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Health Workforce Data Intelligence Unit  
Australian Government Department of Health, Disability and Ageing  
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### Medical Practitioners Workforce Survey Review – ANZCA feedback

Thank you for the opportunity for the Australian and New Zealand College of Anaesthetists (ANZCA) to provide feedback to the *Medical Practitioners Workforce Survey Review*.

ANZCA recognises the importance of this annual survey, not only for individual practitioners and their registration, but also national health sector workforce planning purposes. This was even more evident when ANZCA began working with the department on Anaesthesia supply and demand modelling during 2025. It highlighted the need for the data to be better utilised for improved workforce planning and the ageing the purposes for which data elements would be used for.

To enable greater analysis, it may have been useful to see what gaps there were in survey information for those undertaking the workforce analysis last year.

Some specific feedback is provided below.

Section / Question number	ANZCA comments
General	The omission of sex and gender may reduce utility of the dataset for planning. Is this survey data linked to these fields elsewhere? This would be essential to enable tracking and improving equity.
	Is it possible to prepopulate as much as possible for basic/core information? e.g. Q2 date of primary qualification never changes. Making things easier and faster would allow for focus on the meaningful areas. Noting that fields like hours worked breakdowns etc, although tedious, should be unfilled though as otherwise people will just accept old information because of survey fatigue, even if it has changed.
Question 6	Understanding the reasons why people are no longer in the medical workforce or part-time or 'casual' seems critical to planning. e.g.: <i>How much did/do the following contribute to your less than full-time medical workforce status?</i> few employment opportunities in my geographical area, unable to relocate, dependent child carer duties, other carer duties, personal health (including mental health), disability, discrimination, other (with Likert scales). Could add a definition of discrimination to cover unfair treatment based on age, gender, sexuality, religion, culture, racism.
Question 7	There is the potential for multiple roles in the week that are not clearly accounted for or separated in the form e.g. Q7.

Section / Question number	ANZCA comments
Preceding Question 10	The contribution to 'on-call' for out of hours emergency work should be identified (nights/weekend days month) - this is a workforce burden. Applies to many specialties.
Question 10	Consider if/how this reflects multiple assignments, e.g. part time in multiple roles? Definition of full-time is also necessary as it could be that doctors are working full-time in other "fields"
Specialty fields, Page 10	Include Rural generalist medicine as a specialty field ( <a href="https://www.ahpra.gov.au/News/2025-09-21-Rural-generalist-medicine.aspx">https://www.ahpra.gov.au/News/2025-09-21-Rural-generalist-medicine.aspx</a> )
	Please consider reordering the fields. Currently the ordering is neither alphabetical nor by number (from 67 down). Perhaps the list of dark grey 'others' could at least be alphabetical to help people find their code(s).

Regards,

**Dr Vanessa Beavis**

Executive Director Professional Affairs

ANZCA