

Aboriginal and Torres Strait Islander Health Practitioners



2017 Factsheet

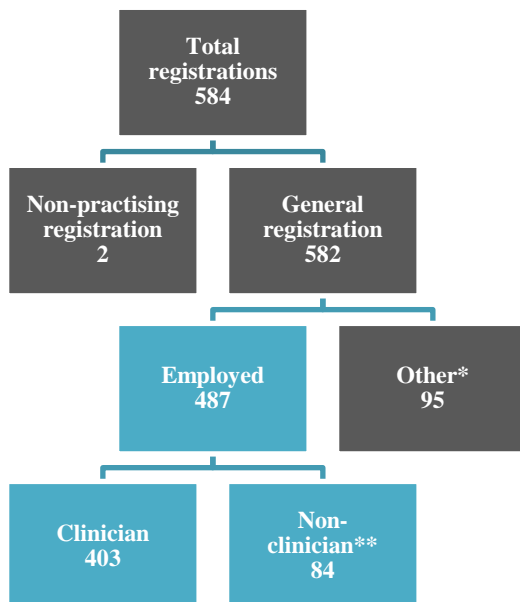
Aboriginal and Torres Strait Islander Health Practitioners are registered healthcare practitioners who provide clinical services and patient care with a focus on culturally safe practice for Aboriginal and Torres Strait Islander people. They work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal and Torres Strait Islander people and communities, and play a key role in facilitating relationships between Aboriginal and Torres Strait Islander patients and other health practitioners.

To gain registration, practitioners must complete a minimum 12-month Certificate IV program of study approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

The following analysis of the Aboriginal and Torres Strait Islander Health Practitioner workforce is drawn from the number of practitioners with general registration who were employed (487 in 2017) unless otherwise stated.

Workforce

Figure 1: Aboriginal and Torres Strait Islander Health Practitioner registrations, 2017



*'Other' includes: working but on long leave, working outside the profession, looking for work, overseas, and retired.

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

The number of registered Aboriginal and Torres Strait Islander Health Practitioners increased by 81.4% from 322 in 2014 to 584 in 2017 (average annual increase of 22.0%). The number of employed Aboriginal and Torres Strait Islander

Health Practitioners ('workforce') increased by 83.8% from 265 to 487 over the same period (an average annual increase of 22.5%).

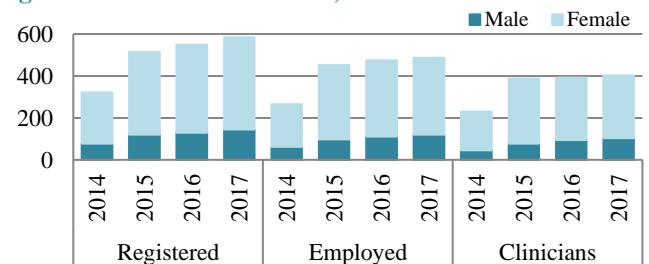
Table 1: Aboriginal and Torres Strait Islander Health Practitioners, 2014-2017

	2014	2015	2016	2017	Avg. annual growth
Registered	322	514	549	584	22.0%
Employed	265	451	474	487	22.5%
Clinicians	230	388	392	403	20.6%

Demographics

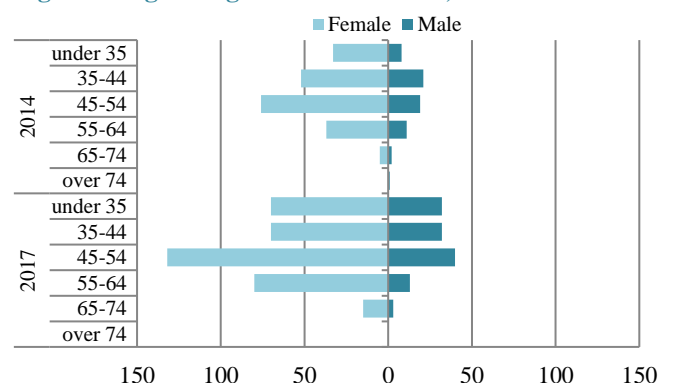
In 2017, female practitioners comprised 75.4% of the workforce, a decrease from 76.6% in 2014.

Figure 2: Gender distribution, 2014-2017



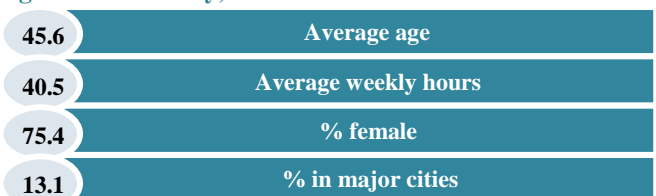
The average age of the workforce was 45.6 years, a slight decrease from 45.9 years in 2014. The proportion of the workforce aged under 35 years increased from 15.5% in 2014 to 20.9% in 2017.

Figure 3: Age and gender distribution, 2014 and 2017



Quick Facts - 2017

Figure 4: Summary, 2017



Replacement Rate

In 2017, there were 1.3 new registrants for every Aboriginal and Torres Strait Islander Health Practitioner that did not renew their registration from 2016.

Hours Worked

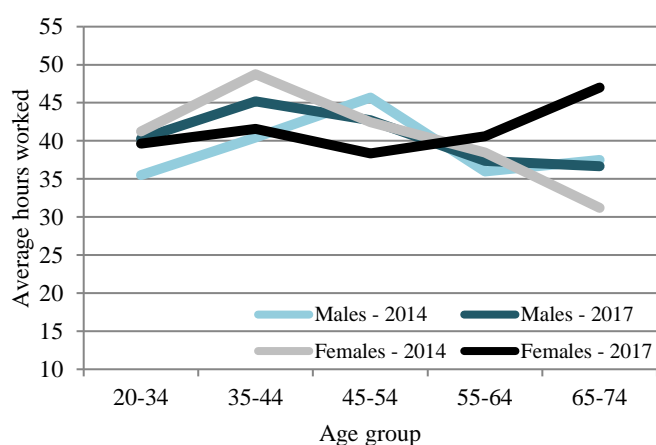
In 2017, Aboriginal and Torres Strait Islander Health Practitioners worked an average of 40.5 hours per week in total, and worked an average of 7.6 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	34.7	33.7	34.1	32.9
Non-clinical	7.6	7.1	6.9	7.6
Total	42.2	40.8	41.0	40.5

In 2017, female Aboriginal and Torres Strait Islander Health Practitioners worked an average of 40.1 hours per week, a decrease from 42.9 hours in 2014. Male practitioners worked an average of 42.0 hours per week, increasing from 40.2 hours in 2014.

Figure 5: Average hours per week by gender and age group, 2014 and 2017



Principal Role

In 2017 82.8% Aboriginal and Torres Strait Islander Health Practitioners worked as clinicians, a decrease from 86.8% in 2014.

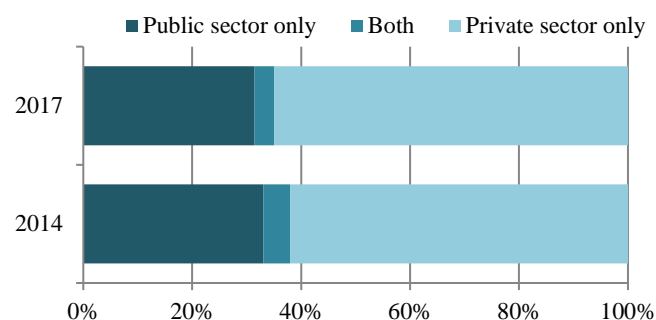
Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	230	86.8	403	82.8
Administrator	14	5.3	40	8.2
Teacher or educator	16	6.0	22	4.5
Researcher	NP	NP	NP	NP
Other	NP	NP	NP	NP
Total	265	100	487	100

Principal Work Sector

In 2017, 31.4% of the workforce reported that in their principal role, they worked only in the public sector, a decrease from 33.1% in 2014.

Figure 6: Sector in which clinical hours were worked, 2014 and 2017



Principal Work Setting

In 2017, 67.8% of Aboriginal and Torres Strait Islander Health Practitioners worked in an Aboriginal Community Controlled Health Service (ACCHS) or other Aboriginal health service, an increase from 65.3% in 2014. The proportion of the workforce in Other government departments decreased from 14.7% in 2014 to 7.8% in 2017.

In 2017, Aboriginal and Torres Strait Islander Health Practitioners working in an ACCHS reported the highest average weekly hours (42.2) and those in an Other setting reported the lowest average weekly hours (31.8).

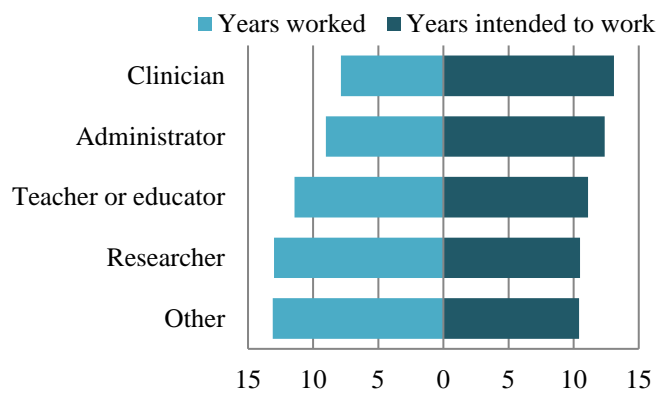
Table 4: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Headcount	Avg. total hours	Headcount	Avg. total hours
ACCHS	139	43.7	274	42.2
Other Aboriginal health service	34	41.3	56	38.4
Other community health care service	23	37.5	50	39.8
Other government department	39	41.6	38	40.6
Hospital	7	32.9	27	36.7
Other	7	36.3	14	31.8
Educational facility	9	53.1	9	37.9
Remaining work settings	7	37.3	19	38.2
Total	265	42.2	487	40.5

Working Intentions

In 2017, Aboriginal and Torres Strait Islander Health Practitioners had, on average, worked in the profession for 8 years and intended to work for another 13 years. In 2014, practitioners had worked for 11 years and had intended to work for another 13 years.

Figure 7: Workforce intentions by principal role, 2017



Distribution

State and Territory

In 2017, the jurisdictions with the highest rates of full-time equivalent Aboriginal and Torres Strait Islander Health Practitioners per 100,000 indigenous population (FTE rate) were the NT, SA and WA. Between 2014 and 2017, the total FTE rate increased from 41.3 to 68.2 and WA had the largest FTE rate increase (65.8).

In 2017, Aboriginal and Torres Strait Islander Health Practitioners in VIC worked the most hours per week on average (44.0 hours) and those in the ACT worked the fewest (36.0 hours).

Table 5: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 indigenous population
NSW	102	100.2	37.3	42.7
VIC	12	13.9	44.0	25.2
QLD	85	86.3	38.6	39.5
SA	37	38.0	39.0	89.6
WA	76	85.8	42.9	86.1
TAS	NP	NP	38.5	7.3
ACT	NP	NP	36.0	38.9
NT	170	190.4	42.6	251.6
Total	487	519.5	40.5	68.2

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

Remoteness Area

In 2017, 44.6% of Aboriginal and Torres Strait Islander Health Practitioners worked in very remote or remote locations, compared with 57.7% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in inner and outer regional areas, decreasing from 43.6 hours per week in 2014 to 38.2 hours in 2017. The FTE rate increased the most in remote and very remote locations, from 114.2 FTE in 2014 to 165.8 FTE in 2017.

Table 6: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 Indigenous population
Major cities	64	62.7	37.2	23.3
Inner and outer regional	206	207.0	38.2	60.5
Remote and very remote	217	249.8	43.8	165.8
Total	487	519.5	40.5	68.2

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

Other Work Location Outside Major Cities

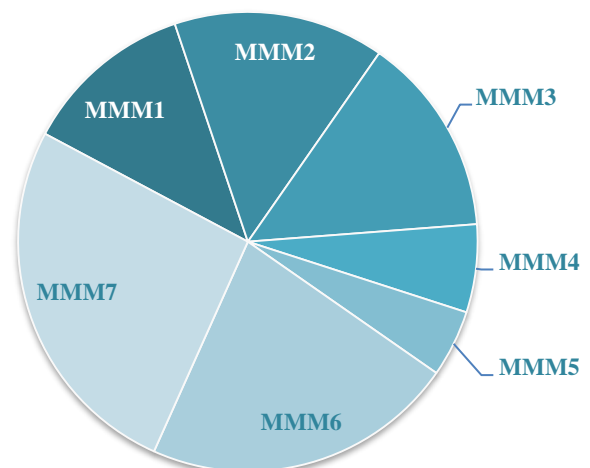
In 2017, 10.5% of the Aboriginal and Torres Strait Islander Health Practitioner workforce reported that they had worked in a regional, rural or remote location, in addition to their principal job location. Of these respondents, 18.0% had worked in an inner regional location, 8.0% had worked in an outer regional location, and 48.0% had worked in remote and or very remote locations.

Modified Monash Model locations

In 2017, 48.1% of the FTE Aboriginal and Torres Strait Islander Health Practitioners were located in the most remote MMM7 and MMM6 locations, under the Modified Monash Model (MMM) classification system, a decrease from 56.9% in 2014.

(See www.doctorconnect.gov.au for more information on the MMM).

Figure 8: FTE distribution by MMM location, 2017



Tele-Health

The workforce survey asks Aboriginal and Torres Strait Islander Health Practitioners to report their hours practiced via tele-health in Aboriginal and Torres Strait Islander Health Practice in the previous year.

Note: Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.

In 2017, a total of 80 Aboriginal and Torres Strait Islander Health Practitioners (16.4%) provided a response to the Tele-Health question. On average, these respondents practiced via Tele-Health for 15.1 hours per week, with 48.8% of Tele-Health services provided by Aboriginal and Torres Strait Islander Health Practitioners in remote and very remote areas.

Table 7: Tele-Health Aboriginal and Torres Strait Islander Health Practitioners by remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
11.3%	8.8%	31.3%	13.8%	35.0%

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

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2014-2017.
- 2) ABS - 3238.0 – Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026 (Series B), Released 30/04/14.

Notes

- 1) 'NP' denotes figures that are not published (suppressed) for confidentiality reasons
- 2) The 2013-2016 NHWDS have been revised due to an error in recoding the missing values for job role. As such the figures may not match those that were previously published.
- 3) FTE number measures the number of standard-hour workloads worked by employed health practitioners. The FTE number provides a useful measure of supply because it takes into account both the number of practitioners who are working and the hours that they work. FTE number is calculated based on the total hours worked in a 'standard working week'. The standard working week is assumed to be 38 hours, equivalent to 1 FTE for all practitioners with the exception of medical practitioners where it is assumed to be 40 hours.

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