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• Planning for the Australian Medical  
Workforce – Recent Developments  
and Next Steps

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# National Health Workforce Structure and Organisations



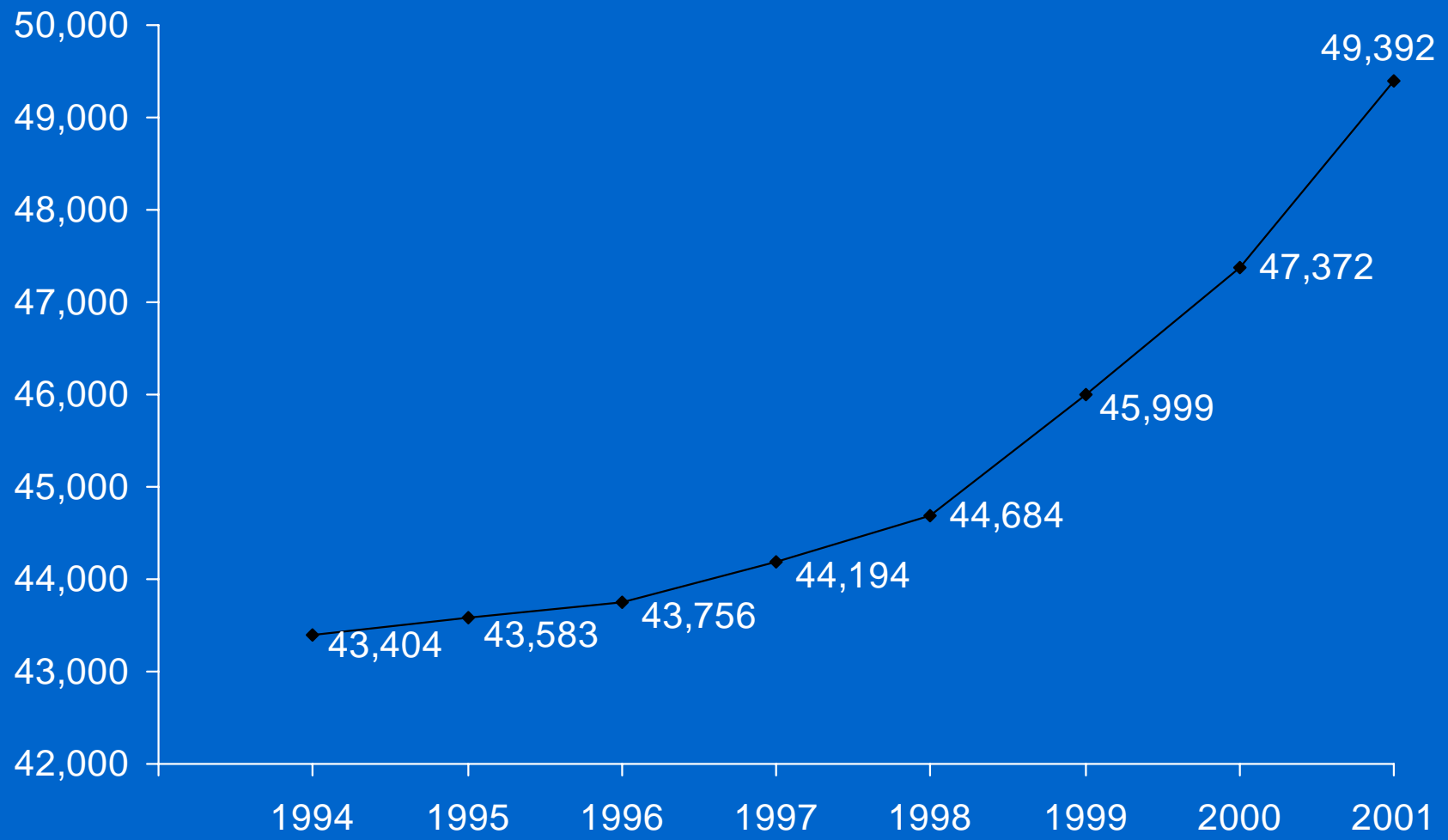
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## What do we know?

- Overview of the Australian medical workforce

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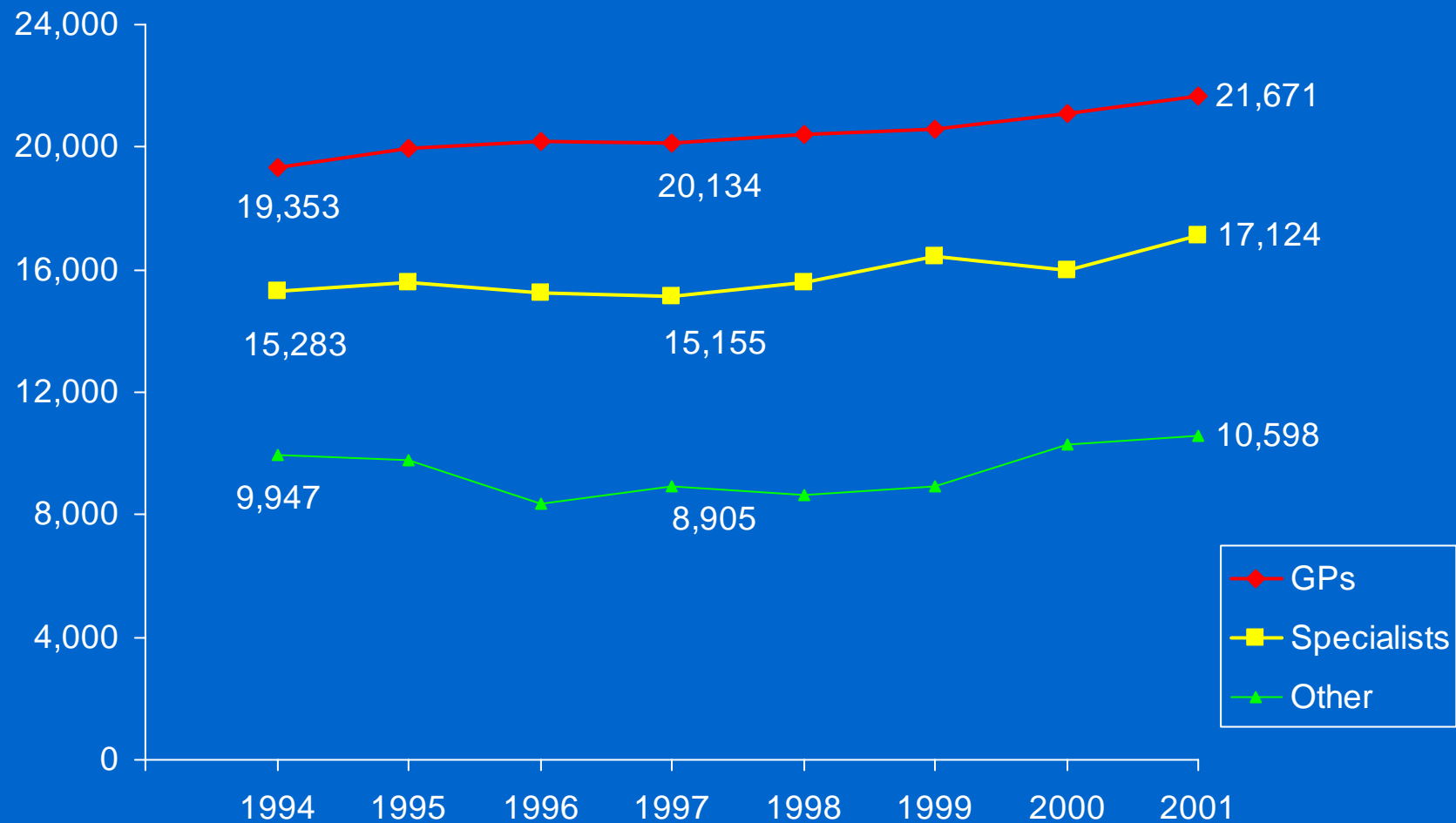
# Practising doctors, Australia, 1994-2001



Source: AIHW Medical Labour Force Survey

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# GPs and specialists, Australia, 1994-2001



Source: AIHW Medical Labour Force Survey

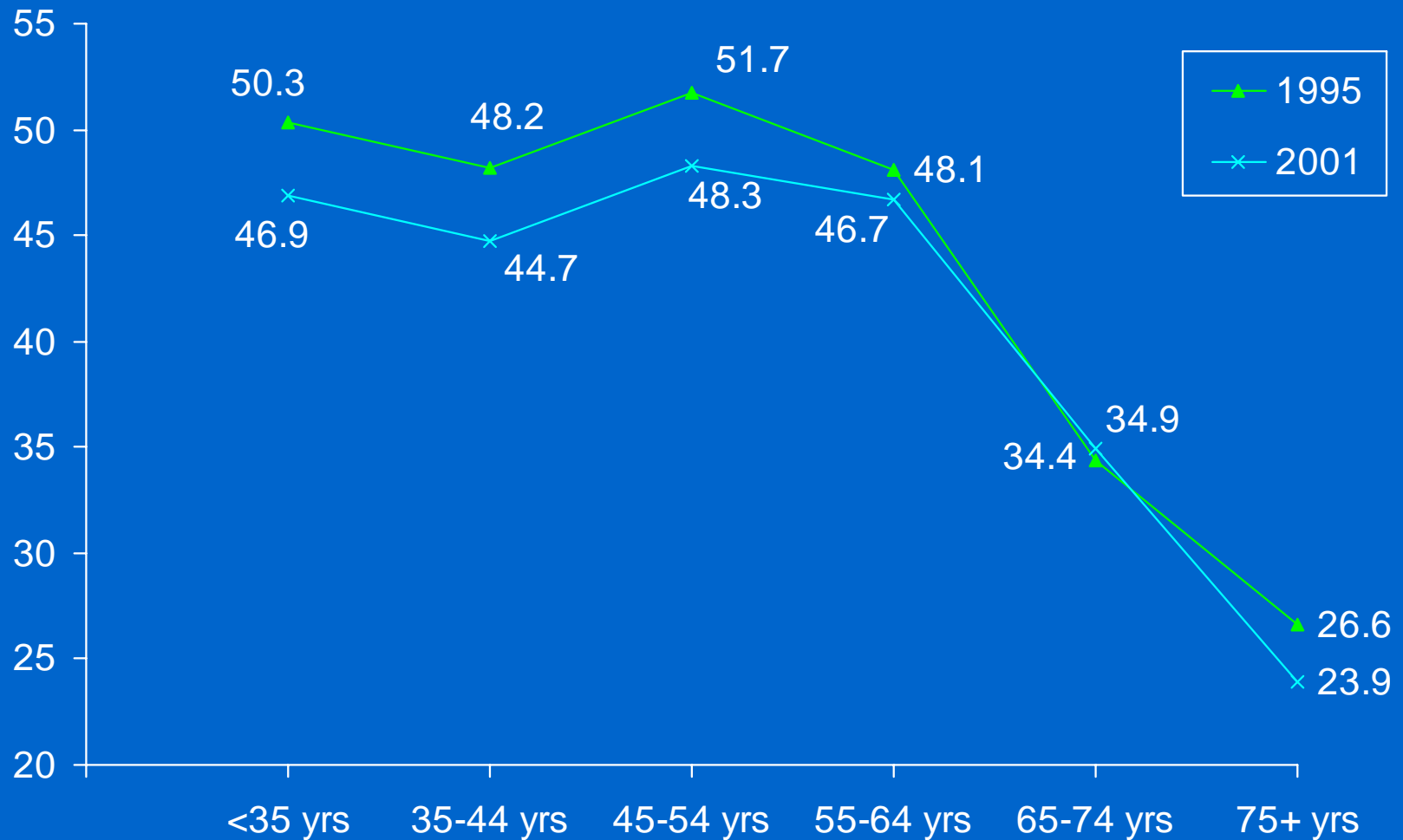
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## Medical workforce, key characteristics 1996 - 2001

	1996	2001
Number of doctors	43,756	49,392
% Female	27.6	30.7
Average hours worked	48.1	45.4
Ave. male hours	51.1	48.4
Ave. female hours	40.2	38.8
% working 50 hours or more	53.0	47.5
Average age (years)	44.9	46.1
% 35-54 years	53.1	54.8
% 55 + years	21.8	23.7
FTE participation (45 hours/week) rate per 100,000 population	278	278

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## Doctors, average hours worked, by age, 1995-2001

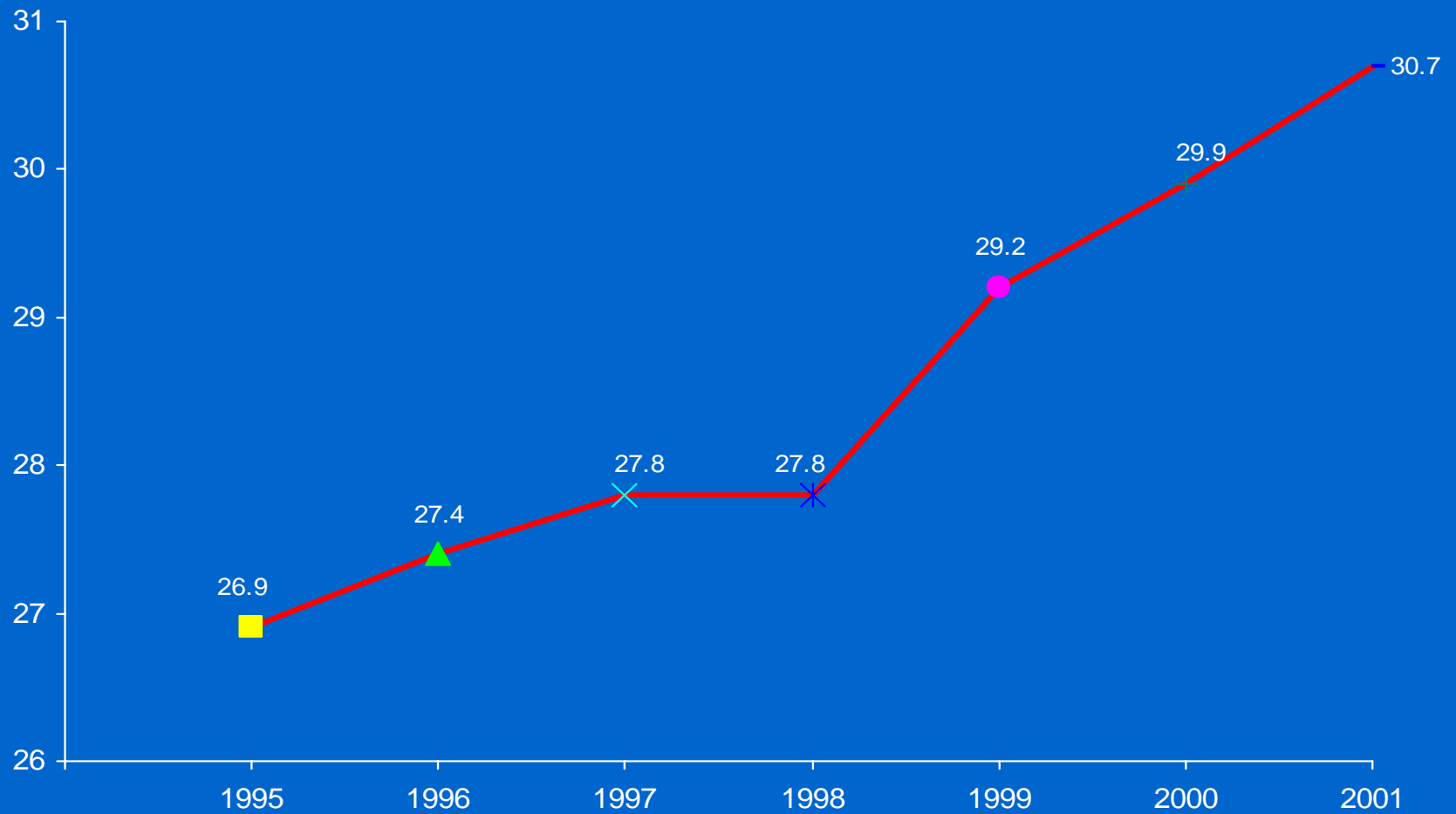


Source: AIHW Medical Labour Force Survey

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## Clinicians, % female, Australia, 1995-2001



Source: AIHW Medical Labour Force Survey

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## How do we know this?

- Data is derived from a range of sources, including:
  - Medicare database
  - Medical labour force survey
  - State and territory health departments
  - Professional organisations, including colleges - MTRP

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## What does the data tell us?

- Age
- Gender
- Hours worked
- Distribution
- Work place setting

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## What does the data not tell us?

- How doctors spend their time
- Reasons for practising as they do
- Intentions to leave and/or re-enter the workforce
- Detailed, consistent information about the IMG workforce

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## How do we use the data?

- Key inputs from a supply modelling perspective are the hours worked, by age and gender cohorts i.e. the fact that female doctors work reduced hours, and that different age groups work different hours, is always captured
- Ten year projections are made, with a recommendation to review after 5 years

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## What needs to be improved?

- Timeliness of data
- Understanding why doctors practise as they do
- How doctors spend their time (eg clinical versus non-clinical)
- Modelling at a more disaggregated level
- Accommodating workforce re-entries
- IMG data

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# What are we doing to fix things?

- Discussions with Medical Boards and state/territory health departments
- Career choice study
- More detailed labour force survey, as well as working with professions to improve data collections (especially general practice)
- MoU to develop protocols around access to data
- Model adjustments

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## Next steps?

- Supply – almost complete
- Demand
- Broad-based planning

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## Websites

- Australian health workforce site – specifically the AHMAC committees responsible for health workforce planning

[www.healthworkforce.health.nsw.gov.au](http://www.healthworkforce.health.nsw.gov.au)

- AIHW - key national data collections

[www.aihw.gov.au](http://www.aihw.gov.au)