

PRIVATE MEDICAL PRACTITIONERS

AUSTRALIA

EMBARGO: 11.30AM (CANBERRA TIME) TUES 29 OCT 2002

CONTENTS

																ŗ	oage
	Notes							 	 		 						. 2
	List of ta	bles				• •	• •	 	 	•	 	•	•		•		. 3
СН	APTER																
	1	Overview						 	 		 						. 4
	2	General pr	actition	ers				 	 		 						. 6
	3	Specialists						 	 		 	•					15
A D	DITION	AL INFO	RMA	TIO	N												
	Explanate	ory notes .						 	 		 						21
	Glossary							 	 		 						24

■ For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070 or Bruce Fraser on Melbourne 03 9615 7471.

NOTES

INTRODUCTION

This publication presents results for 2002, from an Australian Bureau of Statistics (ABS) survey of private medical practitioners. It is the second ABS collection of the profession with the previous collection being conducted in respect of 1994–95.

The results in this publication are derived from the first stage of a two stage ABS survey of the medical profession. Results of the second stage survey of private practice medical businesses in Australia are scheduled to be released in August 2003. These details will be released in:

Private Medical Practice Industry, Australia, 2001–02 (cat. no. 8685.0)

COMMENTS ON THIS PUBLICATION

The ABS welcomes comments and suggestions from users recommending industries and data items for inclusion in future surveys. These comments should be addressed to the Director, Goods and Services National Statistics Centre, Australian Bureau of Statistics, Locked Bag 10, Belconnen ACT 2616.

ROUNDING

Where figures have been rounded discrepancies may occur between the sum of component items and the total.

ABBREVIATIONS

ABS Australian Bureau of Statistics

RSE relative standard error

Dennis Trewin

Australian Statistician

LIST OF TABLES

		p	age
OVERVIEW			
	1.1	Summary of findings	. 5
	1.2	Number of practitioners, by number of medical businesses	. 5
GENERAL PRACTITIONERS			
	2.1	General practitioners, by sex and age	. 9
	2.2	General practitioners, hours worked per average week by type of	
		activity and type of general practitioner	. 9
	2.3	General practitioners, by age and hours worked per average week	. 10
	2.4	General practitioners, by sex and hours worked per average week	. 11
	2.5	General practitioners, by sex and number of private patient contacts	. 12
	2.6	General practitioners, by sex and states and territories	. 12
	2.7	General practitioners, hours worked per average week by sex, area and	
		type of activity	. 13
	2.8	General practitioners, by area and number of private patient contacts	. 14
SPECIALISTS			
	3.1	Specialists, by sex and age	. 17
	3.2	Specialists, principal specialties by age	. 17
	3.3	Specialists, average hours worked per week by type of activity and	
		specialty	. 18
	3.4	Specialists, by sex and hours worked per average week	. 18
	3.5	Specialists, by age and hours worked per average week	. 19
	3.6	Specialists, by sex and number of private patient contacts	. 19
	3.7	Specialists, principal specialties by number of private patient contacts	
		per average week	. 20
	3.8	Specialists, by sex and states and territories	. 20

CHAPTER 1

INTRODUCTION

This publication presents results for 2002, from an Australian Bureau of Statistics (ABS) survey of private practice medical practitioners. The survey provides basic demographic and workload information for general practitioners and specialists by broad type of specialty and the geographic area in which their services were provided. Information on hours worked and number of private patient contacts in an average working week are also shown.

This chapter provides summary information about all medical practitioners mainly working in private practice. Chapter 2 contains more detailed information about general practitioners and Chapter 3 contains information on specialists.

For further information on the scope of the survey see paragraphs 2–4 of the Explanatory Notes.

CHARACTERISTICS OF PRIVATE PRACTICE MEDICAL PRACTITIONERS There were an estimated 29,377 medical practitioners in Australia who were within the scope of the 2002 survey of private practice medical practitioners.

Most medical practitioners (27,560 or 94%) worked in only one private medical business, with 6% (1,817 practitioners) working in two or more medical businesses.

The majority (64%) of the 29,377 medical practitioners worked as general practitioners with 36% working as specialists.

Males accounted for 74% of all private practice medical practitioners (67% of general practitioners and 86% of specialists).

There were 15,539 general practitioners (82%) working in metropolitan areas, 3,055 (16%) in rural areas and 274 (1%) in remote areas.

Private practice medical practitioners worked an average of 50 hours per week with general practitioners working an average of 47 hours per week compared with 54 hours per week for specialists.

Private practice medical practitioners had an average of 116 private patient contacts per week (136 for general practitioners and 81 for specialists).



1.1 SUMMARY OF FINDINGS

	no.
	• • • • •
General practitioners Males Females Total(a)	12 624 6 244 18 867
Specialists Males Females Total	9 071 1 438 10 509
Total Males Females Total	21 695 7 682 29 377
Average hours worked per week General practitioners Specialists Total	47 54 50
Average private patient contacts per week General practitioners Specialists Total	136 81 116
(a) Of the total number of general practitioners.	1853

(a) Of the total number of general practitioners, 1853 were rural general practice proceduralists.



1.2 NUMBER OF PRACTITIONERS, By number of medical businesses

		Working in	
	Working in	two or	
	one	more	
	business(a)	businesses	Total
	no.	no.	no.
• • • • • • • • • • • • • •	• • • • • • • •	• • • • • • •	• • • • • • • •
General Practictioners	17 406	1 461	18 867
Specialists	10 154	356	10 509
Total	27 560	1 817	29 377

(a) These figures include a small number of practitioners directly working in an administrative service business rather than a medical business.

CHAPTER 2

GENERAL PRACTITIONERS

INTRODUCTION

This chapter presents information on general practitioners mainly working in private practice. Data are shown by age and sex, hours worked, number of private patient contacts, state and territory and metropolitan, rural and remote classifications.

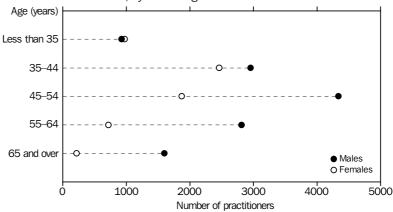
AGE AND SEX

Most (62%) general practitioners were aged between 35 and 54. A further 10% of general practitioners were less than 35 years of age, 19% were aged between 55–64 and 10% were aged 65 and over.

The sex distribution of general practitioners was 67% male and 33% female.

Female general practitioners had a younger age profile than male general practitioners, with 55% of female general practitioners under 45 years of age, and 15% aged 55 years or over. In comparison, 31% of male general practitioners were less than 45 years of age and 35% were aged 55 years or over.





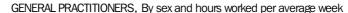
HOURS WORKED

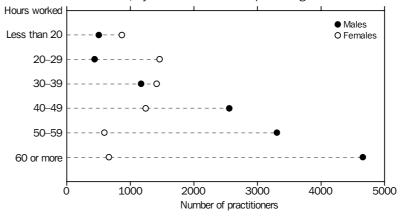
In a normal working week, general practitioners worked an average of 47 hours per week. Most time was spent on private patient activities (40 hours per week) with 3 hours per week spent on private practice administration and management, 1 hour per week on hospital work and 3 hours per week on other medical related activities (such as continuing medical education, advisory board or committee meetings, and time spent in medical teaching or research).

A substantial number of general practitioners were working long hours, with 28% working 60 hours or more in an average week. In comparison, 31% worked less than 40 hours in an average week.

HOURS WORKED continued

Male general practitioners were more likely to work longer hours than female general practitioners, with only 17% of male general practitioners working less than 40 hours in an average week compared with 60% of female general practitioners. While 37% of male general practitioners worked 60 hours or more in an average week, only 11% of female general practitioners worked these long hours.





PRIVATE PATIENT CONTACTS

General practitioners had an average of 136 private patient contacts per week. A substantial number of general practitioners had a very large number of private patient contacts in an average working week, with 22% reporting 200 or more private patient contacts a week, and a further 22% reporting between 150 and 199 private patient contacts a week.

Male general practitioners were more likely to have a high number of private patient contacts per week than female general practitioners, with 56% of male general practitioners reporting 150 or more private patient contacts in an average week, compared to 22% of female general practitioners.

LOCATION

The distribution of general practitioners by states and territories was very similar to the distribution of the Australian population. On average, there were 0.96 general practitioners for every 1,000 persons in Australia (based on the estimated resident population for December 2001). The representation of general practitioners was lower than the national average in Queensland (0.89 per 1,000 persons), Western Australia (0.88 per 1,000 persons) and the Northern Territory (0.62 per 1,000 persons). The representation of general practitioners was higher than the national average in South Australia (1.08 per 1,000 persons) and Tasmania (1.04 per 1,000 persons).

General practitioners in metropolitan areas tended to be older than general practitioners in rural and remote areas. In metropolitan areas 29% of general practitioners were aged 55 years or more, compared with 24% in rural and remote areas in this age range. A high proportion of general practitioners in remote areas were aged less than 45 years (53%), compared to 39% of general practitioners in rural areas and 38% of general practitioners in metropolitan areas.

LOCATION continued

Rural and remote area general practitioners were also more likely to work long hours. In metropolitan areas, general practitioners worked an average of 46 hours per week, compared to 52 hours per week for general practitioners in rural areas and 57 hours per week in remote areas. In rural and remote areas, 40% of general practitioners worked 60 hours or more in an average week, compared to 26% in metropolitan areas.



	Males		Females	S	Total		
Age (years)	no.	%	no.	%	no.	%	
• • • • • • • • •	• • • • • •	• • • • •	• • • • • •	• • • • •	• • • • • •	• • • • •	
Less than 35	924	7.3	971	15.6	1 895	10.0	
35-44	2 954	23.4	2 459	39.4	5 414	28.7	
45-54	4 331	34.3	1874	30.0	6 205	32.9	
55-64	2 813	22.3	720	11.5	3 533	18.7	
65 and over	1 601	12.7	*219	3.5	1 820	9.6	
Total	12 624	100.0	6 244	100.0	18 867	100.0	

estimate has a relative standard error of between 25% and 50% and should be used with caution



GENERAL PRACTITIONERS, Hours worked per average week by type of activity and type of general practitioner

	AVERAGE HOURS WORKED PER WEEK					
	By general practitioners working in corporates	By general practitioners working in non-corporates	Total			
Type of activity	hours	hours	hours			
• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • •	• • • • • • • • •			
Private practice patient activities Private practice administration and management Hospital work Other activities	40 2 — 3	40 3 1 3	40 3 1 3			
Total	44	47	47			
• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • •				

nil or rounded to zero (including null cells)

AGE (YEARS)



2.3 GENERAL PRACTITIONERS, By age and hours worked per average week

	AGL (II	-ANG)			
	Less		55		
	than		and		
	45	45-54	over	Total	
Hours worked per average week	no.	no.	no.	no.	%
	ME	TROPO	LITAN		
Less than 20	751	*170	*268	1 189	7.7
20-29	844	428	414	1 686	10.9
30-39	988	554	724	2 266	14.6
40-49	1 319	946	915	3 180	20.5
50-59	926	1 148	1 172	3 246	20.9
60 or more	1 152	1 765	1 054	3 971	25.6
Total	5 980	5 010	4 549	15 539	100.0
		RURA	A L		
Less than 40	np	np	np	661	21.6
40-59	np	np	np	1 193	39.1
60 or more	np	np	np	1 201	39.3
Total	1 183	1 105	767	3 055	100.0
• • • • • • • •	• • • • •	REMO	TE	• • • • • • •	• • • • •
		KEWO	11 -		
Less than 40	np	np	np	*49	18.0
40–59	np	np	np	77	28.2
60 or more	np	np	np	147	53.8
Total	146	91	*37	274	100.0
• • • • • • • • •					
		TOTA	\ L		
Less than 20	772	*170	428	1 370	7.3
20–29	961	450	484	1 895	10.0
30–39	1 130	666	791	2 587	13.7
40-49	1 610	1 113	1 074	3 797	20.1
50-59	1 249	1 380	1 271	3 899	20.7
60 or more	1 587	2 427	1 306	5 319	28.2
Total	7 309	6 205	5 353	18 867	100.0

^{*} estimate has a relative standard error of between 25% and 50% and should be used with caution

np not available for publication but included in totals where applicable, unless otherwise indicated



2.4 GENERAL PRACTITIONERS, By sex and hours worked per average week

Hours worked per	Males		Females	S	Total				
average week	no.	%	no.	%	no.	%			
		METR	OPOLITA	Ν					
Less than 20	363	3.6	827	15.3	1 189	7.7			
20-29	415	4.1	1 271	23.6	1 686	10.9			
30–39	989	9.8	1 277	23.7	2 266	14.6			
40-49	2 106	20.8	1 075	19.9	3 180	20.5			
50–59	2 792	27.5	454	8.4	3 246	20.9			
60 or more	3 477	34.3	494	9.2	3 971	25.6			
Total	10 141	100.0	5 397	100.0	15 539	100.0			
• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •								
RURAL									
Less than 40	np	np	np	np	661	21.6			
40–59	np	np	np	np	1 193	39.1			
60 or more	np	np	np	np	1 201	39.3			
Total	2 285	100.0	770	100.0	3 055	100.0			
• • • • • • • • •	• • • • • •		MOTE	• • • • •	• • • • • • •	• • • • •			
		RE	MOTE						
Less than 40	np	np	np	np	*49	18.0			
40–59	np	np	np	np	77	28.2			
60 or more	np	np	np	np	147	53.8			
Total	198	100.0	76	100.0	274	100.0			
• • • • • • • • •	• • • • • •		OT 4 I	• • • • •	• • • • • • •	• • • • •			
		ı	OTAL						
Less than 20	503	4.0	867	13.9	1 370	7.3			
20–29	436	3.5	1 459	23.4	1 895	10.0			
30–39	1 171	9.3	1 416	22.7	2 587	13.7			
40–49	2 553	20.2	1 244	19.9	3 797	20.1			
50–59	3 307	26.2	593	9.5	3 899	20.7			
60 or more	4 653	36.9	666	10.7	5 319	28.2			
Total	12 624	100.0	6 244	100.0	18 867	100.0			

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^{*} estimate has a relative standard error of between 25% and 50% and should be used with caution



2.5 GENERAL PRACTITIONERS, By sex and number of private patient contacts

Less than 60	Total	12 624	100.0	6 244	100.0	18 867	100.0	
private patient contacts per average week no. % no. % no. % Less than 60 1 167 9.2 1 604 25.7 2 771 14.7 60-79 669 5.3 929 14.9 1 598 8.5 80-99 602 4.8 602 9.6 1 204 6.4 100-149 3 144 24.9 1 744 27.9 4 888 25.9							22.3	
private patient contacts per average week no. % no. % no. % Less than 60 1 167 9.2 1 604 25.7 2 771 14.7 60-79 669 5.3 929 14.9 1 598 8.5 80-99 602 4.8 602 9.6 1 204 6.4								
private patient contacts per average week no. % no. % no. % Less than 60 1 167 9.2 1 604 25.7 2 771 14.7 60-79 669 5.3 929 14.9 1 598 8.5								
private patient contacts per average week no. % no. % no. % Less than 60 1 167 9.2 1 604 25.7 2 771 14.7							6.4	
private patient contacts per average week no. % no. % no. %							8.5	
private patient contacts per average	Less than 60	1 167	9.2	1 604	25.7	2 771	14.7	
private patient contacts per average			,,,		,,,			
Males Females Total	private patient contacts per average					no. %		

2.6 GENERAL PRACTITIONERS, By sex and states and territories

	Males		Females		Total		
State/territory	no.	%	no.	%	no.	%	
• • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • •	• • • • • •	• • • • •	• • • • • •	• • • • •	
New South Wales	4 490	35.6	1 987	31.8	6 477	34.3	
Victoria	3 287	26.0	1 576	25.2	4 863	25.8	
Queensland	2 091	16.6	1 190	19.1	3 281	17.4	
South Australia	1 119	8.9	516	8.3	1 635	8.7	
Western Australia	1 045	8.3	642	10.3	1 687	8.9	
Tasmania	341	2.7	153	2.4	494	2.6	
Northern Territory	65	0.5	59	0.9	124	0.7	
Australian Capital Territory	186	1.5	121	1.9	306	1.6	
Australia	12 624	100.0	6 244	100.0	18 867	100.0	

GENERAL PRACTITIONERS, Hours worked per average week by sex, area and type of activity

	Males	Females	Total							
Type of activity	hours	hours	hours							
METROPOLITAN										
Private practice patient activities	45	30	39							
Private practice administration and management	3	2	3							
Hospital work Other activities	1	_	1							
Other activities	3	3	3							
Total	52	35	46							
	• • • • •	• • • • • •	• • • • •							
RURAL										
Private practice patient activities	42	36	41							
Private practice administration and management	np	np	3							
Hospital work	np	np	5							
Other activities	np	np	3							
Total	54	44	52							
• • • • • • • • • • • • • • • • • • • •			• • • • • •							
REMOTE										
Private practice patient activities	45	35	42							
Private practice administration and management	np	np	4							
Hospital work	np	np	6							
Other activities	np	np	4							
Total	62	43	57							
• • • • • • • • • • • • • • • • • • • •			• • • • • •							
TOTAL										
Private practice patient activities	44	31	40							
Private practice administration and management	3	2	3							
Hospital work	2	1	1							
Other activities	3	3	3							
Total	52	36	47							

nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated



2.8 GENERAL PRACTITIONERS, By area and number of private patient contacts

Number of private patient contacts per	Metropoli	tan	Rural		Remo	te	Total	
average week	no.	%	no.	%	no.	%	no.	%
• • • • • • • • •	• • • • • •	• • • • • •	• • • • •	• • • • • •	• • • • •	• • • • •	• • • • • •	• • • • •
Less than 60	2 540	16.3	np	np	np	np	2 771	14.7
60–99	2 312	14.9	np	np	np	np	2 802	14.9
100-199	7 246	46.6	1 728	56.6	120	43.9	9 094	48.2
200 or more	3 442	22.1	689	22.6	*70	25.4	4 201	22.3
Total	15 539	100.0	3 055	100.0	274	100.0	18 867	100.0

np not available for publication but included in totals where applicable, unless otherwise

^{*} estimate has a relative standard error of between 25% and 50% and should be used with

CHAPTER 3

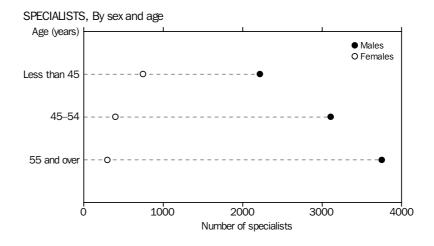
SPECIALISTS

INTRODUCTION

This chapter presents information on specialists mainly working in private practice. Data are shown by age and sex, hours worked, number of private patient contacts, state and territory, and specialty. Specialty categories include anaesthesia, dermatology, diagnostic imaging, internal medicine, obstetrics and gynaecology, ophthalmology, paediatrics, psychiatry and surgery.

AGE AND SEX

There were 10,509 specialists working mainly in private practice, 9,071 (86%) of whom were male and 1,438 (14%) female. Females were more highly represented in younger age categories, accounting for 25% of specialists aged under 45 years, but only 7% of specialists aged 55 years or more.



The largest number of specialists working mainly in private practice were in the specialties of surgery (2,367), internal medicine (2,231) and anaesthesia (1,299).

The profession of psychiatry had a particularly high proportion of practitioners aged 55 years or more (54%), and the professions of diagnostic imaging and dermatology had low proportions of practitioners in this age group (23% and 26% respectively). Overall, 38% of specialists mainly working in private practice were aged 55 years or more.

HOURS WORKED

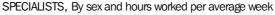
Specialists mainly working in private practice worked an average of 54 hours per week. Most time was spent on private patient activities (39 hours per week) with 7 hours per week on hospital work, 4 hours per week spent on private practice administration and management and 4 hours per week on other medical related activities (such as continuing medical education, advisory board or committee meetings, and time spent in medical teaching or research).

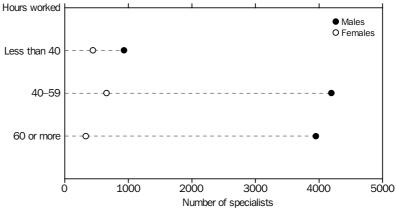
HOURS WORKED continued

The specialties recording the highest averages of total hours worked per week were surgery (59 hours per week), obstetrics and gynaecology (59 hours per week), and paediatrics (58 hours per week).

Long working hours were found to be common, with 41% of specialists working 60 hours or more in an average week. Only 13% of specialists worked less than 40 hours in an average week, and most (69%) of these were aged 55 years or more.

Male specialists were more likely to work long hours than female specialists, with 43% of males and 23% of female specialists working 60 hours or more in an average working week. Also, 10% of male specialists and 31% of female specialists worked less than 40 hours in an average week.





PRIVATE PATIENT CONTACTS

Specialists working mainly in private practice had an average of 81 private patient contacts per week, with 49% reporting less than 60 contacts in an average working week. The specialties of anaesthesia and psychiatry had the highest proportion of specialists who had less than 60 contacts in an average working week, with 93% and 82% respectively. Dermatology and ophthalmology had the highest proportion of more than 100 private patient contacts per week with 75% and 57% respectively.

LOCATION

The distribution of specialists mainly working in private practice by states and territories was generally similar to the distribution of the Australian population. The main exception was Western Australia, where there were 0.42 specialists mainly working in private practice per 1,000 persons in the resident population for December 2001, compared to a national average of 0.54 per 1,000 persons.



3.1 SPECIALISTS, By sex and age

	Males		Females		Total	
Age (years)	no.	%	no.	%	no.	%
• • • • • • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • • •	• • • • •
Less than 45	2 217	24.4	745	51.8	2 962	28.2
45-54	3 107	34.2	397	27.6	3 504	33.3
55 and over	3 748	41.3	297	20.6	4 044	38.5
Total	9 071	100.0	1 438	100.0	10 509	100.0



AGE	(YEARS
-----	--------

Principal specialty	Less that	an 45 %	45–54 no.	··········· %	55 and o	over %	Total no.	%
Anaesthesia Dermatology Diagnostic imaging Internal medicine Obstetrics and gynaecology Ophthalmology Paediatrics Psychiatry Surgery Other	370 100 386 665 270 146 np 232 644	28.5 37.7 38.8 29.8 33.9 22.6 np 19.5 27.2	501 97 383 708 229 213 np 319 774	38.6 36.6 38.6 31.8 28.7 33.0 np 26.7 32.7 np	428 68 224 857 299 287 np 641 949	33.0 25.7 22.6 38.4 37.5 44.4 np 53.8 40.1 np	1 299 265 993 2 231 798 647 413 1 192 2 367 305	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0
Total	2 962	28.2	3 504	33.3	4 044	38.5	10 509	100.0

np not available for publication but included in totals where applicable, unless otherwise indicated



3.3 SPECIALISTS, Average hours worked per week by type of activity and specialty ...

	TYPE OF	ACTIVITY			
	***************************************		••••••	•••••••••	••••••
	Private practice	Private practice administration			
	patient	and	Hospital	Other	
	activities	management	work	activities	Total
Type of specialty	hours	hours	hours	hours	hours
• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • •	• • • • • • •
Anaesthesia	38	4	8	3	52
Dermatology	39	4	2	5	50
Diagnostic imaging	40	2	4	4	50
Internal medicine	38	5	8	5	55
Obstetrics and gynaecology	45	4	6	4	59
Ophthalmology	38	4	4	4	50
Paediatrics	39	4	10	5	58
Psychiatry	37	3	3	4	47
Surgery	40	4	10	5	59
Other	36	2	*1	4	44
Total	39	4	7	4	54

 $^{^{\}star}$ estimate has a relative standard error of between 25% and 50% and should be used with caution



3.4 SPECIALISTS, By sex and hours worked per average week

Hours worked per average	Males	•••••	Females		Total	••••••
week	no.	%	no.	%	no.	%
• • • • • • • • •	• • • • •	• • • • •	• • • • • •	••••	• • • • • •	• • • • •
Less than 40	934	10.3	446	31.0	1 380	13.1
40-59	4 192	46.2	658	45.8	4 850	46.2
60 or more	3 945	43.5	334	23.2	4 279	40.7
Total	9 071	100.0	1 438	100.0	10 509	100.0



3.5 SPECIALISTS, By age and hours worked per average week

AGE (YEARS)					
Hours worked per average	Less than 45	45–54	55 and over	Total	
week	no.	no.	no.	no.	
• • • • • • • • •	• • • • •		• • • • • •	• • • • • •	
Less than 40	243	*186	951	1 380	
40-49	549	708	818	2 076	
50-59	748	1 047	979	2 775	
60–69	782	907	816	2 504	
70 or more	639	655	480	1 775	
Total	2 962	3 504	4 044	10 509	

estimate has a relative standard error of between 25% and 50% and should be used with caution



3.6 SPECIALISTS(a), By sex and number of private patient contacts

Number of private patient contacts per average	Males		Females	S	Total	
week	no.	%	no.	%	no.	%
• • • • • • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •
Less than 60	3 761	46.8	786	67.5	4 548	49.4
60–99	2 260	28.1	251	21.5	2 511	27.3
100 or more	2 024	25.2	128	11.0	2 152	23.4
Total	8 045	100.0	1 166	100.0	9 211	100.0

⁽a) Excludes private patient contacts for diagnostic imaging specialists and other specialists.

SPECIALISTS, Principal specialties by number of private patient contacts per average week

CONTACTS PER AVERAGE WEEK

	Less tha	n 60	60–99		100 or	more	Total	
Principal specialty	no.	%	no.	%	no.	%	no.	%
• • • • • • • • • • • • • • • • • • •	• • • • •	• • • • •	• • • • • •	• • • • •	• • • • • •	• • • •	• • • • • •	• • • • •
Anaesthesia	1 207	92.9	np	np	np	np	1 299	100.0
Dermatology	*21	7.8	*45	17.2	199	75.0	265	100.0
Internal medicine	811	36.3	952	42.7	468	21.0	2 231	100.0
Obstetrics and gynaecology	282	35.3	235	29.5	281	35.2	798	100.0
Ophthalmology	100	15.5	174	27.0	372	57.5	647	100.0
Paediatrics	177	42.9	108	26.3	127	30.9	413	100.0
Psychiatry	977	82.0	np	np	np	np	1 192	100.0
Surgery	974	41.1	736	31.1	657	27.8	2 367	100.0
Total (a)	4 548	49.4	2 511	27.3	2 152	23.4	9 211	100.0

np not available for publication but included in totals where applicable, unless otherwise indicated

3.8 SPECIALISTS, By sex and states and territories

	Males	•••••	Females	······	Total	
State/territory	no.	%	no.	%	no.	%
•••••	• • • • •	• • • • •	• • • • • •	• • • • •	• • • • • • •	• • • • •
New South Wales	3 203	35.3	467	32.5	3 671	34.9
Victoria	2 376	26.2	428	29.8	2 804	26.7
Queensland	1 657	18.3	274	19.0	1 930	18.4
South Australia	np	np	np	np	748	7.1
Western Australia	np	np	np	np	800	7.6
Tasmania	np	np	np	np	273	2.6
Northern Territory and Australian Capital Territory	np	np	np	np	284	2.7
Australia	9 071	100.0	1 438	100.0	10 509	100.0

np not available for publication but included in totals where applicable, unless otherwise indicated

estimate has a relative standard error of between 25% and 50% and should be used with caution

⁽a) Excludes private patient contacts for diagnostic imaging specialists and other specialists.

EXPLANATORY NOTES

INTRODUCTION

SCOPE

- **1** This publication contains data derived from a survey of medical practitioners conducted in 2002.
- **2** The information presented in this publication relate to all medical practitioners who:
 - provided at least one Medicare claimable service between 1 April 2001 and 30 September 2001
 - operated in a private medical practice in Australia for at least 3 months of the 2001–02 financial year
 - spent at least 50% of their working hours on private patient activities in an average working week.
- **3** Medical practitioners who did not spend at least 50% of their working hours on private patient activities in an average working week, for example those working primarily in hospitals and other institutions such as universities and government departments, were excluded, as were any medical practitioners who commenced operating on or after 1 October 2001.
- **4** It should be noted that there are some differences in scope and coverage between the 1994–95 and 2002 ABS surveys on private medical practitioners. As such, users making comparisons of these data, should do so with care. See Comparisons with other ABS data for more detail (paragraphs 16 and 17 of the Explanatory Notes).
- **5** The frame used for the Medical Practitioners Survey was taken from the Health Insurance Commission's Medicare Provider File. The information provided by the Commission was in accordance with the secrecy provision under Section 130 of the Health Insurance Act.
- **6** The unit for which statistics were reported in the survey was the individual medical practitioner.
- The Rural, Remote and Metropolitan Areas (RRMA) Classification has been used to classify the geographical location of medical practitioners according to their main private practice address. The RRMA classification was originally developed in 1994 by the former departments of Primary Industry & Energy and Human Services & Health. The original RRMA classification assigned locations to seven categories according to geographic boundaries based on the 1991 population census. An updated version of the RRMA classification (obtained from the Department of Health and Aged Care) is based on 1996 postcodes and has been used to produce estimates for the Medical Practitioners Survey. For the purposes of this publication the RRMA categories 1–3, 4–5 and 6–7 have been collapsed to form 'Metropolitan', 'Rural' and 'Remote' categories respectively.
- **8** The seven classes of geographic location are listed below.
- Capital cities consist of the state and territory capital cities (1).
- Other metropolitan centres consist of one or more statistical subdivisions that have an urban centre of population of 100,000 or more (2).
- Large rural centres are statistical local areas where most of the population reside in urban centres of population of 25,000 to 99,999 (3).

COVERAGE

STATISTICAL UNIT

GEOGRAPHIC CLASSIFICATION

21

GEOGRAPHIC
CLASSIFICATION continued

- Small rural centres are statistical local areas in rural zones containing urban centres of population between 10,000 and 24,999 (4).
- Other rural areas are the remaining statistical areas within the rural zone (5).
- Remote centres are statistical local areas in the remote zone containing urban centres of population of 5,000 or more (6).
- Other remote areas are the remaining areas within the remote zone (7).

RELIABILITY OF DATA

- **9** The estimates in this publication are subject to sampling and non-sampling error.
- **10** The estimates in this publication are based on information obtained from a sample of medical practitioners in the target population. Consequently, the estimates in this publication are subject to sampling variability, that is, they may differ from the figures that would have been obtained if all medical practitioners had been included in the survey. One measure of the likely difference is given by the standard error, which indicates the extent to which an estimate might have varied by chance because only a sample of practitioners were included.
- **11** There are about 2 chances in 3 that a sample estimate will differ by less than one standard error from the figure that would have been obtained if a census had been conducted, and approximately 19 chances in 20 that the difference will be less than two standard errors.
- ${f 12}$ The following table contains estimates of relative standard errors for the statistics presented in table 1.1

RELATIVE STANDARD ERRORS FOR TABLE 1.1, Summary of findings

	%
General practitioners Males Females Total	2 4 1
Specialists Males Females Total	2 9 2
Total Males Females Total	2 4 1
Average hours worked per week General practitioners Specialists Total	1 1 1
Average private patient contacts per week General practitioners Specialists Total	2 3 1

13 As an example of the above, an estimate of the total number of private practice general practitioners is 18,867 and the relative standard error is 1% giving a standard error of 189. Therefore, there would be 2 chances in 3 that, if all units had been included in the survey a figure in the range of 18,678 and 19,056 general practitioners would have been obtained, and 19 chances in 20

RELIABILITY OF DATA continued

(that is, a confidence interval of 95%) that the figure would have been within the range of 18,489 and 19,245 general practitioners.

14 Errors other than those due to sampling may occur because of deficiencies in the register of units from which the sample was selected, non-response, and imperfections in reporting by respondents. Inaccuracies of this kind are referred to as non-sampling errors and they may occur in any collection, whether it be a census or a sample. Every effort has been made to reduce non-sampling error to a minimum by careful design and testing of questionnaires, efficient operating procedures and systems, and appropriate methodology.

RELEASE OF ADDITIONAL INFORMATION

15 A selected range of additional data including data by broad Accessibility/Remoteness Index of Australia (ARIA) classification is available on request. For more information please contact the National Information Service on 1300 135 070 or Bruce Fraser on Melbourne 03 9615 7471.

COMPARISONS WITH OTHER ABS DATA

- **16** The 1994–95 Medical Practitioners Survey excluded low activity medical practitioners from the published estimates (that is, those with less than 50 Medicare claimable services in the six month period November 1994 to April 1995). Estimates produced from the 1994–95 survey reported 3,091 low activity general practitioners and 1,513 low activity specialists. These low activity medical practitioners accounted for 5% of the private medical practice consultations made in an average working week.
- **17** In contrast to the 1994–95 survey, the 2002 Medical Practitioners survey did not exclude low activity medical practitioners. Estimates produced in this publication will therefore differ from those in the 1994–95 survey publication according to this difference in scope. As such, users making comparisons of these data, should do so with care.

ACKNOWLEDGMENT

18 ABS publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated; without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

GLOSSARY

Anaesthesia

The specialty or branch of medicine which involves administering anaesthetics to prevent pain and maintain major body function throughout surgical and related procedures.

Corporate Practice Arrangement For the purposes of this publication general practitioners considered to be 'working in a corporate arrangement' are those working in a medical business that receives administrative support services from a corporate entity. The corporate entity is mainly owned by non-medical practitioners. It has purchased the goodwill of a number of general practice businesses and generally provides facilities and infrastructure to these businesses. The corporate entity will provide facilities and infrastructure at 10 or more general practice locations.

Dermatology

The specialty or branch of medicine involving the provision of diagnostic, treatment and preventative medical services related to human skin disorders.

Diagnostic imaging (including nuclear medicine)

The specialty or branch of medicine which involves diagnosis and treatment of diseases of the human body through the production of clinical images, including x-rays, ultrasound, computed tomography, magnetic resonance, radionuclide scanning, thermography.

General practitioner

A general practitioner is a qualified medical practitioner who provides primary continuing and comprehensive whole-person care to individuals, families and the community.

Internal medicine

The specialty or branch of medicine which deals with the diagnosis and medical therapy of diseases of the internal organ systems and the non-surgical management of diseases. Specialists in this field are also known as specialist or consulting physicians. It includes general medicine, cardiology, clinical haematology, clinical immunology (including allergy), clinical pharmacology, endocrinology, gastroenterology, geriatrics, infectious diseases, medical oncology, neurology, renal medicine, rheumatology and thoracic medicine.

Medical practitioner

Medical practitioners diagnose physical and mental illnesses, disorders and injuries and prescribe medications and treatment to promote or restore good health.

Obstetrics and gynaecology

The specialty or branch of medicine concerning the care of women and their offspring during pregnancy and parturition, with continued care of the women during the puerperium. It includes gynaecological oncology, reproductive endocrinology and infertility, urogynaecology and maternal-foetal medicine.

Ophthalmology

The specialty or branch of medicine which involves diagnostic, treatment and preventative medical services related to diseases, injuries and deficiencies of the human eye and associated structures.

Other (specialty)

This category covers all specialties of medicine not separately identified.

Paediatrics

The specialty or branch of medicine which involves diagnostic, treatment and preventative medical services related to the health of infants, children and adolescents.

Principal specialty

The specialty from which a medical practitioner receives their principal source of income

24

Private patient contacts

Private patient contacts refer to individual contacts, which may include consultations, procedures or telephone consultations, made by medical practitioners. Medical practitioners were asked to provide the estimated number of private patient contacts in an average working week.

Private practice

Private medical practice is a form of consultancy in which the medical practitioner contracts directly with the patient in return for a fee for the provision of a professional service. It therefore, does not include medical practitioners working mainly in hospitals and other institutions such as universities and government departments, primarily servicing non-private patients.

Private practice patient activities

For the purposes of this survey private practice patient activities include; private patient contacts, surgery, documentation, medico legal work, home and hospital visits, case conferencing, care planning and travel time for private patient activities. Private practice patient activities do not include such activities as: private practice administration and management, visiting medical officer (VMO) or salaried medical officer activities in hospitals, continuing medical education (CME), research, teaching, advisory board or committee meetings, travel between home and normal place of work, paid sick and other leave.

Psychiatry

The specialty or branch of medicine which involves the diagnosis, treatment and prevention of human mental, emotional and behavioural disorders.

Rural General Practice Proceduralist (RGPP) A rural general practice proceduralist is a medical practitioner who performs specialised procedures in rural areas. Most commonly this refers to the fields of surgery, anaesthetics, obstetrics, and emergency medicine.

Specialist

A medical practitioner who is qualified to practise in a particular specialty or branch of medicine.

Surgery

The specialty or branch of medicine involving the performance of operative procedures to correct deformities, repair injuries, prevent and treat diseases and improve human body functions and appearance. Surgical subdisciplines may include: Cardiac and Thoracic, Colorectal, General, Neurosurgery, Ophthalmologic, Orthopaedic, Otolaryngology, Paediatric, Plastic and Reconstructive, Urological and Vascular Surgery.

25

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