Chinese Medicine

2016 Factsheet

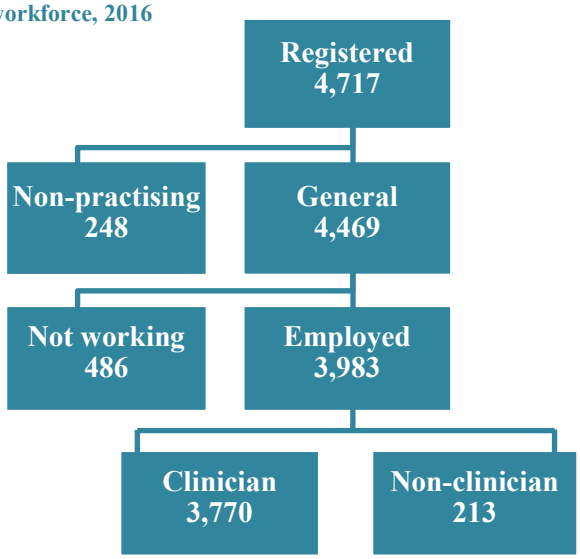
Australian Government
Department of Health

Chinese Medicine Practitioners are registered healthcare practitioners who may practise in one or more divisions of acupuncture, Chinese herbal medicine or Chinese herbal dispensing.

Persons seeking to gain registration must complete a minimum four year undergraduate, or three year postgraduate master program of study approved by the Chinese Medicine Board of Australia.

Workforce

Figure 1: Breakdown of the Chinese Medicine Practitioner workforce, 2016



'Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.

The registered workforce has increased by 11.3% (480) since 2013, with an average yearly growth rate of 3.6%.

Note: Analysis of the Chinese Medicine Practitioner workforce contained in this document is based on the number of registered and employed Practitioners (3,983 in 2016) unless otherwise stated

Table 1: Headcount 2013-2016

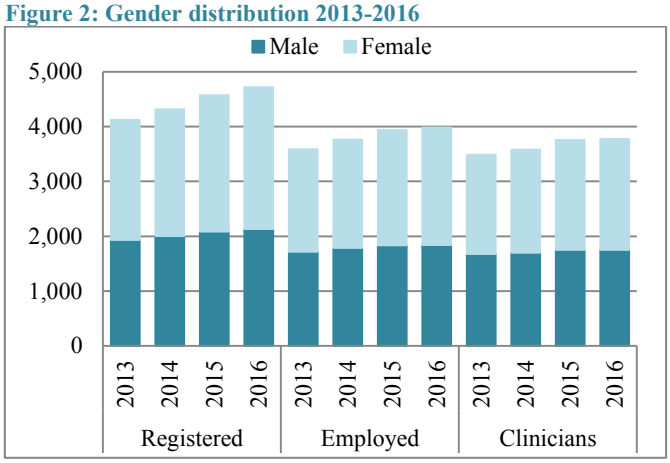
	2013	2014	2015	2016
Registered	4,237	4,456	4,734	4,717
Employed	3,668	3,762	3,933	3,983
Clinicians	3,488	3,581	3,757	3,770

Demographics

In 2016, 53.8% of the registered and employed Practitioners were female, up from 52.1% in 2013.

The average age of the practitioners was 48.6 years in 2016, up from 47.3 years in 2013.

Figure 2: Gender distribution 2013-2016



Quick Facts - 2016

Figure 3: Summary 2016

Hours Worked

Practitioners worked an average of 29.5 hours per week in 2016, down from 30.7 hours in 2013. Average clinical hours per week have declined over the 2013 to 2016 period from 26.5 to 25.2 hours.

Table 2: Average hours per week worked 2013-2016

Avg. hours worked	2013	2014	2015	2016
Clinical	26.5	26.1	26.1	25.2
Non-clinical	4.1	4.3	4.3	4.3
Total	**30.7**	**30.4**	**30.4**	**29.5**

In 2016, females worked an average of 26.9 hours per week, down from 27.7 in 2013. Males worked an average of 32.5 hours per week, down from 33.8 in 2013.

In 2016, males aged 45-54 worked the longest hours per week on average at 34.7.

Table 3: Average hours by gender and age 2013 vs 2016

	Males – Average hours		Females – Average hours	
Age Group	2013	2016	2013	2016
20-34	30.1	30.7	27.4	27.7
35-44	35.3	32.7	25.3	24.9
45-54	35.3	34.7	30.6	28.9
55-64	34.3	32.5	28.6	27.8
65-74	30.4	29.5	22.9	22.6
75-99	23.4	23.9	21.8	22.5
Total	**33.8**	**32.5**	**27.7**	**26.9**

Replacement Rate

In 2016, there were 1.8 new registrants for every practitioner that did not renew their registration from 2015.

Job Role

The workforce survey asked respondents to report their principal role (their main job in which they worked the most hours in the last week).

Principal Role

In 2016, a total of 94.7% (3,770) of respondents noted that their principal role was as a clinician, slightly down from 95.1% (3,488) in 2013.

Table 4: Headcount by principal role, 2013 vs 2016

Job role	Headcount	
	2013	2016
Clinician	3,488	3,770
Administrator	34	47
Teacher or educator	61	69
Researcher	60	73
Other	25	24
Total	**3,668**	**3,983**

Principal work sector (public/private)

The 2016 workforce survey asked respondents to report the clinical hours worked in their principal role (the main job in which they worked the most hours in the last week) in either the public or private sector.

In 2016, 9.3% (369) worked clinical hours in the public sector; down from 11.8% (432) in 2013, and 85.0% (3,384) worked clinical hours in private sector, up from 80.6% (2,958) in 2013.

Table 5: Headcounts by sector 2013 vs 2016

Employment sector	Headcount	
	2013	2016
Public sector only	432	369
Proportion (%)	*11.8%*	*9.3%*
Private sector only	2,968	3,384
Proportion (%)	*80.6%*	*85.0%*
Both	253	186
Proportion (%)	*6.9%*	*4.7%*
Total	**3,668**	**3,983**

Note: 'Not applicable' responses have been excluded from this table but included in the total.

Principal Work Setting

In 2016, 64.1% (2,554) of practitioners worked in a solo private practice setting. The next most common work setting was in a group private practice, at 27.9% (1,113). The proportions were similar in 2013, with 64.4% (2,361) reporting that their principal work setting was in a solo private practice setting, and 27.5% (1.008) reporting that their principal work setting was in a group private practice.

Table 6: Headcount by principal work setting and average hours worked, 2013 vs 2016

Principal work setting	2013		2016	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Solo private practice	2,361	30.4	2,554	29.2
Group private practice	1,008	31.3	1,113	30.2
Other private practice	90	27.4	106	27.4
Educational facility	79	36.6	98	35.8
Sports centre/clinic	31	29.3	25	27.4
Other	26	30.3	25	25.6
Community health care service	24	23.3	24	22.1
Independent private practice	28	29.7	20	27.3
Remaining work settings	*21*	*np*	*18*	*np*
Total	**3,668**	**26.5**	**3,983**	**25.2**

Note: 'np' indicates that the average total hours are not available for this combined category.

Language Spoken in Patient/Client Encounters

In 2016, English was the main language spoken in patient/client encounters at 79.7% (3,174), followed by Mandarin with 8.3% (331), and Cantonese with 2.7% (106).

Table 7: Main language spoken in patient/client encounters, 2016

Language spoken in patient/client encounters	2016	
	Headcount	%
English	3,174	79.7
Mandarin	331	8.3
Cantonese	106	2.7
Vietnamese	18	0.5
Korean	53	1.3
Other	np	np
Not stated	np	np
Non Respondent/Unknown	263	6.6
Total	**3,983**	**100.0**

Note: 'np' denotes that the counts have been suppressed for confidentiality reasons.

Other Languages Spoken

In 2016, 1,893 Chinese medicine practitioners reported that they spoke English as a second language, followed by 1,200 reporting that they spoke Mandarin as their second language.

Table 8: Other languages spoken 2016

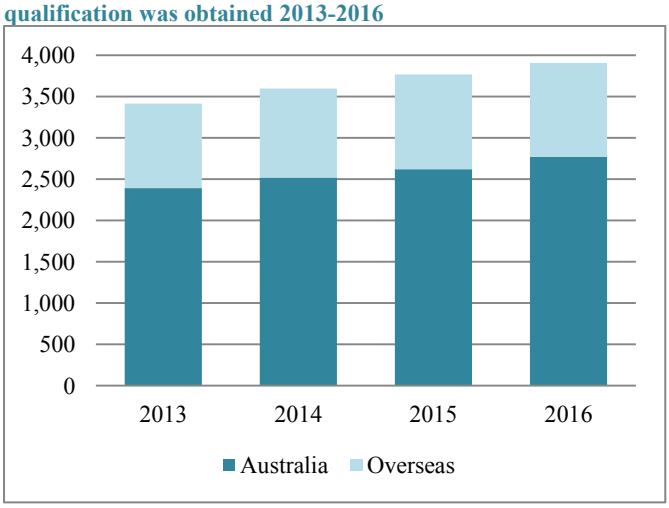
Other language	2016	
	Yes	No
Cantonese	487	3,233
English	1,893	1,827
Korean	99	3,621
Mandarin	1,200	2,520
Vietnamese	66	3,654

Initial Qualification

The workforce survey asked health professionals where they obtained their initial qualification.

In 2016, 69.5% (2,770) of respondents indicated that they had obtained their initial qualification(s) in Australia, compared with 65.2% (2,391) in 2013. 28.5% (1,137) of respondents indicated that they had obtained their initial qualification(s) overseas, up from 27.9% (1,024) in 2013.

Figure 4: Country where the initial Chinese Medicine qualification was obtained 2013-2016

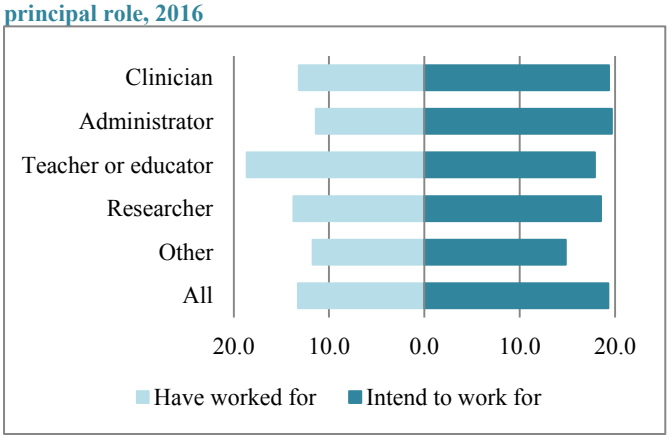


Working Intentions

In 2016, practitioners had worked for an average of 13.3 years in the profession and intended to work for another 19.3 years.

In 2013, practitioners had worked an average of 12.3 years and intended to work for another 19.9 years.

Figure 5: Years worked, and years intended to work by principal role, 2016



Distribution

State and Territory

In 2013, New South Wales had the highest rate of practitioners with 20.2 per 100,000 population. In 2016 New South Wales continued to have the highest proportion of practitioners, with 21.6 per 100,000 population.

In 2016, there was an overall increase in the rate of practitioners per 100,000 population from 15.8 per 100,000 in 2013 to 16.5 per 100,000 population in 2016.

FTE was much lower than the headcount at the national level, particularly in New South Wales and Victoria, indicating that a higher number of practitioners may be working part-time hours in these states.

Table 9: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	[2]Rate per 100,000 population
NSW	1,669	1,315.7	30.0	21.6
VIC	1,086	805.7	28.2	17.6
QLD	731	588.2	30.6	15.1
SA	169	124.2	27.9	9.9
WA	220	175.1	30.3	8.6
TAS	36	25.3	26.7	7.0
ACT	60	49.0	31.0	14.9
NT	10	6.8	25.7	4.1
Total	**3,983**	**3,091.7**	**29.5**	**16.5**

Note: 'Not stated/Unknown' responses are excluded from table but are included in the total

[2]ABS - 3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

In 2016, 96.9% (3,862) of practitioners worked in a major city or an inner regional area, a slight decrease from 97.1% (3,564) in 2013.

Between 2013 and 2016, the rate of practitioners per 100,000 population increased in all areas with the exception of remote areas, which decreased by 1.2 per 100,000 population from 2.5 to 1.3.

Table 10: Distribution of employed Chinese Medicine Practitioners by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	[3]Rate per 100,000 population
Major cities	3,454	2,720.8	29.9	20.0
Inner regional	408	282.1	26.3	9.3
Outer regional	112	83.7	28.4	5.4
Remote	np	np	np	1.3
Very remote	np	np	np	1.5
Total	**3,983**	**3,091.7**	**29.5**	**16.5**

Note: 'np' denotes that the counts have been suppressed for confidentiality reasons.

[3]ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Location Outside of Major Cities

The 2016 workforce survey asked respondents who had noted their principal and second job location as a major city if they had also worked in either a regional, rural or remote location.

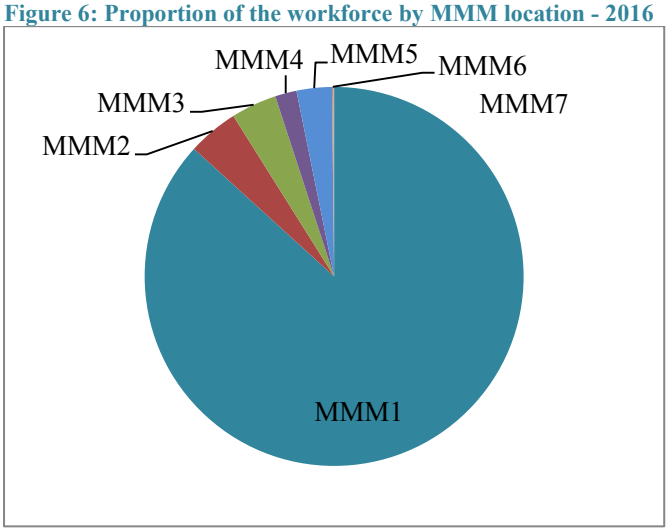
In 2016, 2.9% (116) of the workforce reported that they had, in addition to their principal and second job location, worked in a regional, rural or remote location: 57.8% (67) of respondents had worked in inner regional locations, and 18.2% (21) worked in outer regional, remote or very remote locations.

Modified Monash Model

The majority (86.7%) of practitioners were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system in 2016, down from 87.4% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

MMM1 locations had the highest rate of practitioners with 20.5 per 100,000 population, followed by MMM3 with 10.0 per 100,000 population. The lowest rate was in MMM6 locations with 1.3 per 100,000 population.

Figure 6: Proportion of the workforce by MMM location - 2016



Tele-Health

Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance. A question was added in the 2016 workforce survey to determine the average hours per week practiced via tele-health in the previous year.

In 2016, 22.3% (889) of practitioners provided a response to the tele-health question. On average the respondents practiced via tele-health for 18.4 hours per week.

In 2016, 91.6% of telehealth services were provided by a practitioner in a major city.

Table 11: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
91.6%	6.0%	2.4%	0.1%	0.0%

Note: The tele-health workforce remoteness location refers to the location of the person in the workforce, not the location of the person receiving the service.

References

1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2013-2016.
2) ABS - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
3) ABS - 3222.0 - Population Projections, Australia, 2016

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