RURAL HEALTH WEST

Rural General Practice in Western Australia

Annual Workforce Update

NOVEMBER 2018

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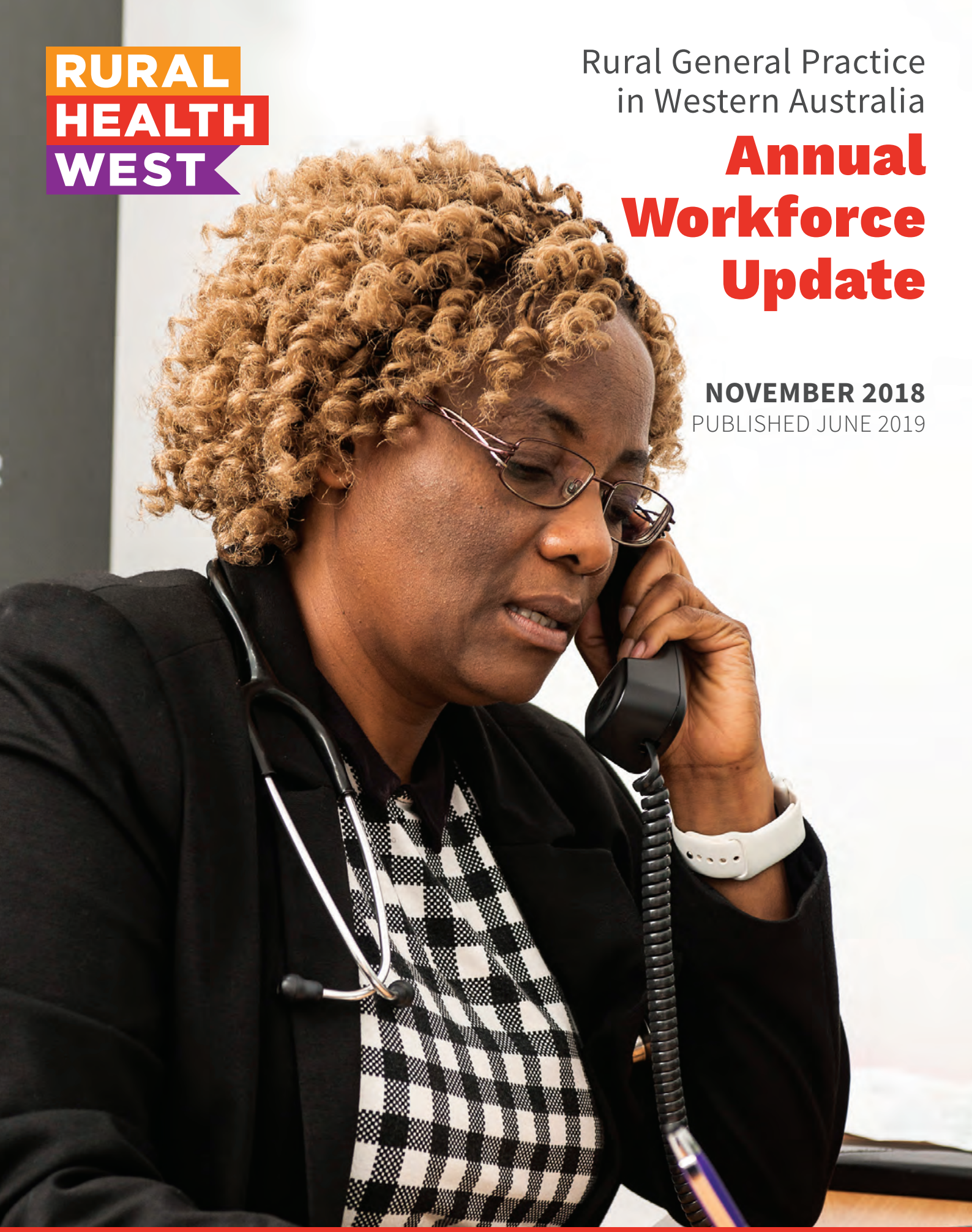

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Limitations

Rural Health West acknowledges there are limitations with data collection for various reasons. Data specific to doctors who provide primary care services to country hospitals may be under-represented.

The information in this report was current at the census date of 30 November 2018.

Website

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Acknowledgments

Rural Health West thanks all rural general practitioners (GPs) and general practice staff in WA, WA Country Health Service (WACHS), Western Australian General Practice Education and Training Limited (WAGPET), WA Primary Health Alliance, Aboriginal Community Controlled Health Organisations (ACCHOs) and others for their support and contributions in providing and validating the data used in this report.

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June 2019

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Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
ACRRM	Australian College of Rural and Remote Medicine
ASGC-RA	Australian Standard Geographical Classification – Remoteness Area
DMO	District Medical Officer
GP	General Practitioner
IMG	International Medical Graduate
MDS	Minimum Data Set
MM	Modified Monash
MMM	Modified Monash Model
RFDS	Royal Flying Doctor Service
RRMA	Rural, Remote and Metropolitan Areas
RVTS	Remote Vocational Training Scheme
SMO	Senior Medical Officer
WA	Western Australia
WACHS	WA Country Health Service
WAGPET	Western Australian General Practice Education and Training Limited

1 Introduction

Rural Health West has been part of the rural health landscape since 1989. We believe that everyone, everywhere is entitled to good health and that distance should be no obstacle in accessing healthcare.

We are an independent non-government organisation committed to ensuring that rural communities in WA have ready access to qualified and experienced health professionals.

We work towards this vision by attracting, recruiting and retaining medical and health professionals to rural locations through a range of programs and services. Over 30 years, we have developed strong relationships with rural health professionals and practices.

Rural Health West maintains a robust database of GPs providing primary care services across rural WA. It is the most comprehensive database of rural GPs working in WA.

This database in updated through ongoing contact with rural GPs and practices and through annual GP and bi-annual practice surveys. There was a 64.7% response rate to the 2019 GP survey and a 78% response rate to the practice survey. This response rate provides a high level of confidence in the validity of the information provided.

Each year, the information Rural Health West maintains is collated, de-identified and compiled into a detailed annual report titled *Rural General Practice in Western Australia – Annual Workforce Update* (formerly known as the *Minimum Data Set (MDS) Report and Workforce Analysis Update*).

The Update provides an overview of findings, changes and trends in the rural general practice workforce to inform workforce planning and policy decisions.

The information in this report was current at the census date of 30 November 2018.

Please note:

- The Modified Monash Model uses MM 2 to 7 category locations to describe the rural workforce, therefore Mandurah (and other RA 2/MM 1 category locations) have been removed from the 2018 update. The implications to the dataset caused by this change are that approximately 170 GPs (predominantly from the Peel region) are excluded from this report as they have been classified as MM 1.
- Rural Health West uses ‘rural’ in place of ‘rural, regional and remote’ for brevity. All references to ‘rural’ should be taken as the broader definition.

2 Executive Summary

This section of the report sets out brief comparisons and trends for the rural general practice workforce in MM 2 to 7 categories in WA at the most recent census date of 30 November 2018.

Number of overall rural GPs

- As at 30 November 2018, the number of GPs known to be practising in MM 2 to 7 category locations was 838. This represented an increase of 0.8% from November 2017. Although still an increase in GPs, this growth in significantly lower than previous years.
- The fastest growing category of the workforce is GPs who fly-in/fly-out or drive-in/drive-out to their rural practices from the Perth metropolitan area or interstate. This year, there was growth of 29 GPs in this category. This cohort has been the fastest growing group since Rural Health West began separating them from their resident counterparts in 2012
- GP registrars undertaking their training in rural locations decreased by 17 at the November 2018 census date.
- There were approximately 170 doctors working in Mandurah (and other RA 2/MM 1 category locations) at the census date. These doctors are no longer classified by the Australian Government as part of the rural general practice workforce and this is reflected in a drop in the number of resident GPs and GP registrars overall.

Age and gender

- The average age of the rural general practice workforce was 47.8 years, 0.1 year higher than 2017.
- The average age of the overall rural general practice workforce has increased 3.5 years since 2001.
- GPs aged 55 and over made up 28.5% of the rural general practice workforce in 2018 compared to 26.6% in 2017.
- The proportion of female GPs reached a new peak in 2018; they now represent 43% of the rural general practice workforce.
- The Mandurah (and other RA 2/MM 1 category locations) cohort comprised a consistently high number of male doctors compared to other rural areas. Removing Mandurah (and other RA 2/MM 1 category locations) doctors from this dataset reveals that the proportion of female GPs in the overall rural general practice workforce has been increasing since 2008.

Location/Region

- The South West region was the most populous region with 256 GPs. This represents 30.6% of the rural general practice workforce.
- The Goldfields region experienced a loss of 10.1% (n=8) of its workforce between November 2017 and November 2018, while the Wheatbelt lost 3.6% (n=3) of its workforce.

Turnover

(Excludes WAGPET GP registrars)

- Turnover of the rural general practice workforce between 30 November 2017 and 30 November 2018 was 13.9%, an increase of 2.3% from the previous period.
- The percentage increase in the permanent workforce was only 1.4% between 2017 and 2018. This is in contrast to increases in previous years which included Mandurah (and other RA 2/MM 1 category locations) of 6.6% in 2017 and 4.4% in 2016.
- 100 GPs departed the rural general practice workforce during this period (16 more than in 2017) of which the most common destination was Perth (33.0%).
- 110 GPs joined the permanent rural general practice workforce during this period (15 fewer than 2017). The most common origin was Perth (31.8%).
- There were 10 fewer GPs who arrived directly from overseas than in 2017 (n=26). Of the 51 doctors who commenced working in rural WA for the very first time 35 (68.6%) were IMGs.
- 22 GPs joined the permanent rural general practice workforce from the WAGPET GP training program, representing 20% of all new arrivals. In 2011, only 5.4% of new arrivals were GP registrars choosing to stay on once Fellowed.
- Male and female GPs departed the rural general practice workforce at similar levels in 2018. However, there was proportionally more female GPs (3.8% increase in female GPs) than male GPs (-0.2%) commencing in the rural general practice workforce between November 2017 and November 2018. This continues the trend of increasing representation of female GPs in the rural general practice workforce.
- The Pilbara region experienced the greatest rate of GP departures, with 31.1% of its general practice workforce leaving between November 2017 and November 2018.The majority of these GPs returned overseas or moved to Perth. The Midwest region experienced the least outbound movement, with 10.1% of the region's GPs departing.
- 20.2% of all new arrivals established themselves in the South West region. Conversely, only 5.6% of new GPs went to the Goldfields and 7.3% to the Wheatbelt region.

Working hours

- The average self-reported hours worked in 2018 was 39.7 hours per week, compared to 40.4 hours in 2017, a drop of 0.7 hours.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- The proportion of the respondents working part-time has increased 0.5% from 2017.
- GPs in the Midwest and Pilbara regions and GPs working MM 7 category locations work longer hours on average than the rest of the rural general practice workforce.

Length of employment *(excludes WAGPET GP registrars)*

- The average length of employment in current rural general practice was 7.6 years, 0.4 years higher than in 2017.
- The Great Southern region had the highest proportion of long-stay (>5 years) GPs (60.5% of its workforce) and the Goldfields region again the lowest proportion (8.7%).
- The majority of long-stay rural GPs were in MM 3 and 4 category locations. MM 6 and 7 category locations had the the lowest proportion of long-stay rural GPs.

Proceduralists

- There were 188 rural GP proceduralists (practising general anaesthetics, obstetrics or general surgery) as at 30 November 2018, 6 more than in 2017.
- GP anaesthetist numbers increased by 4 while GP obstetrician numbers decreased by 5 in 2018.
- The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in the past decade. In 2007, 14 GPs practised all 3 procedures and 68 practised 2 procedures. In 2018, just 2 GPs practise all 3 procedures and 36 practise 2 procedures. Of those who practised 2 or more procedures, obstetrics was the most common procedural skill to be ceased.
- The GP proceduralist proportion of the overall workforce rose in 2018 by 0.5% to 22.4%. This is the first percentage rise since 2012.
- There are again more female proceduralists than in any previous year.

IMGs

- At November 2018, 53.6% of the rural general practice workforce in WA had obtained their medical qualification overseas.
- The number of IMGs arriving in rural WA dropped from 73 in 2017 to 53 in 2018.
- The largest proportion of IMGs arriving in 2018 gained their basic medical qualification in the United Kingdom/Ireland or India.
- 63.0% of the IMG workforce in 2018 were Fellowed, an increase of 3.0% from 2017. 14.7% were on a Rural Health West supported program (Five Year Overseas Trained Scheme, Rural Locum Relief Program and Forward to Fellowship), 13.4% were on an accredited training program, and 8.9% were not on any program towards Fellowship.
- In 2018, a greater proportion of IMG GPs were Australian Citizens and Permanent Residents, than in 2017.

GP registrars

- There were 112 rural GP registrars in the rural general practice workforce at 30 November 2018, training under two GP training organisations – WAGPET and the Remote Vocational Training Scheme (RVTS). This is 17 fewer rural GP registrars than 2017.
- 51.8% of the rural GP registrar workforce completed their primary medical qualification overseas, the highest proportion to date.
- Of the rural GP registrars who completed their primary medical qualification in Australia, 75.9% graduated from WA universities.

ACCHO practices *(excludes WAGPET GP registrars)*

- 67 GPs worked in a rural ACCHO as their primary practice, an increase of 7 from 2017. The proportion of ACCHO employed GPs, increased from 8.3% in 2017 to 9.2% in 2018.
- The proportion of IMGs in rural ACCHO practices decreased from 35.0% in 2017 to 34.3% in 2018 and remains much lower than that of the non-ACCHO employed workforce.
- 18.3% of GPs working in ACCHO practices departed between November 2017 and November 2018. This was slightly lower turnover than the previous 12-month period, which saw 19.0% of ACCHO employed GPs depart. Although the turnover rate of GPs working in ACCHOs has declined since 2013, this turnover rate remains higher than the non-ACCHO employed workforce.
- Rural ACCHO practices continued to have a consistently greater proportion of female GPs compared to the overall workforce (59.7%).

3 Data collection and analysis strategies

Since 2001, Rural Health West has maintained a robust database of the rural general practice workforce in WA. Rural Health West collects information about rural general practice workforce participation on an ongoing basis from sources including:

- Annual Rural General Practice Workforce Survey
- Bi-annual Practice Survey
- WAGPET
- RVTS
- Australian Health Practitioner Regulation Agency registers
- Personal contact with rural practices and GPs

Historically, the locations from which data was collected and reported on were defined as Rural, Remote and Metropolitan Areas (RRMA) Classifications 4 to 7. In July 2010, the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) system replaced RRMA and thus Rural Health West then used ASGC-RA 2 to 5 locations to report on the rural general practice workforce. Medicare Local boundaries were used in the 2012 to 2014 reports, but were excluded in 2015 in light of the ceasing of these entities. WACHS regional boundaries were added in 2015.

In July 2017, a new rural classification system – Modified Monash Model (MMM) – was introduced by the Australian Government. Accordingly, the *Rural General Practice in Western Australia Annual Workforce Update 2017* reported using RA 2 to 5 locations to determine the scope of the workforce, but Modified Monash (MM) 2 to 7 category locations and WACHS regions to describe the workforce. In this 2018 report, the workforce is now described by MM 2 to 7 category locations and WACHS regions only.

The implications to the dataset caused by this change are that approximately 170 GPs (predominantly from the Peel region) are excluded from this report as they have been classified as MM 1.

Depending on their location, WACHS District Medical Officers (DMOs) and Senior Medical Officers (SMOs), are considered to perform GP-type services in their communities and are included in this analysis. Those in the larger regional centres of Albany, Bunbury, Geraldton, Kalgoorlie and Northam are excluded because these doctors are not considered to be performing primary GP services, due to the size of the hospitals and the number of community-based GPs in these locations.

The Rural General Practice Workforce Survey was distributed in September 2018 to all doctors on the Rural Health West database identified as working in rural WA.

Overall, there was a 64.7% response rate to the rural GP survey. This high response rate enables Rural Health West to offer contemporary valid data about trends in the WA rural general practice workforce to support workforce policy and planning. This report presents data as at 30 November 2018, and where appropriate, makes comparisons with data from previous years.

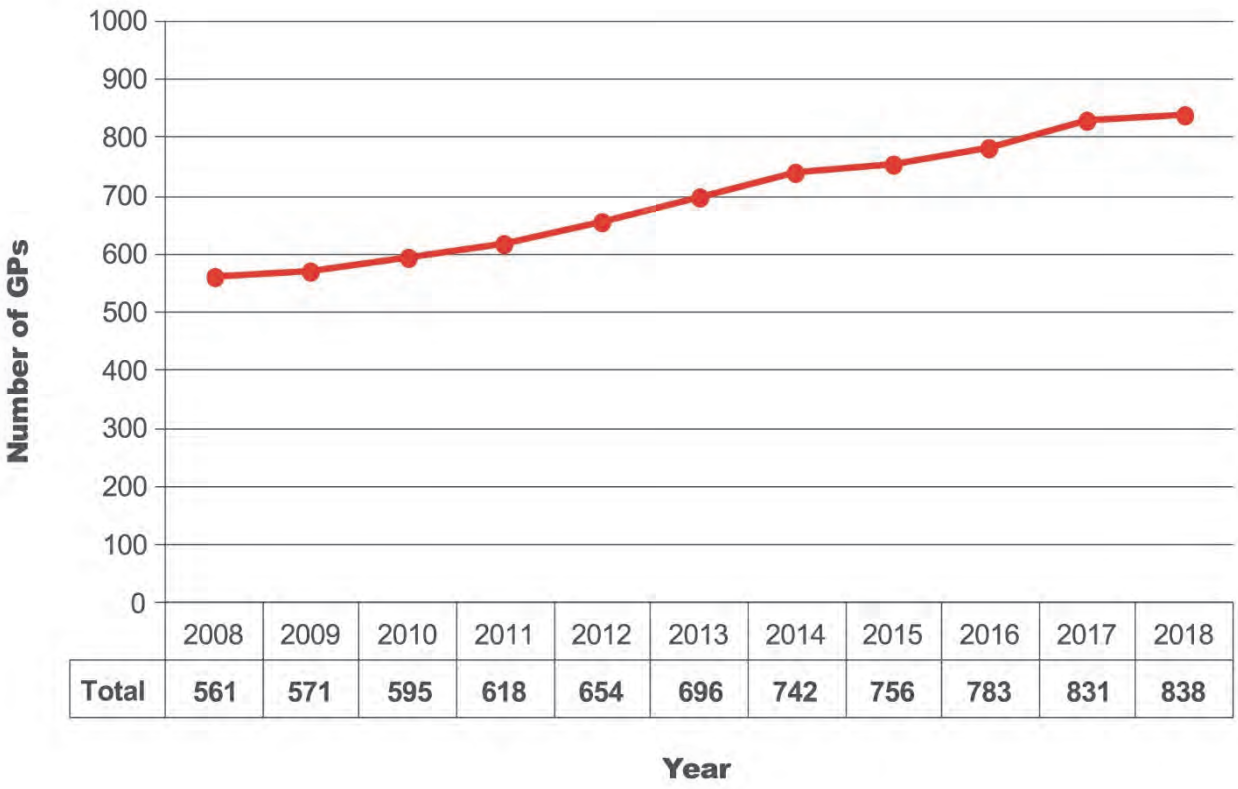
It is acknowledged that by its nature the data collated is a census at a particular point in time and as such, caution should be taken when drawing inference from the data.

4 Demographics of the overall rural general practice workforce as at 30 November 2018

This section describes the overall rural general practice workforce by year, service model, age, gender and location and includes private practice GPs, GP registrars, Royal Flying Doctor Service (RFDS) Western Operations GPs, ACCHO employed GPs and regional hub hospital DMOs and SMOs. GPs working in the former RA 2 locations that are now MM1 category locations (predominantly Mandurah and other RA 2/MM 1 category locations) have been removed from all previous years' data to enable a valid comparison.

Figure 1 shows the number of GPs working in rural WA at the census date of November 30 each year from 2008 to 2018.

Figure 1 Rural general practice workforce 2008 to 2018



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	561	571	595	618	654	696	742	756	783	831	838

As at 30 November 2018, there were 838 GPs known to be practising in MM 2 to 7 category locations. This represented an increase of 0.8% from 30 November 2017.

Although still an increase in the number of rural GPs, it shows a possible slowing of growth given that in previous years rural GP numbers have increased by approximately 3% to 8% per annum. Previous workforce analyses have noted rural GP increases of approximately 3% to 8% per annum. A possible reason for the lesser increase is the removal of the MM 1 (former rural) category locations, which experienced large increases each year.

Models of service provision in rural WA

Table 1 indicates the number of GPs in each primary model of service provision in rural WA, based on the national MDS data dictionary classifications.

Table 1 Rural GP numbers by primary model of service provision 2017 v 2018

Primary model of service provision	2017	2018	Difference	
Resident GP	482	486	4	*0.8%*
Fly-in/fly-out*	104	133	29	*27.9%*
Member of a primary health care team**	45	46	1	*2.2%*
Hospital-based GP (DMO/SMO)	69	59	-10	*-14.5%*
GP registrar	129	112	-17	*-13.2%*
Other	2	2	0	*0.0%*
Total	**831**	**838**	**7**	***0.8%***

* Includes fly-in/fly-out and drive-in/drive-out GPs working for the RFDS Western Operations, WACHS DMOs and SMOs, ACCHO practices and private GPs

** Primarily ACCHO practices

Overall, the rural general practice workforce grew by 0.8% between November 2017 and November 2018.

The category that recorded the most growth was GPs who fly-in/fly-out or drive-in/drive-out to their rural practices from the metropolitan area or interstate. This year showed an additional 29 GPs in this category, which represents a 27.9% growth in this cohort between November 2017 and November 2018. This cohort has been the largest growing group in rural WA since Rural Health West began separating them from their resident counterparts in 2012.

Rural GP registrar numbers decreased by 17 doctors at the November 2018 census date. This is partially due to the removal of the Mandurah (and other RA 2/MM 1 category locations) from the dataset (in 2017 there were 24 MM 1 registrars – mostly Mandurah-based) and Australian College of Rural and Remote Medicine (ACRRM) GP registrars, who are now included in the fly-in/fly-out, drive-in/drive-out, ACCHO or WACHS categories. As at 30 November 2018, there were 112 registrars in rural WA, 106 training with WAGPET and 6 training with RVTS.

These figures do not include short-term locums who may be temporarily covering vacancies in the permanent rural general practice workforce.

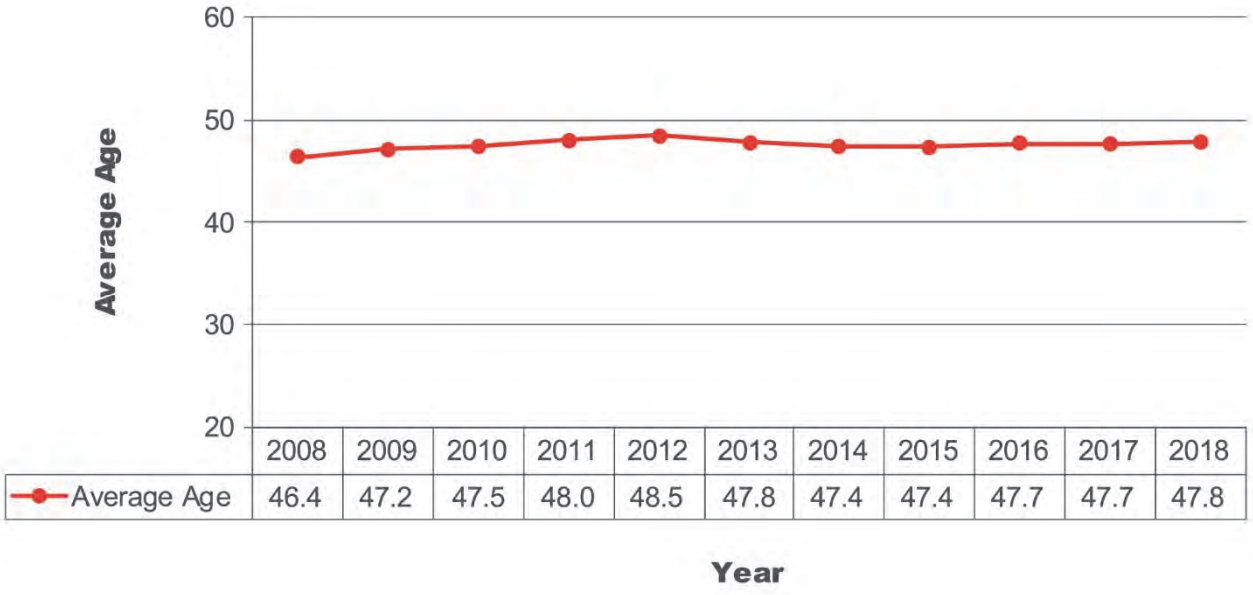
Rural GPs by age and gender

Average age of rural GPs

The average age of rural GPs at 30 November 2018 was 47.8 years, 0.4% higher than that in November 2017.

Figure 2 compares the average age of all rural GPs since 2008. The average age of rural GPs at November 2018 was higher than the average age in November 2008. The average age of rural GPs peaked in 2012, but has gradually decreased and been relatively stable since then. This lower average age since 2012 is attributable to increasing numbers of GP registrars entering the workforce who form a younger cohort (see Figure 19). Since Rural Health West began collecting data in 2001, the overall workforce has aged 3.5 years.

Figure 2 Average age of the rural general practice workforce 2008 to 2018



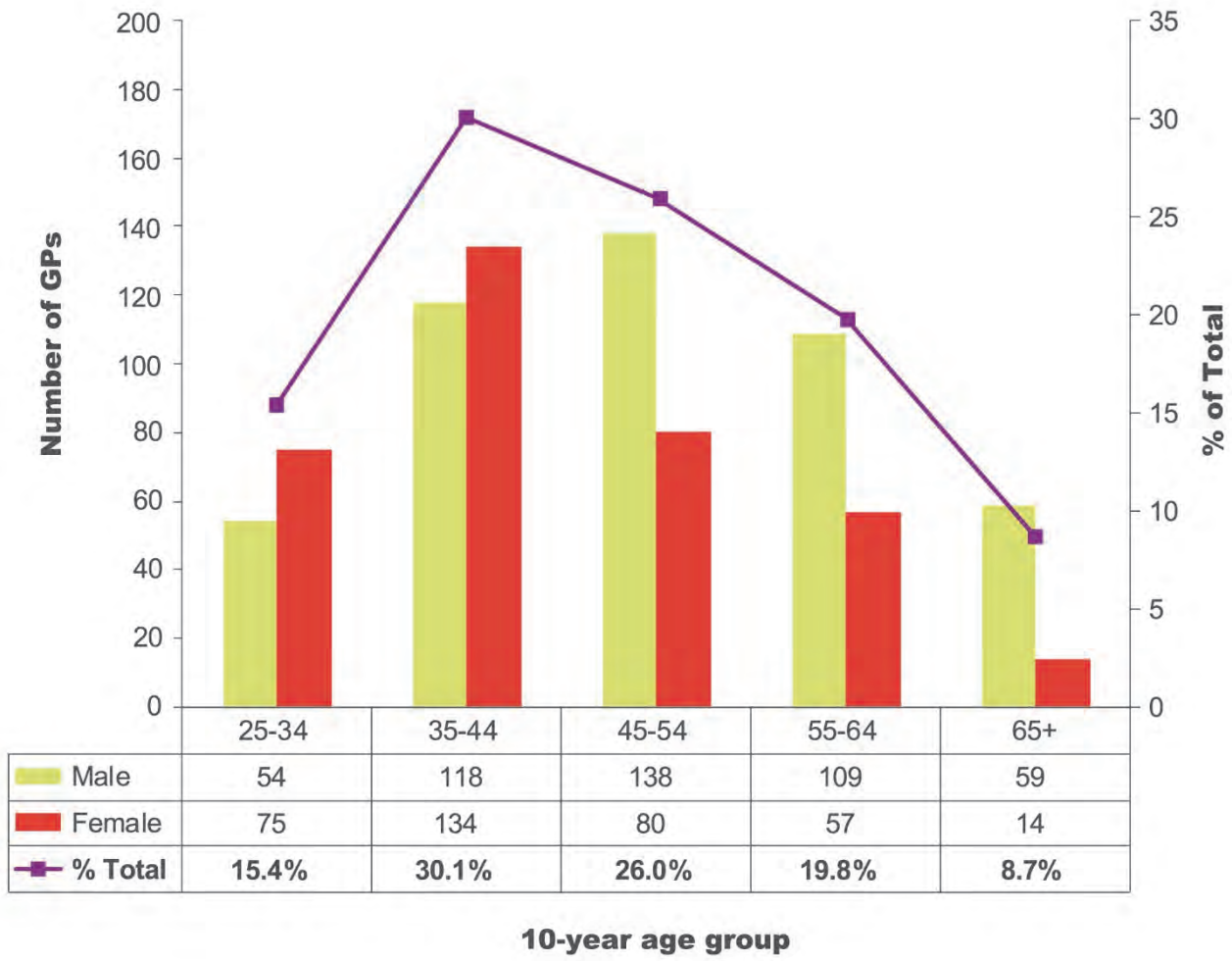
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Average Age	46.4	47.2	47.5	48.0	48.5	47.8	47.4	47.4	47.7	47.7	47.8

The average age for male GPs decreased 0.2 years, from 50.4 years in 2017 to 50.2 years in 2018. The average age for female GPs increased by 0.7 years, from 43.9 in 2017 to 44.6 years in 2018.

Rural GPs by age distribution and gender

Figure 3 indicates that the majority of the rural general practice workforce (56.1%) was aged between 35 and 54 years, similar to previous years.

Figure 3 Composition of the rural general practice workforce by ten-year age group and gender as at 30 November 2018

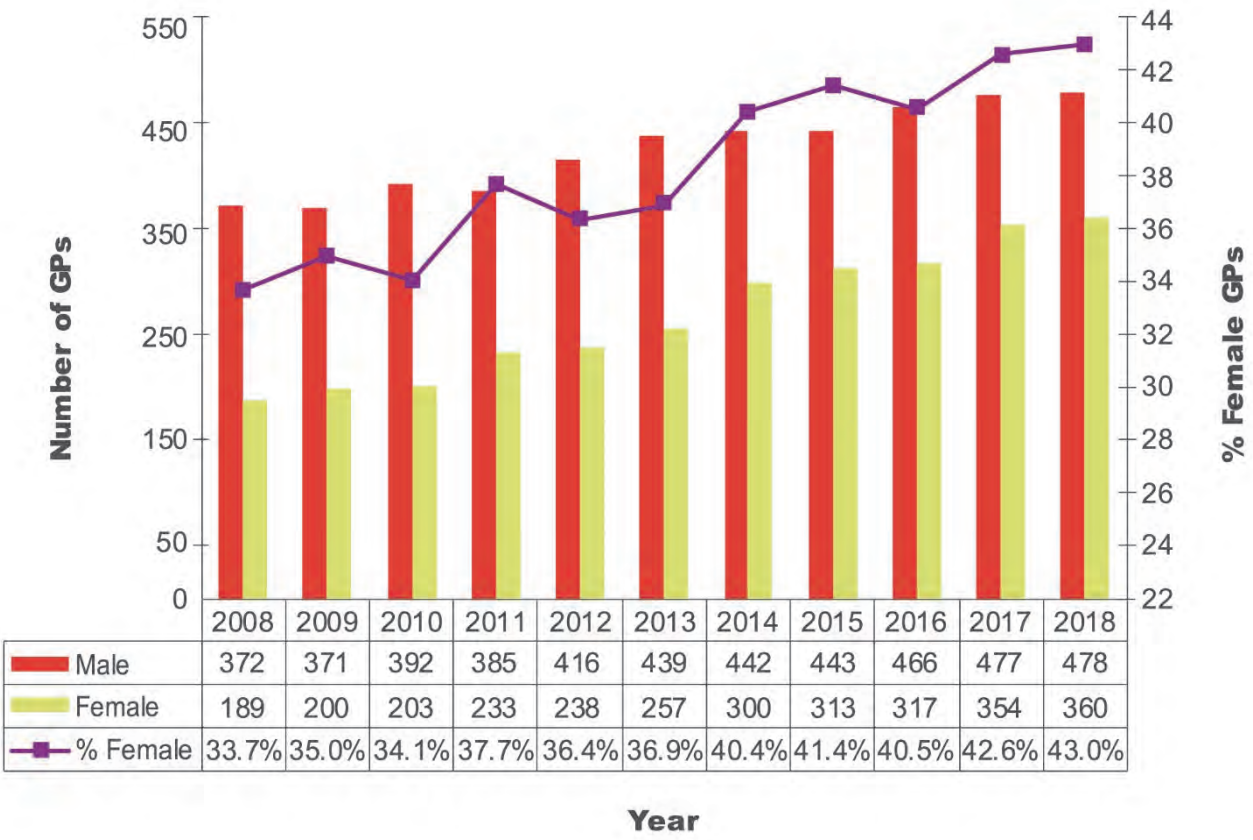


	25-34	35-44	45-54	55-64	65+
Male	54	118	138	109	59
Female	75	134	80	57	14
% Total	**15.4%**	**30.1%**	**26.0%**	**19.8%**	**8.7%**

As at 30 November 2018, there were more male GPs in the age groups 45 years and over and more females in the younger 25 to 44 year groups; similar patterns to previous years.

GPs aged 55 and over made up 28.5% of the rural general practice workforce in 2018 compared with 26.6% in 2017, 26.7% in 2016 and 26.0% in 2015.

Figure 4 Number of rural GPs by gender and percentage of female GPs 2008 to 2018



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	372	371	392	385	416	439	442	443	466	477	478
Female	189	200	203	233	238	257	300	313	317	354	360
% Female	33.7%	35.0%	34.1%	37.7%	36.4%	36.9%	40.4%	41.4%	40.5%	42.6%	43.0%

Figure 4 shows increasing female GP representation in the rural general practice workforce since 2008. In November 2018, 43.0% of rural GPs were female; the highest proportion to date.

Removal of the Mandurah (and other RA 2/MM 1 category locations) cohort from the dataset has meant an increased proportion of female GPs in almost all years since 2008 when compared with data that included Mandurah (and other RA 2/MM 1 category locations).

Rural GP numbers by location/region

With the phasing out of the ASGC-RA system and the closure of the Medicare Locals, GP location is now being described using WACHS regional boundaries and the MMM category boundaries. The Greater Mandurah region was included in the Peel region in the 2017 Update and in the South West region in previous reports, but under the MMM classification system, Mandurah is MM 1 category, and thus is no longer reported in the workforce analyses.

Rural GP numbers by region

The following table compares rural GP numbers within regions in 2017 and 2018.

Table 2 Rural GP numbers by region 2017 v 2018

Region	2017	2018	Difference	
Goldfields	79	71	-8	*-10.1%*
Great Southern	100	103	3	*3.0%*
Indian Ocean Territories	4	3	-1	*-25.0%*
Kimberley	103	103	0	*0.0%*
Metropolitan (RFDS Western Operations)	13	15	2	*15.4%*
Midwest	92	96	4	*4.3%*
Outer Metropolitan (MM 2)*	34	45	11	*32.4%*
Pilbara	63	66	3	*4.8%*
South West	260	256	-4	*-1.5%*
Wheatbelt	83	80	-3	*-3.6%*
Totals	**831**	**838**	**7**	***0.8%***

* Practices located within metropolitan health region boundaries but located in MM 2 category locations (for example Alkimos, Yanchep, Pinjarra, Waroona)

As at 30 November 2018, the South West region contained the highest number of GPs (256 recorded GPs) which represents 30.6% of the rural general practice workforce in WA.

Outer Metropolitan (MM 2) category locations appear to have experienced a significant increase, however, this category now includes the Pinjarra and Waroona doctors, who were previously included in the South West region. Minor proportional increases between 2017 and 2018 occurred in the Great Southern, Midwest and Pilbara (3%, 4.3% and 4.8% respectively) regions. The Goldfields general practice workforce shrank by 10.1% between November 2017 and November 2018; with GP numbers also decreasing by 3.6% in the Wheatbelt.

5 Changes in the permanent rural general practice workforce

The following section describes turnover (GP movement in and out of rural locations) of the permanent rural general practice workforce. WAGPET GP registrars are not included in this section as the length of their terms of employment generally ranges from 6 to 12 months and as such, they are not part of the permanent workforce. Their numbers are included in the arrivals section if they have continued working in rural WA on completion of their traineeship. RVTS registrars are included in the turnover figures as they spend their whole training time in a rural area and are relied upon as permanent staff.

Overall permanent rural general practice workforce turnover

Turnover in the WA permanent rural general practice workforce between November 2017 and November 2018 was 13.9% as per Table 3. This was an increase of 2.3% from the previous period. The percentage increase in the permanent workforce was only 1.4%. This is in contrast to increases in previous years which included the Mandurah (and other RA 2/MM 1 category locations) of 6.6% in 2017 and 4.4% in 2016.

Table 3 ***Rural GP turnover November 2017 to November 2018***
(excluding WAGPET GP registrars)

Number of permanent rural GPs November 2017	722
Number of departures	100
Turnover	**13.9%**
Number of arrivals	110
Number of permanent rural GPs November 2018	732
Percentage increase	**1.4%**

Table 4 shows the destinations of GPs who departed rural WA between November 2017 and November 2018 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2017 v 2018

	2017		2018	
Destination	**Number**	**%**	**Number**	**%**
Perth	38	*45.2%*	33	*33.0%*
Interstate	19	*22.6%*	16	*16.0%*
Extended leave	8	*9.5%*	14	*14.0%*
Retirement	7	*8.3%*	10	*10.0%*
Overseas	5	*6.0%*	13	*13.0%*
Locum	4	*4.8%*	6	*6.0%*
Other	3	*3.6%*	8	*8.0%*
Total	**84**	***100.0%***	**100**	***100.0%***

Overall, 100 rural GPs departed between November 2017 and November 2018. There were 16 additional departures in the 12-month period to November 2018 than for the preceding 12 months. The most common destination for all GPs leaving rural WA in 2018 was Perth, with 33 GPs departing (33.0% of total departures).

Table 5 shows the origins of GPs joining or re-joining the permanent rural general practice workforce between November 2017 and November 2018.

Table 5 Origins of GPs joining the permanent rural general practice workforce 2017 v 2018

	2017		2018	
Origin	**Number**	**%**	**Number**	**%**
Perth	38	*30.4%*	35	*31.8%*
Overseas	26	*20.8%*	16	*14.5%*
Interstate	21	*16.8%*	27	*24.5%*
Trainee program	13	*10.4%*	22	*20.0%*
Extended leave	14	*11.2%*	3	*2.7%*
Other	10	*8.0%*	5	*4.5%*
Rural locum	3	*2.4%*	2	*1.8%*
Total	**125**	***100.0%***	**110**	***100.0%***

110 new GPs joined the permanent rural general practice workforce in rural WA between November 2017 and November 2018; this was 15 fewer than in the previous reporting period.

Prior to 2013, the proportion of arrivals from overseas, interstate and Perth was similar. In subsequent years, these figures have varied. In 2013 and 2014 more GPs arrived directly from overseas than from any other location. Since 2015, the majority of arrivals have been from Perth, with the number of new GPs arriving directly from overseas decreasing annually (20.8% in 2017 and 14.5% in 2018).

51 doctors (46.4%) who commenced between November 2017 and November 2018 had not previously worked in rural WA. Of these, 35 (68.6%) were IMGs, indicating that IMG arrivals to the workforce remain significant.

WAGPET GP registrars who stay on as permanent doctors after achieving their Fellowship comprise doctors whose origin is ‘Trainee program’. As at November 2018, there were 22 registrars who stayed rural, 9 more than the previous period.

The increased intake of rural GP registrars since 2012 has had a positive impact on the number of trainees staying on in rural WA when Fellowed (10.4% in 2017 and 20.0% in 2018). The *Rural General Practice in Western Australia Annual Workforce Update 2017* reported 20 registrars staying on after completion, however, 7 (35.0%) of these were working in what are now MM 1 category locations and thus are no longer included in the figures.

Permanent rural general practice workforce changes by gender

Table 6 summarises changes in the permanent rural general practice workforce by gender between 30 November 2017 and 30 November 2018, excluding WAGPET GP registrars.

Table 6 ***Changes in the permanent rural general practice workforce by gender 2017 v 2018*** *(excluding WAGPET GP registrars)*

Gender	Number of GPs Nov 2017	Departures	% departed	Arrivals	Number of GPs Nov 2018	% increase
Male	435	58	***13.3%***	57	434	***-0.2%***
Female	287	42	***14.6%***	53	298	***3.8%***
Totals	**722**	**100**	***13.9%***	**110**	**732**	***1.4%***

The female rural general practice workforce experienced a slightly higher departure rate in 2018 than the male workforce (14.6% and 13.3% respectively).

The male workforce experienced a decrease of 1 GP, whereas the female workforce gained 11 GPs (a gain of 3.8% overall). This continues to show a trend of increasing female GP representation in the permanent rural general practice workforce.

Permanent rural general practice workforce changes by region

Table 7 illustrates the changes in the permanent rural general practice workforce by region. This table shows movements in and out of the permanent rural general practice workforce, as well as movements within the State between varying regions.

Table 7 ***Changes in the permanent rural general practice workforce by region 2017 v 2018*** *(excluding WAGPET GP registrars)*

		Movements OUT of rural WA				Movements INTO rural WA				
Region	**N per region Nov 2017**	**Left rural WA**	**Moved to another rural region**	**Total out**	**% departed from region**	**Arrived from outside rural WA**	**Arrived from another rural region**	**Total in**	**N per region Nov 2018**	**% arrived into region**
Goldfields	74	11	1	12	***16.2***	7	0	7	69	***10.1***
Great Southern	83	9	1	10	***12.0***	13	0	13	86	***15.1***
Kimberley	85	15	2	17	***20.0***	15	4	19	87	***21.8***
Midwest	79	6	2	8	***10.1***	12	1	13	84	***15.5***
Pilbara	61	18	1	19	***31.1***	16	4	20	62	***32.3***
South West	220	23	2	25	***11.4***	25	0	25	220	***11.4***
Wheatbelt	76	12	2	14	***18.4***	6	3	9	71	***12.7***
Other*	44	6	3	9	***20.5***	16	2	18	53	***34.0***
Overall	**722**	**100**	**14**	**114**		**110**	**14**	**124**	**732**	

* RFDS Western Operations in Jandakot and outer metropolitan locations are classified as ‘Other’.

Between November 2017 and November 2018, 100 GPs left rural WA and a further 14 GPs moved from one rural region to another, totalling 114 GP departures from all regions. Over the same period, 124 GPs moved into rural regions, including 110 from outside rural WA and 14 who moved from one rural region to another.

The Pilbara region experienced the greatest proportional movements out, with 31.1% of GPs departing between November 2017 and November 2018. Most of these GPs returned overseas or relocated to Perth. 82.4% of these GPs were IMGs. The Midwest region experienced the least outbound movement, with 10.1% of the region’s GPs departing.

The South West region received 20.2% of all new GP arrivals, with the majority of these doctors being Fellowed Australian or United Kingdom trained doctors going to Bunbury and Busselton. Conversely, only 5.6% of new GPs went to the Goldfields and 7.3% to the Wheatbelt region.

6 Clinical workloads

Estimates of full-time equivalents as used by Medicare Australia in calculating GP medical service provision are based solely on the number and dollar value of claims made by a provider over a given reference period (usually 12 months).

While this is a useful measure of overall service provision under Medicare, it does not reflect the number of hours worked by rural GPs in providing medical services that are not claimed or are not claimable through Medicare. Specific services not included are after-hours work in the hospital setting and obstetric and anaesthetic services provided to public patients by GPs.

An alternative measure of service provision is the number of clinical hours worked. For the purposes of this report, clinical hours worked include:

- Hours worked in a general practice
- Hours worked in a hospital
- Hours worked on call-outs (not hours available on-call)
- Hours worked in population health
- Hours travelled between principal practice and other places of primary care provision

Hours reported cannot be interpreted as total hours worked because non-clinical tasks such as teaching, administration and supervision are not included.

It is important to note that unlike previous sections of this report where data was available for 100% of rural GPs (via surveys and other ongoing strategies); the Clinical Workload section only includes data from the Rural General Practice Workforce Survey. Thus, there is no workload information recorded for the 35.3% of GPs who did not return their surveys.

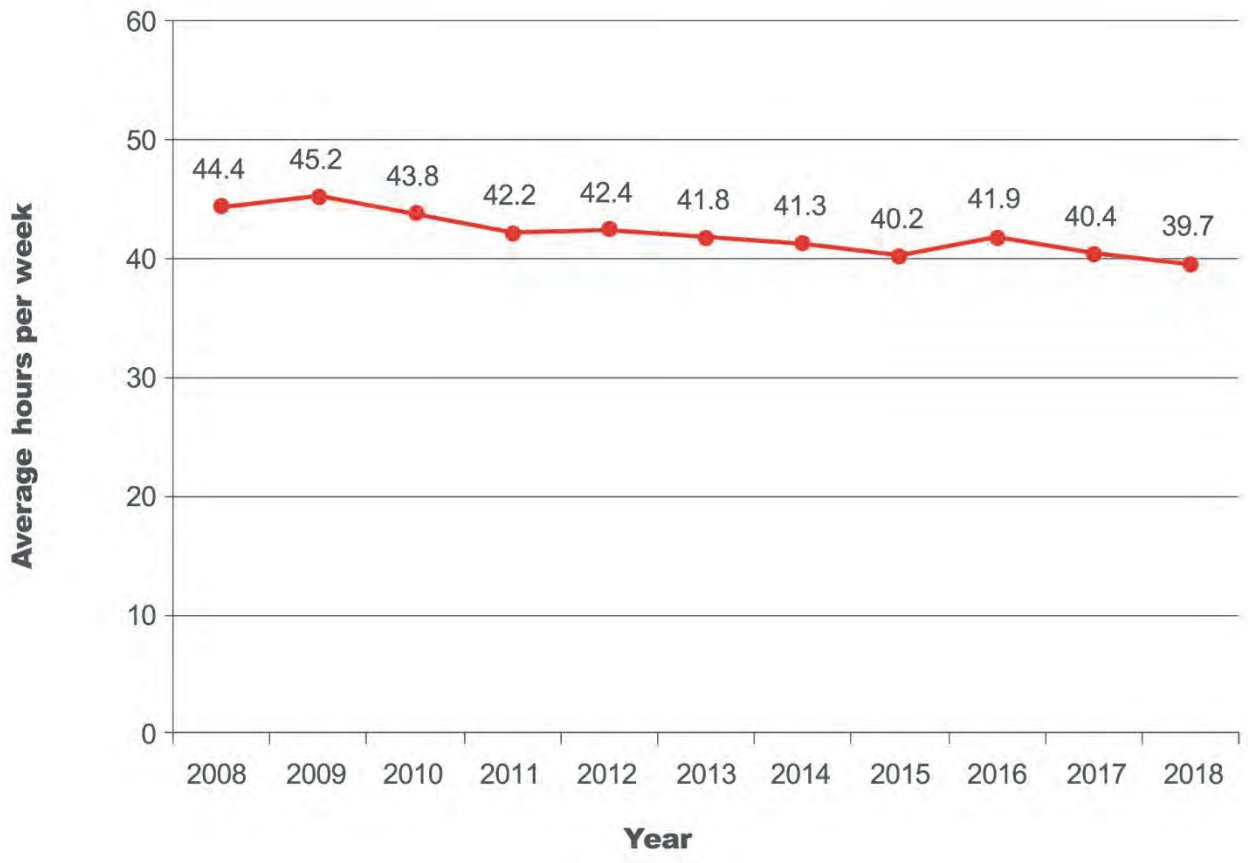
GPs working for RFDS Western Operations have also not been included in this analysis because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 518 GPs, including GP registrars, and encompasses 61.8% of the rural general practice workforce for this reporting period.

Average hours worked per week

At November 2018, the average self-reported clinical workload for rural GPs was 39.7 hours per week, compared to 40.4 hours per week in November 2017.

Figure 5 displays the average hours worked each year from 2008 to 2018. Aside from an increase in 2016, the average working hours continues to decrease.

Figure 5 Average hours worked per week from 2008 to 2018

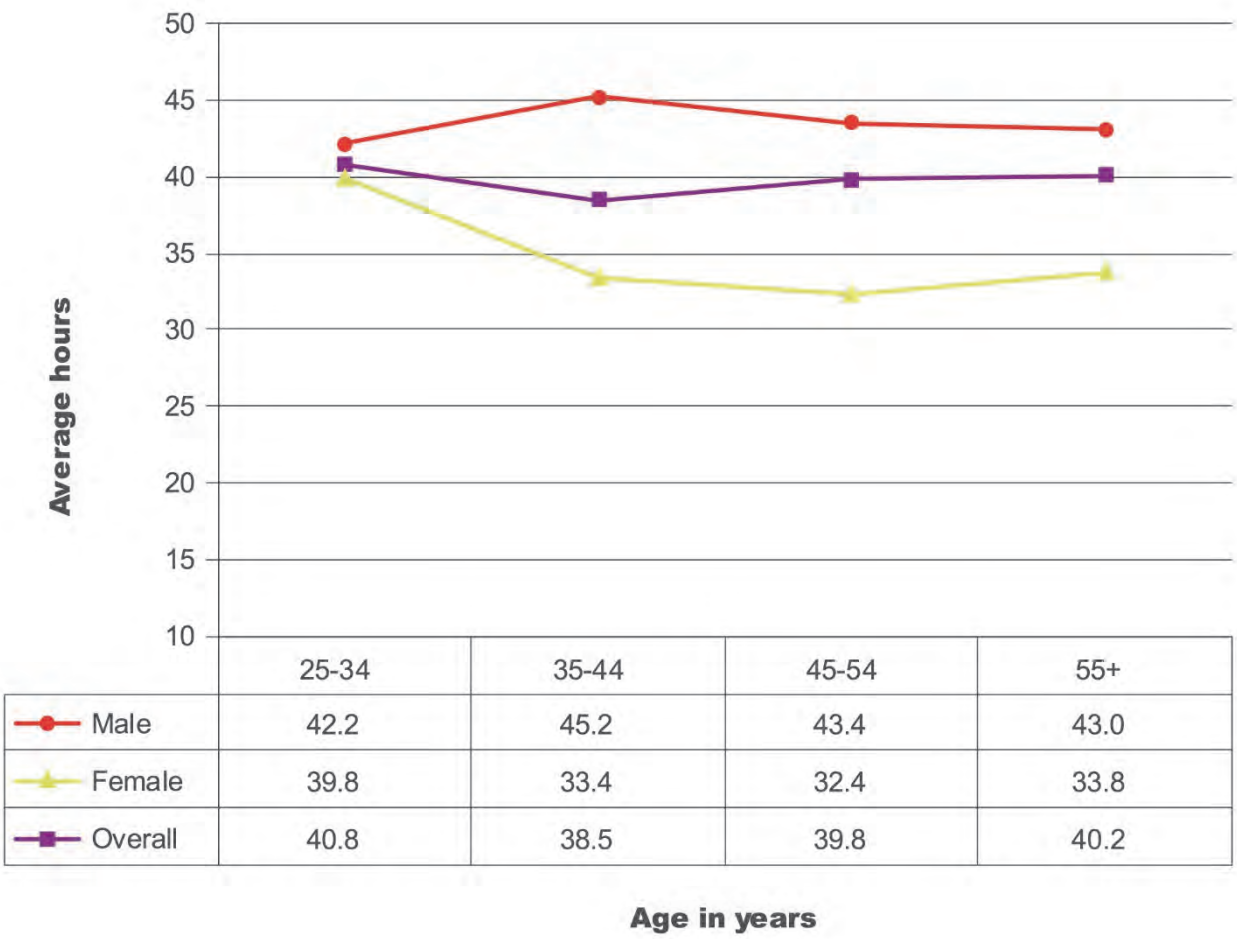


Removing the Mandurah (and other RA 2/MM 1 category locations) from the dataset has caused an average of 0.4 hours increase to the working hours per annum for all years dating back to 2008.

Average hours worked by gender and age group

Figure 6 provides a breakdown of average weekly clinical hours worked by gender and age group. It shows that male GPs in all age groups continued to report working longer clinical hours per week than their female counterparts.

Figure 6 Average hours worked per week by gender and ten-year age groups



	25-34	35-44	45-54	55+
Male	42.2	45.2	43.4	43.0
Female	39.8	33.4	32.4	33.8
Overall	40.8	38.5	39.8	40.2

Full-time and part-time workloads

The Australian Bureau of Statistics defines full-time work as being 35 hours per week or more and part-time work as less than 35 hours per week. It is this measure that has been chosen by Rural Health West to differentiate between full-time and part-time service provision. Using this benchmark, Table 8 provides a comparison between full-time and part-time workloads by gender.

Table 8 Comparison between full-time and part-time workloads by gender

Type of workload	Male	Female	Total	% of respondents
Full-time	258	119	377	*72.8%*
Part-time	43	98	141	*27.2%*
Total respondents	**301**	**217**	**518**	***100.0%***

377 rural GPs (72.8% of respondents) self-reported working full-time in the provision of routine clinical GP services. Of these full-time GPs in 2018, the majority were male (258 male and 119 female).

Conversely, 141 rural GPs (27.2% of respondents) self-reported as working part-time. Of these part-time GPs, 98 were female and 43 male.

Table 9 looks specifically at the part-time rural general practice workforce, comparing by gender those who self-reported as working part-time in the current reporting period.

Table 9 Part-time rural general practice workforce by gender 2017 v 2018

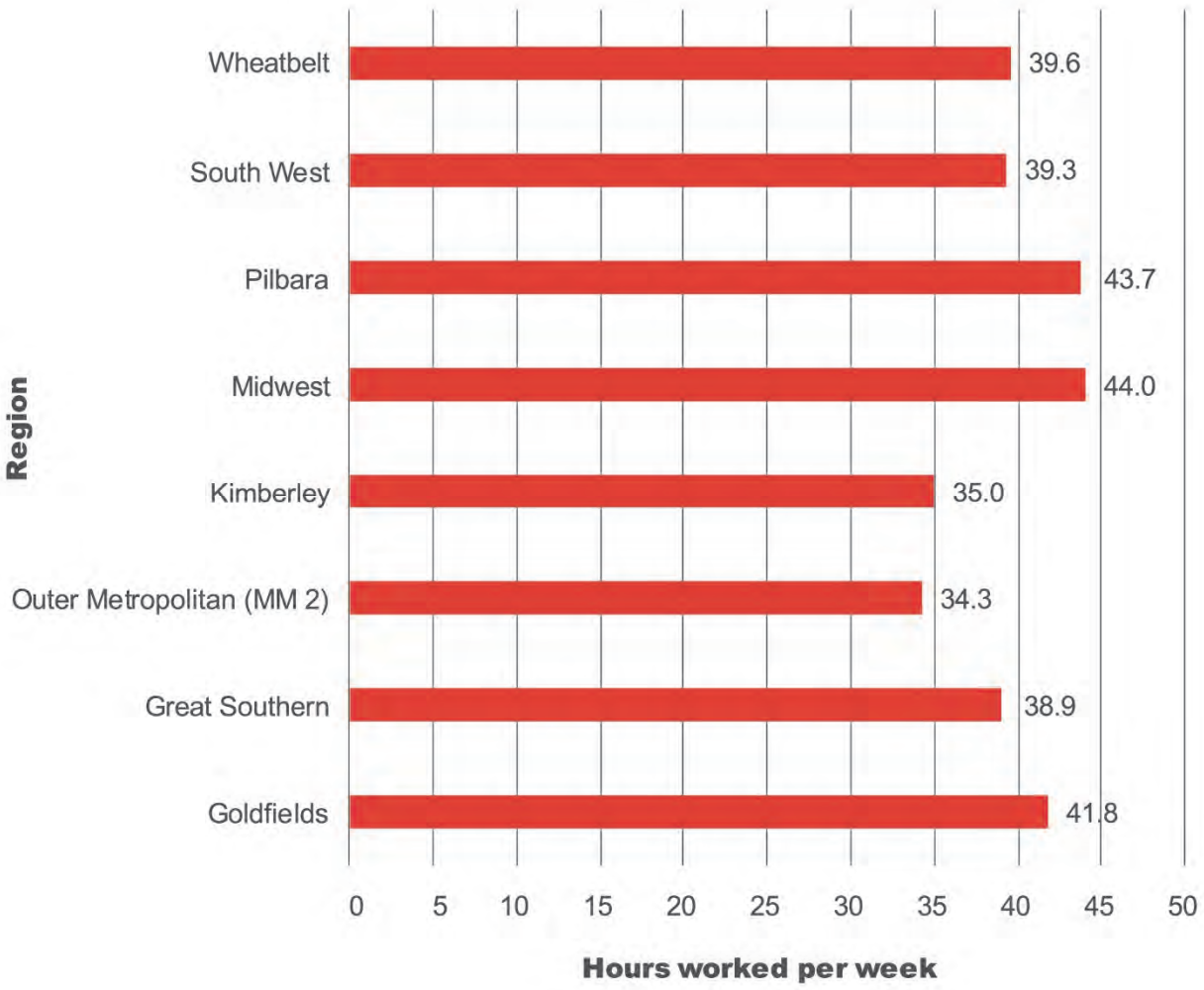
Year	Total males	Males working part-time	% of total males	Total females	Females working part-time	% of total females	Total respondents	% of total respondents working part-time
2017	299	38	***12.7%***	222	101	***45.5%***	521	***26.7%***
2018	301	43	***14.3%***	217	98	***45.2%***	518	***27.2%***

14.3% of male respondents reported working part-time in 2018, a 1.6% increase from 2017. Conversely, female respondents working part-time decreased by 0.3% from 2017. Overall, the proportion of the workforce working part-time increased 0.5% from 2017.

Average hours worked per week by region and MM category location

Figure 7 shows the average hours worked per week by region and shows working hours to be longer in the Midwest and Pilbara regions and shorter in the Outer Metropolitan (MM 2 category) locations closer to Perth. This is a similar pattern to 2017.

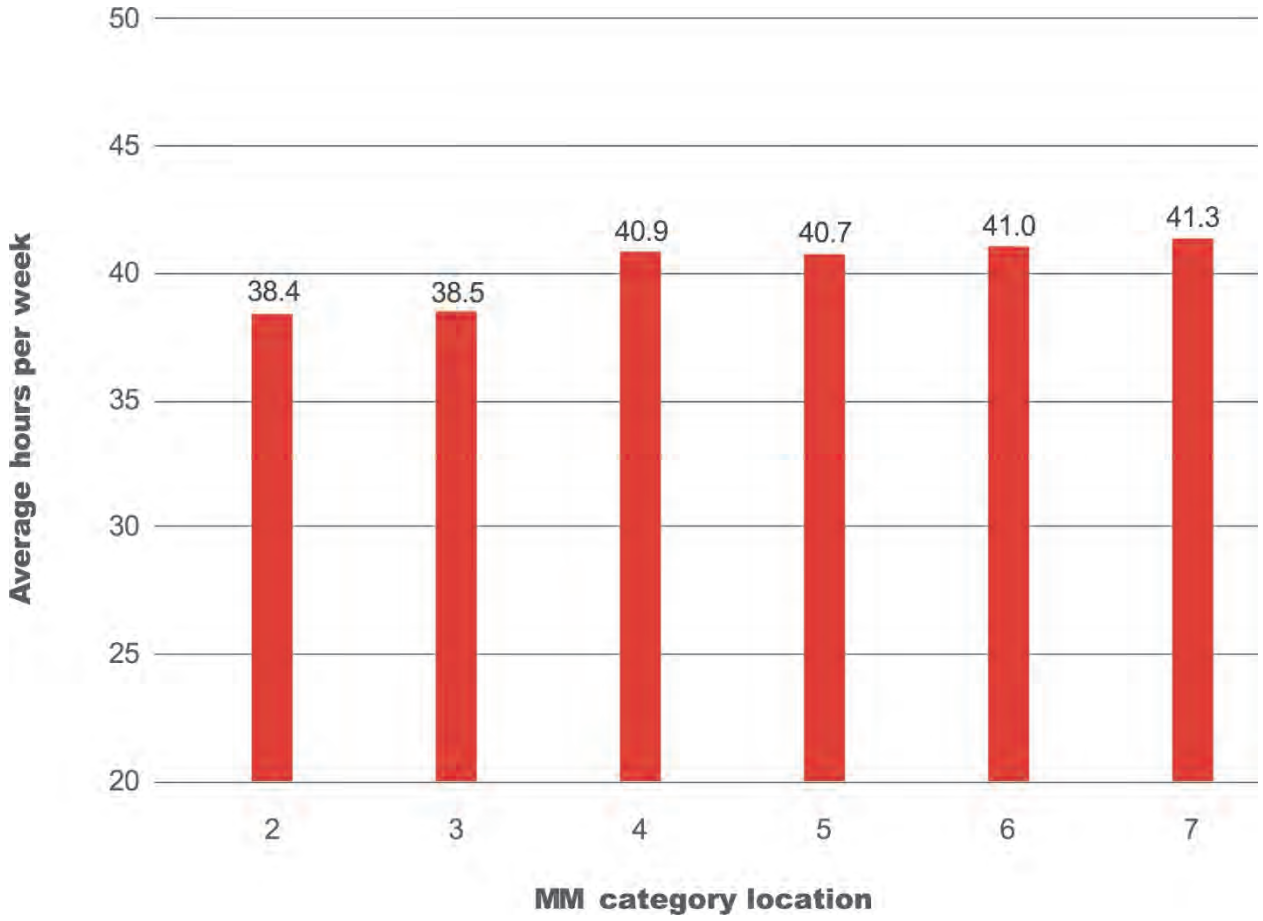
Figure 7 Average hours worked per week by region



Hours worked in the Kimberley region have decreased from 40.9 hours per week in 2016, to 37.6 hours per week in 2017 and 35.0 hours per week in 2018. This may be attributed to a higher number of doctors working part-time clinical hours than the period prior, as well as a higher number of job-share fly-in/fly-out doctors. Future analyses will show whether this is an established trend.

Figure 8 below shows an inverse relationship between hours worked and remoteness. For example GPs working in more remote locations typically work more hours per week on average compared with their colleagues in less remote locations.

Figure 8 Average hours worked per week by MM category location



Hours worked by GPs in MM 7 category locations have decreased from 47.5 per week in 2017 to 41.3 in 2018. This may be attributed to a higher proportion of doctors working part-time clinical hours than the period prior, as well as a higher number of job-share fly-in/fly-out doctors.

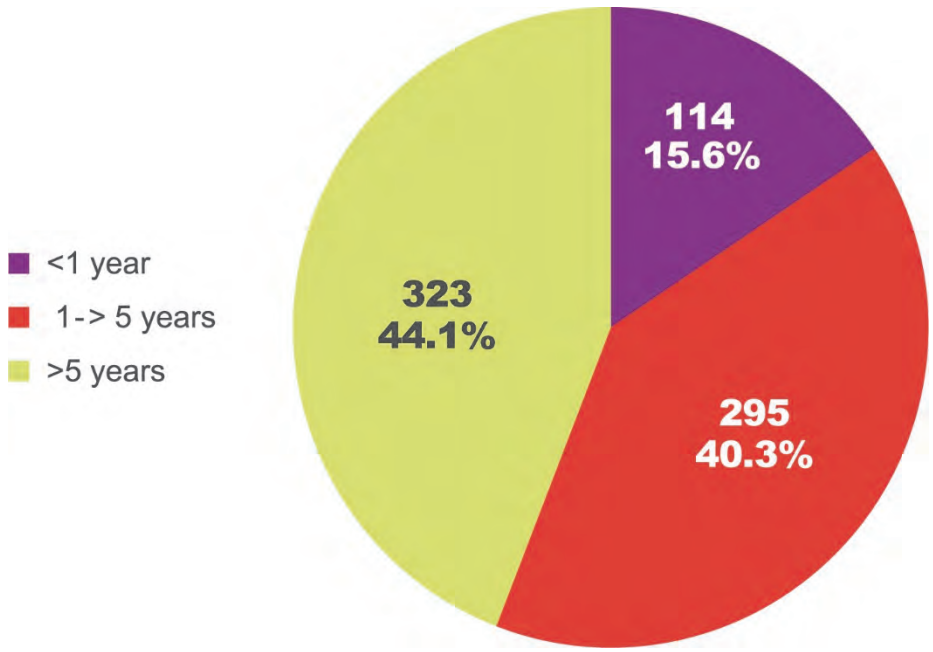
7 Length of employment in current principal practice

Average length of employment

Across rural WA, the average length of employment in current principal practice for GPs (excluding WAGPET GP registrars) was 7.6 years, 0.4 years greater than in November 2017. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural practices.

Figure 9 shows the proportion of the general practice workforce who have been in their current positions in each length of employment category.

Figure 9 Length of employment in current principal practice
(excluding WAGPET GP registrars)



Rural GPs employed for less than 1 year decreased by 4.2%, from 19.8% in 2017 to 15.6% in 2018. Rural GPs employed between 1 and 5 years increased by 3.0% from 2017. Rural GPs employed for more than 5 years increased by 1.2% from 2017.

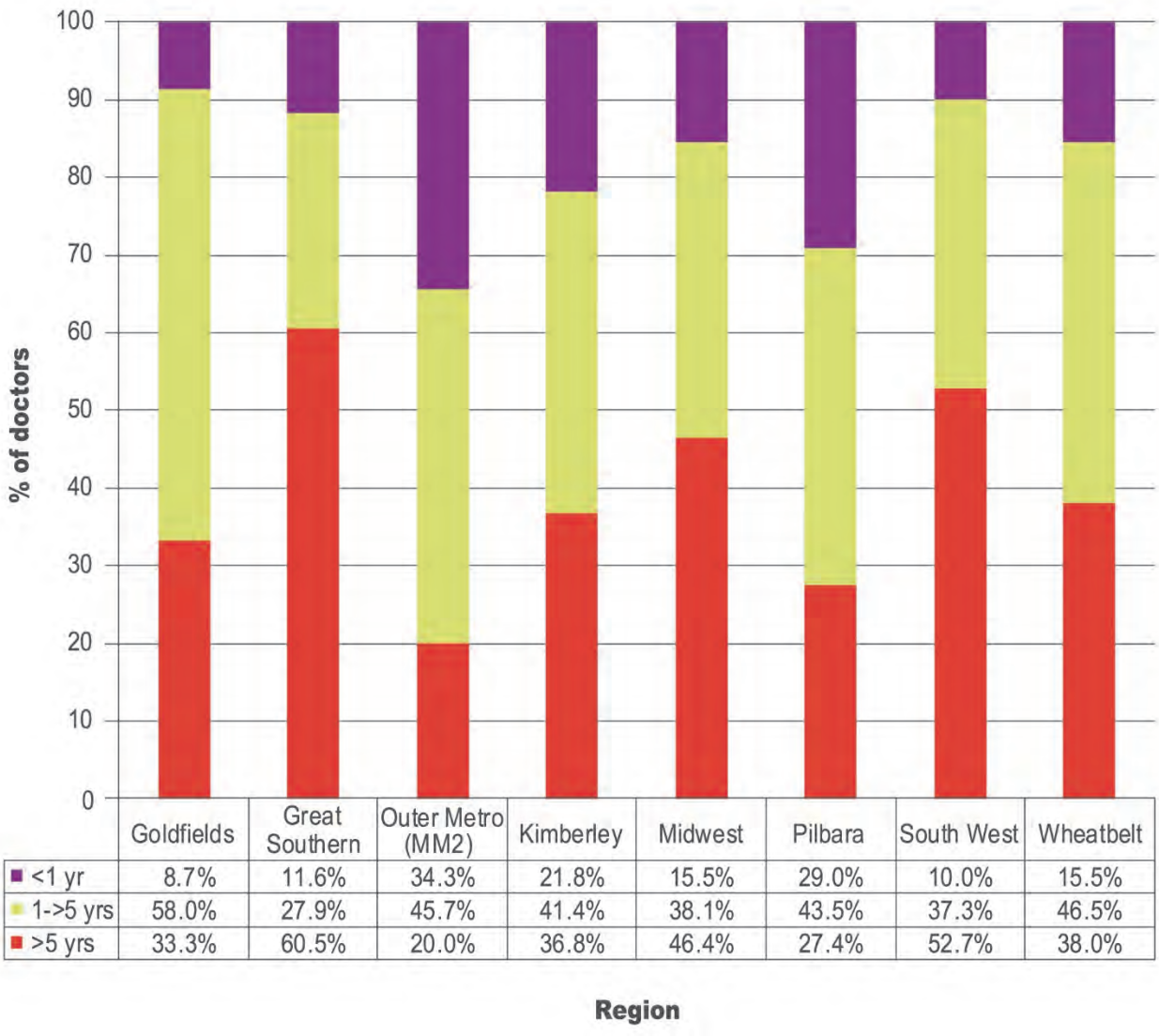
Removal of the Mandurah (and other RA 2/MM 1 category locations) from the dataset has caused the average length of stay to increase.

In 2017, the average length of stay, including Mandurah (and other RA 2/MM 1 category locations) was 7.2 years. However, if these locations were removed, average length of stay would have been 7.4 years, a difference of 0.2 years. The other consequence is the proportional of long-stay has increased, following a decline in recent years. This is due to the influx of new doctors to the locations closest to Perth, who have now been removed from the dataset.

Average length of employment by region and MM category location

Figure 10 below compares the length of employment in current principal practice for rural GPs across regions.

Figure 10 Length of employment in current principal practice by region
(excluding WAGPET GP registrars)



	Goldfields	Great Southern	Outer Metro (MM2)	Kimberley	Midwest	Pilbara	South West	Wheatbelt
<1 yr	8.7%	11.6%	34.3%	21.8%	15.5%	29.0%	10.0%	15.5%
1->5 yrs	58.0%	27.9%	45.7%	41.4%	38.1%	43.5%	37.3%	46.5%
>5 yrs	33.3%	60.5%	20.0%	36.8%	46.4%	27.4%	52.7%	38.0%

Similar to 2017, the Great Southern region had the greatest proportion of long-stay GPs (60.5% of its workforce), again suggesting a very stable workforce.

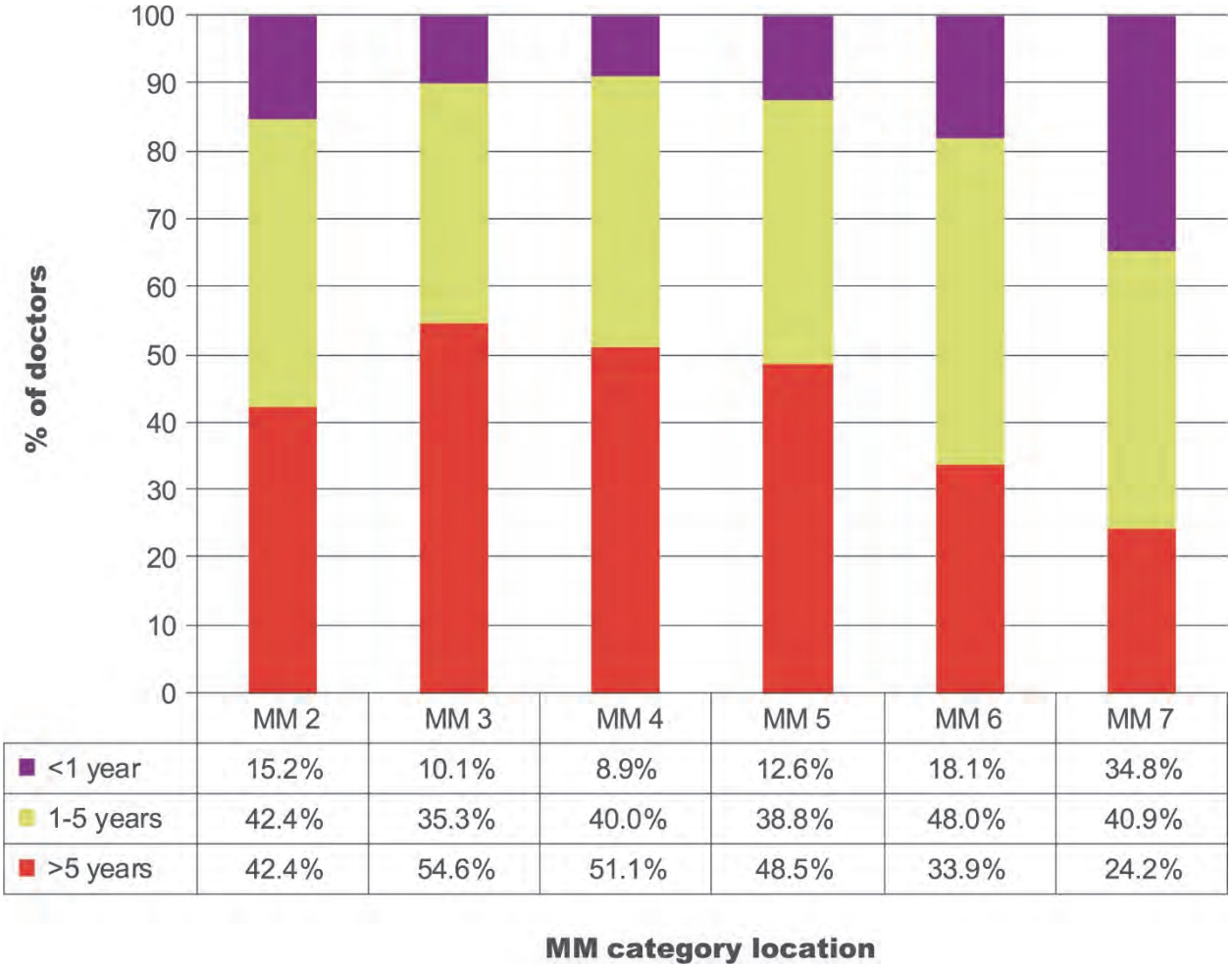
The Outer Metropolitan (comprising outer metropolitan suburbs categorised as MM 2) contained the highest proportion of newly arrived GPs (34.3%) and the lowest proportion of long-stay GPs (20.0%). These figures reflect the addition of 4 new practices (Alkimos and Yanchep) to the dataset.

The Goldfields region had the lowest proportion of newly arrived GPs (8.7%).

Figure 11 compares the length of employment in current principal practice for rural GPs across MMM categories (excluding WAGPET GP registrars).

It shows that the majority of long-stay GPs (>5 years) were in MM 3 and 4 category locations (54.6% and 51.1% respectively). In contrast, MM 6 and 7 category locations had the lowest proportions of long-term GPs (33.9% and 24.2% respectively).

Figure 11 Length of employment in current principal practice by MM category location *(excluding WAGPET GP registrars)*



	MM 2	MM 3	MM 4	MM 5	MM 6	MM 7
<1 year	15.2%	10.1%	8.9%	12.6%	18.1%	34.8%
1-5 years	42.4%	35.3%	40.0%	38.8%	48.0%	40.9%
>5 years	42.4%	54.6%	51.1%	48.5%	33.9%	24.2%

8 Practice type

Table 10 below shows the number of GPs (including GP registrars) working in group and solo practices per region.

There were 769 rural GPs known to be practising in group practices at 30 November 2018.

There were 69 rural GPs working in solo practices in 2018, 12 more than in 2017. This represents 8.2% of the rural general practice workforce and is 2.5% higher than in 2017 (5.7%).

The solo practitioner component of the rural general practice workforce varies widely across geographical locations. 25% of GPs in the Wheatbelt region are solo practitioners, with 13.5% in the Midwest and 11.3% in the Goldfields regions.

Table 10 Number of rural GPs by practice type and region

Region	Group	Solo	Total	% Solo
Goldfields	63	8	71	*11.3%*
Great Southern	96	7	103	*6.8%*
Indian Ocean Territories	2	1	3	*33.3%*
Outer Metropolitan (MM 2)	45	0	45	*0.0%*
Kimberley	99	4	103	*3.9%*
Metropolitan (RFDS Western Operations)	15	0	15	*0.0%*
Midwest	83	13	96	*13.5%*
Pilbara	61	5	66	*7.6%*
South West	245	11	256	*4.3%*
Wheatbelt	60	20	80	*25.0%*
Total	**769**	**69**	**838**	**8.2%**

The number of GPs working in solo practices increased from 55 in 2017 to 69 in 2018. This is attributable to an increase in fly-in/fly-out/drive-in/drive-out GPs who job-share solo GP positions in these practices.

Table 11 below delineates the number of practices in each region (excluding WACHS hospitals and RFDS Western Operations).

The reported number of practices in 2018 was 195, 1 fewer than 2017. There were 53 solo practices in 2018 (27.2% of total practices), 3 greater than in 2017.

Table 11 Number of practices per region *(excluding WACHS hospitals)*

Region	Group	Solo	ACCHO	Number of practices per region	% Solo
Goldfields	10	6	3	19	***31.6%***
Great Southern	14	5	0	19	***26.3%***
Indian Ocean Territories	1	1	0	2	***50.0%***
Outer Metropolitan (MM 2)	6	1	0	7	***14.3%***
Kimberley	7	1	7	15	***6.7%***
Midwest	11	11	4	26	***42.3%***
Pilbara	9	1	3	13	***7.7%***
South West	48	11	1	60	***18.3%***
Wheatbelt	17	16	1	34	***47.1%***
Total	**123**	**53**	**19**	**195**	***27.2%***

Removing Mandurah (and other RA 2/MM 1 category locations) from the dataset (23 practices), has increased the overall proportion of solo practices by 4.0%.

The majority of rural practices overall are group practices (123 practices), 4 fewer than 2017. 30.8% of all practices are located in the South West region.

The Wheatbelt region contained the largest number and proportion of solo practices, with 16 out of the 34 practices being solo (47.1%).

The discrepancy between the total number of solo practitioners (69) and the total number of solo practices (53) is because some solo practices are serviced by more than 1 fly-in/fly-out/drive-in-drive-out doctor. These GPs job share, but there is only ever 1 GP at the solo practice at any time.

9 Rural GP proceduralists

Number of rural GP proceduralists

In the annual census, rural GPs are asked whether they practised in the following clinical areas:

- Anaesthetics
- Obstetrics
- General surgery

There were 188 rural GP proceduralists recorded as at 30 November 2018, 4 greater than in 2017. Many of these proceduralist GPs practise in more than one procedural area.

The number of rural GPs regularly practising each of these procedures is displayed in Table 12 along with the percentage of the total workforce these GPs represented in 2018.

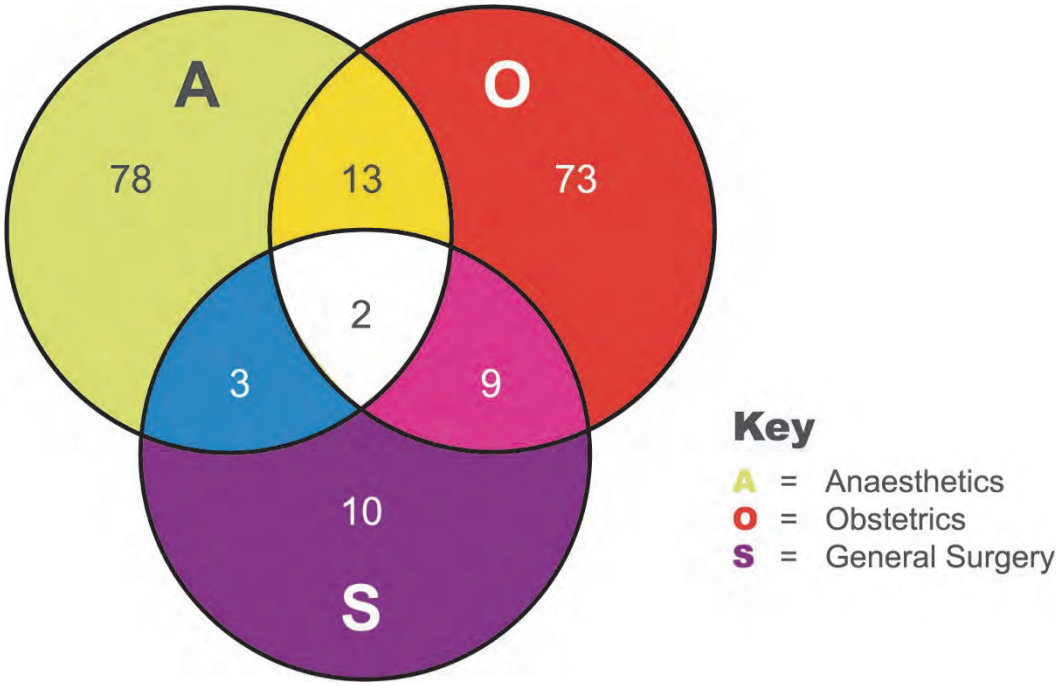
Table 12 Number and proportion of rural GPs practising procedures 2017 v 2018

Procedure	N 2017	% of total GPs 2017	N 2018	% of total GPs 2018
Anaesthetics	92	*11.1%*	96	*11.5%*
Obstetrics	102	*12.3%*	97	*11.6%*
General surgery	25	*3.0%*	24	*2.9%*

The number of GPs performing anaesthetics has increased by 4 doctors, while GP obstetricians decreased by 5 doctors, and GP surgeons decreased by 1 doctor.

A diagram illustrating rural GPs practising in single or multiple procedural areas is shown at Figure 12.

Figure 12 Number of rural GPs undertaking procedural work

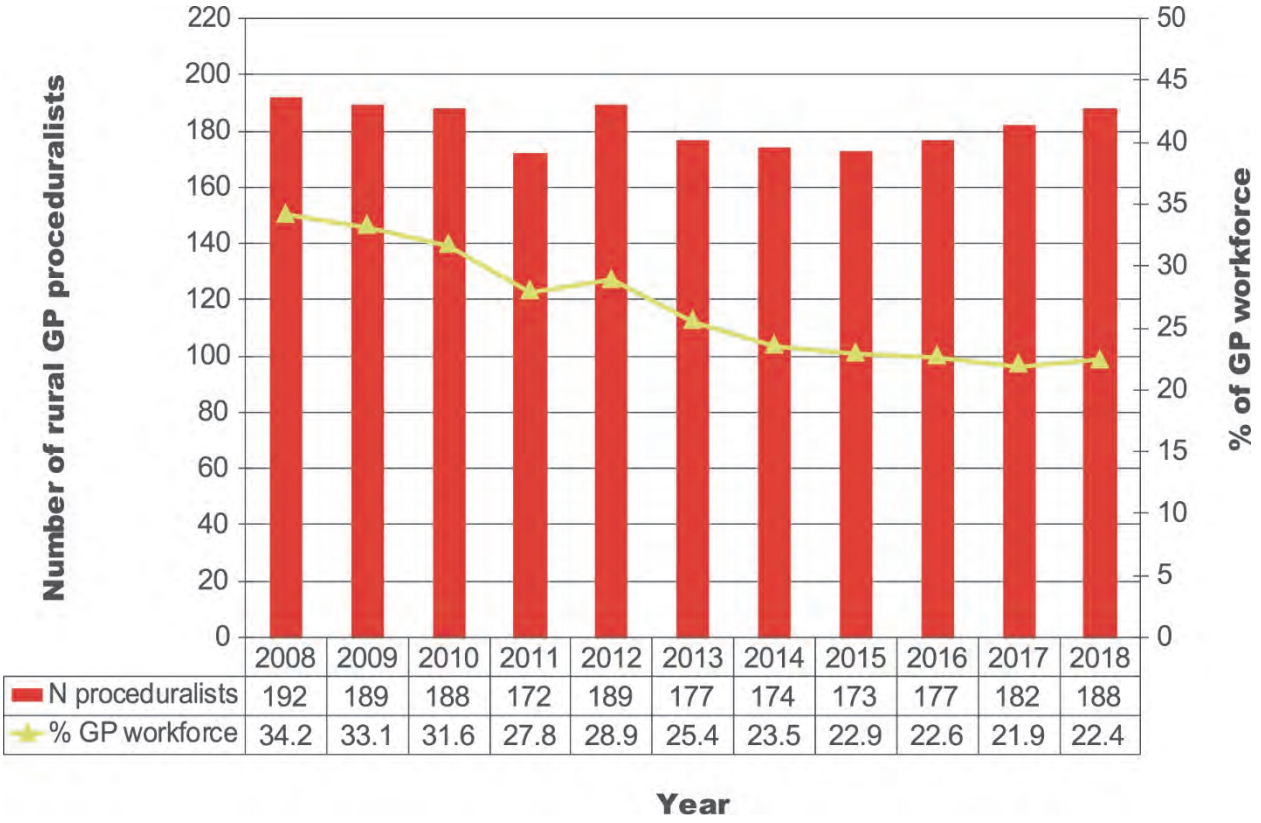


The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2007, there were 14 GPs who practised all 3 procedures and 68 who practised 2 procedures. In 2017 and 2018, only 2 practised all 3 procedures, with 36 practicing 2 procedures in 2017 and 25 in 2018.

For those who previously practiced 2 procedures, the most common procedure to cease practising was obstetrics.

Figure 13 below illustrates the changes in overall rural GP proceduralist numbers and proportions between 2008 and 2018.

Figure 13 Number and proportion of rural GP proceduralists 2008 to 2018



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
N proceduralists	192	189	188	172	189	177	174	173	177	182	188
% GP workforce	34.2	33.1	31.6	27.8	28.9	25.4	23.5	22.9	22.6	21.9	22.4

The proportion of the total rural general practice workforce who were practising proceduralists as at November 2018 increased from 21.9% in 2017 to 22.4% in 2018. This slight rise signifies the first increase in GP proceduralist proportion of the overall workforce since 2012.

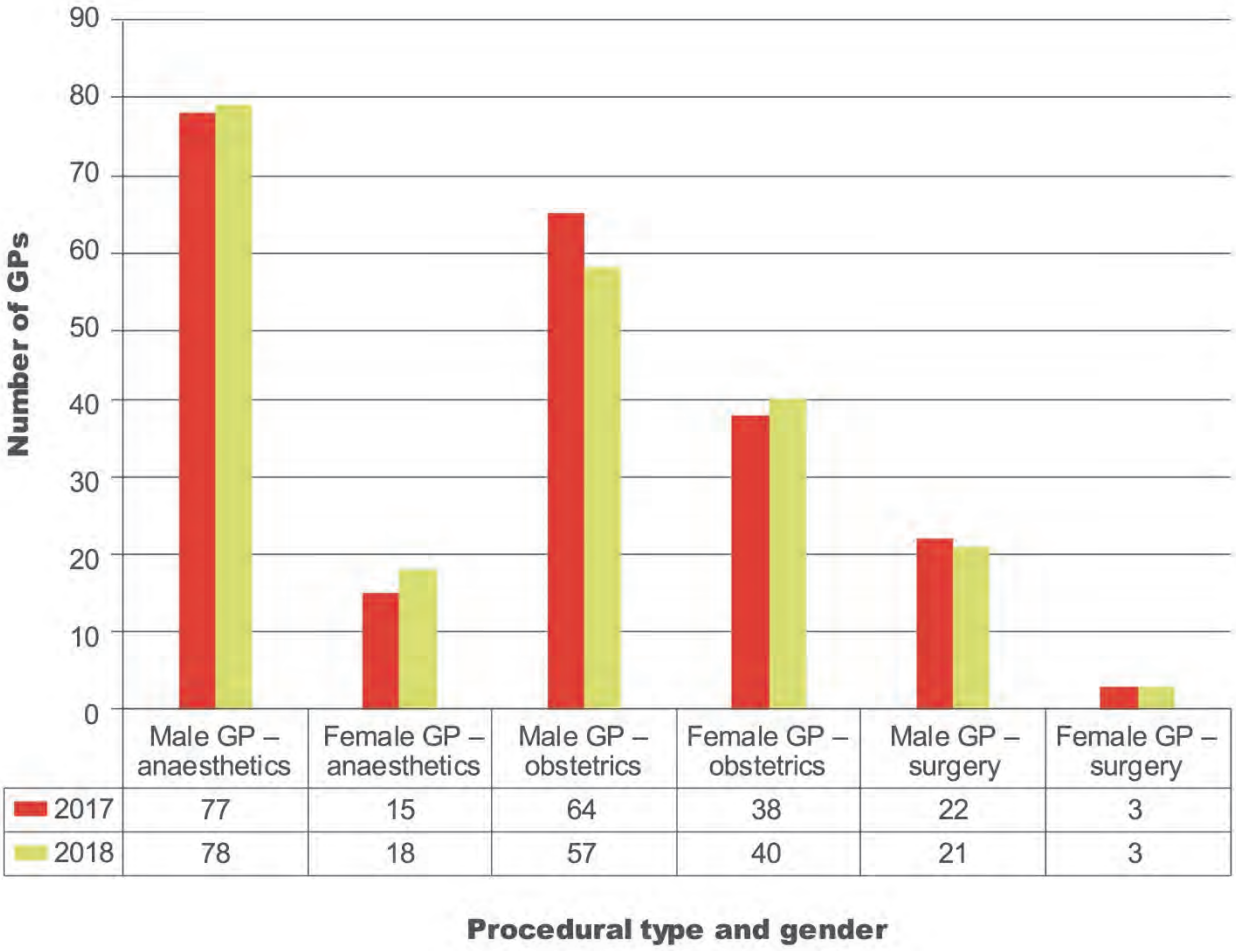
Removing Mandurah (and other RA 2/MM 1 category locations) from the dataset has increased the proportion of the workforce that proceduralists make up each year by between 1% and 3%.

Rural GP proceduralists by type and gender

Figure 14 provides the number and proportion of rural GP proceduralists by gender for 2017 and 2018.

It shows that the number of GPs performing anaesthetics has increased in both genders overall since 2017. Male GP obstetrician numbers have decreased by 7 doctors, while there has been a slight increase in females of 2 doctors. GP surgeon numbers remain relatively similar.

Figure 14 Number of rural GP proceduralists by type and gender 2017 v 2018

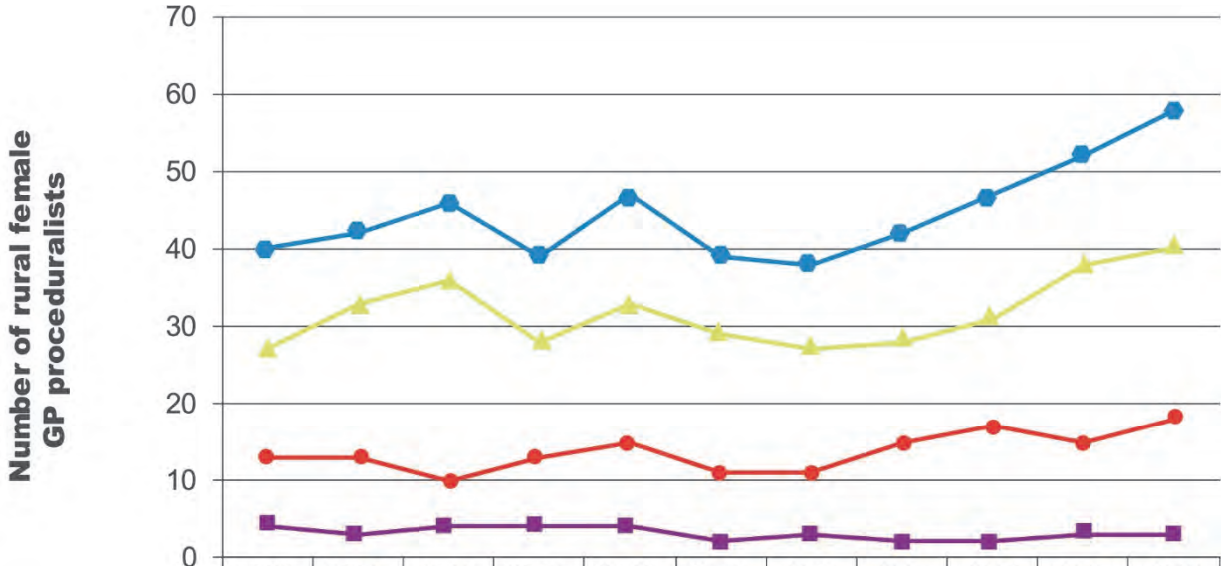


The number of female rural GPs practising in each procedural field is significantly lower to that of the overall WA rural general practice workforce. 43.0% of the overall rural general practice workforce was female in 2018 (see Figure 4), while only 30.9% of the rural GP proceduralist population was female.

The portion of the procedural workforce who are female has risen 10.1% since 2008 (20.8% to 30.9%).

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2008 and 2018. It shows that the numbers have increased in all procedural areas since 2013 and the total number of rural female GP proceduralists is the highest recorded (58 GPs).

Figure 15 Number of rural female GP proceduralists 2008 to 2018



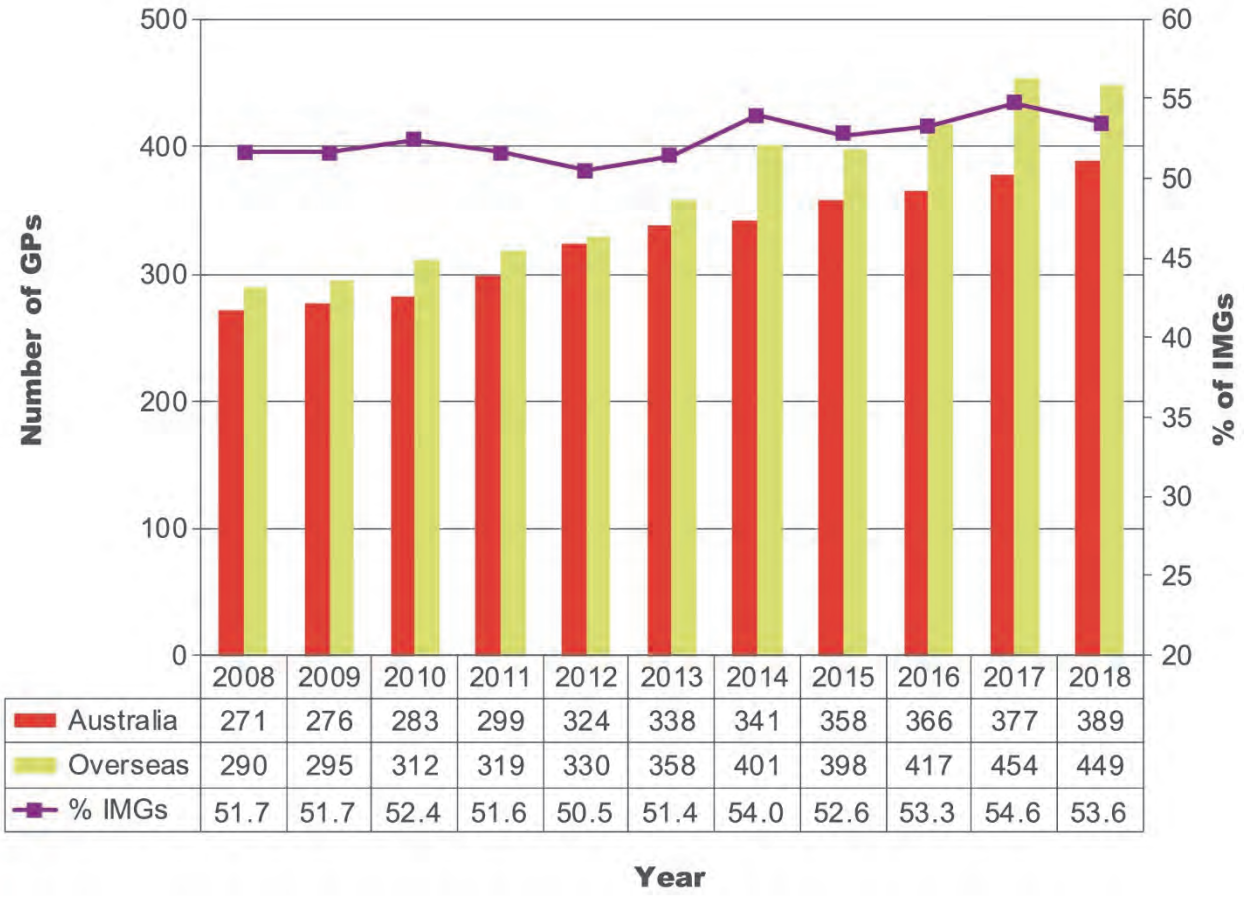
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Anaesthetics	13	13	10	13	15	11	11	15	17	15	18
Obstetrics	27	33	36	28	33	29	27	28	31	38	40
Surgery	4	3	4	4	4	2	3	2	2	3	3
Total	40	42	46	39	47	39	38	42	47	52	58

Year

10 Country of training

Figure 16 displays the number of rural GPs who trained in Australia compared with overseas and the percentages of the total workforce who were IMGs from 2008 to 2018.

Figure 16 Number and percentage of rural IMGs 2008 to 2018



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Australia	271	276	283	299	324	338	341	358	366	377	389
Overseas	290	295	312	319	330	358	401	398	417	454	449
% IMGs	51.7	51.7	52.4	51.6	50.5	51.4	54.0	52.6	53.3	54.6	53.6

At 30 November 2018, 53.6% of the rural general practice workforce in WA obtained their basic medical qualification overseas, 1.0% lower than 2017.

Removing Mandurah (and other RA 2/MM 1 category locations) GPs from the dataset has produced a proportional decrease of approximately 1% to 3% each year.

Rural WA remains heavily dependent on IMGs.

Many IMGs are Australian citizens or permanent residents who have practised medicine in Australia for many years and contribute significantly to the health of rural communities. IMGs who are vocationally registered and have been in rural WA for 10 years or more made up 16.0% of the overall workforce at November 2018.

In the 12 months to 30 November 2018, there were 53 IMG arrivals to rural WA compared with 73 in 2017 (excluding those returning from an extended leave). Of these 53 IMGs, the largest proportion gained their basic medical qualification from the United Kingdom/Ireland (20) or India (6).

Residency status

Table 13 displays the residency status of the rural IMG general practice workforce at 30 November 2018.

Table 13 Residency status of the rural IMG workforce

Residency	Number	%
Australian citizen	201	*44.8%*
Permanent resident	181	*40.3%*
Temporary resident	64	*14.3%*
New Zealand citizen	3	*0.7%*
Total	**449**	**100.0%**

As at 30 November 2018, 44.8% of the rural IMG workforce were Australian citizens (an increase from 43.8% in 2017), 40.3% had permanent residency (an increase from 38.8% in 2017), and 14.3% were temporary residents (a decrease from 17.4% in 2017).

Fellowship status

There were 30 GPs practising under the 5 Year Overseas Trained Doctors Scheme on 30 November 2018 (7 fewer than in 2017).

During the previous year, 5 GPs joined the Scheme and 10 GPs departed. Of those who left, 4 completed the Scheme having gained permanent residency and GP Fellowship (3 remained rural and 1 moved to Perth). 6 GPs left the Scheme without completing it, of whom 2 moved to ineligible locations in rural WA, 2 returned overseas, 1 moved interstate and 1 moved to Perth.

As at 30 November 2018, there were also 49 GPs on the Rural Locum Relief Program (RLRP). This is an Australian Government program administered by Rural Health West whereby GPs who are Australian citizens or permanent residents are assisted to receive Medicare provider numbers to enable them to work in rural WA and bill Medicare.

The previous workforce update reported 90 GPs on the RLRP program; however, half of those work in the RA 2/MM 1 category locations such as Mandurah, and are no longer reported here.

Doctors on the above programs are supported by Rural Health West towards achieving Fellowship. 12 IMGs on a Rural Health West Fellowship support program achieved Fellowship during the period November 2017 to November 2018.

Table 14 shows the Fellowship status of all IMG GPs working in rural WA.

Table 14 Fellowship status of the rural IMG workforce

Fellowship status	Number	%
Fellowed IMG GPs	283	*63.0%*
Currently WAGPET/RVTS registrars	60	*13.4%*
Currently on a Rural Health West program*	66	*14.7%*
Not on any program	40	*8.9%*
Total	**449**	***100.0%***

*GPs on the 5 Year Overseas Trained Doctors Scheme, Rural Locum Relief Program and Forward to Fellowship program

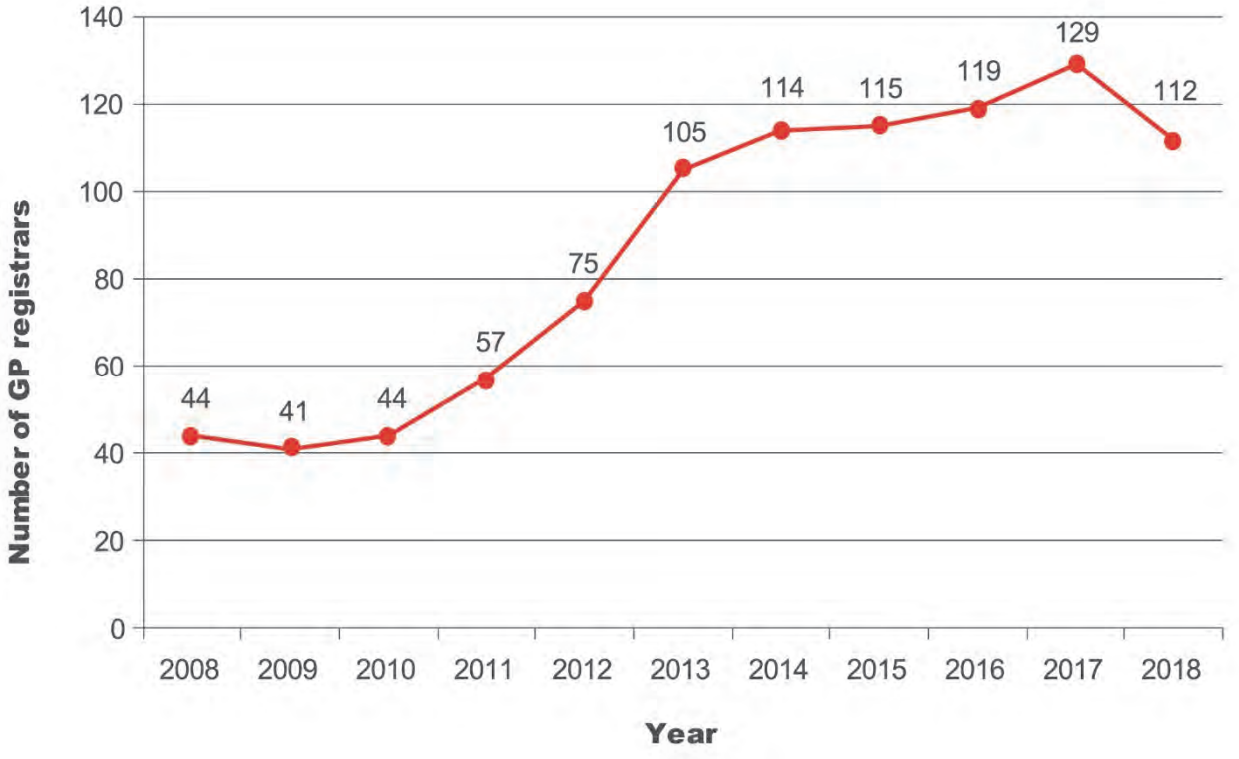
63.0% of the IMG workforce in 2018 were Fellowed, an increase of 3.0% from 2017. 13.4% of IMGs were on an accredited training program, 14.7% were on a Rural Health West supported program, and 8.9% were not on any program towards Fellowship.

Of the 283 Fellowed IMGs in the workforce, 40% Fellowed through a Rural Health West program, 22% were granted Fellowship ad eundem gradum, 10% Fellowed through WAGPET and the remaining through other programs.

11 Rural GP registrars

The following section analyses the rural GP registrar workforce in rural WA. Figure 18 compares rural GP registrar numbers over the period 2008 to 2018 at the census date of 30 November each year.

Figure 17 Total number of rural GP registrars 2008 to 2018



The total number of GP registrars in the rural WA workforce at the census date of 30 November 2018 was 112, which was 17 fewer than 2017.

GP registrars represented 13.4% of the rural general practice workforce in 2018, compared to 7.8% in 2008.

The *Rural General Practice in Western Australia Annual Workforce Update 2017* reported 153 registrars, however, 23 of these were in the Mandurah (and other RA 2/MM 1 category locations) and are no longer reported. A further 18 were ACRRM independent pathway registrars, and are now included in the non-registrar workforce.

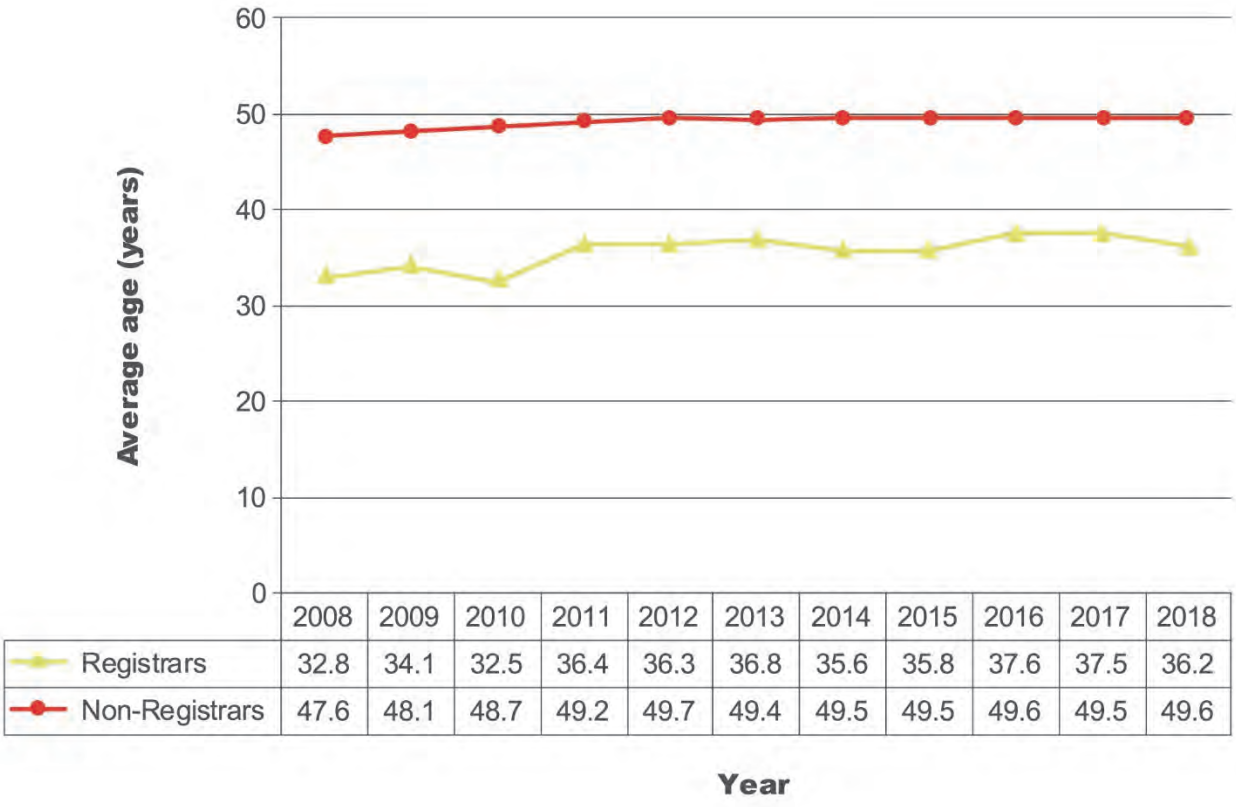
In 2018, 106 rural GP registrars were with WAGPET (a decrease of 3 from 2017), and 6 were with RVTS (an increase of 2).

57.1% of all rural GP registrars were female (a decrease from 58.1% in 2017).

As expected, the average age of rural GP registrars remains well below that of the non-registrar general practice workforce as shown in Figure 18.

The average age of GP registrars has increased by 3.4 years since 2008. This compares with an average increase of 1.9 years among the non-registrar workforce,.

Figure 18 Average age of rural GP registrars 2008 to 2018

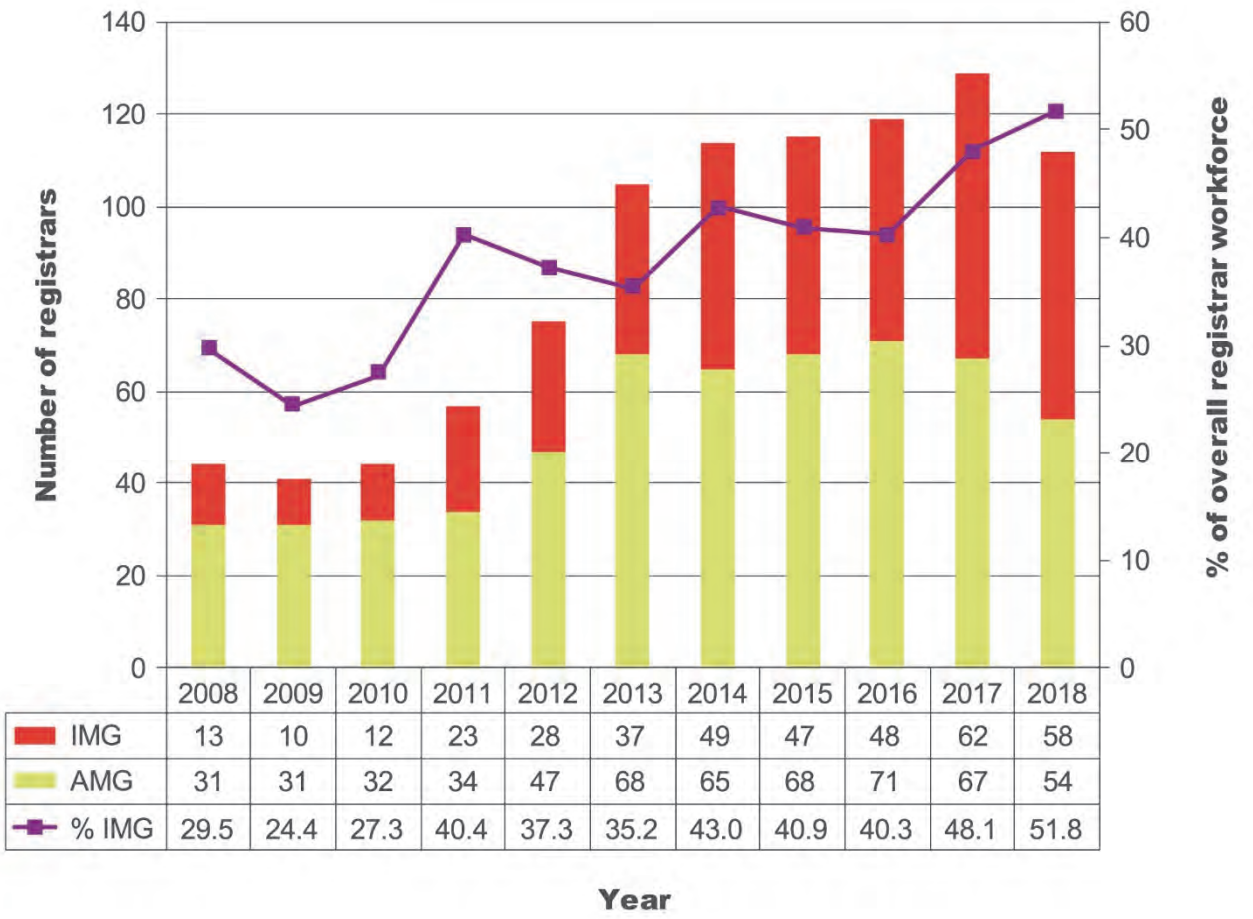


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Registrars	32.8	34.1	32.5	36.4	36.3	36.8	35.6	35.8	37.6	37.5	36.2
Non-Registrars	47.6	48.1	48.7	49.2	49.7	49.4	49.5	49.5	49.6	49.5	49.6

Removing Mandurah (and other RA 2/MM 1 category locations) registrars has produced a decrease in registrar ages by an average of 1.4 years over the 10 year period.

Figure 19 provides a comparative breakdown of rural GP registrar figures from 2008 to 2018, according to where they received their primary medical qualification.

Figure 19 Number and proportion of overseas trained rural GP registrars 2008 to 2018



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
IMG	13	10	12	23	28	37	49	47	48	62	58
AMG	31	31	32	34	47	68	65	68	71	67	54
% IMG	29.5	24.4	27.3	40.4	37.3	35.2	43.0	40.9	40.3	48.1	51.8

The proportion of registrars who were IMGs is now over 50.0% and the highest proportion to date.

Of the IMG GP registrars, 15 completed their basic medical qualification in the United Kingdom/Ireland, 14 in India, 4 in Pakistan, 4 in Myanmar, 4 in South Africa and the remainder in 14 other countries.

The following table shows the university at which Australian trained GP registrars working in rural WA obtained their basic medical degree.

Table 15 University of basic medical training of Australian trained GP registrars working in rural WA 2018

University of basic medical training	Number of GPs
The University of Western Australia	27
The University of Notre Dame Australia, Fremantle	14
University of Sydney	3
University of Adelaide	2
University of Queensland	2
University of Tasmania	2
James Cook University	1
Monash University	1
University of New England	1
University of Wollongong	1
Total	**54**

This table shows that 50.0% of all Australian trained GP registrars working in rural WA completed their basic medical training at The University of Western Australia and 25.9% completed their basic medical training at The University of Notre Dame Australia, Fremantle. Overall, 75.9% completed their basic medical training in WA.

12 Rural ACCHO practices

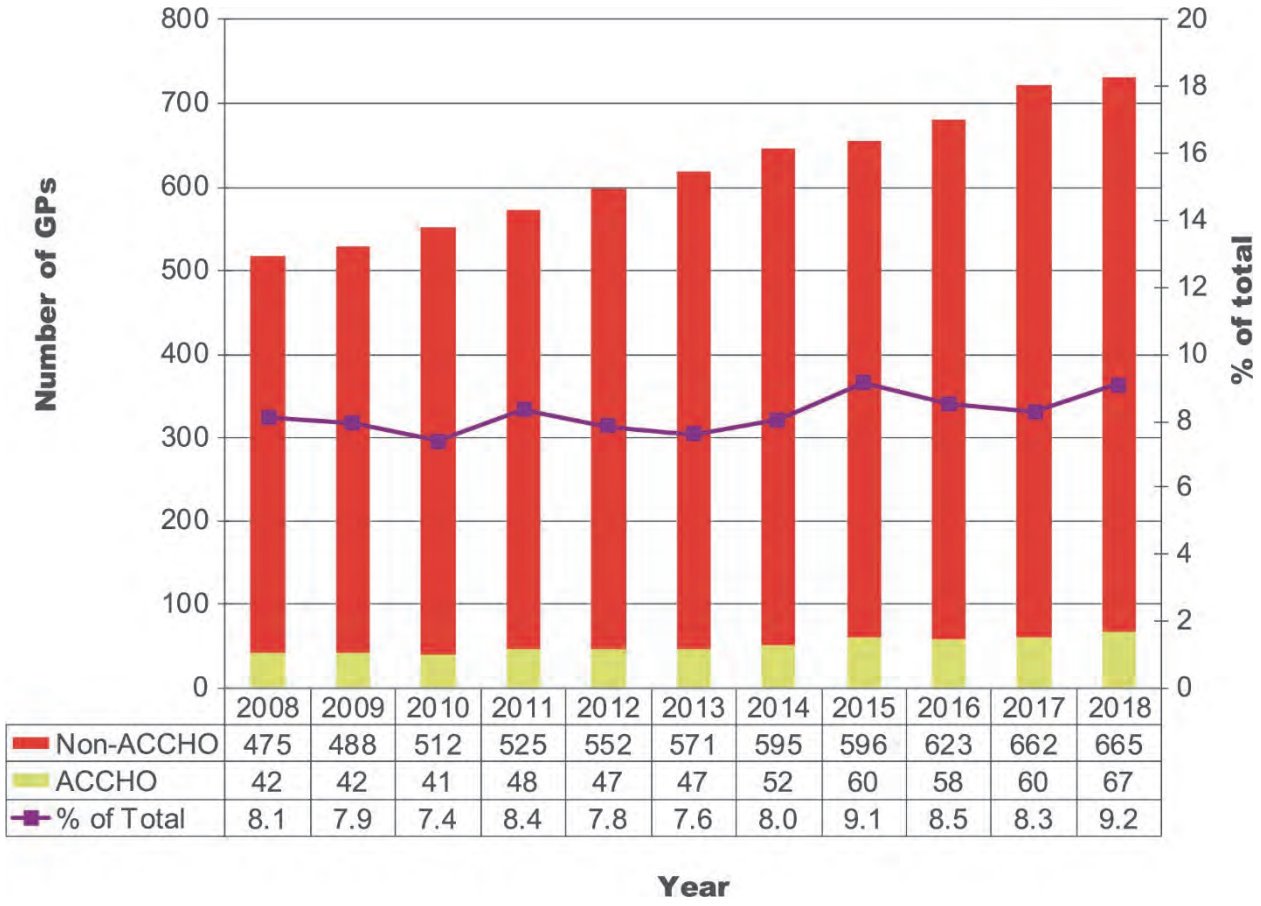
The following section analyses the general practice workforce in rural ACCHO practices. This workforce comprised a total of 75 GPs in 2018 (2 greater than 2017), of which 8 were WAGPET registrars, 3 were RVTS registrars, 18 were fly-in/fly-out/drive-in-drive-out GPs and 46 were resident GPs.

The 8 WAGPET GP registrars who identified as working in a rural ACCHO practice as their primary practice are excluded from the remainder of this analysis. Also excluded from this analysis are 9 private practice GPs who worked at a rural ACCHO practice as a secondary practice. These GPs are not include in the 75 GPs mentioned above.

Figure 20 charts the number of GPs who identified a rural ACCHO practice as their primary practice from 2008 to 2018.

In 2018, there were 67 GPs, an increase of 7 GPs from 2017. The ACCHO employed workforce has increased by 59.5% since 2008, 19.5% higher than the increase in the non-ACCHO general practice workforce over the same 10 year period. As a proportion of the total workforce, GPs working in ACCHO practices have increased from 8.1% in 2008 to 9.2% in 2018.

Figure 20 Number of GPs in rural ACCHO practices v overall 2008 to 2018
(excluding WAGPET GP registrars)

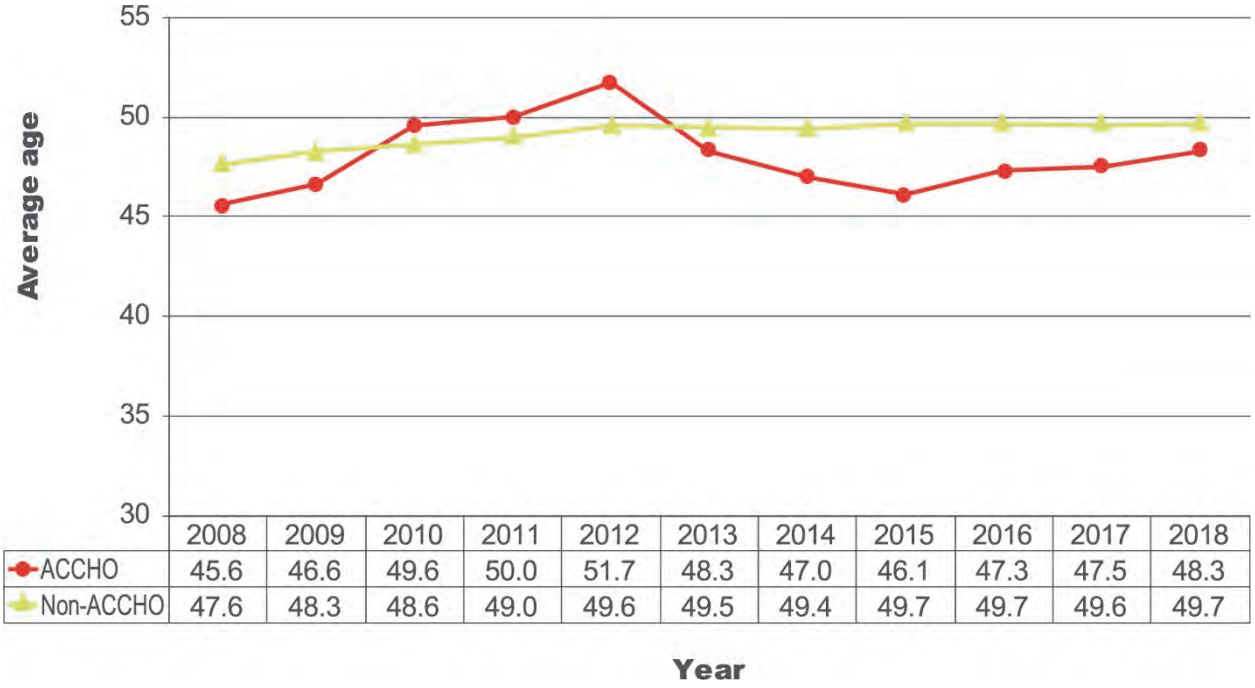


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Non-ACCHO	475	488	512	525	552	571	595	596	623	662	665
ACCHO	42	42	41	48	47	47	52	60	58	60	67
% of Total	8.1	7.9	7.4	8.4	7.8	7.6	8.0	9.1	8.5	8.3	9.2

Figure 21 identifies the average age of GPs in rural ACCHO practices from 2008 to 2018 compared to the overall age of the non-ACCHO general practice workforce in rural WA.

In 2018, the average age of ACCHO practice GPs was younger than that of the overall workforce, as it has been since 2012.

Figure 21 Average age of GPs in rural ACCHO practices v overall 2008 to 2018 *(excluding WAGPET GP registrars)*



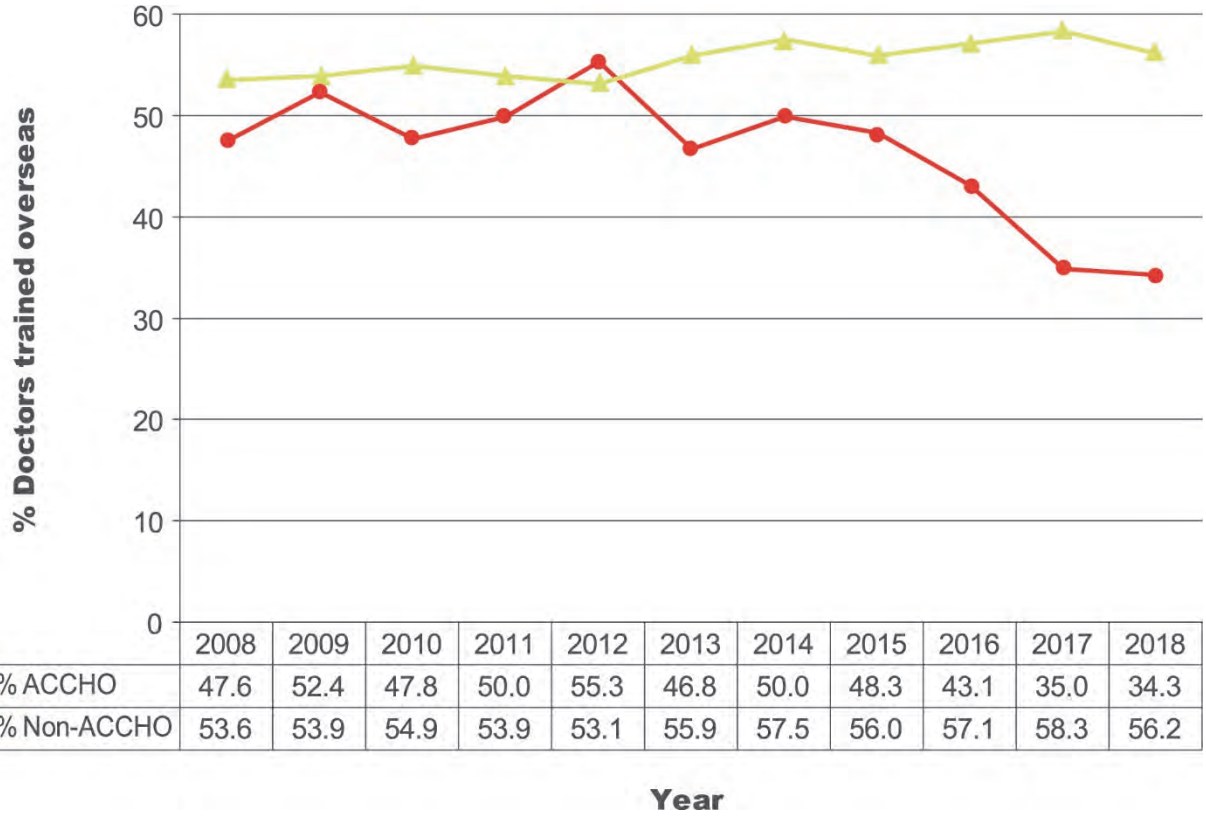
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
ACCHO	45.6	46.6	49.6	50.0	51.7	48.3	47.0	46.1	47.3	47.5	48.3
Non-ACCHO	47.6	48.3	48.6	49.0	49.6	49.5	49.4	49.7	49.7	49.6	49.7

The overall average age for each year will differ from that reported in Section 4 at Figure 1 due to the inclusion of WAGPET GP registrars in the overall age profile, whereas WAGPET GP registrars are excluded from the calculations in Figure 21.

Figure 22 charts the percentage of IMGs in rural ACCHO practices compared with the overall rural general practice workforce between 2008 and 2018.

It shows that the percentage of IMGs working in ACCHO practices as their primary practice has mostly been decreasing annually since 2008, a fall of 13.3%, compared to an increase of 2.6% in IMGs amongst the overall non-registrar non-ACCHO employed workforce.

Figure 22 Percentage of IMGs in rural ACCHO practices v overall 2008 to 2018
(excluding WAGPET GP registrars)



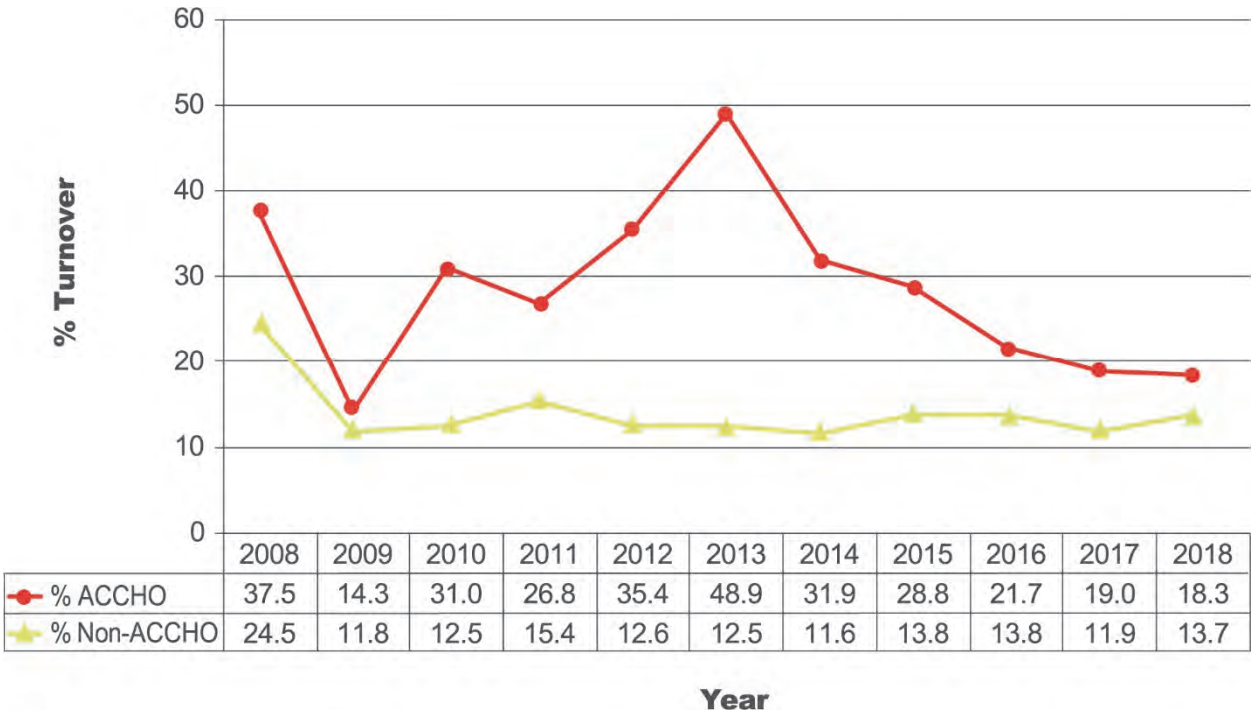
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
% ACCHO	47.6	52.4	47.8	50.0	55.3	46.8	50.0	48.3	43.1	35.0	34.3
% Non-ACCHO	53.6	53.9	54.9	53.9	53.1	55.9	57.5	56.0	57.1	58.3	56.2

Figure 23 compares the GP turnover in rural ACCHO practices with the non-ACCHO employed GP turnover between 2008 and 2018.

Turnover in ACCHO practices is higher than turnover among the overall workforce, however it has been decreasing since it peaked in 2013.

Turnover in ACCHO practices between November 2017 and November 2018 decreased 0.7% from the prior period. By comparison, turnover in non-ACCHO practices increased 1.8% in the same period.

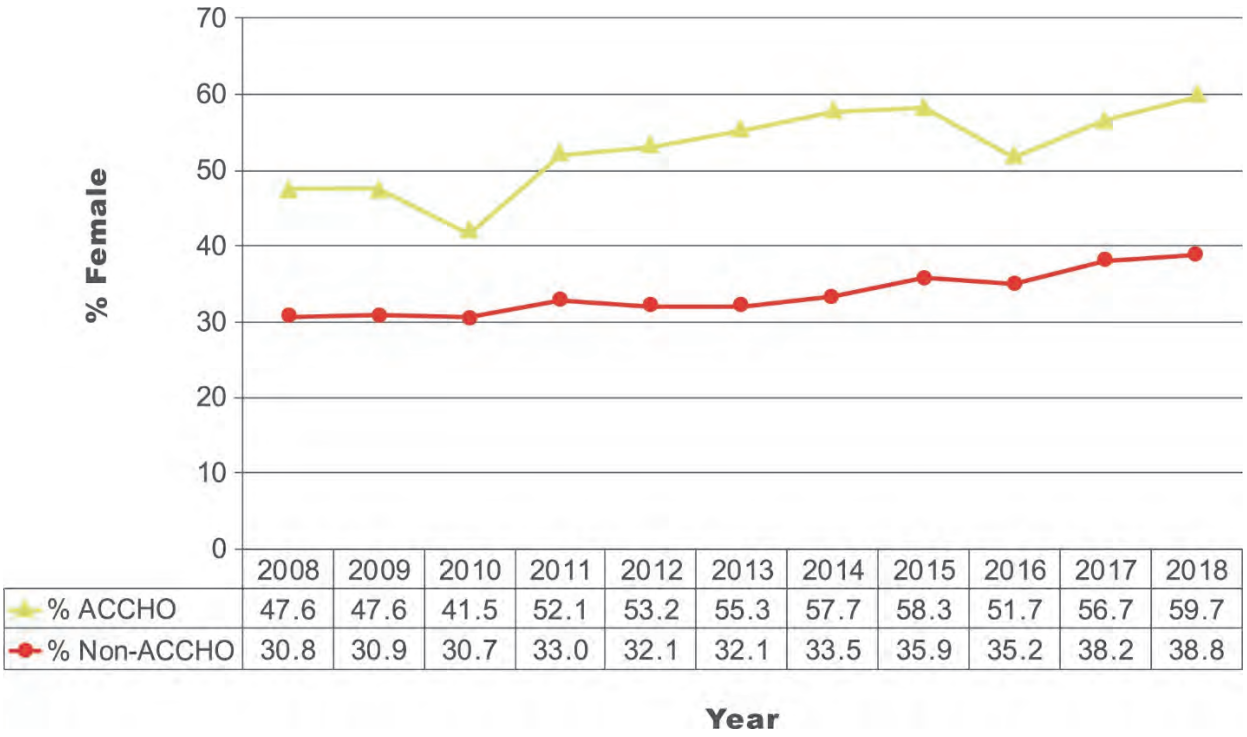
Figure 23 Turnover in rural ACCHO practices v overall 2008 to 2018
(excluding WAGPET GP registrars)



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
% ACCHO	37.5	14.3	31.0	26.8	35.4	48.9	31.9	28.8	21.7	19.0	18.3
% Non-ACCHO	24.5	11.8	12.5	15.4	12.6	12.5	11.6	13.8	13.8	11.9	13.7

Figure 24 charts the percentage of female GPs in rural ACCHO practices compared with the overall rural general practice workforce between 2008 and 2018.

Figure 24 Percentage of female GPs in rural ACCHO practices v overall 2008 to 2018 *(excluding WAGPET GP registrars)*



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
% ACCHO	47.6	47.6	41.5	52.1	53.2	55.3	57.7	58.3	51.7	56.7	59.7
% Non-ACCHO	30.8	30.9	30.7	33.0	32.1	32.1	33.5	35.9	35.2	38.2	38.8

The proportion of female GPs working in rural ACCHO practices increased 3.0% in 2018 from 2017. ACCHO practices continued to have a consistently greater proportion of female GPs than the overall non-ACCHO rural general practice workforce with a variance of 20.9% in 2018.

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