National Healthcare Agreement: PI 64a: Indigenous Australians in the health workforce (for selected professions of medical practitioners and nurses/midwives), 2011 QS

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Identifying and definitional attributes

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Health!, Superseded 12/03/2015

Data quality

Data quality statement summary:

- The AIHW Medical Labour Force Survey and the AIHW Nursing and Midwifery Labour Force Survey, which are the data sources for the indicator, were conducted with a focus on the overall professions, rather than Indigenous Australians. For the indicator, data are limited because of the small numbers of Indigenous Australians identified in the surveys. Small numbers are a result of:
  - small Indigenous representation in the Australian population;
  - small Indigenous representation in the Australian health workforce;
  - voluntary Indigenous self-identification in the surveys.
- There is significant unexplained year-on-year variation in the data.
- Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.

Institutional environment: The AIHW has calculated this indicator. The data are estimates from the AIHW National Health Labour Force Survey series, which are annual surveys managed by State and Territory health authorities.

The survey questionnaire is administered by the relevant registration board in each jurisdiction as part of the registration renewal process. Under agreement with AHMAC's Health Workforce Principal Committee, the AIHW cleans, collates, manipulates and weights the State and Territory survey results to obtain national estimates of the total medical labour force and reports the findings. These data are used for workforce planning, monitoring and reporting.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Timeliness: The reference period for the data in the indicator is the 2008 calendar year.

Accessibility: Published products available on the AIHW website are:

- Medical Labour Force Survey reports with associated Excel tables.
- Nursing and Midwifery Labour Force Survey reports with associated Excel tables.

Ad-hoc data are available on request (cost recovery charges apply).

Interpretability: Extensive explanatory information for the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Surveys is contained in the published reports and supplementary Excel tables for each, including collection method, scope and coverage, survey response, imputation and weighting procedures, and limitations on utility of estimates for Indigenous Australians. These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

For more information comparing data sources of Indigenous health labour force statistics, see the AIHW publication Aboriginal and Torres Islander health labour force statistics and data quality assessment.

Relevance:

This indicator is an interim measure, pending the implementation of the National Registration and Accreditation Scheme (NRAS) in mid-2010. Long-term indicators using NRAS data are expected to be available in 2012 and will include a much larger group of health professions. To date, there have been difficulties collecting consistent, quality data on the health workforce and many of these difficulties are expected to be resolved by the shift to NRAS data, particularly that of national consistency.

The estimates for this indicator are based on the weighted responses from the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Survey. The two surveys have been conducted using very similar methods and measures similar concepts. The survey populations have been drawn from the medical register and the nursing and midwifery register maintained in each State and Territory. The registers contain demographic information on all professionals allowed to practise in that state or territory and have been the most suitable framework for surveying the professions.

The states and territories have agreed on the core content of the data collected, but there has been some variation in actual questions asked and in the format of the questionnaire. Where necessary and possible, the AIHW has mapped responses to provide nationally comparable estimates from each survey dataset. The Australian Bureau of Statistics' (ABS) standard question was used in the survey to identify Aboriginal and Torres Strait Islander people working in the two health professions, although Victoria and WA combined response categories. This has not affected the aggregate figures for 'Indigenous'.

The focus of the surveys was the overall profession, rather than Indigenous Australians. For the indicator, data are limited because the numbers of Indigenous Australians identified in the surveys were small. Small numbers are a result of:

- small Indigenous representation in the Australian population;
- small Indigenous representation in the Australian health workforce;
- voluntary Indigenous self-identification in the surveys.

Reference periods differed across jurisdictions but were within a single calendar year. In both surveys, the questionnaire was sent out with registration renewal papers by the respective registration boards and the timing depended on the registration practices for each profession within each jurisdiction.

The indicators are disaggregated by State/Territory information primarily sourced from the registration boards. It should be noted that, in both surveys, response rates varied considerably across jurisdictions. This, coupled with small numbers, resulted in some variation in the reliability of the estimates across jurisdictions. Care should be taken when drawing conclusions about the size of the differences between estimates.

Data are presented on medical practitioners and nurses/midwives only. These professions are only part of the health workforce and exclude Aboriginal Health Workers, a large segment of the Indigenous health workforce.

Accuracy:

Data capture and initial processing for the surveys were conducted by the individual State/Territory health authorities and the procedures varied. AIHW conducts independent cleaning, editing and manipulation of the data received in order to produce more nationally consistent data. The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level and validation of unit record and aggregate data.

The surveys were conducted in conjunction with the registration renewal process, which means people registering as a medical practitioner, nurse or midwife for the first time in the reference year were not sent a questionnaire. In addition, for the Medical Labour Force Survey, overseas-trained medical practitioners doing postgraduate or supervised training were not surveyed and interns were surveyed in some jurisdictions only.

There was no sampling undertaken for the data collection: the entire population of re-registrants was targeted. The national response rate in 2008 was 68.7 per cent for the Medical Labour Force Survey and 46.6 per cent for the Nursing and Midwifery Labour Force Survey.

The data have undergone imputation for item non response and weighting to adjust for population non response. It should be noted that these adjustments are likely to introduce some bias in the final survey data and any bias is likely to become more pronounced as response rates decline.

Where possible, benchmark data were the number of registered medical practitioners or nurses/midwives in each State and Territory, supplied to the AIHW by the State and Territory registration boards for each profession. If possible, benchmarks were broken down by age group and sex and if the data were not available from the boards this way, benchmark figures were obtained from other sources, such as medical board annual reports. Where available, benchmark data relate to the time the survey was conducted. Details of the benchmarks supplied by the states and territories for each survey can be found in the published survey reports on the AIHW website.

When comparing the 2008 AIHW Medical Labour Force Survey estimates of Indigenous medical practitioners across states and territories, note that:

- The number of medical practitioners in New South Wales, Queensland and Tasmania are slightly underestimated, as the benchmark figures did not include all registered medical practitioners. New South Wales only sent questionnaires to financial registrants holding general, conditional specialist, limited prescribing or non-practising registration. Only medical practitioners holding general, specialist or non-practising registration were surveyed in Queensland. In Tasmania, only general registrants, conditionally registered specialists and non-practising practitioners received a questionnaire.
- For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age-by-sex proportions. For Western Australia the benchmark data was inflated by an unknown number of registered medical practitioners that are no longer active in the workforce.
- Data for Indigenous medical practitioners should be treated with caution due to the small population size, the overall response rate and unexplained variation between years.

Estimates were produced from the survey data, after weighting to adjust for non-response. The estimation process for non-response produces numbers of workers in fractions, but these were rounded to whole numbers for publication. For this indicator, data are presented as a percentage which is calculated excluding any records for which Indigenous status was not reported. Percentages for this indicator are calculated on the rounded figures.

When comparing estimates from the 2008 Nursing and Midwifery Labour Force Survey data, State and Territory estimates should be treated as indicative only because of low response rates in some jurisdictions, particularly Victoria (33.3 per cent) Queensland (32.9 per cent), Western Australia (34.4 per cent) and the Northern Territory (34.9 per cent). In 2008 Victorian data was affected by large numbers of online survey records being unusable for technical reasons.

Coherence:

Estimates of Indigenous medical practitioners from the 2006 Medical Labour Force Survey have been compared with the ABS 2006 Census of Population and Housing estimates and the AIHW figures were noticeably higher than those from the Census. There are complex reasons for the difference.

The approach to identifying Indigenous Australians has been very similar in the two data collections. Both have used the same self-identification question to collect Indigenous status, and both have used a self enumeration questionnaire. However, it is also possible in both collections for another person to complete the form on behalf of the respondent. Further, there has been investigative work done which shows that a person’s propensity to identify as Indigenous can change in different settings. Both these factors can result in different information being collected about Indigenous Australians.

In addition, a range of significant differences in collection methods exists between the two data sources and, to varying degrees, these contribute to the differences in the figures between the two sources. Please refer to the Data Quality Statements for PI 64(b) in National Agreement Performance information 2008 09) for information on the main factors which need to be taken into account when comparing results from the Census and the AIHW Health Labour Force Survey series.

Comparability of estimates for the medical workforce between 2007 and 2008 is limited by differences in coverage of the available benchmark across years (see Accuracy above). Care should be taken when drawing conclusions about the size of the differences between estimates across these years.

Currently there is no information available about the effect of these differences on the indicator data.

Some broad-level comparisons of workforce percentage growth have been made between Medical Labour Force Surveys, the ABS Census of Population and Housing and Medicare administrative data. All sources showed upward trends, although comparisons are limited by the significant differences in collection method, scope, coverage and definitions between the data sources.

There are variations in reported numbers of Indigenous health professionals across years which we are unable to explain directly.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P64a-Indigenous Australians in the health workforce, 2010 QS

Health!, Superseded 04/12/2012
Indigenous, Superseded 04/12/2012

Has been superseded by National Healthcare Agreement: PI 64a-Indigenous Australians in the health workforce, 2012 QS

Health!, Retired 14/01/2015
Indigenous, Standard 04/12/2012

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 64a-Indigenous Australians in the health workforce, 2011

Health!, Superseded 31/10/2011
Indigenous, Superseded 31/10/2011