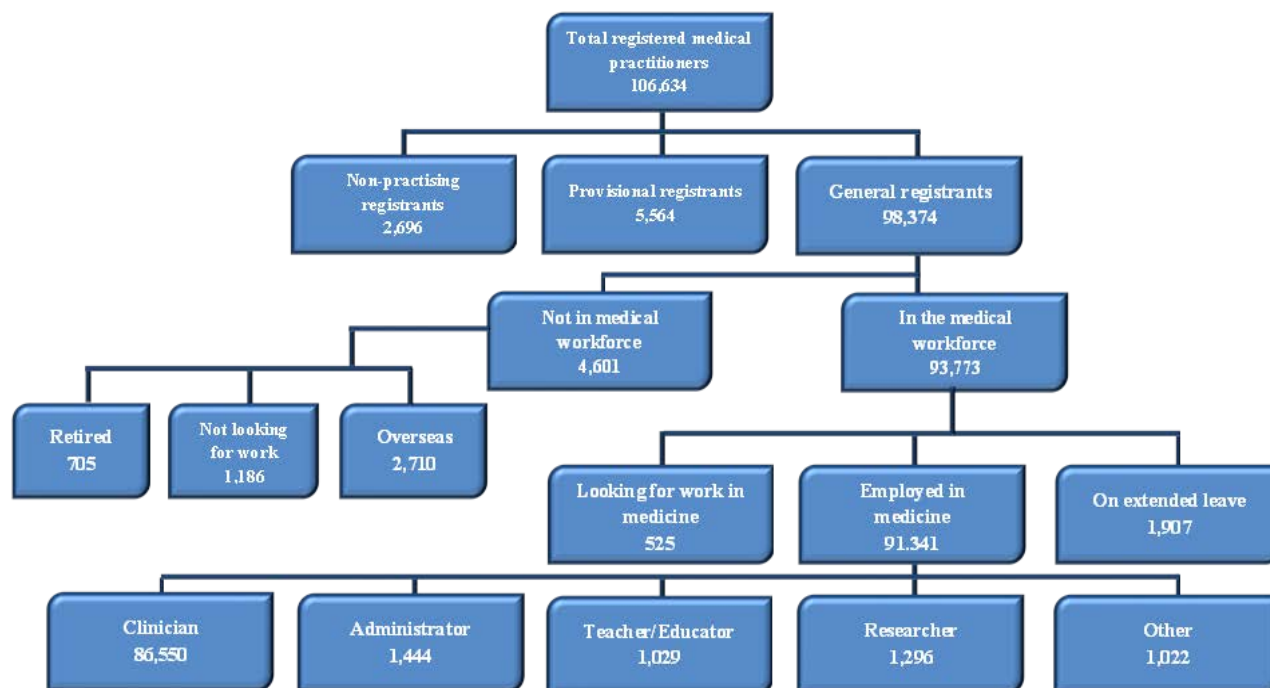


Medical Registration

The Medical Board of Australia is responsible for regulating medical practitioners practising in Australia. Australian doctors seeking to practise medicine in Australia must be registered with the Medical Board. There is a range of different types of registration to match different levels of training and experience.

In 2016, 106,634 medical practitioners were registered in Australia. Of these, 5,564 were provisionally registered (applies to persons required to complete a period of approved supervised practice to become eligible for general registration), 98,374 held general and/or specialist registration, and a further 2,696 held non-practising registrations.



Work Status

Of those who held general and/or specialist registration, 93,773 were employed in the medical labour workforce in 2016. Of these, 91,341 (97.4 per cent) were employed in medicine.

Job Role

Of the 91,341 general and/or specialist registrants who were employed in medicine, 86,550 (94.8 per cent) were employed as clinicians, which are medical practitioners who spend the majority of working hours engaged in clinical practice (the diagnosis and/or treatment of patients). Non-clinicians made up the remaining 5.2 per cent (4,791). This category includes administrators (1,444), teachers and/or educators (1,029), researchers (1,296) and other (1,022).

Workforce characteristics of non-clinicians, 2016

Job role	Headcount	2016	
		Average age	Average hrs worked
Administrator	1,444	53.4	41.9
Teacher/ educator	1,029	56.0	31.8
Researcher	1,296	48.8	41.5
Other	1,022	55.1	33.7

Number of Practitioners - 2013 to 2016

Between 2013 and 2016, the total number of clinicians increased by a headcount of 8,576, and the Full Time Equivalent (FTE), increased by 8,226.5, with 1.0 equivalent to a full-time worker. Over this same period, the number of non-clinicians increased by a headcount of 357, and the FTE by 245.

Type of practitioner	Headcount			FTE			
	2013	2016	Change 2013-16	2013	2016	Change 2013-16	
Clinicians	General Practitioner	25,655	28,352	2,697	25,158.4	27,158.2	1,999.8
	Hospital non-specialist	9,471	9,709	238	10,936.4	11,455.8	519.4
	Specialist	27,221	30,518	3,297	30,134.1	33,332.2	3,198.1
	Specialist-in-training	13,582	16,158	2,576	15,953.8	18,688.8	2,735.0
	Other clinician*	2,045	1,813	-232	1,911.7	1,685.9	-225.8
Non-clinicians	4,434	4,791	357	4,287.1	4,532.1	245	
Total	82,408	91,341	8,933	88,381.5	96,853.0	8,471.5	

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013 and 2016

* The table above notes a decrease in the number of 'Other' clinicians in 2016 compared to 2013, however this may in part be due to improved data cleansing processes which have resulted in a more accurate count of specified workforce classifications, thus reducing the number of "unclassified" clinicians.

Specialists

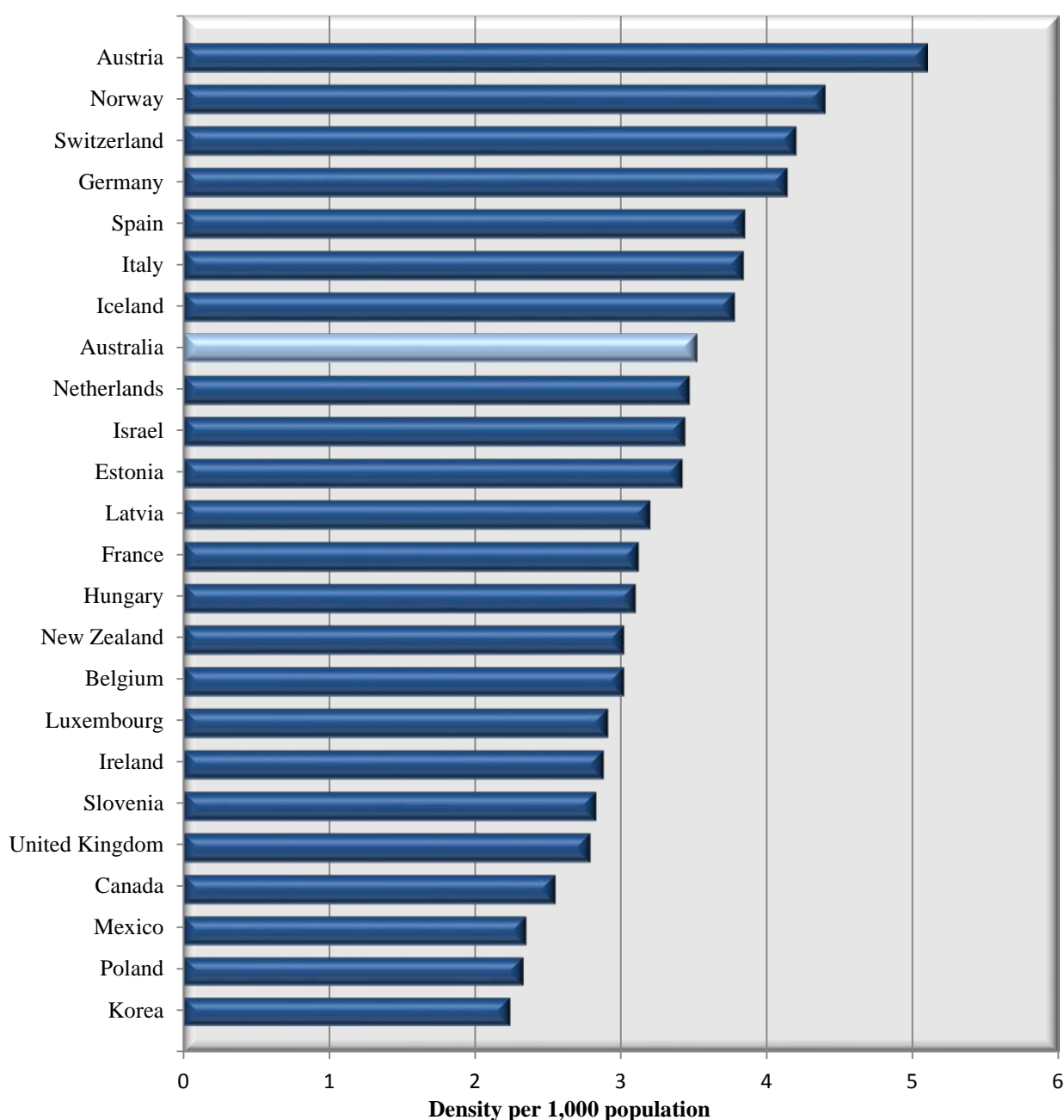
The 2016 National Health Workforce Data Set (NHWDS) medical workforce survey, which is conducted by the Australian Health Practitioner Regulation Agency (AHPRA), asks practitioners if they have a specialist registration and if so, which specialty field they worked the most hours in in the week prior to completing the survey. This is determined as their primary speciality. In the 2016 survey, 23 specialties and 86 subspecialties were recognised by AHPRA.

Further information on 36 medical specialties is provided in fact sheets that accompany this document and is available via the NHWDS website at <http://data.hwa.gov.au>.

International comparison

The Organisation for Economic Co-operation and Development (OECD) produces a range of key indicators for international comparison to allow for examination of performance against the experiences of other OECD countries, one being the number of physicians (defined by OECD as registered and employed clinicians) per 1,000 population. In 2015, Australia's ratio of practising physicians was 3.52 per 1,000 population and was ranked eighth overall in comparison to other OECD countries.

Practising Physicians* per 1,000 population - OECD countries, 2015



Source: Practising Physicians, OECD, Health Care Resources 2015, (http://stats.oecd.org/index.aspx?DatasetCode=HEALTH_REAC)

Workforce Characteristics

Age

The average age of the medical workforce in 2016 was 45.9 years. The average age of males was 48.3, with 33.7 per cent of the male workforce aged 55 and over and 14.1 per cent aged 65 and over. The average age of females was 42.5, with 17.8 per cent of the female workforce aged 55 and over and 4.1 per cent aged 65 and over.

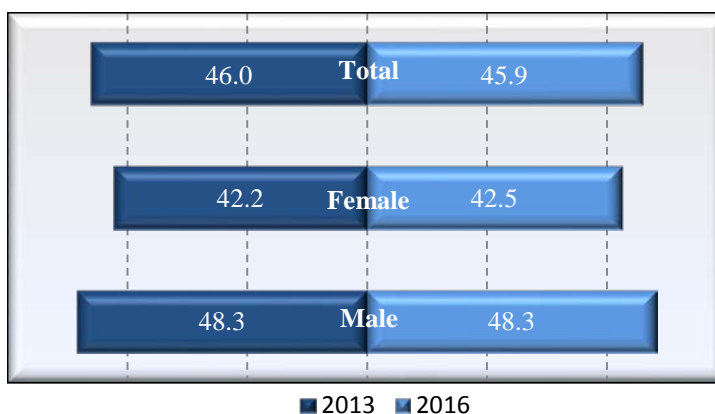
Between 2013 and 2016, the female workforce has remained younger than the male workforce.

Between 2013 and 2016 there was little variation in the workforce aged 34 and under with only a slight increase of one per cent, and a one per cent decrease in the workforce aged between 45 and 54. The 35-44 age group had the largest representation, with a headcount of 24,836 (27.2 per cent of the workforce).

All other age groups remained stable within this period.

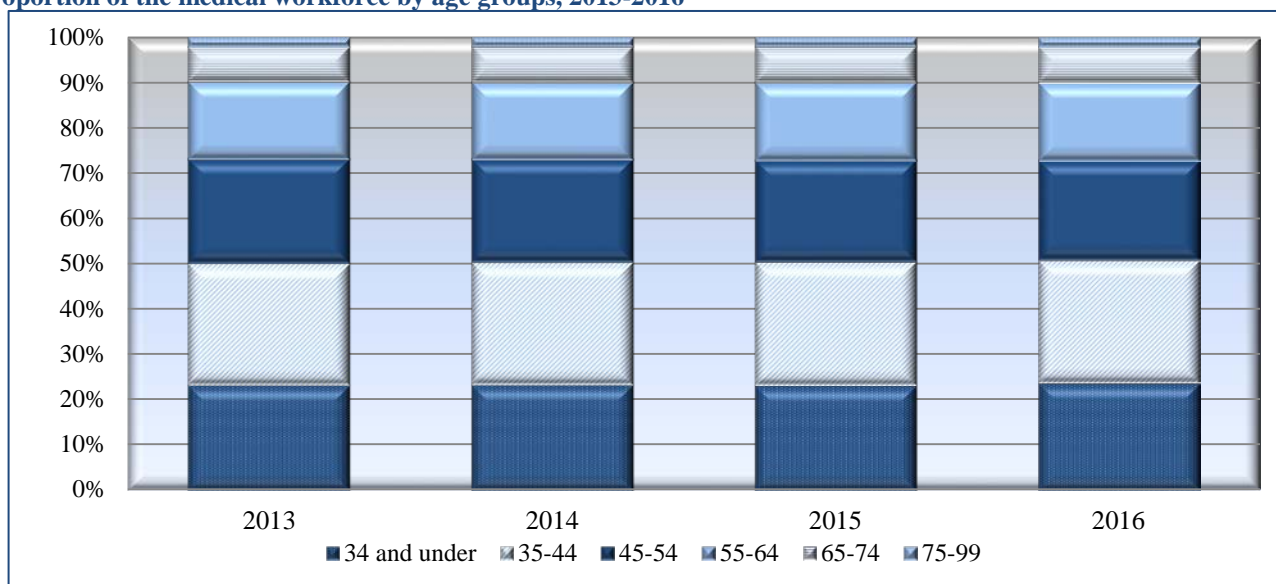
There were 936 registered and employed medical practitioners aged 25 and under in 2016, all were working as non-clinicians, Hospital Non-Specialists (HNS) or Specialists in Training.

Average age of the workforce by gender



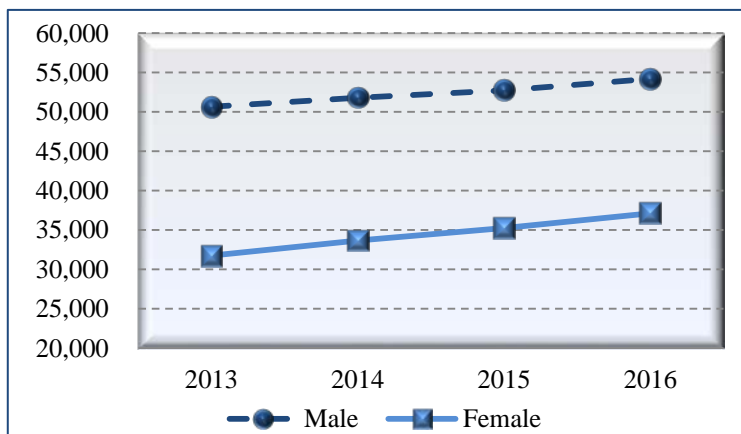
Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Proportion of the medical workforce by age groups, 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Gender of the medical workforce 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Gender

The gap between males and females is decreasing; in 2013 38.5 per cent of the workforce was female compared to 40.7 per cent in 2016.

The number of females aged 34 and under was greater (by six per cent) than males, increasing from a headcount of 9,286 to 11,126 between 2013 and 2016. For all other age groups, males make up a greater proportion of the workforce with the highest proportion occurring between ages 55-64 years (10,616 males compared to 5,090 females in 2016).

Working hours

There was a slight decline in average hours worked from 2013 to 2016, from 42.9 hours per week to 42.4 hours per week. In 2016, males worked an average of 44.9 hours per week and females worked on average 38.8 hours per week.

Job sector

In 2016, 37.3 per cent (headcount of 34,076) of the medical workforce worked only in the public sector, while 42.2 per cent (headcount of 38,559) worked only in the private sector. 18.6 per cent (headcount of 16,951) of the workforce worked in both sectors, and 1.9 per cent of survey participants recorded no response.

The proportion of the medical workforce working only in the private sector increased by one percentage point (headcount of 4,606) between 2013 and 2016.

Job sector, 2013 and 2016

Work sector	2013	2016	Change 2013-2016
Only in the public sector	31,169	34,076	2,907
<i>Proportion of total (%)</i>	<i>37.8</i>	<i>37.3</i>	<i>-0.5</i>
Only in the private sector	33,953	38,559	4,606
<i>Proportion of total (%)</i>	<i>41.2</i>	<i>42.2</i>	<i>1</i>
In both	15,617	16,951	1,334
<i>Proportion of total (%)</i>	<i>19.0</i>	<i>18.6</i>	<i>-0.4</i>
Non response	1,669	1,755	86
<i>Proportion of total (%)</i>	<i>2.0</i>	<i>1.9</i>	<i>-0.1</i>
Total	82,408	91,341	8,933

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013 and 2016

State and Territory distribution

The number of registered and employed medical practitioners across states and territories continues to reflect population size, with more than half (56.6 per cent) of the Workforce located in NSW and VIC in 2016.

However, on the basis of the number of practitioners per 100,000 population, NT and ACT had the highest number of practitioners at 474.7 and 446.1 per 100,000 respectively, with the NT increasing by 61.7 practitioners per 100,000. WA had the lowest number of practitioners at 353.5 per 100,000. Overall, the number of practitioners per 100,000 population increased by 22.1 between 2013 and 2016.

The average total hours worked was highest in NT at 43.9 and lowest in TAS at 41.6 hours per week.

State and Territory distribution – 2013

State/Territory	Headcount	Practitioner per 100,000 ERP	FTE	Average Age	Average hrs worked per week
NSW	26,676	360.1	28,767.6	47.1	43.1
VIC	20,230	352.8	21,488.9	45.7	42.5
QLD	16,224	348.8	17,481.4	45.2	43.1
SA	6,457	386.6	6,955.0	46.0	43.1
WA	8,232	327.3	8,772.4	44.7	42.6
TAS	1,845	359.6	1,917.6	46.6	41.6
ACT	1,654	434.2	1,814.5	45.9	43.9
NT	1,002	413.1	1,078.9	43.4	43.1
Total	82,408	356.5	88,381.5	46.0	42.9

Note: Not stated/Unknown and Other Territories have been excluded from the table but are included in the total. ERP – Estimated Resident Population.

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013. Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia

State and Territory distribution – 2016

State/Territory	Headcount	Practitioner per 100,000 ERP	FTE	Average Age	Average hrs worked per week
NSW	28,995	375.2	30,967.9	46.8	42.7
VIC	22,712	374.2	23,803.1	45.7	41.9
QLD	18,563	383.3	19,895.7	45.1	42.9
SA	6,836	400.2	7,149.4	46.4	41.8
WA	9,251	353.5	9,718.8	45.0	42.0
TAS	1,964	378.4	2,040.6	46.9	41.6
ACT	1,768	446.1	1,909.1	46.2	43.2
NT	1,164	474.7	1,276.6	43.4	43.9
Total	91,341	378.6	96,853.0	45.9	42.4

Note: Not stated/Unknown and Other Territories have been excluded from the table but are included in the total

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2016. Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia

Remoteness Area* distribution

Remoteness Areas (RAs) make up the ASGC-RA (2006) classification system, which is a geographic classification system developed in 2001 by the Australian Bureau of Statistics (ABS), as a statistical geography structure which allows quantitative comparisons between 'city' and 'country' Australia. RA groups include RA1 (major cities), RA2 (Inner Regional), RA3 (Outer Regional), RA4 (Remote) and RA5 (Very Remote).

In 2016, 79.2 per cent of the workforce worked in major cities, 13.6 per cent in inner regional, 5.8 per cent in outer regional and 1.4 per cent in remote/very remote locations.

Major cities had the highest number of practitioners per 100,000 population at 421.4 per 100,000. Very remote areas had the lowest number of practitioners at 185.8 per 100,000.

The number of practitioners per 100,000 increased across all RAs between 2013 and 2016. This included an increase of 32.3 practitioners per 100,000 in very remote areas.

* Further information on the Remoteness classification is available at doctorconnect.gov.au

Remoteness Area distribution – 2013

Remoteness Area	Headcount	Practitioner per 100,000 ERP	FTE	Average Age	Average hrs worked per week
Major cities	65,527	401.9	69,997.0	45.9	42.7
Inner regional	11,011	261.3	11,828.8	46.5	43.0
Outer regional	4,660	225.5	5,141.4	45.4	44.1
Remote	816	253.0	931.0	44.3	45.6
Very remote	321	153.5	397.5	48.3	49.5
Total	82,408	356.5	88,381.5	46.0	42.9

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

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013. Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia

Remoteness Area distribution – 2016

Remoteness Area	Headcount	Practitioner per 100,000 ERP	FTE	Average Age	Average hrs worked per week
Major cities	72,304	421.4	76,411.4	46.0	42.3
Inner regional	12,422	285.1	13,129.2	46.1	42.3
Outer regional	5,299	253.5	5,813.6	44.8	43.9
Remote	865	270.9	975.3	45.3	45.1
Very remote	376	185.8	446.4	49.1	47.5
Total	91,341	378.6	96,853.0	45.9	42.4

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

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2016. Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia

Modified Monash Model* distribution

The Modified Monash Model (MMM) is a recently developed geographical classification system, using up-to-date population data to address the maldistribution of medical services across Australia. The below link provides an overview of the MMM categories, which range from MMM1 (All areas categorised ASGS-RA1 (major cities)) to MMM7 (ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore).

On the basis of the number of practitioners per 100,000 population, MMM1 had the highest number of practitioners at 428.7 per 100,000. MMM7 had the lowest number of practitioners at 184.4 per 100,000. The highest increase in the number of practitioners per 100,000 was in MMM2 with an additional 36.3 practitioners between 2013 and 2016.

Although the headcount increase was greater in MMM1 and MMM2 locations between 2013 and 2016, the proportional growth was greater in MMM7 locations, increasing by 17.6 per cent (headcount of 60).

* Further information on the Modified Monash Model is available at doctorconnect.gov.au

Modified Monash Model distribution – 2013

MMM	Headcount	Practitioner per 100,000 ERP	FTE	Average Age	Average hrs worked per week
1	65,527	401.7	69,997.0	45.9	42.7
2	7,135	334.1	7,687.4	45.1	43.1
3	5,005	330.1	5,428.8	46.3	43.4
4	1,715	198.8	1,894.0	47.5	44.2
5	1,814	102.8	1,957.6	48.8	43.2
6	799	255.7	911.6	44.4	45.6
7	340	153.2	419.2	48.0	49.3
Total	82,408	356.3	88,381.5	46.0	42.9

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

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013. Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia

Modified Monash Model distribution – 2016

MMM	Headcount	Practitioner per 100,000 ERP	FTE	Average Age	Average hrs worked per week
1	72,304	428.7	76,411.4	46.0	42.3
2	8,122	370.4	8,694.6	44.7	42.8
3	5,623	364.5	6,035.6	46.1	42.9
4	1,947	223.1	2,071.0	46.8	42.6
5	2,024	113.9	2,136.7	47.9	42.2
6	846	272.3	950.2	45.4	44.9
7	400	184.4	476.3	48.7	47.6
Total	91,341	384.1	96,853.0	45.9	42.4

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

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2016. Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia

Doctors from overseas

Initial qualification country

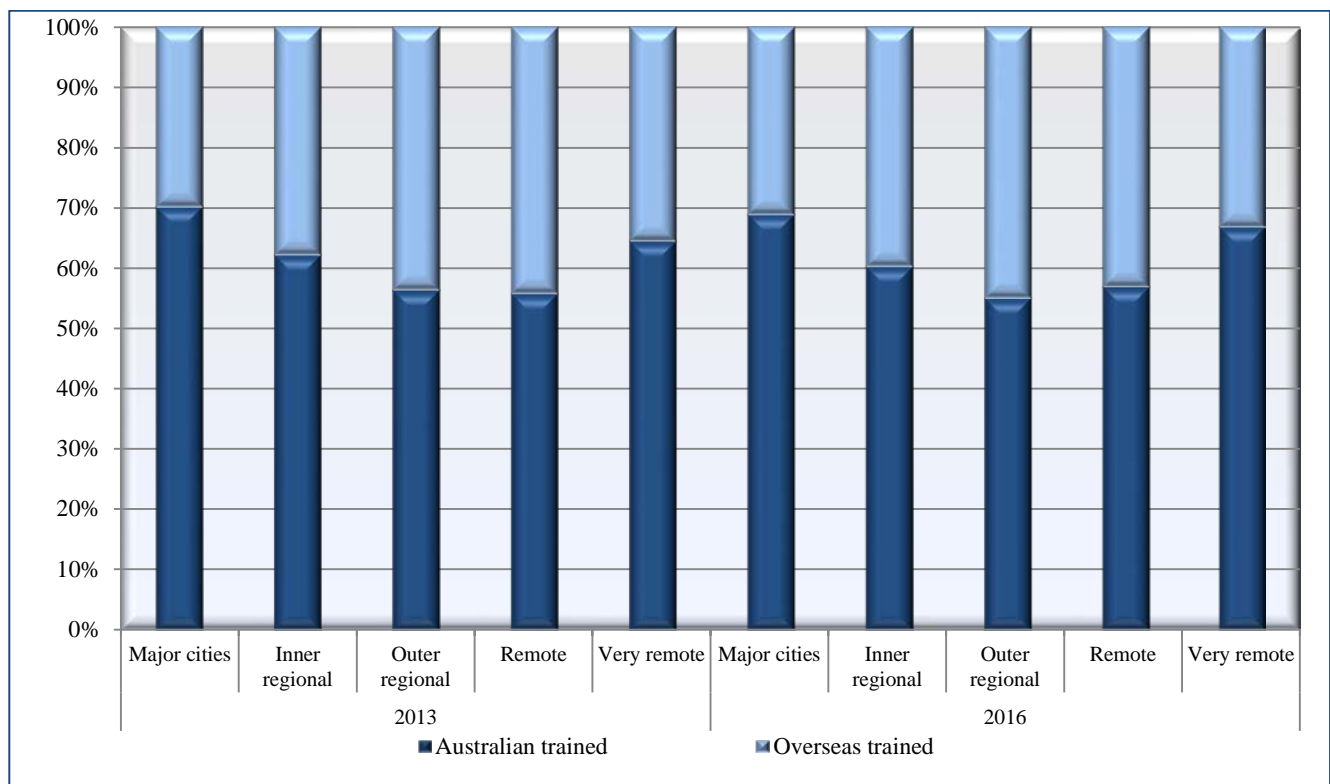
In 2016, 32.2 per cent (headcount of 29,447) of the registered and employed medical workforce (headcount of 91,341) obtained their initial qualification overseas. The proportion of those who obtained their initial qualification overseas increased by three per cent from 2013 to 2016.

Distribution of doctors from overseas

Medical practitioners whose initial qualifications were obtained overseas form a key part of the medical workforce in Australia, most notably in rural areas.

In 2016, 44.9 per cent of the medical workforce working in outer regional areas and 43.1 per cent in remote areas obtained their initial qualification overseas.

Initial qualification country by Remoteness for all Medical Practitioners, 2013 and 2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013 and 2016

Provisional registrants

Provisional registration applies to doctors required to complete a period of approved supervised practice to become eligible for general registration.

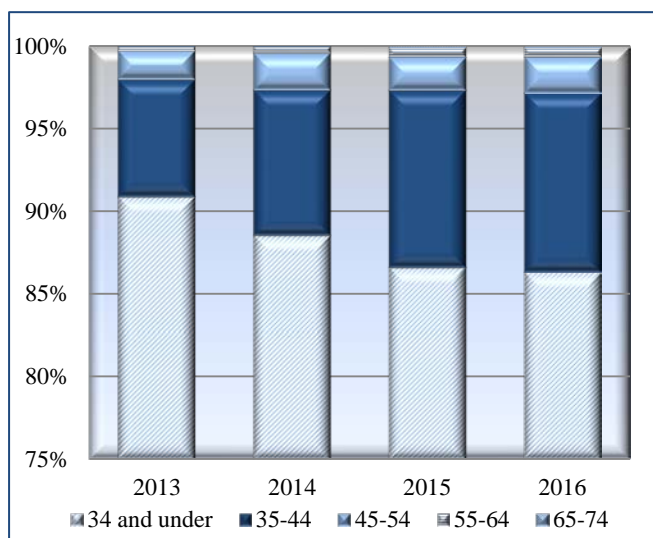
Characteristics

5,564 medical practitioners were provisionally registered in 2016 (Australian and overseas-trained practitioners inclusive).

Age

The average age of provisional registrants in 2016 was 28.8 years. 86.3 per cent of the provisional registrants were aged 34 and under. In comparison, in 2013 the average age was 28.0, with 90.9 per cent aged 34 and under.

Proportion of provisional registrants by age groups, 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

State and Territory distribution

In 2016, the highest proportion (27.1 per cent) of provisional registrants was located in NSW, followed by QLD with 25.5 per cent.

State and Territory distribution, 2013 and 2016

State/ Territory	2013		2016	
	Headcount	proportion	Headcount	proportion
NSW	1,071	30.2%	1,509	27.1%
VIC	846	23.9%	1,182	21.2%
QLD	743	21.0%	1,421	25.5%
SA	291	8.2%	409	7.4%
WA	341	9.6%	689	12.4%
TAS	85	2.4%	115	2.1%
ACT	103	2.9%	122	2.2%
NT	58	1.6%	86	1.5%
Total	3,546		5,564	

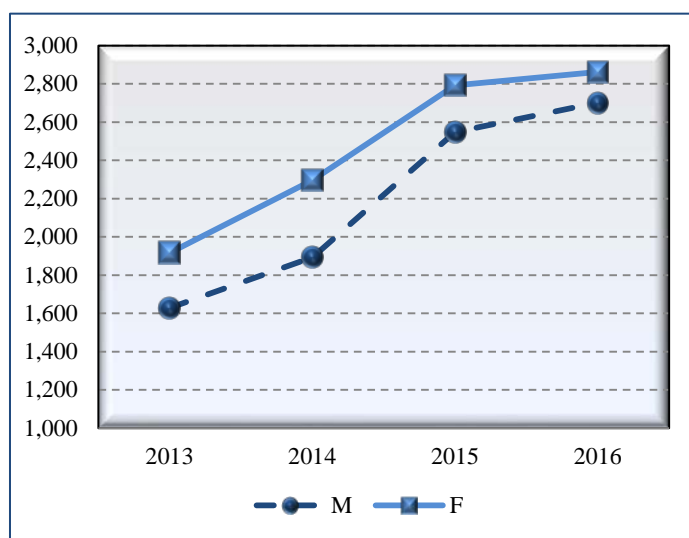
Note: Not stated/Unknown and Other Territories have been excluded from the table but are included in the total

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Gender

From 2013 to 2016, the number of female provisional registrants was slightly higher than males, ranging from 54.1 per cent (headcount of 1,917) in 2013 to 51.5 per cent (headcount of 2,863) in 2016.

Gender of provisional registrants, 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Modified Monash Model distribution

A very small proportion (0.1 per cent) of provisional registrants was located in Very Remote locations or MMM7 in 2016. In 2013, no provisional registrants were located in these areas.

MMM distribution – 2013 and 2016

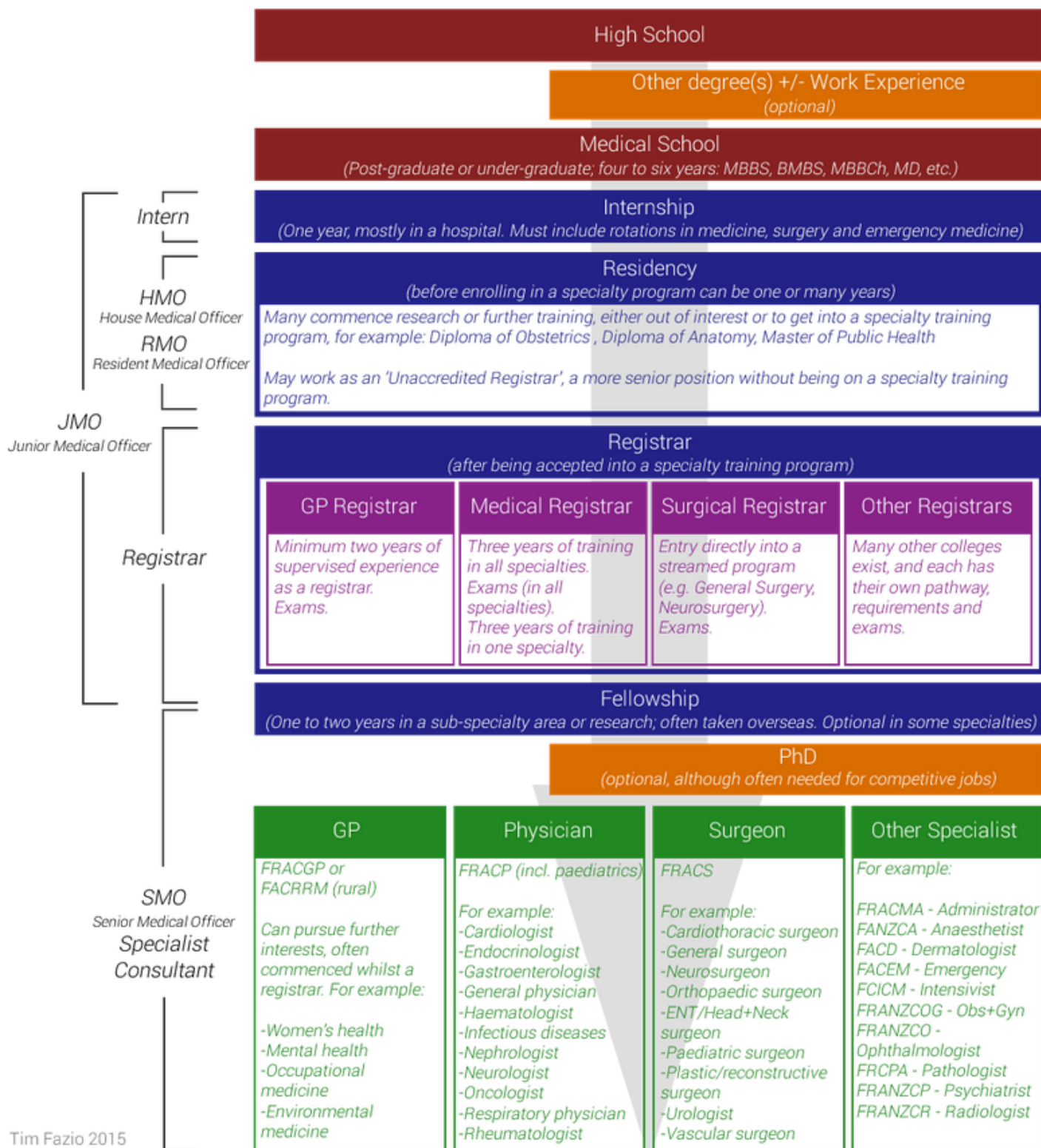
MMM	2013		2016	
	Headcount	proportion	Headcount	proportion
1	2,868	80.9%	4,344	78.1%
2	394	11.1%	760	13.7%
3	199	5.6%	311	5.6%
4	30	0.8%	44	0.8%
5	20	0.6%	21	0.4%
6	27	0.8%	50	0.9%
7	-	-	4	0.1%
Total	3,546		5,564	

Note: Not stated/Unknown have been excluded from the table but are included in the total
Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Education and Training

Extensive education and training is required to become a doctor in Australia. The education pathway to becoming a doctor can take up to 15 years of full-time study and work to complete.

Doctor Life Cycle



Tim Fazio 2015

Source: Australian Medical Association website, Doctor Life Cycle, (<https://ama.com.au/careers/becoming-a-doctor>)

Students and graduates

The Australian Government controls the number of Commonwealth-supported medical students/graduates through the allocation of Commonwealth-supported places (CSPs) for courses of study in medicine¹.

Types of student places

In Australia, a student undertaking a course of study in medicine is either:

- **A domestic student studying in a CSP**, where the Government provides a subsidy towards the cost of the course. Students do not have to pay this subsidy back; however, they must pay a student contribution amount, which is calculated for each unit in which they are enrolled. Eligible CSP students are able to access an income-contingent loan through the HECS-HELP scheme to pay their student contribution amounts.
- **A domestic student studying in a full-fee-paying place**, where the student is required to pay the full cost of his or her degree. Eligible domestic students enrolled in a full-fee-paying place at a higher education provider are able to access an income-contingent loan through the FEE-HELP scheme for their tuition fees, with a lifetime limit on FEE-HELP loans of \$126,101 for students undertaking medicine, dentistry and veterinary science courses in 2017.
- **An international student studying in a full-fee-paying place**, where the student is required to pay the full cost of his or her degree. International students are not eligible to access a HELP loan to defer payment of their fees.

From 2013 to 2017, the number of commencing domestic medical students increased by 178 (5.9 per cent), with more than half being female. The number of commencing international medical students increased by 6 (0.9 per cent) in the same time period.

In 2016 there were 3,569 medical graduates (domestic and international), with 3,567 expected to graduate in 2017. Numbers of graduates are projected to increase by 3.8 per cent from 2017 to 2020 (to reach over 3,700 in 2020).

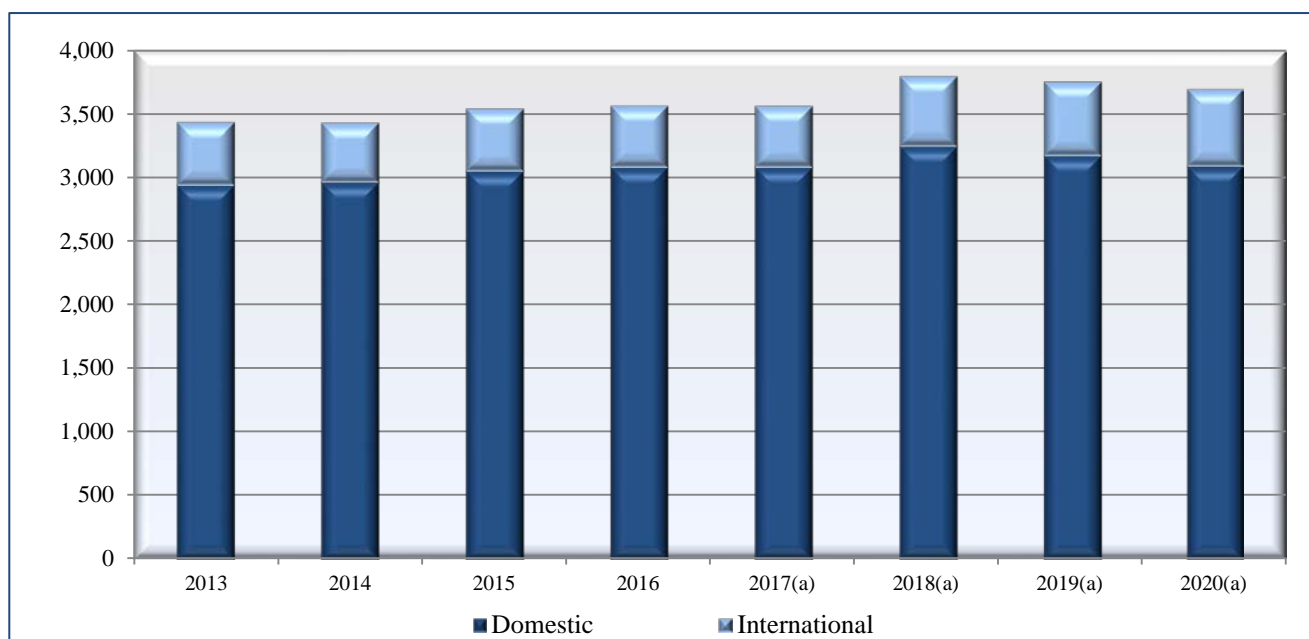
Commencing students

Commencing medical students	2013	2014	2015	2016	2016
Domestic	3,033	3,185	3,210	3,215	3,211
<i>Proportion female</i>	51.2%	52.3%	51.9%	52.3%	51.8%
International	636	552	567	613	642
<i>Proportion female</i>	45.6%	50.4%	48.9%	49.1%	n/a
Total	3,669	3,737	3,777	3,828	3,853

Note: Domestic student numbers include New Zealand citizens

Source: Medical Deans Australia and New Zealand Inc. and the Australian Government Department of Health

Domestic and international medical graduates, 2013-2020(a)



(a) Medical graduate numbers 2017 to 2020 are projections

Source: Medical Deans Australia and New Zealand Inc. and the Australian Government Department of Health

¹ Courses of study in medicine are defined under the *Higher Education Support Act 2003* as a course of study, completion of which would allow provisional registration as a medical practitioner by an authority of a State, a Territory or the Commonwealth.

Interns (provisional registrants)

Satisfactory completion of an internship also referred to as the first postgraduate year (PGY1), is required before junior doctors are eligible for general registration. After PGY1, and prior to starting vocational training, most doctors spend one or more years working in public, private or community settings to gain more clinical experience. International students who graduated from an Australian medical school occupied 335 (9.8 per cent) of the PGY1 positions in 2016.

State and Territory distribution of interns

From 2013 to 2016, the number of interns commencing their PGY1 increased by 9.7 per cent (302) to 3,420, with an average annual increase of 3.1 per cent. The number of PGY1 internships in VIC increased by 14.1 per cent (100), which was the largest increase across all states and territories. QLD and NSW increased by 62 and 61 respectively. In addition, Commonwealth-funded internships increased to 100 in 2016, from 22 in 2013.

Vocational training

Most medical graduates seek entry into a specialist or vocational training program that leads to fellowship from a medical college after their university education and intern year. Each medical college has its own training program and requirements approved by the Australian Medical Council (AMC). A number of doctors will work in hospital settings in hospital non specialist roles, such as career medical officers (CMOs).

Consistent with increases in medical students, graduates and interns, vocational trainee numbers have also been increasing. From 2013 to 2016, the total number of trainees rose from 17,888 to 21,224 (an increase of 3,336 or 18.6 per cent), with advanced trainee numbers rising 24.4 per cent (from 11,832 to 14,723).

In 2016, 30.6 per cent (6,501) of the total 21,224 positions were in basic training. In 2013, the proportion was 33.9 per cent (6,056 of a total 17,888 positions).

Hospital Non-Specialists

The category of Hospital Non-Specialists (HNS) is used to count doctors that work as a salaried medical officer in a hospital setting. The HNS workforce makes a major contribution to the provision of medical services in hospitals. This workforce includes doctors in training as interns, resident medical officers (RMOs), career medical officers (CMOs), hospital medical officers (HMOs), principal house officers (PHOs) and other salaried hospital doctors who are not specialists or in recognised vocational training programs to become specialists.

The HNS workforce accounts for 11.2 per cent of the total clinical workforce; it has seen a small annual growth rate of 0.83 per cent compared to the total medical workforce that has grown at 3.5 per cent in the same period.

Hospital Non-Specialists by position held in hospitals

Position in hospital	2013	2016	Change 2013-2016
RMO	3,327	3,744	417
HMO	888	1,127	239
CMO	782	837	55
PHO	379	543	164
Registrar	1,608	2,063	455
Other	2,487	1,395	-1,092
Total	9,471	9,709	238

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013 and 2016

Interns by State and Territory

Commencing medical students	2013	2014	2015	2016
NSW	^(a) 923	^(b) 957	^(c) 979	984
VIC	707	753	762	807
QLD	678	695	701	740
SA	276	278	254	250
WA	300	312	313	314
TAS	75	76	79	86
NT	44	44	44	45
ACT	93	96	92	94
Commonwealth funded	22	76	81	100
Total	3,118	3,287	3,305	3,420

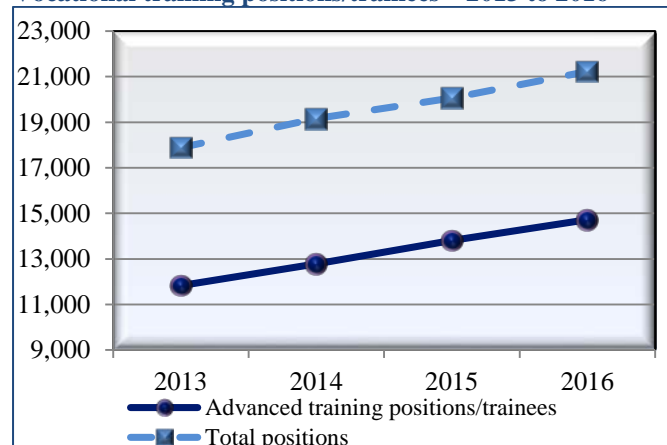
Source: Australian Government Department of Health, MET 1st Edition (unpublished)

(a) Total number of intern positions available for 2013 was 927

(b) Total number of intern positions available for 2014 was 959

(c) For 2015 clinical year, NSW had 980 intern positions. NSW also funds 5 positions in Southern NSW (Bega/Goulburn) filled via the ACT Prevocational Training Network

Vocational training positions/trainees – 2013 to 2016



Source: Australian Government Department of Health, Medical Education and Training in Australia 1st Edition

Intention to undertake vocational training

In 2013, new questions were included in the Workforce Survey which identified those who intended to undertake vocational training. The information collected from these questions form part of the future planning process by providing an indicative number of the future intentions of trainees.

HNS intending to undertake specialty by training by position – 2013 and 2016

Position in hospital		2013	2016	Change 2013-2016
RMO	Number	3,327	3,744	417
	Intend to train	3,174	3,551	377
	Per cent intend to train	95.4%	94.8%	-0.6%
HMO	Number	888	1,127	239
	Intend to train	791	1,020	229
	Per cent intend to train	89.1%	90.5%	1.4%
CMO	Number	782	837	55
	Intend to train	296	297	1
	Per cent intend to train	37.9%	35.5%	-2.4%
PMO	Number	379	543	164
	Intend to train	346	508	162
	Per cent intend to train	91.3%	93.6%	2.3%
Registrar	Number	1,608	2,063	455
	Intend to train	1,489	1,913	424
	Per cent intend to train	92.6%	92.7%	0.1%
Other	Number	2,487	1,395	-1092
	Intend to train	105	113	8
	Per cent intend to train	4.2%	8.1%	3.9%
Total	Number	9,471	9,709	238
	Intend to train	6,201	7,402	1,201
	Per cent intend to train	65.5%	76.2%	10.8%

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013 and 2016

The specialty in which a HNS had intended to undertake training could differ from the specialty training undertaken in subsequent years.

From the 2013 cohort, there were 1,473 HNS that expressed an intention to undertake specialty training in general practice. Of those, 740 undertook specialty training in General Practice and 69 undertook training in specialties other than general practice in 2016.

Of the 2013 HNS cohort that reported an intention to train 40 per cent were undertaking training in their intended specialty in 2016 and 21 per cent in another specialty.

Intended specialty in 2013 compared to specialty training undertaken in 2016

2013 HNS cohort -Specialty intention to train	Headcount	Undertaking training 2016	
		In intended specialty	In other specialty
Top 10 specialties	4,049	1,809	627
General practice	1,473	740	69
Emergency medicine	574	268	98
Anaesthesia	463	288	63
Surgery - General surgery	342	99	75
Orthopaedic surgery	268	78	29
Physician	213	41	108
Obstetrics and gynaecology	206	112	36
Psychiatry	184	103	12
Physician - General medicine	177	37	73
Physician - Cardiology	149	43	64
Other specialties	2,152	667	663
Total	6,201	2,476	1,290

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013 – 2016

Non-practising registrants

Non-practising registration applies to practitioners who have previously held general or specialist registration in a profession who do not wish to practise the profession but wish to remain registered. Furthermore, under National Law, non-practising registrants are not permitted to practise.

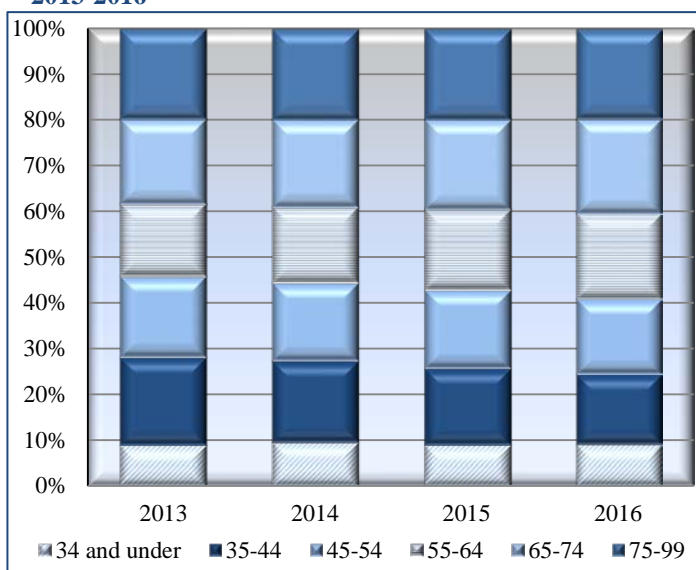
Characteristics

2,696 registered medical practitioners held a non-practising registration in 2016.

Age

The average age of non-practising registrants in 2016 was 58.6 years. 40.4 per cent of non-practising registrants were aged 65 and over. In 2013, the average age was lower at 57.6 and a slightly lower proportion (38.3 per cent) were aged 65 and over.

Proportion of non-practising registrants by age groups, 2013-2016

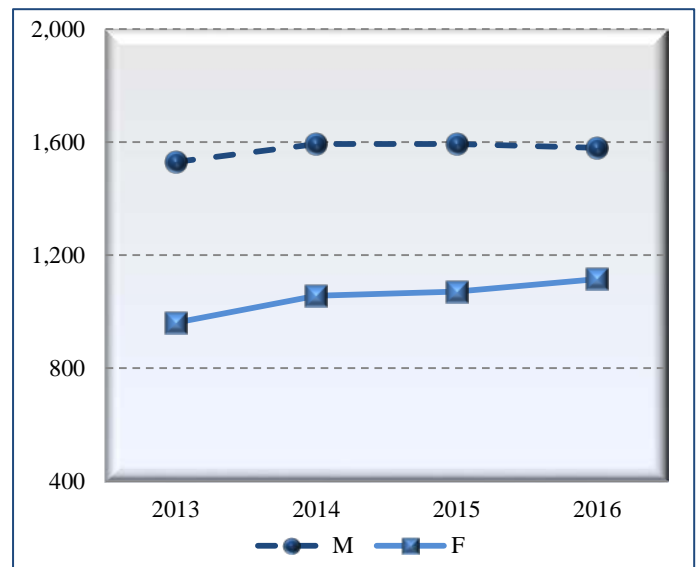


Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Gender

The proportion of female non-practising registrants increased slightly from 38.6 per cent in 2013 to 41.4 per cent in 2016. The proportion of males decreased from 61.4 per cent in 2013 to 58.6 per cent in 2016.

Gender of non-practising registrants, 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

State and Territory distribution

In 2016, the largest proportion of non-practising registrants (25.3 per cent) was located in NSW, followed by VIC with 18.8 per cent.

State and Territory distribution, 2013 and 2016

State/Territory	2013		2016	
	Headcount	proportion	Headcount	proportion
NSW	651	26.1%	682	25.3%
VIC	485	19.5%	506	18.8%
QLD	223	9.0%	269	10.0%
SA	124	5.0%	135	5.0%
WA	182	7.3%	207	7.7%
TAS	52	2.1%	57	2.1%
ACT	35	1.4%	35	1.3%
NT	4	0.2%	8	0.3%
Unknown	735	29.5%	797	29.6%
Total	2,491		2,696	

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Registered medical practitioners not in the medical workforce

Characteristics

4,601 registered medical practitioners were not working in the medical workforce in 2016: 705 were retired, 1,186 were not looking for work and 2,710 were overseas.

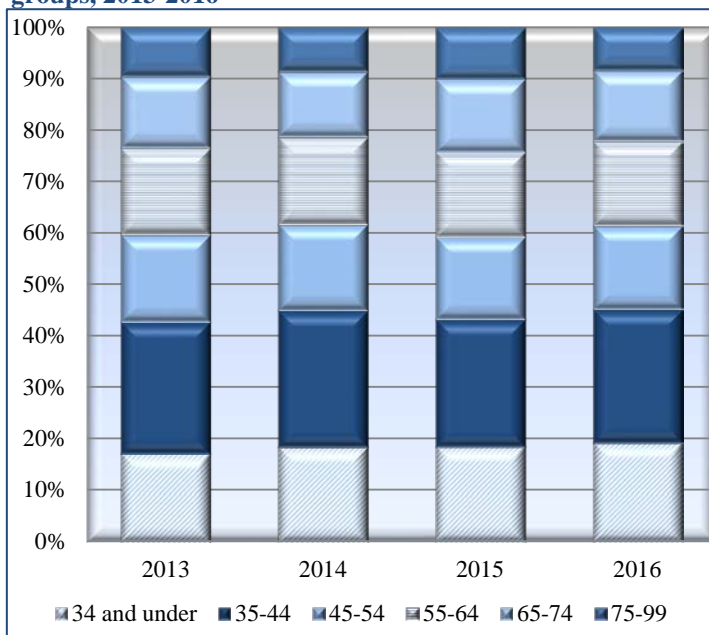
Age

The average age of registrants not working in medicine in 2016 was 50.1 years. 22.1 per cent of registrants not working in medicine were aged 65 and over. In comparison, in 2013, the average age was 50.9, with 23.4 per cent aged 65 and over.

Gender

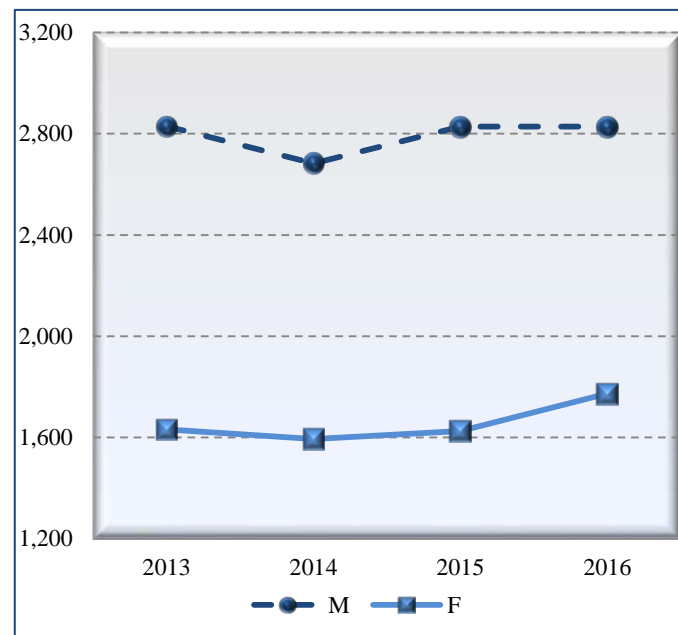
The proportion of female registrants not working in medicine increased slightly from 36.6 per cent in 2013 to 38.5 per cent in 2016. The proportion of males decreased from 63.4 per cent in 2013 to 61.5 per cent in 2016.

Proportion of registrants not working in medicine by age groups, 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

Gender of registrants not working in medicine, 2013-2016



Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

State and Territory distribution

In 2016, the largest proportion of registrants not working in medicine (24.3 per cent) was located in NSW, followed by VIC with 16.0 per cent.

State and Territory distribution, 2013 and 2016

State/Territory	2013		2016	
	Headcount	proportion	Headcount	proportion
NSW	933	20.9%	1,117	24.3%
VIC	728	16.3%	736	16.0%
QLD	556	12.5%	502	10.9%
SA	199	4.5%	217	4.7%
WA	480	10.8%	320	7.0%
TAS	75	1.7%	55	1.2%
ACT	50	1.1%	50	1.1%
NT	34	0.8%	30	0.7%
Unknown	1,406	31.5%	1,574	34.2%
Total	4,461		4,601	

Source: Australian Government Department of Health, NWHDS Medical Practitioner 2013-2016

References

- 1) National Health Workforce Dataset (NHWDS): Medical Practitioners 2016.
- 2) Australian Medical Association (AMA) Career Pathways Guide.
- 3) Australian and New Zealand College of Anaesthetists.
- 4) Medical Education and Training Report 1st edition (unpublished).
- 5) Australia Bureau of Statistics, 3218.0 Regional Population Growth, Australia. Released 28/07/17.

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