

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-164

OUTCOME 12: Health Workforce Capacity

Topic: DISTRICT OF WORKFORCE SHORTAGE OPERATIONS AND EXEMPTIONS

Written Question on Notice

Senator Boyce asked:

The town of Walwa in outer regional Victoria is not classified as a DWS and required an exemption to recruit an OTD last year, yet Albury/Wodonga, a large regional centre with significant health infrastructure 150km away, is classified as a DWS. The town of Mt Morgan, half an hour south of Rockhampton, also does not have DWS status and is required to also apply for an exemption - which it did last year, yet Rockhampton itself with its 232 bed Base Hospital, is classified as a DWS.

- a) If these are the outcomes that are occurring, what explicit criteria are being used to determine DWS locations?
- b) If it is based purely on whether a location "falls below the national average for the provision of medical services" as listed on the DoctorConnect website, isn't this criteria inadequate, and can the department list any other considerations used to determine DWS status.

Answer:

a) to b)

Districts of workforce shortage (DWS) are determined using the latest Medicare billing statistics, which account for all active Medicare billing, and the Australian Bureau of Statistics population data. These information sources are used to develop a full time equivalent (FTE) general practitioner-to-population ratio for each area in Australia. These areas are referred to as statistical local areas (SLA).

An SLA is considered to be a DWS if the latest Medicare billing statistics show that it has a lower FTE GP-to-population ratio when compared to the national average ratio. A lower FTE GP-to-population ratio than the national average indicates that the SLA has less access to general practice services when compared to the national average.

The FTE GP-to-population ratio is the only fact that is considered when determining which areas are a DWS for general practice. The Department of Health and Ageing does not base DWS classifications on the level of health infrastructure within an area, as the existence of health infrastructure is not indicative of the level of service provision within the area.

The criteria used to determine DWS capture the actual level of service provision within an SLA by accounting for all private billing. DWS classifications also provide an accurate determination of the level of service provision over time as the Medicare billing statistics are updated to account for changes in service provision due to the changes in the composition of the Australian medical workforce.