

2007 GP Workforce Snapshot - Victoria

Central Highlands General Practice Network

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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 Central Highlands General Practice Network (CHGPN).

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

Highlights²

- 109 rural GPs (114 full-time equivalent GPs) work principally within CHGPN – which is 10% of the rural GP workforce
- The Division covers approximately 7% of the rural Victorian population and has an estimated 1 GP per 861 rural residents
- The rural GP workforce is ageing - the average age of rural GPs within the Division is 47.8 years (rural Victorian average is 49.5 years)
- The average length of time rural GPs within the Division have worked in their current practice is 10.3 years
- 46% of rural GPs within the Division hope to reduce their hours within the next 5 years
- There are 28 rural practices within the Division of which 14% 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 rural GP workforce within CHGPN. 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.

Ten percent (10%) of the rural Victorian GP workforce works principally in a location within CHGPN, and the Division covers approximately 7% of the total rural Victorian population. There is an estimated 1 GP to every 861 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 CHGPN

	Headcount	FTE
Central Highlands GPN	109	114

Note: Rural only (excludes RRMA 1). Includes the shared postcodes of 3450, 3460, 3660.

Table 2: Profile of rural GPs within CHGPN (N=109)

RRMA		
3		
4		
5	109	100%
7		
Gender		
Males	61	56%
Females	48	44%
Age (years), mean*		
Males	48.7	
Females	46.5	
Overall	47.8	
*Missing age data for 13 GPs (6 males and 7 females)		
Country of qualification		
Australian graduates	71	65%
International graduates	38	35%

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 and average age of the GP workforce within CHGPN differs to that of the GP workforce across rural Victoria.

The proportion of female rural GPs within the Division is much higher (44% compared to 30% across rural Victoria overall), and the average age of rural GPs within the Division is slightly younger (47.8 years compared to 49.5 years). This overall difference in average is accounted for by the younger average age of male rural GPs within CHGPN. There is little difference in the average age of female GPs (46.5 years compared to 46.6 years) however the average age of male GPs is 2 years younger.

The distribution of male and female GPs within the Division 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 rural GPs in this age group. Almost half (48%) of rural GPs within the Division are aged 45 – 54 years, compared to 44% across rural Victoria.

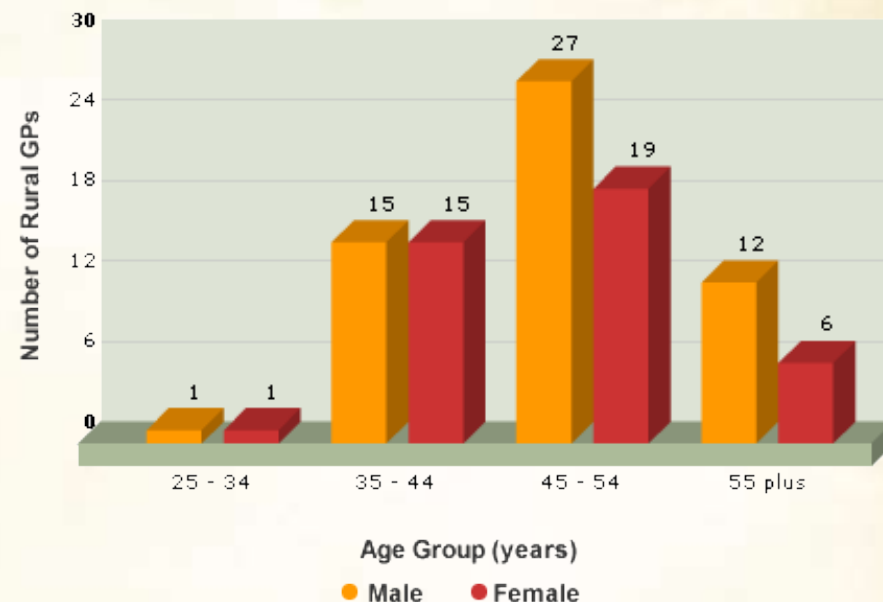
Proportionally, compared to rural Victoria overall, the Division has fewer rural GPs aged over 55 (19% compared to 27% across rural Victoria).

International Medical Graduates

The proportion of rural GPs within CHGPN who gained their qualification overseas is similar to rural Victoria overall (where IMGs comprise 34% of the GP workforce).

The IMGs practising within the Division gained their basic medical qualification from 17 different countries - with the largest proportion trained in the United Kingdom and Ireland (8% combined), followed by India and Iraq (both 5%).

Figure 1: Composition of the rural GP workforce within CHGPN by gender and age groups (N=96)



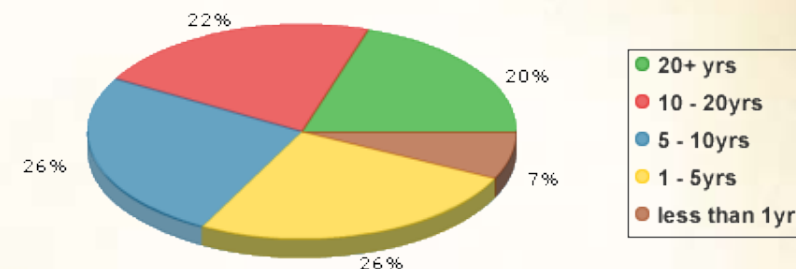
2007 GP survey results⁵

Length of employment

Most commonly, GPs within CHGPN have worked at their current practice for 5 to 10 years and 1 to 5 years (refer to Figure 2).

The average length of time GPs within the Division have worked at their current practice is 10.3 years.

Figure 2: Length of employment – current practice (N = 55)

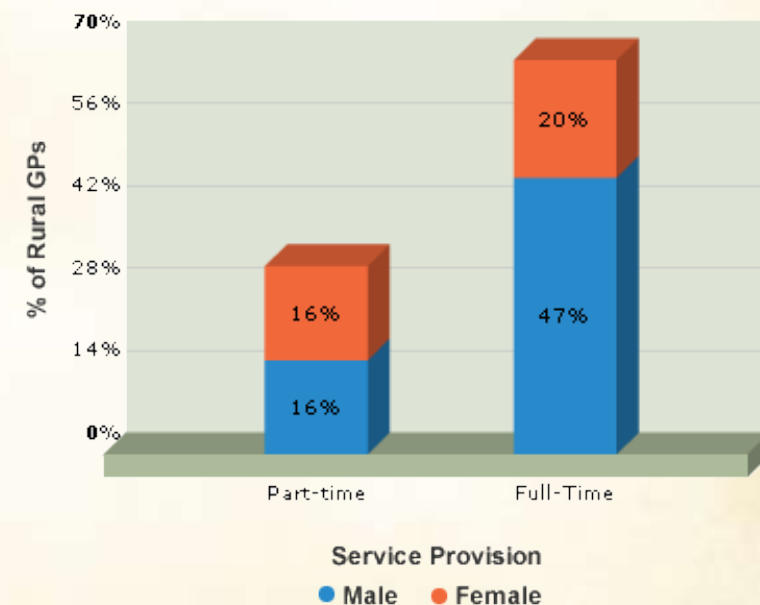


Full-time and part-time service provision

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)⁶.

Within the Division 67% of GP respondents work full-time, and the majority (70%) 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=55)



5) This section presents information on GPs within CHGPN who responded to the 2007 GP survey (N=55), excluding registrars

6) 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 CHGPN is 45.9 hours (compared to 44.3 hours for GPs across rural Victoria). On average, male practitioners report working longer hours than female practitioners (49.1 hours compared to 40.4 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

Eighty percent (80%) of GP respondents within CHGPN have hospital Visiting Medical Officer (VMO) rights.

Procedural work

Twenty nine percent (29%) of GP respondents within CHGPN regularly undertake procedural work. The overwhelming majority (81%) of those 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

Eighty two percent (82%) of GPs within the Division report that they regularly provide emergency care, and 11% report that they regularly practise Aboriginal health.

Future intentions

When asked how long they intend to remain in their current location, GPs within CHGPN most commonly report periods of 5 to 10 years (30%) and 10 or more years (30%). Just over one-quarter (28%) of GPs intend to remain in their current location for between 3 and 5 years, while 12% intend to stay for a period less than 3 years.

Almost half (46%) of GP respondents hope to make changes to their workforce participation within the next 5 years. Twenty nine percent (29%) are not expecting to make any changes and 25% are unsure.

Of those who hope to make changes, almost half (46%) 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 rural GP practices within CHGPN. Fourteen percent (14%) of these are solo practices (refer to Table 3).

Of the 109 rural GPs within the Division:

- 4% work principally in solo practice
- 39% work principally in a group practice with four or fewer (principally based) GPs
- 57% work principally in a group practice with five or more (principally based) GPs.

Within CHGPN rural GPs also provide services to: 3 branch practices and 2 Community Health Centres.

Practice ownership

Respondents to the practice survey⁷ most commonly reported practice ownership as individual (50%), followed by partnership (31%), associateship (15%) and mixed partnership/associateship (4%).

Other health professionals

Over half (54%) of rural practices report that they have allied health professionals working at the practice, and 81% 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
Central Highlands GPN	24	4	28
% of total Victoria rural practices	11%	4%	9%

Table 4: Services provided by practice nurses (N=21)

Type of service	Practices with this service	%
Assistance with procedures	20	95%
Asthma education	14	67%
Diabetes education	13	62%
Extended consultations	4	19%
Immunisation	18	86%
Nutrition (dietary advice)	7	33%
Pathology	12	57%
Women's health	5	24%

⁷) A response to the practice survey was received from 26 rural GP practices within CHGPN