

What are health workforce classifications?

Workforce classifications define the remoteness of different areas and determine the requirements to provide Australians with access to quality healthcare.

The classifications are based on population data collected by the Australian Bureau of Statistics (ABS) every five years. Some classifications combine Medicare billing, population, social and geographical data to determine areas of workplace shortage.

There are various classifications used to determine how to distribute doctors, including:

- Distribution Priority Area (DPA) which determines the services of an area compared to a benchmark.
- District of Workforce Shortage (DWS) which shows the number of non-general practice specialists compared to the population of the area.
- Area of Need (AoN) which is a classification determined by the state government.

The [Health Workforce Locator](#) is a helpful online tool you can use to search the classifications by address or via the map feature.

Distribution Priority Area

The Distribution Priority Area (DPA) classification specifies areas where access to doctors is not sufficient for the needs of the community, which is determined by gender and age demographics as well as the socio-economic status of patients living in the area.

An area is automatically classified as a DPA when it is:

- classified MM 5 to MM 7 under the Modified Monash Model (MMM)
- located in the Northern Territory.

Other locations classified MM 2 and above are considered a DPA when the health service levels do not meet a service benchmark for the population.

International medical graduates (IMGs) who are general practitioners are required to work in DPA locations to access Medicare billing under [Section 19AB](#) of the [Health Insurance Act 1973](#).

Australian-trained bonded doctors with return-of-service obligations are required to work in DPA locations to access the Medicare Benefits Schedule.

District of Workforce Shortage

The District of Workforce Shortage (DWS) classification uses population and Medicare billing data to determine a specialist-to-population ratio in each geographical area of Australia and identify areas of need.

IMGs who practice in specialities (other than general practice) are required to work in a DWS for specialists in order to obtain a Medicare provider number.

Bonded doctors in specialities (other than general practice) can work an inner metropolitan DWS for their medical speciality or in an MM 2 to MM 7 location.

Under the DWS, there are eight specialities:

- Anaesthetics.
- Cardiology.
- Diagnostic radiology.
- General surgery.
- Obstetrics and gynaecology.
- Ophthalmology.
- Medical oncology.
- Psychiatry.

Area of Need

The Area of Need (AoN) classification is determined by the Western Australian Department of Health to support the distribution of the medical workforce where there's a shortage of general and specialist medical services.

The AoN determination assists public and private health service providers to recruit suitably qualified international medical graduates (IMGs) to vacant positions if it is not possible to fill the position with an Australian-qualified medical practitioner.

Health service providers and stakeholders, including shires or city councils, can apply to the Western Australian Department of Health for an AoN classification. The AoN may be determined by service, suburb, shire area, health service region or site.

Applications must include supporting documentation, such as evidence of need, a position description and labour market testing to demonstrate that the position could not be filled by an Australian-qualified medical practitioner.

Modified Monash Model

The Modified Monash Model (MMM) is used to classify geographical areas according to remoteness and town size. Cities and metropolitan areas are classified MM 1 and rural, remote and very remote areas are classified MM 2 to MM 7.

DPA classifications are determined by MMM boundaries where people living in MM 2 to MM 7 locations can experience difficulty accessing medical services within their communities.

MMM is used to determine eligibility for a range of health workforce programs, including Rural Bulk Billing Incentives, Workforce Incentive Program and Bonded Medical Program.

ASGS-RA and ASGC-RA

The Australian Statistical Geography Standard - Remoteness Area (ASGS-RA) divides Australia into five levels from RA 1 for major cities to RA 5 for very remote areas, based on population census data and the distance to services.

The ASGS-RA is used to inform research and policy development and contributes to MMM classifications.

The ASGS-RA replaced the Australian Statistical Geography Classification - Remoteness Area (ASGC-RA) in 2011. However, programs such as the 10 year moratorium for IMGs still use the ASGC-RA to determine eligibility for scaling credits.

Further information

To find out more about the different health workforce classifications, visit the [Australian Government Department of Health website](#).

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.