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Most importantly, we also thank the medical practitioners who took the time to complete the survey. Without their cooperation, it would not be possible to maintain this collection, which is used to underpin planning and policy decisions.

Symbols and other usages

Throughout this publication, data may not add to the totals shown due to the estimation process for non-response. Percentages may not add to 100 due to rounding.

Italics within a table denote a subtotal.

- Nil or rounded to zero
- . . Not applicable
- n.a. Not available
- n.p. Not publishable. Cells may be suppressed for confidentiality reasons or where estimates are based on small cells, resulting in low reliability.

1 Main findings

- There were an estimated 61,261 registered medical practitioners in Australia in 2003, and 93.1% were in the medical labour force.
- Most of the employed practitioners working in medicine in 2003 were clinicians (92.2%), of whom 42.3% were primary care practitioners (mainly general practitioners), followed by specialists (34.9%); the remainder were either specialists-in-training or hospital non-specialists (both 11.4%).
- The medical labour force was, on average, older in 2003 than in 2000 for employed practitioners (45.9 years and 45.6 years, respectively).
- The proportion of female practitioners continued to rise, with 31.9% in 2003 compared with 30.1% in 2000.
- Medical practitioners worked an average week of 44.4 hours in 2003, a decline from 45.5 hours in 2000. In 2003, medical practitioners across all occupations averaged 39.5 hours per week in clinical work.
- In 2003, 43.7% of practitioners worked 50 hours or more per week, a decline over the four years from 2000 (47.9%). Of clinicians, specialists-in-training (52.9%) and specialists (51.1%) were more likely to have long working weeks in 2003 than other clinicians.
- While average weekly hours reduced from 45.5 to 44.4 between 2000 and 2003, the practitioner rate rose from 267 to 283 practitioners per 100,000 population. The result was an increase in supply of full-time equivalent (FTE) practitioners per 100,000. Based on a 45-hour week, there were 270 FTE practitioners per 100,000 population in 2000 and 279 FTE practitioners per 100,000 population in 2003.
- The supply of practitioners increased in all regions between 2000 and 2003, despite a decrease in average hours during that time. Increases in the FTE rate of supply ranged from 12 FTE per 100,000 population in Major cities and Outer regional areas, to 5 FTE in Very remote areas.
- Between 2000 and 2003, there was an increase in the number of practitioners in all states and territories. In Tasmania (up 16.8%), Victoria (up 13.4%) and Queensland (up 13.0%) there were higher percentage increases than experienced nationally (up 10.0%). When converted to a full-time equivalent practitioner rate, there was an increase in supply in all jurisdictions except Western Australia, which fell from 245 FTE practitioners per 100,000 population in 2000 to 232 in 2003.

2 Introduction

In 2000, significant changes to the survey were introduced in order to improve processing and expand the information collected about the hours worked by medical practitioners. Comparisons with pre-2000 data have been published in previous issues of this report, but treated with caution. Consistent data are now available for the new series from 2000 to 2003 and, therefore, this report presents comparisons over time for these four years, instead of the five-year intervals analysed in previous reports.

3 Medical labour force composition

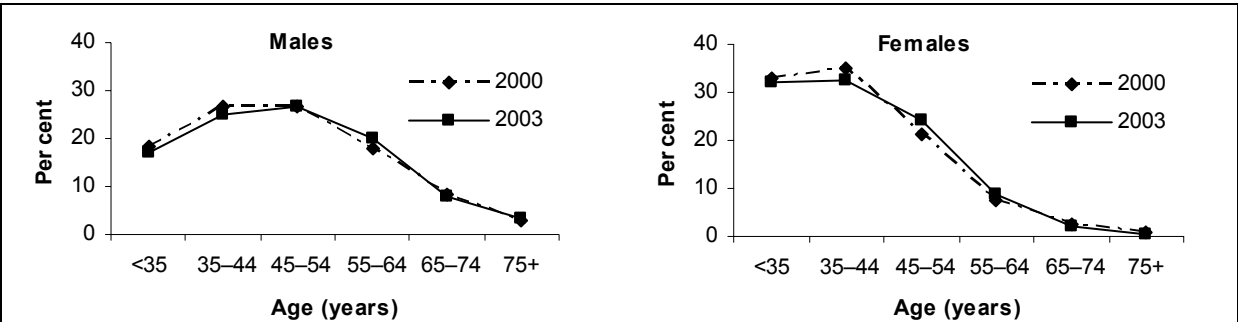
Size

There were 56,207 registered medical practitioners working in medicine in Australia in 2003, a rise of 10.0% from 2000 (Table 1). Most of the employed practitioners in 2003 working in medicine were clinicians (92.2%), of whom 42.3% were primary care practitioners (mainly general practitioners), followed by specialists (34.9%), then specialists-in-training and hospital non-specialists (both 11.4%). Administrators and researchers comprised the largest proportions of the non-clinical workforce (34.0% and 25.3%, respectively), which also included teachers/ educators, public health physicians and occupational health physicians (13.0%, 11.1% and 7.9%, respectively).

Since 2000, the survey has separately identified non-clinicians who spend part of their time in clinical work. In 2003, there were 1,970 'part-time' clinicians, of whom 59.4% (1,170) were specialists (Table A2). These part-time clinicians were 3.7% of all practitioners who undertook some clinical work. This group was similar in 2000, when part-time clinicians represented 3.9% of all practitioners who undertook some clinical work.

Age and sex

The medical labour force was, on average, slightly older in 2003 (45.9 years) than in 2000 (45.6 years) (Table 1). Some 28.8% of male practitioners were aged 55 years or more in 2000; this had risen to 31.3% by 2003 (Figure 1). The proportion of females in this age group grew

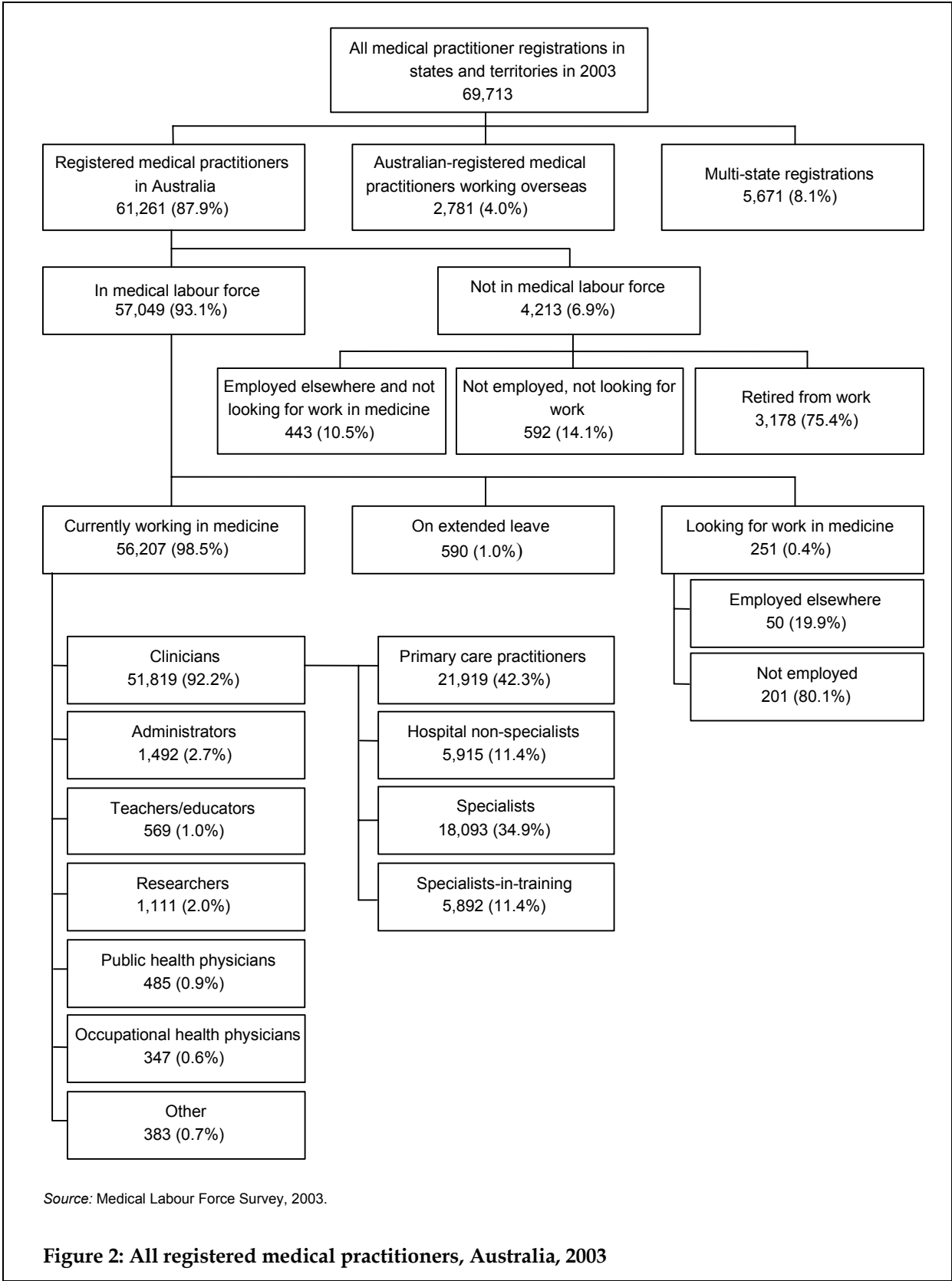


Source: Medical Labour Force Survey, 2000 and 2003.

Figure 1: Employed practitioners: age and sex, 2000 and 2003

from 10.7% to 11.2%. Conversely, the proportions of males and females aged under 45 years decreased between 2000 and 2003 (from 44.8% to 42.2% for males and from 68.2% to 64.5% for females).

The female proportion of the medical labour force also continued to rise, with females forming 30.1% of the medical labour force in 2000; and 31.9% in 2003 (Table 1).



Occupation

Clinicians

The number of clinicians grew by 9.4% from 47,372 in 2000 to 51,819 in 2003 (Table 1). This is equivalent to an increase of 13 clinicians per 100,000 population (from 247 in 2000 to 261 in 2003). Their average age increased very slightly over this period from 45.4 years to 45.6 years and the proportion of females increased by two percentage points.

Of clinicians, growth in the number of primary care practitioners was relatively small (up 4.0%) compared with increases in other clinician numbers. Hospital non-specialists, specialists and specialists-in-training rose by 15.5%, 13.0% and 14.2%, respectively.

Table 1: Employed practitioners: selected characteristics, 2000 and 2003

Main occupation	2000			2003			% change in number from 2000 to 2003
	Number	% female	Average age	Number	% female	Average age	
<i>Clinician</i>	47,372	30.0	45.4	51,819	32.0	45.6	9.4
<i>Primary care^(a)</i>	21,081	34.0	47.8	21,919	36.2	48.8	4.0
Vocationally registered	18,170	32.4	49.0	18,492	34.7	49.8	1.8
RACGP trainee	1,226	49.5	35.2	1,079	59.1	33.9	-12.0
Other	1,686	39.3	42.9	1,724	36.7	47.8	2.3
<i>Hospital non-specialist</i>	5,121	42.6	32.6	5,915	45.1	33.5	15.5
RMO/intern	3,344	46.3	28.5	3,968	48.6	30.2	18.6
Career and other medical officers	1,776	35.8	39.6	1,947	38.0	40.3	9.6
<i>Specialist</i>	16,008	18.0	49.6	18,093	19.7	49.9	13.0
Internal medicine	4,102	17.9	48.7	4,816	19.6	48.9	17.4
Pathology	853	27.3	49.9	896	29.1	50.9	5.0
Surgery	2,844	6.5	51.5	3,104	5.8	51.2	9.1
Other specialties	8,209	21.0	49.3	9,277	23.4	49.8	13.0
<i>Specialist-in-training</i>	5,162	38.3	32.5	5,892	40.8	32.6	14.2
Internal medicine	1,507	44.3	31.6	1,725	42.7	32.1	14.4
Pathology	162	44.7	33.7	225	50.5	32.2	38.8
Surgery	723	18.8	31.7	914	16.9	31.9	26.5
Other specialties	2,770	39.7	33.1	3,029	46.2	33.2	9.3
<i>Non-clinician</i>	3,733	31.6	47.7	4,388	30.5	48.9	17.5
Administrator	1,205	29.9	48.7	1,492	27.5	49.5	23.9
Teacher/educator	428	37.5	49.1	569	33.6	51.1	33.0
Researcher	950	33.3	41.9	1,111	34.8	43.9	16.9
Public health physician	363	38.3	44.4	485	41.3	44.6	33.8
Occupational health physician	298	20.3	50.1	347	19.2	51.8	16.4
Other	490	29.6	55.6	383	22.0	60.3	-21.8
Total	51,106	30.1	45.6	56,207	31.9	45.9	10.0

(a) A breakdown of Primary care categories is not available for Tasmania. The figures for 'vocationally registered' 'RACGP' and 'other' exclude Tasmania, whereas the sub-total includes Tasmania.

Source: Medical Labour Force Survey, 2000 and 2003.

Primary care practitioners

The 4.0% growth in primary care practitioner numbers between 2000 and 2003 (from 21,081 to 21,919) was similar to the population growth for the same period (3.8%), resulting in the same primary care practitioner rate in both years (110 per 100,000 population) (Tables 1 and A7).

The average age of primary care practitioners increased by one year between 2000 and 2003 (from 47.8 years to 48.8 years). The proportion of female primary care practitioners increased (34.0% in 2000 and 36.2% in 2003) and they were, on average, younger than their male colleagues (44.4 years for females and 51.4 years for males in 2003) (Table 13).

Hospital non-specialists

The hospital non-specialist labour force grew by 15.5% and aged by 0.9 years, on average, between 2000 and 2003 (Table 1). The proportion of females grew from 42.6% in 2000 to 45.1% in 2003. Over this period, the number of RMOs/interns grew by 18.6% and Career and other medical officers grew by 9.6%. In 2003, there were 30 hospital non-specialists per 100,000 population, a rise from 27 per 100,000 population in 2000 (Table A7).

Specialists

The 13.0% increase in specialist numbers between 2000 and 2003 (from 16,008 to 18,093) equates to an increase of 7 specialists per 100,000 population (from 84 to 91) (Tables 1 and A7). Over the four years, there was some variation in the growth across the specialist fields. There was moderate growth in numbers of Internal medicine specialists (up 17.4%), and Other specialists (up 13.0%), representing an increase, per 100,000 population, of three Internal medicine specialists and four Other specialists. Smaller rises occurred in numbers of Surgery specialists (up 9.1%) and Pathology specialists (up 5.0%), equating to an increase of one specialist per 100,000 population, for each specialty group. Surgery was the most male-dominated specialty, with just over one in 20 being female (5.8%) in 2003, followed by Internal medicine in which one in five (19.6%) were female. Surgery was the only specialist group in which the female proportion was lower in 2003 (down from 6.5% in 2000).

Between 2000 and 2003, specialist numbers increased each year; however, the growth roughly halved in each successive year (up 7.0% between 2000 and 2001; up 3.7% between 2001 and 2002; up 1.9% between 2002 and 2003) (Table A2). This is of particular interest because of concern about the effect of the medical indemnity insurance problems on practitioner numbers from 2002 onward (see box).

The specialty fields involving treatment of physical trauma, emergency and surgery, such as obstetrics and emergency medicine, attract high insurance premiums and were thought to be more likely to lose specialists to professional opportunities outside medicine. In comparison, specialties such as psychiatry were expected to be less affected.

Medical indemnity insurance and practitioner numbers

In May 2002, a provisional liquidator was appointed for the country's largest medical insurer. This event raised concerns related to health care litigation, associated costs and the financial viability of medical indemnity insurers. However, the lack of national data made it difficult to quantify the number and cost of claims. A Medical Indemnity Data Working Group (MIDWG) was convened, supported by the Australian Health Ministers' Advisory Council (AHMAC). On 3 July 2002 AHMAC decided to commission the AIHW to work with the MIDWG to further develop its proposals for a national medical indemnity collection for the public sector.

There were related concerns that the cost of insurance could have rendered many medical practices financially unviable. A shortage of practitioners was foreshadowed by key representatives of the medical profession such as the Australian Medical Association and the Australian College of Surgeons.

In October 2002, the Australian Government announced its strategy to underwrite medical insurance.

An analysis of selected specialties shows that practitioner numbers varied over the four surveys, but there was no general pattern of decreasing numbers between 2002 and 2003 (Table 2). Obstetrics and gynaecology (up 5.4%) and Emergency medicine (up 4.4%) experienced the highest growth between 2002 and 2003, while Anaesthesia (up 1.3%) and Psychiatry (up 0.5%) grew at a slower rate than that for all specialties (up 1.9%). Of the selected specialties, General surgery was the only specialty which experienced a small decline in numbers between 2002 (995) and 2003 (990).

Over the four years, the average annual growth in Emergency medicine specialist numbers was relatively high at 11.3% per year (an increase of 129 surgeons over the four surveys). Anaesthesia (6.0%) and Obstetrics and gynaecology (5.6%) had average annual growth rates above that for all specialties (4.2%), whereas Psychiatry (3.1%) and General surgery (0.7%) grew at lower rates than for all specialties.

Table 2: Selected specialties of practice: number of practitioners, 2000 to 2003

Main occupation	2000	2001	2002	2003	% change 2000–03	% change 2002–03	Average annual change (%)
<i>Specialty of practice</i>							
Anaesthesia (incl. intensive care—anaesthesia)	2,120	2,368	2,491	2,524	19.1	1.3	6.0
Emergency medicine	341	442	450	470	38.0	4.4	11.3
General surgery	970	924	995	990	2.0	−0.6	0.7
Obstetrics & gynaecology	1,001	1,123	1,119	1,179	17.7	5.4	5.6
Psychiatry	1,984	1,937	2,167	2,177	9.7	0.5	3.1
All specialties	16,008	17,124	17,762	18,093	13.0	1.9	4.2

Source: Medical Labour Force Survey, 2000 to 2003.

Specialists-in-training

The number of specialists-in-training grew by 14.2% between 2000 and 2003 (from 5,162 to 5,892) and this equates to an increase of 3 per 100,000 population (Tables 1 and A7). Trainee numbers in Pathology grew by 38.8% and in Surgery by 26.5%. Specialists-in-training aged very little, on average, between 2000 (32.5 years) and 2003 (32.6 years).

Over the four years, the proportion of female trainees declined in the specialty groups of Internal medicine (from 44.3% to 42.7%) and Surgery (from 18.8% to 16.9%). This was in contrast to specialists-in-training overall, whose proportion of females grew by two and a half percentage points.

Non-clinicians

The non-clinical labour force increased by 17.5% between 2000 and 2003 (from 3,733 to 4,388) (Table 1). Among the non-clinical occupations, Teachers/educators and Public health physicians increased in number between 2000 and 2003 (by 33.0% and 33.8%, respectively). The average age of non-clinicians increased by 1.2 years and they continued to be older than their clinician colleagues (47.7 years compared with 45.4 in 2000, and 48.9 years compared with 45.6 in 2003). The proportion of females decreased from 31.6% in 2000 to 30.5% in 2003.

4 Working hours

Occupation

The functions of a medical practitioner can vary, and many practitioners allocate their time across more than one medical occupation. Clinical work performed by non-clinicians is of particular interest because it contributes to the provision of direct patient care. Conversely, it is also important to know how much time clinicians spend in non-clinical work.

Medical practitioners across all occupations averaged 39.5 hours per week in clinical work (Table 3). Of clinicians, Specialists-in-training and Hospital non-specialists tended to average relatively high hours in clinical work (46.8 hours and 45.1 hours, respectively). Hospital non-specialists averaged around a day (8.3 hours) per week as Administrators and, conversely, Administrators averaged 11.4 hours in clinical work. Overall, non-clinicians averaged between 9.4 hours and 11.4 hours per week in clinical work, depending on their main occupation.

Table 3: Employed practitioners: average weekly hours in different roles by main occupation, 2003

Main occupation	Medical roles ^(a)						Other	Total
	Clinician	Administrator	Teacher/ educator	Researcher	Public health physician	Occupational health physician		
<i>Clinician</i>	40.7	6.8	4.4	6.3	5.7	5.8	6.3	44.6
Primary care	38.3	6.2	4.0	5.6	5.2	6.1	6.2	40.9
Hospital non-specialist	45.1	8.3	4.4	5.9	5.5	3.6	7.3	46.9
Specialist	40.1	7.1	4.7	6.4	6.3	5.9	6.5	46.8
Specialist-in-training	46.8	5.3	3.5	6.2	6.2	5.0	6.1	49.3
<i>Non-clinician</i>	10.6	26.8	11.5	23.5	30.1	30.2	23.2	42.1
Administrator	11.4	33.1	6.6	8.2	7.2	5.6	5.1	46.0
Teacher/educator	10.0	7.7	21.3	10.7	8.2	3.5	10.7	38.0
Researcher	10.3	7.7	6.2	31.3	10.4	5.6	9.1	44.2
Public health physician	9.4	7.3	5.8	6.3	38.5	3.9	7.5	42.6
Occupational health physician	10.7	6.8	3.4	3.9	10.8	34.4	13.8	38.6
Other	9.7	5.1	4.0	7.4	—	3.9	25.1	29.1
All employed practitioners	39.5	9.8	5.4	11.1	18.2	18.5	11.7	44.4

(a) Table cells do not add to totals because the averages are based on the population reporting hours in each role, rather than all practitioners.

Source: Medical Labour Force Survey, 2003.

Since 1998, the average weekly hours worked by practitioners have steadily reduced (AIHW 2003). In 2003, this trend continued, although the decline has slowed. Between 2000 and 2003, practitioners reduced their average working week by around one hour (from 45.5 to 44.4 hours) (Table 4). Non-clinicians reduced their average weekly hours by more (down by 2.1 hours) than did clinicians (down by 1.0 hour). Across the occupations, Teachers/educators reduced their average working week by 4.3 hours and Researchers by 4.1 hours. Specialists and Specialists-in-training reduced their working week by 1.5 and 1.4 hours, respectively.

The average clinical hours worked per week reduced by 1.5 hours (41.0 hours in 2000 to 39.5 hours in 2003). This was a sharper drop than the 1.1 hours reduction in practitioners' total average weekly hours (Table 4).

Table 4: Employed practitioners: average weekly hours worked, and proportion working 50 hours or more, 2000 and 2003

Occupation	Average weekly total hours	Average weekly clinical hours	% working 50 hours or more	Average weekly total hours	Average weekly clinical hours	% working 50 hours or more
	2000			2003		
<i>Clinician</i>	45.6	42.2	48.0	44.6	40.7	43.8
Primary care	41.9	39.7	37.7	40.9	38.3	33.9
Hospital non-specialist	47.4	46.1	51.2	46.9	45.1	48.9
Specialist	48.3	42.2	56.4	46.8	40.1	51.1
Specialist-in-training	50.7	48.4	60.2	49.3	46.8	52.9
<i>Non-clinician</i>	44.2	12.2	47.7	42.1	10.6	42.7
Administrator	47.5	12.4	58.4	46.0	11.4	53.8
Teacher/educator	42.3	11.6	41.4	38.0	10.0	34.2
Researcher	48.3	12.2	55.7	44.2	10.3	45.3
Public health physician	44.0	9.7	41.4	42.6	9.4	38.6
Occupational health physician	39.6	11.6	35.5	38.6	10.7	31.8
Other	33.2	12.9	23.6	29.1	9.7	18.7
All employed practitioners	45.5	41.0	47.9	44.4	39.5	43.7

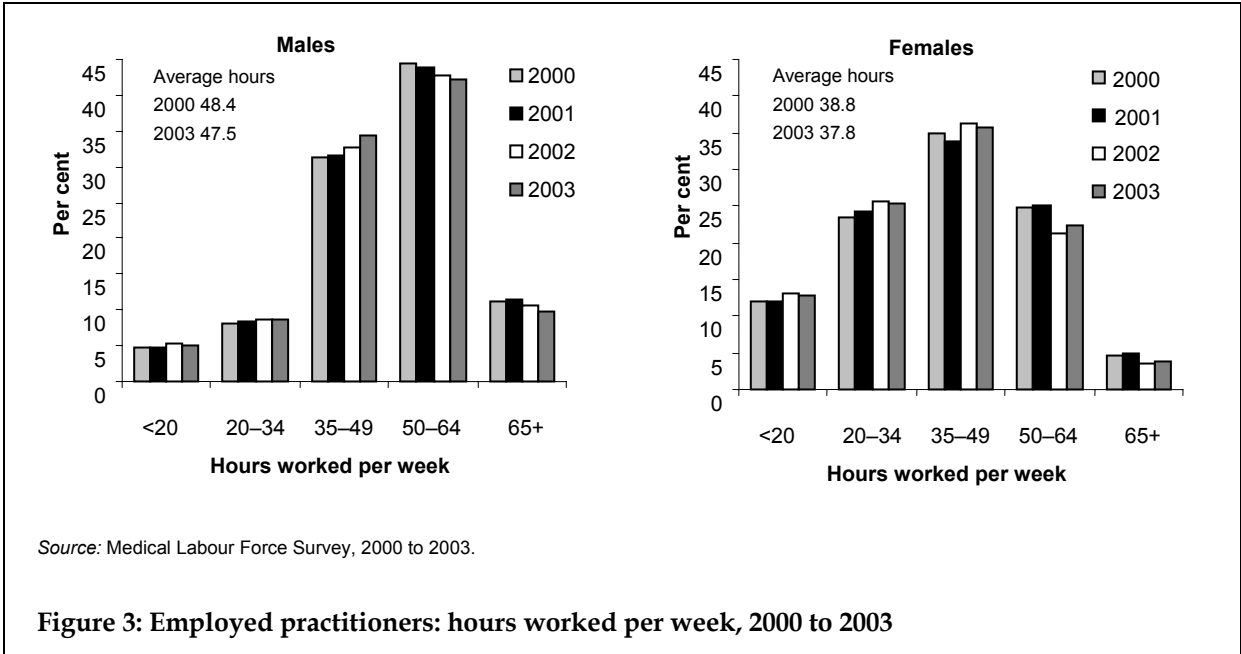
Source: Medical Labour Force Survey, 2000 and 2003.

The proportion of practitioners working 50 or more hours in total per week decreased in all occupations between 2000 and 2003, dropping by 4.2 percentage points overall (from 47.9% to 43.7%). Of clinicians, Primary care practitioners were less likely to work 50 hours or more per week in 2003 (33.9%) than other clinicians, of whom about half worked 50 hours or more (ranging from 48.9% to 52.9%, depending on their occupation) which was similar to the picture in 2000. The largest decrease in the proportion working 50 or more hours per week was 7.3 percentage points for Specialists-in-training (60.2% in 2000 and 52.9% in 2003) and the smallest decrease occurred for Hospital non-specialists, with the proportion working 50 or more hours per week down 2.3 percentage points (from 51.2% in 2000 to 48.9% in 2003). Of non-clinicians, the decrease in the proportion of Researchers working 50 hours or more (down 10.4 percentage points) was comparatively high, against the overall decline of five percentage points.

Sex

Female practitioners have traditionally worked fewer hours than males, a pattern that continued between 2000 and 2003. Throughout this period, males worked between 9.6 and 10.4 hours per week more than females (48.4 compared with 38.8 in 2000 and 2001; 47.7 compared with 37.3 in 2002; and 47.5 compared with 37.8 in 2003) (Figure 3). Despite a continued shift towards working fewer hours, the distribution of hours worked by male practitioners remained skewed towards long working weeks. Around half (51.9%) of male practitioners worked 50 or more hours per week in 2003 (Figure 3). However, the proportion of male practitioners who worked 65 or more hours per week did decrease between 2000 and 2003, from 11.3% to 9.8%.

The distribution of hours worked was less skewed toward longer working weeks for females than for males. In 2003, a higher proportion of female practitioners worked less than 35 hours per week (38.2% compared with 13.7% for males) (Figure 3). The proportion of female practitioners working less than 20 hours per week rose slightly (from 12.1% in 2000 to 12.7% in 2003), whereas the proportion working 65 or more hours per week decreased (from 4.7% in 2000 to 3.8% in 2003).



Overall supply of practitioners

Data on the size and characteristics of the medical labour force present a valuable profile of doctors, but do not give a picture of the overall level of service they provide. Because some medical practitioners tend to have long working weeks while others work part-time, their relative contributions to the level of service need to be taken into account to effectively measure the overall supply of practitioners.

Supply can be measured by converting the hours worked into a 'full-time equivalent' (FTE) number of practitioners (see box). For medical practitioners, FTE numbers and rates are generally higher than practitioner numbers and rates, because they work relatively high hours per week.

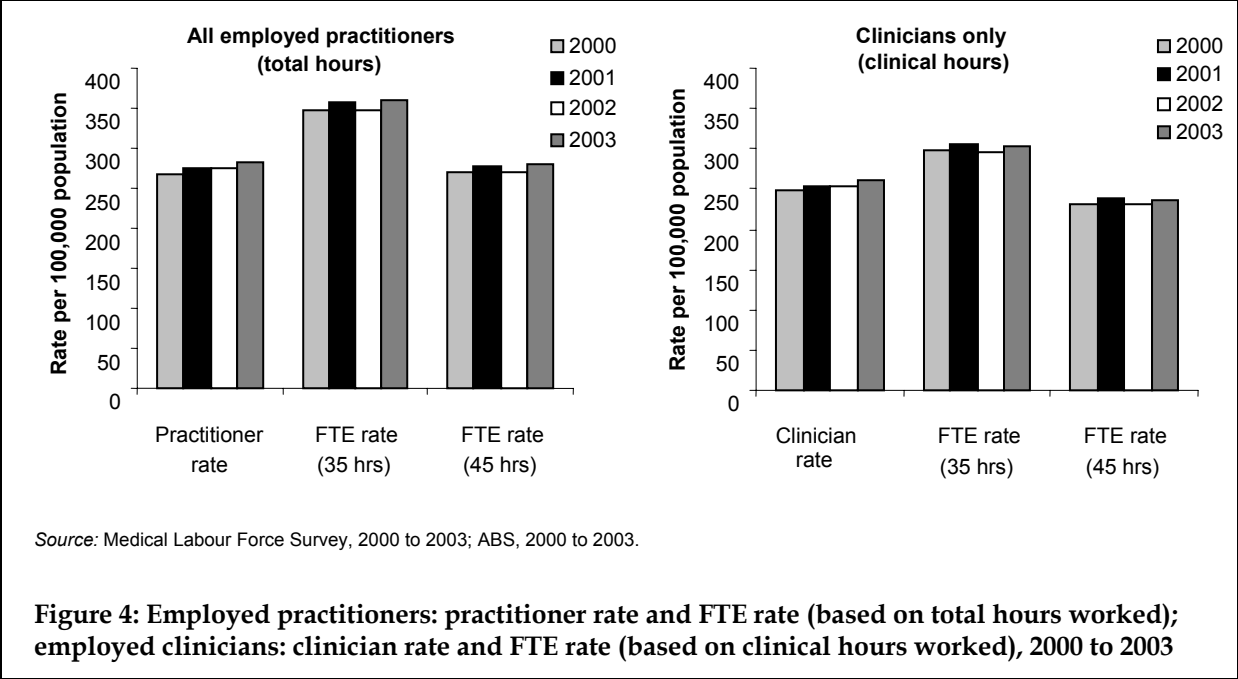
The number of practitioners per 100,000 population (or the 'practitioner rate') in 2003 was 283, an increase of 16 from 2000 (Figure 4). However, when this is converted into an FTE rate, it takes into account the change in average hours worked between 2000 and 2003. The FTE rate shows that the supply of practitioners was higher in 2003 than in 2000 (279 and 270 per 100,000 population, respectively, for a 45-hour week) (Table 12).

Full-time equivalent

The number of full-time equivalent practitioners equals the number of practitioners multiplied by the average weekly hours worked, divided by the number of hours in a 'standard' full-time working week. Two alternatives are provided for a 'standard' working week: 35 hours (the general workforce 'standard') and 45 hours (close to the 'standard' or average worked by medical practitioners). While a 35-hour or 38-hour week is the standard in many industries, the 'typical' working week varies between occupations. Two 'standard' weeks are shown to more easily enable FTE comparisons across occupations (Figure 4).

The FTE number is converted to a rate per 100,000 population to allow for population changes and comparison with the practitioner rate (per 100,000).

The practitioner rate for clinicians also increased between 2000 and 2003 (from 247 to 261 per 100,000 population) (Figure 4). However, the decrease in clinical hours (see Table 4) tended to offset the increase in clinician numbers, limiting the growth in supply. In 2000 and 2003, the clinician FTE rates were 298 and 303 per 100,000 population, respectively, for a 35-hour week; and 232 and 236 per 100,000 population, respectively, for a 45-hour week.



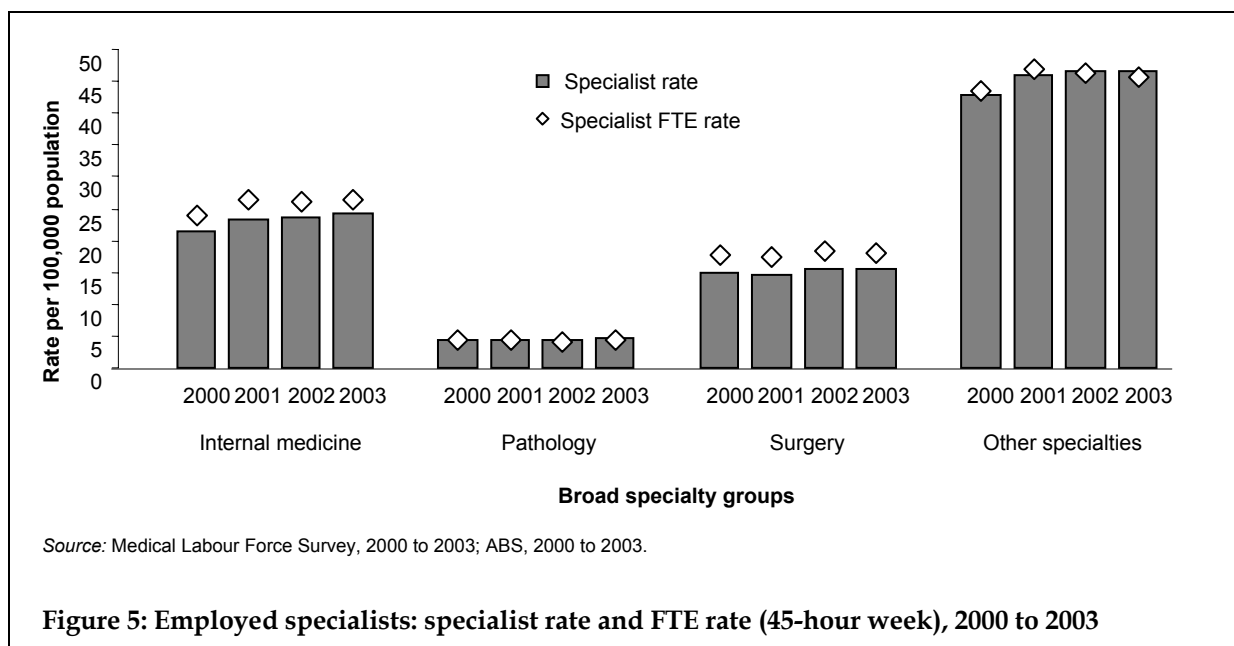
Supply of specialists

Across the broad specialty groups, the specialist rate per 100,000 population rose between 2000 and 2003 in all groups except Pathology (Figure 5). Over the four years, the rate for Internal medicine specialists rose from 21.4 to 24.2 per 100,000 population, Surgeons from 14.8 to 15.6, and specialists in Other specialties from 42.9 to 46.7. Pathologists, on the other hand, remained steady at a rate of 4.5.

This pattern was not reflected in the specialist FTE rates per 100,000 population (or supply of specialists) over the same period. The supply of Internal medicine specialists, based on a 45-hour week, increased between 2000 and 2001, but remained relatively steady over the two subsequent years (FTE rate of 24.0 in 2000, 26.2 in 2001, 25.9 in 2002 and 26.4 in 2003) (Figure 5). The supply of Pathologists was steady over all four surveys, ranging between 4.4 FTE per 100,000 population in 2000 and 4.1 FTE in 2002. The supply of surgeons ranged from a low of 17.3 FTE per 100,000 population in 2001 up to 18.2 in both 2002 and 2003. The supply of specialists in the Other specialties group was at a low point of 43.6 FTE per 100,000 population in 2000, then increased to a high point of 46.8 FTE in 2001, followed by decreases to 46.4 FTE and 45.7 FTE in 2002 and 2003, respectively.

Selected specialties

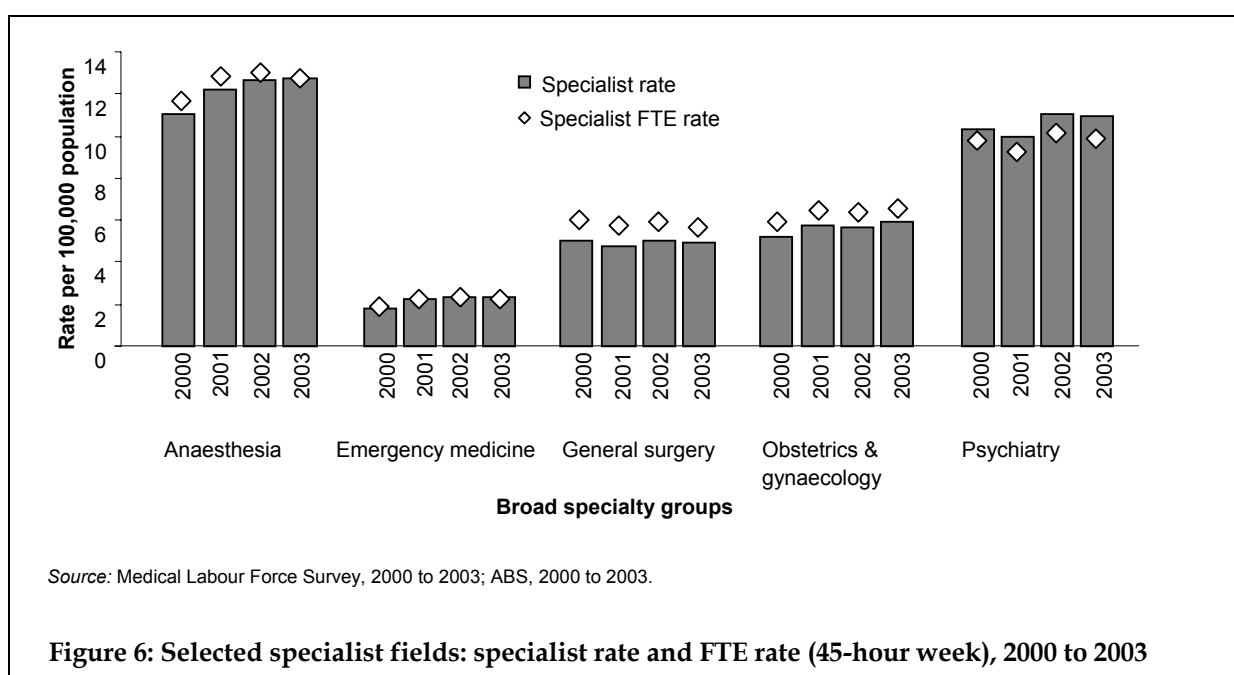
In 2002, large increases in medical indemnity insurance premiums were reported, leading to fears of an unprecedented decline in specialist numbers. This led to the Australian Government’s strategy to underwrite medical indemnity insurance (see box, page 5). However, no overall decline in specialist numbers was evident from the survey data to 2003. Nor has there been a decline in the specialist rate per 100,000 population.



The selection of specialties shows that between 2000 and 2003, the specialist rate increased for all except General surgeons. Increases were from 11.1 to 12.7 for Anaesthetists, 1.8 to 2.4 for Emergency medicine specialists, 5.2 to 5.9 for Obstetricians/ gynaecologists and 10.4 to 11.0 for Psychiatrists (Figure 6). The rate for General surgeons fell slightly from 5.1 to 5.0 per 100,000 population, despite a mean annual growth in their numbers of 0.5% (Table 2).

After factoring in the effect of decreasing average hours, the FTE rate of supply of these specialists all showed small increases. The FTE supply of Anaesthetists rose from 11.7 to 12.8 per 100,000 population between 2000 and 2003; the Emergency medicine specialist supply rose from 1.9 to 2.3; and the Obstetrician/ gynaecologist supply rose from 5.9 to 6.5.

Of these selected specialties, General surgery was also the only specialty field to decrease in supply between 2000 and 2003 (from 6.0 to 5.6). An increase between 2001 and 2002 was followed by a decrease between 2002 (5.9 FTE) and 2003 (5.6 FTE). Between 2002 and 2003, Psychiatry numbers also decreased in supply, but this was slight (from 10.1 to 9.9 FTE).



5 Geographic comparisons

Regions: a summary

Major cities

In 2003, about 13.18 million (66.3%) Australians lived in Major cities where some 43,010 (79.2%) medical practitioners provided services. The average age of these practitioners was 45.7 years and they worked 44.2 hours per week on average. This compares with an average age of 45.5 and an average working week of 45.2 in 2000. 30.7% were female in 2000, and 32.6% in 2003.

Table 5: Employed practitioners: Major cities, 2000 to 2003

Occupation	FTE rate ^(a)			
	2000	2001	2002	2003
<i>Clinicians</i>	285	293	288	294
Primary care	105	106	105	102
Hospital non-specialist	32	31	29	36
Specialist	108	115	114	115
Specialist-in-training	40	41	40	42
<i>Non-clinicians</i>	25	25	24	26
Total	309	319	312	321

Inner regional

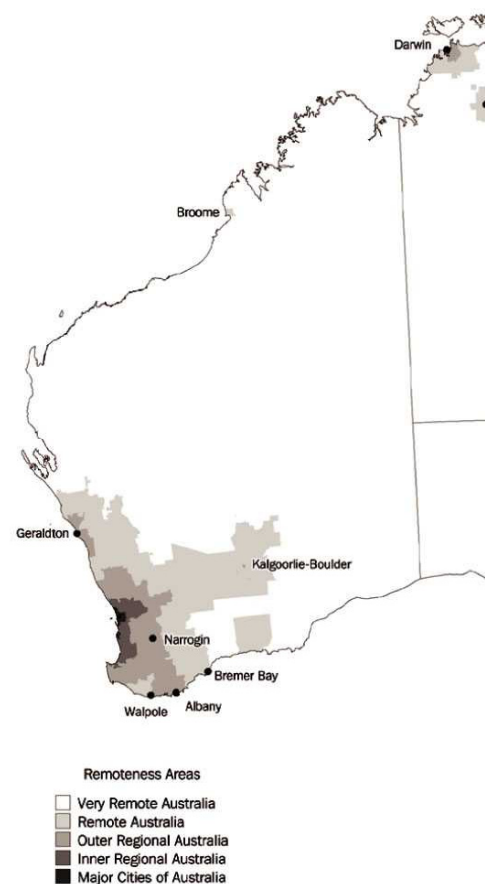
In 2003, about 4.15 million (20.9%) Australians lived in Inner regional areas where some 7,446 (13.7%) medical practitioners provided services. The average age of these practitioners was 46.8 years and they worked 44.8 hours per week, on average. This compares with an average age of 45.7 and an average working week of 46.0 in 2000. 26.3% were female in 2000, and 27.4% in 2003.

Table 6: Employed practitioners: Inner regional, 2000 to 2003

Occupation	FTE rate ^(a)			
	2000	2001	2002	2003
<i>Clinicians</i>	166	172	169	170
Primary care	88	91	90	89
Hospital non-specialist	18	17	14	17
Specialist	51	54	55	55
Specialist-in-training	9	11	10	9
<i>Non-clinicians</i>	6	7	7	8
Total	172	179	176	178

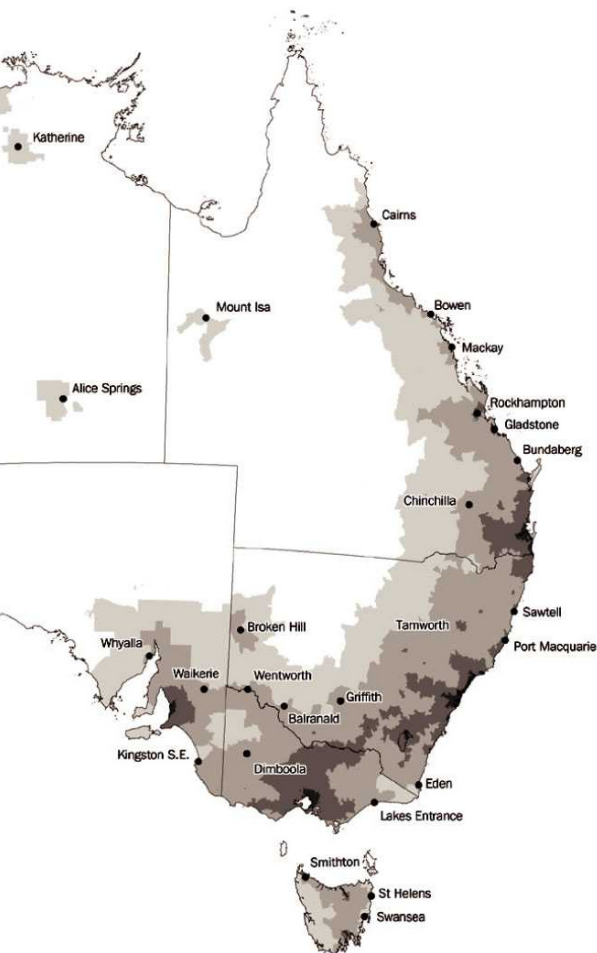
In 2003, there were an estimated 19.9 million resident Australians (ABS 2003) and around 56,207 medical practitioners delivering services to this population. The geographic distribution of these medical practitioners and the services they provide are important for planning equitable access to health care.

Figure 7: Australian Standard Geographical Classification (ASGC) Remoteness Areas



(a) FTE rates are per 100,000 population and based on a 45-hour week

The Remoteness Area Structure of the ASGC has been used to present the geographical distribution of medical practitioners across the following five regions: 'Major cities', 'Inner regional', 'Outer regional', 'Remote' and 'Very remote'. These areas are mapped (Figure 7), and selected characteristics provide a picture of practitioners by their main working location, relative to the Australian population (Tables 5 to 9).



Notes

- 1 Figures in the tables and associated text in this section exclude practitioners who did not provide the region in which they worked. The number of practitioners who did not provide their region of main job for each year is as follows: 1,881 in 2000; 2,014 in 2002; 1,816 in 2002; and 1,870 in 2003.
- 2 Postcode updates to the ASGC concordance have resulted in some small revisions to the 2001 FTE rates.

Outer regional

In 2003, about 2.04 million (10.2%) Australians lived in Outer regional areas where some 3,154 (5.8%) medical practitioners provided services. The average age of these practitioners was 45.1 years and they worked 46.2 hours per week, on average. This compares with an average age of 45.0 and an average working week of 47.8 in 2000. 28.7% were female in 2000, and 30.3% in 2003.

Table 7: Employed practitioners: Outer regional, 2000 to 2003

Occupation	FTE rate ^(a)			
	2000	2001	2002	2003
<i>Clinicians</i>	139	142	138	149
Primary care	83	87	80	85
Hospital non-specialist	13	12	15	19
Specialist	34	33	35	36
Specialist-in-training	10	9	8	10
<i>Non-clinicians</i>	8	7	8	10
Total	147	148	146	159

Remote

In 2003, about 0.32 million (1.6%) Australians lived in Remote areas where some 498 (0.9%) medical practitioners provided services. The average age of these practitioners was 44.7 years and they worked 47.8 hours per week, on average. This compares with an average age of 43.2 and an average working week of 47.6 in 2000. 32.0% were female in 2000, and 31.5% in 2003.

Table 8: Employed practitioners: Remote, 2000 to 2003

Occupation	FTE rate ^(a)			
	2000	2001	2002	2003
<i>Clinicians</i>	143	134	130	154
Primary care	99	89	86	97
Hospital non-specialist	21	20	19	24
Specialist	17	19	19	26
Specialist-in-training	6	6	6	7
<i>Non-clinicians</i>	10	10	10	9
Total	152	144	140	163

Very remote

In 2003, about 0.18 million (0.9%) Australians lived in Very remote areas where some 230 (0.4%) medical practitioners provided services. The average age of these practitioners was 43.4 years and they worked 50.0 hours per week, on average. This compares with an average age of 41.0 and an average working week of 49.9 in 2000. 32.0% were female in 2000, and 35.0% in 2003.

Table 9: Employed practitioners: Very remote, 2000 to 2003

Occupation	FTE rate ^(a)			
	2000	2001	2002	2003
<i>Clinicians</i>	128	123	134	133
Primary care	100	92	93	95
Hospital non-specialist	21	25	28	30
Specialist	n.p.	5	10	7
Specialist-in-training	5	n.p.	n.p.	n.p.
<i>Non-clinicians</i>	10	n.p.	7	10
Total	138	126	141	143

Regions in detail

Practitioner distribution

Overall in 2003, practitioners in Very remote and Remote areas were more likely to be younger and work more hours per week than practitioners in other regions. Compared with their colleagues based in Major cities, practitioners in Remote and Very remote areas were, on average, 1 to 2 years younger and worked longer by some 4 hours and 6 hours per week, respectively (Tables 5 to 9).

The higher average hours worked by practitioners based in less populated (more remote) areas reflects comparatively fewer practitioners being based in these regions. More than three-quarters¹ (79.2%) of practitioners reported providing services to two-thirds (66.3%) of the population (those living in Major cities), with the remaining practitioners distributed across the remaining third (33.7%) of the population (those living in the other regions).

However, over half of the 43,010 practitioners in Major cities were specialists (14,580), specialists-in-training (5,116), or non-clinicians (3,621) and are concentrated there because they are generally associated with hospitals and the services that hospitals provide, together with facilities for research, training and advanced equipment for treatment (Table A7). In terms of direct access to health care, primary care practitioners (who are mainly general practitioners) are the main providers and, because they are less likely to be hospital-based, their distribution is slightly nearer to the distribution of the population (approximately 70% in Major cities and 30% in remaining regions¹).

Supply of practitioners

The supply of practitioners increased in all areas between 2000 and 2003, despite a decrease in average hours during that time. Larger increases in the FTE rate of supply occurred in Major cities and Outer regional areas, with an increase of 12 FTE practitioners per 100,000 population (from 309 in 2000 to 321 in 2003 for Major cities and from 147 to 159 for Outer regional areas), followed closely by Remote areas (an increase of 11 FTE). Smaller increases in the FTE rate occurred in Very remote areas (from 138 to 143), followed by Inner regional areas (from 172 to 178) (Tables 5 to 9).

In general, most occupations showed increases in supply across all regions, despite the decreases in average hours. An exception was primary care practitioners. The FTE supply of primary care practitioners in Major cities decreased from 105 per 100,000 population in 2000 to 102 in 2003. Outside the Major cities, the FTE rate of primary care practitioners fell slightly in Remote areas, with 97 FTE per 100,000 population (down from 99 in 2000), followed by Very remote areas with 95 per 100,000 population (down from 100 in 2000).

Between 2000 and 2003, in all regions except Remote areas, the rising proportion of female practitioners was in keeping with the national picture. In Remote areas, the female proportion decreased by half a percentage point from 32.0% to 31.5%, although this proportion was close to the national figure of 31.9% in 2003. An increase of 3 percentage points occurred in Very remote areas (from 32.0% in 2000 to 35.0% in 2003), nudging the female representation to over one in three practitioners. Compared with the national figure, the proportion of female practitioners in Inner regional areas was low (27.4%), although this was up slightly from 2000 (26.3%).

¹ Note: excludes practitioners who did not report the region in which they worked.

Inter-regional service delivery in 2003

The above comparisons of changes in regional supply between 2000 and 2003 showed the interaction of working hours with the practitioner rate, and the effect on supply. These measures of supply were based on the total hours worked in all locations by practitioners and were shown by region of main work location.

However, 40.2% (24,189) of practitioners reported practising in a second work location and, for 9.5% (2,067) of them, their second practice was located in a different region type from that of their main practice (Tables 10 and A1). Most of these practitioners (62.5% or 1,292) worked in a second location in a less populated region. By way of example, the following discussion on inter-regional service delivery focuses on these practitioners, the extent to which they work in a different region type and the fact that this changed the regional distribution of supply in 2003.

In 2003, there was a higher practitioner rate in Major cities than less populated regions, although some 946 practitioners based in Major cities also practised in a less populated region. Most of them had a second practice in Inner regional areas (757 practitioners), followed by 155 in Outer regional, 19 in Remote and 14 in Very remote areas. In another example, some 69 practitioners based in Outer regional areas practised in Remote or Very remote regions (29 and 40 practitioners, respectively).

In the example of the city-based practitioners, the 19 who worked in Remote regions spent a day per week (8.8 hours, on average) in their second region, and the 14 who worked in Very remote areas spent more than a day per week (11.0 hours, on average) in theirs. In the other example, the 69 practitioners based in Outer regional areas who provided services to Remote or Very remote regions worked, on average, 10.8 hours per week in their second region (Table 10). In total, Remote and Very remote areas were provided with services from 114 practitioners based outside these regions and when the hours they worked are factored in, they equated to around 26 practitioners working a 45-hour week (a supply increase of 11 FTE practitioners per 100,000 population across these two regions). Against this, the hours worked in a second region of a different type by practitioners based in Remote or Very remote regions should then be re-allocated to their second work region.

This example is an approximation rather than a precise measure, because not all practitioners reported the regions in which they worked; however, it is indicative of the contribution inter-regional practices made to providing medical services in remote areas.

Table 10: Number of practitioners and average hours worked per week in second work location, by region of main work location^(a), 2003

Main region	Second region									
	Major cities		Inner regional		Outer regional		Remote		Very remote	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours	Number	Hours
Major cities	17,108	10.5	757	10.4	155	9.9	19	8.8	14	11.0
Inner regional	513	10.3	1,839	9.4	235	7.9	6	11.6	6	2.5
Outer regional	73	9.8	113	8.5	732	10.5	29	10.8	40	10.8
Remote	11	11.5	4	15.9	24	10.1	66	11.6	31	11.3
Very remote	7	9.8	—	—	8	11.9	21	9.4	38	11.0

(a) Includes only those practitioners who reported a main and a second work location.

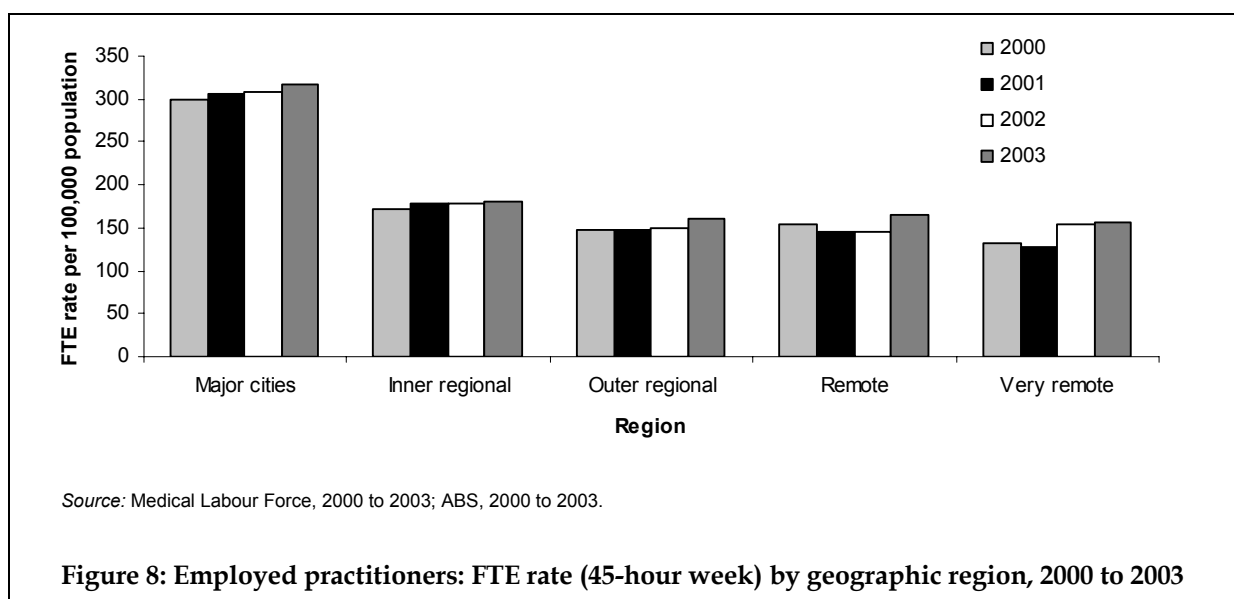
Note: Figures for practitioners with a second work location in a region of the same type as their main work location are shown in bold print.

Source: Medical Labour Force Survey, 2003.

Regional supply

When the hours practitioners worked in all regions are assigned to the region in which they provided services (rather than where they were based), the apparent regional disparity in supply is reduced. For example, in Major cities the FTE rate reduced when, first, the hours worked by city-based practitioners in another region were subtracted and, second, the hours of practitioners based outside Major cities who worked in Major cities were added (321 FTE per 100,000 population reduced to 316) (Table 9 and Figure 8).

In contrast, when actual delivery hours were calculated in the same way for Very remote areas, the supply of practitioners increased by 14 FTE, from 143 to 157 FTE per 100,000 population (Table 9 and Figure 8). Using this method, there were increases in the other regions of between 2 and 3 FTE per 100,000 population (from 178 to 181 for Inner regional, from 159 to 161 for Outer regional and from 163 to 166 for Remote areas).



States and territories

Distribution

Between 2000 and 2003, there was an increase in practitioner numbers in all jurisdictions. In the Northern Territory (up 58.3%), Tasmania (up 16.8%) and Victoria (up 13.4%) there were higher percentage increases than experienced nationally (up 10.0%) (Table 11).

In 2003, there were some variations in practitioners' characteristics across jurisdictions. Practitioners in Tasmania were more likely to be older (48.0 years) and those in the Northern Territory were more likely to be younger (40.0 years) than colleagues elsewhere in Australia (45.9 years, nationally) (Table 11). There was more variation in age across jurisdictions in 2003 than in 2000 when the average age ranged from 42.0 years in the Northern Territory to 47.1 years in Victoria.

Higher proportions of female practitioners were evident in the two territories, with the Northern Territory around 43.0% and the Australian Capital Territory 36.0%, compared with less than a third (31.9%) nationally. However, the Northern Territory was the only jurisdiction where the

proportion of females decreased between 2000 (43.3%) and 2003. The largest increase in the proportion of females occurred in Tasmania, up 5.5 percentage points (from 26.2% to 31.7%).

Table 11: Employed practitioners: selected characteristics, states and territories, 2000 and 2003

Characteristic	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2000									
Number	17,907	13,040	8,121	4,648	4,552	1,145	1,134	559	51,106
% female	29.8	29.7	30.3	30.5	29.4	26.2	35.6	43.3	30.1
Average age	45.6	47.1	44.2	45.8	44.7	n.a. ^(a)	46.3	42.0	45.6
2003									
Number	19,188	14,782	9,173	4,709	4,928	1,338	1,204	886	56,207
% female	31.5	32.0	30.9	33.3	30.4	31.7	36.0	43.0	31.9
Average age	46.2	45.5	46.2	46.6	44.9	48.0	46.5	40.0	45.9
% change in practitioner numbers, 2000 to 2003									
	7.2	13.4	13.0	1.3	8.3	16.8	6.2	58.3	10.0

(a) Average age not available for Tasmania in 2000.

Source: Medical Labour Force Survey, 2000 and 2003.

Supply of practitioners

The jurisdictions with highest practitioner rates in 2003 were the Northern Territory, the Australian Capital Territory and South Australia (446, 372 and 323 per 100,000 population respectively) (Table 12). The practitioner rate increased between 2000 and 2003 in all jurisdictions except for Western Australia, which decreased from 248 practitioners per 100,000 population in 2000 to 241 in 2003. When converted to the FTE rate of supply, once again there were increases in all jurisdictions except Western Australia, where the FTE rate decreased from 245 in 2000 to 232 in 2003 per 100,000 population.

Table 12: Employed practitioners: states and territories, 2000 to 2003

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Practitioner rate (per 100,000 population)									
2000	276	275	228	248	302	243	360	286	267
2003	287	301	241	241	323	280	372	446	283
FTE practitioner rate (per 100,000 population) based on a 45-hour week									
2000	283	277	234	245	301	229	357	289	270
2003	288	298	236	232	313	258	365	451	279

Source: Medical Labour Force Survey, 2000 to 2003; ABS, 2000 to 2003.

Note: the sharp increase in practitioner numbers registered in the Northern Territory has led to a noticeable increase in the FTE rate of supply. The increase in registrations is mainly a result of a large increase in practitioners working in the Northern Territory but residing elsewhere. This trend may be due to a number of reasons such as transient employment, and increased Aboriginal medical services in the more remote health regions which rarely attract permanently placed doctors.

Primary care practitioners

As the main initial contacts for direct health care, the supply of primary care practitioners is a useful indicator of people's access to these services. Primary care practitioners are more evenly distributed across geographic regions than are other types of practitioner (see section 'Practitioner distribution', p.14). Similarly, it is useful to view state and territory differences in access to health care by comparing their primary care practitioner supply. A comparison of the primary care practitioner rates with the rates for all medical practitioners shows some variation in supply across the jurisdictions and, by implication, some differences in access to the health care system. While these comparisons can be useful, they are limited in that they do not take into account the different levels of urbanisation across the states and territories, or the different population profiles.

Distribution

In 2003, primary care practitioners were, on average, 2.9 years older than medical practitioners overall (48.8 compared with 45.9 years) and included a higher proportion of females (36.2% compared with 31.9% for all practitioners) (Tables 13 and 11). This national pattern was generally reflected across jurisdictions. In the Northern Territory close to half (49.3%) of primary care practitioners were female. Between 2000 and 2003, primary care practitioner numbers increased in all jurisdictions except Western Australia (down from 2,007 to 1,985, a 1.1% decrease) and the Australian Capital Territory (down from 451 to 398, an 11.7% decrease).

Table 13: Primary care practitioners: selected characteristics, states and territories, 2000 and 2003

Characteristic	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2000									
Number	7,236	5,377	3,408	2,007	1,806	587	451	210	21,081
% female	32.6	33.6	35.7	35.1	33.7	25.3	46.3	49.8	34.0
Average age	49.2	47.4	46.1	47.8	46.9	n.a. ^(a)	48.0	44.0	47.8
Males	51.7	49.9	48.4	50.6	49.2	n.a. ^(a)	49.8	48.3	50.3
Females	44.1	42.7	42.0	42.7	42.3	n.a. ^(a)	45.9	39.7	43.1
2003									
Number	7,338	5,736	3,667	1,985	1,845	624	398	324	21,919
% female	35.0	36.6	36.4	36.9	33.5	40.2	44.5	49.3	36.2
Average age	49.8	48.3	48.6	49.4	47.5	49.0	49.8	44.1	48.8
Males	52.2	50.8	51.1	52.6	49.7	51.9	52.5	46.9	51.4
Females	45.4	43.9	44.1	43.9	43.2	44.6	46.6	41.2	44.4
% change in primary care practitioner numbers, 2000 to 2003									
	1.4	6.7	7.6	-1.1	2.1	6.4	-11.7	54.7	4.0

(a) Average age was not available for Tasmania in 2000.

Source: Medical Labour Force Survey, 2000 and 2003.

In all jurisdictions, primary care practitioners worked fewer average weekly hours than medical practitioners overall, ranging from 5.6 hours per week less in the Northern Territory to 2.5 hours per week less in South Australia (Table 14). This is, in part, a reflection of higher proportions of female practitioners in primary care and the fact that female practitioners generally work fewer hours per week than males (Figure 3).

Table 14: Primary care practitioners compared with all practitioners: average weekly hours worked, states and territories, 2000 and 2003

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Primary care practitioners									
2000	43.0	41.0	42.4	40.9	42.2	39.4	40.0	39.3	41.9
2003	42.2	40.6	40.3	39.6	41.1	38.5	39.6	39.9	40.9
All practitioners									
2000	46.1	45.4	46.1	44.5	44.8	42.4	44.6	45.5	45.5
2003	45.1	44.6	44.0	43.2	43.6	41.5	44.1	45.5	44.4

Source: Medical Labour Force Survey, 2000 and 2003.

A comparison of all practitioners with primary care practitioners over time within a jurisdiction can provide an interesting picture. For example, both New South Wales and the Australian Capital Territory experienced increases in the rate of all practitioners between 2000 and 2003 (from 276 and 360 to 287 and 372 respectively), whereas the primary care practitioner rates decreased (from 112 and 143 to 110 and 123 respectively) (Tables 12 and 15).

While the national primary care practitioner rate was the same in 2000 and 2003 (110 per 100,000 population), changes in rates at the jurisdiction level were varied. Decreases in the rate of primary care practitioners occurred in New South Wales (from 112 to 110), Western Australia (from 107 to 102) and the Australian Capital Territory (down 20 practitioners per 100,000 population, from 143 to 123) (Table 15).

Increases occurred in Victoria (from 113 to 117), South Australia (from 120 to 121) and Tasmania (from 124 to 131). Queensland was the only jurisdiction to be the same in both years (96 practitioners per 100,000 population), after declining in 2001 and 2002. Also in Queensland, the practitioner rate was consistently the lowest of all jurisdictions.

At a national level, the supply of primary care practitioners decreased slightly between 2000 and 2003 (from an FTE rate of 102 to 100). This is in contrast to the FTE rate for all practitioners, which increased (from 270 to 279 FTE) (Tables 12 and 15). There were supply decreases in New South Wales (by 4 FTE per 100,000 population), Queensland (also by 4 FTE), South Australia (by 3 FTE) and the Australian Capital Territory (by 19 FTE).

Table 15: Primary care practitioners: practitioner and FTE rate, states and territories, 2000 and 2003

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Practitioner rate (per 100,000 population)									
2000	112	113	96	107	120	124	143	107	110
2003	110	117	96	102	121	131	123	163	110
FTE practitioner rate (per 100,000 population) based on 45-hour week									
2000	107	103	90	97	113	109	127	94	102
2003	103	105	86	90	110	112	108	145	100

Source: Medical Labour Force Survey, 2000 and 2003; ABS, 2000 to 2003.

Appendix A: Detailed tables

Table A1: Employed practitioners: main occupation, 2000 to 2003

Main occupation	2000	2001	2002	2003
<i>Clinician</i>	47,372	49,392	49,895	51,819
Primary care	21,081	21,671	21,815	21,919
Hospital non-specialist	5,121	5,169	4,845	5,915
Specialist	16,008	17,124	17,762	18,093
Specialist-in-training	5,162	5,429	5,474	5,892
<i>Non-clinician</i>	3,733	3,991	4,096	4,388
Administrator	1,205	1,271	1,351	1,492
Teacher/educator	428	452	539	569
Researcher	950	1,030	1,116	1,111
Public health physician	363	374	393	485
Occupational health physician	298	285	305	347
Other	490	579	391	383
Total	51,106	53,384	53,991	56,207

Source: Medical Labour Force Survey, 2000 to 2003.

Table A2: Practitioners who spent some time in clinical work: type of clinical work, 2000 to 2003

	Primary care	Hospital non-specialist	Specialist	Specialist-in-training	Unknown	Total
2000						
Clinicians	21,081	5,121	16,008	5,162	—	47,372
Non-clinicians	410	124	1,126	157	100	1,917
Total	21,491	5,244	17,135	5,318	100	49,289
2001						
Clinicians	21,671	5,169	17,124	5,429	—	49,392
Non-clinicians	439	165	1,115	166	74	1,959
Total	22,110	5,334	18,239	5,595	74	51,351
2002						
Clinicians	21,815	4,845	17,762	5,474	—	49,895
Non-clinicians	432	122	1,214	172	106	2,046
Total	22,246	4,967	18,976	5,646	106	51,941
2003						
Clinicians	21,919	5,915	18,093	5,892	—	51,819
Non-clinicians	439	126	1,170	172	64	1,970
Total	22,358	6,041	19,262	6,065	64	53,790

Source: Medical Labour Force Survey, 2000 to 2003.

Table A3: Estimated Australian resident population, 2000 to 2003

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2000	6,486,213	4,741,339	3,561,537	1,874,459	1,505,038	471,409	315,215	195,561	19,153,380
2001	6,575,217	4,804,726	3,628,946	1,901,159	1,511,728	471,795	319,317	197,768	19,413,240
2002	6,634,110	4,857,228	3,710,972	1,924,553	1,518,696	472,612	321,512	198,665	19,640,979
2003	6,682,053	4,911,425	3,801,039	1,949,948	1,526,301	477,305	323,363	198,544	19,872,646

Source: ABS, 2000 to 2003.

Table A4: Primary care practitioners: average weekly hours worked by sex and age, 2000 to 2003

Year	Age (years)					Total
	<35	35–44	45–54	55–64	65+	
Males						
2000	43.9	48.7	50.8	47.2	32.8	46.4
2001	43.9	48.1	50.4	47.3	34.0	46.4
2002	43.4	47.9	50.6	47.3	32.8	46.2
2003	43.4	47.2	50.1	46.9	32.5	45.8
Females						
2000	33.3	30.3	36.5	37.0	28.4	33.1
2001	32.7	29.8	37.1	36.8	30.9	33.2
2002	32.6	28.7	35.4	35.5	25.5	32.1
2003	33.2	28.3	35.0	36.2	26.8	32.2
Total						
2000	38.5	40.6	46.4	45.2	32.3	41.9
2001	38.2	40.0	45.9	45.0	33.6	41.8
2002	37.3	38.8	45.1	44.6	31.9	41.0
2003	37.8	38.3	44.6	44.5	31.9	40.8

Source: Medical Labour Force Surveys, 2000 to 2003.

Table A5: Employed clinicians: region of main job, average weekly hours, 2000 and 2003

Main occupation	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Primary care	40.8	39.9	43.7	42.8	46.4	44.7	46.8	47.1	49.1	50.0	41.9	40.9
Hospital non-specialist	47.1	46.7	47.3	47.2	50.6	48.1	47.7	50.3	51.5	56.9	47.4	46.9
Specialist	48.1	46.6	49.6	47.6	49.8	49.3	47.4	49.1	48.5	35.9	48.3	46.8
Specialist-in-training	50.6	49.1	51.9	50.5	50.3	49.2	55.3	49.4	53.6	50.4	50.7	49.3
Total	45.3	44.3	46.2	45.0	47.8	46.4	47.4	48.0	49.7	50.4	45.6	44.6

Note: Figures by region exclude practitioners who did not report the region in which they worked whereas the total includes these practitioners.

Source: Medical Labour Force Surveys, 2000 and 2003.

Table A6: Number of practitioners^(a) and average weekly hours worked in second work location, by region of main work location, 2000

Main region	Second work location									
	Major cities		Inner regional		Outer regional		Remote		Very remote	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours	Number	Hours
Major cities	14,969	12.9	644	11.3	121	11.2	21	17.6	21	5.3
Inner regional	408	10.4	1,557	10.7	204	9.6	6	5.9	3	1.6
Outer regional	62	12.7	79	10.4	666	11.8	30	14.6	24	7.8
Remote	17	19.3	n.p.	8.9	14	18.2	58	12.3	21	6.2
Very remote	4	13.8	n.p.	38.2	6	12.5	12	36.5	37	22.2

(a) Includes only those practitioners who reported a main and a second work location.

Note: Very remote regions show some variability in practitioners' average hours over time because of the small number of practitioners based there.

Source: Medical Labour Force Survey, 2000.

Table A7: Employed practitioners: region of main occupation, number and rate^(a), 2000 to 2003

Main occupation	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2000												
<i>Clinician</i>	35,924	283	6,425	162	2,624	131	438	135	206	116	47,372	247
Primary care	14,729	116	3,599	91	1,601	80	308	95	163	92	21,081	110
Hospital non-specialist	3,892	31	682	17	232	12	63	20	32	18	5,121	27
Specialist	12,841	101	1,846	47	614	31	51	16	n.p.	n.p.	16,008	84
Specialist-in-training	4,462	35	299	8	177	9	16	5	8	5	5,162	27
<i>Non-clinician</i>	3,151	25	266	7	149	7	27	8	15	8	3,733	19
Total	39,075	308	6,692	169	2,773	139	465	144	221	124	51,106	267
2001												
<i>Clinician</i>	37,525	292	6,715	167	2,689	134	404	124	188	105	49,392	254
Primary care	15,140	118	3,749	93	1,698	84	274	84	142	79	21,671	112
Hospital non-specialist	3,880	30	666	17	233	12	59	18	37	20	5,169	27
Specialist	13,856	108	1,944	48	593	29	55	17	8	5	17,124	88
Specialist-in-training	4,649	36	357	9	165	8	16	5	n.p.	n.p.	5,429	28
<i>Non-clinician</i>	3,392	26	290	7	132	7	31	10	4	n.p.	3,991	21
Total	40,916	318	7,005	174	2,822	140	435	134	193	108	53,384	275
2002												
<i>Clinician</i>	38,052	292	6,805	167	2,717	134	403	124	219	122	49,895	254
Primary care	15,346	118	3,811	93	1,623	80	271	84	155	87	21,815	111
Hospital non-specialist	3,715	29	537	13	280	14	55	17	39	22	4,845	25
Specialist	14,271	110	2,099	51	662	33	58	18	19	11	17,762	90
Specialist-in-training	4,719	36	358	9	152	7	19	6	5	n.p.	5,474	28
<i>Non-clinician</i>	3,437	26	331	8	169	8	30	9	12	7	4,096	21
Total	41,489	318	7,137	175	2,886	142	433	133	231	129	53,991	275
2003												
<i>Clinician</i>	39,389	299	7,074	170	2,948	145	468	144	212	118	51,819	261
Primary care	15,132	115	3,901	94	1,740	85	301	93	152	85	21,919	110
Hospital non-specialist	4,561	35	659	16	359	18	69	21	42	23	5,915	30
Specialist	14,580	111	2,164	52	665	33	79	24	15	8	18,093	91
Specialist-in-training	5,116	39	350	8	185	9	20	6	n.p.	n.p.	5,892	30
<i>Non-clinician</i>	3,621	27	372	9	205	10	30	9	18	10	4,388	22
Total	43,010	326	7,446	179	3,154	155	498	154	230	128	56,207	283

(a) Rates are per 100,000 population.

Note: Figures by region exclude practitioners who did not state the region in which they worked whereas the totals by occupation include these practitioners. Those who did not provide their region of main job numbered 1,881 in 2000; 2,014 in 2001; 1,816 in 2002; and 1,870 in 2003.

Source: Medical Labour Force Survey, 2000 to 2003; ABS, 2000 to 2003.

Table A8: Specialists: main specialty of practice, sex and age, 2000

Specialty of practice	Clinicians			Non-clinicians	All specialists		
	Number	% female	Mean age	Number	Number	% female	Mean age
<i>Internal medicine</i>	4,104	17.9	48.7	617	4,721	19.3	48.4
Cardiology	515	7.5	48.6	50	565	8.4	48.5
Clinical haematology	146	20.3	49.2	20	166	19.5	49.3
Clinical immunology	69	8.2	51.5	21	90	10.1	51.7
Clinical pharmacology	9	—	59.0	12	21	5.5	52.1
Endocrinology	217	22.5	48.0	65	282	25.1	47.0
Gastroenterology	349	10.5	47.4	44	393	13.6	46.7
General medicine	511	15.3	54.9	52	562	15.4	54.9
Geriatrics	193	32.3	46.6	34	227	30.0	46.7
Infectious diseases	99	25.1	42.9	31	130	26.7	42.7
Medical oncology	168	23.6	43.7	22	190	23.5	43.1
Neurology	268	12.6	50.9	50	318	16.9	50.7
Nuclear medicine	144	10.7	46.6	4	148	11.2	46.5
Paediatric medicine	700	27.0	48.3	97	796	28.6	48.2
Renal medicine	135	18.8	47.5	41	176	19.5	45.7
Rheumatology	193	25.3	49.5	26	219	26.4	48.7
Thoracic medicine	221	12.5	47.5	38	259	14.1	47.0
Clinical genetics	39	40.6	45.4	5	44	38.7	45.9
Intensive care (int. med.)	128	10.7	44.1	6	135	13.7	44.2
<i>Pathology</i>	853	27.3	49.9	104	957	25.6	50.3
General pathology	84	7.5	53.4	12	96	6.5	54.1
Anatomical pathology	494	30.8	49.0	29	523	30.2	49.2
Clinical chemistry	44	13.6	52.6	15	59	12.2	52.1
Cytopathology	29	43.3	52.0	n.p.	31	40.6	52.0
Forensic pathology	36	14.1	50.4	5	42	12.3	51.4
Haematology	72	41.7	49.9	13	84	40.0	50.4
Immunology	9	12.0	51.5	6	15	7.3	51.7
Microbiology	85	23.1	48.9	22	107	19.4	50.1
<i>Surgery</i>	2,844	6.5	51.5	128	2,972	6.8	51.9
General surgery	970	6.7	52.8	52	1,023	7.6	53.0
Cardiothoracic surgery	102	6.5	48.7	n.p.	104	6.3	48.8
Neurosurgery	111	7.7	51.2	7	118	8.5	51.9
Orthopaedic surgery	703	3.4	50.1	30	733	3.4	50.9
Paediatric surgery	57	20.4	53.0	4	60	19.2	53.5
Plastic surgery	252	10.8	50.2	5	257	11.1	50.4
Urology	225	4.5	50.1	8	233	4.9	50.2
Vascular surgery	129	5.6	52.3	16	145	5.0	53.7
Otolaryngology (ENT)	295	8.2	53.7	4	299	8.1	53.6
<i>Other specialties</i>	8,207	21.0	49.3	1,009	9,216	21.3	49.4
Anaesthesia	1,979	20.2	47.8	45	2,023	20.3	47.9
Dermatology	296	31.0	49.8	6	302	30.7	49.9
Diagnostic radiology	1,120	15.9	49.1	26	1,147	16.3	49.2
Emergency medicine	341	21.6	40.1	44	385	20.7	40.7
Medical administration	9	25.9	46.5	173	182	26.6	50.3
Obstetrics & gynaecology	1,001	18.8	50.9	44	1,045	18.9	51.0
Occupational medicine	35	12.2	52.6	176	210	15.6	52.0
Ophthalmology	645	10.3	52.0	8	653	10.8	52.0
Psychiatry	1,984	27.4	50.7	164	2,149	27.7	50.6
Public health medicine	22	38.3	55.8	176	198	27.4	49.1
Radiation oncology	144	24.1	47.4	13	157	22.9	47.0
Rehabilitation medicine	189	23.5	49.2	19	208	21.4	49.7
Intensive care (anaesthesia)	141	7.9	44.9	5	146	7.7	45.3
Other	301	25.9	51.7	110	412	23.6	51.7
Total	16,008	18.0	49.6	1,858	17,866	18.6	49.6

Note: The classification of specialists as clinicians or non-clinicians is based on the occupation in which they worked the most hours.

Source: Medical Labour Force Survey, 2000.

Table A9: Specialists: main specialty of practice, sex and age, 2003

Specialty of practice	Clinicians			Non-clinicians	All specialists		
	Number	% female	Mean age	Number	Number	% female	Mean age
<i>Internal medicine</i>	4,816	19.6	48.9	764	5,580	20.4	48.7
Cardiology	626	8.1	49.3	55	681	8.4	48.9
Clinical haematology	163	19.4	49.9	15	178	19.3	49.6
Clinical immunology	79	18.4	51.0	26	105	20.7	50.7
Clinical pharmacology	9	—	47.1	11	20	12.3	55.0
Endocrinology	247	23.9	49.4	81	327	24.7	48.4
Gastroenterology	421	10.4	48.7	49	471	12.1	48.3
General medicine	515	13.9	55.5	65	580	13.7	55.7
Geriatrics	232	36.6	46.8	25	257	35.8	46.6
Infectious diseases	124	29.6	44.2	54	178	28.7	44.5
Medical oncology	231	31.0	43.9	38	270	28.5	44.1
Neurology	277	11.2	51.0	50	327	12.1	50.6
Nuclear medicine	164	13.3	47.5	6	170	12.8	47.5
Paediatric medicine	844	30.4	47.9	111	955	31.6	47.8
Renal medicine	173	19.0	48.7	49	222	23.8	47.6
Rheumatology	202	28.8	49.8	39	241	31.4	48.8
Thoracic medicine	263	13.8	47.0	62	325	15.0	46.8
Clinical genetics	42	55.4	47.9	11	53	49.1	47.3
Intensive care (int. med.)	204	9.1	45.5	17	221	8.4	45.8
<i>Pathology</i>	896	29.1	50.9	96	992	27.8	51.2
General pathology	111	10.0	53.5	11	122	9.1	54.2
Anatomical pathology	501	30.6	49.9	28	529	29.8	50.0
Clinical chemistry	48	21.4	51.6	8	56	20.8	51.4
Cytopathology	35	55.4	52.3	4	39	53.5	52.4
Forensic pathology	35	23.1	52.4	n.p.	37	21.5	52.9
Haematology	84	32.7	50.7	22	106	31.4	51.1
Immunology	16	31.2	54.4	4	20	25.2	56.2
Microbiology	66	39.3	50.9	16	82	34.6	51.6
<i>Surgery</i>	3,104	5.8	51.2	223	3,327	5.7	51.6
General surgery	990	6.9	52.3	69	1,059	7.2	52.5
Cardiothoracic surgery	132	4.9	49.9	4	136	4.7	49.7
Neurosurgery	132	4.0	50.9	14	146	4.4	51.8
Orthopaedic surgery	732	3.2	50.6	84	816	2.9	51.9
Paediatric surgery	64	14.4	51.3	n.p.	67	16.0	51.2
Plastic surgery	337	7.8	49.2	13	350	7.5	49.3
Urology	241	6.3	50.0	16	257	6.4	49.6
Vascular surgery	157	5.7	51.8	6	163	5.4	52.0
Otolaryngology (ENT)	319	4.9	53.0	14	332	4.7	53.0
<i>Other specialties</i>	9,277	23.4	49.8	1,113	10,390	23.4	50.0
Anaesthesia	2,430	21.0	48.2	47	2,477	20.9	48.3
Dermatology	343	33.3	50.0	7	350	33.0	50.1
Diagnostic radiology	1,159	18.0	50.0	27	1,187	18.1	50.1
Emergency medicine	470	21.7	40.9	65	535	21.8	41.4
Medical administration	34	7.7	53.1	211	245	23.4	52.4
Obstetrics & gynaecology	1,179	23.5	51.3	62	1,241	23.8	51.4
Occupational medicine	33	16.5	54.3	199	231	14.2	53.0
Ophthalmology	715	12.6	51.7	11	726	12.8	51.8
Psychiatry	2,177	30.0	51.9	218	2,395	29.8	51.9
Public health medicine	41	44.9	53.3	162	203	30.8	50.5
Radiation oncology	206	24.2	48.0	14	219	23.4	47.9
Rehabilitation medicine	197	24.7	50.8	29	226	25.0	50.9
Intensive care (anaesthesia)	94	21.4	44.2	7	101	21.6	45.3
Other	200	36.7	50.1	55	255	33.4	52.2
Total	18,093	19.7	49.9	2,195	20,288	19.9	50.0

Note: The classification of specialists as clinicians or non-clinicians is based on the occupation in which they worked the most hours.

Source: Medical Labour Force Survey, 2003.

Table A10: Specialists-in-training: specialty, sex, age, working hours, expected year of training completion, 2003

Specialty of practice	Number	% female	Mean age	Mean hours	% working 50+ hrs	Expected year of training completion					
						2003	2004	2005	2006	After 2006	Not stated
<i>Internal medicine</i>	1,848	43.6	32.1	48.3	51.7	157	333	386	326	505	141
Cardiology	149	13.0	31.9	51.6	66.5	18	45	47	10	18	13
Clinical haematology	56	34.3	31.7	50.3	51.1	5	11	14	13	7	7
Clinical immunology	9	30.9	32.7	45.8	65.9	n.p.	n.p.	n.p.	n.p.	n.p.	—
Clinical pharmacology	10	45.8	30.5	52.9	44.0	n.p.	n.p.	—	4	n.p.	—
Endocrinology	96	46.9	33.2	45.6	37.8	11	26	32	4	11	11
Gastroenterology	193	50.0	32.8	49.1	59.3	11	41	35	33	45	28
General medicine	405	35.0	31.9	49.6	55.9	11	25	46	99	193	30
Geriatrics	62	49.2	33.0	45.4	30.6	10	4	24	16	8	—
Infectious diseases	48	49.4	32.9	48.0	46.1	8	10	17	n.p.	8	n.p.
Medical oncology	106	28.5	30.9	49.4	52.3	8	21	20	30	17	9
Neurology	34	47.7	31.3	52.7	71.5	n.p.	13	12	n.p.	5	n.p.
Nuclear medicine	24	43.2	33.7	46.5	37.7	n.p.	9	5	n.p.	6	—
Paediatric medicine	447	65.2	31.7	44.8	38.1	40	62	66	80	164	34
Renal medicine	53	38.9	31.5	54.9	80.9	10	17	20	4	n.p.	—
Rheumatology	25	52.3	31.0	47.2	49.6	n.p.	9	8	n.p.	—	—
Thoracic medicine	59	34.6	32.0	50.7	73.0	10	16	23	6	—	4
Clinical genetics	10	65.6	35.8	43.5	58.3	—	5	n.p.	n.p.	n.p.	n.p.
Intensive care (int. med.)	61	20.1	33.6	49.8	57.7	5	15	14	13	14	—
<i>Pathology</i>	237	50.3	32.4	43.3	24.4	28	35	46	47	60	21
General pathology	n.p.	n.p.	32.0	25.4	—	—	—	—	—	n.p.	n.p.
Anatomical pathology	149	51.6	31.7	43.2	19.5	13	19	22	39	42	14
Clinical chemistry	7	60.6	34.6	36.8	—	—	n.p.	n.p.	—	n.p.	n.p.
Cytopathology	n.p.	n.p.	—	n.p.	n.p.	n.p.	—	—	—	—	—
Forensic pathology	n.p.	n.p.	34.0	31.3	—	n.p.	—	n.p.	—	—	—
Haematology	44	36.6	32.7	48.5	49.2	8	11	12	5	6	n.p.
Immunology	18	42.5	33.5	44.3	25.7	n.p.	n.p.	n.p.	n.p.	6	n.p.
Microbiology	12	58.3	37.9	32.5	13.2	n.p.	n.p.	5	n.p.	n.p.	—
<i>Surgery</i>	968	16.5	31.9	58.7	83.1	61	149	162	164	361	72
General surgery	392	22.6	31.0	58.8	82.8	10	34	62	67	193	26
Cardiothoracic surgery	43	17.8	33.0	56.3	76.6	8	5	6	n.p.	20	n.p.
Neurosurgery	41	27.1	32.0	62.6	84.7	—	n.p.	8	11	16	n.p.
Orthopaedic surgery	233	4.9	32.1	61.8	92.7	15	44	42	26	78	28
Paediatric surgery	18	32.1	32.2	54.5	60.9	—	7	—	4	7	—
Plastic surgery	95	15.0	33.5	55.8	72.8	9	19	20	18	22	8
Urology	44	7.8	32.8	54.9	84.3	5	15	9	14	n.p.	—
Vascular surgery	37	15.7	33.5	54.7	76.1	n.p.	15	4	5	7	n.p.
Otolaryngology (ENT)	65	18.2	32.2	55.6	76.8	11	7	11	17	17	n.p.
<i>Other specialties</i>	3,190	46.3	33.3	46.8	44.5	228	649	658	572	885	197
Anaesthesia	763	39.6	32.0	49.5	56.1	43	161	165	127	223	44
Dermatology	61	48.0	34.4	44.5	22.9	7	18	10	8	17	n.p.
Diagnostic radiology	254	34.3	31.5	47.4	47.3	19	44	59	47	62	22
Emergency medicine	610	41.4	33.3	43.1	26.3	59	133	94	73	198	53
Medical administration	57	65.2	38.6	42.2	26.8	n.p.	27	8	9	4	9
Obstetrics & gynaecology	315	62.5	32.5	53.6	73.7	18	52	47	55	126	17
Occupational medicine	37	37.8	36.8	41.5	20.2	6	4	9	7	9	n.p.
Ophthalmology	113	31.4	31.5	50.2	65.1	12	23	35	23	15	4
Psychiatry	631	54.0	36.0	45.4	40.6	28	129	147	135	157	35
Public health medicine	48	81.1	36.1	40.5	14.0	4	9	17	12	n.p.	5
Radiation oncology	64	62.5	31.0	47.5	41.0	7	13	18	12	13	—
Rehabilitation medicine	102	59.0	33.7	43.5	24.6	10	15	31	36	8	n.p.
Intensive care (anaesthesia)	67	8.5	32.4	48.6	47.3	5	6	11	14	29	n.p.
Other	68	56.5	32.0	40.3	36.6	8	15	6	14	23	n.p.
Total	6,244	41.0	32.7	49.0	51.9	475	1,166	1,251	1,109	1,812	431

Source: Medical Labour Force Survey, 2003.

Appendix B: Explanatory notes

Method

Each state and territory medical board conducts an annual renewal of practitioner registration. As part of the registration renewal process, the survey questionnaire was sent to all medical practitioners in all jurisdictions. The results of the 2003 survey relate to the period when the renewal notices and the survey were dispatched. Survey data on practice activity refer to the four-week period before completion of the questionnaire by each medical practitioner.

Scope and coverage

The scope of the Medical Labour Force Survey is all practitioners registered with the medical board in each state/territory and eligible to practise. Coverage in some states excludes medical practitioners who registered for the first time during the current year and practitioners with a conditional registration.

Response rate

The responses to the AIHW Medical Labour Force Surveys in 2003 represented 71.4% of the medical registrations in all jurisdictions (Table B1).

Table B1: Estimated survey response rate, states and territories, 2003

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2003 response rate	76.5	66.0	81.3	61.7	68.6	64.6	70.6	38.8	71.4

Source: Medical Labour Force Survey, 2003.

The overall response rate is an approximation because some medical practitioners were registered in more than one state or territory and may have completed a questionnaire in just one state or territory. It is not known how often this occurred because it is not possible to match survey records across jurisdictions.

Changes to the survey

The questionnaire

In 2000, significant changes to the survey questionnaire were introduced. They were designed to improve and expand the information collected about the hours worked by medical practitioners. The expanded information on the fields of practice has led to a change in the way clinicians and non-clinicians are defined. Since 2000, practitioners who spent part of their time in clinical work, but the majority of their time working in a non-clinical medical occupation, are

assigned the occupation in which they worked the most hours. In previous surveys, these practitioners were all assigned the occupation of clinician.

This publication is the first to present time series for the period 2000 to 2003 since the introduction of the new, revised questionnaire. This questionnaire was used nationally in 2000 and, in subsequent years, in all jurisdictions except in Queensland where the pre-2000 questionnaire was used in 2001, 2002 and 2003. The revised questionnaire enables a time series to be presented for the additional data items collected since 2000, except for Queensland, where the different questionnaire used may have implications for comparisons over time.

The estimation method

A different method of survey estimation was introduced in 2000 to improve survey processing. This method was also used to produce estimates for the 2001, 2002 and 2003 surveys and so provides improved consistency in the time series presented in this publication.

The coding process

In 2000, a more intensive approach was taken in the coding of written answers to questions on 'practitioner type', 'clinician type' and 'specialist field'. This increased the volume of responses that could be moved from the 'other' category and assigned a label. This method was also used to produce estimates for the 2001 survey and then was further refined for the 2002 and 2003 surveys. As a result of the refinements to the coding process, estimates for 'specialists' field of practice' show some small movements between categories when compared with the previous two years.

Notes on the AIHW labour force estimates

The figures produced from the Medical Labour Force Survey are estimates. Not all medical practitioners who were sent a questionnaire responded to the survey, and estimates of the whole practitioner population are based on survey data which have been weighted to match the available registration information. In 2003, complete registration data were available for five jurisdictions (but not Western Australia, Tasmania and the Australian Capital Territory). Where registration data were not available, estimation was made on the basis that survey non-respondents in each state/territory had the same characteristics as respondents.

Additional estimation has been made for survey respondents who provided incomplete labour force information, again on the basis that survey non-respondents had the same characteristics as respondents.

Rounding of estimates may result in numbers not adding up to totals in some tables.

Glossary

Full-time equivalent (FTE) supply of practitioners

The number of full-time equivalent practitioners equals the number of practitioners multiplied by the average weekly hours worked, divided by the number of hours in a 'standard' full-time working week. Two alternatives are provided for a 'standard' working week: 35 hours (the workforce 'standard') and 45 hours (close to the 'standard' worked in 2003 by practitioners). While a 35-hour or 38-hour week is the standard in many industries, the 'typical' working week varies between occupations. Two 'standard' weeks are shown to more easily enable FTE comparisons across occupations.

The FTE number is converted to a rate per 100,000 population for comparison with the practitioner rate (number of practitioners per 100,000).

Geographic classification

There are several classifications used to differentiate between various regions in Australia. The two main ones used in health labour force planning are the Rural, Remote and Metropolitan Areas (RRMA) classification and the Australian Standard Geographical Classification (ASGC). The Remoteness Area Structure of the ASGC, produced by the Australian Bureau of Statistics, has been used in this publication to present regional data for medical practitioners. Prior to 2001, the RRMA classification was used. A brief explanation of the classifications is provided below (AIHW 2004).

The RRMA classification allocates each Statistical Local Area (SLA) in capital cities and metropolitan centres with a population equal to or greater than 100,000 to the Metropolitan zone and to the RRMA classes of Capital city and Other metropolitan centre respectively. All other SLAs are allocated to either the Rural or Remote zone based on the SLA's score on an index of remoteness.

The Remoteness Area Structure of the ASGC is based on the Accessibility/Remoteness Index of Australia (ARIA+) where the remoteness index value of a point is based on the physical road distance to the nearest town or service in each of five population size classes based on the 2001 Census of Population and Housing. These classes are:

- Major cities of Australia
- Inner regional Australia
- Outer regional Australia
- Remote Australia
- Very remote Australia.

Hospital non-specialist

Medical practitioners mainly employed in a salaried position in a hospital who do not have a recognised specialist qualification and who are not undertaking a training program to gain a recognised specialist qualification. They include resident medical officers (RMO) and interns, as well as career and other salaried hospital practitioners.

Intern

A resident medical practitioner working in a hospital, usually in the first year of service after graduation from medical school.

Occupation

A description of the job function within the field of medicine:

- clinician: a medical practitioner mainly involved in the diagnosis, care and treatment of individuals including recommending preventative action. In this publication, a medical practitioner who spends most hours engaged in clinical practice is classified as a clinician;
- administrator: a person mainly employed in medical administration;
- teacher/educator: a person teaching or training persons in medicine;
- researcher: a person primarily engaged in medical research;
- public health physician: a medical practitioner primarily engaged in identifying disease and illness, along with their treatments and any preventive measures that affect the health of the general public;
- occupational health physician: a medical practitioner primarily engaged in identifying disease and illness, along with their treatments and any preventive measures arising from particular occupations or industries; and
- other: a job function in medicine which is not one of the above – for example, industrial relations.

Primary care practitioner

A practitioner in general practice or in the primary care of patients. This category includes practitioners recognised by Medicare as VRGPs, RACGP Fellows, RACGP trainees (see definitions below) and other practitioners whose main practice is unreferral patient attendances.

RACGP

Royal Australian College of General Practitioners.

RACGP trainee

A medical practitioner under the supervision of an RACGP Fellow in a job recognised as leading to the RACGP Fellowship.

Resident medical officer (RMO)

A medical practitioner undergoing further training in a hospital after completing an internship, but who has not commenced a recognised general practice or specialist practice training program.

Specialist

A medical practitioner with a qualification awarded by, or which equates to that awarded by, the relevant specialist professional college in Australia to treat certain conditions.

Specialist-in-training

A medical practitioner who has been accepted by a specialist medical college into a training position supervised by a member of the college.

Vocationally registered general practitioner (VRGP)

A primary care practitioner who has been registered by the Health Insurance Commission as a recognised general practitioner.

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