

Podiatry

2016 Factsheet

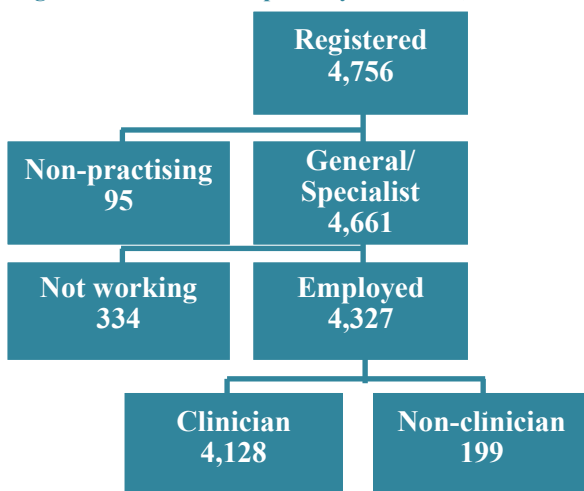


Podiatrists are registered healthcare practitioners trained to assess, diagnose and treat foot, ankle, and lower limb problems. Podiatrists treat biomechanical, pain related, and skin conditions as well as assisting in the management of chronic conditions such as poor circulation, and conditions affecting toenails.

Persons seeking to gain registration must complete a minimum three year undergraduate or two year postgraduate master program of study approved by the Podiatry Board of Australia. Further training is required for podiatric surgeons.

Workforce

Figure 1: Breakdown of podiatry workforce, 2016



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

The registered podiatry workforce has increased by 719 (17.8%) from 2013 to 2016, with an average yearly growth rate of 5.6%.

Note: Analysis of the podiatry workforce contained in this document is based on the number of registered and employed podiatrists (4,327 in 2016) unless otherwise stated.

Table 1: Headcount of podiatry workforce, 2013-2016

| | 2013 | 2014 | 2015 | 2016 |
|------------|-------|-------|-------|-------|
| Registered | 4,037 | 4,316 | 4,547 | 4,756 |
| Employed | 3,693 | 3,951 | 4,127 | 4,327 |
| Clinicians | 3,529 | 3,755 | 3,932 | 4,128 |

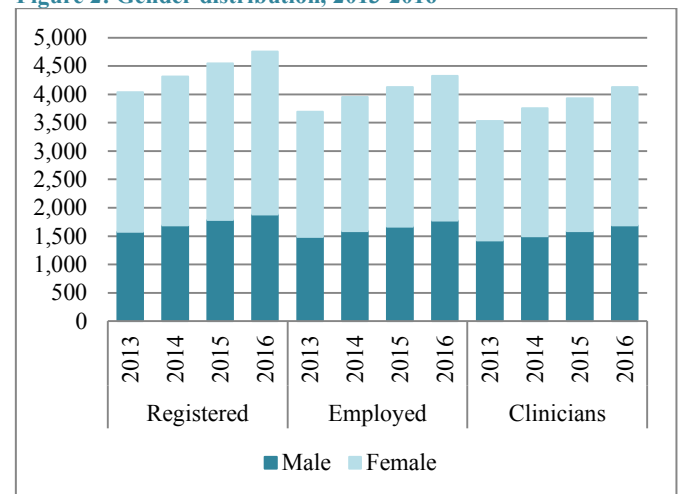
In 2016, 24 podiatrists held a 'Podiatric Surgeon' specialty.

Demographics

In 2016, 59.0% of the registered and employed podiatry workforce was female, compared with 59.7% in 2013.

In 2016, the workforce had an average age of 37.7 years, up from 37.5 in 2013.

Figure 2: Gender distribution, 2013-2016



Quick Facts - 2016

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



Hours Worked

Podiatrists worked an average of 35.9 hours per week in 2016, a slight decrease from 36.4 hours per week in 2013.

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

| Average hours worked | 2013 | 2014 | 2015 | 2016 |
|----------------------|-------------|-------------|-------------|-------------|
| Clinical | 31.8 | 31.7 | 31.6 | 31.3 |
| Non-clinical | 4.6 | 4.6 | 4.5 | 4.6 |
| Total | 36.4 | 36.3 | 36.1 | 35.9 |

In 2016, females worked an average of 32.8 hours per week, down from 33.3 in 2013, and males worked an average of 40.3 hours per week, down from 41.0 in 2013.

In 2016, males aged 35-44 worked the longest at 41.9 hours per week on average.

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 | 40.5 | 39.2 | 35.6 | 34.4 |
| 35-44 | 42.3 | 41.9 | 30.6 | 29.7 |
| 45-54 | 42.2 | 40.8 | 31.8 | 33.3 |
| 55-64 | 40.1 | 41.8 | 32.7 | 32.3 |
| 65-74 | 27.2 | 31.2 | 30.3 | 28.4 |
| 75-99 | np | np | 17.3 | 13.3 |
| Total | 41.0 | 40.3 | 33.3 | 32.8 |

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

Replacement Rate

In 2016, there were 2.4 new registrants for every podiatrist that did not renew their registration from 2015. The replacement rate has decreased from 2.9 in 2015 and 3.7 in 2014.

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, 95.4% (4,128) of podiatrists worked as a clinician in their principal role, down slightly from 95.6% (3,529) in 2013.

Table 4: Headcounts by principal role, 2013 vs 2016

| Principal role | Total Employed | |
|---------------------|----------------|--------------|
| | 2013 | 2016 |
| Clinician | 3,529 | 4,128 |
| Administrator | 67 | 85 |
| Teacher or educator | 56 | 57 |
| Researcher | 26 | 42 |
| Other | 15 | 15 |
| Total | 3,693 | 4,327 |

Endorsements

A total of 74 podiatrists (1.7%) held a scheduled medicines endorsement in 2016, up from 52 (1.4%) in 2013.

Principal Work Sector (public/private)

The 2016 workforce survey asks 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, 12.8% (553) of the workforce worked clinical hours in the public sector, down from

13.1% (485) in 2013. In 2016, 79.0% (3,419) worked clinical hours in the private sector, up from 76.3% (2818) in 2013.

Table 5: Headcounts by sector - 2013 vs 2016

| Employment sector | Headcount | |
|----------------------------|--------------|--------------|
| | 2013 | 2016 |
| Public sector only | 485 | 553 |
| <i>Proportion (%)</i> | 13.1% | 12.8% |
| Private sector only | 2,818 | 3,419 |
| <i>Proportion (%)</i> | 76.3% | 79.0% |
| Both | 341 | 303 |
| <i>Proportion (%)</i> | 9.2% | 7.0% |
| Total | 3,693 | 4,327 |

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

Principal Work Setting

In 2016, 43.1% (1,867) of the workforce worked in group private practice, up from 40.6% (1,498) in 2013. The next most common work setting was in solo private practice with 28.7% (1,241), down from 30.5% (1,128) 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 |
| Group private practice | 1,498 | 36.5 | 1,867 | 36.0 |
| Solo private practice | 1,128 | 36.6 | 1,241 | 36.7 |
| Other community health care service | 319 | 34.8 | 365 | 33.9 |
| Outpatient service | 251 | 38.2 | 259 | 36.9 |
| Residential aged care facility | 158 | 31.3 | 191 | 31.8 |
| Hospital | 95 | 39.0 | 113 | 36.1 |
| Educational facility | 63 | 38.1 | 71 | 38.4 |
| Sports centre/clinic | 46 | 39.4 | 56 | 37.4 |
| Other | 29 | 32.7 | 44 | 33.5 |
| Independent private practice | 39 | 36.8 | 40 | 25.7 |
| <i>Remaining work settings</i> | 67 | np | 80 | np |
| Total | 3,693 | 36.4 | 4,327 | 35.9 |

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

Initial Qualification

The workforce survey asks podiatrists where they obtained their initial qualification. A total of 84.1% (3,637) responded that they obtained their initial qualification(s) in Australia. 11.2% (484) responded that they had obtained their initial qualification(s) overseas.

Figure 4: Country where initial qualification was obtained – Australia or Overseas (employed practitioners), 2016

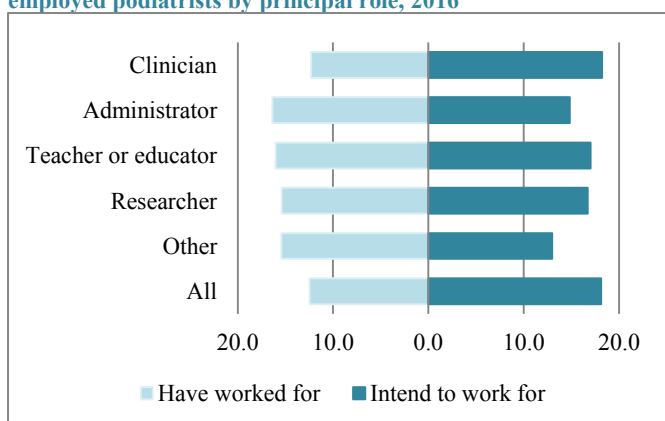


Working Intentions

In 2016, podiatrists had worked an average of 12.5 years and intended to work another 18.1 years.

In 2013, podiatrists had worked an average of 12.4 years and intended to work for another 17.9 years.

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



Distribution

State and Territory

In 2016, there was an overall increase in the rate of podiatrists per 100,000 population, from 16.0 in 2013, to 17.9 per 100,000 population in 2016.

Average total hours worked was highest in the Northern Territory at 40.4 hours per week and lowest in Western Australia at 32.7 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 Western Australia, indicating that a higher number of podiatrists may be working part-time hours in these states. However, in Queensland and the Northern Territory, the FTE was slightly higher than headcount.

Table 7: Distribution by state/territory, 2016

| 2016 State & Territory | Headcount | Total FTE | Avg. total hours | ² Rate per 100,000 population |
|------------------------|--------------|----------------|------------------|--|
| NSW | 1,202 | 1,145.7 | 36.2 | 15.5 |
| VIC | 1,385 | 1,285.1 | 35.3 | 22.4 |
| QLD | 735 | 745.0 | 38.5 | 15.2 |
| SA | 391 | 365.8 | 35.6 | 22.8 |
| WA | 424 | 364.6 | 32.7 | 16.6 |
| TAS | 104 | 93.4 | 34.1 | 20.1 |
| ACT | 60 | 58.3 | 36.9 | 14.9 |
| NT | 25 | 26.6 | 40.4 | 10.2 |
| Total | 4,327 | 4,084.9 | 35.9 | 17.9 |

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

²3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

In 2016, 93.6% (4,051) of the podiatry workforce worked in either major cities or inner regional locations, up slightly from 93.5% (3,456) in 2013.

Between 2013 to 2016 the rate of podiatrists per 100,000 population increased in outer regional areas from 9.9 to 11.2, remote area locations increased from 6.0 to 9.4, and rates remained steady in very remote locations only increasing slightly from 5.3 to 5.7.

Table 8: Distribution by remoteness area, 2016

| 2016 Remoteness Area | Headcount | Total FTE | Avg. total hours | ³ Rate per 100,000 population |
|----------------------|--------------|----------------|------------------|--|
| Major cities | 3,262 | 3,071.0 | 35.8 | 18.9 |
| Inner regional | 789 | 747.0 | 36.0 | 18.0 |
| Outer regional | 235 | 224.1 | 36.2 | 11.2 |
| Remote | 29 | 30.8 | 40.4 | 9.4 |
| Very remote | 11 | 11.8 | 40.6 | 5.7 |
| Total | 4,327 | 4,084.9 | 35.9 | 17.9 |

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

³ABS - 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.

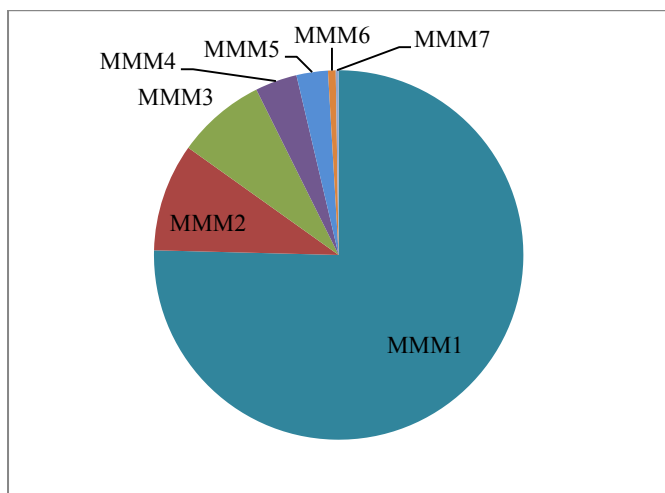
In 2016, 14.4% (623) of podiatrists reported that they had, in addition to their principal and second job location, worked in a regional, rural or remote location: 52.6% (328) had worked in inner regional locations, 30.7% (191) had worked in outer regional, 4.3% (27) had worked in remote; and 4.2% (26) had worked in very remote locations.

Modified Monash Model

In 2016, the majority (75.4%) 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 76.1% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

MMM3 locations had the highest rate of podiatrists with 21.8 per 100,000 population, followed by MMM1 with 19.3 per 100,000 population. The lowest rate was in MMM7 locations with 5.1 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.

A total of 5.8% (250) of the workforce provided a response to the tele-health question. On average the respondents practiced via tele-health 15.5 hours per week.

In 2016, the majority (74.8%) of tele-health services were delivered by a podiatrist in a major city.

Table 9: Tele-health workforce remoteness location, 2016

| Major cities | Inner regional | Outer regional | Remote | Very remote |
|--------------|----------------|----------------|--------|-------------|
| 74.8% | 12.4% | 7.2% | 4.4% | 1.2% |

Note: 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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