

Chinese Medicine Practitioners



2017 Factsheet

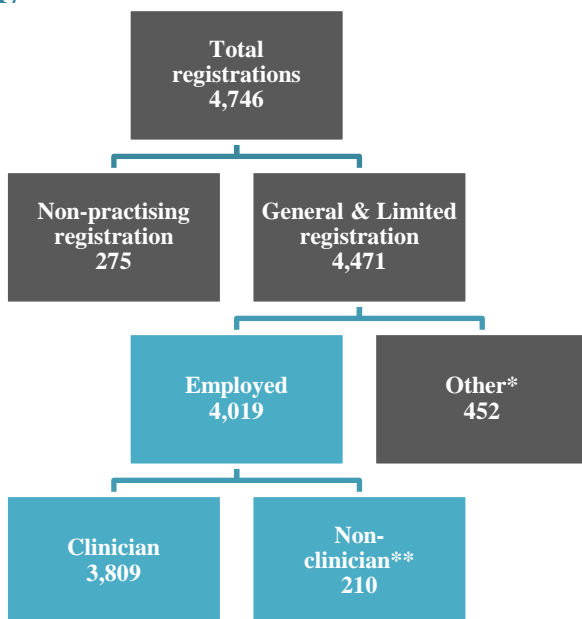
Chinese Medicine Practitioners are registered healthcare practitioners who may practise in one or more divisions of acupuncture, Chinese herbal medicine or Chinese herbal dispensing.

Persons seeking to gain registration must complete a minimum four year undergraduate, or three year postgraduate master program of study approved by the Chinese Medicine Board of Australia.

Note: The following analysis of the Chinese Medicine Practitioner workforce is drawn from the number of Chinese Medicine Practitioners with general/limited registration who are employed (4,021 in 2017) unless otherwise stated.

Workforce

Figure 1: Chinese Medicine Practitioner registration, 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 Chinese medicine practitioners increased by 10.0% from 4,313 in 2014 to 4,746 in 2017 (average annual increase of 3.2%). The number of employed Chinese medicine practitioners ('workforce') increased by 6.8% from 3,762 to 4,019 over the same period (an average annual increase of 2.2%). However, this growth has slowed significantly with the number of registered Chinese medicine practitioners increasing by only 0.6% (29 practitioners) from 2016 to 2017.

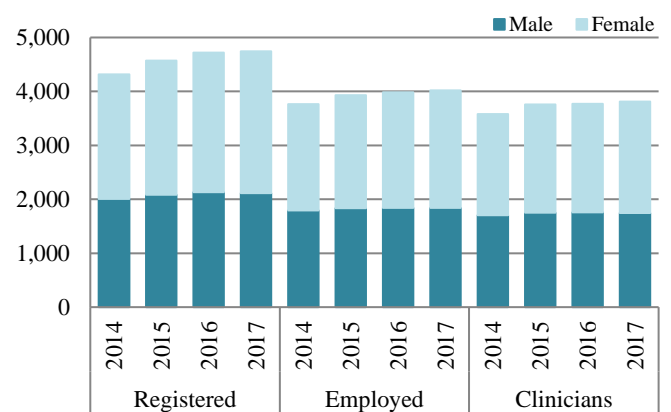
Table 1: Chinese Medicine Practitioners, 2014-2017

	2014	2015	2016	2017	Avg. annual growth
Registered	4,313	4,570	4,717	4,746	3.2%
Employed	3,762	3,933	3,983	4,019	2.2%
Clinicians	3,581	3,757	3,770	3,809	2.1%

Demographics

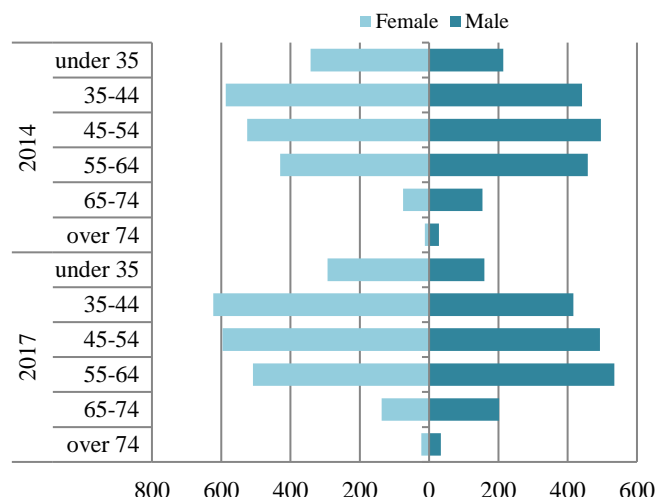
In 2017, female Chinese medicine practitioners comprised 54.2% of the workforce; an increase from 52.4% in 2014.

Figure 2: Gender distribution, 2014-2017



In 2017, the average age of the workforce was 49.3 years, an increase from 47.7 years in 2014. The proportion of the workforce aged under 35 years decreased from 14.8% to 11.3% in 2017.

Figure 3: Age and gender distribution, 2014 and 2017



Quick Facts - 2017

Figure 4: Summary 2017

49.3	Average age
29.4	Average weekly hours
54.2	% female
38.4	% born in Australia
0.3	% Aboriginal and/or Torres Strait Islander
69.8	% with Australian qualifications
86.4	% in major cities

Replacement Rate

In 2017, there were 0.9 new registrants for every Chinese medicine practitioner that did not renew their registration from 2016.

Hours Worked

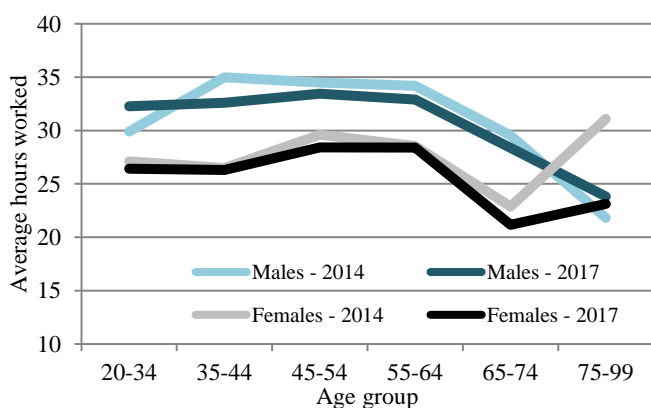
In 2017, Chinese medicine practitioners worked an average of 29.4 hours per week in total, and worked an average of 4.3 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Avg. hours worked	2014	2015	2016	2017
Clinical	26.1	26.1	25.2	25.1
Non-clinical	4.3	4.3	4.3	4.3
Total	30.4	30.4	29.5	29.4

In 2017, female Chinese medicine practitioners worked an average of 27.0 hours per week, a decrease from 27.8 in 2014. Male Chinese medicine practitioners worked an average of 32.3 hours per week, decreasing from 33.4 hours in 2014. In 2017, males aged 45-54 worked the longest hours on average, at 33.5 hours per week.

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



Principal Role

In 2017, 94.8% of Chinese medicine practitioners worked as clinicians in their principal role, a decrease from 95.2% in 2014.

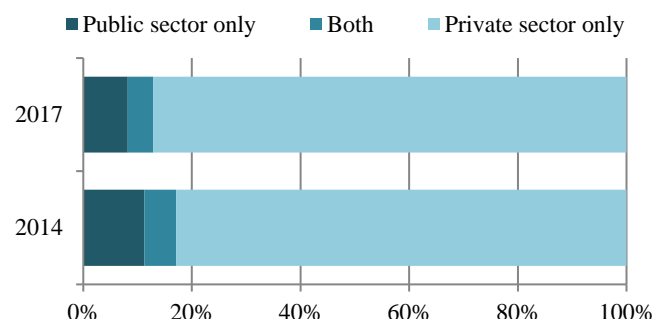
Table 3: Principal role, 2014 and 2017

Job role	2014		2017	
	Headcount	%	Headcount	%
Clinician	3,581	95.2	3,809	94.8
Administrator	43	1.1	43	1.1
Teacher or educator	59	1.6	71	1.8
Researcher	61	1.6	69	1.7
Other	18	0.5	27	0.7
Total	3,762	100	4,019	100

Principal Work Sector

In 2017, 8.2% of the workforce reported that in their principal role, they worked only in the public sector - a decrease from 11.2% in 2014.

Figure 6: Chinese Medicine workforce by sector, 2014 and 2017



Principal Work Setting

In 2017, 65.2% of Chinese medicine practitioners worked in solo private practice - an increase from 63.5% in 2014, and 26.9% in group private practice, a decrease from 27.9% in 2014.

Table 4: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Solo private practice	2,387	30.1	2,622	29.2
Group private practice	1,050	31.3	1,081	30.0
Other private practice	108	28.1	101	27.2
Educational facility	86	35.3	87	33.8
Other	34	29.8	49	26.9
Sports centre/clinic	25	36.0	20	30.6
Community health care service	27	20.8	19	27.1
Locum private practice	26	25.5	18	25.2
Remaining work settings	19	33.4	22	28.5
Total	3,762	30.4	4,019	29.4

In 2017, Chinese medicine practitioners working in Other government departments reported the highest average weekly hours (40.3) and those in Residential health care facilities reported the lowest average weekly hours (18.8). Both Other government departments and Residential health care facilities are included in 'Remaining work settings'.

Language Spoken in Patient/Client Encounters

In 2017, English was the main language spoken by 80.3% of the workforce in patient/client encounters, followed by Mandarin (8.0%), and Cantonese (2.7%).

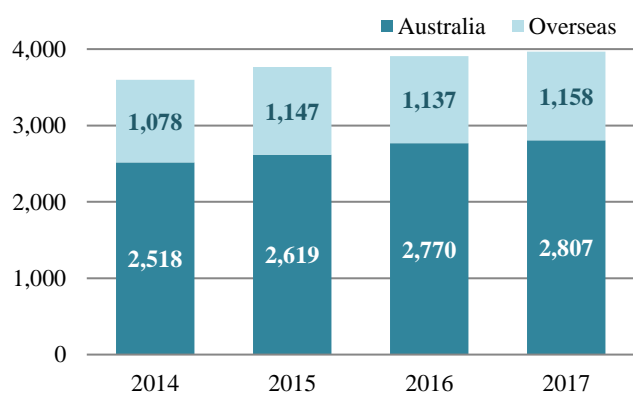
Table 5: Main language spoken in patient/client encounters, 2017

Main language spoken in patient/client encounters	Headcount	%
English	3,227	80.3
Mandarin	320	8.0
Cantonese	110	2.7
Vietnamese	17	0.4
Korean	39	1.0
Other	0	0.0
Non Respondent/Unknown	306	7.6
Total	4,019	100

Initial Qualification

The workforce survey asks Chinese medicine practitioners where they obtained their initial qualification. In 2017, 69.8% of the workforce obtained their initial qualification in Australia and 28.8% obtained their initial qualification overseas.

Figure 7: Chinese Medicine workforce, Australian and overseas initial qualifications, 2014-2017



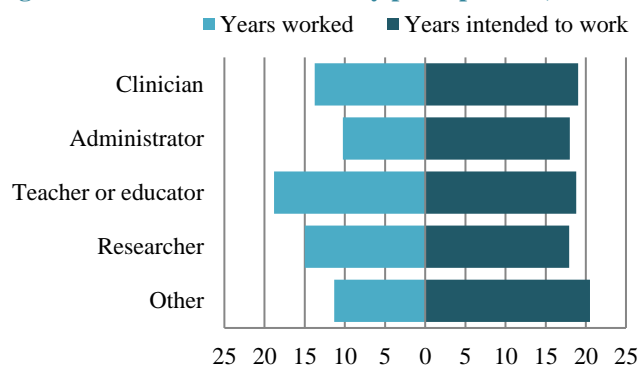
Note: 'Not stated/Unknown' responses are excluded from this chart

Working Intentions

In 2017, Chinese medicine practitioners had, on average, worked 14 years in the profession and intended to work for another 19 years. In 2014, Chinese medicine practitioners had worked 13

years on average, and intended to work for another 20 years.

Figure 8: Workforce intentions by principal role, 2017



Distribution

State and Territory

In 2017, the jurisdictions with the highest rates of full-time equivalent Chinese medicine practitioners per 100,000 population (FTE rate) were NSW and VIC. Between 2014 and 2017, the total FTE rate decreased from 12.8 to 12.7 and the ACT had the largest FTE rate decrease (-2.3).

In 2017, Chinese medicine practitioners in the NT worked the most hours per week on average (35.1 hours) and those in SA worked the fewest (27.4 hours).

Table 6: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE Rate per 100,000 population
NSW	1,679	1,326.4	30.0	16.9
VIC	1,096	814.8	28.3	12.9
QLD	750	592.4	30.0	12.0
SA	162	116.6	27.4	6.8
WA	226	178.3	30.0	6.9
TAS	34	25.1	28.0	4.8
ACT	58	45.5	29.8	11.1
NT	10	9.2	35.1	3.8
Total	4,019	3,112.2	29.4	12.7

Remoteness Area

In 2017, 97.0% of Chinese medicine practitioners worked in either major cities or inner regional locations, a percentage that has remained the same since 2014.

Between 2014 and 2017, the largest shift in average hours worked was in very remote areas, decreasing from 21.0 hours per week in 2014 to 19.3 hours in 2017. The FTE rate decreased by 0.5 in major cities and remote areas.

Table 7: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
Major cities	3,471	2,724.9	29.8	15.4
Inner regional	428	295.7	26.3	6.7
Outer regional	107	81.4	28.9	4.0
Remote	5	4.3	32.4	1.5
Very remote	4	2.0	19.3	1.0
Total	4,019	3,112.2	29.4	12.7

Other Work Location Outside Major Cities

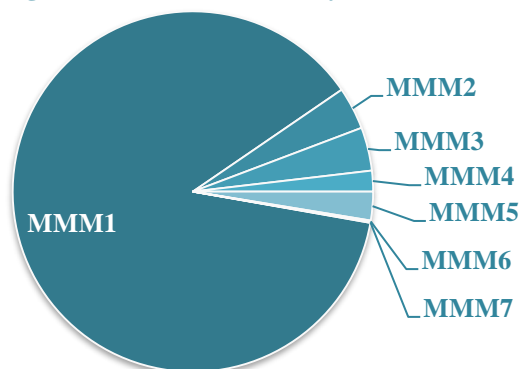
In 2017, 2.7% of the Chinese medicine practitioner workforce reported that they had worked in a regional, rural or remote location, in addition to their principal job location. Of these respondents, 57.9% had worked in an inner regional location, and 15.0% had worked in an outer regional location.

Modified Monash Model

In 2017, the majority (87.6%) of FTE Chinese medicine practitioners were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, down from 88.1% in 2014. MMM1 locations had the highest FTE rate of Chinese medicine practitioners (15.5), followed by MMM3 (7.7). The lowest FTE rate was in MMM7 (1.0).

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

Figure 9: FTE distribution by MMM, 2017



Tele-Health

The workforce survey asks Chinese medicine practitioners to report their hours practiced via tele-health in Chinese medicine 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.

A total of 705 Chinese medicine practitioners (17.5%) provided a response to the Tele-Health

question in 2017. On average, these respondents practiced via Tele-Health for 15.1 hours per week, with the majority (91.6%) of Tele-Health services provided by Chinese medicine practitioners based in a major city.

Table 8: Tele-Health workforce remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
91.6%	6.1%	2.0%	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 2014-2017.
- 2) ABS - 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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