 and 2013. This group also showed the greatest proportional increase, reflecting the greater mobility of this age group.

There was a decline in the number (four) and percentage (-2.3%) of GPs in the 55-64 year age group, the first actual decline reported. In November 2013 this group showed a 0% increase after growth in the 4 previous years (16.5% in November 2012; 10.5% in November 2011; 16.7% in November 2010; and 11.8% in November 2009).

The 65+ age group had the second highest percentage departure rate (18.5%) and the second highest proportional increase (7.4%).

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 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 general practice;
- hours worked in hospital;
- hours worked on call-outs (not hours available on-call);
- hours worked in population health; and
- 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.

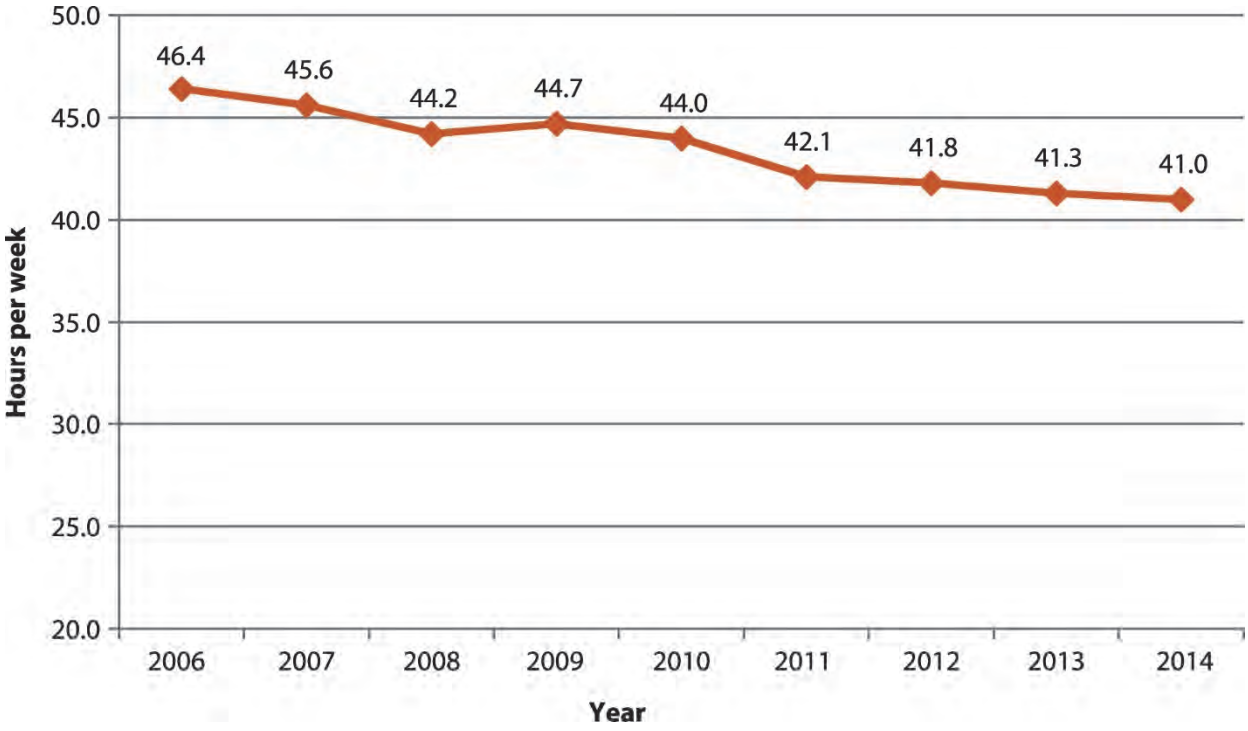
GPs working for the RFDS have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 527 doctors, including GP registrars, and encompasses 63.0% of the workforce for this reporting period. This is consistent with the last reporting period (November 2013) when data was available for 63.9% of the workforce.

Average hours worked per week

At 30 November 2014 the average self-reported clinical workload was 41.0 hours per week, compared to 41.3 hours per week at 30 November 2013. This compares to the national average self-reported clinical workload of 34.4 hours at 30 November 2014.

Figure 5 displays the average hours worked each year from 2006 to 2014. This shows that the average number of hours worked per week continues to decline and has decreased by 5.4 hours since 2006.

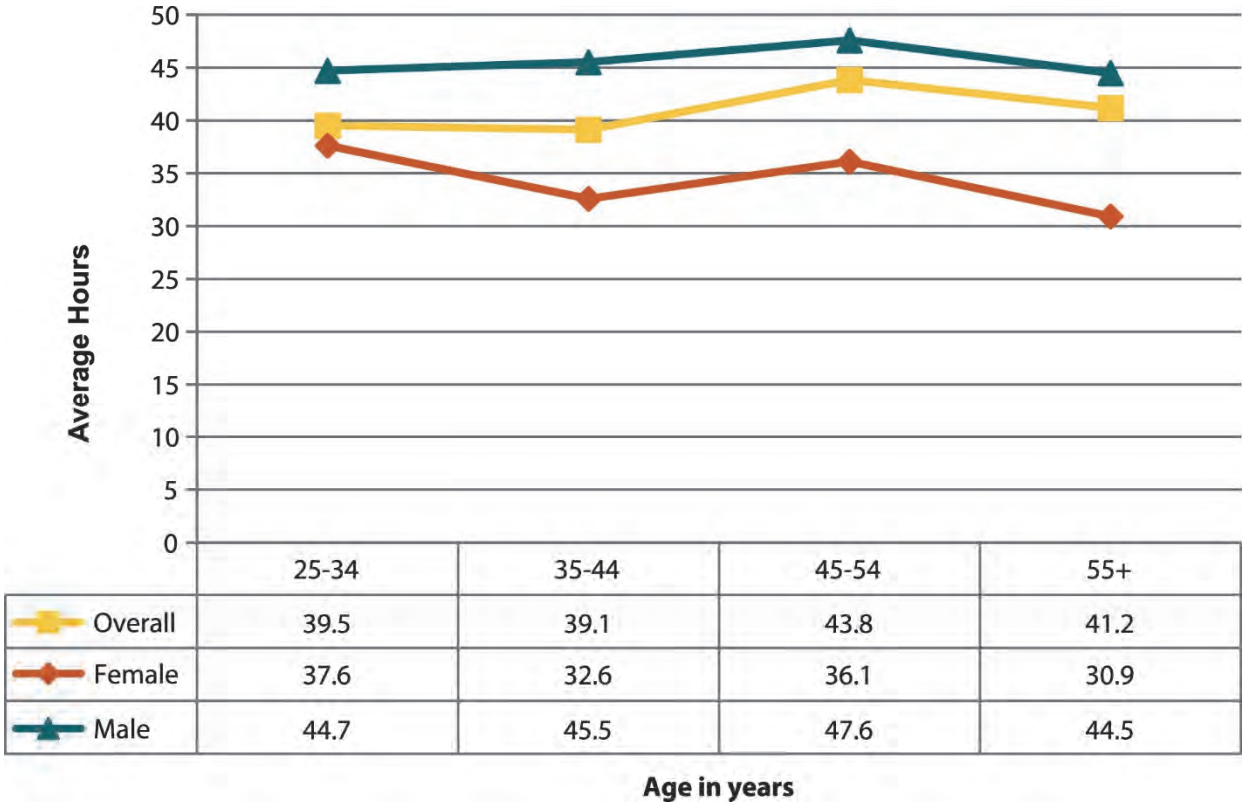
Figure 5 Average hours worked per week from 2006 to 2014



Average hours 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. This likely reflects the greater proportion of the female workforce who reported working part-time (see Table 12).

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



	25-34	35-44	45-54	55+
Overall	39.5	39.1	43.8	41.2
Female	37.6	32.6	36.1	30.9
Male	44.7	45.5	47.6	44.5

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

Table 12 Comparison between part-time and full-time workloads by gender

Type of workload	Male	Female	Total	% of respondents
Full-time	267	125	392	*74.4%*
Part-time	42	93	135	*25.6%*
Total respondents	**309**	**218**	**527**	***100.0%***

392 doctors (74.4% of respondents) self-reported working full-time in the provision of routine clinical GP services. This represents a decrease of 0.4% in the self-reported full-time workforce compared to 2013. Of these full-time doctors in 2014, the vast majority were male (267 male, 125 female).

This is a similar pattern to previous years, 2013 (264 male, 112 female), 2012 (257 male, 94 female) and 2011 (267 male, 99 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 125 in 2014; whereas the male full-time workforce at 267 was the same in 2014 as in 2011.

Conversely, 135 doctors (25.6% of respondents) self-reported as working part-time. Of these part-time doctors, there were more females than males (93 female, 42 male). The overall proportion of GPs working part-time has increased 6% since 2010. Table 13 looks specifically at the part-time workforce, comparing by gender those who self-reported as working part-time in the current reporting period.

Table 13 Part-time workforce by gender 2013 v 2014

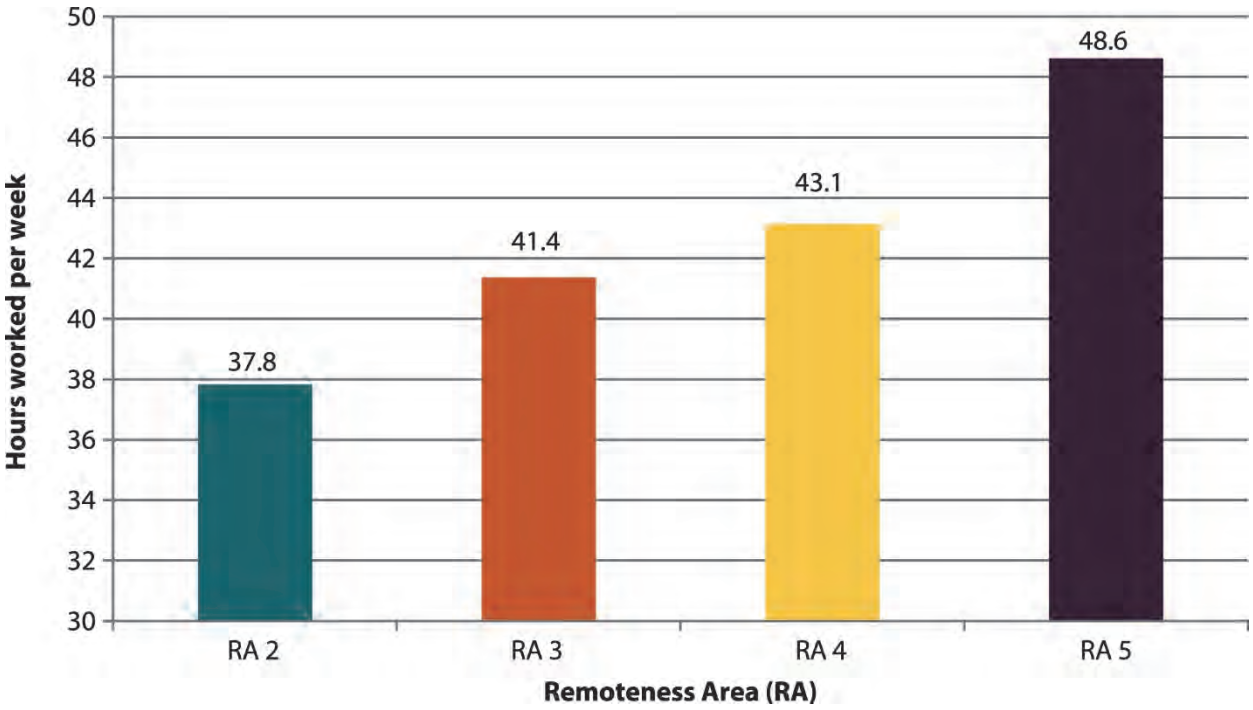
Year	Total males	Males working part-time	% of total males	Total females	Females working part-time	% of total females	Total respondents	% of total respondents working part-time
2013	313	49	**15.7%**	190	78	**41.1%**	503	***25.2%***
2014	309	42	***13.6%***	218	93	***42.7%***	527	***25.6%***

There were less male doctors and more female doctors working part-time in 2014 than in 2013.

Average hours worked per week by Remoteness Area

Figure 7 identifies the average hours worked per week by RA location and 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 areas.

Figure 7 Average hours worked per week by Remoteness Area



The average hours worked per week increased in all Remoteness Areas compared to 2013, except in RA 2, where it decreased 1.8 hours from 39.6 hours per week to 37.8 hours per week.

The average working hours for RA 3 to RA 5 locations in 2013 compared to 2014 were:

- RA 3: 40.3 hours per week in 2013 and 41.4 hours per week in 2014 (1.1 hours more per week)
- RA 4: 42.5 hours per week in 2013 and 43.15 hours per week in 2014 (0.6 hours more per week)
- RA 5: 48.0 hours per week in 2013 and 48.6 hours per week in 2014 (0.6 hours more per week)

7. Length of employment in current principal practice

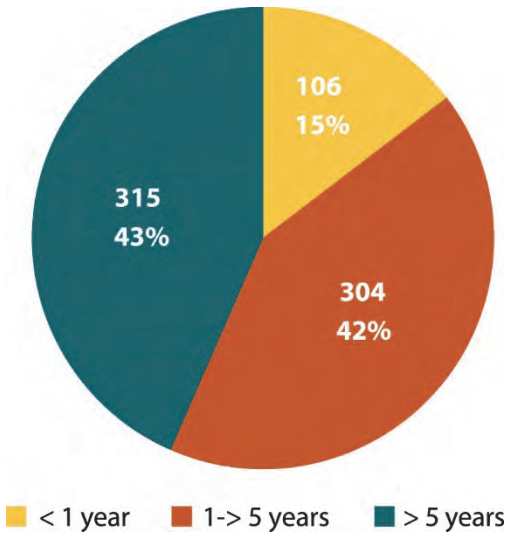
Average length of employment

Across rural and remote Western Australia, the average length of employment in current principal practice for all GPs (not including WAGPET GP registrars) was 7.7 years, 0.4 years higher than in November 2013, which was also 0.1 year higher than in November 2012. 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 7.3 years (2014) and 7.6 years (2013).

Figure 8 shows the proportion of the general practice workforce who have been in their current positions in each 'length of employment' category.

Figure 8 Length of employment in current principal practice (excluding WAGPET GP registrars)



Data collected in 2014 shows variations in length of current employment. Doctors employed for less than 1 year decreased by 1% (6 GPs) compared to 2013. Doctors employed between 1 and 5 years remained the same percentage compared to 2013, while the actual number of GPs in this group increased by 9.

Doctors employed for more than 5 years increased by 23 doctors (1%) in 2014 compared to 2013. The overall percentage of long stay doctors (more than 5 years) has increased from 37% in 2007 to 43% in 2014 which is a positive for rural practice.

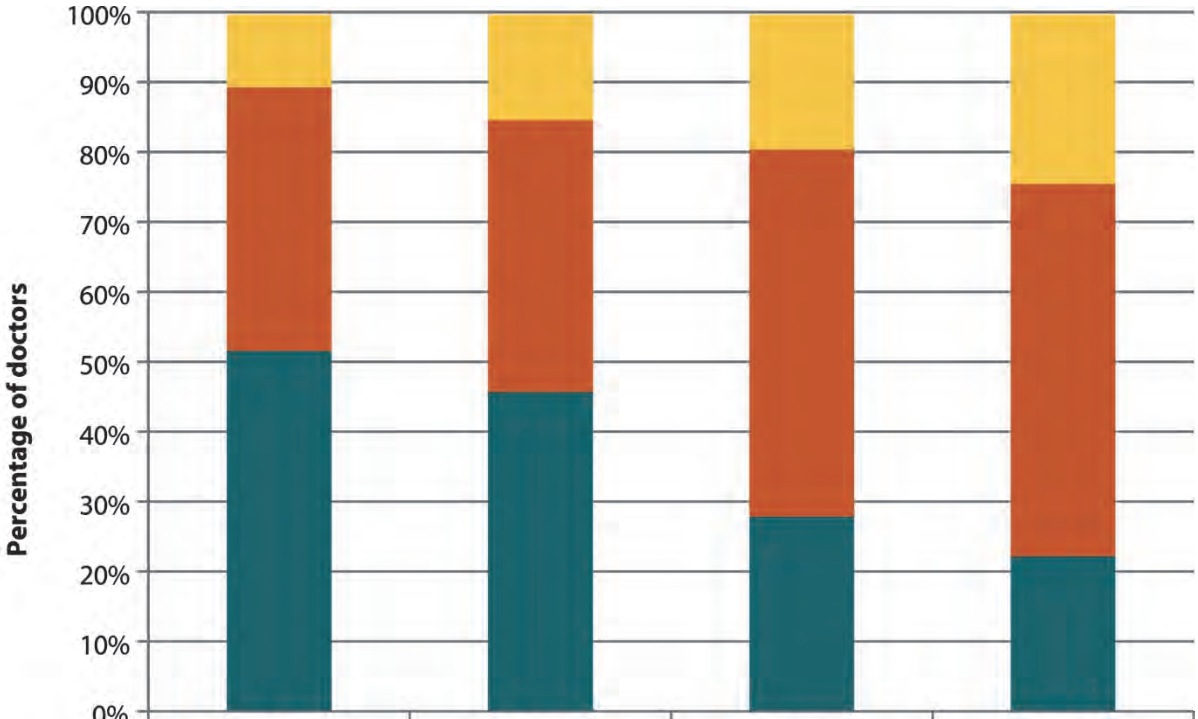
Average length of employment by Remoteness Area

Figure 9 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.

This chart shows that the majority of long-stay doctors (>5 years) were in RA 2 and RA 3 locations. By contrast, in RA 5 there were only 22.6% long-term doctors, up from 19.7% in 2013, 16.1% in 2012 and 19.6% in 2011.

RA 5 again recorded the highest proportion of newly arrived doctors (24.2%). However, these proportions are lower than for 2013 (25.8%) and 2012 (29%) and indicate that doctors in RA 5 are beginning to stay longer than previously.

Figure 9 Length of employment in current principal practice by Remoteness Area



	RA 2	RA 3	RA 4	RA 5
<1 year	10.4%	15.1%	19.3%	24.2%
1-> 5 years	37.7%	38.9%	52.4%	53.2%
>5 years	51.9%	46.0%	28.3%	22.6%

Remoteness Area (RA)

8. Practice type

There were 836 GPs, including GP registrars, known to be practising at 30 November 2014. Table 14 shows the number of those doctors in each RA who were solo practitioners compared with the number working in group practices. There were 6 more GPs (58) working in solo practices in 2014 compared to 2013 (52). This represented 6.9% of the general practice workforce and was 0.3% higher than in 2013 and 2012 (both 6.6%).

The solo practitioner component of the workforce varied widely across geographical locations, with the highest proportion (14.3%) being in RA 5 locations, followed by RA 4 locations (9.7%).

Table 14 Number of GPs by practice type by Remoteness Area

Remoteness Area	Group	Solo	Total	% Solo
2	293	10	303	*3.3%*
3	254	22	276	*8.0%*
4	158	17	175	*9.7%*
5	54	9	63	*14.3%*
1 (RFDS)	19	0	19	*0.0%*
Overall	**778**	**58**	836	*6.9%*

Table 15 delineates the number of practices in each RA (excluding WACHS hospitals). The reported number of practices in 2014 was 194, up from 185 in 2013. The number of solo practices was also up from 48 in 2013 to 54 in 2014.

Table 15 Number of practices per Remoteness Area (excluding WA Country Health Service hospitals)

Remoteness Area	Group practice	Solo practice	AMS practice	Number of practices
2	54	13	2	69
3	46	21	3	70
4	15	14	6	35
5	4	6	8	18
1 (RFDS)	2	0	0	2
Total	**121**	**54**	**19**	**194**

The majority of practices (100 or 51.6%) are group practices in RA 2 and RA 3 locations, where there are many more group practices than solo practices. This follows the trend of previous reporting periods. RA 4 and 5 locations contain almost equal numbers of solo and group practices.

The overall proportion of solo practices in rural and remote Western Australia was 27.8% compared to the national average of 10.2%. Whereas, nationally, the greatest proportion of solo practices (69.6%) were in RA 2 locations, in Western Australia the majority 60.3% were in RA 3 and RA 4 locations.

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 one fly-in/fly-out doctor. These GPs job share, and thus there is only ever one 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 16 along with the percentage of the total workforce these GPs represented in 2014.

Table 16 Number and proportion of GPs practising procedures 2013 v 2014

Procedure	N 2013	% of total GPs 2013	N 2014	% of total GPs 2014
Anaesthetics	102	13%	102	12%
Obstetrics	108	14%	108	13%
Surgery	26	3%	33	4%

There were 187 GP proceduralists recorded as at 30 November 2014 (the same number as in 2013), many of whom practised in more than one procedural area. The percentage of overseas trained GP proceduralists has increased by 0.6% since 2013 to 34.8%.

A diagram illustrating practitioners practising in single or multiple procedural areas is shown at Figure 10.

Figure 10 Number of GPs undertaking procedural work

A = Anaesthetics
O = Obstetrics
S = Surgery

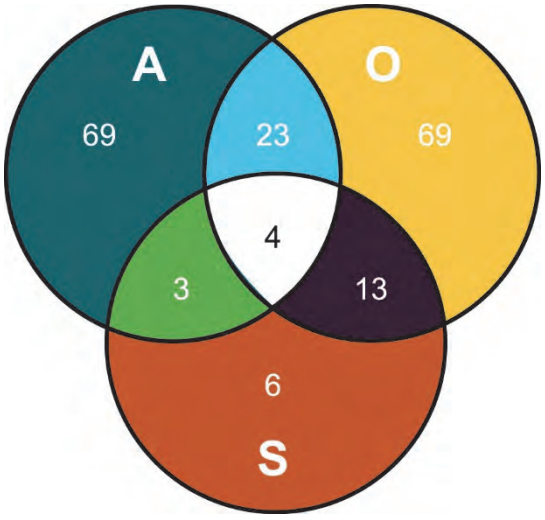
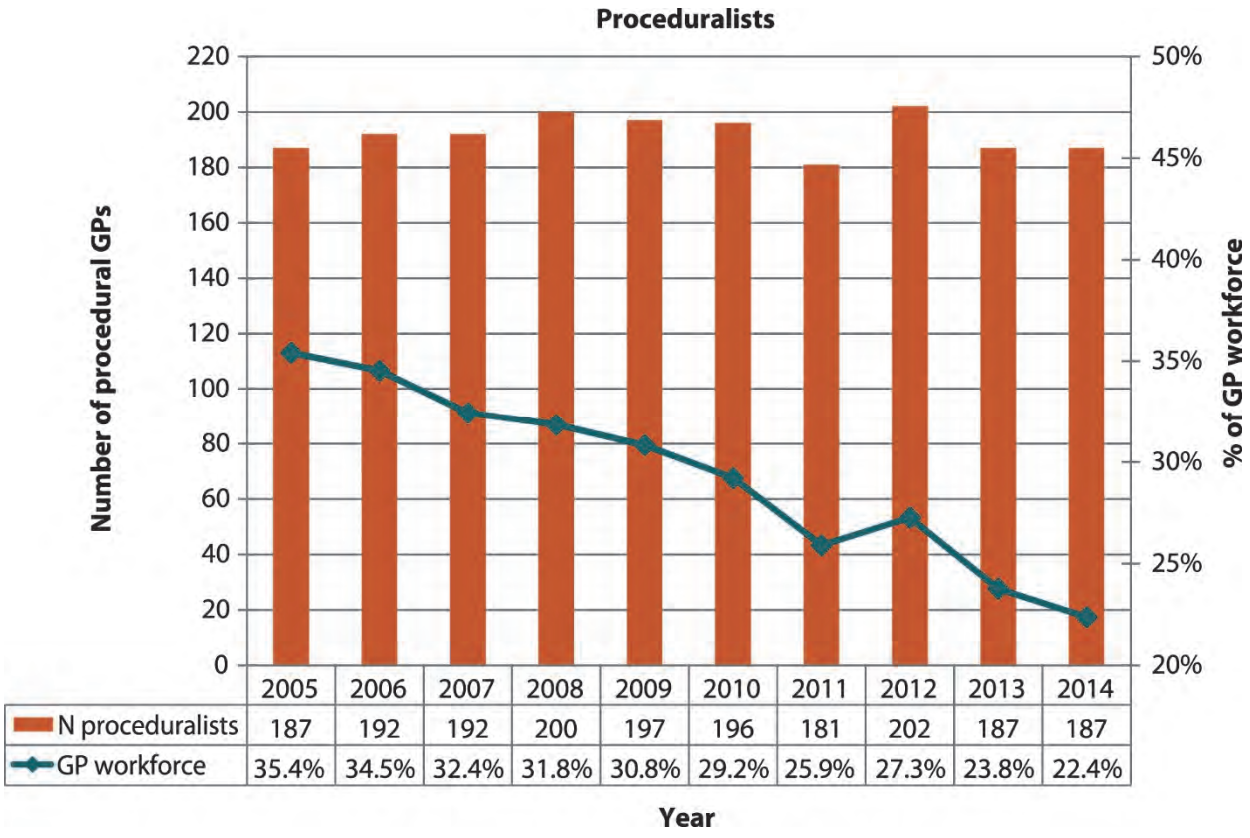


Figure 11 illustrates the fluctuations in overall GP proceduralist numbers and proportions between 2005 and 2014. Although there was a rise in numbers in 2012, this spike was against the overall trend with both proceduralist numbers and their proportion of the overall workforce continuing to decline in 2014.

Figure 11 Number and proportion of GP proceduralists 2005 to 2014



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
N proceduralists	187	192	192	200	197	196	181	202	187	187
GP workforce	35.4%	34.5%	32.4%	31.8%	30.8%	29.2%	25.9%	27.3%	23.8%	22.4%

National MDS data for 2014 showed that self-reported proceduralists, as a proportion of the total general practice workforce, was higher in Western Australia (22.4%) than all other states except South Australia (24.6%). New South Wales recorded the highest actual number of self-reported proceduralists (212 comprising 9% of the total workforce), followed by Western Australia with 187 proceduralists.

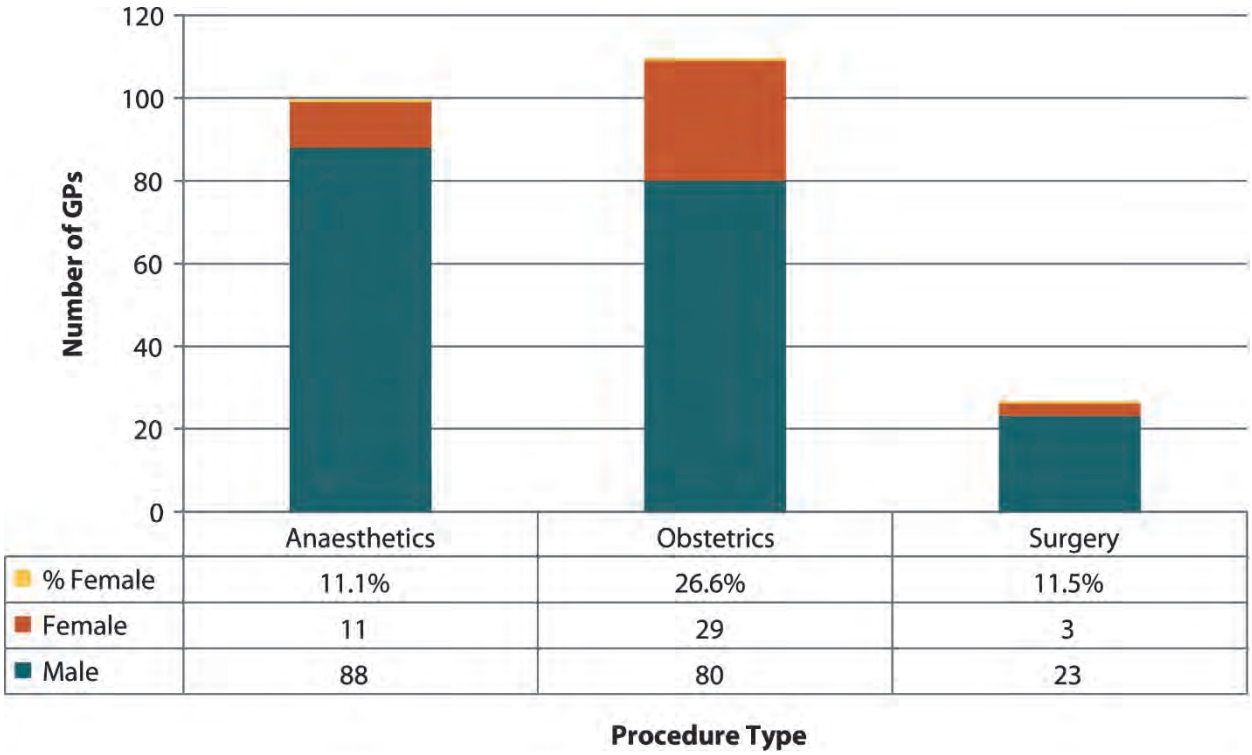
GP proceduralists by gender

Figure 12 provides the number and proportion of GP proceduralists by gender and shows that the gender distribution of GPs practising in each procedural field remained disproportionate to that of the overall Western Australian rural and remote general practice workforce.

40.1% of the overall workforce was female in 2014 (see Figure 3), whilst only 21.4% of the GP proceduralist population was female (11.1% of GP anaesthetists, 26.6% of GP obstetricians and 11.5% of GPs practising general surgery). However, this represented an increase from the proportion of 20.9% female proceduralists in 2013.

Nationally, female proceduralists comprised 38.8% of the reported procedural workforce in 2014.

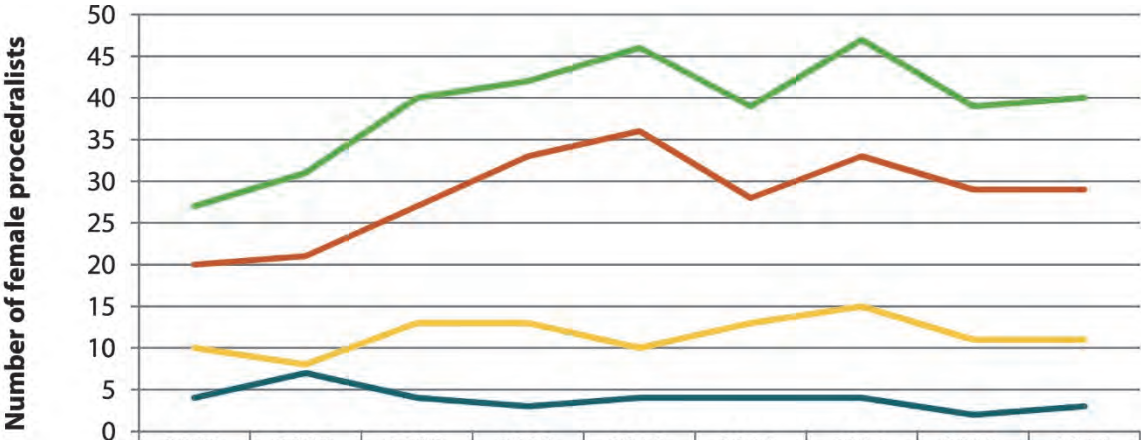
Figure 12 Number of GP proceduralists by gender 2014



	Anaesthetics	Obstetrics	Surgery
% Female	11.1%	26.6%	11.5%
Female	11	29	3
Male	88	80	23

Figure 13 compares the total number of female GP proceduralists and the range of procedures they practised between 2006 and 2014 and shows that there has been relatively no change compared to 2013.

Figure 13 Number of female GP proceduralists between 2006 and 2014



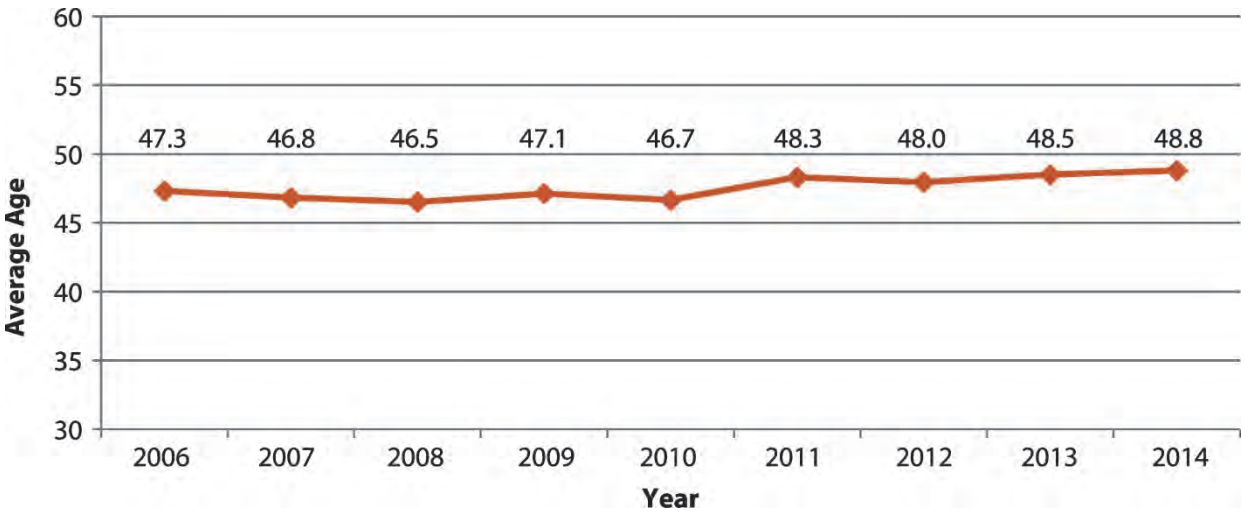
	2006	2007	2008	2009	2010	2011	2012	2013	2014
Anaesthetics	10	8	13	13	10	13	15	11	11
Obstetrics	20	21	27	33	36	28	33	29	29
Surgery	4	7	4	3	4	4	4	2	3
Total*	27	31	40	42	46	39	47	39	40

Year

GP proceduralists by age

Figure 14 shows the average age of proceduralists between 2006 and 2014

Figure 14 Average age of GP proceduralists 2006 to 2014



There was an increase of 0.3 years in the average age of the GP proceduralist workforce between 2013 and 2014. The average age of the proceduralist workforce has increased by 1.5 years since 2006 and in 2014 was the highest recorded. The average age of the GP proceduralist workforce (48.8 years) remains higher than the non-proceduralist workforce (47.1 years).

Bringing younger doctors into the procedural workforce continues to underpin the GP Obstetrics Mentoring Program and the GP Anaesthetics Mentoring and Support Program. Both programs are managed by Rural Health West and have been in place for several years.

Rural Health West is funded to deliver mentoring and support to recently qualified Diplomates of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) or the Australian and New Zealand College of Anaesthetists (ANZCA) to enable them to gain the skills and experience to work independently as rural proceduralists in obstetrics or anaesthetics.

As at 30 November 2014:

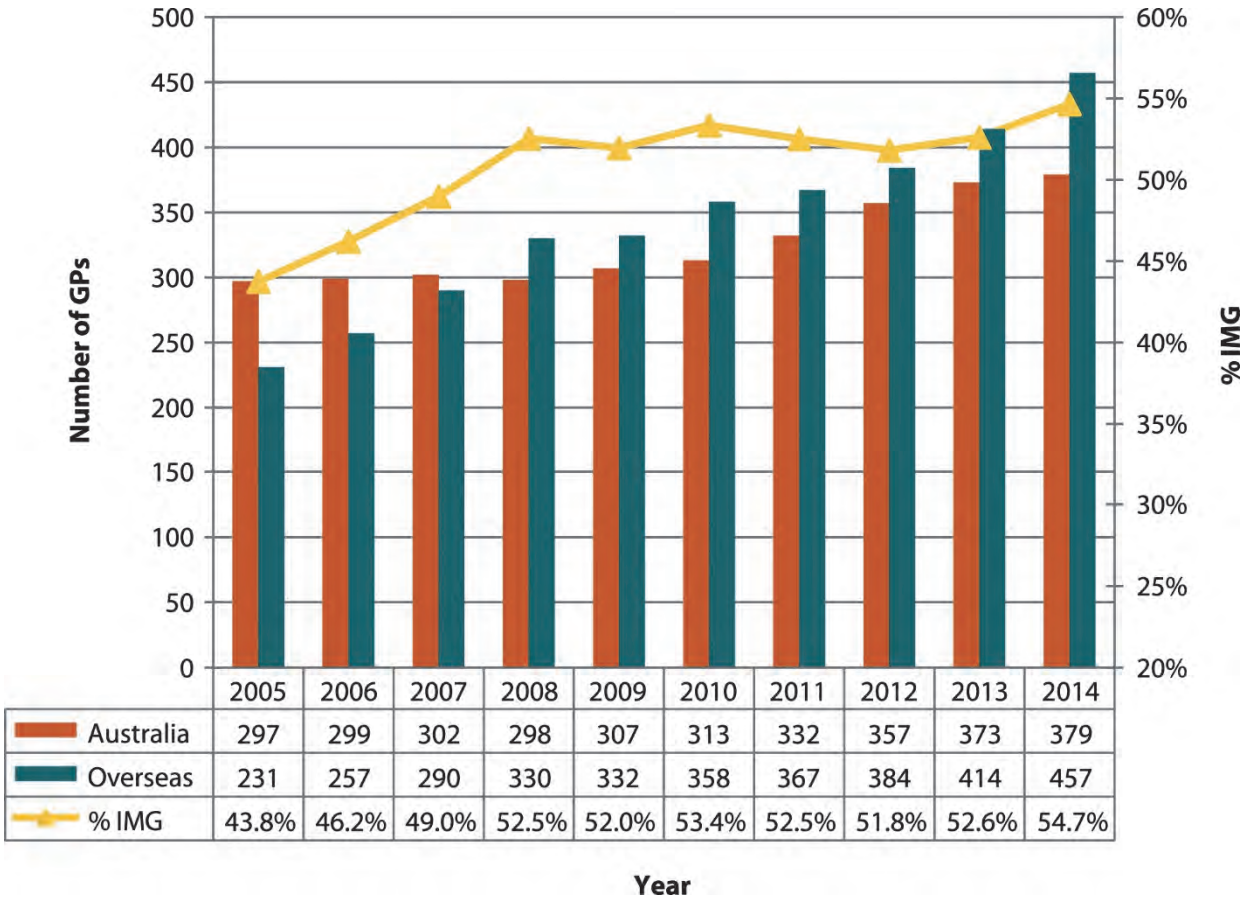
- 48 doctors had completed their rural placements on the two mentoring programs, comprising 42 GP obstetricians and 6 GP anaesthetists;
- 28 of these doctors were still practising rurally; and
- 21 continued to practise in their procedural area (retention rate of 43.8%).

10. Country of training and residency status

Country of training

Figure 15 displays the number of GPs who trained in Australia compared with overseas and the percentages of the total workforce who were IMGs, from 2005 to 2014.

Figure 15 Number and percentage of IMGs 2005 to 2014



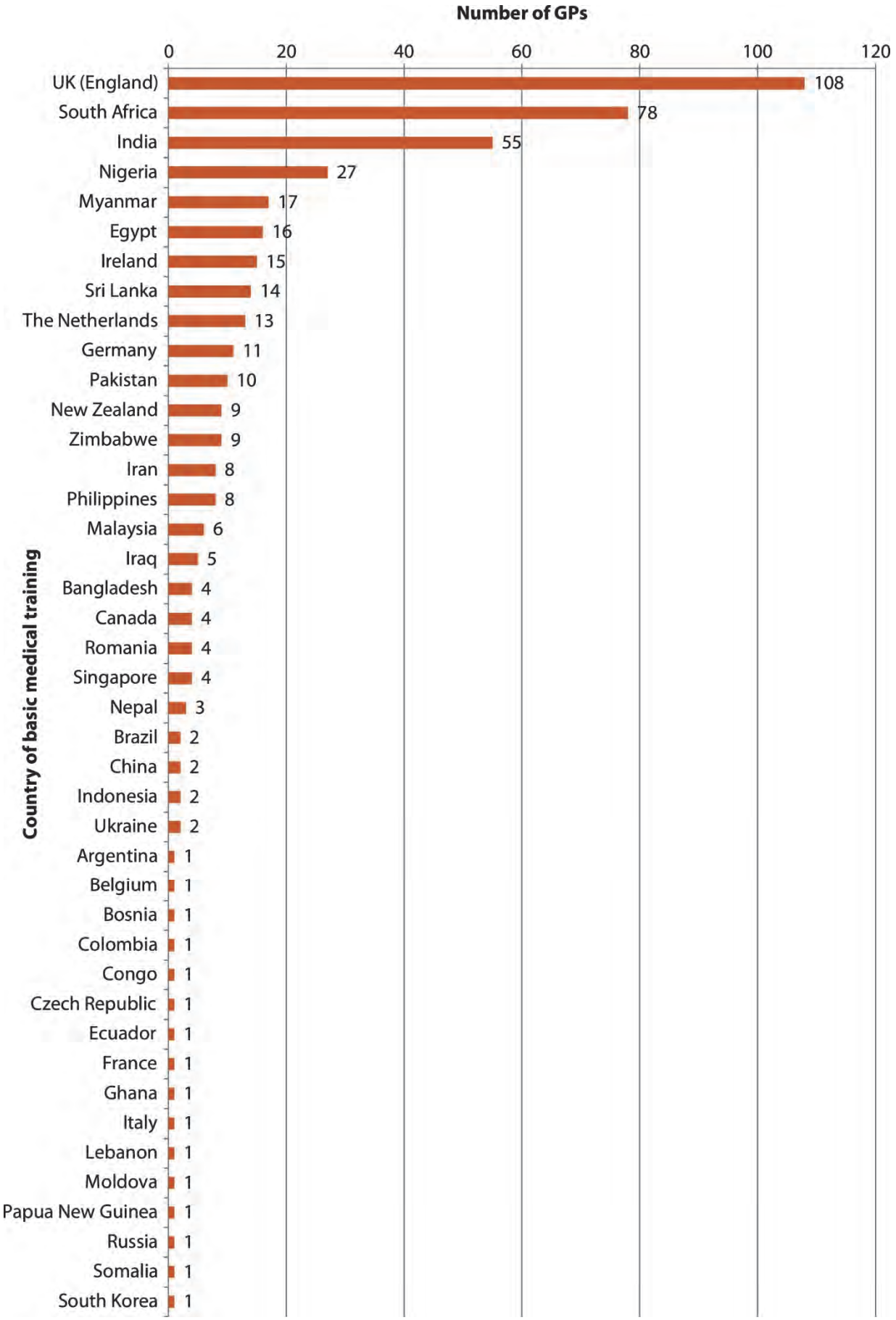
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Australia	297	299	302	298	307	313	332	357	373	379
Overseas	231	257	290	330	332	358	367	384	414	457
% IMG	43.8%	46.2%	49.0%	52.5%	52.0%	53.4%	52.5%	51.8%	52.6%	54.7%

At 30 November 2014, 54.7% of the rural and remote medical workforce in Western Australia had obtained their basic medical qualification overseas. This was 2.1% higher than 2013 and the highest recorded to date.

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.

Figure 16 provides a breakdown of the countries in which the IMGs trained. The largest proportion of IMGs gained their basic medical qualification from the United Kingdom (23.6%), followed by South Africa (17.1%) and India (12%). Of note, doctors graduating from India have increased from 44 in 2013 to 55 in 2014 and there was an increase of 5 doctors from Zimbabwe.

Figure 16 Country of basic medical qualification (non Australian trained doctors)



In Table 7, it was noted that 44 new doctors arrived in rural Western Australia from overseas during the period November 2013 to November 2014. These doctors completed their basic medical qualifications in 18 different countries with the largest group being from the United Kingdom (9 or 20.5% in 2014). However, while the United Kingdom continues to be a significant source of new GPs, the proportion of new doctors from the United Kingdom has reduced compared to 2013 (25%) and 2012 (44.8%).

Residency status

The residency status of the general practice workforce as at 30 November 2014 is displayed in Table 17.

Table 17 Residency status of general practice workforce 30 November 2014

Residency	Number	%
Australian citizen	537	*64.2%*
Permanent resident	185	*22.1%*
Temporary resident	105	*12.6%*
New Zealand citizen	9	*1.1%*
Total	**836**	***100.0%***

As at 30 November 2014, 64.2% of the workforce was Australian citizens, a decrease of 2.5% from 2013.

There were 50 doctors practising under the Five Year Overseas Trained Doctors Scheme on 30 November 2014 (21 more than in 2013). This scheme provides opportunities for Overseas Trained Doctors 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.

Table 18 indicates the residency status of the Five Year Overseas Trained Doctors Scheme doctors.

Table 18 Residency status of doctors on the Five Year Overseas Trained Doctors Scheme 2013 v 2014

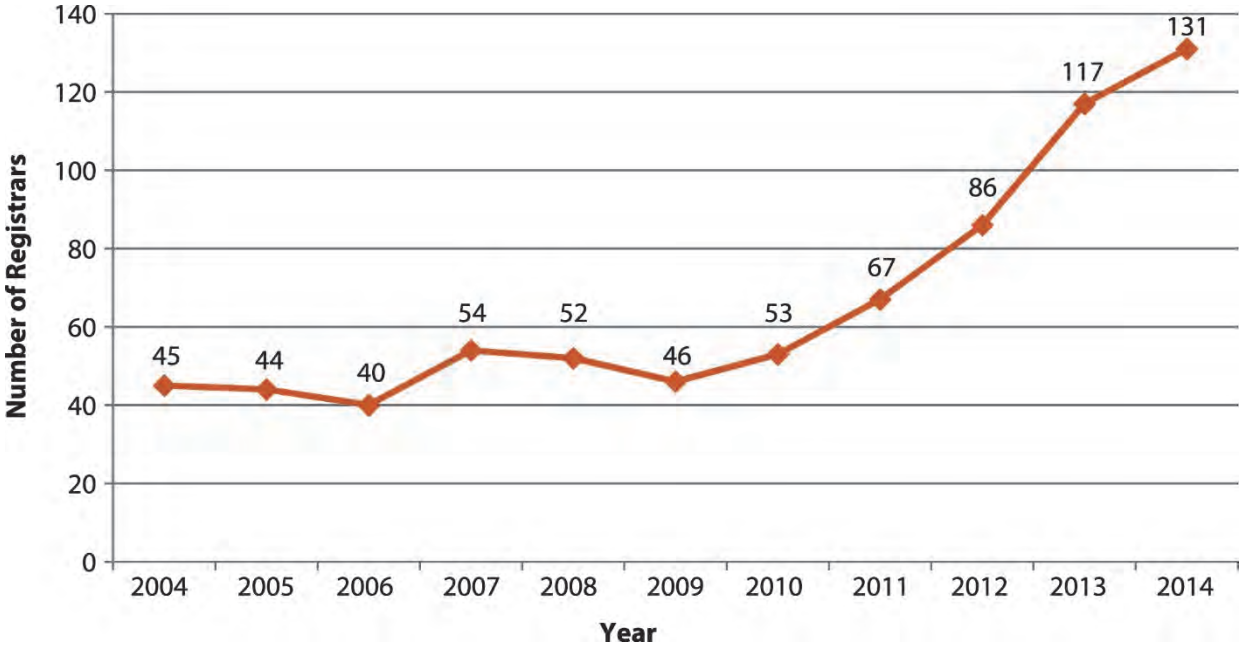
Residency	2013	%	2014	%
Australian citizen	7	*24.1%*	4	*8%*
Permanent resident	10	*34.5%*	21	*42%*
Temporary resident	12	*41.4%*	25	*50%*
Total	**29**	***100.0%***	**50**	***100.0%***

Between 30 November 2013 and 30 November 2014, 38 new doctors joined the Five Year Overseas Trained Doctors Scheme, for a total of 50 doctors on the Scheme and the highest number since 2010. Conversely, there were 17 doctors who left the Scheme. Of those who left, 14 completed the Scheme (8 remaining in rural Western Australia), 1 returned overseas, 1 did not complete the requirements in time and 1 was ineligible.

11. GP registrars

The following section analyses the GP registrar workforce in rural and remote Western Australia. Figure 17 compares GP registrar numbers over the period 2004 to 2014 at the census date of 30 November each year.

Figure 17 Total number of GP registrars 2004 to 2014



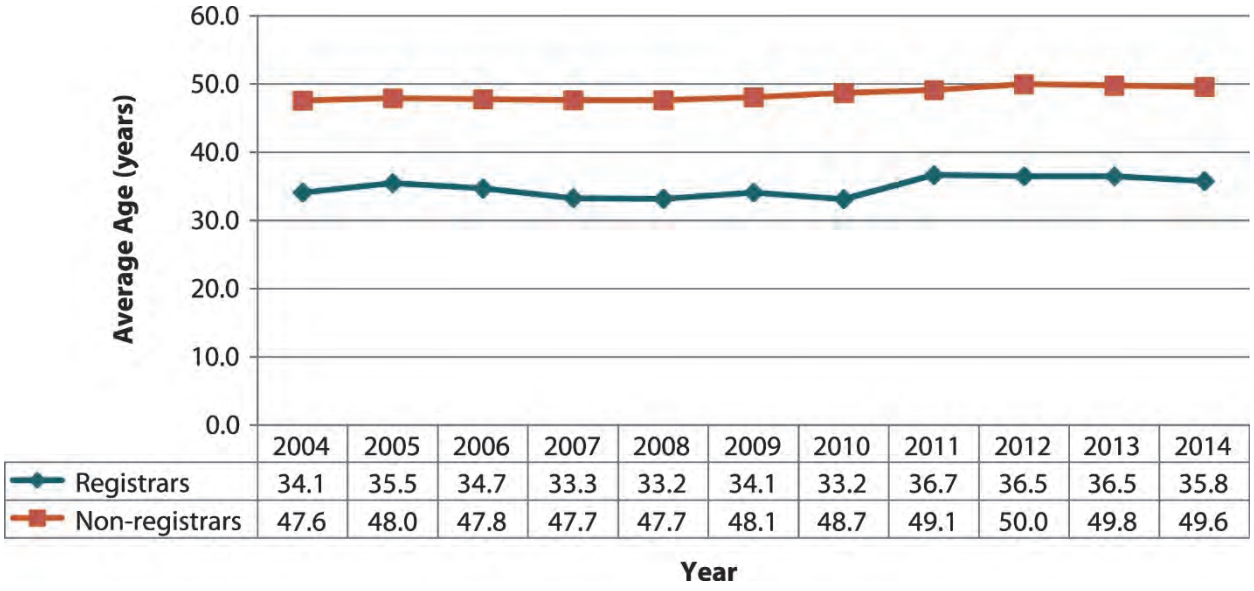
The total number of GP registrars in the rural and remote Western Australian workforce at the census date of 30 November 2014 was 131, which was 14 more than 2013 and the highest figure recorded to date. The increase since 2011 reflects the presence of 3 training organisations for GP registrars operating in Western Australia.

In 2014, the numbers in each program were WAGPET (111, an increase of 23 since 2013), ACRRM Independent Pathway (7, a decrease of 7) and RVTS (13, a decrease of 2). The trend of GP registrars comprising an increasing proportion of the workforce has been evident over the last 4 reporting periods. GP registrars represented 15.7% of the rural and remote general practice workforce in 2014, compared to 14.9% in 2013, 11.6% in 2012 and 9.6% in 2011.

67.2% of all GP registrars were female (increased from 54.7% in 2013). 73.9% of all WAGPET GP registrars were female (82 of the 111 registrars).

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

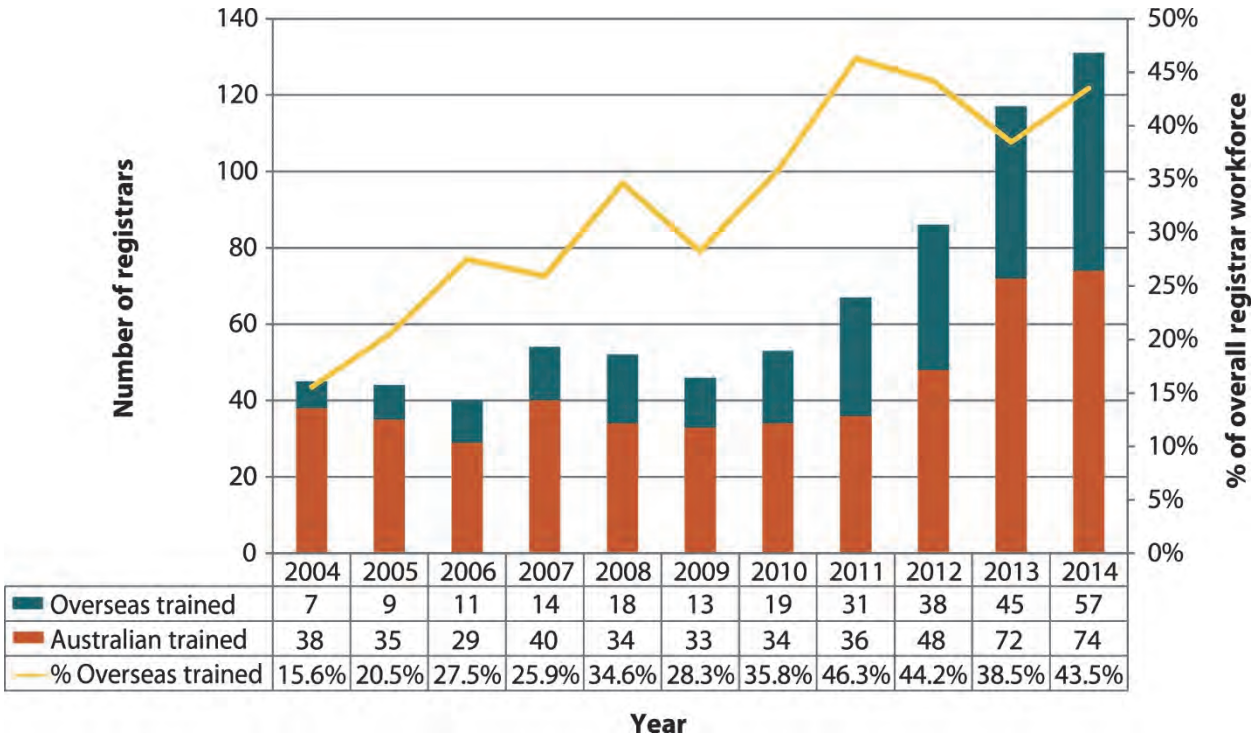
Figure 18 Average age of GP registrars 2004 to 2014



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Registrars	34.1	35.5	34.7	33.3	33.2	34.1	33.2	36.7	36.5	36.5	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 2004 to 2014, according to where they received their primary medical qualification.

Figure 19 Number and proportion of overseas trained GP registrars 2004 to 2014



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Overseas trained	7	9	11	14	18	13	19	31	38	45	57
Australian trained	38	35	29	40	34	33	34	36	48	72	74
% Overseas trained	15.6%	20.5%	27.5%	25.9%	34.6%	28.3%	35.8%	46.3%	44.2%	38.5%	43.5%

This chart shows that the number of GP registrars who completed their primary medical qualification overseas increased by 12 doctors in 2014, a 26.7% increase compared to 2013, while the number of Australian trained GP registrars increased by 2.

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

Table 19 University of basic medical training of Australian trained GP registrars 2014

University of basic medical training	Number of GPs
The University of Western Australia	39
The University of Notre Dame Australia	11
The University of Melbourne	4
Flinders University	4
Monash University	1
The University of Sydney	2
The University of Queensland	2
James Cook University Australia	1
University of Tasmania Australia	2
The University of New South Wales	2
Australian National University	2
Unknown	4
Total	**74**

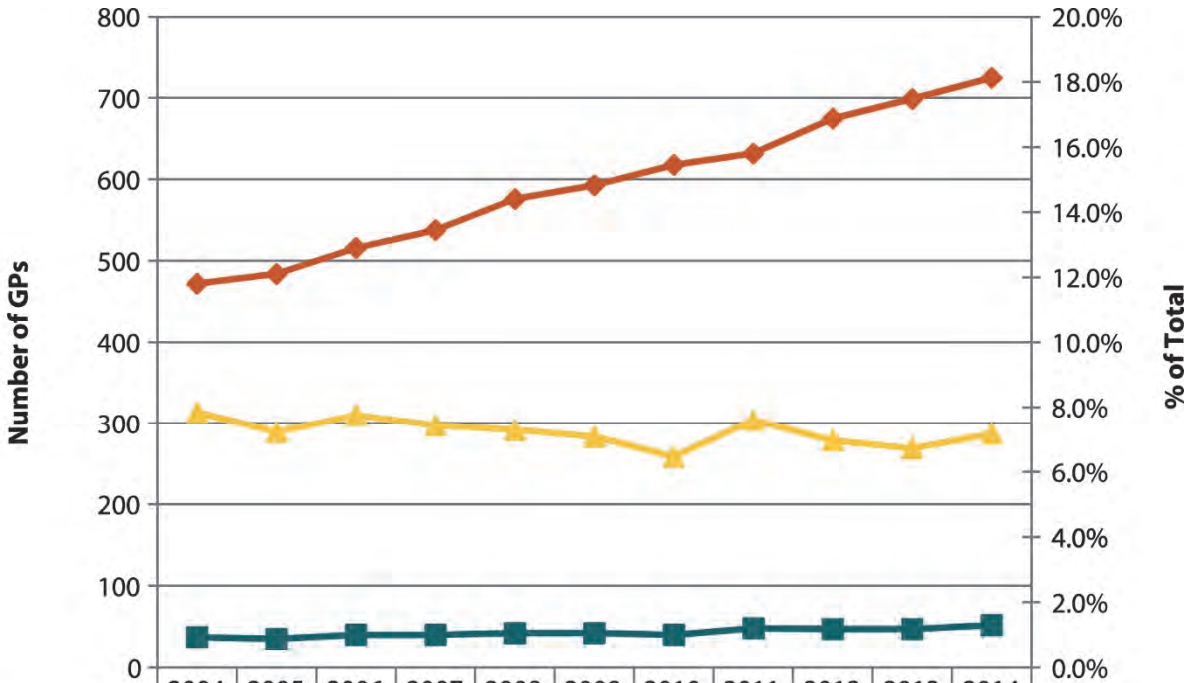
This table shows that 52.7% of all Australian trained GP registrars completed their basic medical training at The University of Western Australia and that overall 50 (67.6%) completed their basic medical training in Western Australia.

12. AMS practices

The following section analyses the general practice workforce in rural and remote AMS practices. WAGPET GP registrars are excluded from this analysis, as are the 7 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 2004 to 2014. In 2014, there were 52 GPs (46 resident and 6 fly-in/fly-out), an increase of 5 doctors since 2013. While the percentage of the general practice workforce identifying an AMS practice as their primary practice increased in 2014 compared to 2013, the overall percentage between 2004 and 2014 has, in fact, declined.

Figure 20 Number of GPs in AMS practices v overall 2004 to 2014 (excluding WAGPET GP registrars)

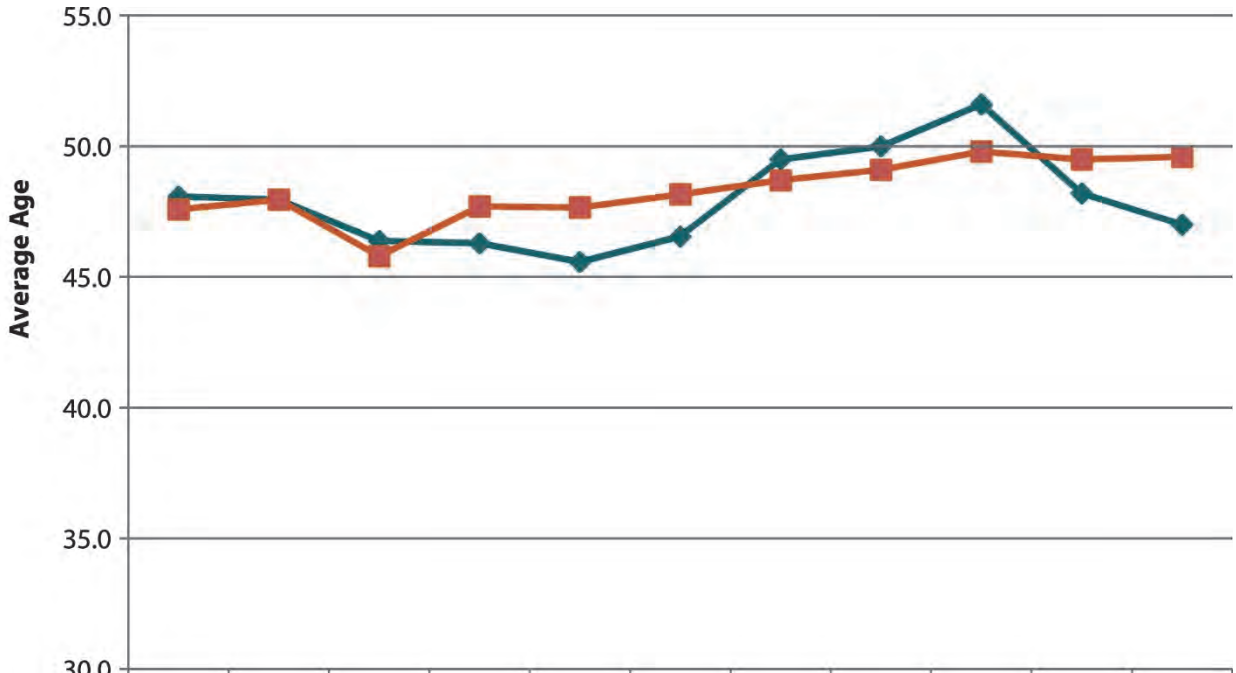


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
AMS	37	35	40	40	42	42	40	48	47	47	52
Total	472	484	516	538	576	593	618	632	675	699	725
% of Total	7.8%	7.2%	7.8%	7.4%	7.3%	7.1%	6.5%	7.6%	7.0%	6.7%	7.2%

In addition to these 52 GPs who work in dedicated AMS practices, a further 7 GPs reported working at an AMS as a secondary practice and a further 269 GPs self-reported providing Aboriginal health services within their practices.

Figure 21 identifies the average age of GPs in AMS practices from 2004 to 2014 compared to the overall age of the general practice workforce in rural and remote Western Australia. In 2014, the average age of AMS practice GPs was lower than that of the overall workforce and returned to the pattern evident prior to 2010; reflecting the departure of a number of older GPs combined with younger arrivees from 2010 to 2012.

Figure 21 Average age of GPs in AMS practices v overall 2004 to 2014 (excluding WAGPET GP registrars)

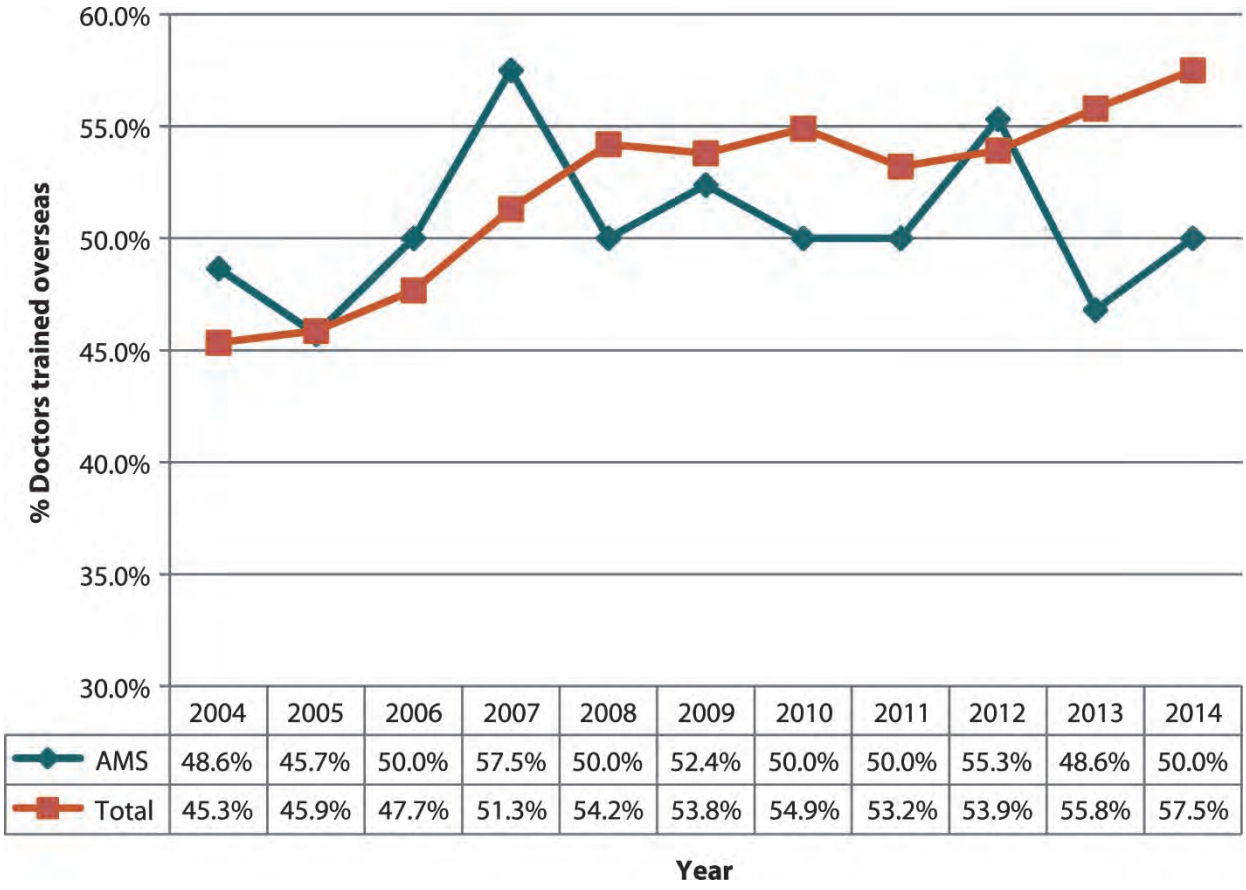


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
AMS	48.1	48.0	46.4	46.3	45.6	46.5	49.5	50.0	51.6	48.2	47.0
Total	47.6	48.0	45.8	47.7	47.7	48.2	48.7	49.1	49.8	49.5	49.6

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 2004 and 2014 and shows that the percentage of IMGs working in AMS practices as their primary practice has increased since 2013, similar to the trend in the overall workforce.

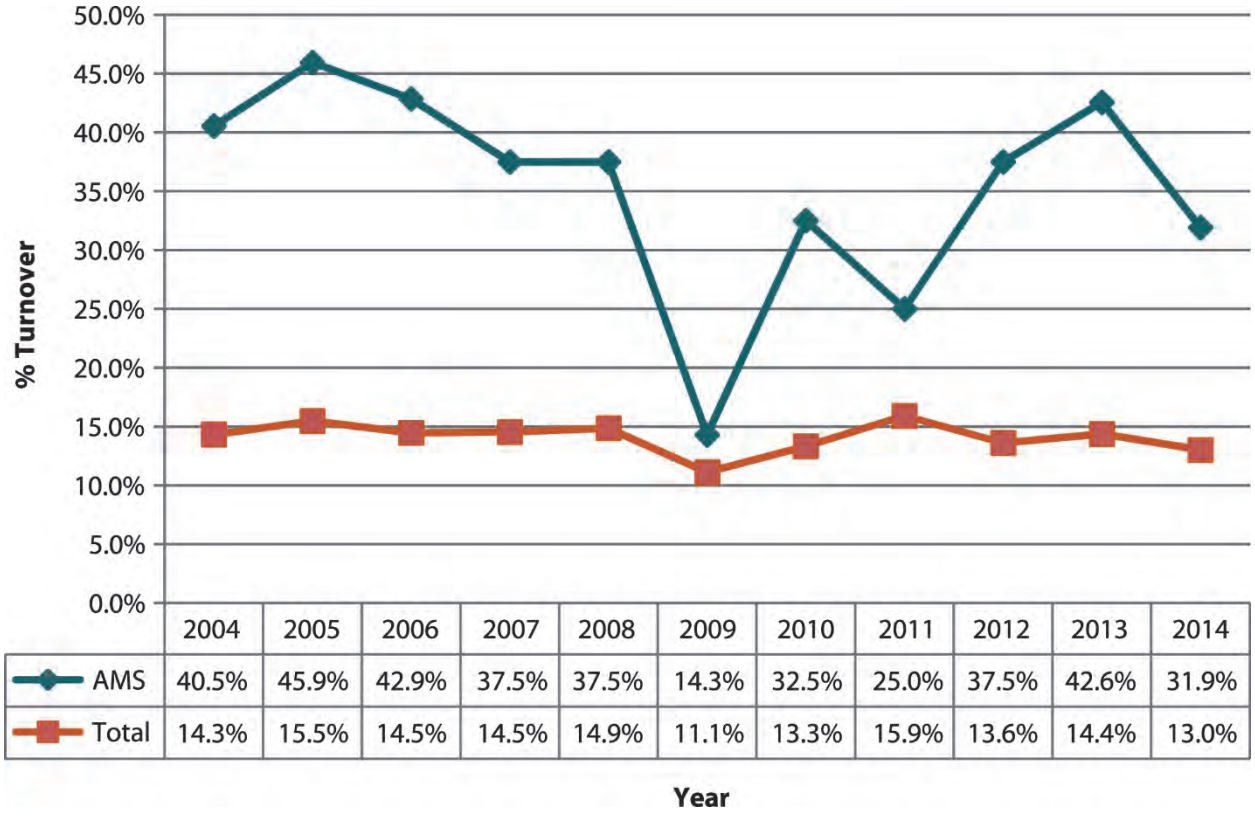
Figure 22 Percentage of IMGs in AMS practices v overall 2004 to 2014 (excluding WAGPET GP registrars)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
AMS	48.6%	45.7%	50.0%	57.5%	50.0%	52.4%	50.0%	50.0%	55.3%	48.6%	50.0%
Total	45.3%	45.9%	47.7%	51.3%	54.2%	53.8%	54.9%	53.2%	53.9%	55.8%	57.5%

Figure 23 compares the turnover in AMS practices with the overall GP rate between 2004 and 2014 and shows a 10.7% decrease in turnover from 2013, however turnover in AMS practices remains higher overall.

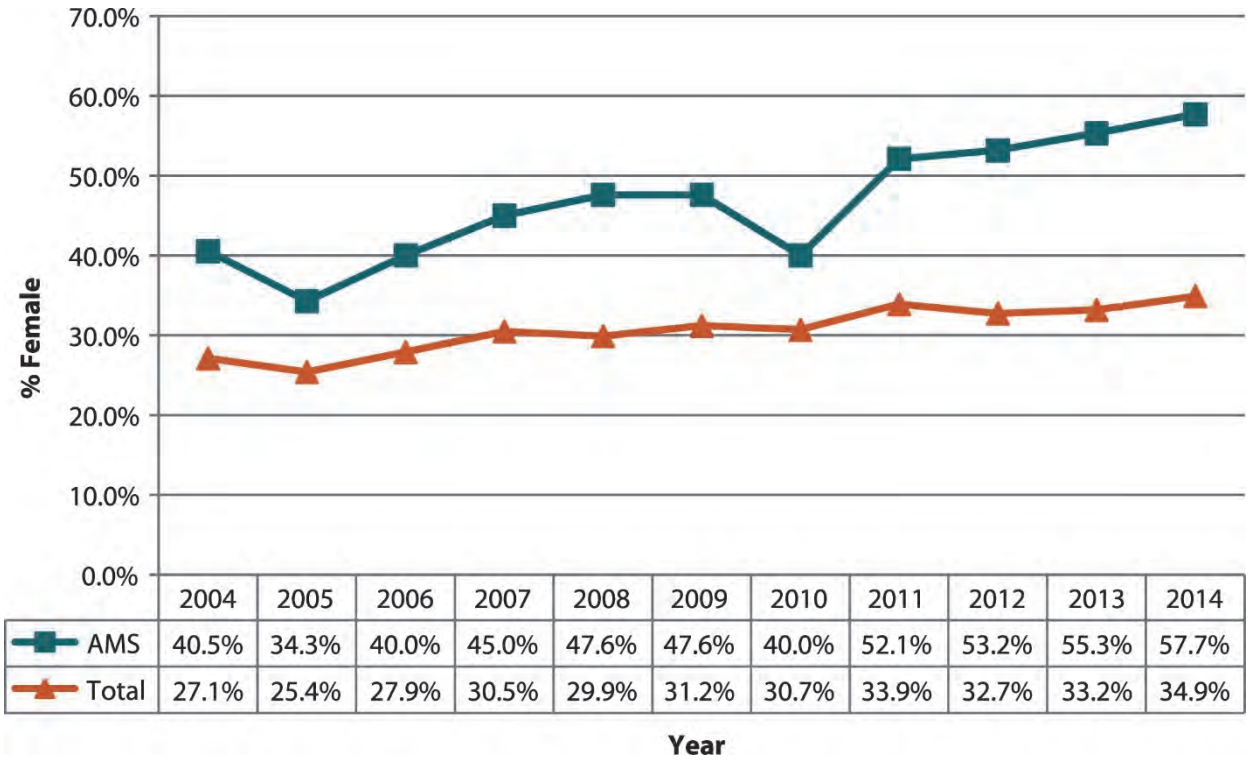
Figure 23 Comparison between turnover in AMS practices v overall 2004 to 2014 (excluding WAGPET GP registrars)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
AMS	40.5%	45.9%	42.9%	37.5%	37.5%	14.3%	32.5%	25.0%	37.5%	42.6%	31.9%
Total	14.3%	15.5%	14.5%	14.5%	14.9%	11.1%	13.3%	15.9%	13.6%	14.4%	13.0%

Figure 24 charts the percentage of female GPs in AMS practices compared with the overall workforce from 2004 to 2014.

Figure 24 Percentage of female GPs in AMS practices v overall 2004 to 2014 (excluding WAGPET GP registrars)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
AMS	40.5%	34.3%	40.0%	45.0%	47.6%	47.6%	40.0%	52.1%	53.2%	55.3%	57.7%
Total	27.1%	25.4%	27.9%	30.5%	29.9%	31.2%	30.7%	33.9%	32.7%	33.2%	34.9%

The proportion of female GPs working in AMS practices increased by 2.4% in 2014 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 22.8% in 2014.

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