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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AMC	Australian Medical Council
AMWAC	Australian Medical Workforce Advisory Committee
CMO	career medical officer
DHAC	Department of Health and Aged Care
ENT	ear, nose and throat
FTE	Full-time equivalent
GP	general practitioner
HMO	hospital medical officer
metro	metropolitan
OECD	Organisation for Economic Cooperation and Development
OMP	other medical practitioner
OTD	overseas-trained doctor
RACGP	Royal Australian College of General Practitioners
RMO	resident medical officer
TRD	temporary resident doctor
VRGP	vocationally registered general practitioner

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Explanatory notes

Background

In 1990, the Australian Health Ministers' Advisory Council (AHMAC) commissioned the AIHW to develop national health labour force statistics about the major registrable health professions. Data collections based on a national minimum data set were developed addressing the workforce planning needs of the health professions, government, service providers and educational institutions. A national medical labour force survey commenced in 1993 in conjunction with the annual registration renewal of medical practitioners. Prior to 1993, a number of State health authorities, specialist medical Colleges and two publishing companies had conducted regular medical workforce surveys, while annual Medicare provider statistics have been available since 1984–85.

In February 1997 AHMAC reviewed medical workforce priorities and the activities of the Australian Medical Workforce Advisory Committee, which had started early in 1995. AHMAC concluded that AMWAC should continue for a further five years and that the AIHW medical labour force survey should continue annually.

Scope and coverage

The scope of the data is all practitioners registered with the medical board in each State and Territory and eligible to practise.

Coverage in some States may exclude medical practitioners who registered for the first time during the current year. Practitioners with a conditional registration, usually for a fixed term, are also excluded in many States. These conditional registrants include interns and temporary resident doctors, who are not required to renew their registration at the standard renewal date.

Method

Each State and Territory medical board conducts an annual renewal of practitioner registration and the survey questionnaire was sent to all medical practitioners as part of the registration renewal process.

Timing

The statistics in this publication relate to registration renewals during the period October–December 1998. The renewal notices and the survey were dispatched in all States and Territories in September 1998. This dispatch date is generally three months before the expiry of registration. Survey data on practice activity refer to the four-week period before completion of the questionnaire by each medical practitioner.

Response rate

The responses to the AIHW medical labour force survey represented 81.3% of the total medical registrations in all States and Territories. The medical boards did not include all registered practitioners in the survey as interns and some conditionally registered practitioners were not sent registration renewals. In some States, practitioners known to the boards to be not practising because they were retired, overseas or had moved interstate

were not included in the survey. The estimated State response rates for those surveyed ranged from 94% in New South Wales to 62% in the Northern Territory.

Table 1: Medical labour force survey: estimated survey response rate, States and Territories, 1998

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
	(per cent)								
Respondents	94.2	75.4	85.3	64.9	63.3	71.7	61.6	68.3	81.3
Non-respondents	5.8	24.6	14.7	35.1	36.7	28.3	38.4	31.7	18.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The overall response rate can only be estimated, not determined with complete accuracy. It is known that at least some medical practitioners who were registered in more than one State or Territory completed a questionnaire in just one State or Territory. The incidence of this occurrence cannot be ascertained because matching survey records among States and Territories is not possible.

Complete data were not available for all responding medical practitioners, either because not all survey questions were completed or because medical boards' initial registration data were incomplete or not provided.

AIHW labour force estimates

Medical practitioners may register in more than one State or Territory. Thus, in estimating the medical labour force, it is important to reduce as much as possible the consequent duplication in statistics.

The estimation of the number and characteristics of employed medical practitioners in each State and Territory was based on the responses of those practitioners employed solely or mainly in the State or Territory of registration. Practitioners who were on leave for three months or more, although employed, were excluded from most tables of employed practitioners because not all States and Territories collected data on practitioners who were on leave.

It was assumed for all estimates that non-respondents to the survey in each State and Territory had the same labour force characteristics as had respondents, and the survey data were scaled up to the registrations by distributing the non-response numbers on the basis of this assumption. In 1998, sex and age data were available for all registered medical practitioners for five States (excluding Western Australia), and for these States the estimation process was based on the response rate by sex and age group. The estimation process may overestimate the numbers of medical practitioners in the workforce in each State and Territory if non-respondents are more likely to be those with multiple registrations not in their home State or Territory or those not in the medical labour force. This survey error will be greater in the two Territories, which have higher proportions of doctors registered in other jurisdictions, and lower proportions of doctors practising solely in the Territories.

Revisions to 1996 and 1997 data

A small number of duplicate records were identified and deleted from the data.

Comparability with data in previous reports

You will note that there are some small differences between data published in this report relating to earlier years and the data published in earlier reports. This report incorporates all amendments made to earlier years data. Consequently, the calculation of changes over time based on those earlier reports may not agree precisely with the trends shown in this report.

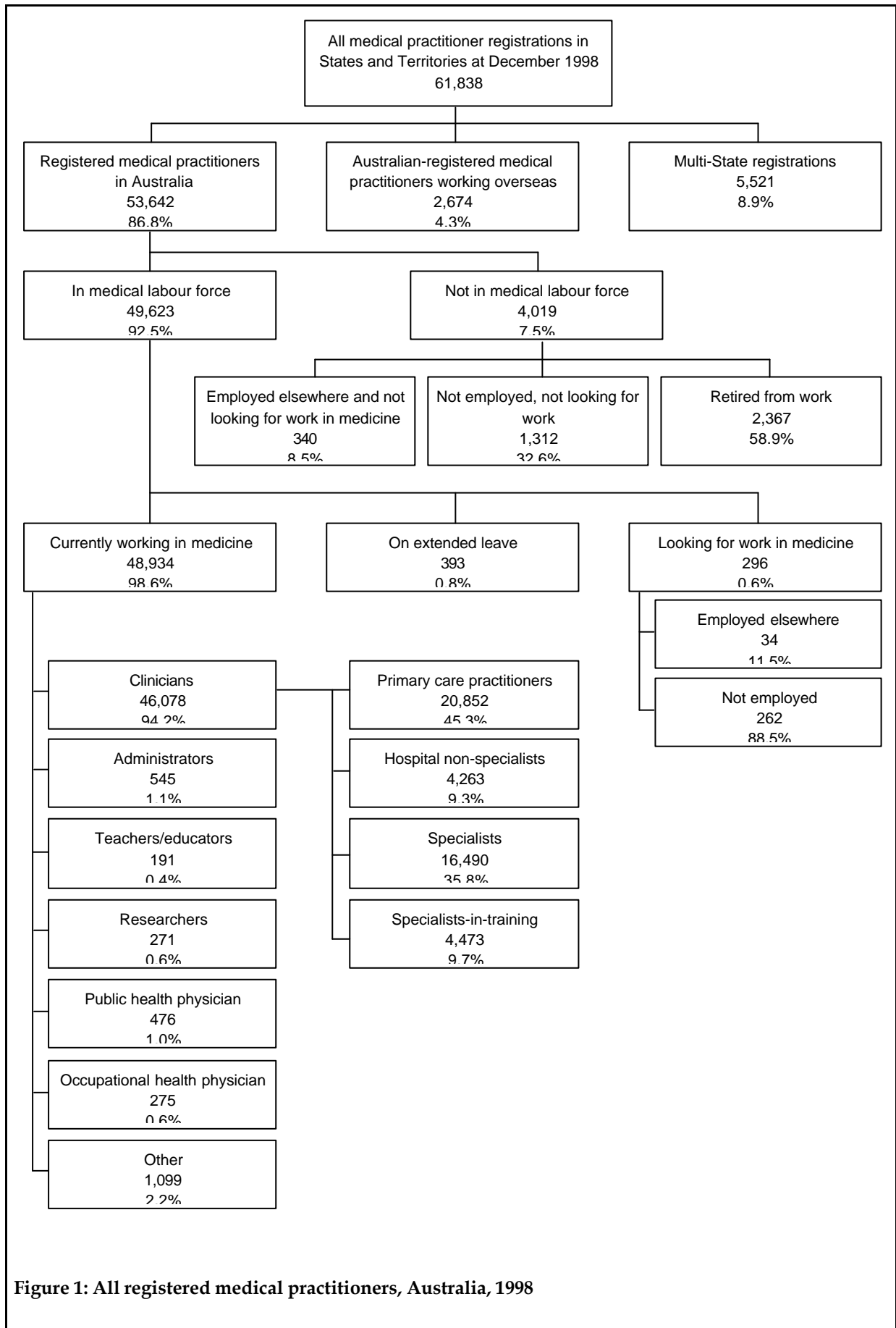


Figure 1: All registered medical practitioners, Australia, 1998