Allied health workforce data

Services for Australian Rural and Remote Allied Health

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Allied Health is the least represented in very remote and remote Australia, where the need is greatest. There is an extreme workforce shortage. There is an acute need for improved Allied Health workforce data to effectively manage the current workforce and inform future workforce planning.

- a. Funding for project to establish rural and remote Allied Health benchmarks, including a repeat of the 2001 ABS workforce reports.
 - i. ABS workforce reports \$50,000
 - ii. Benchmarking requires a comprehensive research study to be undertaken across 16 professional disciplines \$852,000
- b. A review of the minimum data set of information collected for the allied health workforce to include items currently collected for medical profession. Appendix 2 provides a more representative suggested allied health minimum dataset – to develop a minimum dataset to be collected for all members of the health professional workforce.
- c. For collection of data using the minimum dataset to be linked to National Registration System – for all nine professions registered under the national scheme to have a minimum of biennial data collection. This to include professions that are currently partially registered but are expected to become part of National Registration in the second wave.
- d. An acknowledgement from the Australian Government of the importance of rigorous data collection for the core allied health professional disciplines and a commitment to provide the necessary funding to support:
 - a. The AIHW to undertake data collection and analysis for the allied health professional workforce on a minimum two yearly basis. Analysis and reports to include breakdown of all data collected under the ASGC classifications.
 - b. Expansion of the role of the Rural Workforce Agencies which currently collect data for medical workforce, to include data collection on the core rural and remote allied health workforce. This will require additional funding to enable the employment of more staff to enable the collection and collation of data.

Current reports

 Health Workforce Reports (National Health Labour Force Series) are produced by the Australian Institute of Health and Welfare on a schedule that has been determined by the Australian Government (see Table 1).

No health workforce reports have been produced for audiology, dietetics, speech pathology or radiography.

Table 1: Availability of Health Workforce Reports obtained from the Australian Institute of Health and Welfare.

Profession	Report	Last		Data Sets
Trocssion	produced	report		Duta Sets
Allied Health		терогі		
		A		Dhysiath areny registration beauty
Physiotherapy Labour Force	Three year collection	August	0	Physiotherapy registration boards Health authorise
2002 (1)	cycle	2006	0	ABS census for demographic
2002 (1)	Cycle		0	DEST for higher education data
			0	ABS labour force survey
			0	ABS health survey data for health service usage
			0	AIHW physiotherapy labour force survey – 5 jurisdictions
			0	only (NSW, Victoria, Queensland, South Australia and
				ACT) with response rate of 72.4%
			0	Labour force and health service usage data estimates only
				due to nature of data collection
Podiatry	Three year		0	Registration Boards – administration records used to
Labour Force	collection		0	estimate podiatrist population figures from survey data
2003 (2)	cycle		0	Health authority
2000 (2)	Oyolo		0	ABS census for demographic
			0	DEST for higher education data
			0	ABS labour force survey
			0	ABS health survey data for health service usage
			0	Surveys of podiatrists conducted in NSW, Victoria,
				Queensland, South Australia and Tasmania in 1999 and
				2003with response rate of 72.4% (2003) and 66% in 1999
			0	Explanatory notes – Labour force and health service usage
				data estimates only due to nature of data collection pg 19
Occupational	Three year		0	AIHW Occupational Therapy Labour Force Survey
Therapy	collection			conducted in five states and territories (1998) and all states
Labour Force	cycle			and territories (2002-2003). Scope of survey varies across
2002-2003 (3)				two surveys and across jurisdictions.
			0	Conducted by Registration Board in those states where
				registered, by OT Australia's national office (members) and
				by state offices (members)
			0	Variability in the scope and timing of the survey – difficulty
				in calculating response rate
Psychology	First report	July 2006	0	Registration Boards – administration records used to
Labour Force				estimate podiatrist population figures from survey data
2003			0	Health authority
			0	ABS census for demographic
			0	DEST for higher education data
			0	ABS labour force survey
			0	Surveys of registered psychologists conducted in NSW,
				Victoria, Queensland, South Australia and ACT in 2003
				with an estimated return rate of 55.7%
			0	Labour force and health service usage data estimates only
				due to nature of data collection
Optometry	Last report	No recent	0	Statistics available on website:

Labour Force	released 1999	reports	http://www.aihw.gov.au/labourforce/optometrists.cfm o Data collected from Medicare statistics o Access Economics report on Optometry Workforce commissioned by largest optometry private provider released April 2007			
Pharmacy Workforce						
Pharmacy Labour Force to 2001 (4)	Three year cycle	May 2003	 Registration Boards – administration records used to estimate podiatrist population figures from survey data Health authority Pharmaceutical Benefits Scheme DEST for higher education data Immigration Department for data on overseas trained pharmacists Surveys of registered pharmacists conducted by registration boards in all states and territories 			
Oral Health Workforce						
Dental Health Workforce			Overview provided on AHIW website with figures from 2000 Data collected by the Dental Statistics and Research Unit a collaborative unit of the AIHW. Funded for a Director and nine full-time equivalent staff positions consisting or research staff and general staff. Has two consultant positions. Involved in a range of specific data collection relating to oral health, access to dental care and dental health services http://www.adelaide.edu.au/spdent/dsru/about_frame.html			
Medical Workforce						
Medical Labour Force 2004 (5)	Annually	December 2006	 Annual survey (census) of medical practitioners on Medical Registration files – employment characteristics, work locations and work activity – whole population (71.4% return) Australian Hospital Statistics 			
Nursing Workforce						
Nursing and Midwifery Labour Force 2004 (6)	Biennially from 1997 - 2002 Annually since 2003,	December 2006	Nursing and Midwifery labour force census (undertaken by government health authority in each state and territory with cooperation of registration boards (59.8% return rate)			

Current reports produced by AIHW relating to the allied health workforce

- 1.1. Reporting detail (e.g. type of practice, area of practice (clinical skills), age, hours worked, employment sector) given by state or territory.
 - 1.1.1. Not all states and territories are covered.
 - 1.1.2. No breakdown into rural/remote and metropolitan data.
- 1.2. Other than the pharmacy report which utilised the Rural, Remote, Metropolitan Areas of Australia (RRMA) classification structure, reports refer to geographic distribution as metropolitan (capital and inner regional areas) and rural based on the Australian Standard Geographic Classification Structure for Remoteness (ASGC).
 - 1.2.1. Information on workforce distribution across rural and metropolitan reports that greater then 90% of allied health professionals are located within the metropolitan zone.

- 1.3. Difficult to ascertain from reports where practice may be based in a large regional centre but provide outreach services to more rural locations.
- 1.4. Due to the nature of the data collection workforce surveys, ABS workforce and health surveys the data collected and reported on are estimates only.
 - 1.4.1. Particularly difficulty for partially registered profession such as Occupational Therapy. Data relies on surveys sent to members of OT Australia, but membership of professional association is non-compulsory. No method for estimating number of OTs who are not members. Occupational therapy report states that "it was not possible to accurately adjust the responses (through weighting) to reflect the total population of occupational therapists (as has been done for medical practitioners and nurses"(3)
- 1.5. Australian Institute of Health and Welfare reports provide workforce data on a 100,000 per capita basis. This population distribution statistic is meaningless in the sparser populated outer regional, remote and very remote zones. Statistics do not give evidence regarding the distances to be travelled in order to meet the 100,000 head of population requirement.
- The SARRAH Allied Health Workforce Reports produced in 2004 analysed data obtained from ABS 2001 census. National, state and territory reports give break down for workforce distribution, gender, age, race, qualifications, hours worked, employment sector across the Australian Standard Geographic Classifications structure for remoteness. These reports are available on the SARRAH website: http://www.sarrah.org.au

The SARRAH workforce reports provides information on allied health professionals per 10,000 head of population, which provides better indication of access levels in the more remote areas of Australia. Information is provided by State and the Northern Territory as well as a national report. With the focus on data for rural and remote Australia, the ACT was not included in the original reports. The disciplines included in the report were: audiology, dietetics, hospital pharmacy, medical imaging, occupational therapy, orthoptics, orthotics/prosthetics, physiotherapy, podiatry, psychology, social work and speech pathology.

One of the key requests for information received through the Central Point of Contact activity of the SARRAH Secretariat, through the Contact Us page of the SARRAH website, by email and by telephone are from a range of stakeholders seeking information on allied health workforce data. Often the requests are from public sector employees within State/Territory Departments of Health and the Australian Government Department of Health and Ageing (e.g. Office of Aboriginal and Torres Strait Islander Health); researchers; students undertaking projects; project officers employed by various organisations looking at allied health recruitment and retention. The information was supplied to the Productivity Commission in response to the issues paper on the Australian Health Workforce in 2006 and to the Australian Health Workforce Advisory Committee for the work on the Australian Allied Health Workforce paper in 2004. The reports have been cited a number of times in published papers.

A number of phone calls were received with the change over to the new SARRAH website when the reports were temporarily not available asking how they could be accessed. This resulted in the reports being uploaded to the new website with high priority.

Attachment one provides a copy of the SARRAH National Allied Health Workforce Report 2004.

SARRAH will be seeking funding from the Department of Health and Ageing to employ a research officer, provide administration support and to purchase relevant data from the Australian Bureau of Statistics to repeat the 2003/4 studies using 2006 Census data.

Summary of Issues relating to allied health workforce data currently:

- Focus on registered professions as these professions provide an easy method
 of data collection. Lack of reporting on partially registered and non-registered
 professions providing essential services in management of chronic disease/
 illness prevention/ acute services (eg dietetics, audiology, speech pathology,
 medical imaging).
- 2. Reliance on survey information means outcomes will be influenced by return rates for surveys and methods used to distribute surveys (registration board or membership of professional association)
- The ABS workforce survey and health survey information is collected by sampling methods that provide snapshot views of status. Data provided provides estimated figures only.
- 4. Professions work across different sectors (health, education, welfare) and all need to be captured to give accurate information. Jurisdictional data focuses on public health sector data only.
- 5. Time lapse between the collection of data by survey and the release of reports means data is 3-4 years old before reports are released.
- 6. Workforce planning cannot be undertaken without information provided by rigorous data collection.
- 7. Lack of resources (funding support for research personnel for data collection and administration support for production of reports) provided to enable comprehensive allied health data collection.
- 8. Minimum data set used for allied health workforce reports is not the same as that used for the medical workforce.
- No commitment from federal, state or territory governments to provide the resources necessary to enable consistent rigorous data collection on the allied health workforce.
- 10. Reports do not provide information by regional area.
- 11. Reports provide information of allied health professional per 100,000 head of population. In small rural and remote communities this figure is meaningless is terms of access to services.

References

1. Australian Institute of Health and Welfare. Physiotherapy labour force 2002. Canberra: AIHW; 2006.

- 2. Australian Institute of Health and Welfare. Podiatry labour force 2003. Canberra: AIHW; 2006.
- 3. Australian Institute of Health and Welfare. Occupational therapy labour force 2002-2003. Canberra: AIHW; 2006.
- 4. Australian Institute of Health and Welfare. Pharmacy labour force to 2001. Canberra: AIHW; 2003.
- 5. Australian Institute of Health and Welfare. Medical labour force 2004. Canberra: AIHW; 2006.
- 6. Australian Institute of Health and Welfare. Nursing and midwifery labour force 2004. Canberra: AIHW; 2006.

Appendix 1

National Allied Health Workforce Report (SARRAH 2004)

Appendix 2

The dataset used to collect information on the health workforce is available at: http://meteor.aihw.gov.au/content/item.phtml?itemId=348498&nodeId=file463e7a50705ee&fn=Health%20labour%20force%20NMDS%2008/01/2007.pdf

Suggested minimum data set for allied health reports

This is an amalgamation of current datasets for medical and allied health workforces

- 1. Classification of health labour force job
 - a. Own practice or partnership
 - b. Own practice and sessional appointments elsewhere
 - c. Own practice and fee-for-service elsewhere
 - d. Own practice, sessional and fee-for-service appointments elsewhere
 - e. Salaried practitioner employed by private practitioner (currently only collect salaried practitioner no other detail)
 - f. Salaried practitioner employed by state/territory government
 - g. Salaried practitioner employed by federal government program
 - h. Salaried practitioner employed by NGO
 - i. Locum, regular location
 - j. Locum, various locations
 - k. Tutor/lecturer/senior lecturer in discipline (tertiary institution) -currently not collected
 - Associate professor/professor in discipline (tertiary institution) currently not collected
- 2. Date of birth
- 3. Hours on-call (not worked) currently only collect for medical practitioner (number of hours in a week)
 - a. Total hours expressed as 000, 001 with value less then 169
 - b. 999 not stated/inadequately described
- Total hours worked by health professional amount of time spent at work in a week
 - a. Includes travel to home visits or call outs
 - b. Include on-call hours not currently collected
 - c. Include direct and indirect patient care not currently collected
 - d. Include time travelling to provide outreach service not currently collected
 - e. Excludes other time travelling between work locations
 - f. Excludes unpaid professional and/or voluntary activities.
 - g. Total hours expressed as 000, 001 with value less then 169
 - h. 999 not stated/inadequately described
- 5. Hours worked in direct patient care (currently only collected for medical practitioners) direct contact with patients, providing care, instructions and counselling, providing related services such as writing referrals and phone calls, case management.
 - a. Total hours expressed as 000, 001 with value less then 169
 - b. 999 not stated/inadequately described
- 6. Principle area of clinical practice has not been developed for allied health
 - a. Dependent on the profession main area of work e.g. neurology, paediatrics
 - b. Specialist, non-specialist in specific area
 - c. Generalist covering a range of services
 - d. Could include rural and remote classifications as areas of speciality

- 7. Principle role of health professional recognises the difference between public health and the provision of a clinical service
 - a. Clinician
 - b. Administrator
 - c. Teacher / educator
 - d. Researcher
 - e. Public health / health promotion
 - f. Occupational health
 - g. Environmental health
 - h. Other (specify)
 - i. Unknown/inadequately described/not stated
- 8. Profession labour force status of health professional
 - a. Employed in the profession: working in/practising the reference profession in reference State
 - Employed in the profession: working in/practising the reference profession mainly in other State(s) but also in reference State
 - c. Employed in the profession: working in/practising the reference profession mainly in reference State but also in other State(s)
 - d. Employed in the profession: working in/practising the reference profession only in State(s) other than reference State
 - e. Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession seeking either full-time or part-time work
 - f. Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession – seeking full-time work
 - g. Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession – seeking part-time work
 - h. Employed elsewhere, looking for work in the profession: in paid work not in the field of profession but looking for paid work/practice in the profession seeking work (not stated)
 - i. Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession seeking either full-time or part-time work
 - j. Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession seeking full-time work
 - k. Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession seeking part-time work
 - I. Unemployed, looking for work in the profession: not in paid work but looking for work in the field of profession seeking work (not stated)
 - m. Not in the labour force for the profession: not in work/practice in the profession and not looking for work/practice in the profession
 - n. Not in the labour force for the profession: working overseas
 - o. Unknown/not stated
- 9. Type and sector of employment establishment
 - a. Private medical practitioner rooms/surgery (including 24-hour medical clinics)
 recognises allied health professionals employed by Divisions of General Practice.
 - b. Other public non-residential health care facility (e.g. Aboriginal health service, ambulatory centre, outpatient clinic, day surgery centre, medical centre, community health centre)

- c. Other private non-residential health care (e.g. Aboriginal health service, ambulatory centre, outpatient clinic, day surgery centre, medical centre, community health centre)
- d. Hospital acute care (including psychiatric or specialist hospital) hospital (public)
- e. Hospital acute care (including psychiatric or specialist hospital) hospital (private)
- f. Residential health care (e.g. nursing home, hospice, physical disabilities residential centre) facility (public)
- g. Residential health care (e.g. nursing home, hospice, physical disabilities residential centre) facility (private)
- h. Tertiary education institution (public)
- i. Tertiary education institution (private)
- j. Defence forces
- k. Government department or agency (e.g. laboratory, research organisation etc.)
- I. Private industry/private enterprise (e.g. insurance, pathology, bank)
- m. Other (specified) public
- n. Other (specified) private
- o. (99) Unknown/inadequately described/not stated
- 10. Not currently stated but important information
 - a. ATSI background
 - b. Gender