Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Secretary,

Inquiry into the factors affecting the supply of health services and medical professionals in rural areas

I am pleased to provide this response to the *Inquiry into the factors affecting the supply of health services and medical professionals in rural areas*.

The AIHW is a major national agency established under the AIHW Act (1987) as an independent statutory body to provide reliable, regular and relevant information and statistics on Australia's health and welfare. We are committed to providing high quality national data and analysis across the health, housing, and community services sectors, presented in meaningful and relevant ways and delivered in a timely manner.

We look forward to seeing the inquiry report and trust our submission will be of assistance.

Yours sincerely,

David Kalisch
Director
Australian Institute of Health and Welfare
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Inquiry into the factors affecting the supply of health services and medical professionals in rural areas: AIHW Submission

Background

The Australian Institute of Health and Welfare (AIHW) is pleased to provide this response to the *Inquiry into the factors affecting the supply of health services and medical professionals in rural areas*.

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 2007* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. We are an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

Our aim is to improve the health and wellbeing of Australians through authoritative health and welfare information and statistics. We collect and report information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, child protection and of course, the health workforce.

As such we have an important stake in the collation and reporting of health workforce supply statistics and recognise that the matters in the Terms of Reference will properly require reliable data about current and projected shortages or oversupply. This is particularly true of any attempts to evaluate the effectiveness of Medicare Locals, incentive schemes or geographic classification for funding on the attraction and retention of the workforce in more remote areas.

Agencies involved in health workforce supply data

Over the past two decades, the AIHW has collated and published statistics on Australia's health workforce based on data collected from the state and territory annual registration renewals (known as the AIHW Health labour force series). These reports have focused on medical practitioners, dental practitioners, nurses and midwives but have periodically included allied health professions such as psychologists, pharmacists and podiatrists.

Under the new national registration scheme, the registration renewals for all registrable health professionals (currently covers 10 professions but expanding to 14 in 2012) are

undertaken by the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA provides a snapshot of the registration and workforce survey data to AIHW at designated times each year following the annual registration renewal process for each profession.

AIHW cleans and edits these data producing the National Health Workforce Dataset (NHWDS). The AIHW is the custodian of this data set and is developing a suite of annual publications and online data resources based on these data. The NHWDS is managed by AIHW under contract to Health Workforce Australia (HWA). While AIHW manages these data, it is not our role to develop health workforce policy.

HWA plans to establish the National Statistical Resource (NSR) which will bring together supply and demand data for the purpose of national projections in order to inform policy development. The NHWDS will be the main dataset used by the NSR to inform the supply of health practitioners in Australia. While AIHW occasionally reports on health care demand and the adequacy of the workforce supply and makes forward projections for specific workforces, the great majority of this work is undertaken by HWA.

The first set of AIHW publications based on the national registration scheme data will be released during 2012. This set will include all 10 registrable professions and start with medical practitioners early in 2012.

Current available data on health workforce distribution

With the supply of data from AHPRA still being established, health workforce distribution information is currently available from the AIHW health labour force series and the Australian Bureau of Statistics (ABS) 2006 Census.

According to the 2006 Census data report in AIHW's *Health and community services labour force 2006* publication (AIHW 2009):

- The supply of health workers declined as remoteness increased. The highest number of health workers per 100,000 population was in *Major cities* (2,777), followed by *Inner regional Australia* (2,536) and *Outer regional Australia* (2,166). In the two most remote areas, there were rates of 1,827 and 1,379 for *Remote* and *Very remote Australia* respectively.
- Aboriginal and Torres Strait Islander health workers and enrolled nurses were exceptions to the pattern of declining health worker supply with increasing remoteness. The number of Aboriginal and Torres Strait Islander health workers per 100,000 was highest in *Very remote Australia* and second highest in *Remote Australia*.
- The number of enrolled nurses per 100,000 was highest in *Inner regional Australia* and *Outer regional Australia*. The difference in supply of enrolled nurses between *Major cities* and *Very remote Australia* was 4 nurses per 100,000 population (80 and 76 nurses per 100,000 population respectively).

According to the AIHW's *Medical labour force 2009*, *Nursing and Midwifery labour force 2009* and *Dentists, specialists and allied practitioners in Australia: Dental Labour Force Collection, 2006* reports:

- The supply of employed medical practitioners was highest in *Major cities* (392 full-time equivalent medical practitioners per 100,000 population) (based on a 40-hour working week). The rate of employed medical practitioners per head of population was significantly lower in other remoteness areas, with *Outer regional Australia* having

the lowest rate (206 full-time equivalent medical practitioners per 100,000 population) (AIHW 2011a).

- The number of clinical specialists decreased with increasing remoteness (142 FTE per 100,000 for *Major cities*; 24 FTE per 100,000 for *Remote/Very remote* areas).
- *Very remote* areas had the highest supply of employed nurses with 1,240 full-time equivalent nurses per 100,000 population (based on a 38 hour week). *Major cities* had the lowest supply at 997 full-time equivalent nurses per 100,000 population). Overall supply increased with remoteness, though *Inner regional Australia* had a slightly higher supply than *Outer regional* areas (AIHW 2011b).
- The number of full-time equivalent dentists per 100,000 population ranged from 65 in *Major cities* to 20 in *Remote/Very remote* areas (based on a 35-hour working week) (Balasubramanian et al 2011).

Several AIHW publications also report on the movement of patients from more remote areas to access specialised services in less remote locations (AIHW 2008, 2011c).

Future enhancements in health workforce distribution data quality

The annual AIHW health labour force series has focused on medical, dental and nursing practitioners, which has meant that information on the allied health professionals has been limited to data collected under the five-yearly Census. The move to the national registration scheme and the agreed data flows between the three agencies will soon allow the release of annual data for these professions, a major improvement in the health workforce evidence base.

Early indications are that the national registration scheme should also result in improved in distributional data quality by boosting response rates and reducing the amount of missing data for locational data items. This will be an important enhancement in the quality of workforce supply estimates, particularly for remoter areas where there are smaller and more transitory workforces.

The ability of the national registration scheme data to track practitioners over time should also provide a richer information source on the career decision-making that underpins the workforce in more remote locations.

The establishment of the Medicare Locals and Local Hospital Networks may also facilitate the collection and validation of improved health workforce data for regions.

References

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