

## THE MEDICAL WORKFORCE SHORTAGE IN RURAL AND REMOTE AUSTRALIA: THE FACTS

"Parts of rural and remote Australia have been in a state of permanent under-supply [of doctors] for more than forty years."<sup>1</sup>

### GP shortages

The most recent audit of the rural health workforce conducted by Rural Workforce Australia once again identifies that rural, remote and regional Australia is significantly underserved.

While the number of GPs continues to grow, this growth does not indicate increased availability of GPs over time, as the growth in the medical workforce has not kept pace with the rate of population growth. This shortage is most acute in rural and remote areas.

The RDAA has calculated that rural Australia is short of at least 1,800 doctors.

### What are the facts?

- Rural and remote communities generally have a relatively low ratio of GPs proportional to their population. National figures for GPs (FTE)<sup>2</sup> per 100,000 population across different geographic areas are as follows:
 

Major cities	97.0	GPs per 100,000 population
Inner regional	83.1	GPs per 100,000 population
Outer regional	74.2	GPs per 100,000 population
Remote	68.2	GPs per 100,000 population
Very remote	47.1	GPs per 100,000 population <sup>3</sup>
- Rural and remote communities generally have a relatively low ratio of specialist medical practitioners proportional to their population. National figures for specialist medical practitioners (FTE) per 100,000 population across different geographic areas are as follows:
 

Major cities	122.0	specialists per 100,000 population
Inner regional	56	specialists per 100,000 population
Outer regional	38	specialists per 100,000 population
Remote/very remote	16	specialists per 100,000 population <sup>4</sup>
- The supply of GPs to 'very remote' areas of New South Wales and Western Australia is very low, at less than one-third of the total national average for all remoteness areas.<sup>5</sup>

<sup>1</sup> Rural Health Workforce Australia (2008). *Will more medical places result in more rural GPs?* RHWA, Melbourne.

<sup>2</sup> Full time equivalent (FTE) is based on working 45 total hours per week.

<sup>3</sup> Australian Government Department of Health and Ageing (DoHA), 2008. *Report on the Audit of Health Workforce in Rural and Regional Australia*, April 2008. Commonwealth of Australia, Canberra, at 8. These figures are based on the AIHW's Medical Labour Force Survey 2005.

<sup>4</sup> Australian Government, DoHA, 15.

<sup>5</sup> Australian Government DoHA, 9.

- The GP proceduralist<sup>6</sup> and the medical generalist are important in rural and remote medicine because of the lack of population to support sub-specialties; however, the proportion of rural practitioners providing procedural services has been decreasing since 2002.<sup>7</sup>
- The rural and remote medical workforce is ageing, with the average age of rural GPs now 49 years (50.53 years for male GPs and 45.75 years for female GPs).<sup>8</sup>
- 24.3% of rural and remote medical practitioners are over the age of 55<sup>9</sup>.
- International Medical Graduates (IMGs) make up more than 41% of the rural medical workforce<sup>10</sup>.
- While the female proportion of the medical labour force is increasing, female doctors are more likely to work fewer hours than male doctors, more likely to work part time and less likely to go into rural practice<sup>11</sup>.

### GP Education and Training

On a population basis, the number of medical students and junior doctors choosing rural general and specialist practice should be around 35%. While medical school places have expanded over the last 5 years, the number of graduates who select metropolitan or rural general practice has fallen.

### What are the facts?

- While the number of doctors seeking training on the rural pathway has increased, since 2005 there has still been a shortfall between places available and acceptance.<sup>12</sup>
- General Practice Education and Training (GPET) surveys show that only 13% of medical students said general practice was their first preference as a career choice and only a small fraction of this 13% are likely to end up in rural medicine.
- In the past 15 years less than 5% of graduates from Queensland and NSW universities have embarked upon rural practice.<sup>13</sup>
- The medical workforce is characterised by a preference for specialisation and sub-specialisation and there is a continued drift of specialty colleges towards sub-specialisation.<sup>14</sup> That means there are fewer doctors available to become rural generalists or GPs.

<sup>6</sup> Rural Generalists offer procedural medicine such as obstetrics, anaesthetics and surgery.

<sup>7</sup> Rural Health Workforce Australia, *Medical Practice in Rural & Remote Australia: National Minimum Data Set (MDS) Report* as at 30th November 2009, at 15.

<sup>8</sup> Rural Health Workforce Australia, MDS Report, 4.

<sup>9</sup> Rural Health Workforce Australia, MDS Report, 4.

<sup>10</sup> Australian Government DoHA, 27.

<sup>11</sup> Rural Health Workforce Australia, MDS Report, 6.

<sup>12</sup> Rural Health Workforce Australia (2008). *Will more medical places result in more rural GPs?* RHW, Melbourne, at 10.

<sup>13</sup> Figures provided by Rural Workforce Agencies.

<sup>14</sup> Medical Training Review Panel (February 2009), 12<sup>th</sup> Report, Australian Government.

## Challenges for the future

- Increasing the number of medical students alone will not result in extra GPs for rural and remote Australia - other strategies and incentives are required.<sup>15</sup>
- Doctors who make up the rural proceduralist workforce (for example, GP anaesthetists and obstetricians) are key personnel in rural hospitals but this workforce is ageing and service gaps are increasingly difficult to fill.
- There is an increasing demand for GP services from an ageing population and an associated increase in chronic disease.
- IMGs only partially fill the GP service gap because they are compelled to work in rural and remote areas where they face cultural and geographic isolation, and limited opportunities for supervision and training.
- There has been a decrease in the hours worked by the GP workforce as a result of increasing feminisation of the rural medical workforce, along with younger doctors tending to work less face to face hours, and demand better work/life balance.

## Want more information?

See the RDAA website for more information about a range of rural health issues, including what can be done to address the rural medical workforce shortage.

## Date last reviewed:

October 2010

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<sup>15</sup> Rural Health Workforce Australia (2008), *Will more medical training places result in more rural GPs?* Discussion Paper, RWA: at 12