2 Characteristics of the Actual and Potential Better Access Workforce

The Better Access workforce is comprised of those members of the Better Access allied and medical mental health workforces who meet their professional requirements to practice, but may or may not have provided Better Access services. The *potential* Better Access workforce relates to this broader pool of health professionals, encapsulating both those who are registered with Medicare and those who could (after meeting specified requirements) register with Medicare to provide Better Access services. A subset of the potential Better Access workforce is the actual providers of services: these are the *actual* Better Access workforce.

This chapter collates information about the characteristics of the potential and actual Better Access workforce from a range of sources. The analysis differentiates between service providers who have utilised Better Access - the *actual* workforce – and those who are in the broader occupational categories - the *potential* workforce – to examine whether there are any differences in the characteristics between the two. In addition, we examine whether characteristics differ across occupational categories.

The chapter provides a comprehensive breakdown of the characteristics of the six occupational groups, by:

- Providing a brief introduction to the characteristics of each occupational category *prior* to the introduction of Better Access;
- Estimating the *actual* and *potential* Better Access workforce numbers in each occupational category, using a range of sources (see below);
- Using the ABS Census (2006) and the Better Access MBS data to analyse the demographic, geographic and labour market characteristics of both the actual and potential Better Access workforce in each occupational category, including age, gender, country of birth, citizenship status, geographical distribution (state/territory and metropolitan/rural), sector of employment (public/private), and use of Better Access.
- Comparing selected characteristics across occupational categories.

As discussed in Chapter 1, defining the *potential* Better Access workforce is a complicated issue and one that is not fully resolved in this report. In general, the potential workforce is considered to be the pool of GPs, psychiatrists, paediatricians, psychologists, social workers and OTs participating in the Australian labour force. However, due to differences in the collection and standardisation between the various data sets used, estimation of the potential workforce is nuanced. That is, the boundary between who should be included in this category is somewhat arbitrary: for example, consideration of the potential workforce could be extended to include GPs, psychiatrists, paediatricians, psychologists, social workers and occupational therapists registered with Medicare (or their relevant registration body), but either employed in another occupation (not practising) or not engaged in the Australian labour force at all (retired, on leave, or overseas). This issue is considered in detail in the estimation of the workforce numbers, for each occupational category.

In an effort to produce the best estimate of numbers in the potential Better Access workforce we have used several data sources, primarily the MBS and Medicare Service Provider data, the Australian Bureau of Statistics (ABS) 2006 Census of Population and Housing, and the state/territories registration board and professional association administrative data. Table 2.1 summarises the characteristics reported upon from each data source.

Table 2.1 Sources of data on workforce characteristics

	ABS	MBS	State/Territory Administrative data
Size of workforce	✓	✓	✓
Age	✓	✓	
Gender	✓	✓	
Country of birth	✓		
Citizenship status	✓		
Geographical distribution			
▪ State/territory	✓	✓	
▪ Metro/rural/remote	✓	✓	
Public/private	✓	Private	
Use of Better Access		✓	

Notes: State/territory Registration Board data only applies to psychologists (clinical and registered) and occupational therapists. Psychologist registration board data is not available for the NT. The occupational therapist registration board data is not available for NSW, VIC, TAS, the ACT or the NT. For social workers, the membership data for the Australian Association of Social Workers was used.

2.1 Characteristics of Each Occupational Category

In this section the characteristics of each of the Better Access occupational categories are described separately. A comparison between the potential and actual workforce is provided where possible.

2.1.1 Psychologists

Psychology Workforce – ABS Population Census 2001 Estimates, Pre Better Access

The Australian Institute of Health and Welfare (AIHW) report describing the Australian Psychology Labour Force provided a snapshot of the Australian psychology workforce as it was in 2003 (Australian Institute of Health and Welfare, 2006c), based on ABS 2001 census data. These data described the Australian psychology workforce as being predominantly female (ranging from 60.3% in SA to 73.7% in Victoria), with a mean age of 44.2 years (ranging from an average age of 41.5 years in QLD to 46.9 years in SA: see Table 2.2). Psychologists worked an average of 35.7 hours per week, with approximately one third working part time (less than 35 hours per week) and 15% working 50 hours or more per week.

Table 2.2 Characteristics of the psychology workforce, 2003

	NSW	VIC	QLD	SA	ACT	Total
Number	5,589	4,671	2,535	769	509	14,073
% Male	29.4	26.3	32.1	39.7	28.5	29.4
Average age	45.3	43.9	41.5	46.9	45.4	44.2
Average hours worked	36.8	34.9	33.7	37.6	37.7	35.7
% working 50 hours or more	16.7	14.7	15.9	9.4	11.4	15.3
% working part time	31.6	40.1	35.9	30.2	31.3	35.1

Source: AIHW (2006c). Psychology Labour Force, 2003

Numbers of Psychologists, 2006-2008 – Comparison of Sources

Over the period 2006 to 2008, the *actual* Better Access psychology (clinical and registered) workforce increased by 3,170 (86%) between 2006 and 2007, 1,230 (18%) between 2007 and 2008, and 4,400 (119%) over the entire period (see Table 2.3). The service providers that utilised Better Access items spent an average of 1.55 hours (93 minutes) per week on Better Access services in 2006; by 2008, this had increased to an average of 4.29 hours (257 minutes) per week.

Table 2.3 Summary of estimates for psychologists

Psychologist	Potential				Actual		
	ABS Census	Registration Board			MBS		
	2006	2006	2007	2008	2006*	2007	2008
Number of providers	13,440	21,716	22,912	23,708	3,688	6,858	8,088
NSW	*4,333*	*7,716*	*8,140*	*8,513*	*1,229*	*2,235*	*2,612*
VIC	*3,766*	*5,731*	*5,988*	*6,215*	*1,248*	*2,201*	*2,531*
QLD	*2,428*	*3,154*	*3,416*	*3,484*	*572*	*1,084*	*1,321*
SA	*746*	*1,070*	*1,136*	*1,192*	*187*	*400*	*471*
WA	*1,437*	*2,878*	*3,002*	*3,061*	*279*	*614*	*762*
TAS	*261*	*448*	*457*	*468*	*75*	*121*	*140*
NT	*108*	-	-	-	*16*	*36*	*46*
ACT	*359*	*719*	*773*	*775*	*83*	*168*	*207*
Services/provider	-	-	-	-	17	222	269
Hours on Better Access Items: avg. hours/week/provider	-	-	-	-	1.55	3.54	4.29

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

NSW, VIC, QLD, SA, WA, TAS, ACT Psychologists Registration Board administrative data

Medicare Australia 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

When calculating the number of psychologists in the actual Better Access workforce, it was necessary to eliminate any duplication created by psychologists with the same provider number billing for both Focussed Psychological Strategies and Psychological Therapy Services. In 2006, for example, 297 psychologists provided both types of Better Access services, rising to 1096 in 2007 and 1181 in 2008 (MBS data 2006-2008). When discussing the numbers of psychologists in the Better Access workforce this duplication has been removed; when discussing numbers in each of the two psychology provider categories (registered and clinical), the actual number of providers utilising each type of service is used.

The size of the *potential* psychology workforce varied depending on the reference data source. In 2006, the number of psychologists registered in NSW, Victoria, Queensland, SA, WA, Tasmania and the ACT totalled 21,716; whereas, the number identified by the ABS 2006 Census for those states/territory was 13,440. However, according to the South Australian Psychological Board administrative data (the only detailed administrative data set); only 85% of those registered to practice were residing and employed in SA, in 2006. Assuming this was also true for the other states/territory, the deflated number of registered psychologists was closer to approximately 18,459, in 2006. Disregarding the methodological differences between the ABS Census and the registration board administrative data sources, the ABS Census undercounted the deflated registration board total figure (18,459) by approximately 38% (5,129).

Therefore, at the national level, the *potential* psychology workforce in 2006 was approximately 18,547 (i.e. the weighted ABS Census number). Based on this number, the actual Better Access psychology workforce was approximately 20% of the estimated potential psychology workforce, in 2006.

While we have taken the best estimate of the numbers in the potential Better Access psychology workforce to be that of the weighted ABS Census, further refinement of this number is possible by restricting estimates of the potential workforce to only those psychologists working in the health sector. This involves calculating the proportion of psychologists working in the health care industry (excluding residential care and social assistance services), providing a more accurate indication of the number of psychologists likely to utilise Better Access. Using the 2006 ABS Census, Australia and New Zealand Standard Industrial Classifications (ANZSIC) Codes 84 (Hospitals) and 85 (Medical and Other Health Care Services), approximately 49% of psychologists worked in these parts of the health care industry. Therefore, an estimate of the potential Better Access psychology workforce (health) in 2006 would be 9,088. Of this estimated number, 41% were Better Access service providers in 2006.

Characteristics of Psychologists, 2006-2008

In the ABS Census (2006), the proportion of male and female psychologists (clinical and registered) in the potential workforce was 25% and 75%, respectively (Table 2.4). Similarly, the gender balance of the service providers that actually provided services through the Better Access initiative in 2006 was 27% for males and 73% for females. Over time the gender balance of psychologists providing Better Access services remained relatively constant.

In 2006, the majority of the potential psychology workforce was relatively equally spread across the prime working age cohorts, 30-39 years, 40-49 years and 50-59 years, approximately 27%, 24% and 25% respectively. Conversely, the majority of psychologists

that utilised Better Access Items in 2006 were slightly older, aged between 40-49 years and 50-59 years, approximately 28% and 33% respectively. Across the period from 2006 to 2008, however, the age distribution of the actual psychology workforce shifted more evenly across the prime working age cohorts. By 2008 the majority of the actual psychology workforce was aged between 30-39 years, 40-49 years and 50-59 years, approximately 25%, 25% and 28% respectively.

The geographical distribution of psychologists across state/territory jurisdictions was roughly similar between the potential and the actual Better Access psychology workforces. In 2006, the largest proportions of the potential workforce resided in NSW (32%), Victoria (28%) and Queensland (18%); similarly, the largest proportions of the actual workforce resided in NSW (33%), Victoria (34%) and Queensland (15%). This distribution is similar to that of the overall population distribution. Over the period from 2006 to 2008, the geographical distribution of the actual Better Access workforce remained relatively constant. For the three largest states, by 2008, there was only a slight decrease in the proportion of the psychologists utilising Better Access Items to 32% in NSW and 31% in Victoria, and a slight increase in the proportion to 16% in Queensland, bringing the proportions even more closely aligned with the potential Better Access psychology workforce.

At the urban, rural and remote level of geographical disaggregation the approximate distribution the potential and actual Better Access psychology workforces differed slightly in the proportion working in metropolitan and non-metropolitan areas. That is, in 2006, 73% of the actual workforce was located in highly populated areas (i.e. capital cities and large metro areas) compared with 79% of the potential workforce (in major urban areas). Over the period from 2006 to 2008, the geographical distribution of the actual Better Access psychology workforce remained constant.

Table 2.4 Summary of characteristics for psychologists

Psychologists	ABS Potential 2006	MBS Actual 2006*	MBS Actual 2007	MBS Actual 2008
Gender	%	%	%	%
Male	25	27	26	25
Female	75	73	74	75
Age				
15-29	16	4	6	7
30-39	27	22	24	25
40-49	24	28	26	25
50-59	25	33	29	28
60+	9	13	14	15
Sector of Employment				
Public	35	NA	NA	NA
Private	65	NA	NA	NA
Country of birth				
Australia	75	NA	NA	NA
Other Countries	25	NA	NA	NA
Citizenship status				
Australian	95	NA	NA	NA
Non-Australian	5	NA	NA	NA
Distribution: State				

Psychologists	ABS Potential 2006	MBS Actual 2006*	2007	2008
NSW	32	33	33	32
VIC	28	34	32	31
QLD	18	15	16	16
SA	6	5	6	6
WA	11	8	9	9
TAS	2	2	2	2
NT	1	0	1	1
ACT	3	2	2	3
Distribution: RRMA				
Capital cities and large metro areas	NSC	73	73	73
Other metro centre	NSC	9	8	9
Large rural centre	NSC	7	7	6
Small rural centre	NSC	6	6	6
Other rural centre	NSC	5	6	6
Remote centre	NSC	0	0	0
Other remote centre	NSC	0	0	0
Distribution: Section of State				
Major Urban	79	NSC	NSC	NSC
Other Urban	13	NSC	NSC	NSC
Bounded Locality	1	NSC	NSC	NSC
Rural Balance	6	NSC	NSC	NSC
Migratory	0	NSC	NSC	NSC

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Key: NA = not applicable: the category is not applicable to this dataset

NSC = not standard classification: either the classification used differs between datasets or the data is not classified into standard (ABS or data dictionary) categories

2.1.2 Social Workers

Social Work Workforce – ABS Population Census 2001 Estimates, Pre Better Access

Beyond the ABS, there is little data on the social work workforce in published reports. What little has been published relates to the general social work workforce and is not specific to mental health. The ABS Census provides information on social workers as an occupational category, but not on the enumeration of mental health social workers. In 2003, the AIHW report on the Health and Community Services Labour Force (Australian Institute of Health and Welfare, 2003) produced tables which included the social work workforce, but did not explicitly discuss them in the report. Extracts from the report in Table 2.5 indicate that as at the ABS Census in 2001 there were 9,130 social workers, most (81%) of whom were female. Across Australia there were 48 social workers for every 1000 people in the population. Three states had higher levels than this average: SA had 80 social workers per '000 population, while Victoria and Tasmania had 58 and 55 respectively.

Table 2.5 Characteristics of the social work workforce, 2003

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Number	2,469	2,796	1,300	911	1,183	229	168	74	9,130
Per cent	27	31	14	13	10	2	1	2	100
Per '000 population	38	58	37	49	80	48	55	41	48

Source: AIHW (2003). Health and Community Services Labour Force, 2001

Numbers of Social Workers, 2006-2008 – Comparison of Sources

Over the period 2006 to 2008, the *actual* Better Access social work workforce increased by 363 (288%) between 2006 and 2007, 157 (32%) between 2007 and 2008, and 520 (413%) over the entire period (Table 2.6). Social workers providing Better Access MBS Items spent an average of 1.08 hours (65 minutes) per week providing services, in 2006; by 2008, this had increased to an average of 2.52 hours (151 minutes) per week.

Table 2.6 Summary of estimates for social workers

Social Worker	Potential							Actual		
	ABS Census	Professional Association (Total)			Professional Association (Accredited Mental Health)			MBS		
	2006	2006	2007	2008	2006	2007	2008	2006*	2007	2008
Number of providers	12,442	5,791	5,862	5,714	150	571	839	126	489	646
NSW	*3,159*	*1,481*	*1,459*	*1,426*	-	-	-	*49*	*140*	*180*
VIC	*4,088*	*1,546*	*1,579*	*1,569*	-	-	-	*36*	*180*	*249*
QLD	*1,793*	*1,144*	*1,152*	*1,154*	-	-	-	*22*	*83*	*101*
SA	*1,526*	*469*	*483*	*450*	-	-	-	*6*	*31*	*41*
WA	*1,144*	*626*	*647*	*625*	-	-	-	*12*	*35*	*48*
TAS	*372*	*178*	*178*	*175*	-	-	-	*1*	*12*	*14*
NT	*127*	*79*	*86*	*89*	-	-	-	*0*	*4*	*7*
ACT	*227*	*196*	*212*	*181*	-	-	-	*0*	*4*	*6*
Services/provider	-	-	-	-	-	-	-	12	108	159
Hours on Better Access Items (avg. hrs/ wk/provider)	-	-	-	-	-	-	-	1.08	1.72	2.52

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Australian Association of Social Workers (AASW) administrative data

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

It is estimated from the ABS Census that the *potential* social work workforce was 12,442 in 2006 (Table 2.6), but of that approximately only 3,981 (32%) identified as being employed in the health care industry[15]. However, the number of social workers registered with the Australian Association of Social Workers (AASW) in 2006 was 5,791, and of this only 150 (2.6%) were accredited mental health social workers eligible to utilise Better Access Items. The discrepancy in the potential workforce numbers between the two data sources is most likely due to methodological differences. The best estimate of the potential Better Access social work workforce is the number of accredited mental health social workers (i.e. able to immediately bill for MBS items).[16] Hence, in 2006, the estimated potential Better Access social work workforce was 150, and, of this, approximately 84% used Better Access. By 2008, the number of accredited mental health social workers had increased to 839, representing approximately 15% of the number of social workers registered as a member of the AASW; however, the proportion of accredited social workers that utilised Better Access decreased to approximately 77%.

Characteristics of Social Workers, 2006-2008

In the 2006 ABS Census, the proportion of male and female social workers was 17% and 83%, respectively (Table 2.7). The gender balance of the service providers that actually utilised the Better Access initiative in 2006 was 14% for males and 86% for females, with a slight decline over the period 2006 to 2008 in the strong female bias.

In 2006, the majority of the social work workforce was aged between 30-39 years and 40-49 years, approximately 25% and 27% respectively. Similarly, the majority of service providers that utilised the Better Access initiative were aged between 40-49 years and between 50-59 years, approximately 33% and 40% respectively, indicating that this group were slightly older than the social workers in the potential Better Access workforce. There was little change in the age distribution of the actual Better Access social work workforce across the period 2006 to 2008.

There was a degree of variation in the geographical distribution of social workers across state/territory jurisdictions between the total and actual Better Access social work workforces. In 2006, the largest proportion of the potential social work workforce resided in Victoria, approximately 33%; whereas, the largest proportion of the actual Better Access social work workforce resided in NSW, approximately 39%. However, over the period 2006 to 2008, there was a decrease in the proportion of the actual workforce residing in NSW and an increase in Victoria.

At the urban, rural and remote level of geographical disaggregation the approximate distribution of both the total and actual Better Access social work workforces differed slightly in the proportion working in metropolitan and non-metropolitan areas. That is, in 2006, 66% of the actual Better Access social work workforce was located in highly populated

[15] For the purpose of this report, the 'health care industry' is defined by the ABS 2006 ANZSIC codes 84 (Hospitals) and 85 (Medical and Other Health Care Services). It excludes codes 86 (Residential Care Services) and 87 (Social Assistance Services).

[16] These figures provide the best estimate at a national level, however, in chapter 3 the analysis of the distribution of the potential Better Access social work workforce used the numbers relating to the total AASW workforce provided by the AASW as these could be disaggregated by state.

areas (i.e. capital cities and large metro areas) compared with 74% of the potential workforce (in major urban areas).

Table 2.7 Summary of characteristics for social workers

Social Worker	ABS Potential	MBS Actual		
	2006	2006*	2007	2008
Gender	%	%	%	%
Male	17	14	18	19
Female	83	86	82	81
Age				
15-29	18	0	2	1
30-39	25	18	14	14
40-49	27	33	30	28
50-59	24	40	41	42
60+	6	9	13	15
Sector of Employment				
Public	47	NA	NA	NA
Private	53	NA	NA	NA
Country of birth				
Australia	74	NA	NA	NA
Other Countries	26	NA	NA	NA
Citizenship status				
Australian	95	NA	NA	NA
Non-Australian	5	NA	NA	NA
Distribution: State				
NSW	25	39	29	28
VIC	33	29	37	39
QLD	14	17	17	16
SA	12	5	6	6
WA	9	10	7	7
TAS	3	1	2	2
NT	1	0	1	1
ACT	2	0	1	1
Distribution: RRMA				
Capital cities and large metro areas	NSC	66	71	68
Other metro centre	NSC	10	7	7
Large rural centre	NSC	7	8	8
Small rural centre	NSC	9	7	8
Other rural centre	NSC	7	7	9
Remote centre	NSC	0	0	0
Other remote centre	NSC	0	0	0
Distribution: Section of State				
Major Urban	74	NSC	NSC	NSC
Other Urban	18	NSC	NSC	NSC
Bounded Locality	1	NSC	NSC	NSC
Rural Balance	7	NSC	NSC	NSC
Migratory	-	NSC	NSC	NSC

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Key: NA = not applicable: the category is not applicable to this dataset

NSC = not standard classification: either the classification used differs between datasets or the data is not classified into standard (ABS or data dictionary) categories

2.1.3 Occupational Therapists

Occupational Therapy Workforce – Registration Data, Pre Better Access

The occupational therapy workforce is the smallest of the allied mental health workforces. The AIHW (2006b) Occupational Therapy Labour Force report, provides a snapshot of this workforce as at 2003. The data presented in the AIHW (Australian Institute of Health and Welfare, 2006b) report refer only to those who responded to the Occupational Therapy Labour Force Survey. This means that estimates of the size of the occupational therapy workforce can only be obtained for those states in which occupational therapists must be registered to practice (Qld, WA, SA, and NT). The lack of accurate information available for the remaining states means that the numbers in Table 2.8 are not weighted (as they normally would be) to reflect the total population of occupational therapists in Australia. It should be noted that the survey was administered by either the registration board or by OT Australia (national or state branch depending on the state), and thus response rates vary across states (Australian Institute of Health and Welfare, 2006b). The AIHW report does not distinguish between occupational therapists working in mental health and the broader labour force.

Table 2.8 Characteristics of the occupational therapy workforce, 2003

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Number	825	582	788	496	307	47	26	36	3,107
% Male	5.5	8.6	5.1	6.5	8.8	10.6	0	2.8	6.4
Average age	36.2	37.2	37.3	37.0	37.1	40.4	40.3	33.8	37.0
Average paid hours worked	33.1	32.3	32.9	31.3	33.2	35.0	32.4	36.2	32.7
Average total hours worked	36.8	36.4	36.0	36.0	34.5	37.3	37.1	42.4	36.2
% working 50 hours or more	11.3	11.1	10.7	11.1	10.0	11.1	7.7	19.4	11.0
% working part time	33.3	40.4	34.0	37.2	40.9	24.4	30.8	19.4	35.9

Source: AIHW (2006b). Occupational Therapy Labour Force Survey, 2002-03.

According to data in Table 2.8, the occupational therapy workforce in Australia in 2003 was predominantly female (ranging from 100% in ACT to 89.4% in TAS), with a mean age of 37.0 years (ranging from an average of 33.8 years in NT to an average of 40.4 years in TAS). On average, the workforce contributed an extra 3.5 hours of work per week on top of their average paid working week of 32.7 hours. Approximately one third of the workforce was working part time (less than 35 hours per week), and only a small proportion of the workforce worked 50 hours or more per week.

Numbers of Occupational Therapists, 2006-2008 – Comparison of Sources

The *actual* Better Access occupational therapy workforce increased by 92 (400%) between 2006 and 2007, and 57 (50%) between 2007 and 2008, a total increase of 149 (648%) over the entire period (Table 2.9). The service providers that utilised Better Access occupational therapy Items, spent an average of 0.45 hours (27 minutes) per week providing services, in 2006; whereas, by 2008, this had increased to an average of 1.9 hours (114 minutes) per week.

Similar to the potential psychology workforce, the size of the *potential* occupational therapy workforce varied slightly depending on the reference data source (Table 2.9).

Table 2.9 Summary of estimates for occupational therapists

Occupational Therapist	Potential				Actual		
	ABS Census	Registration Board			MBS		
	2006	2006	2007	2008	2006*	2007	2008
Numbers of providers	6,835	4,248	4,397	4,529	23	115	172
NSW	*2,119*	-	-	-	*5*	*34*	*45*
VIC	*1,777*	-	-	-	*8*	*28*	*58*
QLD	*1,230*	*1,997*	*2,143*	*2,172*	*5*	*25*	*29*
SA	*547*	*788*	*728*	*783*	*2*	*10*	*16*
WA	*889*	*1,463*	*1,542*	*1,575*	*2*	*15*	*18*
TAS	*137*	-	-	-	*0*	*2*	*3*
*NT***	*68*	-	-	-	*0*	*0*	*1*
ACT	*137*	-	-	-	*1*	*2*	*3*
Services/provider	-	-	-	-	5	91	123
Hours on Better Access Items (avg. hours / week / provider)	-	-	-	-	0.47	1.43	1.94

* Note: MBS data for 2006 was for November and December only.

** Note: Administrative data from the Northern Territory Occupational Therapists Registration Board was not publicly available.

Sources: ABS. 2006 Census of Population and Housing

QLD, SA, WA Occupational Therapists Registration Board administrative data

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

In 2006, the number of occupational therapists registered in Queensland, SA and WA totalled 4,248; whereas the number identified by the ABS Census for the three states was 2,666. However, according to the Occupational Therapy Board of South Australia administrative data (the only detailed administrative data set); only 84% of those registered to practice were residing and employed in SA. Assuming this was also true for Queensland and WA, the deflated number of registered occupational therapists was closer to approximately 3,568, across the three states, in 2006. Disregarding the methodological differences between the two data sources, the ABS Census undercounted the deflated registration board number (3,568) by approximately 34% (902).

Therefore, at the national level, the *potential* occupational therapy workforce in 2006 was approximately 9,160 (i.e. the weighted ABS Census number). The actual Better Access occupational therapy workforce was approximately 0.3% of the estimated potential occupational therapy workforce in 2006.

While we have taken the best estimate of the numbers in the potential Better Access occupational therapy workforce to be that of the weighted ABS Census, further refinement of

this number may be possible. Similar to the estimated potential psychology workforce, only 70% (approximately) of occupational therapists in the 2006 ABS Census identified as being employed in the health care industry[17]. Therefore, an estimate of the potential Better Access occupational therapy workforce (health) in 2006 would be 6,412. Of this estimated number, 0.4% used Better Access in 2006.

Characteristics of Occupational Therapists, 2006-2008

Across the potential occupational therapy workforce, in 2006, the distribution of males and females was 7% and 93%, respectively. Similarly, in 2006, the gender of service providers that actually utilised the Better Access Items were 4% male and 96% female (Table 2.10). The strong female bias in the gender distribution of the Better Access occupational therapy workforce remained over the period 2006 to 2008.

In 2006, the majority of the potential occupational therapy workforce was aged between 15-29 years and 30-39 years, approximately 37% and 31% respectively. In comparison, the distribution of the age profile of those that actually utilised the Better Access initiative, in 2006, was slightly older with 30% aged between 30-39 years and 43% aged between 40-49 years (Table 2.10). Over the period from 2006 to 2008, there was a slight redistribution in the age profile of actual Better Access occupational therapy workforce, from the 40-49 year cohort to the 15-29 year cohort. Overall, however, the actual Better Access workforce still remained slightly older than the potential workforce.

In 2006, the geographical distribution of occupational therapists across state/territory jurisdictions was comparable for both the potential and actual Better Access occupational therapy workforces for all states/territories, except NSW and Victoria. Furthermore, there was little change in the jurisdictional distribution of service providers that actually utilised the Better Access initiative across the period 2006 to 2008.

At the urban, rural and remote level of geographical disaggregation there was a disparity in the distribution between the potential and actual Better Access workforces. In 2006, 82% of the actual Better Access workforce was concentrated in highly populated areas (i.e. capital cities, large and other metro areas), compared with 93% of the potential workforce (in major and other urban areas) (see Table 2.10). By 2008, only 79% of the actual Better Access occupational therapy workforce was concentrated in the highly populated areas, indicating either the increased presence of occupational therapists in non-urban areas or increased utilisation of Better Access Items, or both.

Table 2.10 Summary of characteristics for occupational therapists

Occupational Therapist	ABS Potential 2006	MBS Actual		
		2006*	2007	2008
Gender	%	%	%	%
Male	7	4	10	9
Female	93	96	90	91
Total	100	100	100	100

[17] For the purpose of this report, the 'health care industry' is defined by the ABS 2006 ANZSIC codes 84 (Hospitals) and 85 (Medical and Other Health Care Services). It excludes codes 86 (Residential Care Services) and 87 (Social Assistance Services).

Occupational Therapist	ABS Potential 2006	MBS Actual 2006*	2007	2008
Age				
15-29	37	0	15	16
30-39	31	30	26	30
40-49	21	43	25	22
50-59	10	22	25	23
60+	2	4	9	9
Sector of Employment				
Public	46	NA	NA	NA
Private	54	NA	NA	NA
Country of birth				
Australia	83	NA	NA	NA
Other Countries	17	NA	NA	NA
Citizenship status				
Australian	95	NA	NA	NA
Non-Australian	5	NA	NA	NA
Distribution: State				
NSW	31	22	29	26
VIC	26	35	24	34
QLD	18	22	22	17
SA	8	9	9	9
WA	13	9	13	10
TAS	2	0	2	2
NT	1	0	0	1
ACT	2	4	2	2
Distribution: RRMA				
Capital cities and large metro areas	NSC	78	69	70
Other metro centre	NSC	4	8	9
Large rural centre	NSC	13	9	7
Small rural centre	NSC	4	5	7
Other rural centre	NSC	0	8	6
Remote centre	NSC	0	1	1
Other remote centre	NSC	0	0	1
Distribution: Section of State				
Major Urban	76	NSC	NSC	NSC
Other Urban	17	NSC	NSC	NSC
Bounded Locality	1	NSC	NSC	NSC
Rural Balance	7	NSC	NSC	NSC
Migratory	-	NSC	NSC	NSC

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Key: NA = not applicable: the category is not applicable to this dataset

NSC = not standard classification: either the classification used differs between datasets or the data is not classified into standard (ABS or data dictionary) categories

2.1.4 General Practitioners

General Practitioner Workforce, Pre Better Access

The changes in the general practitioner (GP) workforce between 1998 and 2006 are detailed through a comparison of AIHW (Australian Institute of Health and Welfare, 2000, 2006a, 2008) data from the Medical Labour Force surveys.[18] The data for these surveys is drawn from a survey sent to all medical practitioners in all jurisdictions as part of the registration renewal process. The response rate over the past 5 years has been around 70%, and these responses are weighted to medical practitioner figures provided by state and territory medical boards (AIHW 2009). There was a moderate increase in the overall size of the GP workforce between 1998 and 2006 (Table 2.11). The proportion of females in the GP workforce increased between 1998 and 2006, and the average hours worked per week decreased.

Table 2.11 Characteristics of the GP workforce, 1998, 2000, 2004, and 2006

	1998	2000	2004	2006
Number	20,852	21,081	22,011	22,954
% Male	66.8	66	63.5	62.4
Average age	-	47.8	49.0	49.8
Average hours	45.3	-	-	39.5

Source: AIHW (2008). Medical Labour Force Survey, 2006
AIHW (2006a). Medical Labour Force Survey, 2004
AIHW (2000). Medical Labour Force Survey, 1998

Numbers of General Practitioners, 2006-2008 – Comparison of Sources

The *actual* number of general practitioners that utilised the Better Access initiative increased by 7,799 (65%) between 2006 and 2007, 1,461 (7%) between 2007 and 2008, and 9,260 (77%) over the entire period (see Table 2.12). The service providers that utilised Better Access GP Items spent an average of just 0.37 hours (22 minutes) per week on providing Better Access services, in 2006; by 2008, this had increased to an average of 0.47 hours (28 minutes) per week.

It is estimated from the ABS Census that the *potential* general practitioner workforce was 29,923 in 2006 (Table 2.12). However, the number of GPs registered with Medicare in 2006 was approximately 22,641. The discrepancy in the potential workforce numbers between the two data sources is most likely due to methodological differences. For the purposes of this report, the potential workforce is estimated from the number of GPs registered with Medicare (i.e. able to immediately bill for MBS items) because DoHA advise that this is considered the most authoritative source. Hence, in 2006, the estimated potential Better Access GP workforce was 22,641 and, of this, approximately 53% billed services against Better Access; this had increased to approximately 87% by 2008.

[18] The Australian Medical Workforce report (Department of Health and Aged Care, 2001) is based on the AIHW (2000) data. We have chosen to base our analysis on the source data from the AIHW (2000) rather than the DoHA (2001) report

Table 2.12 Summary of estimates for general practitioners

General Practitioner	Potential				Actual		
	ABS Census	MBS			MBS		
	2006	2006	2007	2008	2006*	2007	2008
Numbers:							
of providers	29,923	22,641	23,698	24,593	12,064	19,863	21,324
of services/provider	-	-	-	-	8	51	64
Hours on Better Access Items (ave hour / week / provider)	-	-	-	-	0.37	0.37	0.47

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Characteristics of General Practitioners, 2006-2008

As shown in Table 2.13, the proportion of males and females across the potential GP workforce in the 2006 ABS Census was 63% and 37%, respectively. In comparison, the gender balance of the service providers that actually utilised the Better Access initiative in 2006 was 58% for males and 42% for females, however by 2008 the balance more closely reflected that of the potential workforce.

In 2006, the majority of potential GP service providers were aged between 40-49 years and 50-59 years, approximately 30% and 25% respectively. In comparison, in 2006, the age distribution of GPs that utilised the Better Access initiative between 40-49 years and 50-59 years was 37% and 31%, respectively. There was little change in the age distribution of the actual Better Access GP workforce across the period from 2006 to 2008, indicating the actual workforce was older than the potential workforce.

The importance of immigration amongst GPs is highlighted by the large proportion that was born overseas. In 2006, approximately 50% of potential GP workforce was born in a country other than Australia. Of these, approximately 13% were not Australian citizens.

The geographical distribution across state/territory jurisdictions was comparable for both the potential and actual providers (2006) of Better Access GP services. There was little change in the jurisdictional distribution of service providers that utilised Better Access across the period from 2006 to 2008.

At the urban, rural and remote level of geographical disaggregation, the distribution of both the potential and actual providers was concentrated in highly populated areas (i.e. urban, capital cities and metro areas). However, there was a larger proportion of GPs that utilised Better Access Items working outside of metropolitan areas than the potential GP workforce.

Table 2.13 Summary of characteristics for general practitioners

General Practitioner	ABS Potential 2006	MBS Actual 2006*	2007	2008
Gender	%	%	%	%
Male	63	58	60	60
Female	37	42	40	40
Total	100	100	100	100
Age				
15-29	8	2	2	2
30-39	22	20	18	18
40-49	30	37	33	31
50-59	25	31	31	31
60+	14	11	16	17
Sector of Employment				
Public	19	NA	NA	NA
Private	81	NA	NA	NA
Country of birth				
Australia	50	NA	NA	NA
Other Countries	50	NA	NA	NA
Citizenship status				
Australian	87	NA	NA	NA
Non-Australian	13	NA	NA	NA
Distribution: State				
NSW	34	33	33	32
VIC	25	28	26	25
QLD	18	18	19	20
SA	8	7	8	8
WA	9	9	9	9
TAS	2	3	3	3
NT	1	0	1	1
ACT	2	1	2	2
Distribution: RRMA				
Capital cities and large metro areas	NSC	67	63	62
Other metro centre	NSC	9	8	8
Large rural centre	NSC	7	7	7
Small rural centre	NSC	7	8	8
Other rural centre	NSC	10	13	13
Remote centre	NSC	0	1	1
Other remote centre	NSC	0	1	1
Distribution: Section of State				
Major Urban	77	NSC	NSC	NSC
Other Urban	15	NSC	NSC	NSC
Bounded Locality	1	NSC	NSC	NSC
Rural Balance	7	NSC	NSC	NSC
Migratory	0	NSC	NSC	NSC

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Key: NA = not applicable: the category is not applicable to this dataset

NSC = not standard classification: either the classification used differs between datasets or the data is not classified into standard (ABS or data dictionary) categories

2.1.5 Psychiatrists

Psychiatric Workforce – RANZCP Data, Pre Better Access

Since 1999 there have been concerns about the possibility of an escalating undersupply of psychiatrists in Australia (AMWAC 1999, AMHWAC 2008). In response to these concerns, in 2000 the RANZCP increased the annual intake of trainees to 120 per year, with an average of 83 trainees successfully completing each year. This goal was reached in 2006 when the selection criteria changed. The proportion of female trainees increased from 42% to 51% within three years of the expanded program. The current aim is to achieve self-sufficiency in health workforce supply which would mean increasing the output of completions to 131 annually, requiring an annual intake of 176 trainees (Mental Health Workforce Advisory Committee, 2008).

The psychiatrist workforce is influenced by the large cohort (57%) aged 50 years and over (ABS Census 2006). A 2005 workforce survey undertaken by the RANZCP found that of the 31% of psychiatrists over the age of 55 years, 17% were planning to retire within five years and a third were planning to reduce their hours of work (Mental Health Workforce Advisory Committee, 2008).

Data collected in 2007 indicates that there is wide variation in the ratio of psychiatrists to population across states and territories (Table 2.14).

Table 2.14 Ratio of RANZCP members to population

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Number	733	685	378	199	232	38	35	10	2310
Psychiatrists per 10,000 persons	1:9	1:7	1:1	1:1	1:7	1:1	1:9	1:2	1:9

Source: MHWAC (2008). RANZCP Workforce, March 2007 (unpublished)

Numbers of Psychiatrists, 2006-2008 – Comparison of Sources

The *actual* number of psychiatrists that provided services through the Better Access initiative increased by 432 (40%) between 2006 and 2007, 90 (6%) between 2007 and 2008, and 522 (48%) over the entire period (see Table 2.15). Better Access Items are only a small proportion of the MBS billing items for psychiatrists. Nevertheless, of those using Better Access, individual psychiatrists spent an average of 0.88 hours (52 minutes) per week on Better Access services (2006), with a slight increase to an average of 0.90 hours (54 minutes) per week by 2008.

It is estimated from the ABS Census that the *potential* psychiatric workforce was 2,180 in 2006 (Table 2.15). However, the number of psychiatrists registered with Medicare in 2006 was approximately 2,877. Again, the discrepancy in the potential workforce numbers between the two data sources is most likely due to methodological differences. For the purposes of this report, the potential workforce is estimated from the number of psychiatrists registered with Medicare (i.e. able to immediately bill for MBS Items). Hence, in 2006, the estimated potential Better Access psychiatrist workforce was 2,877 and, of this, approximately 38% provided Better Access services; this had increased to approximately 51% by 2008.

Table 2.15 Summary of estimates for psychiatrists

Psychiatrist	Potential				Actual		
	ABS Census	MBS			MBS		
	2006	2006	2007	2008	2006*	2007	2008
Numbers:							
of providers	2,180	2,877	2,989	3,123	1,086	1,518	1,608
of services/provider	-	-	-	-	13	62	63
Hours on Better Access Items (ave hour / week / provider)	-	-	-	-	0.88	0.90	0.91

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Characteristics of Psychiatrists, 2006-2008

The proportion of male and female psychiatrists in the potential workforce in 2006 was 60% and 40% respectively. In comparison, the gender balance of service providers that utilised the Better Access initiative was 72% for males and 28% for females in 2006, but shifted slightly in favour of females by 2008. The actual Better Access psychiatric workforce is therefore more heavily dominated by men than the broader psychiatric workforce.

Of the potential psychiatrist workforce in 2006, the largest proportion was aged between 40-49 years, approximately 30%. However, in 2006, the distribution of the age profile of the actual Better Access psychiatrist workforce was 32% aged between 40-49 years and 34% aged between 50-59 years. By 2008, the workforce had aged even further with 25% of psychiatrists actually utilising Better Access being over 60 years, compared to 21% in 2006.

The importance of immigration in supplying the potential psychiatric workforce is highlighted by the large proportion born overseas. In 2006, approximately 46% of the potential psychiatric workforce was born in a country other than Australia. Of those, approximately 14% were not Australian citizens.

In 2006, the geographical distribution across state/territory jurisdictions was comparable for both the potential and actual providers of Better Access psychiatric services. Furthermore, there was little change in the jurisdictional distribution of service providers that utilised the Better Access initiative across the period from 2006 to 2008. At the urban, rural and remote level of geographical disaggregation, the distribution of both the actual providers of Better Access services and the potential psychiatric workforce were generally comparable, with the majority concentrated in highly populated areas (i.e. urban or capital cities). Although there appears to be a greater proportion of psychiatrists working outside of capital cities in the actual Better Access workforce, the majority of these work in other metro areas and large urban centres.

Table 2.16 Summary of characteristics for psychiatrists

Psychiatrist	ABS Potential 2006	MBS Actual 2006*	MBS Actual 2007	MBS Actual 2008
Gender	%	%	%	%
Male	60	72	71	69
Female	40	28	29	31
Age				
15-29	4	0	0	0
30-39	23	13	13	13
40-49	30	32	31	30
50-59	24	34	32	32
60+	19	21	24	25
Sector of Employment				
Public	38	NA	NA	NA
Private	62	NA	NA	NA
Country of birth				
Australia	54	NA	NA	NA
Other Countries	46	NA	NA	NA
Citizenship status				
Australian	86	NA	NA	NA
Non-Australian	14	NA	NA	NA
Distribution: State				
NSW	30	32	30	30
VIC	30	30	32	32
QLD	16	18	17	17
SA	11	12	12	12
WA	10	5	6	6
TAS	2	2	2	2
NT	1	0	0	0
ACT	2	1	1	1
Distribution: RRMA				
Capital cities and large metro areas	NSC	83	83	81
Other metro centre	NSC	7	7	6
Large rural centre	NSC	4	4	4
Small rural centre	NSC	3	3	3
Other rural centre	NSC	3	3	4
Remote centre	NSC	0	0	0
Other remote centre	NSC	0	0	0
Distribution: Section of State				
Major Urban	87	NSC	NSC	NSC
Other Urban	7	NSC	NSC	NSC
Bounded Locality	1	NSC	NSC	NSC
Rural Balance	5	NSC	NSC	NSC
Migratory	-	NSC	NSC	NSC

* Note: MBS data for 2006 was for November and December only.

Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data

Key: NA = not applicable: the category is not applicable to this dataset

NSC = not standard classification: either the classification used differs between datasets or the data is not classified into standard (ABS or data dictionary) categories

2.2 Comparison of Characteristics Across Occupational Categories

In this section, the focus is on the characteristics of the workforce as a whole. This snapshot of the workforce offers a different way of looking at the characteristics of the Better Access workforce by comparing them across occupational, or provider,[19] categories.

In the following figures, the most current data has been used for age, gender, geographical distribution and use of MBS Items, namely the 2008 Medicare data. In these figures, the psychologist provider categories – clinical and registered – are differentiated. For the figures relating citizenship, the ABS 2006 Census has been used and the psychologist category has been combined.

2.2.1 Age

The most notable features of the age of the actual Better Access workforce is that it is older than the broader workforce (ABS Census) in these occupations (Table 2.17).

Table 2.17 Proportion (%) of workforce 50 years and over, by occupation

	ABS 2006 (%)	MBS Actual 2008 (%)
General Practitioners	39	47
Psychiatrists	43	57
Psychologists	34	42
Social Workers	30	57
Occupational Therapists	12	32

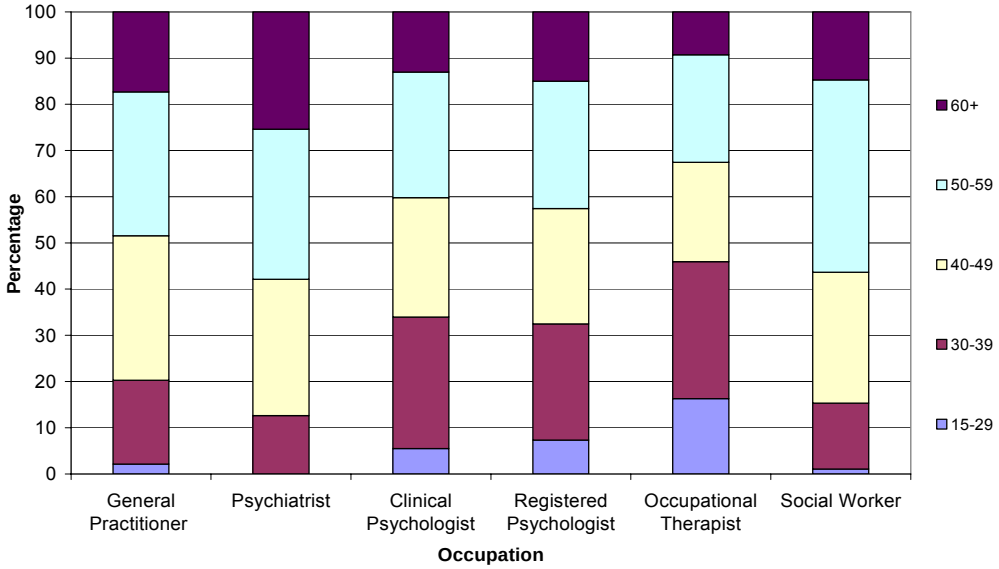
Sources: ABS. 2006 Census of Population and Housing

Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Referring Provider Data

There is a higher than expected proportion of the actual Better Access workforce aged 50 and over and this is particularly so for psychiatrists and social workers. In both of these occupations more than 50% of the actual Better Access workforce is 50 years of age or over (Figure 2.1). This has significant implications for workforce planning.

[19] For all occupations except psychology, the occupational category is taken to be the same as the provider category in the Better Access workforce. For psychologists, the occupational category is psychology, but this includes two provider categories: registered psychologist and clinical psychologist.

Figure 2.1 Distribution of the age cohorts (%) of Better Access service providers, by occupation, 2008

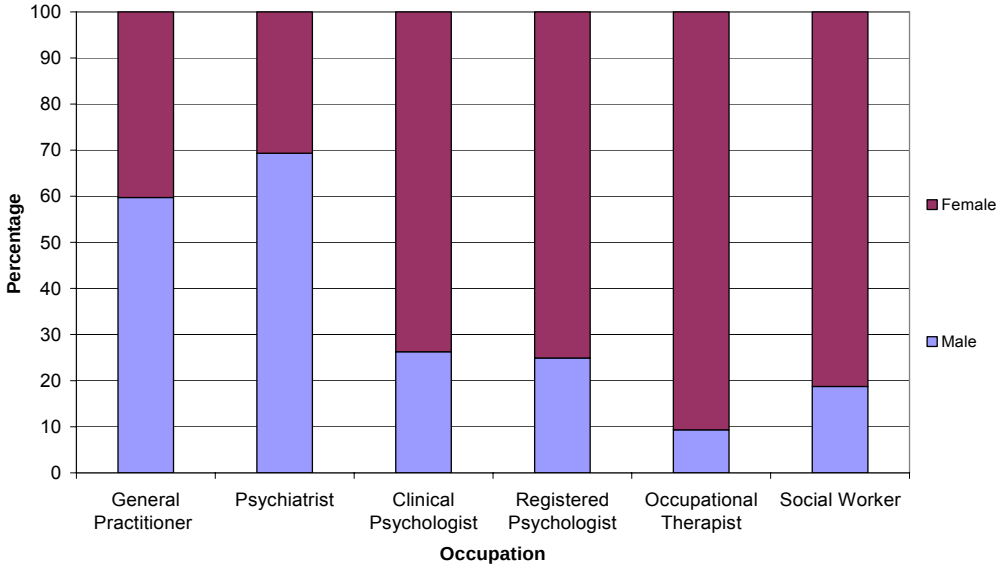


Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

2.2.2 Gender

The gender distribution of the actual Better Access workforce illustrates that the allied mental health workforce is female dominated, while the medical mental health workforce is male dominated (Figure 2.2). These patterns reflect the composition of the broader (ABS Census) Better Access workforce. For psychiatrists, however, service providers using Better Access were even more likely to be male in comparison with the broader psychiatric workforce: 60% male in 2006 ABS Census compared to 69% male in 2008 MBS data (see Table 2.16).

Figure 2.2 Distribution of gender (%) of Better Access service providers, by occupation, 2008



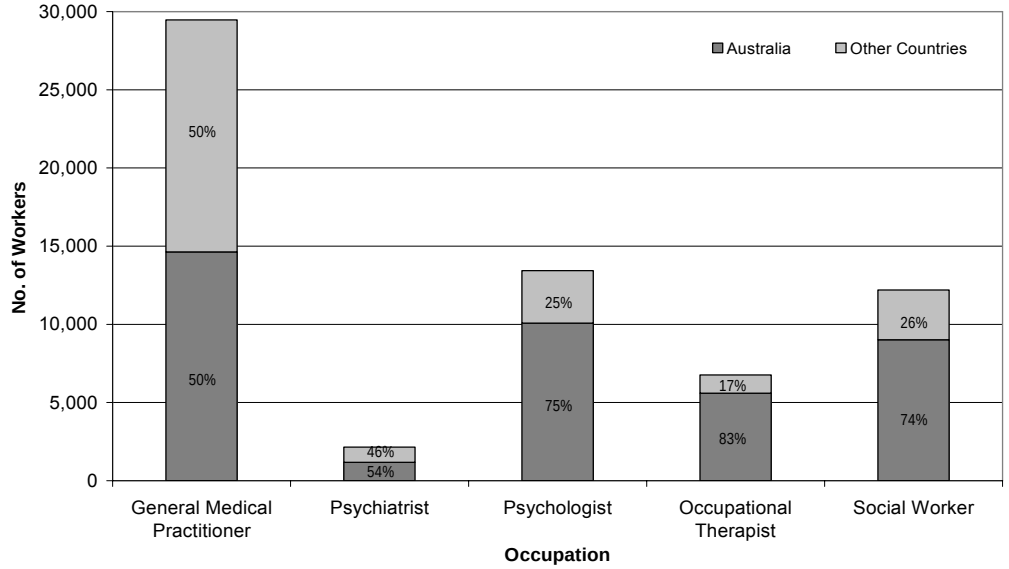
Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

2.2.3 Country of Birth and Citizenship

As the data on the Better Access workforce did not use standard classifications for country of birth or citizenship, the 2006 ABS Census data is used here to provide a general overview. The figures in this section therefore depict characteristics of the broader (not actual) Better Access workforce. As Figure 2.3 illustrates, the medical mental health workforce has high proportions of overseas born workers and is likely to be reliant on these workers to meet demand. In the allied mental health occupations, approximately 24% of this workforce is born overseas.

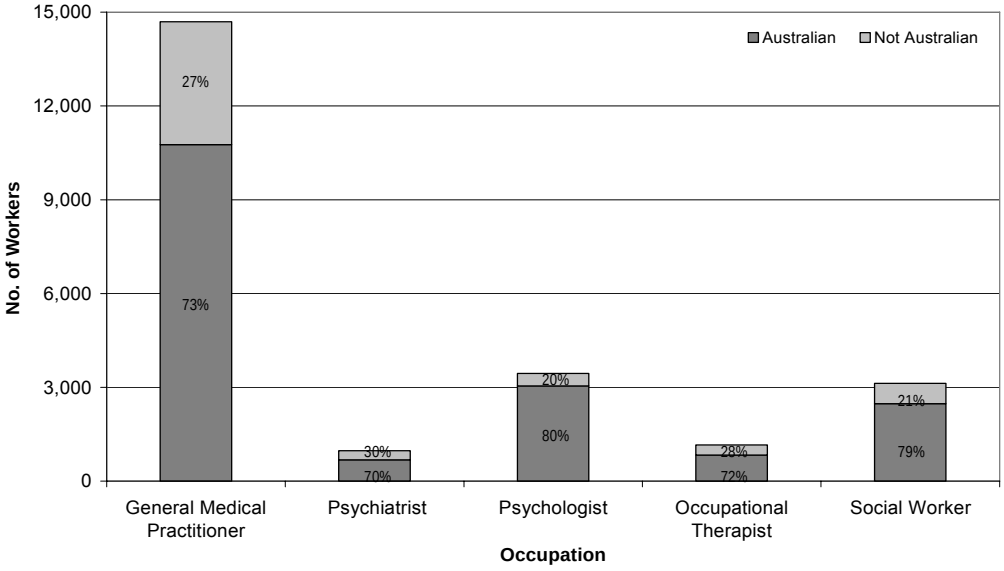
Of the mental health workforce born overseas, a high proportion has Australian citizenship. In the allied mental health occupations, only 18% of foreign born health professionals within the potential Better Access workforce do not have Australian citizenship; this rises to around 28% for the medical mental health workforce (see Figure 2.4).

Figure 2.3 Frequency and distribution of Australian and foreign born workers (%), for each of the Better Access occupation categories, 2006



Source: ABS. 2006 Census of Population and Housing

Figure 2.4 Frequency and distribution of the Australian citizenship status of foreign born workers (excl. Australian born) (%), for each of the Better Access occupation categories, 2006



Source: ABS. 2006 Census of Population and Housing

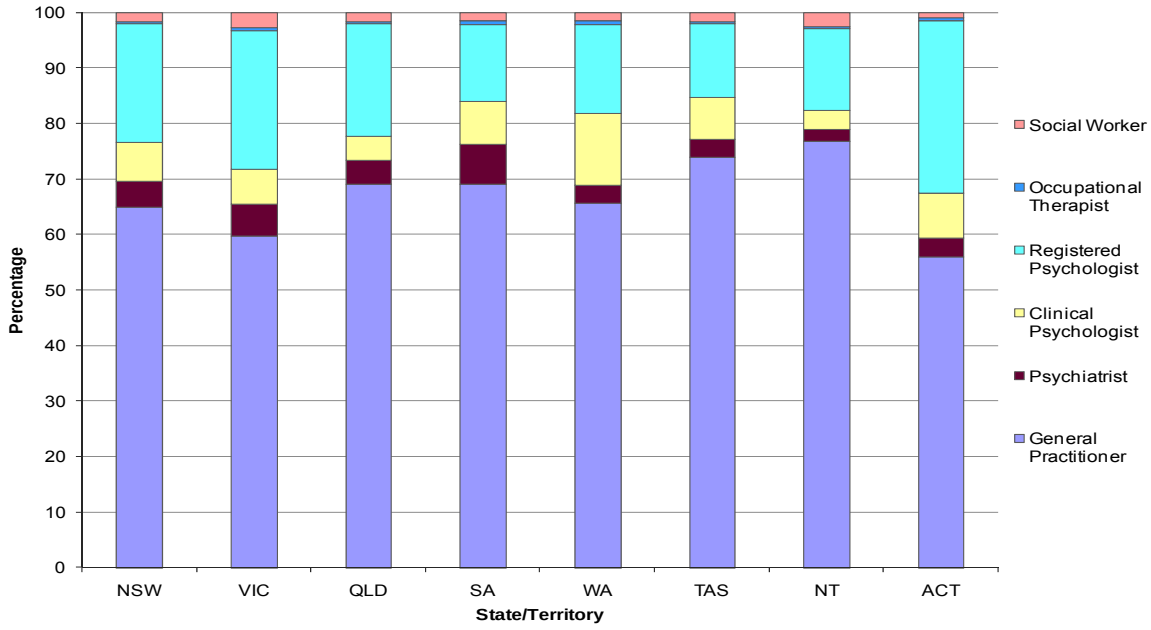
2.2.4 Geographical Distribution

State / Territory

The distribution of the actual Better Access workforce by state/territory highlights differences between jurisdictions in the use of Better Access. Except for social work (where Victoria has a higher proportion than expected), the proportion of service providers in each provider category in each state was similar to that of the potential Better Access workforce. This means that the differences in the proportions of service providers across occupations also reflect those in the broader workforce and are likely to be the result of policy and practices within those states.[20]

Some features are worth noting (Figure 2.5). In Victoria there is a comparatively lower proportion of GPs and clinical psychologists in the Better Access workforce and quite a large proportion of registered psychologists; in Queensland, clinical psychologists comprise a relatively small proportion of the Better Access workforce; in SA, there is a higher proportion of psychiatrists in the Better Access workforce, but a smaller proportion of registered psychologists; whereas in WA, there is a high proportion of clinical psychologists and relatively small proportion of psychiatrists in the Better Access workforce. Of the smaller states/territories, the ACT has a high proportion of registered psychologists and low proportion of GPs compared to the NT and Tasmania.

Figure 2.5 Distribution by state/territory (%) of Better Access service providers, by occupation, 2008



Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

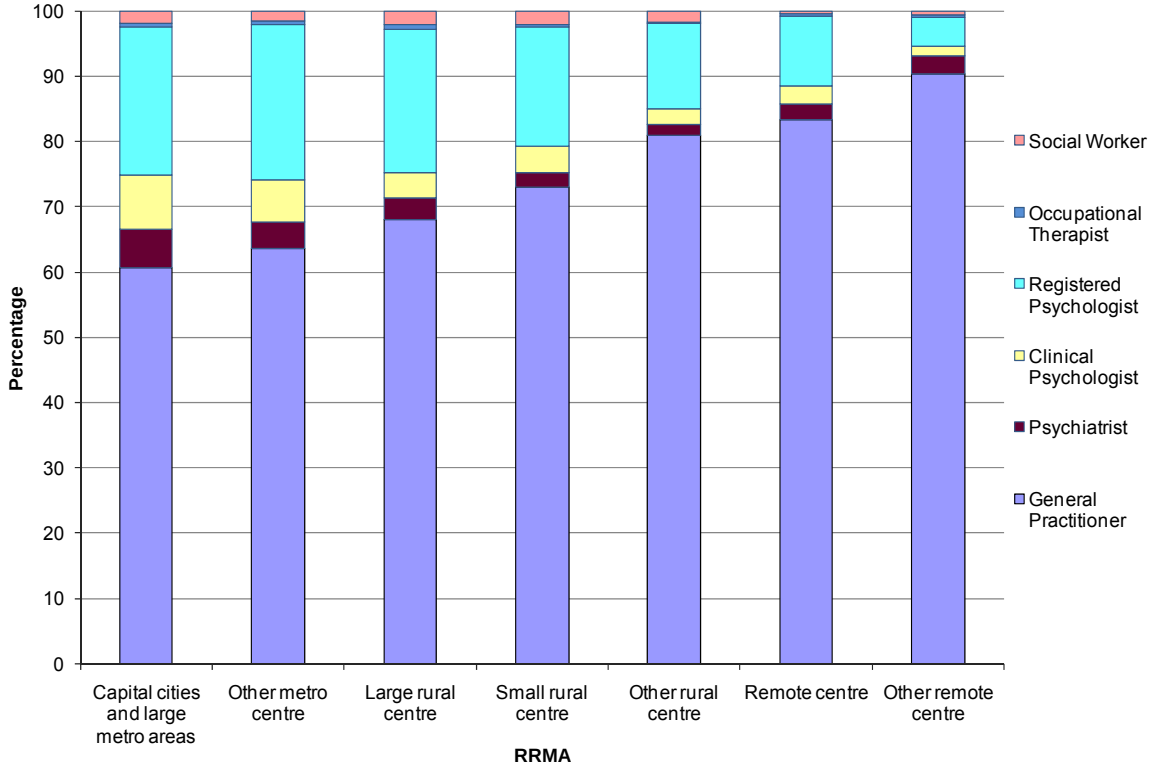
[20] If the distribution of service providers was based on some other criteria, for example, population, then the proportions for each state would be the same for each occupation: Victoria has nearly 25% of Australia's population, so a proportional distribution of service providers would mean that 25% of each occupation would be in Victoria.

Metropolitan, Rural, Remote

From the tables in Section 2.1 it was evident that the majority of service providers in all Better Access provider categories are located in capital cities and large metropolitan centres, as is the majority of the Australian population.

The Better Access workforce is not evenly distributed throughout regional, rural and remote areas. As the RRMA category increases in remoteness, the proportion of GPs in the Better Access workforce increases, ranging from around 60% in capital cities and other large metropolitan areas to 90% in other remote centres (Figure 2.6). Social workers maintain a small but relatively consistent proportion of the Better Access workforce across five of the RRMA categories; and there are a higher proportion of registered psychologists in other metropolitan areas and large rural centres than in capital cities and other large metropolitan areas. Of the remaining Better Access provider categories, psychiatrists and clinical psychologists are similar in their pattern of distribution, although there are a higher proportion of psychiatrists than clinical psychologists in other remote centres.

Figure 2.6 Distribution of Better Access service providers by RRMA geographic categories, by occupation, 2008



Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

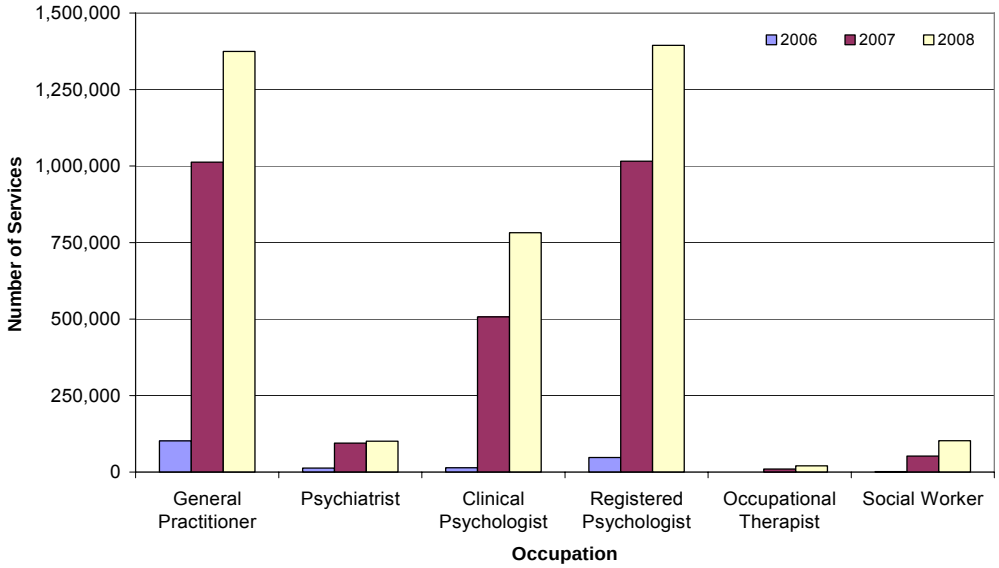
2.2.5 Use of Better Access MBS Items

For a summary of the number of Better Access services provided by occupation category and MBS Item number, 2006 to 2008, refer to Appendix B.

2.2.5.1 Frequency of use of Better Access Items per occupation

The comparison across occupations of the frequency of use of Better Access Items, illustrated in Figure 2.7, shows that the GP and registered psychology provider categories have the highest levels of utilisation and that their use of Better Access is still increasing. In contrast, the level of service provision across the psychiatry provider category has been virtually the same for 2007 and 2008.[21] Although providing the smallest number of Better Access services, the social work and occupational therapy provider categories still registered an increase in service provision from 2007 to 2008.

Figure 2.7 Frequency of service provision of Better Access MBS Items, per annum, by occupation, 2006 to 2008



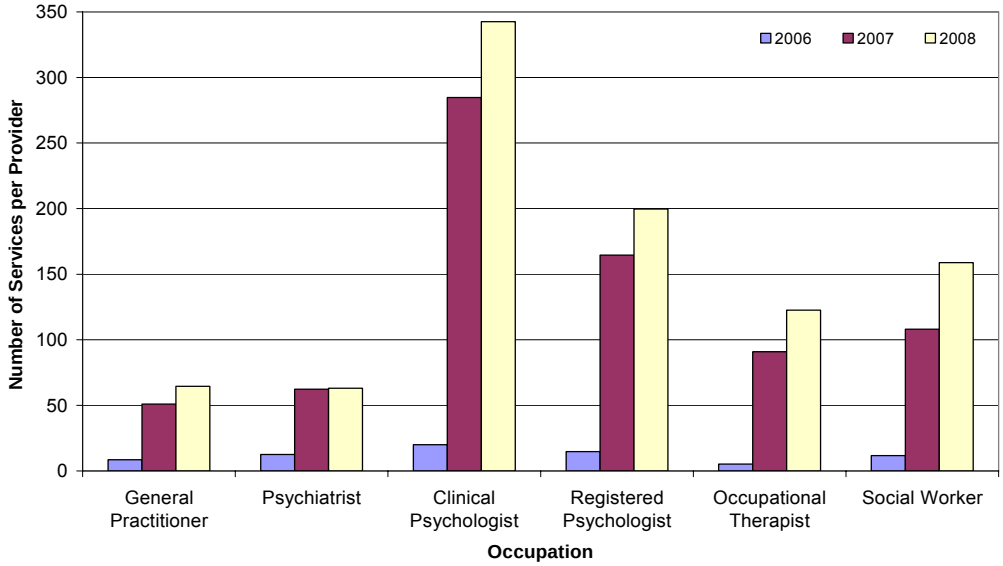
Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

2.2.5.2 Average number of Better Access services per provider

When the frequency of service provision is broken down into the average number of services provided per provider in each provider category, the picture of use is quite different. As illustrated in Figure 2.8, health professionals in the allied mental health workforce have a far higher rate of services per provider than in the medical mental health workforce. The clinical psychologists that deliver services through Better Access do so at a considerably higher rate than other provider categories. In all of the allied health provider categories the average number of Better Access Items per service provider per annum has increased each year.

[21] Better Access Items represent a relatively small proportion of MBS-subsidised services provided by psychiatrists.

Figure 2.8 Average number of Better Access MBS Items per service provider, per annum, by occupation category, 2006 to 2008

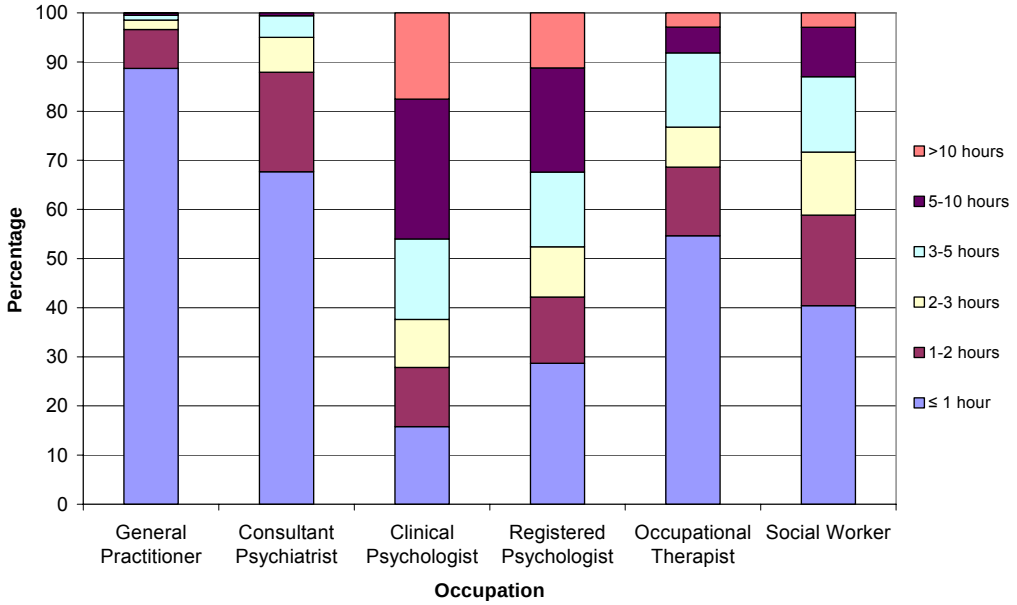


Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

2.2.5.3 Average time providing Better Access services per provider

The allied mental health workforce use Better Access Items for a greater number of hours per week than the medical mental health workforce (see Figure 2.9). Clinical psychologists spend the most number of hours per week in the provision of Better Access services, followed by registered psychologists, social workers and occupational therapists. Of these, 80% of clinical psychologists deliver services through Better Access for more than 1 hour per week. In comparison, just over 30% of psychiatrists use Better Access for more than 1 hour per week.

Figure 2.9 Distribution of the hours worked per week (%) of Better Access service providers, by occupation, 2008



Source: Medicare Australia. 2006-08 Medicare Provider Data and Medicare Benefit Schedule (MBS) data: Servicing Provider Data

2.3 Summary

This chapter has described the characteristics of the allied and medical mental health occupations in the Better Access workforce. This was accomplished by providing estimates of the numbers for each occupation in the potential Better Access workforce, providing a summary description of each occupation and then comparing characteristics across Better Access occupations.

Better Access allied mental health workforce

Due to the absence of comprehensive data on the allied mental health workforce, the size of the potential Better Access allied mental health workforce was estimated using a variety of data sources. The method used to make these calculations was detailed in the chapter, with the estimates provided being the most accurate given the data limitations.

Table 2.18 provides a summary of the size of the potential and actual Better Access allied mental health workforce. Psychologists comprised the largest allied mental health occupation in both the potential and actual Better Access allied mental health workforce. It was estimated that in 2006 there were 9,088 psychologists in the potential Better Access workforce. By 2008, there were 8,088 psychologists providing an average of 269 services per provider, equating to 4 hours 17 minutes per week. Of the two psychology provider categories, clinical psychologists provided an average of 343 services per provider in 2008, equating to 5 hours 37 minutes per week; while registered psychologists provided an average of 200 services per provider in 2008, equating to 3 hours 52 minutes per week. It was noted that in 2008 1,181 clinical psychologists provide both Focussed Psychological Strategies and Psychological Therapy Services.

Table 2.18 Size of the potential and actual Better Access allied mental health workforce

	Better Access Allied Mental Health Workforce			
	*Estimated Potential 2006**	*Actual 2006*	*Actual 2007*	*Actual 2008*
Psychologists	9,088	3,688	6,858	8,088
Social Workers	3,981	126	489	646
Occupational Therapists	6,412	23	115	172

* Note: Estimates used here are the weighted ABS number in each occupation working in the health industry (excluding residential care and social assistance services)

Source: Tables 2.3, 2.4, 2.6, 2.7, 2.9, 2.10

Although the potential number of social workers in 2006 was estimated to be 3,981, data provided by the AASW indicated that the number of accredited mental health social workers was much smaller (although increasing rapidly). In 2006 there were 150 accredited mental health social workers, rising to 839 by 2008. The 646 social workers in the actual Better Access workforce in 2008 provided an average of 159 services per provider, equating to 2 hours and 29 minutes per week.

While occupational therapists were the smallest Better Access allied mental health occupation, at 6,412 the estimated potential workforce (2006) was larger than that of social workers. By 2008, 172 OTs were providing Better Access services, averaging 123 services per provider. This equated to 1 hour and 54 minutes per week.

Better Access medical mental health workforce

In calculating the size of the potential Better Access medical mental health workforce, Provider data from Medicare was used. Table 2.19 provides a summary of the size of the potential and actual Better Access medical mental health workforce.

Table 2.19 Size of the potential and actual Better Access medical mental health workforce

	Better Access Medical Mental Health Workforce					
	Estimated Potential 2006	*Actual 2006*	**Estimated Potential 2007**	*Actual 2007*	**Estimated Potential 2008**	*Actual 2008*
GPs	22,641	*12,064*	23,698	*19,863*	24,593	*21,324*
Psychiatrists	2,877	*1,086*	2,989	*1,518*	3,123	*1,608*

Source: Tables 2.12, 2.13, 2.15, 2.16

The actual Better Access GP workforce was comprised of a high proportion of the potential workforce rising from 35% in 2006 to 87% in 2008. Although there was wide engagement with Better Access, the extent to which individual GPs provided services was much lower than that of any of the allied mental health occupations. On average, GPs provided 63 services per provider in 2008 – equating to 28 minutes per week.

By 2008, approximately 53% of psychiatrists were providing Better Access services. The 1,688 psychiatrists in the actual Better Access workforce in 2008 provided an average of 63 services per provider, equating to 54 minutes per week.

Better Access workforce

In comparing the characteristics of the occupational groups within the Better Access workforce, it was evident that there was broad similarity between the potential and actual workforce. Two points of difference stand out: the actual Better Access workforce was slightly older, and more likely to be working outside of the major metropolitan areas than health professionals in the potential workforce. Both of these could have implications for workforce planning, although further analysis of the reasons for the differences would need to be undertaken.

There were differences in the distribution of the actual Better Access workforce across the states/territories. As this reflected a similar distribution in the potential Better Access workforce, it is probable that the differences are the result of the specific policy context within each jurisdiction.

While the allied mental health workforce provided a far greater number of services per provider than GPs or psychiatrists, the overall number of services and time spent providing Better Access services for any of the allied mental health occupations comprised only a small fraction of an average workload for each of the Better Access occupations. Even clinical psychologists, the provider group with the highest rate of Better Access service provision spent, on average, just over 5 ½ hours per week per provider on Better Access Items.