

Osteopathy

2016 Factsheet

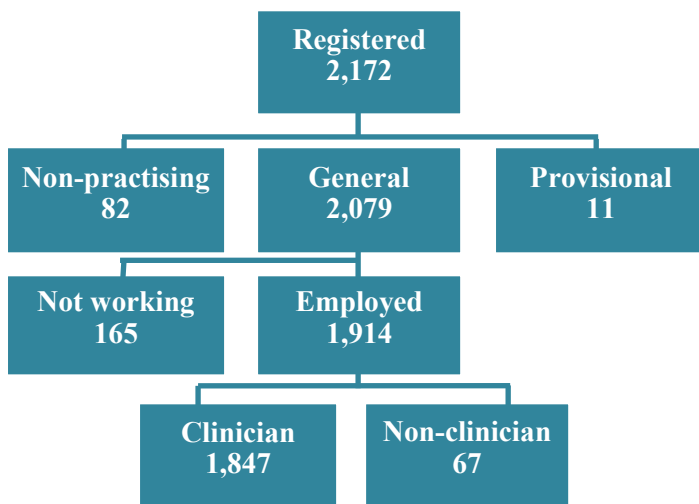


Osteopaths are registered healthcare practitioners who provide direct manual therapy interventions including exercise prescription and lifestyle advice to improve movement, reduce pain and manage and/or treat a range of physical impairments.

Persons seeking to gain registration must complete a minimum five year undergraduate, or four year combined undergraduate/master program of study approved by the Osteopathy Board of Australia.

Workforce

Figure 1: Breakdown of osteopathy workforce, 2016



In 2016, the registered workforce has increased by 18.2% (335) since 2013, with an average yearly growth rate of 5.7%.

Note: Analysis of the osteopathy workforce contained in this document is based on the number of registered and employed osteopaths (1,914 in 2016) unless otherwise stated.

Table 1: Headcount of osteopathy workforce, 2013-2016

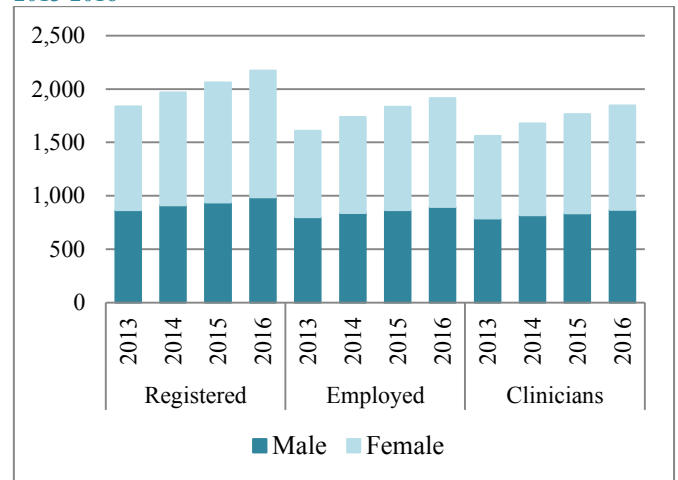
	2013	2014	2015	2016
Registered	1,837	1,968	2,061	2,172
Employed	1,609	1,737	1,833	1,914
Clinicians	1,561	1,679	1,766	1,847

Demographics

In 2016, 53.1% of the registered and employed osteopaths were female, up from 50.2% in 2013.

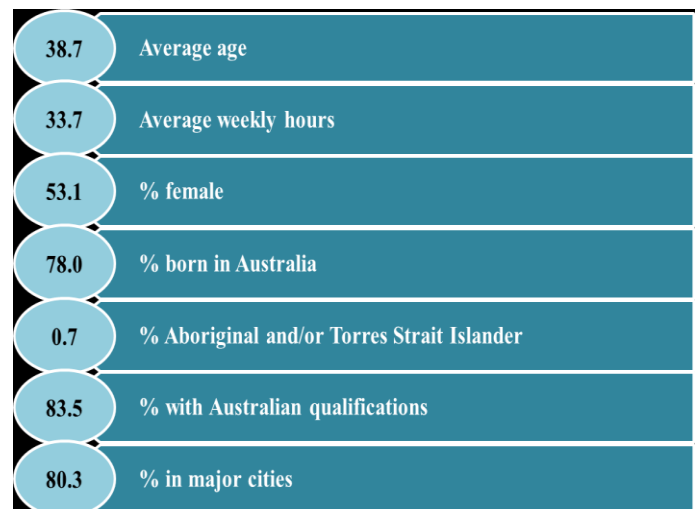
In 2016, the average age of the workforce was 38.7 years, up slightly from 38.6 in 2013.

Figure 2: Gender distribution for the osteopathy workforce, 2013-2016



Quick Facts - 2016

Figure 3: Summary of the registered and employed osteopathy workforce, 2016



Hours Worked

Osteopaths worked an average of 33.7 hours per week in 2016, a decrease from 35.0 hours per week in 2013.

Table 2: Average hours per week worked by employed osteopaths, 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	31.3	30.2	30.0	29.7
Non-clinical	3.7	3.9	3.7	4.0
Total	35.0	34.0	33.7	33.7

In 2016, females worked an average of 29.7 hours per week and males worked an average of 38.2 hours per week. Males aged 35-44 worked the longest hours on average per week at 41.1.

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	40.3	38.5	32.8	31.5
35-44	41.0	41.1	26.8	26.1
45-54	40.4	39.3	33.8	32.2
55-64	34.7	35.0	28.1	30.6
65-74	31.5	29.8	19.3	23.6
Total	39.1	38.2	30.9	29.7

Replacement Rate

In 2016, there were 3.0 new registrants for every osteopath that did not renew their registration from 2015. The replacement rate increased from 2.6 in 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, 96.5% (1,847) of the osteopathy workforce worked as a clinician in their principal role, down slightly from 97.0% (1,561) in 2013.

Table 4: Headcounts by principal role of employed osteopaths, 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	1,561	1,847
Administrator	np	25
Teacher or educator	26	23
Researcher	np	5
Other	11	14
Total	1,609	1,914

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

Acupuncture Endorsement

In both 2013 and 2016, 0.1% of the workforce held an acupuncture endorsement.

Principal Work Sector (public/private)

In 2016, 2.9% (55) of the workforce worked clinical hours in the public sector, down from 3.6% (58) in 2013. 95.9% (1,835) worked clinical hours in the private sector in 2016, up from 94.2% (1,516) in 2013.

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

Employment sector	Headcount	
	2013	2016
Public sector only	58	55
<i>Proportion (%)</i>	3.6%	2.9%
Private sector only	1,516	1,835
<i>Proportion (%)</i>	94.2%	95.9%
Both	25	16
<i>Proportion (%)</i>	1.6%	0.8%
Total	1,609	1,914

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

Principal Work Setting

In 2016, 69.7% (1,334) of the osteopathy workforce worked in group private practice, up from 68.9% (1,108) in 2013.

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

Principal work setting	2013		2016	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Group private practice	1,108	35.4	1,334	34.1
Solo private practice	469	34.0	526	32.7
Educational facility	21	37.8	23	35.8
Independent private practice	6	41.7	10	27.5
<i>Remaining work settings</i>	5	np	21	np
Total	1,609	31.3	1,914	29.7

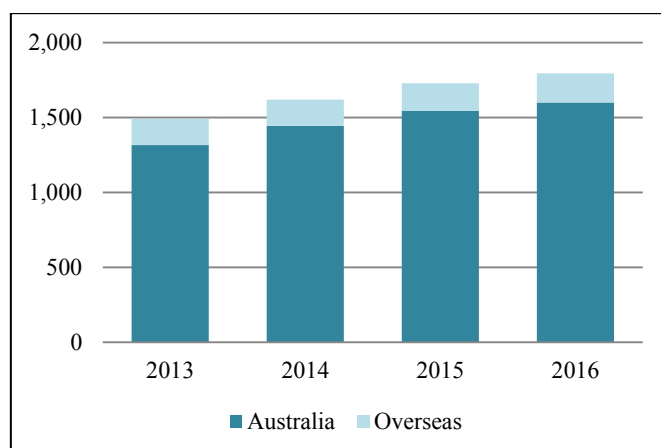
Note: 'np' indicates that the average total hours are not available for this combined category.

Initial Qualification

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

In 2016, 83.5% (1,599) of osteopaths responded that they obtained their initial qualification(s) in Australia, and 10.2% (195) responded that they had obtained their initial qualification(s) overseas.

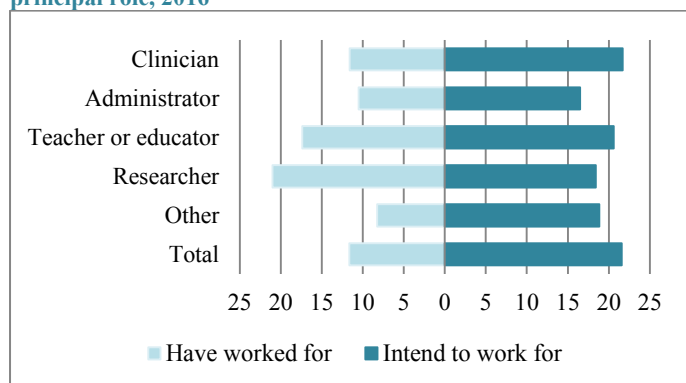
Figure 4: Country where the qualification was obtained 2016



Working Intentions

In 2016, osteopaths had worked an average of 11.7 years in the profession and intended to work for another 21.6 years. In 2013, the workforce had worked an average of 10.9 years and intended to work for another 22 years.

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



Distribution

State and Territory

Overall there was an increase in the rate of osteopaths per 100,000 population from 7.0 per 100,000 in 2013 to 7.9 in 2016.

In 2016, Victoria had the highest rate of osteopaths with 17.2 per 100,000 population followed by the Australian Capital Territory with 8.7 per 100,000 population.

Average total hours worked was highest in Queensland at 37.3 hours per week and lowest in Western Australia at 31.0 hours per week.

FTE (1.0 FTE is equivalent to one full-time worker) was lower than headcount at the national level, particularly in Victoria and New South Wales, indicating that a higher number of osteopaths may be working part-time in these states.

Table 7: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	504	442.3	33.4	6.5
VIC	1,061	930.8	33.3	17.2
QLD	179	175.8	37.3	3.7
SA	np	np	np	1.9
WA	58	47.3	31.0	2.3
TAS	41	35.1	32.6	7.9
ACT	35	32.0	34.8	8.7
NT	np	np	np	1.2
Total	1,914	1,696.4	33.7	7.9

Note: 1. 'Not stated/Unknown' are excluded from table but are included in the total. 2. 'np' denotes that the numbers have been suppressed for confidentiality reasons.

²3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

In 2013, 97.1% (1,562) of the workforce worked in either major cities or inner regional locations.

The distribution was similar in 2016 with 97.2% (1,859) of the workforce working in either a major city or inner regional location.

Table 8: Distribution by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	1,536	1,379.3	34.1	8.9
Inner regional	323	268.2	31.6	7.4
Outer regional	52	47.0	34.3	2.5
Remote	np	np	np	np
Very remote	np	np	np	np
Total	1,914	1,696.4	33.7	7.9

Note: 1. 'Not stated/Unknown' are excluded from table but are included in the total. 2. 'np' denotes that the numbers have been suppressed for confidentiality reasons.

³ABS - 3222.0 - Population Projections, Australia, 2016

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).

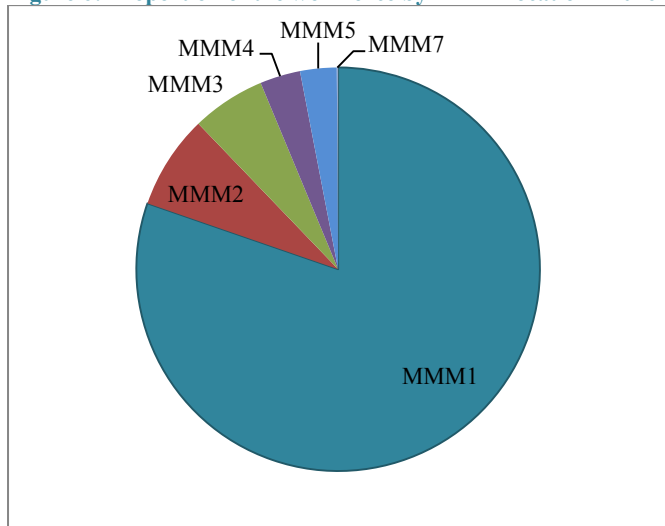
In 2016, 5.5% (105) of the workforce reported that they had, in addition to their principal and second job location, worked in a regional, rural or remote location: 71.4% (75) of respondents indicated that they had worked in an inner regional location; and 15.3% (16) had worked in outer regional, remote or very remote locations.

Modified Monash Model

In 2016, the majority (80.3%) of the workforce were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, down from 81.7% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

MMM1 locations had the highest rate of osteopaths with 9.1 per 100,000 population, followed by MMM3 with 7.3 per 100,000 population. No osteopaths were located in MMM6 locations in 2016.

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



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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.

A total of 5.0% (95) of the workforce provided a response to the tele-health question. On average, the respondents practiced via tele-health for 20.5 hours per week.

In 2016, the majority (84.2%) of tele-health were provided by an osteopath in a major city.

Table 9: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
84.2%	14.7%	1.1%	0.0%	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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