

Osteopaths



2017 Factsheet

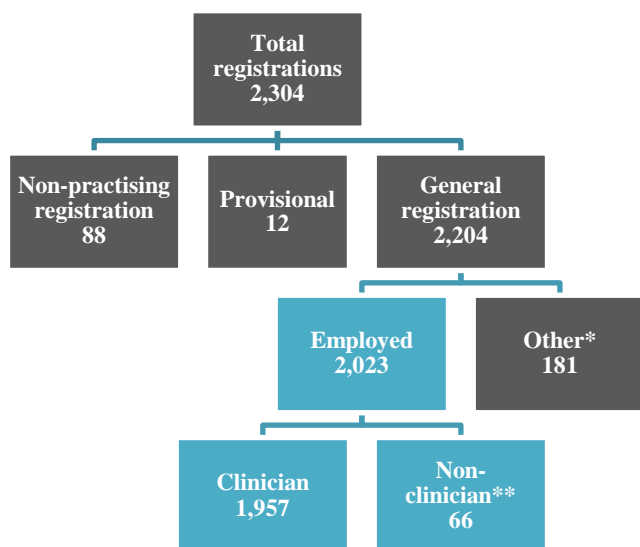
Osteopaths are registered healthcare practitioners who provide direct manual therapy interventions including exercise prescription and lifestyle advice to improve movement, reduce pain and manage and/or treat a range of physical impairments.

To gain registration as an osteopath, practitioners must complete a minimum five-year undergraduate, or four-year combined undergraduate/ Master program of study, approved by the Osteopathy Board of Australia.

The following analysis of the osteopathy workforce is drawn from the number of osteopaths with general registration who were employed (2,023 in 2017) unless otherwise stated.

Workforce

Figure 1: Osteopathy 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 osteopaths increased by 17.1% from 1,968 in 2014 to 2,304 in 2017 (average annual increase of 5.4%). The number of employed osteopaths ('workforce') increased by 16.5% from 1,737 to 2,023 over the same period (an average annual increase of 5.2%).

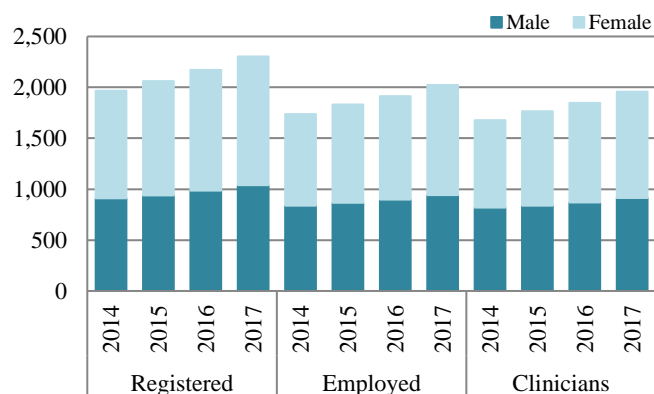
Table 1: Osteopaths, 2014-2017

	2014	2015	2016	2017	Avg. Annual Growth
Registered	1,968	2,061	2,172	2,304	5.4%
Employed	1,737	1,833	1,914	2,023	5.2%
Clinicians	1,679	1,766	1,847	1,957	5.2%

Demographics

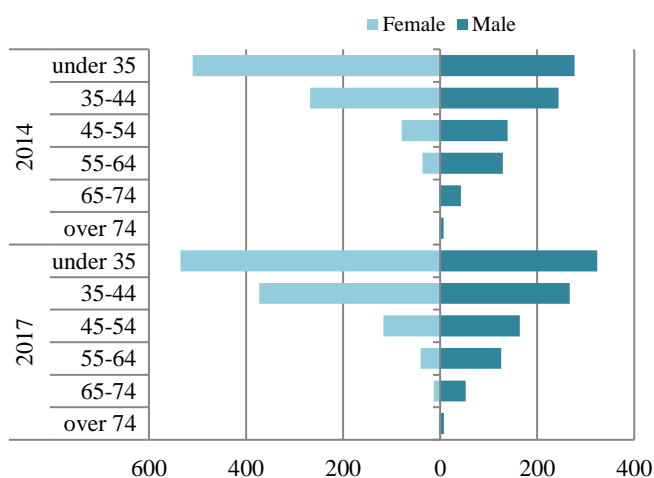
In 2017, female osteopaths comprised 53.4% of the workforce; an increase from 51.7% in 2014.

Figure 2: Gender distribution, 2014-2017



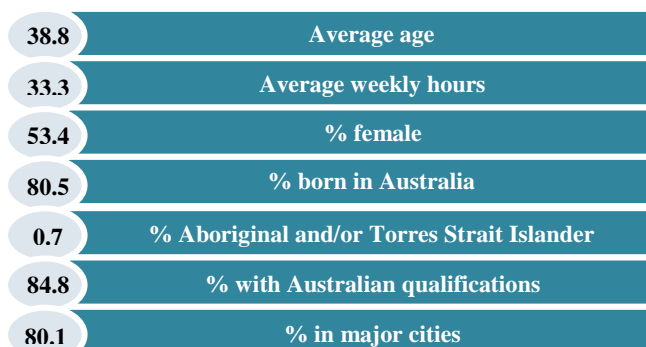
In 2017, the average age of the workforce was 38.8 years, an increase from 38.5 years in 2014. The proportion of female osteopaths aged 35-44 years increased from 15.4% of the workforce in 2014 to 18.4% in 2017.

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 osteopath that did not renew their registration from 2016.

Hours Worked

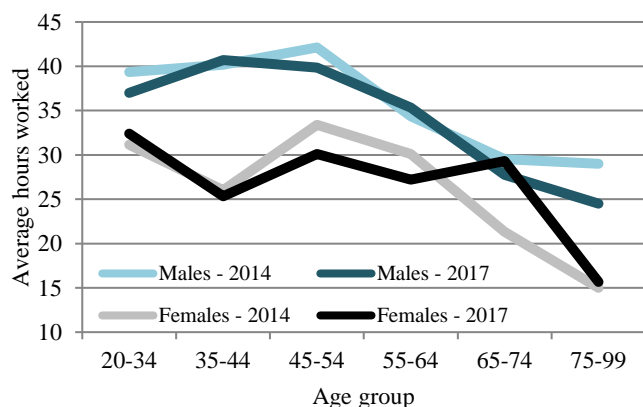
In 2017, osteopaths worked an average of 33.3 hours per week in total, and worked an average of 3.9 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	30.2	30.0	29.7	29.4
Non-clinical	3.9	3.7	4.0	3.9
Total	34.0	33.7	33.7	33.3

In 2017, male osteopaths worked an average of 37.7 hours per week, decreasing from 38.7 hours in 2014. Female osteopaths worked an average of 29.4 hours per week, decreasing from 29.7 hours in 2014. Males aged 35-44 worked the longest hours on average, at 40.7 hours per week.

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



Principal Role

In 2017, 96.7% of the osteopaths worked as clinicians - remaining unchanged from 2014.

Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	1,679	96.7	1,957	96.7
Administrator	22	1.3	16	0.8
Teacher or educator	19	1.1	25	1.2
Researcher	5	0.3	4	0.2
Other	12	0.7	21	1.0
Total	1,737	100	2,023	100

Endorsement

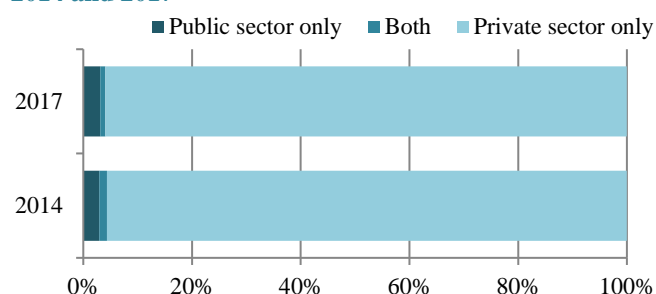
In 2014 and 2017, 0.1% of the osteopathy workforce held an acupuncture endorsement.

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Principal Work Sector

In 2017, 3.1% of the workforce reported that in their principal role, they worked only in the public sector - an increase from 3.0% in 2014.

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



Principal Work Setting

In 2017, 69.6% of osteopaths worked in a Group private practice setting, a decrease from 70.4% in 2014, and 28.2% worked in Solo private practice, an increase from 27.3% in 2014.

In 2017, osteopaths working in Commercial/business services reported the highest average weekly hours (34.2) and those in Locum private practice reported the lowest average weekly hours (27.3).

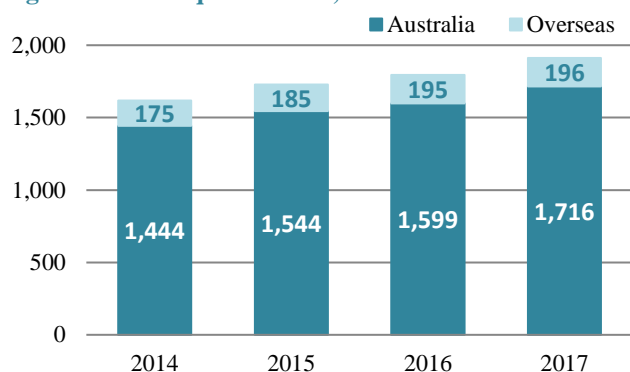
Table 4: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Group private practice	1,223	34.3	1,409	33.9
Solo private practice	475	33.5	570	31.8
Educational facility	19	38.1	22	34.2
Commercial/business service	NP	15.0	7	34.3
Other	NP	27.3	7	30.3
Locum private practice	10	29.5	4	27.3
Residential aged care facility	NP	55.0	4	32.0
Total	1,737	34.0	2,023	33.3

Initial Qualification

The workforce survey asks osteopaths where they obtained their initial qualification. In 2017, 84.8% of the workforce obtained their initial qualification in Australia and 9.7% obtained their initial qualification overseas.

Figure 7: Initial qualification, 2014-2017

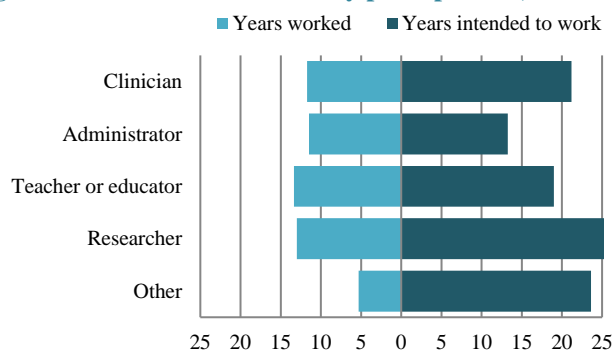


Note: 'Not stated/Unknown' responses are excluded from this chart

Working Intentions

In 2017, osteopaths had, on average, worked 12 years in the profession and intended to work for another 21 years. In 2014, osteopaths had worked 11 years on average and intended to work for another 22 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 osteopaths per 100,000 population (FTE rate) were VIC and the ACT. Between 2014 and 2017, the total FTE rate increased from 6.6 to 7.2 and VIC had the largest FTE rate increase (2.0).

Table 5: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
NSW	515	441.2	32.6	5.6
VIC	1,154	1,009.0	33.2	16.0
QLD	197	182.9	35.3	3.7
SA	33	31.1	35.8	1.8
WA	52	43.3	31.7	1.7
TAS	39	31.8	31.0	6.1
ACT	NP	NP	38.1	7.6
NT	NP	NP	33.0	0.7
Total	2,023	1,772.0	33.3	7.2

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

In 2017, osteopaths in the ACT worked the most hours per week on average (38.1 hours) and those in TAS worked the fewest (31.0 hours).

Remoteness Area

In 2017, 97.1% of osteopaths worked in either major cities or inner regional locations, compared to 97.3% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in outer regional areas, decreasing from 35.2 hours per week in 2014 to 31.6 hours in 2017. However, due to the increase in the number of osteopaths in outer regional areas, the FTE rate in increased by 0.4.

Table 6: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
Major cities	1,620	1,437.5	33.7	8.1
Inner regional	344	285.2	31.5	6.5
Outer regional	NP	NP	31.6	2.4
Remote	NP	NP	38.0	0.3
Very remote	-	-	-	-
Total	2,023	1,772.0	33.3	7.2

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

Other Work Location Outside Major Cities

In 2017, 6.3% of the osteopathy workforce reported that they had worked in a regional, rural or remote location, in addition to their principal job location. Of these respondents, 71.1% had worked in an inner regional location, and 15.6% had worked in an outer regional location.

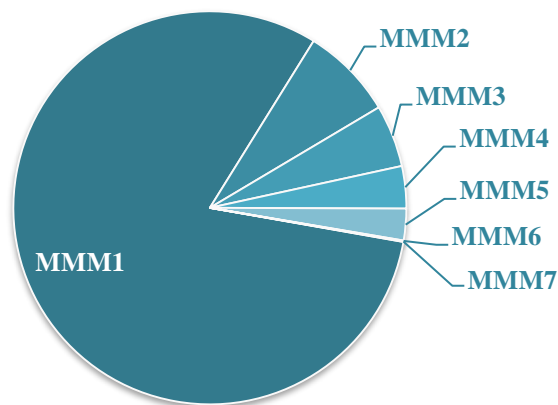
Modified Monash Model

In 2017, the majority (81.1%) of FTE osteopaths 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 2014.

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

MMM1 locations had the highest FTE rate of osteopaths (8.2), followed by MMM4 (7.0) FTE. The lowest FTE rate was in MMM6 locations (0.3) – noting that there were no osteopaths in MMM7.

Figure 9: FTE distribution by MMM location, 2017



Tele-Health

The workforce survey asks osteopaths to report their hours practiced via tele-health in osteopathy 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 70 osteopaths (3.5%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 16.2 hours per week, with the majority (82.9%) of Tele-Health services provided by osteopaths based in a major city.

Table 7: Tele-Health osteopaths by remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
82.9%	12.9%	4.3%	0.0%	0.0%

Note: The tele-health workforce remoteness location refers to the location of the Practitioner, 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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