

The Aboriginal and Torres Strait Islander Allied Health Workforce



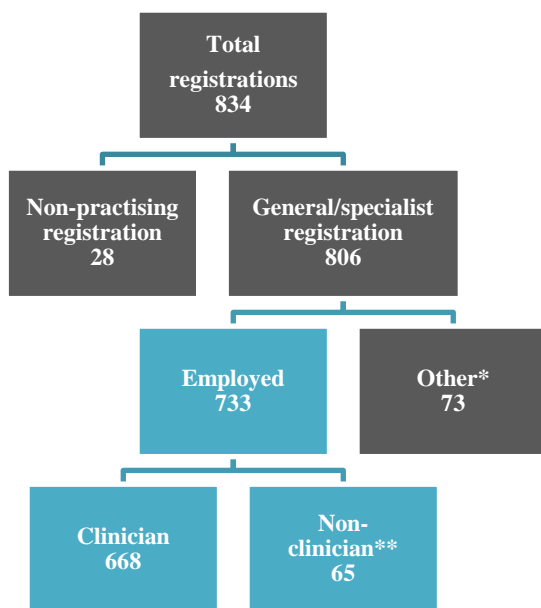
2017 Factsheet

The workforce survey asks practitioners in all professions if they identify as an Australian Aboriginal and/or Torres Strait Islander person. These practitioners are collectively presented in this factsheet as Aboriginal and Torres Strait Islander allied health practitioners. All allied health professions are included other than Aboriginal and Torres Strait Islander Health Practitioners, who are presented in a separate Factsheet.

The following analysis of the Aboriginal and Torres Strait Islander allied health workforce is drawn from the number of Aboriginal and Torres Strait Islander allied health practitioners with general or specialist registration who were employed (733 in 2017) unless otherwise stated.

Workforce

Figure 1: Aboriginal and Torres Strait Islander allied 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 allied health practitioners increased by 33.7% from 624 in 2014 to 834 in 2017 (average annual increase of 10.2%). The number of employed Aboriginal and Torres Strait Islander allied health practitioners ('workforce') increased by 39.6% from 525 to 733 over the same period (an average annual increase of 11.8%).

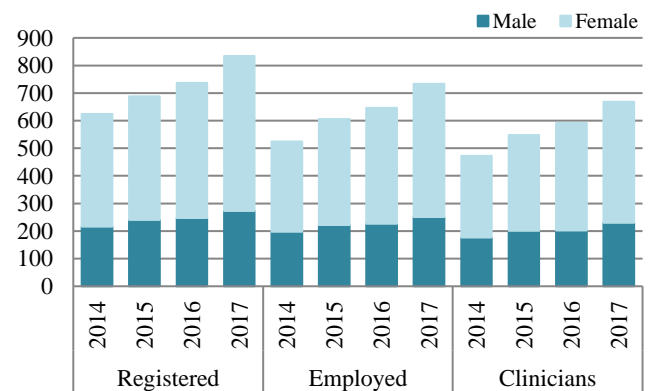
Table 1: Aboriginal and Torres Strait Islander allied health practitioners, 2014-2017

	2014	2015	2016	2017	Avg. annual growth
Registered	624	688	737	834	10.2%
Employed	525	606	647	733	11.8%
Clinicians	472	548	592	668	12.3%

Demographics

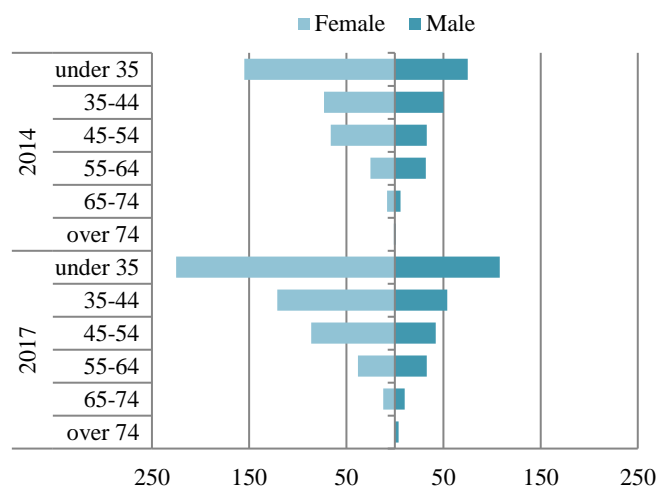
In 2017, female allied health practitioners comprised 65.8% of the Aboriginal and Torres Strait Islander allied health practitioner workforce, an increase from 62.5% of the workforce in 2014.

Figure 2: Gender distribution, 2014-2017



In 2017, the average age of the workforce was 38.9 years in 2017, a decrease from 39.5 years in 2014. Between 2014 and 2017, the proportion of males aged between 35 – 64 years decreased from 21.9% of the workforce in 2014 to 17.6% in 2017.

Figure 3: Age and gender distribution, 2014 and 2017



Quick facts

Figure 4: Summary, 2017

38.9	Average age
35.4	Average weekly hours
65.8	% female
100.0	% born in Australia
100.0	% Aboriginal and/or Torres Strait Islander
99.1	% with Australian qualifications
65.9	% in major cities

Hours worked

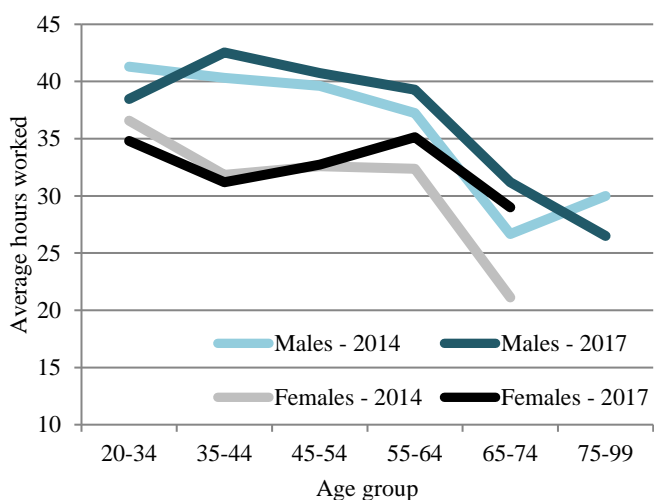
In 2017, Aboriginal and Torres Strait Islander allied health practitioners worked an average of 35.4 hours per week in total, and worked an average of 5.6 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	29.6	30.0	30.1	29.8
Non-clinical	6.5	5.5	6.3	5.6
Total	36.1	35.5	36.4	35.4

In 2017, male Aboriginal and Torres Strait Islander allied health practitioners worked an average of 39.3 hours per week, decreasing from 39.6 hours in 2014. Female Aboriginal and Torres Strait Islander allied health practitioners worked an average of 33.4 hours per week, decreasing from 33.9 hours in 2014. Males aged 35-44 worked the longest hours per week, at 42.5 hours on average.

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



Principal Role

In 2017, 91.1% of the Aboriginal and Torres Strait Islander allied health practitioners worked as clinicians, an increase from 89.9% in 2014.

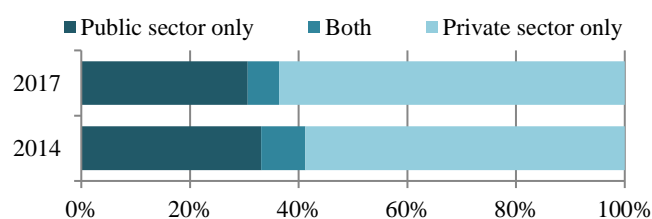
Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	472	89.9	668	91.1
Administrator	23	4.4	18	2.5
Teacher or educator	10	1.9	19	2.6
Researcher	15	2.9	17	2.3
Other	5	1.0	11	1.5
Total	525	100	733	100

Principal work sector

In 2017, 30.6% 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, 25.0% of Aboriginal and Torres Strait Islander allied health practitioners worked in a Group private practice setting, an increase from 20.6% in 2014, and 15.7% worked in Solo private practice, a decrease from 20.0% in 2014.

In 2017, Aboriginal and Torres Strait Islander allied health practitioners working in a GP Practice reported the highest average weekly hours (40.8) and those in Community health care services reported the lowest average weekly hours (28.2). Both settings are included in 'Remaining work settings'.

Table 4: Principal work setting, 2014 and 2017

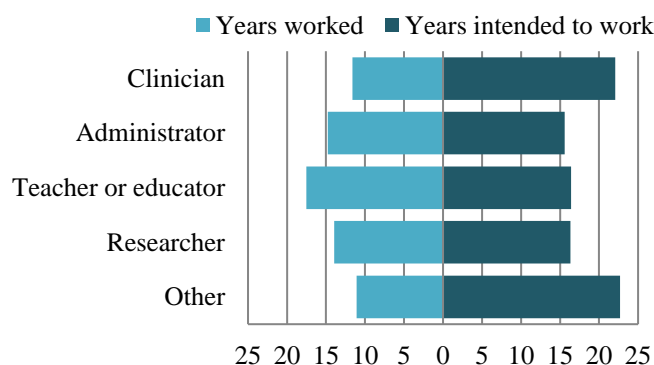
Principal work setting	2014		2017	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Group private practice	108	35.7	183	35.4
Hospital	87	37.1	124	35.8
Solo private practice	105	35.4	115	35.2
Community pharmacy	28	42.2	43	38.1
Other community health care service	22	33.5	30	33.6
Aboriginal health service	18	30.9	27	32.9
Community	15	40.0	22	37.8

Principal work setting	2014		2017	
	Headcount	Avg. total hours	Headcount	Avg. total hours
mental health service				
Other government department	20	38.7	20	37.6
School	12	34.3	16	33.1
Other	8	37.4	16	34.0
Outpatient service	12	33.3	14	36.4
Residential aged care facility	10	23.9	14	33.4
Tertiary educational facility	8	32.3	13	37.8
Disability service	9	42.7	11	34.9
Remaining work settings	63	36.3	85	35.0
Total	525	36.1	733	35.4

Working Intentions

In 2017, Aboriginal and Torres Strait Islander allied health practitioners had, on average, worked 12 years in the profession and intended to work for another 22 years. In 2014, Aboriginal and Torres Strait Islander allied health practitioners had worked 13 years on average and intended to work for another 20 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 allied health practitioners per 100,000 population (FTE rate) were the NT, QLD and NSW. Between 2014 and 2017, the total FTE rate increased from 2.1 to 2.8 and NT had the largest FTE rate increase (1.6). TAS was the only jurisdiction with a decrease in FTE rate (-0.4).

In 2017, Aboriginal and Torres Strait Islander allied health practitioners in QLD worked the most hours per week on average (37.7 hours) and those in the ACT worked the fewest (33.0 hours).

Table 5: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Average total hours	² FTE rate per 100,000 population
NSW	291	269.2	35.2	3.4
VIC	125	113.7	34.6	1.8
QLD	175	173.5	37.7	3.5
SA	34	30.3	33.9	1.8
WA	55	48.5	33.5	1.9
TAS	18	15.7	33.2	3.0
ACT	12	10.4	33.0	2.5
NT	22	21.5	37.2	8.7
Total	733	683.7	35.44	2.8

Remoteness area

In 2017, 87.6% of Aboriginal and Torres Strait Islander allied health practitioners worked in either major cities or inner regional locations, compared to 86.7% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in very remote areas, increasing from 34.7 hours per week in 2014 to 42.6 hours in 2017. Subsequently, the FTE rate in very remote areas increased by 1.9.

Table 6: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Average total hours	² FTE rate per 100,000 population
Major cities	483	440.5	34.7	2.5
Inner regional	159	152.4	36.4	3.5
Outer regional	68	67.8	37.9	3.3
Remote	14	13.2	35.8	4.5
Very remote	8	9.0	42.6	4.5
Total	733	683.7	35.4	2.8

Other work location outside major cities

In 2017, 12.1% of the Aboriginal and Torres Strait Islander allied health professional workforce reported that they had worked in a regional, rural or remote location, in addition to their principal or second job location. Of these respondents, 61.8% had worked in inner or outer regional locations, and 20.2% had worked in remote or very remote locations.

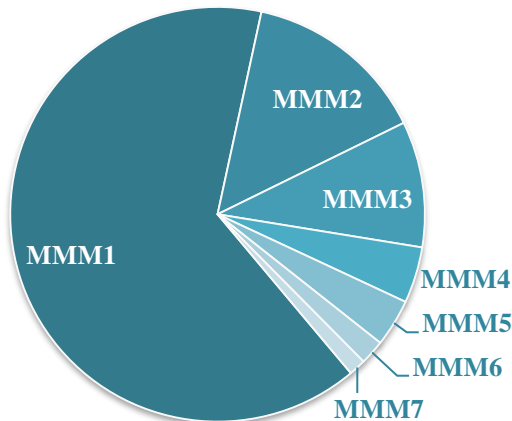
Modified Monash Model

In 2017, almost two thirds (64.4%) of FTE Aboriginal and Torres Strait Islander allied health practitioners were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, down from 65.0% in 2014.

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

MMM6 locations had the highest rate of FTE Aboriginal and Torres Strait Islander allied health practitioners (4.5) and MMM5 locations had the lowest at a rate (1.4).

Figure 8: FTE distribution by MMM, 2017



Tele-Health

The workforce survey asks practitioners to report their hours practiced via tele-health in their profession 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 61 Aboriginal and Torres Strait Islander allied health practitioners (8.3%) provided a response to the Tele-Health question. On average, these respondents practiced via Tele-Health for 9.5 hours per week, with 50.8% of Tele-Health services provided by Aboriginal and Torres Strait Islander allied health practitioners in major cities.

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

Major cities	Inner regional	Outer regional	Remote	Very remote
50.8%	29.5%	11.5%	4.9%	3.3%

Note: Remoteness location refers to the location of the Tele-Health practitioner, not the location of the person receiving the service.

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2014-2017.
- 2) 3218.0 - Regional Population Growth, Australia, 2016-17, Released 31/08/18.

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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