

MEDICAL PRACTITIONERS IN RURAL, REGIONAL & REMOTE AUSTRALIA



...healthy and sustainable rural and remote communities.

Medical practitioners working in rural, regional and remote (RRR) areas play a critical role in addressing the particular health challenges of people living in these areas. Understanding the distribution of medical practitioners in RRR areas will assist in identifying gaps in service provision and improving access to health care—so ensuring positive health outcomes for the communities they serve.



Spatial distribution of medical practitioners

Health workforce data is classified into five remoteness area (RA) categories, namely: Major cities (MC), Inner regional (IR), Outer regional (OR), Remote (R) and Very remote (VR). More recent data has been classified under the Modified Monash Model (MMM) classification system. The MMM categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size.

Who are medical practitioners?

In Australia, under the Health Practitioner Regulation National Law, a medical practitioner is a person who holds registration with the Medical Board of Australia.¹ Commonly referred to as a doctor, a medical practitioner is a person whose primary employment role is to diagnose physical and mental illnesses, disorders and injuries, and prescribe medications and treatment to promote or restore good health.² Medical practitioners are further classified as clinicians and non-clinicians. Among clinicians, the key roles include general practitioners (GPs), specialists, hospital non-specialists and specialists-in-training. Clinicians are those who spend the majority of their time working in the area of clinical practice. Non-clinicians include administrators, teachers/educators and researchers. Non-clinicians are generally not involved in the area of a clinical practice.^{1,3}

Determining prevalence of medical practitioners

Data on the numbers of medical practitioners can be obtained from the National Health Workforce Dataset.⁴

How many medical practitioners are there?

There were over 102,642 medical practitioners registered in Australia in 2017⁴ (compared to 87,790 in 2011).³ Of this total, around 88,000 (an increase from 78,833 in 2011) were employed in medicine.³ Overall, there was an increase in the number of medical practitioners between 2011 and 2017 across all remoteness areas.

Major cities continue to have the highest rate of supply of medical practitioners compared to other remoteness areas. For example, in 2017, overall supply of medical practitioners was lowest in Very remote areas (256 compared to 458 FTE per 100,000 in Major cities), although Remote areas had the second highest supply (338) (see Table 2).³

There appears to be more GPs and hospital non-specialists in Remote and Very remote areas compared to Major cities, but considerably fewer specialists. Longer hours worked by doctors in regional and remote areas inflate FTE figures such that 'access' appears higher in Remote and Very remote areas than in Major cities.

The reported higher prevalence of GPs in Remote and Very Remote areas runs contrary to the experiences of patients, would-be patients, and interested observers. It is unclear whether this is due to the degree of subjectivity of those interested parties, or whether the greater demand and more difficult logistics (such as travelling between townships) adds to GPs' FTE, but not necessarily to increased clinical hours.

Further, AIHW has previously issued cautions about its estimates of doctor numbers in remote areas.¹ Therefore, it is important that due care be taken in interpreting data for Remote and Very

remote areas, where FTE numbers appear to be higher than in other remoteness areas, as this is likely due to the relatively small number of employed medical practitioners stating that their main job is located in this RA—thus skewing the data.

Table 1: Doctors per 100,000 by remoteness area, 2017

	MC	IR	OR	R	VR
General practitioner	126	124	111	136	147
Hospital non-specialist	48	36	32	43	12
Specialist	168	87	64	57	19
Specialist-in-training	78	50	49	52	30
Other clinician	10	5	6	9	8
Total clinicians	430	303	263	297	218
Non-clinician	6	2	2	2	2
All medical practitioners	436	305	265	299	220

Source: National Health Workforce Dataset, 2017

Table 2: FTE doctors per 100,000 by remoteness area, 2017

	MC	IR	OR	R	VR
General practitioner	117	122	116	149	172
Hospital non-specialist	57	43	38	52	14
Specialist	180	96	72	68	26
Specialist-in-training	91	55	54	58	33
Other clinician	9	5	7	11	10
Total clinicians	454	320	287	336	254
Non-clinician	4	1	2	2	2
All medical practitioners	458	321	289	338	256

Source: National Health Workforce Dataset, 2017

The National Health Workforce Dataset

The National Health Workforce Dataset has improved the way in which data on numbers of medical practitioners is collected. Previously data was obtained from different sources, namely the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and Medicare data. These sources provided quite disparate numbers due to methodological issues, and this often complicated the interpretation of the data.

Policy implications

While the total number of medical practitioners in Australia may be adequately understood, their distribution is not—at least in relation to medical practitioners working in remote areas. This is despite the fact that people in these areas have the greatest health needs; these are the same areas experiencing the greatest challenges in delivering health services.

The move to a single coordinating body for registration—the Australian Health Practitioner Regulation Agency (AHPRA)—appears to have resulted in more accurate data, as a result of much higher response rates to the surveys. In addition, the use of a single identifying number for each medical practitioner, issued by AHPRA and applied to survey and Medicare records, may allow for a more accurate appraisal of supply and need in rural and remote areas.

Assessing the adequacy of medical practitioner supply in rural and remote areas is complex. As well as simple headcounts and FTE statistics, a number of other factors need to be considered. They include the need for:

- greater numbers of primary care medical practitioners, given poorer health status in rural and remote areas
- rural and remote GPs to have a broader scope of practice
- many rural GPs to spend time travelling between different worksites and patients (therefore having less time to spend with patients).

Various aspects of these complex matters are addressed in several of the Alliance's publications (www.ruralhealth.org.au/publications.)

References

- ¹ Australian Institute of Health and Welfare. Medical workforce 2011. National health workforce series no 3. Cat. no. HWL 49. Canberra: AIHW; 2013.
- ² Australia Bureau of Statistics 2009. ANZSCO—Australian and New Zealand Standard Classification of Occupations, 1st edition, 1st revision, 2006. ABS cat. no. 1220.0. Canberra: ABS.
- ³ Australian Institute of Health and Welfare. What types of medical practitioners are there? [Internet]. Australian Government: 2015 [updated 2016 August 24; cited 2019 October 29]. <https://www.aihw.gov.au/reports/workforce/medical-practitioners-workforce-2015/contents/what-types-of-medical-practitioners-are-there>
- ⁴ Australian Government Department of Health. National Health Workforce Dataset [Internet]. Commonwealth of Australia: 2019 [updated 2017 January 1; cited 2019 April 23]. <https://hwd.health.gov.au/datatool.html>