

# APPENDIX D

## Notes to assist in interpreting data in this publication

### (a) Changes to the survey form in 2000

There were changes made to the questions on the 2000 survey form which have resulted in the need to apply different definitions to the data. One of the major changes was the collection of data on hours worked by location, rather than frequency responses on the number of jobs. Therefore the question on "three main locations where medical practitioners worked over the last four weeks and percentage of hours worked in each locality" (Q. 9) was used to determine the number of respondents working at one, two or three locations. In some cases, the same postcode was recorded for more than location.

*The major constraint with this type of question is the high non response which results when respondents are asked to record hours worked. The non response rate in Table 3.4 was twenty percent (p.16).*

*In addition, the question on work settings was changed to ask "how many hours per week over the last four weeks were worked in each of the following settings?" (Q.8). The non response rate to this question shown in Table 3.6 was seven percent.*

*These changes to the survey questions have resulted in constraints in the ability to compare data over time. These are documented over the period 1990 to 2000 in the section below.*

### (c) Longitudinal data may not be directly comparable across all years

Care should be taken when analysing longitudinal data as not all data items are directly comparable across all years. A number of particular issues need to be considered:

- The annual labour force survey has been revised on a number of occasions between 1992 and 2002, with a major revision in 1992, 1994 and again to key questions in 2000. New questions have been added while others have been dropped; new categories have inevitably affected the number of medical practitioners responding to other categories.
- Information on primary care practitioners (section 3), specialists (section 4), specialists in training (section 5) and non-specialist hospital salaried medical practitioners (section 6) will be affected by changes in the way in which this information has been elicited from respondents. A summary of the changes is included in the notes to Table 3.26 on page 28.
- The extension of undergraduate medical training from five to six years resulted in a shortfall of one graduating class in 1992 (affecting 1992/93).
- In 1993, the survey reporting period was 15 months rather than the usual 12 months in order to bring the period in line with the NSW Medical Board's financial year. This artificially increased the number of new registrants reported in 1993 and reduced the proportion of recent medical graduates in that year's data. This occurred again in 1997, but data from 1996 to 1999 are not adjusted in order to allow comparability of data across this time period.
- Registration categories and the manner in which the data is stored were changed in 1993 and in 2001. This may affect in particular the classification of registrants as either renewals or restorations or new registrants.

Data from 1994, 1995 and 1996 can be readily compared. Data from 1996 to 1999 can also be compared, apart from minor changes in 1998 to the categories of work status (not working categories only), remunerated hours worked per week (on call hours worked absorbed into direct patient care hours), and number of specialties coded (from 47 to 49 categories). Data from 2000 to 2002 can also be compared, apart from the method of estimating workforce size and participation rate. When comparing data from prior to 1994 consideration should be given to the effect of any discontinuities.

**(d) Figures have not been adjusted for non-response**

Data in this publication have not been adjusted for unknown information (both survey non-response and registration data such as year of birth). When interpreting the tables and graphs, consideration should be given to the impact of unknown data:

- The absence of data due to non-response results in an under-representation of the size of the workforce.
- Data from different years are samples with different response rates. Variations in the response rate from year to year may account for some of the variation evident in longitudinal data (see Tables 1.3a and 1.3b).
- The labour force characteristics of non-respondents may differ from the characteristics of survey respondents (for example, respondents may be more likely than non-respondents to be in the workforce). Weighting the survey data according to non-response alone may result in an over-estimation or under-estimation in some categories.
- The labour force characteristics of medical practitioners who are not part of the survey target group (that is, new registrants and restorals) may differ from the characteristics of the survey population. In particular, the Australian Institute of Health and Welfare identified from 1995 data that “Practitioners aged less than 35 years had lower response rates than had practitioners aged over 35 years, and practitioners in the younger age groups also had different characteristics from those of the older age groups.”<sup>1</sup>

An estimate of the total workforce size is provided in section 1 (Table 1.3b, page 5). These estimates should be regarded as a guide only and may usefully be verified against other data sources.

**(e) Calculating total unknown data for the survey**

In determining the total unknown data for a particular question, consideration should be given to:

- **Unknown data for the question or questions comprising the table**, as indicated at the foot of each table. This may also include information that is unknown due to registration data (eg, year of birth) being unavailable from the NSW Medical Board.
- **Non-response to any filtering questions.** In particular, data on general practitioners, specialists, specialists in training and non-specialists are affected by non-response to survey question 12. Data on first, second and third location will also be affected by the response rate to Question 9.
- **Non-response to the survey.** Survey response rates are presented in Table 1.3b.

It should be noted that limitations in the survey data prevent a distinction between non-response and alternatives such as “no”, “other” or “zero”. Information regarding this is noted at the foot of the relevant tables.

**(f) Conventions used in this publication**

Throughout this publication, figures within the tables may not add to the total shown where it has been necessary to round numbers. Percentages printed as 0.0 may denote less than 0.05%.

*Italics* are used to report unknown data.

**Bold** is used to indicate a total or subtotal.

Vertical lines in tables note significant discontinuities.

0 is used for zero.

— denotes not applicable.

n/a denotes data is not available.

<sup>1</sup> The Australian Institute of Health and Welfare, *Medical labour force 1995* (Canberra: AIHW, 1997), p. 3.