

# Definitions

## Age

Age has been derived as the number of completed years from year of birth to the year of the survey.

## Career medical officer

See *other salaried hospital career practitioner*.

## Clinician

A medical practitioner who is involved in the diagnosis and/or treatment of patients, including recommending preventative action. In this publication, a medical practitioner who engages in clinical practice in any job is classified as a clinician.

## Country

The Australian Bureau of Statistics, *Australian Standard Classification of Countries for Social Statistics*, Catalogue No. 1269.0 has been used to classify country of initial qualification into the following categories:

1. *Australia*
2. *New Zealand*
3. *United Kingdom and Ireland*: England, Scotland, Wales, Northern Ireland, Ireland
4. *Asia*: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam, People's Republic of China, Hong Kong, Japan, Democratic People's Republic of Korea (North Korea), Republic of Korea (South Korea), Macau, Mongolia, Formosa, Taiwan, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka
5. *Other countries*: all countries not specified above.

## Deputising service

A medical practitioner, or group of practitioners, who provides after hours primary care, but not continuing care, to the patients of the subscribing primary care medical practitioners.

## Direct patient care hours

The hours per week spent in clinical practice that were self reported by responding medical practitioners as the average over the four weeks before the survey (including time spent on patient referrals and clinical notes; excluding time spent in administration of a practice and travel to calls out).

## General practice Medicare providers

Vocationally registered general practitioners plus other medical practitioners.

## General practitioner (RACGP) trainees

A medical practitioner under the supervision of a Fellow of the Royal Australian College of General Practitioners in a job recognised as leading to the award of Fellow of the Royal Australian College of General Practitioners. See also *recognised general practitioner* and *vocationally recognised general practitioner*.

## Geographic region classification

The Department of Health and Family Services *Rural, Remote and Metropolitan Areas Classification*, November 1994 has been used to classify the geographic location of the job of responding medical practitioners in the following seven categories. The data used in determining these categories are based on the 1991 population census.

### Metropolitan areas:

1. *Capital cities* consist of the State and Territory capital cities of Sydney, Melbourne, Brisbane, Perth, Adelaide, Hobart, Darwin and Canberra.
2. *Other metropolitan centres* consist of one or more statistical subdivisions which have an urban centre of population of 100,000 or more in size. These centres are: Newcastle, Wollongong, Queanbeyan (part of Canberra–Queanbeyan), Geelong, Gold Coast–Tweed Heads, Townsville–Thuringowa.

### Rural zones:

3. *Large rural centres* are statistical local areas where most of the population reside in urban centres of population of 25,000 to 99,999. These centres are: Albury–Wodonga, Dubbo, Lismore, Orange, Port Macquarie, Tamworth, Wagga Wagga (NSW); Ballarat, Bendigo, Shepparton–Mooroopna (Vic); Bundaberg, Cairns, Mackay, Maroochydore–Mooloolaba, Rockhampton, Toowoomba (Qld), Whyalla (SA); and Launceston (Tas).
4. *Small rural centres* are statistical local areas in rural zones containing urban centres of population between 10,000 and 24,999. These centres are: Armidale, Ballina, Bathurst, Broken Hill, Casino, Coffs Harbour, Echuca–Moama, Forster–Tuncurry, Goulburn, Grafton, Griffith, Lithgow, Moree Plains, Muswellbrook, Nowra–Bombaderry, Singleton, Taree (NSW); Bairnsdale, Colac, Echuca–Moama, Horsham, Mildura, Moe–Yallourn, Morwell, Ocean Grove–Barwon Heads, Portland, Sale, Traralgon, Wangaratta, Warrnambool (Vic); Caloundra, Gladstone, Gympie, Hervey Bay, Maryborough, Tewantin–Noosa, Warwick (Qld); Mount Gambier, Murray Bridge, Port Augusta, Port Lincoln, Port Pirie (SA); Albany, Bunbury, Geraldton, Mandurah (WA); Burnie–Somerset, Devonport (Tas).
5. *Other rural areas* are the remaining statistical areas within the rural zone. Examples are Cowra Shire, Temora Shire, Guyra Shire (NSW); Ararat Shire, Cobram Shire (Vic); Cardwell Shire, Whitsunday Shire (Qld); Barossa, Pinnaroo (SA); Moora Shire, York Shire (WA); George Town, Ross (Tas); Coomalie, Litchfield (NT).

**Remote zones:** these are generally less densely populated than rural statistical local areas and hundreds of kilometres from a major urban centre. Data in this publication are reported for the zone which comprises the two areas shown below.

6. *Remote centres* are statistical local areas in the remote zone containing urban centres of population of 5,000 or more. These centres are: Blackwater, Bowen, Emerald, Mareeba, Moranbah, Mount Isa, Roma (Qld); Broome, Carnarvon, East Pilbara, Esperance, Kalgoorlie/Boulder, Port Hedland, Karratha (WA); Alice Springs, Katherine (NT).
7. *Other remote areas* are the remaining areas within the remote zone. Examples are: Balranald, Bourke, Cobar, Lord Howe Island (NSW); French Island, Orbost, Walpeup (Vic); Aurukun, Longreach, Quilpie (Qld); Coober Pedy, Murat Bay, Roxby Downs (SA); Coolgardie, Exmouth, Laverton, Shark Bay (WA); King Island, Strahan (Tas); Daly, Jabiru, Nhulunbuy (NT).

## **Hospital non-specialist**

A medical practitioner without a recognised specialty qualification who is mainly employed in a salaried position in a hospital. Hospital non-specialists include resident medical officers, interns and other salaried career practitioners. In this publication, they exclude specialists-in-training.

## **Hours on call not worked**

The average hours per week for which a medical practitioner was on standby for a call to duty and which were not worked during the four weeks before the survey. Once called to duty, the time spent on duty, including travel time, is counted in total hours worked and direct patient care hours.

## **Hours worked**

The number of hours per week that were self reported by responding medical practitioners as the average hours worked in each medical related job over the four weeks before the survey. Hours worked exclude time spent on travel between work locations (except travel to calls out) and unpaid professional and/or voluntary activities. In the editing of survey responses, maximum hours worked in all jobs has been limited to 126 hours per week.

## **Intern**

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

## **Locum tenens**

A medical practitioner who acts as a substitute for another medical practitioner while that practitioner is temporarily absent from their practice

## **Medical labour force**

In each State and Territory, the medical labour force consists of:

- medical practitioners employed in medicine; plus
- medical practitioners not employed in medicine but looking for work in medicine.

## **Medical practitioners employed in medicine**

A registered medical practitioner in an occupation which uses the skills and knowledge of the person's medical qualification. This category includes those on maternity or other extended leave of three months or more.

## **Medicare providers**

Medicare providers are medical practitioners who billed Medicare for at least one private practice occasion of service during a given financial year. Medicare providers are classified by the majority of their practice activity under Medicare. For example, a medical practitioner with specialist qualifications whose Medicare private practice income was mainly from unreferral attendances will be classified as either a general practitioner or other medical practitioner. Conversely, a general practitioner whose Medicare private practice income was mainly in a field of specialist practice will be classified as a non-specialist in that specialty and not as a general practitioner.

## Occupation

A description of the job function within the field of medicine of a person with medical qualifications. The occupations are:

- *clinician*: a medical practitioner mainly involved in the care and treatment of individuals, including diagnosis and preventative action;
- *administrator*: a person mainly employed in medical administration;
- *teacher/educator*: a person teaching or training persons in medicine for their initial qualification or in advanced skills after initial qualification;
- *researcher*: a person engaged in medical research;
- *public health physician*: a medical practitioner primarily engaged in identifying disease and illness, and the conditions for disease and illness, and implementing preventative measures which affect the health of the general public;
- *occupational health physician*: a medical practitioner primarily engaged in identifying disease and illness, and the conditions for disease and illness, and implementing preventative measures which arise from employment in particular occupations or industries; and
- *other*: a job function in medicine which is not one of the above—for example, industrial relations.

## Other medical practitioner

In the labour force survey, other medical practitioners are primary care practitioners who did not self report as being vocationally registered or training to become vocationally registered.

In the Medicare data, a doctor billing privately for mainly unreferral attendances in the Medical Benefits Schedule is not recognised by the Health Insurance Commission as a general practitioner. The Health Insurance Commission recognises as general practitioners those medical practitioners who are vocationally registered or Fellows of the Royal Australian College of General Practitioners (FRACGP) or trainees for vocational registration who are employed in a recognised general practice. Because other medical practitioners are not recognised general practitioners, they receive a lower payment from Medicare for each unreferral attendance.

This category includes medical practitioners whose main job may be in primary care, a special interest area of primary care, salaried hospital employment, other salaried employment, public health medicine, occupational health medicine, medical administration, research or education, and employment outside medicine.

## Other salaried hospital career practitioner

Generally, a medical practitioner serving the major portion of the time in a hospital after completing all professional training and, in most States, referred to as a career medical officer. This category includes some practitioners who have completed an internship and have been registered to practice under supervision.

## Primary care practitioner

A practitioner engaged in general practice or in the primary care of patients. This category includes practitioners recognised by Medicare as Vocationally Registered General Practitioners, Fellows of the Royal Australian College of General Practitioners, RACGP trainees and other medical practitioners.

## **Recognised general practitioner**

A medical practitioner recognised as a general practitioner by the Health Insurance Commission in respect of Medicare payments for unreferral attendances. Recognised general practitioners attract a higher Medicare payment than other medical practitioners for unreferral attendances. Recognised general practitioners include vocationally registered general practitioners, Fellows of the RACGP and medical practitioners in training for vocational registration who are employed in a recognised general practice and therefore supervised by recognised general practitioners.

## **Referral**

A request in writing by way of a letter or note to a specialist or a consultant physician for investigation, opinion, treatment and/or management of a condition or problem of a patient, or for the performance of specific examination(s) or test(s). The referring practitioner must have turned his or her mind to the need for referral and communicate relevant information about the patient to the specialist or consultant physician.

The general practitioner is regarded as the primary source of referrals to consultant physicians or specialists. Cross-referrals between specialists and/or consultant physicians should usually occur in consultation with the patient's general practitioner.

## **Resident medical officer**

A medical practitioner serving the major portion of the time in a hospital for further training after an internship

## **Special interest area**

A particular medical interest of a primary care practitioner. The area of interest may be a particular clinical condition (for example, diabetes), a medical procedure (for example, endoscopy), or an identified population (for example, Aboriginal health). Where the interest area equates to a recognised medical specialty, it has been classified according to the specialty classification.

## **Specialist**

A medical practitioner with a qualification awarded by, or which equates to that awarded by, the relevant specialist professional college in Australia. In general, specialist recognition is based on the completion of a program of appropriate supervised training covering a minimum of six years after initial medical graduation and an examination leading to the award of a higher qualification.

Medicare recognises as a specialist a medical practitioner who has made formal application for recognition by Medicare and who:

- is registered as a specialist under State or Territory law; or
- holds a fellowship of a specified specialist college; or
- is considered eligible for recognition as a specialist or consultant physician by a Specialist Recognition Advisory Committee.

Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, Medicare benefits are payable at the appropriate higher rate for certain services rendered by the practitioner in the practice of the specialty, provided the patient has been referred by:

- another medical practitioner; or
- a registered dental practitioner, where the referral arises out of a dental service; or
- a registered optometrist where the specialist is an ophthalmologist.

### **Specialist-in-training**

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

### **Vocationally registered general practitioner**

Vocational registration applies to a primary care practitioner's registration as a Medicare provider. The criteria for registration as a vocationally registered general practitioner are certification from either the Royal Australian College of General Practitioners, a Vocational Registration Eligibility Committee, or the Vocational Registration Appeal Committee, that the practitioner's medical practice is predominantly general practice, and that the practitioner has appropriate training and experience in general practice.

In assessing whether a practitioner's medical practice is predominantly general practice, only services eligible for Medicare benefits are considered. To qualify, 50% of the clinical time and services claimed against Medicare must be in general practice as defined. The RACGP and Vocational Registration Eligibility Committee or Vocational Registration Appeal Committee will have regard to whether the practitioner provides a comprehensive primary medical service including: treating a wide range of patients and conditions using a variety of accepted skills and techniques; providing services away from the practitioner's surgery on request (for example, home visits); and making appropriate provision for the practitioner's patients to have access to after hours medical care.

The training and experience which the RACGP regards as appropriate for eligibility is the attainment of Fellowship of the RACGP or other postgraduate qualifications and training of a standard equivalent to that accepted for the award of the Fellowship.

Continued vocational registration depends on involvement in appropriate continuing medical education and quality assurance programs approved by the RACGP, and on the practitioner continuing to be predominantly in general practice.

### **Work setting**

The functional use of the premises where a medical job is located

## Reference list

Australian Bureau of Statistics 1990. Australian standard classification of countries for social statistics. Catalogue No. 1269.0. Canberra: ABS.

Australian Bureau of Statistics 1991 census. Australia's Aboriginal and Torres Strait Islander population. Catalogue No. 2740.0. Canberra: ABS.

Australian Bureau of Statistics 1993, 1995. Australian demographic statistics. Catalogue No. 3101.0. Canberra: ABS.

Department of Health and Family Services 1994. Rural, remote and metropolitan areas classification. Canberra: AGPS.

Health Insurance Commission 1987-88, 1988-89, 1989-90, 1990-91, 1991-92, 1992-93, 1993-94, 1994-95. Annual Report. Canberra

## **Related publications**

The following publications relating to the health labour force have been issued by the Australian Institute of Health and Welfare.

### **National health labour force series**

No. 1: *Pharmacy Labour Force 1992*

No. 2: *Podiatry Labour Force 1992*

No. 3: *Medical Labour Force 1992–93*

No. 4: *Physiotherapy Labour Force 1993*

No. 5: *Pharmacy Labour Force 1993*

No. 6: *Medical Labour Force 1994*

No. 7: *Podiatry Labour Force 1994*

No. 8: *Pharmacy Labour Force 1994*

No. 9: *Nursing Labour Force 1993 and 1994*

### **Joint publications with the Australian Medical Workforce Advisory Committee**

*Australian Medical Workforce Benchmarks*. AMWAC Report 1996.1 January 1996

*Female Participation In The Australian Medical Workforce*. AMWAC Report 1996.7 September 1996

### **Other publications**

*Australia's Health 1994*

*Australia's Health 1996*

### **Internet access**

A selection of material produced by the Australian Institute of Health and Welfare is published on the Institute's web-site at <http://www.aihw.gov.au>.