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s 22(1)(a)

Approved -

To: Chris Jeacle
Assistant Secretary
Rural Access Branch

Subject: 2018 April update to the District of Workforce Shortage system

Purpose:

That you:

- Note the 2018 DWS update will go live on the 26 April 2018; and
- Note s 22(1)(a)

Timing

Approval is sought by close of business, 20 April 2018, to ensure the 2018 DWS update will go live on the DoctorConnect website on the 26 April 2018.

Key Issues:

1. Of the 724 DWS Assessment Areas in Australia:
 - 14 have gained DWS status for the speciality of General Practice, which contains 41 communities, or parts thereof;
 - 18 have lost DWS status for the speciality of General Practice, which contains 42 communities, or parts thereof.
- s 22(1)(a)
2. Towns of particular interest include the following:
 - Old Bar and Taree (NSW) have gained DWS status;
 - Stawell (VIC) has also gained DWS status; and
 - Portland (VIC) has not changed and remains a non-DWS area
 3. The DWS calculations are based on a doctor's speciality classification, Full Service Equivalent (FSE), and the Estimated Resident Population (ERP) in the assessment area.
 4. There has been no change in the speciality classifications which are considered to be in acute shortage across Australia.

Background:

A DWS classification is a mechanism to identify and address the maldistribution of the medical workforce in Australia. Some doctors, such as overseas trained doctors, foreign graduates of Australian medical schools, and Australian trained bonded doctors with return of service obligations are restricted from being eligible for a Medicare provider number unless they work in a DWS.

A DWS is an area identified as having below average access to services attracting a Medicare rebate. This is determined using population data and Medicare billing information to get a GP-to-population ratio.

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The DWS system is updated annually using the latest Medicare billing and population statistics. The last update was in February 2016, and this new update will become operational in February 2017.

Full-time Service Equivalent (FSE)

Since 2016, the DWS system calculates the workforce based on the GP FSE methodology. FSE was developed to provide an estimate of workforce activity in Medicare. FSE uses a robust mathematical model to measure workload. Inputs to the model include each practitioner's Medicare billing days, services per day and an estimate measure of 'hours worked' based on time-based items and fee relativities. One FSE is the statistical equivalent of a workload of 7.5 hours per day, 5 days per week.

DWS for General Practice

For GPs, the population-to-GP ratio is based on aggregates of Statistical Area 2s (SA2). SA2s are defined by the ABS as a general-purpose medium sized area built from whole Statistical Area 1s (SA1). Their aim is to represent a community that interacts together socially and economically. SA2s generally have a population range of 3,000 to 25,000 persons, and have an average population of about 10,000 persons. The SA2 is the lowest level of the Australian Statistical Geography Standard (ASGS) structure for which ERP, Health and Vitals and other non-Census ABS data, is generally available.

As a general guide, in major city areas the DWS Assessment Areas (DWSAA) are SA2s aggregated up to the SA3 level. In remote and rural areas, the DWSAA tend to be either a single SA2, or an aggregation of a town's SA2 and the SA2 of the immediate surrounding area. The aggregation of SA2s is highly dependent on the local demographics of an area and will vary from these general principles at need.

To provide a more accurate measure for GPs, further analysis occurs for DWSAAs that are determined to be only slightly above (within 10 per cent of) the national average. DWS status will be applied if GPs are providing more than 30 per cent above the normal full-time level of medical services to meet local needs of the community. This process ensures that DWSAAs are still considered DWS if they are only achieving an above average level of Medicare services because of a small number of GPs working extremely long hours. Doctors do not have to apply for special consideration as this process occurs automatically.

Non-DWS status for general practice is automatically applied to inner metropolitan areas of all capital cities, except Darwin, to reflect that they have better access to primary care, public and allied health services, compared to other parts of Australia. Darwin will continue to be exempt due to ongoing doctor shortages and its remoteness.

DWS status for GPs is automatically applied to all areas in the Modified Monash Model categories of MM 5 – 7.

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Recommendation

A. **NOTE** the 2018 DWS update will go live on the 26 April 2018.

8. **NOTE** s 22(1)(a)

Noted / Please Discuss

s 22(1)(a)

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Noted / Please Discuss

Director
Rural Distribution Section

s 22(1)(a)

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N/A

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