

# Health occupations

There were 450,792 people employed in health occupations in 2001, representing a growth of 11.4% since 1996. This chapter provides a brief summary for each of the broad health occupations, including growth between 1996 and 2001, hours worked, gross income according to the census and earnings where available from the ABS Survey of Employee Earnings and Hours.

## Medical practitioners

The number of medical practitioners (including medical administrators) increased by 12.6% (from 46,043 to 51,859) between the 1996 and 2001 censuses. This was more than the 6.0% population increase. There was considerable variation within this overall increase, ranging from decreases of 537 (31.8%) for pathologists and 61 (7.1%) for obstetricians and gynaecologists, to relatively large increases in other medical occupations (Table A.20). Occupations with higher percentage increases were emergency medicine specialists (139 or 73.9%), dermatologists (41 or 20.1%), specialist physicians (307 or 18.8%), radiologists (189 or 16.0%) and paediatricians (94 or 13.3%). Numerically large increases of 2,772 generalist practitioners, 304 surgeons and 222 anaesthetists were all slightly below the general overall percentage increase. There was a substantial increase of 1,803 (93.9%) in medical administrators.

In 2001, 22.7% of generalist practitioners and 15.5% of specialists worked part-time hours (Table A.16) – an increase from 20.0% and 13.3% respectively in 1996. There was an increase in the proportion of specialists working long hours (49 or more hours per week), from 53.6% to 55.1%, and a decrease for generalist practitioners, from 46.4% to 44.1%. The proportion of women in general practice increased from 32.3% to 34.9% between the censuses. Female practitioners work part-time more often than males, and are less likely to work long hours.

At the 2001 census, 55.9% of medical practitioners reported annual gross income greater than \$78,000 and a further 31.9% reported incomes in the range \$41,600–\$77,999 (Table A.22). As noted previously, income data derived from the census includes all sources; not just income derived from paid employment. Most generalist practitioner and specialist remuneration in the private sector is derived from Medicare payments, although medical practitioners also receive payment as salaried and visiting medical practitioners in public hospitals. Australian Hospital Statistics reveal that in 2001–02, recurrent salary and wages expenditure on the 18,628 FTE salaried medical officers in public acute and psychiatric hospitals amounted to \$2.0 million (AIHW 2002). This equated to around \$108,700 per FTE salaried medical officer. For generalist practitioners, the number of Medicare services per capita decreased by 7.3% between 1996–97 and 2001–02, and the fees charged per capita increased by 13.4%. For specialists, the Medicare services per capita increased by 17.3% and the Medicare fees charged per capita increased by 32.2% (DoHA 2002).

Between May 1995 and May 2002, the base pay (which excludes allowances and overtime earnings) for salaried medical practitioners increased by 11–12% and that for medical practitioners in managerial positions increased by around 33%. Base pay for full-time non-managerial medical practitioners was 63.7% above the health and community services industry average (ABS 2002c).

## Medical imaging

The medical imaging workforce numbered 8,141 in 2001, a 25.0% increase on the 6,513 in the workforce in 1996 (Table A.20), much higher than the 6.0% population increase. Diagnostic radiographers, radiation therapists and nuclear medicine technologists increased by 16.0%, 15.4% and 12.1% respectively between 1996 and 2001. The number of sonographers increased by 102.0% to 1,418 and in 2001 made up 17.4% of the medical imaging workforce, up from 10.8% in 1996.

Some 55.6% of medical imagists had gross annual income in the range \$41,600–\$77,999 (Table A.22). Sonographers had the highest incomes amongst the medical imaging workforce, with 60.9% reporting gross income in the bracket \$41,600–\$77,999 and a further 12.2% with incomes above \$78,000. Between 53.9% and 59.2% of workers in all the other occupations in the group reported incomes in the range \$41,600–\$77,999 but did not have as large a proportion with incomes over \$78,000.

Sonographers generally worked fewer hours than diagnostic radiographers, radiation therapists and nuclear medicine technologists. Some 39.8% of sonographers worked part-time compared to 29.5%, 22.6% and 21.6% respectively for radiographers, radiation therapists and nuclear medicine technologists. At the other end of the scale, 5.5% of sonographers worked long hours (49 hours or more per week) compared to 9.5% of radiographers, 4.9% of radiation therapists and 8.8% of nuclear medicine technologists (Table A.16).

## Dental workers

The total dental workforce was 25,884 in 2001 – an increase of 11.0% from 23,318 in 1996, and more than the 6.0% population increase. The number of dentists and dental specialists increased by 7.8% to 8,194 between 1996 and 2001. This increase was slightly above the increase in the population. Dental therapists and hygienists increased by 6.0% overall with a decrease in dental therapists offset by a substantial increase in dental hygienists. There was a minor increase of 1.3% in dental technicians. The number of dental assistants increased by 16.3% to comprise 50.6% of the dental workforce in 2001 – up from 48.3% in 1996 (Table A.20).

Dentist specialists and dentists generally received relatively high incomes with 70.4% of dental specialists and 48.1% of dentists having incomes higher than \$78,000 in 2001. The annual incomes of a further 14.9% of specialists and 36.9% of dentists were in the range \$41,600–\$77,999 (Table A.22).

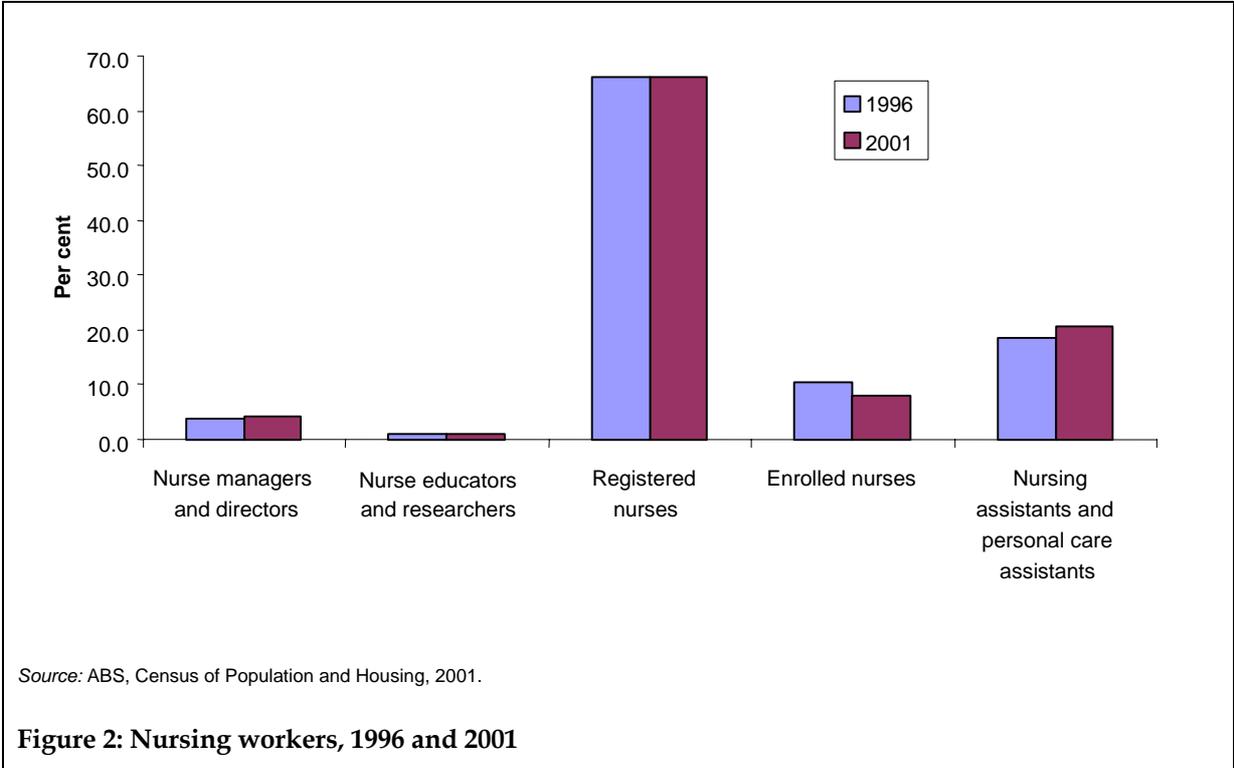
Dental hygienists had higher incomes than dental therapists, with 49.7% of hygienists receiving more than \$41,600 compared to 23.1% of therapists. The majority (55.8%) of dental therapists had incomes in the range \$20,800–\$41,599. Hygienists achieved these higher incomes in fewer working hours than therapists, with 60.6% of hygienists working part-time compared to 51.8% of therapists and 0.7% compared to 2.0%, respectively, working long hours (49 hours or more per week) (Table A.16).

Most (54.7%) dental assistants' annual incomes were in the range \$20,800–\$41,599 with 2.0% reporting incomes greater than \$41,600. A further 31.6% reported incomes between \$10,400 and \$20,799. In May 2002, the full-time adult base pay for dental assistants was 26.8% below the average for the health and community service industries, making dental assistants some of the lowest paid workers in the industries – only slightly above elementary clerks and labourers. Some 43.6% of dental assistants worked part-time and 2.6% worked long hours.

# Nursing workers

The total nursing workforce numbered 244,405 in 2001, up 5.4% on 1996 (Table A.20) but lower than the 6.0% population increase. There are indications of structural shifts in the composition of this workforce, which in 2001 consisted of 1.1% directors of nursing, 3.0% nurse managers, 1.1% nurse educators and researchers, 66.1% registered nurses, 8.0% enrolled nurses and 20.7% assistants in nursing. This compares with 1.4%, 2.7%, 0.9%, 66.1%, 10.6%, and 18.4% respectively in 1996. There was a decrease of 460 (14.7%) directors of nursing and an increase of 1,214 (19.7%) nurse managers; a small increase in nurse educators (8.0%) and an increase from 279 to 700 nurse researchers (Figure 2).

Just over half (51%) of all nurses worked part-time. The nursing occupations with the lowest proportions working part-time were director of nursing (9.0%) and nurse manager (21.7%), and were also those with the greatest proportion working long hours – 36.2% of directors of nursing and 16.8% of nurse managers. Registered midwives had the greatest proportion working part-time at 62.8%, closely followed by nursing assistants at 61.2% (Table A.16).



At the 2001 census, more than 75% of directors of nursing and nurse managers reported incomes above \$41,600, as did 50% or more nurse educators, mental health nurses, and developmental disability nurses. The majority of all other nursing occupations received incomes higher than \$20,800 (Table A.22).

Between May 1996 and May 2002 the base pay (i.e. excluding overtime and allowances) for full-time registered nurses increased around 19%, from \$784 per week to \$936 a week, while total earnings increased 16% and total paid hours worked decreased about one hour per week (3%). Enrolled nurses' full-time base pay increased around 29% (to \$720.80 per week) while paid hours decreased around 4%. The full-time base pay for assistants in nursing increased 24% (to \$631.40 per week) and the paid hours increased by around one hour (3%).

In 1996 the base pay for a registered nurse in a non-managerial role was around 88% of that for a nurse in a managerial role. By 2002 this difference had disappeared and the base pay was equal (Table A.24 and ABS 2002c).

## Pharmacists

Pharmacists overall increased by 13.0% between 1996 and 2001 to 13,911, which was higher than the 6.0% population increase. Relatively large decreases in hospital pharmacists (339 or 19.6%) and industrial pharmacists (222 or 31.5%) were offset by a relatively large increase (2,161 or 21.9%) in retail pharmacists. Retail pharmacists made up 86.5% of all pharmacists in 2001 – up from 80.2% in 1996 (Table A.20).

In 2001, a similar proportion of both hospital (29.7%) and retail pharmacists (30.7%) worked part-time. However, far fewer hospital pharmacists (9.6%) worked long hours than retail pharmacists (27.1%) (Table A.16).

The Commonwealth Department of Health and Ageing publishes information on their website (<[www.health.gov.au/pbs/pubs/atoz.htm](http://www.health.gov.au/pbs/pubs/atoz.htm)>) relating to the government's Pharmaceutical Benefits Scheme (PBS). The number of prescriptions dispensed under the PBS gives an indication of the dispensing workload of retail pharmacists. There were 124.1 million PBS prescriptions dispensed in 1996–97 and 155.0 million in 2001–02 (excluding scripts for Veterans' Affairs) – a 24.9% increase. In 1996–97 there was an average of 12,560 PBS prescriptions per retail pharmacist compared to 12,870 prescriptions per pharmacist in 2001–02.

At the 2001 census, the income of pharmacists closely reflected the distribution of working hours. For most pharmacists, their income fell in the range \$41,600–\$77,999, while 35.6% of hospital pharmacists and 33.2% of retail pharmacists received incomes less than \$41,600. Receiving incomes over \$78,000 per year were 5.7% of hospital pharmacists and 22.9% of retail pharmacists. The pattern for industrial pharmacists differed in that 35.3% had incomes under \$41,600 – but 17.3% of this group worked part-time (Table A.22).

The average base pay for a full-time adult pharmacist in May 2002 was around \$959.70 per week, which was about 25% above the average base pay for employees in the health industries. This base pay had increased by about 25% since May 1996 (unpublished data from the ABS Surveys of Employee Earnings and Hours, 1996 and 2002).

## Allied health workers

Most allied health occupations were numerically small in 2001, but recorded relatively large increases between 1996 and 2001. Allied health professionals overall increased by 26.6% with the numerically largest occupations of physiotherapist, clinical psychologist and occupational therapist increasing 15.1%, 44.1% and 22.7% to 10,246, 7,567 and 5,353 respectively. These increases were all more than the 6.0% population increase over the period. The three occupations comprised 58.7% of this group (Table A.20).

At the 2001 census, allied health workers reported a wide range of incomes, with 38.2% reporting in the range \$41,600–\$77,999 and 37.7% in the range \$20,800–\$41,599 (Table A.22). A few occupations reported sizeable proportions with annual incomes above \$78,000 (21.3% of optometrists, 20.7% of chiropractors and 16.1% of osteopaths).

Over three-quarters of the allied health professionals worked 40 hours a week or less – 42.1% worked part-time and 35.5% worked 35–40 hours per week. This was similar to the profile of all health workers, of whom 77.3% worked 40 hours per week or less (Table A.16).

## Complementary therapies workers

As with the allied health occupations, the complementary therapies occupations were numerically small in 2001 (8,533 in total), but had increased substantially (by 31%) since 1996. Complementary therapies workers overall recorded an increase of 31.2% between 1996 and 2001. Naturopathy was the largest profession in the group with 2,502 members in 2001 – an increase of 31.3% since 1996. Natural remedy consultants and chiropractors had 2,345 and 2,072 members respectively. These three professions comprised 81.1% of this group.

Over half (55.4%) of complementary therapy professionals worked part-time – those working less than 16 hours per week made up the numerically largest group. Apart from chiropractors and osteopaths, who generally reported incomes in the higher ranges, most other practitioners of complementary therapies received incomes below \$41,600 (Table A.22).

## Other health workers

Other health workers may be divided into two groups – a group who mainly work in the health and community services industries, and a second group who mainly work in government administration or other industries.

The first group increased in numbers by 38.4% between the censuses, with most occupations recording substantial relative increases. Medical technical officers, the largest group in 2001, increased by 5,709 (69.5%) to 13,927 members, with most of the increase occurring in the pathology services industry. There was a smaller increase of 1,595 medical scientists (16.8%), the largest group in 1996, but the second largest in 2001. The numbers of massage therapists and anatomists or physiologists more than doubled to 4,921 and 512 respectively, and there were overall increases of 166 (48.0%) for biomedical engineers, 218 (30.8%) for Indigenous health workers and 747 (12.5%) overall for the two ambulance occupations (ambulance officers and intensive care ambulance paramedics) (AIHW 1996 and Table A.20).

Between 1996 and 2001, the second group decreased overall by 1.0% with an increase of 166 (48.0%) biomedical engineers, 667 (23.8%) occupational health and safety officers and 898 (24.5%) safety inspectors. These increases did not offset the decrease of 1,816 (35.4%) environmental health officers and a small decrease of 46 (1.6%) primary products inspectors and 31 (3.9%) weight loss consultants (Table A.20).

Between 1996 and 2001, ambulance officers and intensive care ambulance paramedics together increased by 12.4% to 6,708 officers. However, there was a major structural shift in the numbers in each occupation. In 2001, there were 3,464 intensive care ambulance paramedics and they comprised 51.6% of the two occupations together – up from 1,849 and 31.0% in 1996. The proportion of paramedics differs widely among the states and territories, with New South Wales having 17.6% paramedics, the Northern Territory 42.6%, Tasmania 52.0%, South Australia 60.9%, Western Australia 66.9%, Queensland and the Australian Capital Territory both with 72.6%, and Victoria 75.8% paramedics.

A small proportion of ambulance officers and intensive care ambulance paramedics worked part-time, 8.4% and 5.5% respectively, and almost equal numbers worked 49 or more hours

per week, 27.5% and 29.2% respectively (for which overtime payments may have applied) (Table A.16). The income that was recorded in the 2001 census would give an indication of the relative salary difference. Some 62.2% of ambulance officers and 80.7% of paramedics had incomes above \$41,600 per year (Table A.22).

In the other occupations in this group, those that stand out are:

- massage therapists and weight loss consultants – about 75% of workers in each occupation worked part-time, with resultant relatively low incomes
- biomedical engineers, with 3.4% working part-time, 22.9% working long hours and 76.0% earning more than \$41,600 per year.