

Aboriginal and Torres Strait Islander Health Practitioners



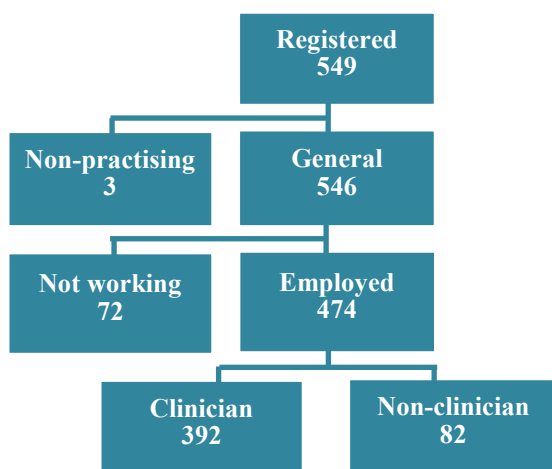
2016 Factsheet

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.

People seeking to gain registration must complete a minimum 12 month Certificate IV program of study approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

Workforce

Figure 1: Breakdown of Aboriginal and Torres Strait Islander Health Practitioner workforce, 2016



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

The registered workforce increased by 77.1% (239) between 2013 and 2016, with an average yearly growth rate of 21.0%. In 2016, 71.4% (392) of the registered workforce were clinicians.

Note: Analysis of the Aboriginal and Torres Strait Islander Health Practitioners workforce contained in this document is based on the number of registered and employed practitioners (474 in 2016) unless otherwise stated.

Table 1: Headcount for the Aboriginal and Torres Strait Islander Health Practitioner workforce, 2013-2016

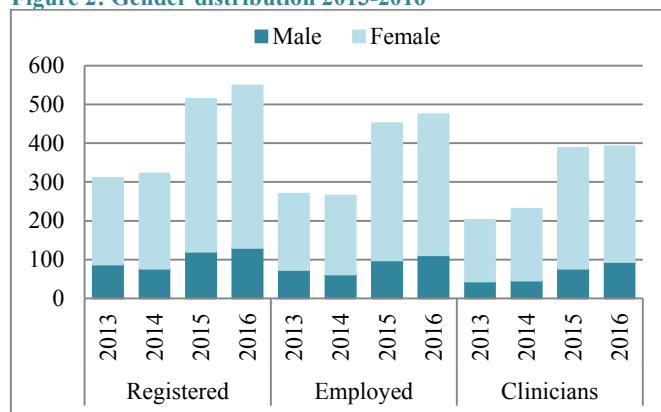
	2013	2014	2015	2016
Registered	310	322	514	549
Employed	270	265	451	474
Clinicians	202	230	388	392

Demographics

The percentage of female practitioners increased from 73.0% in 2013 to 76.6% in 2016.

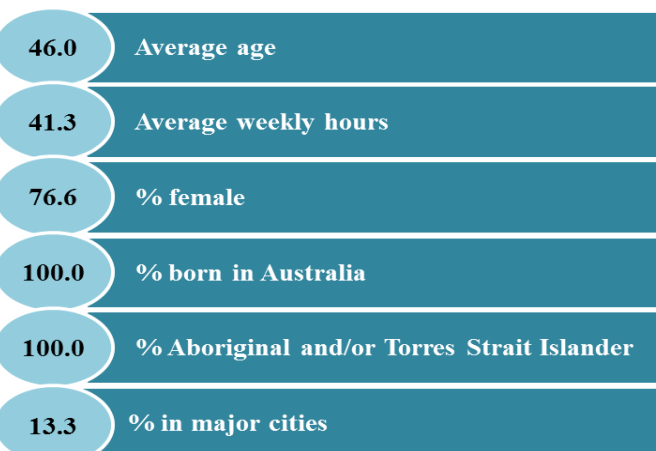
In 2016, the average age of practitioners was 46.0 years, up from 45.2 in 2013.

Figure 2: Gender distribution 2013-2016



Quick Facts - 2016

Figure 3: Summary of registered and employed Aboriginal and Torres Strait Islander Health Practitioner workforce, 2016



Hours Worked

Practitioners worked an average of 41.3 hours per week in 2016, down slightly from 41.6 hours in 2013. Average clinical hours per week increased from 32.5 hours in 2013 to 34.6 hours in 2016.

Table 2: Average hours per week worked 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	32.5	34.7	29.5	34.6
Non-clinical	9.0	7.6	8.6	6.7
Total	41.6	42.2	38.1	41.3

In 2016, female practitioners worked an average of 40.8 hours per week, down from 41.5 in 2013. Male Practitioners worked an average of 41.1 hours per week, down from 43.0 hours in 2013.

In 2016, female practitioners aged 65-74 worked the longest hours per week on average at 47.9.

Table 3: Average hours worked per week by gender and age group, 2013 vs 2016

Age Group	Males – Average hours		Females – Average hours	
	2013	2016	2013	2016
20-34	38.3	36.3	42.3	38.6
35-44	45.4	42.2	42.8	39.8
45-54	44.3	42.9	40.4	41.6
55-64	37.3	40.3	36.3	41.5
65-74	np	np	60.7	47.9
Total	43.0	41.1	41.5	40.8

Note: For confidentiality reasons the under 20 and 75-99 age groups have been excluded, and males in the 65-74 age group have been denoted by 'np'.

Replacement Rate

In 2016, there were 1.4 new registrants for every practitioner that did not renew their registration from 2015.

Job Role

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

Principal Role

In 2016, 82.7% (392) of practitioners worked as a clinician in their principal role, up from 74.8% (202) in 2013.

Table 4: Headcounts by principal role 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	202	392
Administrator	15	27
Teacher or educator	34	24
Researcher	4	0
Other	15	31
Total	270	474

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, 34.2% (162) of practitioners worked clinical hours in the public sector, up from 30.4% (82) in 2013. 55.7% (264) of practitioners worked clinical hours in the private sector, up from 52.2% (141) in 2013.

Table 5: Headcounts by sector in which clinical hours were worked, 2013 vs 2016

Employment sector	Headcount	
	2013	2016
Public sector only	82	162
<i>Proportion (%)</i>	<i>30.4%</i>	<i>34.2%</i>
Private sector only	141	264
<i>Proportion (%)</i>	<i>52.2%</i>	<i>55.7%</i>
Both	6	9
<i>Proportion (%)</i>	<i>2.2%</i>	<i>2.3%</i>
Total	270	474

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

Principal Work Setting

In 2016, 54.6% (259) of practitioners worked in an Aboriginal health service, up from 52.6% (142) in 2013. The second most common work setting in 2016 was in other community health care services (e.g. community nursing/home support) with 13.5% (64), up from 9.3% (25) in 2013.

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

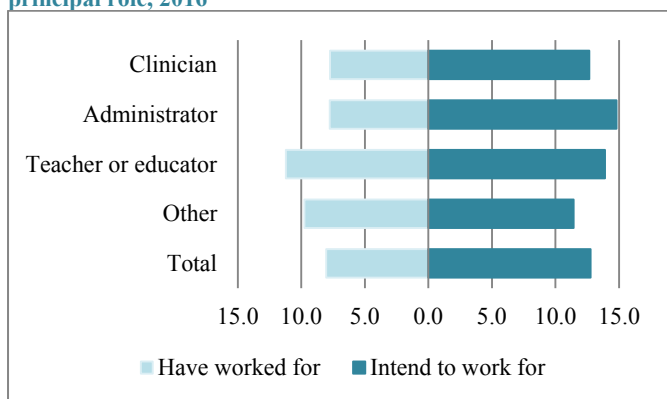
Principal work setting	2013		2016	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Aboriginal health service	142	43.7	259	41.7
Other community health care service	25	38.8	64	40.8
Other Aboriginal health service	29	42.7	57	41.3
Other government department or agency	32	38.1	36	38.1
Hospital	16	37.9	19	42.2
Other	9	36.2	16	43.2
<i>Remaining work settings</i>	<i>17</i>	<i>np</i>	<i>23</i>	<i>np</i>
Total	270	41.6	474	41.3

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

Working Intentions

On average, practitioners had worked in the profession for 8 years and intended to work for another 12.8 years. In 2013, practitioners had worked for 11.3 years and intended to work for another 13.8 years.

Figure 4: Years worked and years intended to work by principal role, 2016



Distribution

State and Territory

In 2013, the Northern Territory had the highest rate of practitioners at 78.7 per 100,000 population. In 2016 Northern Territory still had the highest rate of practitioners with 65.1 per 100,000, but this was a decrease of 13.6 per 100,000 from 2013.

In 2013, 70.7% (191) of practitioners reported the Northern Territory as their principal place of practice, followed by Queensland at 11.5% (31). By 2016, 33.8% (160) of practitioners reported the Northern Territory as their principal place of practice.

In 2016, there was a national increase in the rate of practitioners per 100,000 population from 1.2 per 100,000 in 2013 to 2.0 per 100,000 population in 2016.

FTE (1.0 FTE is equivalent to one full-time worker) was higher than the headcount at the national level, and in each state/territory except for the Australian Capital Territory.

Table 7: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population	³ Rate per 100,000 Indigenous population
NSW	87	87.4	38.2	1.1	37.8
VIC	7	7.0	37.9	0.1	13.0
QLD	93	101.5	41.5	1.9	43.6
SA	41	42.3	39.2	2.4	98.8
WA	81	94.0	44.1	3.2	82.9
TAS	np	np	np	0.4	7.4
ACT	np	np	np	0.7	4.0
NT	160	174.3	41.4	65.1	2,252.6
Total	474	511.3	41.0	2.0	63.6

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

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

³ABS - 3238.0 - Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026

Remoteness Area

In 2013, 89.7% (242) of practitioners worked in very remote, remote or outer regional locations by 2016 this had decreased to 74.5% (353) of practitioners.

Between 2013 and 2016, the rate of practitioners per 100,000 population increased most significantly in very remote locations, up by 22.0 per 100,000 population from 37.4 to 59.4.

Table 8: Distribution by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population	³ Rate per 100,000 Indigenous population
Major cities	63	72.1	43.5	0.4	24.0
Inner regional	58	55.3	36.2	1.3	61.7
Outer regional	148	150.7	38.7	7.1	
Remote	90	102.6	43.3	29.2	136.8
Very remote	115	130.6	43.2	59.4	
Total	474	511.3	41.0	2.0	63.5

³ABS - 3222.0 - Population Projections, Australia, 2016

³ABS - 3238.0 - Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026

Other Work Location Outside of Major Cities

The 2016 workforce survey asked respondents if they had worked in a regional, rural or remote location other than in their principal, and second job location (if applicable).

In 2016, 12.0% (57) of practitioners reported that they had, in addition to their principal job location, worked in a regional, rural or remote location: 10.5% (6) had worked in inner regional areas, 17.5% (10) had worked in outer regional locations, and 49.1% (28) had worked in remote or very remote locations.

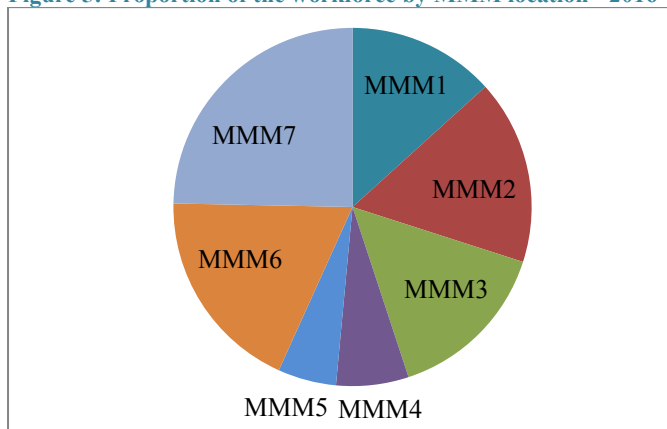
Modified Monash Model

In 2016, practitioners were relatively evenly distributed under the Modified Monash Model (MMM) classification system in comparison to other allied health professions (see www.doctorconnect.gov.au for more information on the MMM).

The MMM region with the highest proportion of practitioners was MMM7, with 24.7% of practitioners, down from 30.0% in 2013.

MMM7 locations had the highest rate of practitioners with 53.9 per 100,000 population, followed by MMM6 with 28.3 per 100,000 population. The lowest rate was in MMM1 locations with 0.4 per 100,000 population.

Figure 5: 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, 19.0% (90) of practitioners provided a response to the tele-health question. On average the respondents practiced via tele-health for 19.6 hours per week.

In 2016, the majority (32.2%) of tele-health was delivered from locations classified as very remote.

Table 9: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
15.6%	8.9%	25.6%	17.8%	32.2%

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 2013-2016.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS - 3222.0 - Population Projections, Australia, 2016
- 4) ABS - 3238.0 - Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026

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