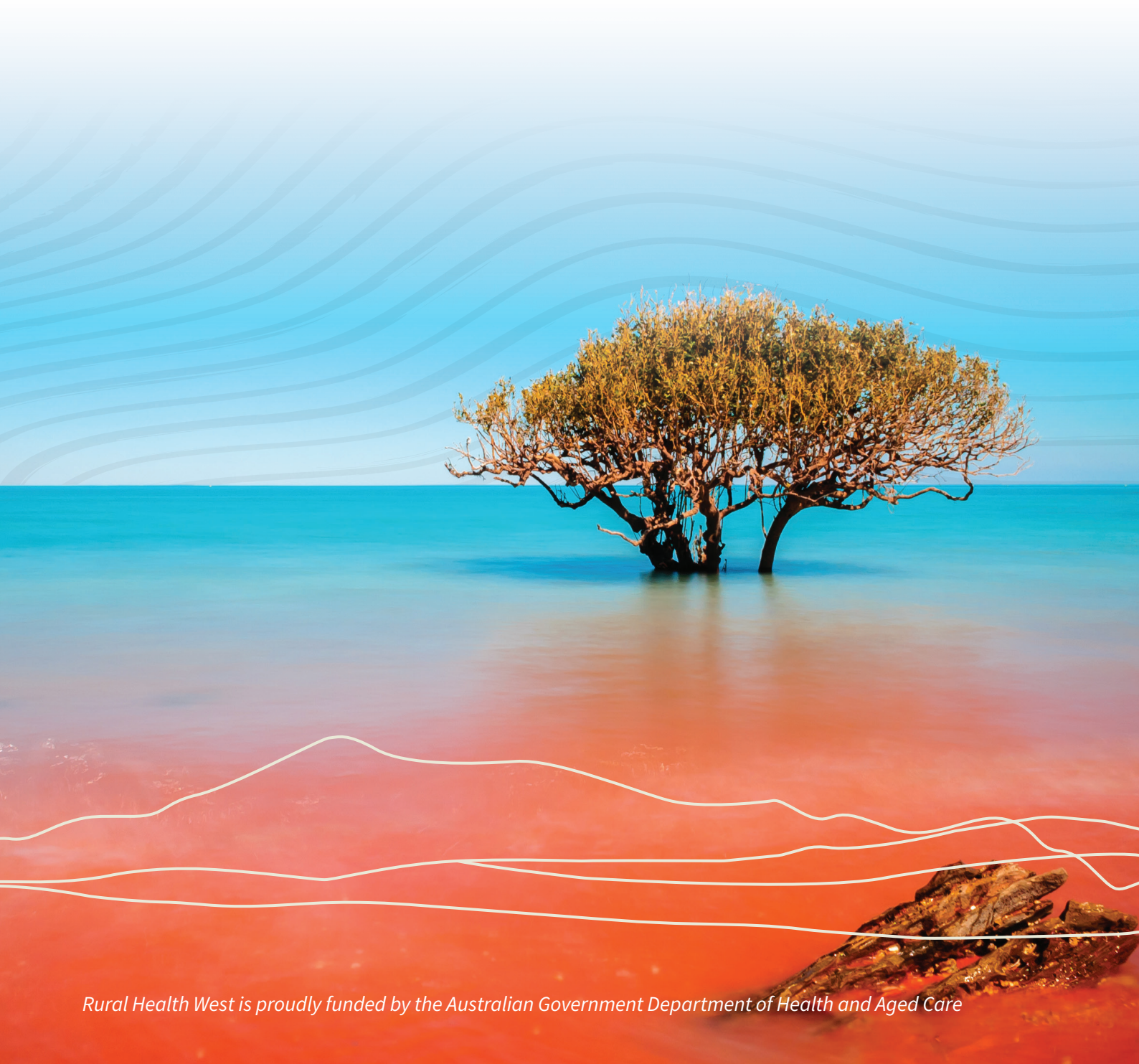
RURAL HEALTH WEST

Annual Health Workforce Update

The rural nursing, midwifery, dental and allied health workforce in Western Australia

Published December 2025



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Rural Health West

Rural Health West
PO Box 433
Nedlands, Western Australia (WA) 6909

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Website

www.ruralhealthwest.com.au

Compiled by

Annie Rowe – Business Systems Manager

With assistance from

Rosalie Wharton – Data Coordinator
Kerida Hodge – General Manager
Julie Holloway – Publications Coordinator

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Feedback

If you have feedback regarding this report, please contact:

Annie Rowe
Business Systems Manager
annie.rowe@ruralhw.com.au

Contents

Executive summary

This report analyses demographic, education, workload and other data taken from more than 4,000 individual health professionals. The outcomes of this analysis are discussed in detail; however, some of the major workforce trends are summarised below.

Key trends

- The Kimberley and Midwest populations are best served for health professionals. The Wheatbelt followed by the Goldfields are least well served.
- Nurses and midwives comprise close to half of all health professionals and comprise more of the workforce the more remote the location.
- Dental health and diagnostic professionals, especially those operating in private practice locations, are scarce in the most remote locations due to low population density and the cost of setting up a practice.
- Paramedic numbers are disproportionately higher in the Pilbara where they provide occupational health and safety as well as emergency services to the mining industry.
- The health workforce is similar to rural general practitioners, in that men are on average older than women. Unlike general practitioners, health professionals are distributed evenly across age groups.
- The majority of health professionals working in rural WA trained in the State.
- Age is often, but not always, a predictor of career experience. Mental and Indigenous health professionals have an older average age, but have often qualified in their profession later in life.
- The proportion of the workforce describing themselves as Aboriginal or Torres Strait Islander working in rural WA is higher than the nationally reported average.
- The proportion of health professionals working in Indigenous health (regardless of origin) correlates with the Aboriginal or Torres Strait Islander population, with the exception of the Pilbara.
- The workforce is predominantly female and this impacts working hours as women are more likely to work part time.
- Men are more likely to remain longer in their current position than women.
- Across the regions, health professionals in the Great Southern and South West have longer average employment term and more plan to stay in their current role in the long term. The opposite trend exists for the Pilbara and Kimberley.

Introduction

Rural Health West has been operating in WA since 1989. We are an independent, non-government organisation committed to ensuring that rural communities in WA have ready access to qualified and experienced health professionals.

We work towards this vision by attracting, recruiting and retaining health professionals to rural locations through a range of programs and services. Over the past 30 years, we have developed strong relationships with rural health professionals, organisations and practices.

In January 2012, Rural Health West commenced recruiting nursing, midwifery, dental and allied health professionals for primary health care organisations in the rural and remote sector. The need was identified for a new database to support this recruitment as well as for needs analyses and future health workforce planning.

Annual reporting of the NMDAH workforce was published in the form of information sheets from 2012. In 2019, it was proposed that Rural Health West expand its published rural Western Australian health workforce reporting to include nursing, midwifery, dental and allied health professionals and organisations, similar to the way in which the general practitioner workforce is reported in the *Rural General Practice in Western Australia – Annual Workforce Update*.

A three-year project was established in 2019 with the goal of developing a more comprehensive understanding of NMDAH organisations and their workforce, with the results expressed through comprehensive published reporting. The outcome of that project was the first *Annual Health Workforce Update: The rural nursing, midwifery, dental and allied health workforce in Western Australia* published in November 2022. That report was the first in what is now an annual publication. The dataset for this report has since grown in the past 12 months by 9.3% to 4,548. Estimates put the overall rural NMDAH workforce in WA at between 8,500 and 10,000 individuals (or more depending on the health professions included), so the important work of identifying and surveying this workforce continues.

This report provides an overview of findings regarding demographic, education, workload, employment and retention in the NMDAH workforce. For this purpose, health professions have been collated into groups to allow comparisons and contrasts to be made. This information is then presented with reference to geographic region and remoteness to provide an overall picture of the health workforce in rural WA.

The intention is that in future years, as data holdings grow and become more accurate, both internal and external stakeholders will benefit from enhanced health workforce data and published workforce reporting.

Data collection and analysis strategies

The data collections held by Rural Health West on the rural health workforce and rural health organisations were established in 2012. Information in these datasets is added to and updated on an ongoing basis from sources including:

- Annual nursing, midwifery, dental and allied health professional survey
- Bi-annual general practice surveys
- Bi-annual health organisation surveys
- Personal contact with health professionals and organisations
- Australian Health Practitioner Regulation Agency
- Regional Health Professionals Networks (HPNs)

To further support Rural Health West datasets, reference has been made to the Commonwealth of Australia National Health Workforce Dataset. In 2022, data comprising a count of health professionals from regional WA (MMM 2 to MMM 7 locations) by profession where work status is 'In the labour force in Australia' was drawn from the dataset using the Health Workforce Data Tool. This information has been used to provide health professional to population ratios and to support conclusions where known health professional data is limited.

Locational classifications by which data in this report is collated and reported on include:

- MMM classifications MMM 2 to MMM 7 (see Appendix 1).
- WACHS regions Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West and Wheatbelt (see Appendix 1). Data from health professionals from the Inner Regional areas and the Indian Ocean Territories has been included in the broader datasets but has not been included in regional analysis due to the small sample size for this data.

Terminology

Aboriginal Controlled Community Health Service (ACCHS): a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

Australian Health Practitioner Regulation Agency (Ahpra): this agency works with the national boards for 16 health professions to help protect the public by regulating Australia's registered health practitioners.

Health Professionals Networks (HPNs): these collegiate networks exist in each of the seven rural regions of WA to promote connection and collaboration between local health professionals.

Modified Monash Model (MMM): measures remoteness and population size on a scale of MMM category 1 to 7 locations. MMM 1 is a major city and MMM 7 is very remote. MMM classifications are based on the Australian Statistical Geography Standard – Remoteness Areas framework. Rural areas comprise MMM 2 to MMM 7 locations.

National Health Workforce Dataset (NHWDS): is a combination of registration and survey data collected through the registration renewal process for registered health practitioners. Access to this data is available by registration via the Health Workforce Data Tool.

Statistical Areas Level 2 (SA2): a medium-sized general-purpose area used by the Australian Bureau of Statistics (ABS) to represent a community that interacts together socially and economically. SA2 is generally the smallest area used for the release of ABS population and housing statistics.

Workforce: the rural health professional workforce covering MMM 2 to MMM 7 locations and excluding general practitioners and medical specialists.

Grouping health professions

Rural Health West has conducted extensive research into existing methods of classifying and grouping health professionals for workforce reporting purposes. The variety of different systems investigated included those used by:

- The World Health Organisation
- The Australian Government Department of Health and Aged Care
- The Australian Health Practitioner Regulation Agency
- The Australian Institute of Health and Welfare
- Services for Australian Rural and Remote Allied Health (SARRAH)
- Health Victoria
- Allied Health Professionals Australia
- The Australian Heath Workforce Advisory Committee
- National and international journals and papers

Research found that there was no single classification system which captures the breadth of health professional services available in rural WA in a way that sufficiently respects differences between professions while collating those professions with similarities.

To make comparative reporting possible (without individually listing all 38 health professions and sub-specialties) for the purpose of this and subsequent reports Rural Health West has created the following health profession classification system. To aid in the reading of the report and in diagrams and charts, profession groups have been colour-coded and referred to by their initials.

Health profession groups

Allied Health

Audiologist; Audiometrist; Chinese Medicine Practitioner; Dietitian/Nutritionist; Occupational Therapist; Optometrist; Speech Pathologist; Allied Health - Other

Dental Health

Dental Hygienist; Dental Therapist; Dentist; Orthodontist

Diagnostic Professionals

Radiographer; Sonographer; Pathologist

Indigenous Health

Aboriginal Health Worker; Aboriginal and/or Torres Strait Islander Health Practitioner

Mental Health

Clinical Psychologist; Counsellor; Mental Health Professional; Psychologist; Social Worker

Nursing and Midwifery

Enrolled Nurse; Midwife; Nurse & Midwife; Nurse Practitioner; Registered Nurse

Paramedicine

Paramedic, Paramedic Volunteer

Pharmacy

Pharmacist

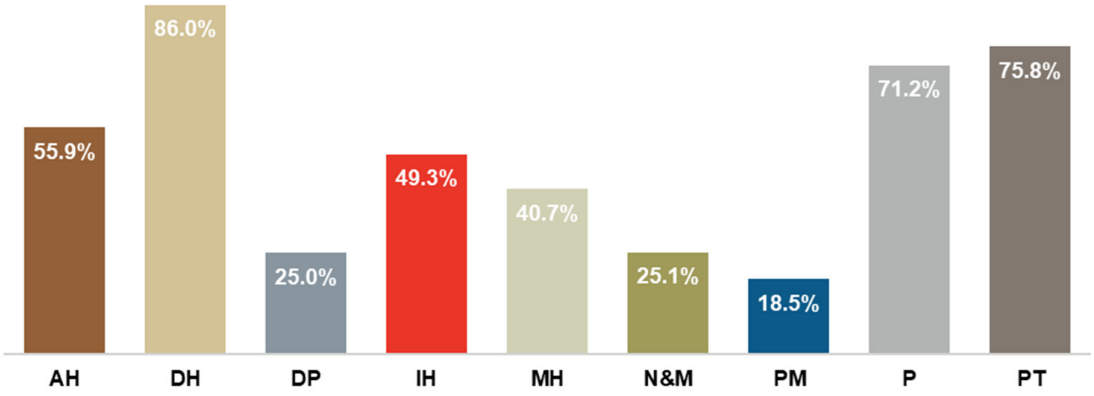
Physical Therapies

Chiropractor; Exercise Physiologist; Osteopath; Physiotherapist; Podiatric Surgeon; Podiatrist; Remedial Therapist

Data representation and limitations

It is challenging to assess the level to which Rural Health West data holdings are representative of the broader workforce in rural WA. The only resource available showing health professional numbers in rural WA is the NHWDS, which holds data only on Ahpra registered professions. The proportion of Ahpra registered professionals shown to be working in rural WA who are included in the dataset of this report is shown below.

Proportion of health professionals registered with Ahpra who are represented in the report dataset (excludes non-Ahpra registered professions)



Points of note about comparing Ahpra and Rural Health West datasets:

- Ahpra captures information on all registered health professionals whereas Rural Health West captures data on health professionals working only in a health setting (not, for example, school nurses or paramedics on mine sites).
- Health professionals who are not registered with Ahpra make up a significant part of the workforce and include Aboriginal health workers, audiologists, counsellors, dietitians, speech pathologists and social workers among others. There is no resource showing how many of these health professionals are working in rural WA.

Focusing on the Rural Health West dataset, areas where known data limitations exist include:

- **Health professionals working for WACHS**. Due to the paucity of Rural Health West data holdings on these health professionals, results for the nursing and midwifery workforce in particular are slanted toward the experience of those working in private practice, although this dataset is more balanced now compared to earlier reports.
- **Paramedicine and diagnostic professionals**. Active data collection on these professions only commenced in recent years. Where trends have been reported on these professions, analysis using the NHWDS has been carried out to provide confirmation and support.

Further comments:

- As these datasets are acknowledged to include only a proportion of the health workforce, findings should be read as indicative only and are subject to change as the datasets become more complete in coming years. Rural Health West is actively engaged in expanding and completing the datasets it holds regarding this workforce.
- To avoid identification of individuals (a risk when using smaller datasets), most results have been expressed as a percentage. In each section, a total number of analysed participants has been included in the commentary.

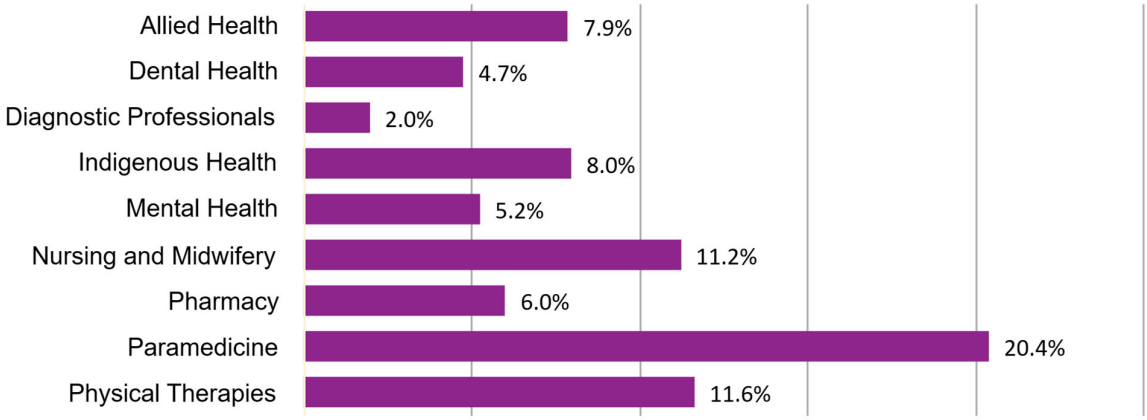
Changes from the previous report

The dataset on which this report is primarily based has grown in the 12-month period since last published. There has been a 9.3% increase in the number of health professionals included in the report dataset, rising from 4,160 to 4,548.

This change encompasses the following:

- Discovery of health professionals who were working in rural WA, but not known to Rural Health West.
- Departure of some health professionals from rural WA.
- Arrival of new graduates and other health professionals commencing rural work.

Proportional increase in reporting dataset 2023-24 by profession group



The greatest proportional increase is in the paramedicine group. This is due to a concentrated effort to better understand this profession.

The most significant impact on the dataset is in the nursing and midwifery profession group, with 195 additional individuals. Among this increase are a large proportion of WACHS employees. The addition of more WACHS staff changes the demographic profile compared to the previous nursing and midwifery datasets, which featured nurses and midwives working predominantly in private practice settings.

The physical therapies group also saw above average increase, where the largest increase by profession was physiotherapists (up 13.2%).

Health professional distribution

Data was sourced from 12,183 health professionals[1] combining NHWDS and Rural Health West data. Population figures were taken from *Population estimates by SA2 and above (ASGS 2021)*, 2023, ABS.

The following section describes the distribution of each health profession group by region and remoteness. For this section only in the report, Rural Health West data holdings have been combined with data sources from the NHWDS to provide a more accurate overall picture of workforce distribution. Subsequent sections of this report refer only to Rural Health West data holdings.

These discussion points include references to health professional proportion, ie, per head of population for that region for each single health professional working there. The lower the population per health professional, the better served the community. Note: these proportions are approximate and based on the known workforce.

Health professional proportion per region
Showing the head of population per one health professional

AH **Allied Health**

1:617
health professionals to population

The allied health group encompasses the most diverse collection of health professions, including the largest proportion of non-registered professionals (41.0%). Allied health professionals are generally evenly spread across all regions, with a ratio of 1:671 allied health professionals to population.

The exception is the Wheatbelt and Goldfields regions with an average ratio to population of 1:1,252. Reasons for this include the proximity to metropolitan areas where allied health services are concentrated and where visiting health services can be provided from Perth (in the case of the Wheatbelt), the small size of regional centres in both regions and the paucity of data on those working non-registered allied health professions such as dietetics, audiology and speech pathology.

DH Dental Health

1:1,702
health professionals to population

The distribution of dental health professionals means that the populations in the Great Southern and South West are well served with an average of 1:1,471 dental health professionals to population.

The Pilbara and Wheatbelt are less well served with nearly double the number of patients to serve for each health professional (average ratio of 1:2,436). Smaller populations, long distances between communities and the high setup cost of dental practices challenge business viability in these areas.

DP Diagnostic Professionals

1:2,979
health professionals to population

Diagnostic professionals are one of the smallest profession groups representing just 1.6% of all rural health professionals. When compared to population, the best served region is the South West with a ratio of 1:2,220 diagnostic professionals to population. In comparison, the Wheatbelt has the fewest diagnostic professionals to population with a ratio of 1:7,955

The majority of radiography professionals are based in private radiology clinics. As there are no private radiology organisations in MMM 5 to MMM 7 locations, all staff for these locations are hospital based.

IH Indigenous Health

1:398
health professionals to Indigenous population

(Note: for this section, health professional proportion refers to the regional Aboriginal and/or Torres Strait Islander population for each health professional.)

Indigenous health professionals are one of only two groups to show an increase in numbers as remoteness increases (along with paramedicine). This reflects the larger Indigenous populations in MMM 6 and MMM 7 locations where 61.6% of these health professionals are based. Most work in Aboriginal Controlled Community Health Services or other organisations specialising in Aboriginal health (60.0%), with most of the remainder working in mental health organisations (11.6%) and general and allied health practices (9.5%).

As would be expected, the region with the highest Indigenous population in the state, the Kimberley, has the highest proportion of Indigenous health professionals to population with a ratio of 1:267. The Pilbara however, which has the second highest Indigenous population,

has a significantly lower proportion with a ratio of 1:617 Indigenous health professionals to population.

Reasons cited for this disparity include the comparatively higher number of remote clinics in the Kimberley, and that some providers of Aboriginal health services in Pilbara communities may be based in the Kimberley and Midwest regions.

Mental Health

The mental health profession group, like allied health, is quite diverse and includes a large proportion of non-registered professions (counsellors, mental health workers, social workers) as well as registered psychologists and clinical psychologists. The best served region for mental health professionals is the Kimberley with a ratio of 1:453 mental health professionals to population. These Kimberley-based mental health professionals are predominantly (67.7%) based in mental health specific organisations and ACCHS and Aboriginal health organisations.

The Wheatbelt is poorly served with mental health professionals with a ratio to population of 1:2,150. As with other profession groups, the population distribution in the Wheatbelt without a centralised population centre makes business viability poor, and residents are obliged to make use of services in Perth[2].

Nursing and Midwifery

Nurses and midwives, predominantly based in hospitals and general practice, make up the largest group of health professionals and comprise 66.5% of the health workforce. The ratio of nurses and midwives to population is the most evenly spread across the regions compared to other profession groups, ranging from 1:46 in the Kimberley to 1:84 in the Wheatbelt and Goldfields regions.

PM Paramedicine

1:1,470 health professionals to population

The highest proportion of paramedics in regional WA is in the Pilbara, with a ratio of 1:400 paramedics to population. This is significantly more paramedics to population than the average. At the other extreme the South West has a ratio of 1:3,608 paramedics to population.

The larger number of paramedics in the Pilbara is attributed to the role paramedicine plays in mining sites, providing a flexible health service which covers emergency response as well as the provision of drug and alcohol testing and primary health care services to the workforces in these locations.

As a result of this distribution, and due to the nature of volunteer ambulance officers in most rural areas, paramedics are disproportionately concentrated in MMM 6 and MMM 7 with the majority of the rural paramedicine workforce (62.1%) based in these locations.

P Pharmacy

1:1,158 health professionals to population

Pharmacy, similar to nursing and midwifery, has a comparatively stable ratio of professionals to population across the regions. The South West and Midwest are best serviced by pharmacists (average ratio 1:1,033) while the Kimberley and Goldfields have the lowest ratio of pharmacists to population (average ratio 1:1,385).

The majority (85.1%) of pharmacists work in community retail pharmacy, with 11.3% reporting working at a hospital. In the more remote areas, pharmacists are more likely to be sole traders and the only pharmacist on site, or to be operating with retail assistance but with no dispensary support.

PT Physical Therapies

1:620 health professionals to population

Along with allied health, physical therapies professionals make up the second largest group in the rural Western Australian health workforce after nurses. Similarly, this is a diverse group combining a broad range of professions providing physical and manipulative clinical services.

Geographically, the highest concentration of physical therapies professionals to population are in the South West, the Great Southern and the Pilbara. The Wheatbelt combined with the Goldfields region again stand out for lack of services, where the lowest ratios of physical therapies professionals to population can be found (1:992 on average).

Demographics

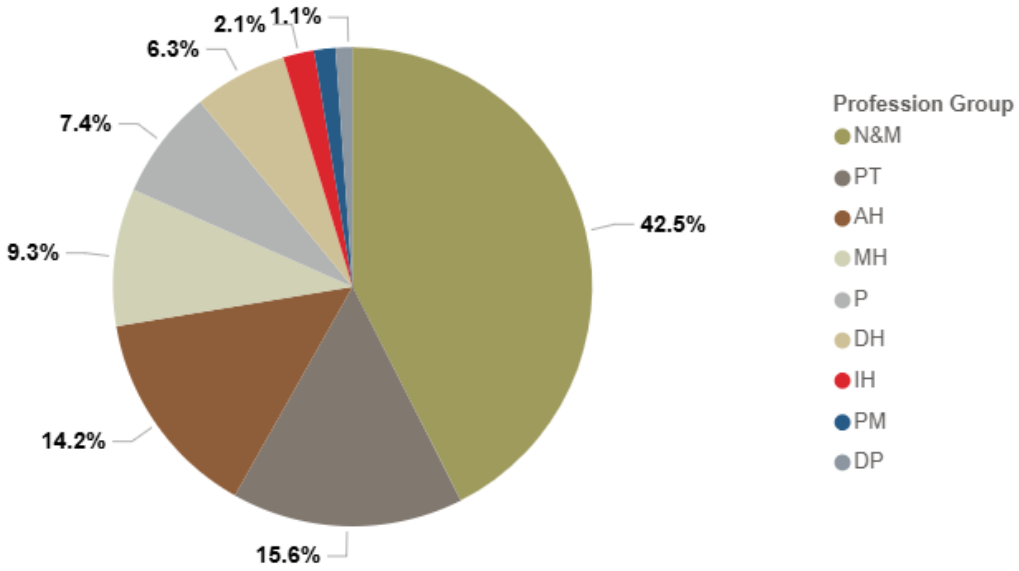
Data sourced from 4,548 health professionals.
Note that this and subsequent sections refer to Rural Health West data holdings only.

Key points:

- **Nurses and midwives are the largest group** of health professionals followed by those in physical therapies and allied health.
- **Paramedics and diagnostic professionals are the smallest groups** in the reported dataset, with Rural Health West data collection on these professions commencing only recently.
- More than **three quarters of the workforce are female** with women outnumbering men in all profession groups except paramedicine. Dental health and pharmacy have close to equal numbers of men and women.
- The **average age was 47.1 years** across all professionals. The average was slightly younger for women and a little older for men. Allied health professionals are the youngest workforce on average, and paramedics and nurses and midwives are the eldest.
- The **workforce is spread relatively evenly across age groups** between 25-34 and 55-64 years.
- There is **no clear correlation between age and remoteness,** with MMM 5 locations having the oldest workforce and MMM 6 locations the youngest.
- **2.9% reported being of Aboriginal and/or Torres Strait Islander origin**. Of these professionals, 68.9% worked in Aboriginal health organisations.
- Health professionals reporting a **rural background make up 14.8%** of the workforce.

Breakdown by profession groups

Proportion of health professionals by profession group



Nurses and midwives are the single largest health professionals group comprising 42.5% of all health professionals in the dataset. Physical therapies (15.6%) and allied health professionals (14.2%) are large groups with a diverse professional mix. Smaller groups include mental health, pharmacy and dental health, which each makes up less than 10% of the dataset.

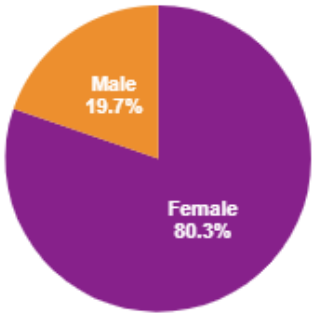
The smallest profession groups are Indigenous health, diagnostic professionals and paramedics, comprising 5% of the dataset combined. Data collection on diagnostic professionals and paramedics commenced comparatively recently, which when factored with the small size of these professions, result in a smaller dataset for these groups.

When considering the distribution of the health workforce geographically, there is an obvious and clear correlation between the numbers of health professionals and the population of the communities they serve. Within that correlation, the Kimberley region and MMM 6 locations have an above average health professional workforce to population; and the Wheatbelt region and MMM5 locations are well below the health professional proportion average of other locations.

Gender demographics

Data sourced from 4,545 health professionals. Note: this dataset contains two individuals who indicated a preference not to specify gender and one who described themselves as non-binary. These three individuals have been excluded from this analysis to reduce the potential for them to be identified.

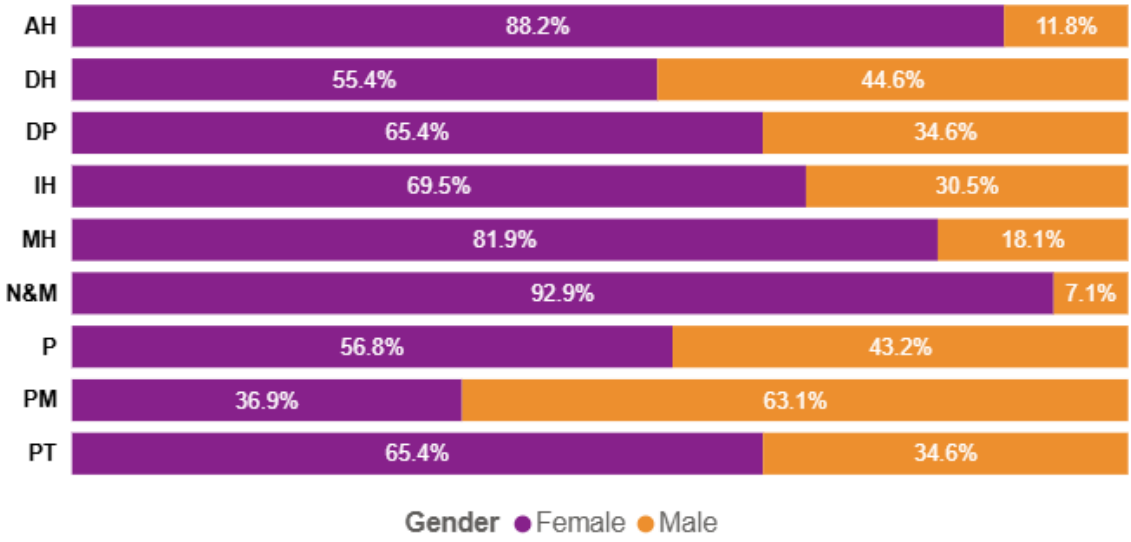
The rural health workforce is predominantly female with 4 out of 5 health professionals women.



Looking at gender split by location, regions closest to Perth have higher proportions of male health professionals. For example, in the Wheatbelt 24.5% of the workforce is male and in the South West 21.6% of the workforce is male.

Women are the dominant gender in most health professional groups ranging from nurses and midwives (93.0% female) to dental health professionals (55.4% female). The exception is paramedics. Acknowledging the sample size for paramedics is small, our data suggests that in in rural WA paramedicine is a predominantly male profession.

Proportion of women and men by profession group

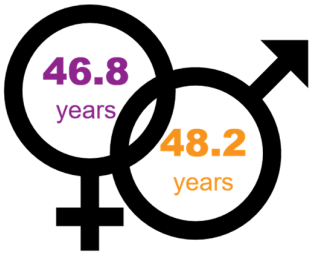


Age demographics

Data sourced from 1,730 health professionals.

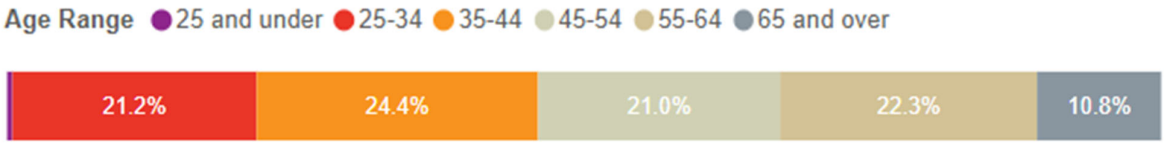
The average age of the rural health workforce is 47.1 years. This is 4.8 years older than the overall average for WA (42.3 years)[3]. The proportion of health professionals in the older age groups (45 years and older) in MMM 2 to MMM 7 locations is 5.7% higher than in metropolitan Perth[4].

Comparing by gender, the male workforce is 1.4 years older than the female workforce on average. Male and female nurses and midwives are similar in average age; however, there are some significant differences in other profession groups.



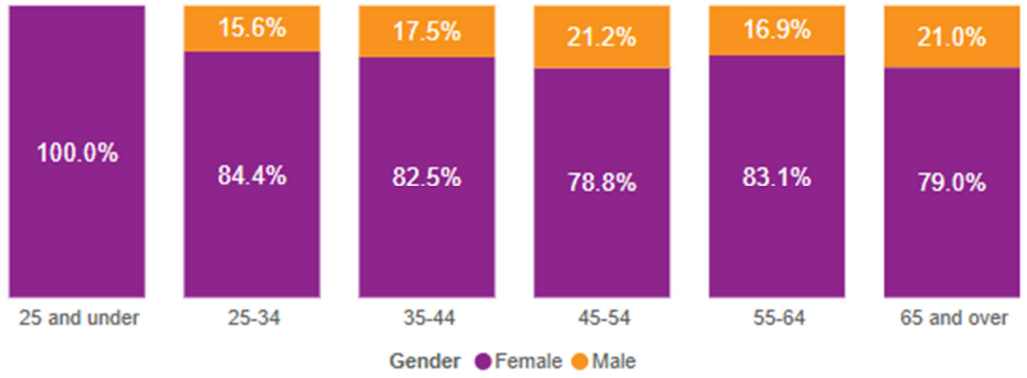
Dental health professionals have the most significant age contrast with the average age for men 12.2 years older than the women's average. Male allied health professionals are on average 9.8 years older than their female counterparts.

Distribution of health professionals by ten year age groups



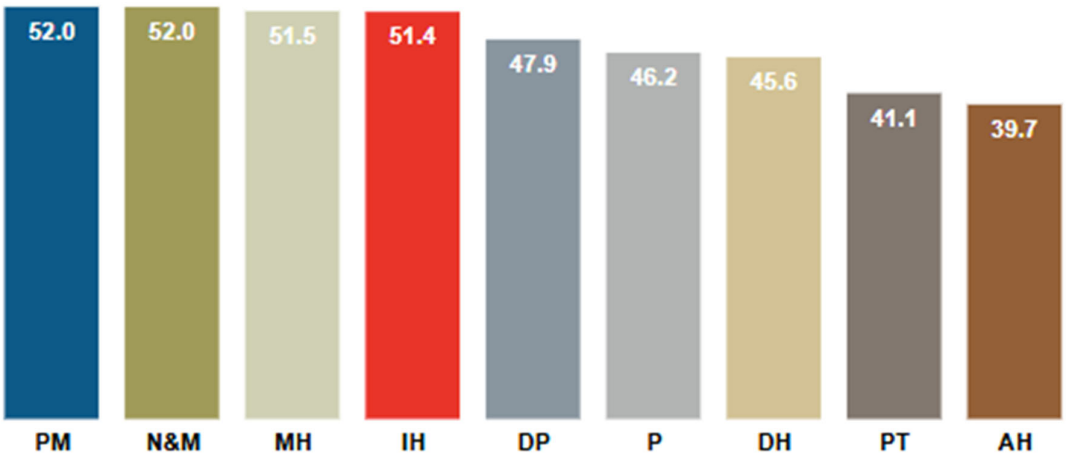
When broken into age groups, the overall workforce is spread fairly evenly across the 10-year age groups of between 25-34 and 55-64 years. When that data is split by gender, it is easier to see that a larger proportion of men are in the older age groups. This is reflected in the older average age for men overall.

Age group distribution by gender



Allied health professionals are the youngest profession group at 39.7 years on average. 44.0% of this group is aged under 35 years and this young cohort is 97.5% female. A third of the physical therapies group are also aged under 35 years, with exercise physiologists and physiotherapists the youngest in the group on average.

Average age of health professionals by profession group
(note: small sample sizes for paramedicine and Indigenous health)



Nurses and midwives and paramedics had the oldest average age at 52.0 years, nearly 10 years older than the average age for the WA nursing and midwifery workforce (42.5 years[5]). Midwives and enrolled nurses averaged 2-3 years older on average than registered nurses, with hospital nurses younger on average than nurses working in general practice and allied health organisations. Mental health professionals also had an older average age with psychologists being the only profession in the group with an average age below 52 years (47.9 years).

Comparing age geographically, the Pilbara has the youngest workforce averaging 41.5 years, significantly younger than the next nearest region (Kimberley 46.5 years).

The average age in the Pilbara is lower across most profession groups (except Indigenous health and diagnostic professionals) with 32.5% of the workforce aged under 35. This is significantly higher than the proportion of the workforce aged under 35 in the other regions (20.4%).

41.5 years **Pilbara** youngest average age

49.9 years **Wheatbelt** oldest average age

In contrast, the oldest workforce is in the Wheatbelt with an average age of 49.9 years, followed by the South West (47.8 years). In all regions, the average age of the health workforce is loosely correlated with the average age of the population[6].

There is no correlation between age and remoteness. The youngest average age is found in MMM 6 locations, and centred in the Pilbara.

MMM 5 locations have the oldest average workforce, correlating with locations in the regions with older workforces (Wheatbelt, Great Southern and South West).

These average ages for each level of remoteness remains mostly consistent for both men and women, with the notable exception of MMM 7, where both the proportion of men and their average age is significantly higher than the rest of the state.

44.5 years **MMM 6** youngest average age

50.1 years **MMM 5** oldest average age

Health professionals of Aboriginal origin

Data sourced from 135 health professionals. This sector of the report uses the preferred term 'Aboriginal' when referring to local Aboriginal peoples, and the collective 'Aboriginal and Torres Strait Islander' term when referring to national data.

2.9% of health professionals **identify as being of Aboriginal origin**

In WA overall, Aboriginal peoples make up 3.3% of the population, although this proportion is significantly higher in most regional WA areas. The population in the Kimberley region has the highest proportion of Aboriginal peoples in the state (41.1%), followed by the Pilbara (16.4%).

With reference to the health workforce, 2.9% of health professionals in our dataset described themselves as being of Aboriginal. This figure is significantly higher than the nationally reported proportion of Aboriginal and/or Torres Strait Islander origin rural health professionals[7] of 2.4% (compared to non-Indigenous professionals) even allowing that reported national figures do not include non-Aphra registered health professionals.

While datasets are too small for detailed analysis, there is a correlation between regional WA Aboriginal population and Aboriginal origin health professionals, as would be expected.

The majority of Aboriginal origin health professionals are female (76.3%). The Indigenous health profession group has the most Aboriginal origin health professionals, with the remainder working predominantly in nursing and mental health.

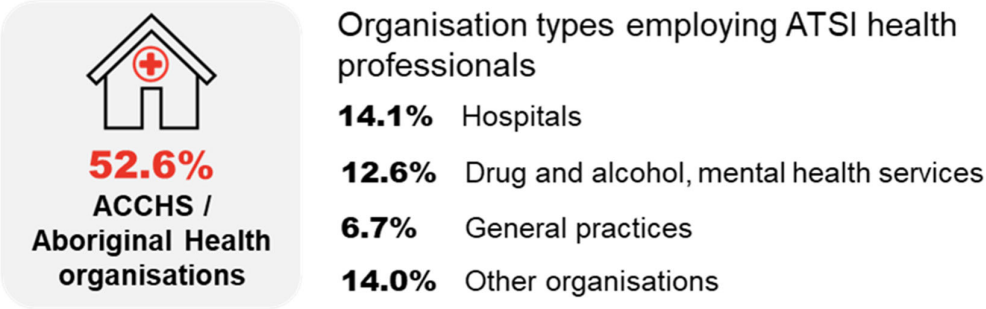
Top three profession groups for ATSI origin workforce

IH 68.9%

N&M 21.5 %

MH 6.7%

The majority (63.7%) of Aboriginal origin health professionals work in more remote areas (MM5-MM7) and 72.2% are located in the Kimberley, Midwest and Pilbara. Half work at an ACCHS or other dedicated Aboriginal health organisation.



The proportion of registered Aboriginal health professionals working predominantly for ACCHS is significantly higher than that of other Aboriginal professionals and is comparable with the national average.

Education

Data sourced from 3,399 health professionals.

Key points:

- Country of training data is available for **3,399 health professionals.**
- **85.8% trained in Australia** and **64.5% trained in WA.**
- **Internationally trained health professionals** were primarily from the United Kingdom, New Zealand, South Africa and India.
- Indigenous health, paramedicine, physical therapies and pharmacy had the highest proportions of WA trained health professionals.
- **46.0%** of WA university graduates trained at **Curtin University.**
- More than a **third of health professionals are in the establishment stage** of their career. More than half have worked in their career for 15 or fewer years.

Country of training

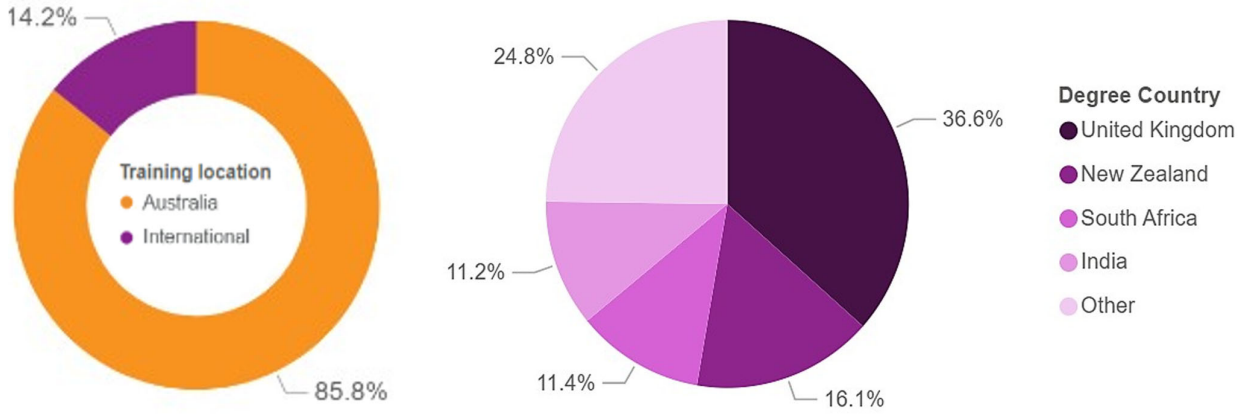
64.5%
health professionals **trained in Western Australia**

For the 3,399 health professionals for whom country of training data is available, 85.8% trained in Australia and 14.2% trained overseas.

Where qualifying institution is known, three-quarters of the Australian trained workforce trained in WA. Overall, 64.5% of the rural workforce trained in WA.

Men were 6.4% more likely to have trained overseas compared to women.

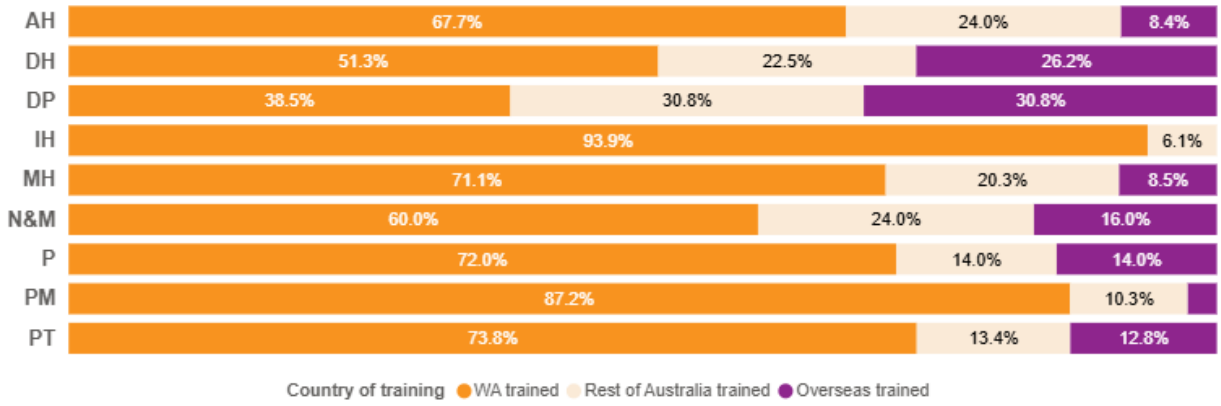
Country of training



The largest proportion of internationally trained health professionals were from the United Kingdom (36.6%), followed by New Zealand (16.1%), South Africa (11.4%) and India (11.2%).

Analysed by profession group, WA trained health professionals dominated paramedicine, physical therapies, mental health and Indigenous health with more than 60% of health professionals trained locally.

Country of training breakdown by profession group



Diagnostic professionals and dental health professionals are significantly more likely to train overseas than other professions. The majority of overseas trained dental professionals received their qualifications in India (28.6%), the United Kingdom (22.5%) and South Africa (20.4%).

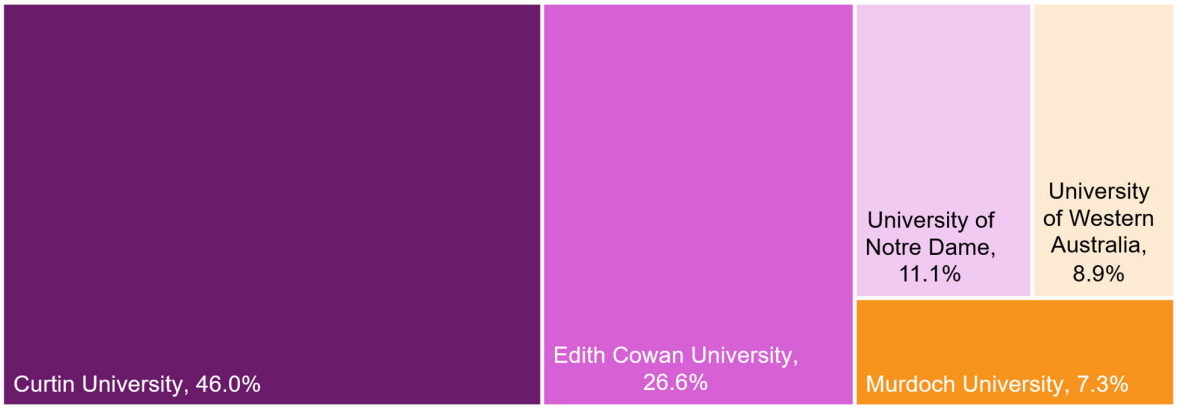
Comparing country of training by remoteness, WA-trained health professionals make up a smaller proportion of the workforce in more remote areas than they do in less remote areas.

On average locally trained professionals make up 64.5% of the rural workforce; however, in MMM 7 locations this drops to 45.9%. The difference is made up by Australians trained in other states (35.3%) and internationally trained professionals (18.8%). WA trained professionals are most prevalent in MMM 4 (74.6%) and MMM 2 (72.7%) locations.

Western Australian university graduates

Data sourced from 1,822 health professionals.

Western Australian graduates by university



46.0%

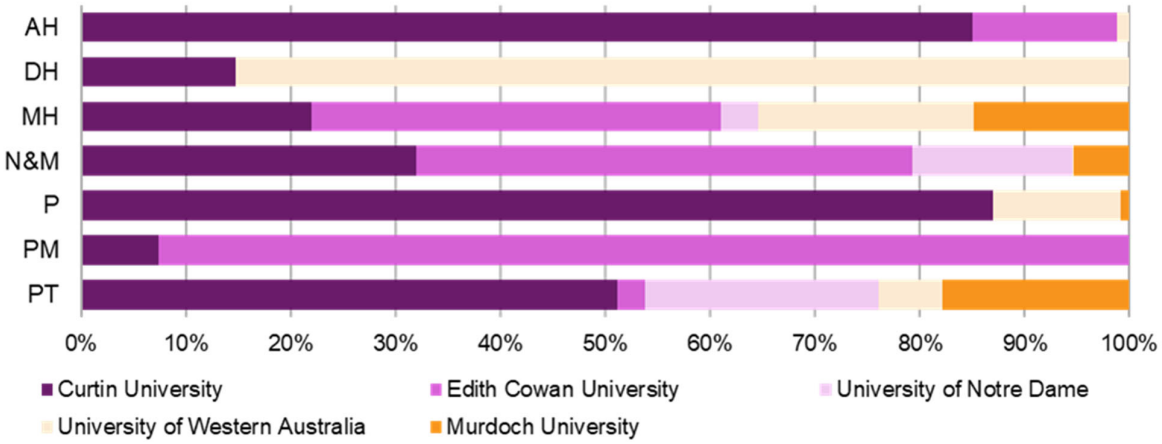
of WA graduates **trained at Curtin University**

Graduates from Western Australian universities (separate from other Western Australian training providers) represent 54.0% of the health workforce where country of training is known. Almost half (46.0%) of these graduated from Curtin University, followed by Edith Cowan University (26.6%)*.

The majority of Western Australian allied health, pharmacy and physical therapies professionals trained at Curtin University. Close to half of university-trained nurses and midwives studied at Edith Cowan University, along with most paramedics. Almost all locally trained dental health professionals graduated from The University of Western Australia.

WA university graduates by profession group

(Excludes Indigenous health and diagnostic professionals due to limited data)



Career experience

Data sourced from 3,395 health professionals.

In order to analyse level of career experience, a calculation is made of the number of years a health professional has served in a profession based on their career start date (if available) or the year they graduated with their primary qualification.

As there is no generally accepted scale for career experience in the health workforce, for the purpose of this report the stages of career experience are graded as follows:

Stage	Years of experience
Exploration	Up to 5 years
Establishment	6-15 years
Expert	16-25 years
Master	More than 25 years

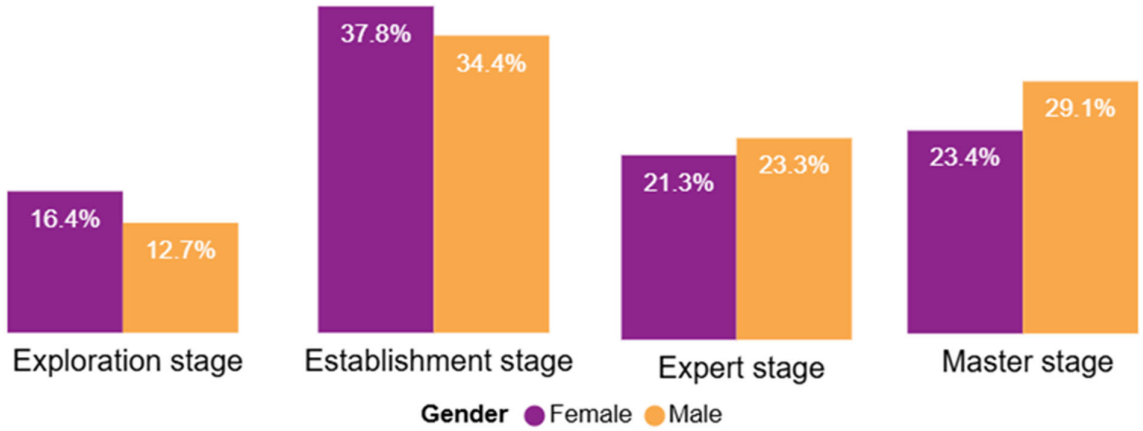
* These calculations do not include health professionals who graduated at the Western Australian Institute of Technology and other tertiary colleges, which later comprised these two universities prior to university status being conferred.

Distribution of health professionals by career stage

15.9%	37.5%	21.9%	24.8%
Exploration stage	Establishment stage	Expert stage	Master stage

Across the workforce the largest proportion (37.5%) of health professionals are in the establishment phase of their careers. This is a significantly higher proportion than those in the master stage, which is the second largest group (24.8%). More than half of the workforce (53.4%) is in the earlier part of their career.

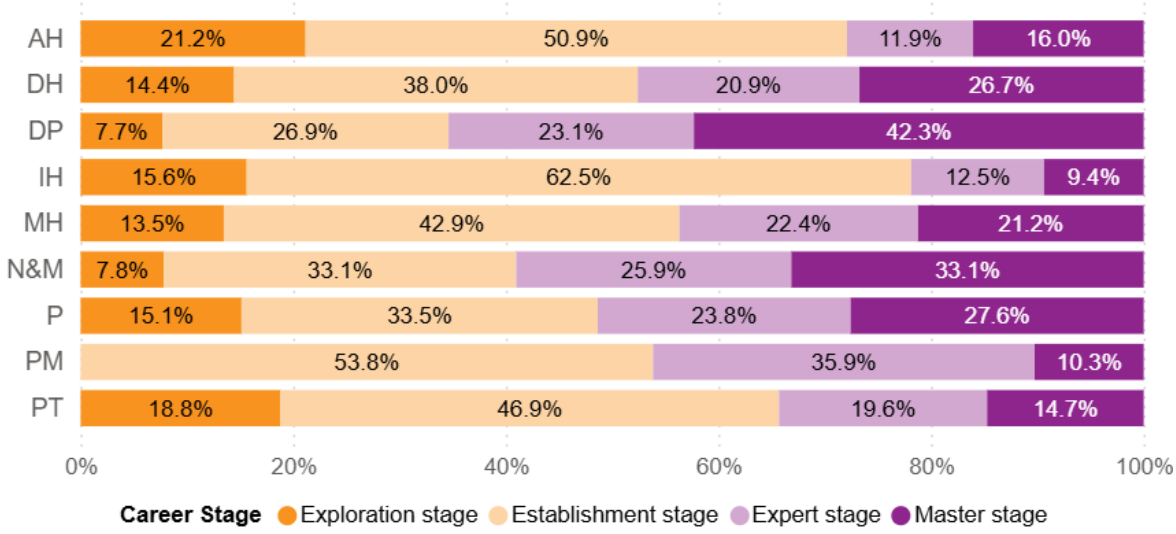
Career stage by gender



More female health professionals are in the early exploration and establishment stages of their careers (54.2%). By comparison more men (52.1%) are in the latter halves of their careers.

Career experience by profession

Proportion of health professionals by profession group and career stage
(Excludes paramedicine due to data limitation)



While a correlation between average age and level of career experience is expected, it is not always present. For nurses and midwives, a greater proportion of the group in the later career stages correlates with the older average age. However, this is not apparent for the mental health group. Part of the reason for this is that age data is less complete for this group, but there is also a suggestion that for some mental health professionals their primary qualification in mental health has come later in life.

Clinical workload

Data sourced from 685 health professionals. Note: this section includes only those health professionals who provided data on their working hours in the survey. Working hours are self-reported and working 35 hours per week or more constitutes full time.

Key data:

- The **average clinical working week was 33.5 hours**.
- **59.9% of the workforce works full time at 39.1 hours per week** on average. Part time workers (40.1%) work an average 24.5 hours per week.
- The **average working week for men is 3.7 hours longer than that for women**, reflecting that nearly half of female health professionals work part time.
- **Paramedics report the longest average working week** and physical therapies professionals the shortest.
- **Physical therapies professionals are more likely to work part time** and dental health professionals are the least likely to work part time.
- The **Pilbara region reported the longest average working week** and the Wheatbelt the shortest.
- **Average workload increases as remoteness increases** with the exception of MMM 4 and MMM 5 locations.

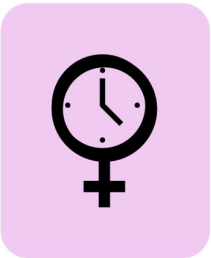
Average hours worked per week

33.5

hours worked per week on average

Across all health professions the average working week was 33.5 hours, a small increase on the previous average.

More than half of the workforce worked full time (59.9%) with an average 39.1 regular hours per week. Part time workers (40.1%) worked an average 24.5 hour week.



32.9

hours worked per week on average

The average working week for women was 32.9 hours with 4.8 hours of overtime, significantly less than men who worked 36.6 hours in an average week with 6.8 hours of overtime.

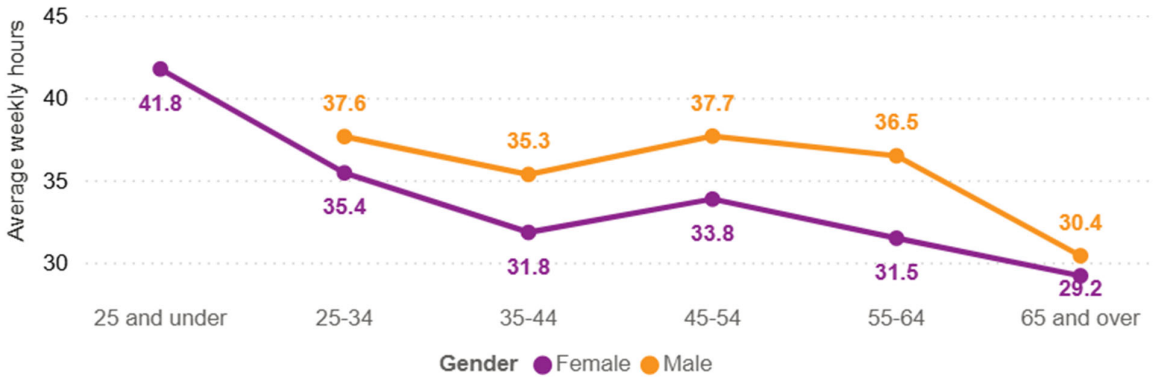
36.6

hours worked per week on average

The different working hours for women reflect that a significant proportion of female health professionals (43.2%) work part time compared to just under a quarter of male health professionals (23.9%). Research shows that across the workforce, women are more likely to work part time.

Working hours by gender and age

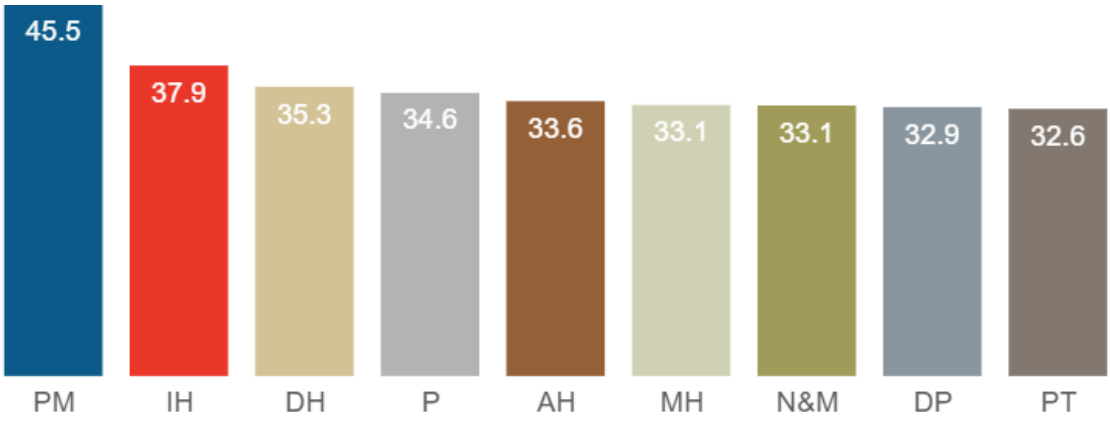
Average weekly hours worked by gender and age group
(note: this dataset contains no men under the age of 25)



The trends for part time work by age group are different for men and women. Male health professionals generally work a full-time load from early in their career until retirement whereas the female workforce may work part time at multiple points throughout their careers. This contrasting trend is reflected in the broader (non-health) workforce with fewer than 50% of women working full time at every age[8].

Working hours by profession

Average weekly hours worked by profession
(small sample size for PM, IH and DP)



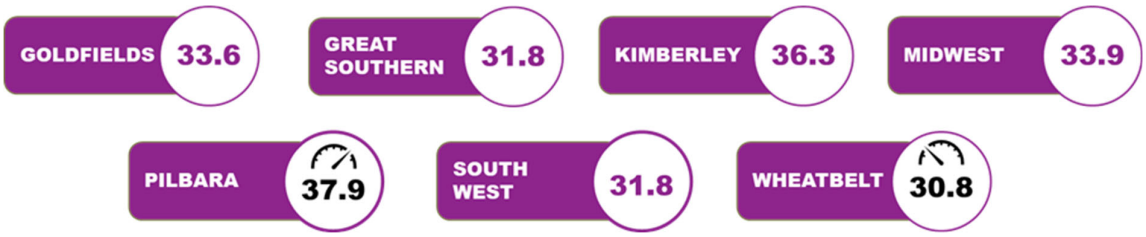
Paramedicine and Indigenous health professionals reported the longest working weeks. Available working data for paramedics and Indigenous health professionals is limited, and all health professionals who provided data for this section worked full time, hence the above average working hours for these profession groups.

The working hours of dental health professionals and pharmacists, who each have average weekly hours close to 35 hours per week or more, highlight the correlation between professions with higher proportions of men and higher workloads.

Physical therapies professionals reported the shortest average working week (32.6 hours), followed by diagnostic professionals (32.9 hours) and nurses and midwives (33.1 hours). These profession groups each have more than 40% of their health professionals working part time, and high proportions of women.

Working hours by region and remoteness

Average weekly hours worked by region



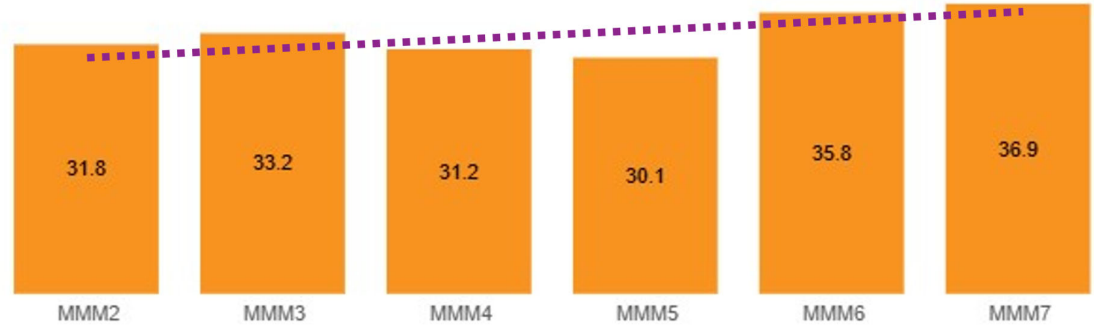
Across the regions, health professionals in the Pilbara reported the longest average working week at 37.9 hours. The Pilbara has the youngest regional workforce and the lowest proportion of part time workers (16.7%), both factors shown to contribute to higher working hours.

The shortest average working week was found in the Wheatbelt (30.8 hours) followed closely by the South West (31.8 hours). Usually, the proportion of women in a workforce reduces average working hours, as women are more likely to work part time. However, when compared regionally, gender does not appear to be having a significant impact on working hours. The Pilbara with the highest proportion of women has the highest average hours, and the Wheatbelt (lowest proportion of women) has the lowest average hours.

When analysed by MMM, workload and remoteness are loosely correlated. Average workload increases as remoteness increases. Hence, MMM 2 locations have the shortest working week (31.8 hours) and MMM 7 locations the longest (36.9 hours).

The significant exception to this trend is MMM 5. MMM 5 is made up predominantly of locations in the Great Southern, South West and Wheatbelt. These regions all report the lowest average workloads and represent the top three regions for proportion of the workforce working part time, as well as the highest average age, contributing to this exception to the trend.

Average weekly hours worked by MMM



Length of employment

Data sourced from 4,163 health professionals.

Key data:

- The average **length of employment in current role is 4.8 years**.
- On average **men have been in their current role longer** than women.
- **Dental health has the longest average term of employment** followed by physical therapies.
- The longest average terms of employment were reported in the Wheatbelt region and MMM 4 locations.
- **13.8% of health professionals work in more than one position** and have a longer average term of employment.

Employment term by gender

4.8 years
average term of employment

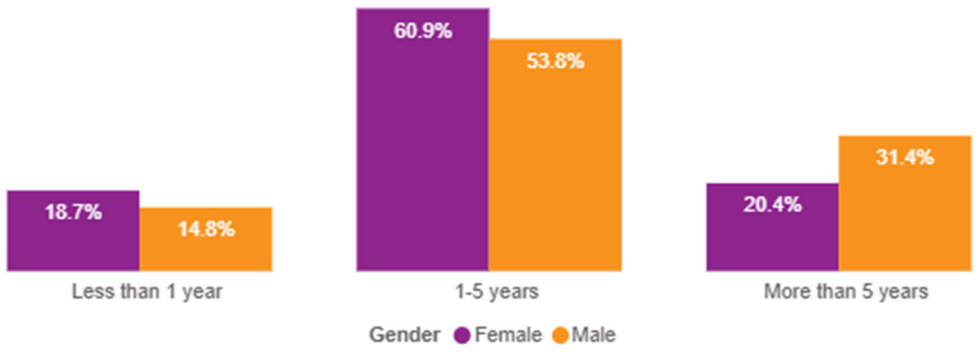
The average term of employment across all professions is 4.8 years 59.5% having worked in their current position for 1-5 years.

When considering gender, men have been in their current position longer (on average 6.2 years) when compared with women (4.4 years).

Average term of employment correlates with career stage as they both relate to time in the workforce. With both career stage and employment term, men have a longer tenure on average compared with women.

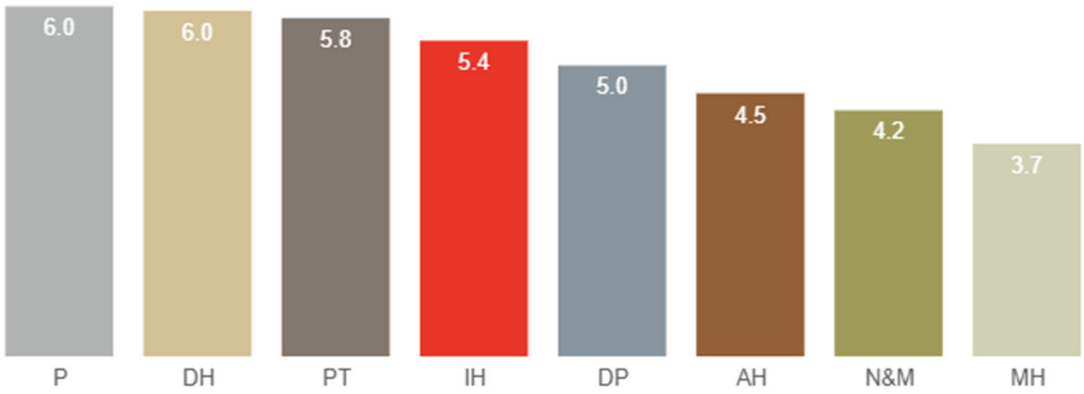
Employment term by profession

Average employment term by gender



The dental health and pharmacy professions have the longest average employment (6.0 years) followed by physical therapies (5.8 years). These three professions have the largest proportion of males, which contributes to higher-than-average length of employment. Mental health has the shortest average employment (3.7 years) followed by nursing and midwifery (4.2 years).

Average employment length by profession
(Excludes paramedicine due to limited data)



The longer length of employment for pharmacy, dental health and physical therapies professionals may be associated with the higher proportion of these professionals running their own practice or business. Dental health, in particular, is associated with high setup costs and may result in longer stay at a location.

Employment term by region and remoteness

The Wheatbelt has the longest average length of employment (5.6 years) while the Pilbara has the shortest (2.9 years). This directly correlates to the proportion of professionals with plans to stay in their current role, with the Pilbara having the lowest proportion planning to stay both short and long term. The Wheatbelt has the second highest proportion of the workforce planning to stay short term, and the highest long term. The differences in these regional profiles reflect the more transient Pilbara workforce.

There is no correlation between remoteness and employment term. It is the locations with intermediate remoteness MMM 4 and MMM 5, which have the longest average length of employment (6.2 years and 5.8 years). MMM 6 locations have the lowest average length of employment (3.6 years).

Professionals working multiple jobs

13.8%
of health professionals **work more than one job**

Across the workforce, 13.8% of health professionals report working more than one position. Pharmacy has the largest proportion of these (20.8%), followed by physical therapies (18.6%).

There is a correlation between health professionals working multiple roles having a longer average term of employment.

Those working two positions stay (on average) 0.6 years longer, three positions stay 0.7 years longer and four positions stay 1.8 years longer. This is reflected in the long average stay of community pharmacists and the complex role they perform.

Future plans

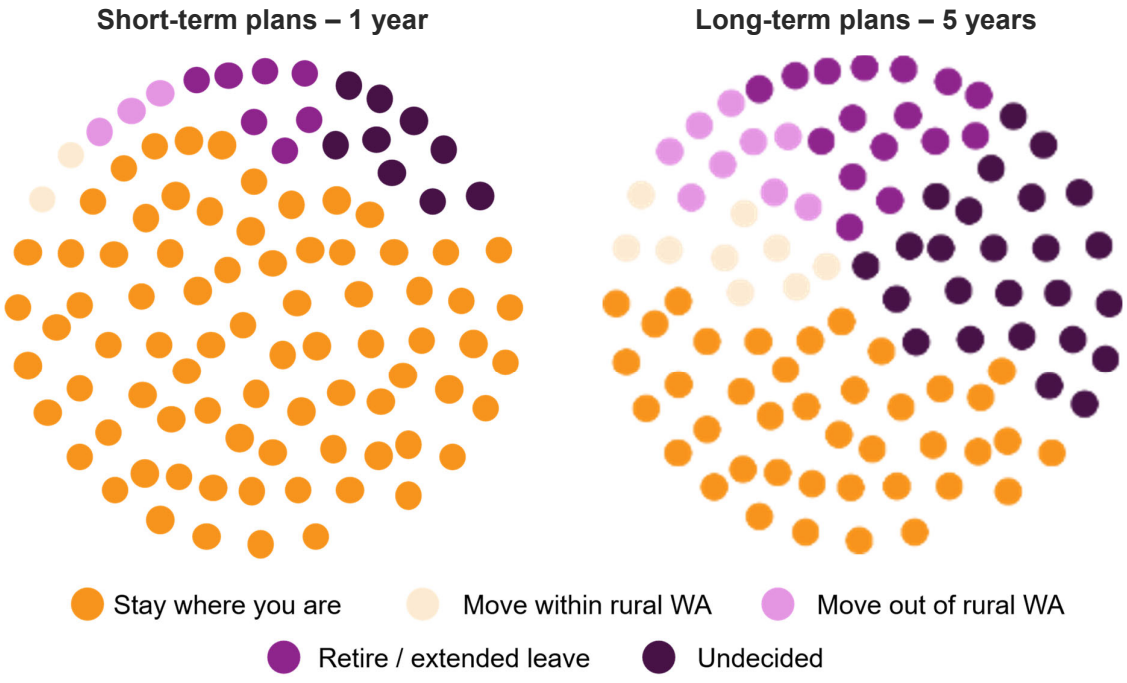
Data sourced from 689 health professionals. Note: this section includes only those health professionals who have provided data on their future plans in the 2023-24 period.

Key data:

- Overall, **78.0% of respondents plan to stay in their current role** in the short term and 42.3% in the long term.
- In the long term, proportionally **more men plan to stay where they are** than women.
- More than **15% of professionals indicated they plan to retire within 1-5 years**.
- Allied health, pharmacy and physical therapies professionals have the highest proportion planning to stay in the short term.
- **Nurses and midwives are among the least likely to stay** in their current position in the short term and are second only to allied health professionals in the long term.
- The **Great Southern has the largest proportion of those that plan to stay** in the short-term with the South West having the largest proportion planning to stay short term.
- The Kimberley and Pilbara regions have the smallest proportions planning to stay long term.
- There is a general trend linking greater remoteness with a reduced intent to stay.

Overview

Respondents were surveyed on their future plans, both in relation to the short term (within 1 year) and long term (within 5 years). In the short term 78.0% of respondents indicate that they are planning to stay in their current role. In the long term, a significantly smaller proportion of the health workforce (42.3%) expect to stay where they are.



Future plans by gender

9.1%

more men than women **plan to stay** where they are **long term**

In the short term, the plans for men and women are very similar with only a one percent difference between men and women planning to stay where they are.

However, in the longer term, men are more intent to remain where they are (50.0%) compared to women (40.9%). It is significant that, of the female health professionals who indicated their plans, the majority do not intend to remain in their current position long term. Women not planning to stay long term plan to retire or take extended leave (15.9%), move within rural WA (9.7%) or move out of rural WA (10.0%). A large proportion are unsure about their future plans (23.4%).

Future plans by profession

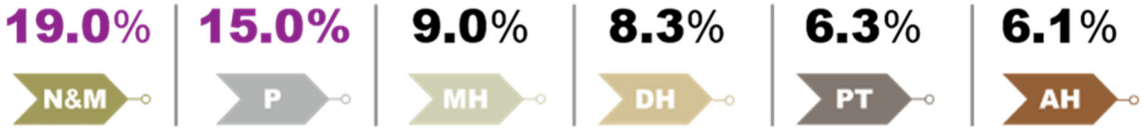
Note: excludes diagnostic professionals, Indigenous health and paramedicine due to limited data

The majority of health professions indicate a high level of intent to remain in their current position in the short term (average 78.0%). More allied health professionals report plans to stay short term (85.2%) followed by pharmacy and physical therapies professionals (82.5% and 82.1%).

When looking at long-term plans, physical therapies (52.7) and mental health (50.0%) are the most likely to remain in their current position in 5 years, while nursing and midwifery (37.6%) and allied health professionals (40.4%) are the least likely to remain where they are for 5 years. Allied health professionals, as a younger profession group, are less likely to retire, but indicate a higher-than-average intent to move away from rural WA and show significantly higher level of uncertainty about their long-term plans (31.6%) compared to average (22.6%).

Nurses and midwives have the lowest level of intent to stay where they are short term (76.7%), as well as the lowest intent to remain long term (37.6%). More than 1 in 5 nurses and midwives are unsure about their long-term plans (21.9%), with a similar proportion (21.6%) planning to retire.

Proportion of surveyed health professionals indicating any plans to retire
(Excludes diagnostic professionals, Indigenous health and paramedicine due to limited data)



The proportion of health professionals planning to retire includes plans in the short and long term and excludes those taking extended leave. Nurses and midwives have the largest proportion who indicated they are planning to retire (19.0%), attributed to the high average age for this profession group.

Future plans by age group

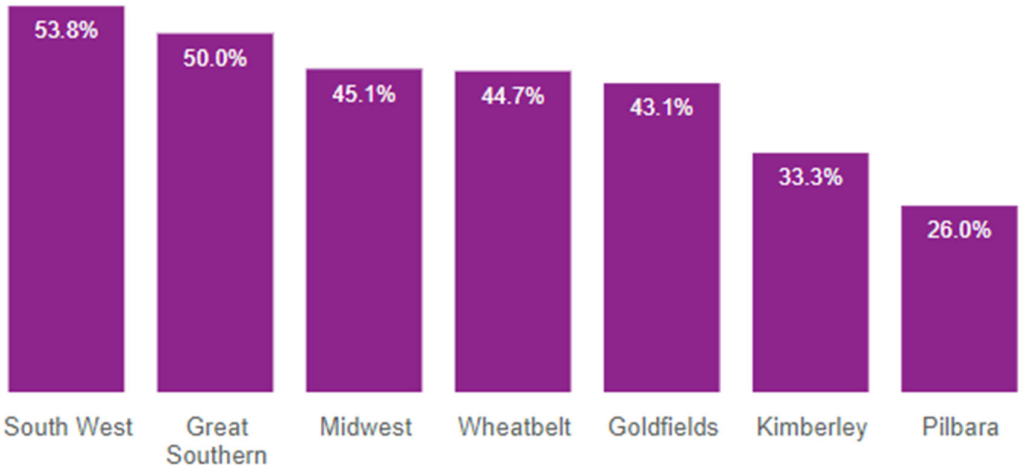
With regards to age group, health professionals in the 45 to 54 age range have the largest proportion planning to stay where they are, both in the short and long term (85.2% and 57.1%).

As might be expected, the two age groups with the lowest proportion of health professionals planning to stay are the over 65-year age group in the short term (62.0%) and the under 25-year age group in the long term (25.0%). This is unsurprising given the career stages of professionals in these age groups.

This finding is reinforced by those in the over 65-year age group indicating the highest proportion planning to retire (both in the short and long term), and the under 25-year age group having the largest proportion planning to relocate within rural WA long term.

Future plans by region and remoteness

Proportion of health professionals planning to stay long term by region



Considering future plans geographically, the Great Southern has the largest proportion of health professionals planning to stay where they are in the short term (87.0%) and the second highest proportion in the long term (49.5%) after the South West (53.8%). Factors that potentially contribute to this finding include that the South West and Great Southern regions have the greatest proportion of health professionals with a rural background, and that working hours in both regions are lower on average.

The Kimberley (70.7%) and Pilbara (73.1%) have the lowest proportion planning to stay short term, and the same regions have the fewest planning to stay long term (Pilbara 26.0%, Kimberley 33.3%).

Factors influencing these plans (other than the remoteness of some of these locations and the high cost of living) likely include these regions having higher than average working hours and overtime. There is no apparent correlation between plans and the age of health professionals or ratio of health professionals to population.

With regard to remoteness, there is a general trend indicating that the greater the remoteness, the lower the intent to stay. However, in the longer term, MMM 4 and MMM 5 locations are anomalies, showing above average intent to stay. The regions associated with these MMM locations are the Wheatbelt, South West and Great Southern, and where we find the highest proportion of health professionals planning to stay long term.

Organisations

Data sourced from 1,369 health organisations including 778 allied health organisations where the number of clinical staff working at the organisation is known.
Note: for this section, the term allied health organisations is broader than the profession group classified throughout this report as Allied Health. It refers to private organisations (which are not medical practices) providing health services and that employ nursing, midwifery, dental and allied health staff. Aged care, medical practices and specialist nursing services are recorded

Key data:

- **Hospitals, allied health organisations and general practices** are the three largest employers of nursing, midwifery, dental and allied health professionals in rural WA.
- **WACHS** is the largest single employer of rural health professionals.
- **Pharmacies are the most numerous private allied health organisations**, followed by dental and physiotherapy practices.
- The most common size for **allied health organisations is 2-10** clinical staff.

Organisation breakdown

(The breakdown by organisation type and workforce estimations below refer to data from Rural Health West as well as the NHWDS and other sources as listed.)

Organisation type	No. practices
Aboriginal health and medical services	45
Aged care (includes multi-purpose services)	80
Allied health organisations	778
Community health/not for profit	22
General practice	268
Hospitals	80
Medical specialist practices	39
Nursing services	30
University services	10
Western Australian State Government (non-hospital community health)	17

Hospitals, allied health organisations and general medical practices are the three largest employers of health professionals in rural WA. WACHS is the largest single employer and estimates suggest its registered clinical health workforce is around 4,000 individuals across MMM 2 to MMM 7 locations[9].

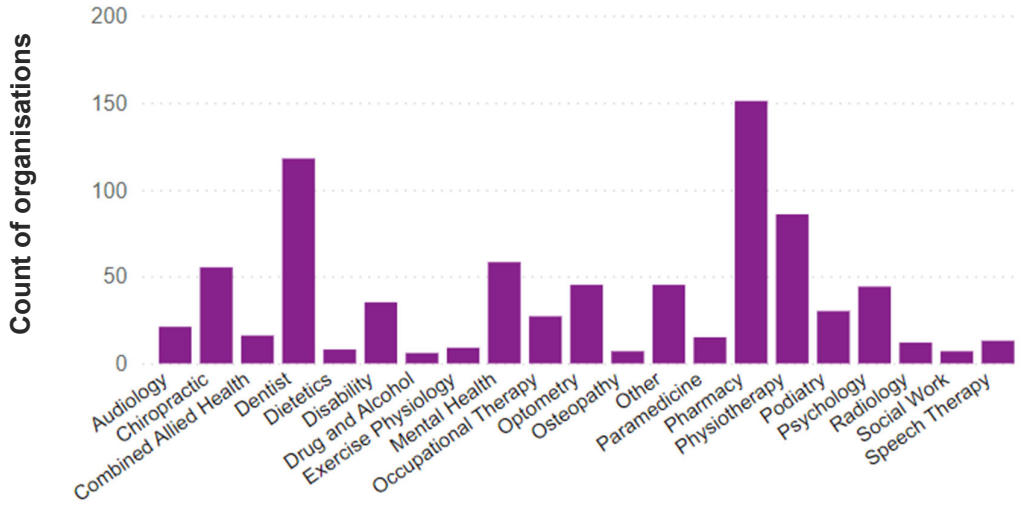
Private allied health organisations employ approximately 2,000 health clinicians and medical practices employ a further 800. Non-hospital aged care is believed to employ around 670[10] registered health professionals along with care assistants and other non-clinical professions. The entire rural Western Australian workforce is estimated at between 8,500-10,000 health professionals.

Allied health organisations

Data sourced from Rural Health West.

Pharmacies are the most numerous private allied health organisations, followed by dental and physiotherapy practices. Even where few other health services are available, most rural towns have a community pharmacy which, in many cases, is run by a single pharmacist contributing to the high average workload for this profession.

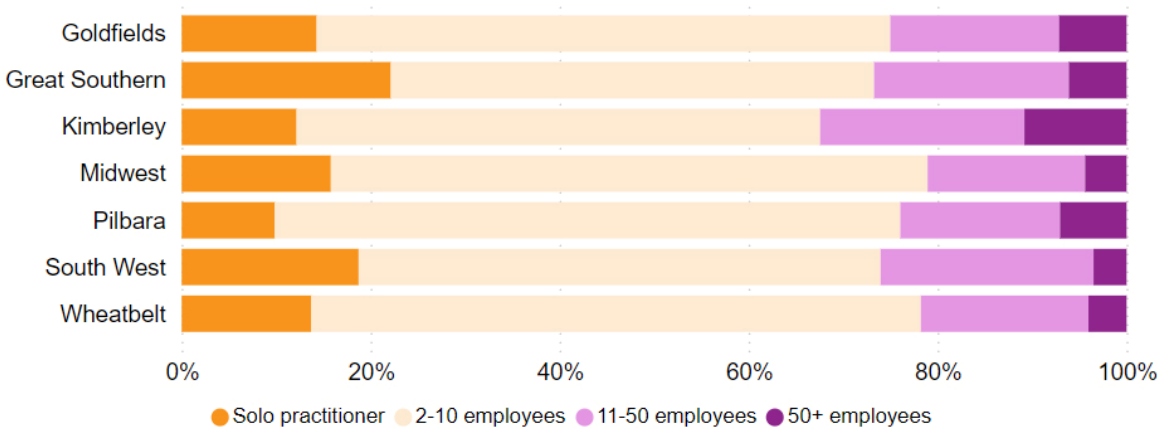
Count of allied health practices in rural Western Australia



Allied health organisations by size and region

For the purposes of this report, allied health organisations are classified into four groups according to size, as determined by number of employees. The largest proportion of allied health organisations (62.7%) are small-medium sized businesses with between two and ten clinical staff members. This group is the majority across all regions. The Great Southern has the highest proportion of solo practitioners (25.2%), with the South West also showing an above average proportion of solo practitioners (20.5%). Both regions have a higher density of population and towns that seem to better support these solo professionals.

Proportion of allied health organisations by size and region



Larger organisations are found where the larger regional population needed to support such an organisations combines with sufficient distance from the Perth metropolitan area, so that patients are not drawn to city providers. Hence the regions with the largest proportions of these organisations are the Kimberley and Great Southern.

Concluding remarks

The Annual Health Workforce Update presents an analytical overview of the composition and dynamics of the healthcare workforce in rural WA. It encapsulates demographic profiles, educational backgrounds, workload distribution and future intentions of health professionals within these settings.

This report underscores the need for supporting data to assist in the strategic planning, policy formulation and development of educational initiatives for the rural healthcare workforce. In collating health workforce data for WA in a way which is not influenced by funding source, and by including sufficient geographic parameters to make useful service location assessments, Rural Health West aims to enhance the resources available for decision and policy makers. A better supported rural health workforce means the more effective delivery of health services and ensures the sustainability of healthy rural communities.

As future editions are released this report will evolve to become more inclusive, comprehensive and representative. Rural Health West asks for your assistance to help enhance our understanding and to support the report into the future. You can do this by:

- Sharing your data and insights.
- Participating in our surveys and encouraging others to do so too.
- Providing feedback on the information presented.
- Indicating what information you and your organisation would benefit from.

We hope you will engage with us to make this report a better resource to benefit all rural health care organisations and professionals in rural WA.

References

[1] Data for Ahpra registered professionals taken from the Health Workforce Dataset (2022) for health professionals in the workforce by SA2. Data for health professionals not registered with Ahpra drawn from Rural Health West datasets.

[2] *Wheatbelt Needs Assessment 2022-2024* (2022), WA Primary Health Alliance. Access February 2024.

[3] *Summary Statistics, Allied Health, State* (2024), Australian Government, Department of Health and Aged Care. Access February 2025.

[4] *Health Professions, MMM 1 to MMM 7 (Western Australia) by Age Group* (2022), NHWDS.

[5] *Summary Statistics, Nursing and Midwifery Professions* (2024), Australian Government Department of Health and Aged Care. Accessed January 2025.

[6] *Census All persons QuickStats – Statistical Areas Level 3* (2021), Australian Bureau of Statistics. Accessed January 2024.

[7] *Aboriginal and Torres Strait Islander Health Performance Framework* (last updated June 2025) Australian Institute of Health and Welfare

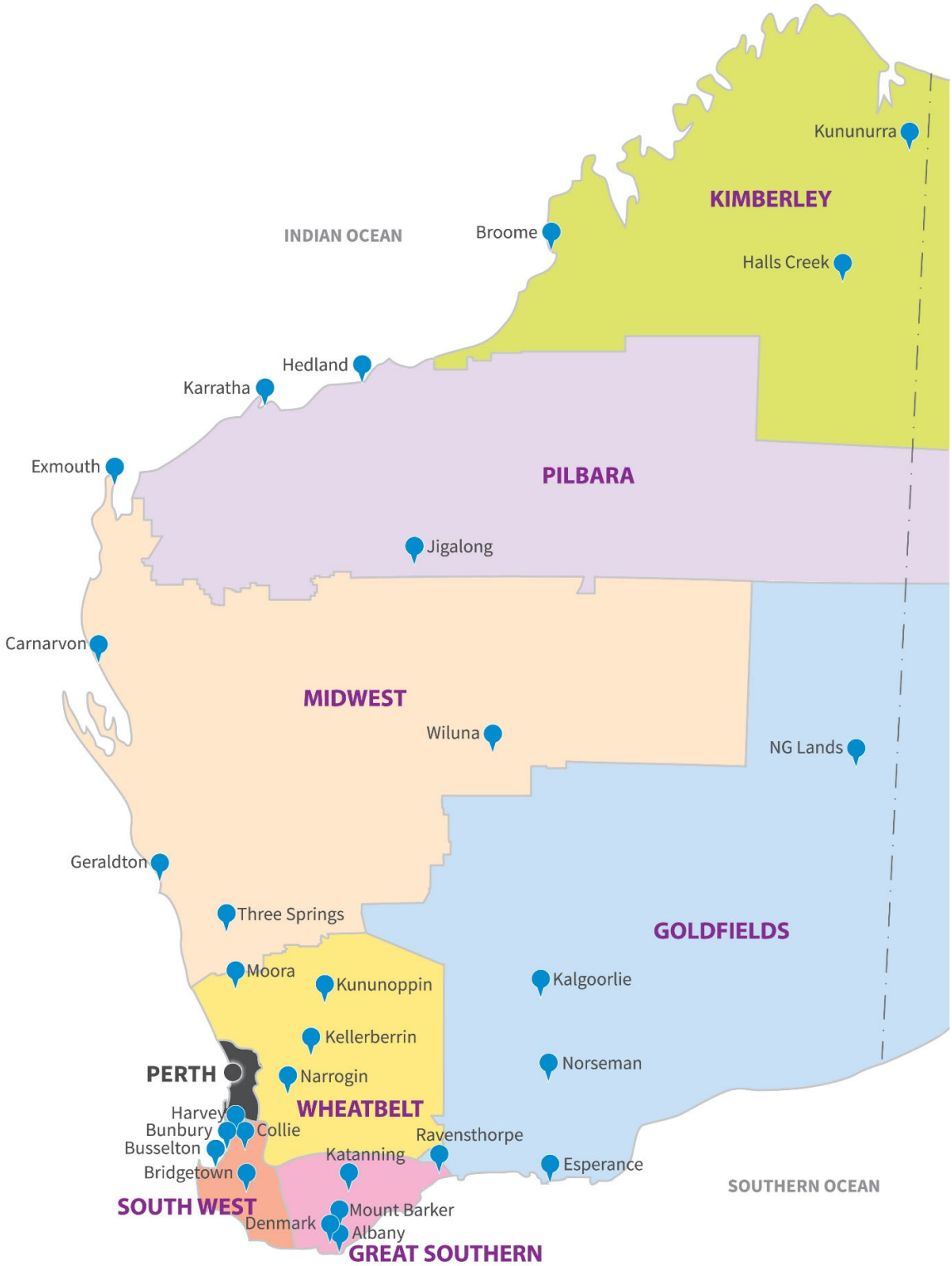
[8] *New data reveals that at every age less than 50% of women in the workforce work full time*, Australian Government Workplace Gender Equality Agency (2022). Accessed February 2024.

[9] *Health Professions, Job Setting (Hospital) and Local Government Area (Western Australia)* , *MMM 2 to MMM 7* (2022), NHWDS.

[10] *Health Professions, Job Setting (Residential Aged Care/Hospice) and Local Government Area (Western Australia), MMM 2 to MMM 7* (2022), NHWDS.

Appendix 1

Western Australian regions



WA Modified Monash Model (MMM) locations