

# Analysis of the Australian orthotist/prosthetist workforce 2007-12

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## *Background*

A larger healthcare workforce is required to meet the future needs of an ageing population with increased chronic disease. A lack of high-quality workforce data prevents the development of informed workforce policies and initiatives, particularly within allied health. There are currently no data describing the Australian orthotist/prosthetist workforce. The aim of this analysis was to describe changes in the Australian orthotist/prosthetist workforce from 2007-12.

## *Method*

Data from Australian Orthotic Prosthetic Association (AOPA) were used to characterise changes in the orthotist/prosthetist workforce (i.e., age, sex, geographic location) at a national and state/territory level between 2007-12. The AOPA database is considered the best source of workforce data because typical sources of allied health workforce data (e.g., National Health Workforce Datasets) exclude orthotist/prosthetists. Linear regression techniques were used to determine whether changes in workforce demographics were due to chance.

## *Results*

While the number of orthotist/prosthetists in Australia increased ( $p=0.006$ ), the incidence remained unchanged ( $p=0.054$ ) at approximately 1.0 orthotist/prosthetists per 100 000 population. The workforce became younger ( $p=0.004$ ) and more feminised ( $p=0.005$ ). The incidence of orthotist/prosthetists in metropolitan regions (1.3/100 000) was more than double that of regional and remote Australia (0.6/100 000). There was considerable state-to-state variation across Australia. Only Victoria ( $p=0.004$ ) and Tasmania ( $p=0.003$ ) demonstrated an increase in the number of orthotist/prosthetists, resulting in Victoria having the largest workforce (2.2/100 000)

## *Discussion*

The orthotist/prosthetist workforce has increased in line with population growth. Age and gender distribution are beginning to align with the broader allied health workforce. The most poorly serviced regions are states/territories outside of Victoria, particularly regional/remote Australia. Given that health outcomes are poorer for rural/remote Australians compared to their metropolitan counterparts, workforce initiatives should focus on minimising this disparity of access to orthotist/prosthetists.