

Occupational Therapists



Australian Government
Department of Health

2017 Factsheet

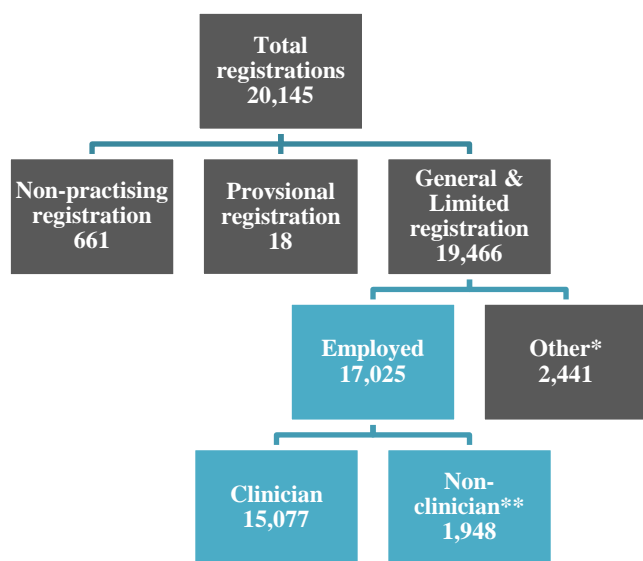
Occupational therapists are registered health practitioners who work with people to improve their health and wellbeing, with a focus on physical and mental health that may be related to a person's injury or illness, or to an accident or developmental impairment. The primary goal of occupational therapy is to enable people to participate in everyday life.

To gain registration as an occupational therapist, practitioners must complete a minimum four-year undergraduate, or two-year postgraduate Master program of study approved by the Occupational Therapy Board of Australia

The following analysis of the occupational therapy workforce is drawn from the number of occupational therapists with general/limited registration who were employed (17,025 in 2017) unless otherwise stated.

Workforce

Figure 1: Occupational therapy 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 occupational therapists increased by 20.2% from 16,757 in 2014 to 20,145 in 2017 (average annual increase of 6.3%).

Table 1: Occupational therapists, 2014-2017

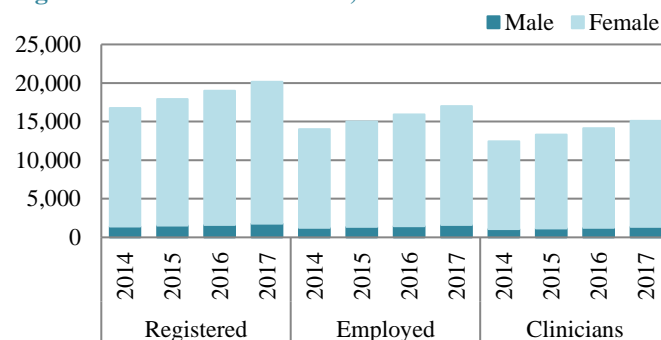
	2014	2015	2016	2017	Avg. annual growth
Registered	16,757	17,929	19,001	20,145	6.3%
Employed	14,023	15,022	15,928	17,025	6.7%
Clinicians	12,449	13,298	14,126	15,077	6.6%

The number of employed occupational therapists ('workforce') increased by 21.4% from 14,023 to 17,025 over the same period (an average annual increase of 6.7%).

Demographics

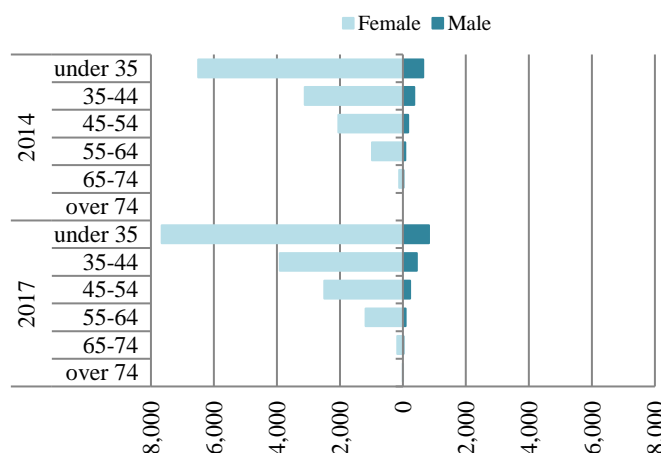
In 2017, female occupational therapists comprised 90.6% of the workforce; a decrease from 91.0% in 2014.

Figure 2: Gender distribution, 2014-2017



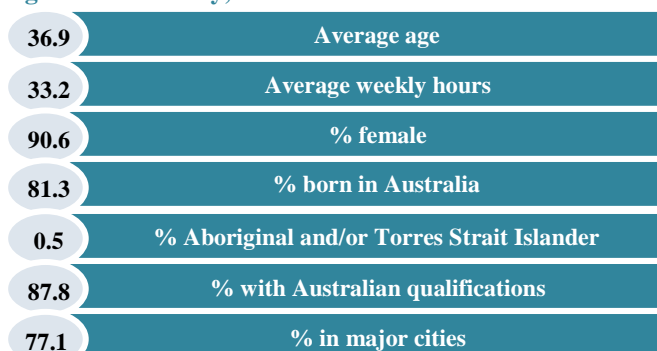
In 2017, the average age of the workforce was 36.9 years, an increase from 36.6 years in 2014. The proportion of the workforce aged under 35 years decreased from 46.3% in 2014 to 45.0% in 2017.

Figure 3: Age and gender distribution, 2014 and 2017



Quick Facts – 2017

Figure 4: Summary, 2017



Replacement Rate

In 2017, there were 3.2 new registrants for every occupational therapist that did not renew their registration from 2016.

Hours Worked

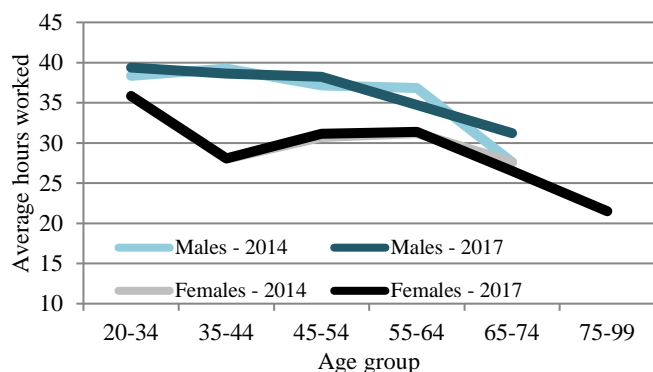
In 2017, occupational therapists worked an average of 33.2 hours per week in total, and worked an average of 5.4 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	27.7	27.7	27.9	27.8
Non-clinical	5.4	5.3	5.4	5.4
Total	33.2	33.0	33.3	33.2

In 2014 and 2017, female occupational therapists worked an average of 32.7 hours per week. Male Occupational therapists worked an average of 38.7 hours per week in 2017, an increase from 38.3 hours per week in 2014. Males aged under 35 years worked the longest hours on average, at 39.4 hours per week.

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



Principal Role

In 2017, 88.6% of occupational therapists worked as clinicians - a decrease from 88.8% in 2014.

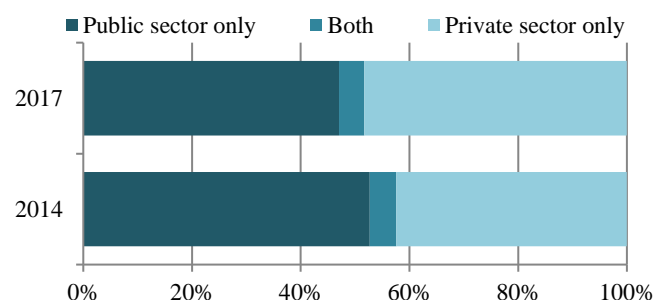
Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	12,449	88.8	15,077	88.6
Administrator	807	5.8	1015	6.0
Teacher or educator	373	2.7	429	2.5
Researcher	173	1.2	193	1.1
Other	221	1.6	311	1.8
Total	14,023	100	17,025	100

Principal Work Sector

In 2017, 47.0% of the workforce reported that in their principal role, they worked only in the public sector – a decrease from 52.7% in 2014.

Figure 6: Sector in which clinical hours were worked, 2014 and 2017



Principal Work Setting

In 2017, 20.3% of occupational therapists worked in a Hospital setting, a decrease from 20.6% in 2014, and 16.3% worked in an Other community health care service, a decrease from 17.6% in 2014.

In 2017, occupational therapists working in Community drug and alcohol services (included in “Remaining work settings”) reported the highest average weekly hours (37.2) and those in Solo private practice reported the lowest average weekly hours (29.2).

Table 4: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Hospital	2,895	35.0	3,449	34.8
Other community health care service	2,469	33.1	2,772	33.0
Group private practice	1,178	32.9	1,612	33.0
Outpatient service	1,090	33.2	1,329	32.3
Solo private practice	1,054	28.9	1,278	29.2
Disability service	989	32.9	1,262	33.3
Educational facility	688	31.8	895	32.9
Residential aged care facility	363	30.2	885	33.8
Rehabilitation/physical development service	913	34.5	884	34.4
Other government department or agency	564	33.0	624	33.2
Remaining work settings	1,820	33.9	3,523	33.7
Total	14,023	33.2	17,025	33.2

Principal Scope of Practice

In 2017, more than half (55.1%) of all occupational therapists reported Rehabilitation, Paediatrics or Aged care as their principal scope of practice. Neurological and Driving assessments were reported by 3% or fewer occupational therapists as their principal scope of practice.

Between 2014 and 2017, the proportion of occupational therapists reporting Disability as their principal scope of practice increased by 47.4% and Paediatrics increased by 34.3%.

Table 5: Principal scope of practice, 2014 and 2017

Principal scope of practice	2014		2017		Growth 2014 to 2017
	Headcount	%	Headcount	%	
Rehabilitation	2,837	20.2	3,233	19.0	14.0%
Paediatrics	2,386	17.0	3,205	18.8	34.3%
Aged care	2,359	16.8	2,947	17.3	24.9%
Mental health	1,707	12.2	2,068	12.1	21.1%
Other	1,338	9.5	1,580	9.3	47.4%
Disability	1,031	7.4	1,520	8.9	-2.3%
Occupational health	1,185	8.5	1,158	6.8	20.2%
Hand therapy	475	3.4	571	3.4	15.8%
Neurological	425	3.0	492	2.9	25.0%
Driving assessment	60	0.4	75	0.4	18.1%
Total	14,023	100	17,025	100	21.4%

Advanced Scope of Practice

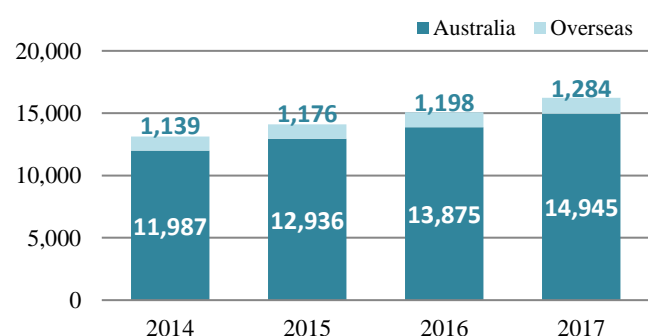
An advanced scope of practice role in occupational therapy includes work that is currently within the scope of practice for occupational therapists, but that, through custom and practice, has been performed by other professions. This advanced role requires additional training, competency, development, and clinical experience.

Between 2014 and 2017, the number of occupational therapists reporting that their principal job included an advanced scope of practice role increased by 16.4% from 1,906 in 2014 to 2,219 in 2017.

Initial Qualification

The workforce survey asks occupational therapists where they obtained their initial qualification. In 2017, 87.8% of the workforce obtained their initial qualification in Australia and 7.5% obtained their initial qualification overseas.

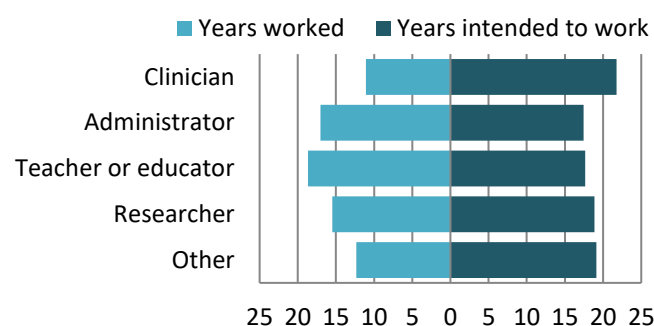
Figure 7: Initial qualifications, 2014-2017



Working Intentions

In 2014 and 2017, occupational therapists had, on average, worked 12 years in the profession and intended to work for another 21 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 occupational therapists per 100,000 population (FTE rate) were WA and the ACT. Between 2014 and 2017, the total FTE rate increased from 52.1 to 60.5 and the ACT had the largest FTE rate increase (12.2).

In 2017, occupational therapists in the NT worked the most hours per week on average (35.7 hours) and those in TAS worked the fewest (31.7 hours).

Table 6: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
NSW	4,993	4,393.6	33.4	55.9
VIC	4,294	3,778.2	33.4	59.8
QLD	3,360	2,994.0	33.9	60.7
SA	1,307	1,118.3	32.5	64.9
WA	2,323	1,944.8	31.8	75.5
TAS	271	226.2	31.7	43.3
ACT	312	276.6	33.7	67.2
NT	163	153.3	35.7	61.9
Total	17,025	14,886.3	33.2	60.5

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

Remoteness Area

In 2017, 92.5% of occupational therapists worked in either major cities or inner regional locations, compared to 92.1% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in very remote areas, decreasing from 40.7 hours per week in 2014 to 37.7 hours in 2017. However, the number of

occupational therapists in very remote areas remained stable over this period. Subsequently, the FTE rate in very remote areas decreased by 0.9.

Table 7: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
Major cities	13,132	11,505.5	33.3	65.1
Inner regional	2,612	2,230.5	32.5	50.8
Outer regional	1,114	993.5	33.9	48.5
Remote	117	108.0	35.1	37.0
Very remote	48	47.6	37.7	23.7
Total	17,025	14,886.3	33.2	60.5

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

Other Work Location Outside Major Cities

In 2017, 9.1% of the occupational therapist workforce reported that they had worked in a regional, rural or remote location, in addition to their principal job location. Of these respondents, 74.6% had worked in an inner regional or outer regional location and 10.0% had worked in either remote or very remote locations.

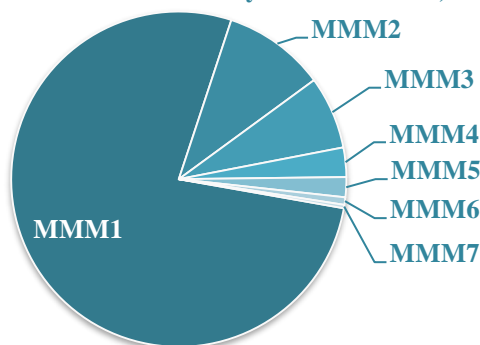
Modified Monash Model

In 2017, the majority (77.3%) of FTE occupational therapists were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, remaining unchanged from 77.2% in 2014.

MMM3 locations had the highest rate of FTE Occupational therapists, at 66.9 per 100,000 population, followed by MMM1 at a rate of 65.5 FTE.

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

Figure 9: FTE distribution by MMM location, 2017



Tele-Health

The workforce survey asks occupational therapists to report their hours practiced via tele-health in occupational therapy 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 1,235 occupational therapists (7.3%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 6.9 hours per week, with the majority (64.0%) of Tele-Health services provided by occupational therapists based in a major city.

Table 8: Tele-Health Occupational therapists by remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
64.0%	18.2%	13.4%	2.6%	1.7%

Note: The tele-health workforce remoteness location refers to the location of the occupational therapist, 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 31/08/17.

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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