

2007 GP Workforce Snapshot - Victoria

Goulburn Valley Division of General Practice

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Introduction

The Rural Workforce Agency Victoria (RWAV) collects information on the rural GP workforce to assist with the recruitment and retention of GPs in rural practices.

Information is collected on an ongoing basis from several sources¹ including RWAV's annual survey of GPs and practices. Our GP and practice survey is distributed in September to all GPs and practices in Victoria within the boundaries of the rural Divisions of General Practice.

This report contains information on the demographics and workforce participation of the rural GP workforce and the composition of medical practices in rural towns within the Goulburn Valley Division of General Practice (GVDGP).

RWAV would like to thank the rural Divisions of General Practice for their continued support and assistance with the GP and practice survey.

Highlights²

- 95 GPs (99 full-time equivalent GPs) work principally within GVGP – which is 9% of the rural GP workforce
- The Division has approximately 9% of the rural Victorian population and has an estimated 1 GP per 1,152 residents
- The rural GP workforce is ageing – the average age of GPs within the Division is 48.6 years (rural Victorian average is 49.5 years)
- The average length of time GPs within the Division have worked in their current practice is 11.3 years
- 28% of GPs within the Division hope to reduce their hours within the next 5 years
- There are 28 practices within the Division of which 29% are solo practices

1) Data sources include the Medical Practitioners Board of Victoria online list of medical practitioners, Divisions of General Practice, contact with practitioners and other medical practice staff, RWAV's annual telephone survey of practices and RWAV's annual mail survey of GPs and practices.

2) The information in this report was current as at 30 November 2007.

Rural GP workforce profile

There are 1,220 GPs practising in rural³ Victoria. Of these, 140 (11%) are registrars.

This section presents information on the demographics of the permanent GP workforce within GVDGP. As the placement terms of GP registrars are short term – typically ranging from six to twelve months, they are not part of the permanent workforce and thus have not been included in this section.

Nine percent (9%) of the rural Victorian GP workforce work principally in a location within GVDGP, and the Division covers approximately 9% of the total rural Victorian population. The Division has an estimated to 1 GP to every 1,152 residents.

The number of rural GPs (headcount and full-time equivalent - FTE) within the Division is presented in Table 1.

FTE values were created based on the Australian Bureau of Statistics (ABS) definition of full-time work - which is 35 or more hours per week. For GPs this would equate to 9 or more sessions per week of 3.9 hours in duration⁴. Please note that the FTE calculation is based on clinical hours worked in GP practices only, not total hours worked in all settings.

A profile of the GP workforce within the Division, by Rural, Remote and Metropolitan Area (RRMA), gender, age and country of qualification, is presented in Table 2.

Table 1: Headcount and FTE of rural GPs within GVDGP

	Headcount	FTE
Goulburn Valley DGP	95	99

Note: Includes the shared postcodes of 3523, 3558 and 3660

Table 2: Profile of rural GPs within GVDGP (N=95)

RRMA		
3	46	48%
4		
5	49	52%
7		
Gender		
Males	62	65%
Females	33	35%
Age (years), mean*		
Males	50.1	
Females	46.0	
Overall	48.6	
*Missing age data for 5 GPs (5 males)		
Country of qualification		
Australian graduates	59	62%
International graduates	36	38%

3) Defined as Rural, Remote and Metropolitan Area (RRMA) three to seven classified locations.

4) Consistent with this, the average session length reported by GPs in RWAVs 2007 GP survey is 3.9 hours.

The gender composition of the GP workforce within the Division differs slightly to that of the GP workforce across rural Victoria. Females comprise 35% of the workforce within GVDGP, which is slightly higher compared to rural Victoria overall - where females comprise 30% of the GP workforce.

The average age of GPs within the Division is slightly younger than in rural Victoria overall (48.6 years compared to 49.5 years respectively). Consistent with rural Victoria overall, female GPs are, on average, younger than their male counterparts.

The distribution of male and female GPs across age groups is displayed in Figure 1.

Within the Division, the highest number of GPs is in the 45 to 54 year age group. This is consistent with rural Victoria overall, however, proportionally the Division has more GPs in this age group. Almost half (48%) of GPs within the Division are aged 45 – 54 years, compared to 44% across rural Victoria.

Proportionally, compared to rural Victoria overall, the Division has fewer rural GPs aged over 55 (22% compared to 27% across rural Victoria).

It can be seen in Figure 1 that the relative proportion of males to females is higher in all age groups except for the youngest (25 - 34) age group.

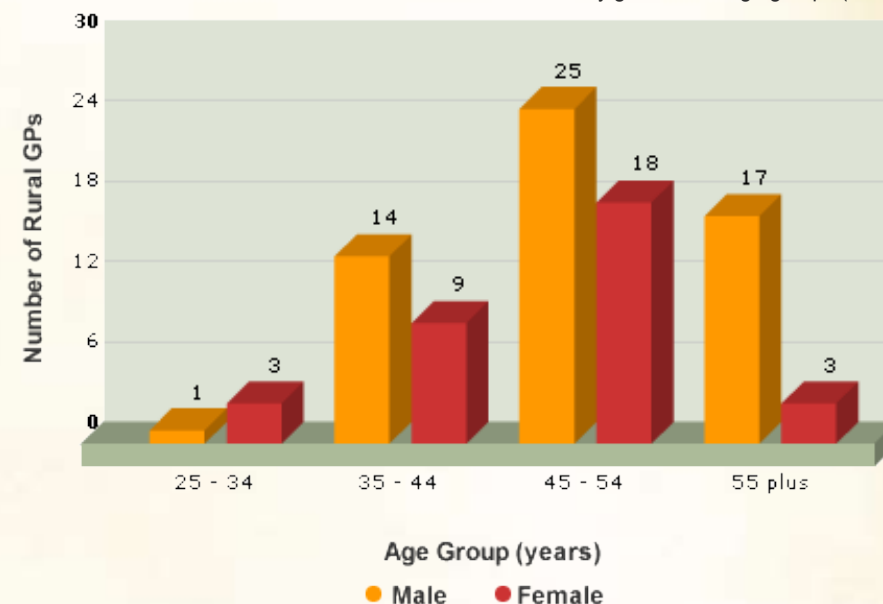
This is a pattern seen across rural Victoria, with male doctors predominating in older age groups and female doctors in the majority in the youngest age group - reflecting higher female intakes into Medical Schools over recent years⁵.

International Medical Graduates

Proportionally there are slightly more international medical graduates (IMGs) within GVDGP compared to rural Victoria overall. Thirty eight percent (38%) of Victorian GPs within the Division gained their basic medical qualification overseas – compared to 34% of GPs across rural Victoria.

The IMGs practising within the Division gained their basic medical qualification from 19 different countries - with the largest proportion trained in Iraq (7%).

Figure 1: Composition of the rural GP workforce within GVDGP by gender and age groups (N=90)



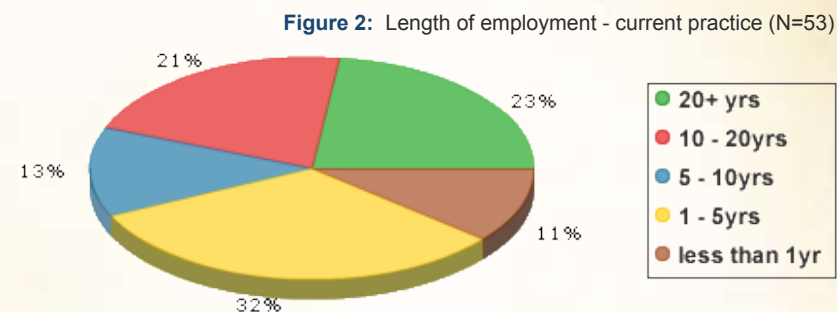
⁵) Females comprised 55.2% of domestic medical students in 2000, 57.3% in 2004 and 55.7% in 2006.
SOURCE: Medical Training Review Panel (2007) Eleventh report. Canberra: Department of Health and Ageing.

2007 GP survey results⁶

Length of employment

The average length of time GPs within GVDGP have worked at their current practice is 11.3 years.

Almost one-third of GPs have worked at their current practice for 1 to 5 years (Figure 2). However, 44% of GPs have worked at their current practice for over 10 years which suggests fairly stable patterns of GP availability within the Division.

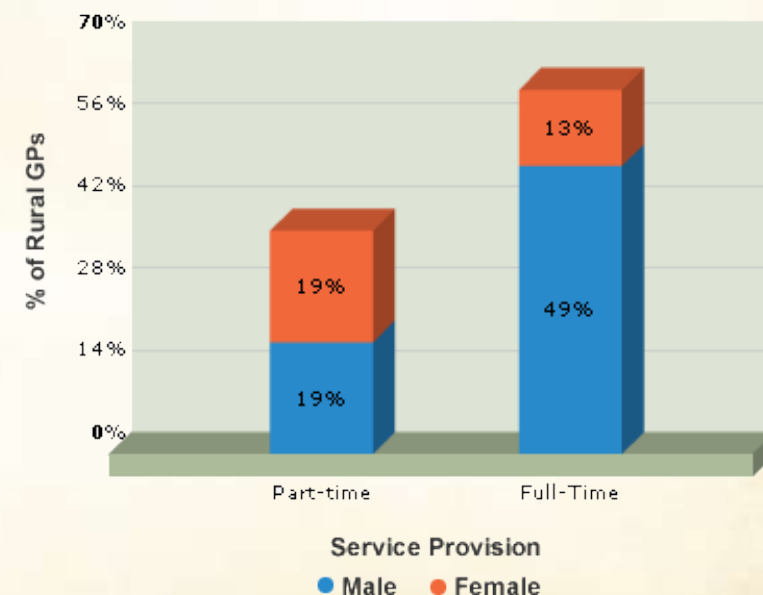


Full-time and part-time service provision

ABS definitions of full-time work (35 or more hours per week) and part-time work (less than 35 hours per week) were used to estimate service provision, based on weekly clinical GP hours (self-reported)⁷. The data is presented in Figure 3.

Within the Division 62% of GP respondents work full-time, and the majority (79%) of full-time practitioners are male. This compares to 65% full-time and 35% part-time for GPs across rural Victoria.

Figure 3: Full time and part-time service provision by gender (N=53)



6) This section presents information on GPs within *gvdgp* who responded to the 2007 GP survey (N=53), excluding registrars

7) Based on clinical hours worked in practices and not total hours worked i.e. does not include time spent in other settings (e.g. hospitals) or performing other roles (e.g. teaching).

Hours worked

The average total hours worked per week by GPs within GVDGP is 44.3 hours (which is consistent with rural Victoria overall). On average, male practitioners report working longer hours than female practitioners (48.4 hours compared to 35.6 hours respectively). Total hours includes: clinical GP work, routine hospital work, teaching and supervising, GP representative work, travelling between practices and any other medical roles and activities, but does not include on call work.

Hospital VMO rights

Seventy four percent (74%) of GP respondents within GVDGP have hospital Visiting Medical Officer (VMO) rights.

Procedural work

Seventeen percent (17%) of GP respondents within GVDGP regularly undertake procedural work. The overwhelming majority (89%) are male. This includes: anaesthetics - regional and general, obstetrics - normal deliveries, lower segment caesarean section (LSCS) and non-LSCS, and operative surgery.

Emergency care and Aboriginal health

Fifty eight percent (58%) of GPs within the Division report that they regularly provide emergency care, and 23% report that they regularly practise Aboriginal health.

Future intentions

When asked how long they intend to remain in their current location, the majority (75%) GPs within GVDGP report a period greater than 5 years. Most commonly, GPs report a period of 10 or more years (39%), followed by 5 to 10 years (36%).

One-quarter (25%) of GPs intend to remain in their current location for less than 5 years.

One-third (33%) of GP respondents hope to make changes to their workforce participation within the next 5 years. Thirty nine percent (39%) are not expecting to make any changes, while 28% of GPs are unsure.

Of those who hope to make changes, the majority (83%) want to reduce their hours.

This information places a high need for aggressive recruitment strategies for this Division to ensure that those GPs reducing their hours are adequately replaced.

Practices

There are 28 GP practices within GVDGP. Twenty nine percent (29%) of these are solo practices (refer to Table 3).

Of the 95 rural GPs within the Division:

- 9% work principally in solo practice
- 40% work principally in a group practice with four or fewer (principally based) GPs
- 51% work principally in a group practice with five or more (principally based) GPs.

Within the Division, GPs also provide services to: 2 branch practices and 1 Aboriginal Community Controlled Health Service.

Practice ownership

Respondents to the practice survey⁸ most commonly reported practice ownership as associateship (35%), partnership (20%) or individual (20%).

Other health professionals

Forty percent (40%) of practices report that they have allied health professionals working at the practice, and 70% report that they have a nurse working at the practice.

Sites with a practice nurse were asked to indicate which services the nurse provides. Responses are summarised in Table 4.

Table 3: Practice types

Division of General Practice	Group	Solo	Total
Goulburn Valley DGP	20	8	28
% of total Victoria rural practices	9%	8%	9%

Table 4: Services provided by practice nurses (N=18)

Type of service	Practices with this service	%
Assistance with procedures	13	93%
Asthma education	8	57%
Diabetes education	9	64%
Extended consultations	0	0%
Immunisation	13	93%
Nutrition (dietary advice)	8	57%
Pathology	6	43%
Women's health	8	57%

8) A response to the practice survey was received from 20 rural GP practices within GVDGP