



Health Workforce
Queensland

Health Workforce Needs Assessment Summary Report:

Central Queensland, Wide Bay, Sunshine
Coast Region

June 2021

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Introduction

The Health Workforce Needs Assessment (HWNA), undertaken annually by Health Workforce Queensland, conducts an online survey targeting general practitioners (GPs), practice managers, primary health care nurses, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health professionals working in Modified Monash(MM) 2-7 locations in Queensland. Survey items are developed to gauge health practitioner and health service manager perceptions about workforce gaps, primary care service gaps, and to identify primary health concerns in their community(s) of practice. Quantitative and qualitative results from this survey that are applicable to the **Central Queensland, Wide Bay, Sunshine Coast (CQWBSC)** region are enclosed in the following report.

The report for the Central Queensland, Wide Bay, Sunshine Coast region supplements the state-wide 2021 HWNA Summary Report which is available on the Health Workforce Queensland website. The 2021 HWNA Summary Report details the HWNA methodology and provides an overview of state-wide workforce issues, numbers, and initiatives undertaken in Queensland during the previous 12 months.



Central Queensland, Wide Bay & Sunshine Coast Region

Participants

Surveys were conducted with general practitioners (GPs), health service/practice managers, primary health care nurses/midwives, Aboriginal and Torres Strait Islander health workers/practitioners and allied health professionals. The total number of participants in the CQWBSC region were 211, which consisted of 91 general practitioners, 63 practice managers, 43 allied health practitioners/others and 14 nurses/midwives.

Workforce and Service Gaps

The surveys contained 31 statements about a serious primary care workforce or service gap existing in their community(s) of practice and required participants to rate their level of agreement from '0 = Strongly disagree', to '100 = Strongly agree'. There were 18 statements framed in terms of serious workforce gaps and 13 statements about serious primary care service gaps. Higher scores therefore indicate stronger levels of agreement with the statement and a stronger perception of the existence of a serious workforce gap or service gap in the community. The number of general practitioners, practice managers, nurses/midwives and allied health practitioners/others are provided in Table 1 according to HHS areas.

Table 1: CQWBSC Region participants by type and by HHS areas

| Type | Central Queensland HHS | Wide Bay HHS | Sunshine Coast HHS | Total |
|------------------------------------|------------------------|--------------|--------------------|------------|
| | n (%) | n (%) | n (%) | n (%) |
| General Practitioners | 35 (37.6%) | 34 (45.9%) | 22 (50%) | 91 (43.1%) |
| Practice Managers | 25 (26.9%) | 25 (33.8%) | 13 (29.5%) | 63 (29.9%) |
| Nurses /Midwives | 7 (7.5%) | 4 (5.4%) | 3 (6.8%) | 14 (6.6%) |
| Allied Health Practitioners/Others | 26 (28.0%) | 11 (14.9%) | 6 (13.6%) | 43 (20.4%) |
| Total | 93 | 74 | 44 | 211 |

Mean workforce gap ratings are provided in Table 2 and primary care service gap ratings in Table 3. These are presented for the whole CQWBSC region as well as for each of the HHS areas, with gap rating means ranked from 1-18 for CQWBSC and each HHS.

Means in 'bold' are values of 60 or higher, indicative of a possible serious gap existing.

Table 2: Mean workforce gap ratings for CQWBSC region and each HHS

| Type of workforce | CQWBSC Region Total | Central Queensland HHS | Wide Bay HHS | Sunshine Coast HHS |
|---------------------------------|------------------------|------------------------------|------------------|-----------------------|
| | M (Rank) | M (Rank) | M (Rank) | M (Rank) |
| Psychology | 74.91 (1) | 78.89 (1) | 75.28 (1) | 66.61 (3) |
| Speech Pathology | 73.86 (2) | 77.94 (3) | 71.78 (3) | 69.11 (1) |
| Occupational Therapy | 73.41 (3) | 78.20 (2) | 72.23 (2) | 65.41 (4) |
| Social Work | 69.29 (4) | 75.07 (5) | 62.95 (5) | 68.57 (2) |
| General Practitioner | 68.58 (5) | 76.00 (4) | 69.57 (4) | 51.94 (9) |
| ATSI Health Worker/Practitioner | 62.08 (6) | 68.24 (6) | 58.44 (6) | 54.32 (7) |
| Diabetes Education | 60.44 (7) | 64.61 (7) | 55.31 (9) | 59.29 (5) |
| Nutrition and Dietetic | 57.33 (8) | 61.90 (8) | 54.09 (11) | 53.61 (8) |
| Dentistry | 55.57 (9) | 61.58 (9) | 54.83 (10) | 46.17 (10) |
| Exercise Physiology | 55.08 (10) | 60.30 (10) | 56.40 (7) | 43.64 (11) |
| Nursing/Midwifery | 55.07 (11) | 59.37 (11) | 48.95 (14) | 55.70 (6) |
| Podiatry | 53.26 (12) | 58.93 (13) | 55.44 (8) | 35.72 (14) |
| Sonography | 50.54 (13) | 58.98 (12) | 50.10 (13) | 35.18 (16) |
| Physiotherapy | 49.86 (14) | 55.43 (15) | 50.18 (12) | 35.54 (15) |
| Audiology | 49.65 (15) | 58.64 (14) | 45.35 (16) | 37.28 (13) |
| Radiology | 46.90 (16) | 54.87 (16) | 47.60 (15) | 30.11 (17) |
| Optometry | 40.86 (17) | 46.10 (17) | 35.51 (18) | 38.19 (12) |
| Pharmacy | 32.88 (18) | 33.42 (18) | 36.00 (17) | 25.83 (18) |

For the **CQWBSC region** there were 7 workforce gap ratings of 60 or more. The highest means were for psychology, speech pathology and occupational therapy, which were higher than 70. The three types of workforce with means lower than 50 were pharmacy (M = 33), optometry (M = 41) and radiology (M = 47).

Central Queensland HHS had 10 workforce gap ratings of 60 or more with the highest ratings for psychology, occupational therapy, and speech pathology.

For the **Wide Bay HHS** region there were only five means higher than 60, with psychology, occupational therapy and speech pathology having the highest workforce gap means.

The **Sunshine Coast HHS** had only four means of 60 or more. The highest mean was for speech pathology followed by social work and psychology workforce.

One of the most notable results was the high ranking for nursing/midwifery workforce in the Sunshine Coast HHS (Rank = 6) compared to the Wide Bay HHS (Rank = 14).

Table 3: Mean service gap ratings for CQWBSC Region and each HHS

| | CQWBSC Region Total | Central Queensland HHS | Wide Bay HHS | Sunshine Coast HHS |
|--------------------------------|--------------------------------|---------------------------------------|-------------------------|-----------------------------------|
| Type of service | M (Rank) | M (Rank) | M (Rank) | M (Rank) |
| Mental Health | 77.59 (1) | 83.28 (1) | 74.02 (1) | 72.60 (2) |
| Alcohol and Other Drugs | 72.93 (2) | 76.57 (2) | 67.82 (2) | 74.29 (1) |
| Community Based Rehabilitation | 70.90 (3) | 76.12 (3) | 66.50 (3) | 67.48 (3) |
| Aged Care | 64.09 (4) | 70.16 (5) | 64.72 (4) | 49.57 (11) |
| Social Support | 63.74 (5) | 69.24 (7) | 62.08 (7) | 56.15 (8) |
| Oral Health | 63.62 (6) | 62.78 (12) | 63.00 (6) | 66.65 (4) |
| Refugees and Immigrants Health | 63.41 (7) | 66.41 (9) | 60.03 (8) | 62.29 (6) |
| Child Health | 63.12 (8) | 67.98 (8) | 59.67 (9) | 58.63 (7) |
| Palliative Care | 63.08 (9) | 69.50 (6) | 63.71 (5) | 48.67 (13) |
| Health Prevention/Promotion | 62.78 (10) | 65.56 (10) | 58.21 (10) | 63.72 (5) |
| Disability | 62.28 (11) | 71.18 (4) | 57.65 (11) | 52.03 (10) |
| Maternal Health | 59.24 (12) | 65.41 (11) | 57.62 (12) | 49.03 (12) |
| ATSI Health | 54.60 (13) | 56.18 (13) | 52.70 (13) | 54.28 (9) |

There were 11 service gap means of 60 or more in the **CQWBSC region**, with the highest means being for mental health, alcohol and other drugs and community-based rehabilitation services.

The **Central Queensland HHS** had all means above 60, apart from Aboriginal and Torres Strait Islander health services. The highest means were for mental health, alcohol and other drugs and community-based rehabilitation.

The **Wide Bay HHS** had eight means over 60 out of which the highest means were also for mental health, alcohol and other drugs and community-based rehabilitation.

The **Sunshine Coast HHS** had only six means above 60. The order of highest means in this region was alcohol and other drugs, mental health and community-based rehabilitation. The mean for palliative care services in the Sunshine Coast HHS was below 50 and was ranked the lowest for the region, in contrast to the Central Queensland HHS where palliative care services was ranked 6th.

Workforce Gap Comments

Comments about workforce gaps (N =57) were thematically analysed and the main themes and issues are presented below:

Workforce Gap Themes

Allied Health workforce gap: (n = 28)

- ✓ Insufficient workforce (n = 17)
- ✓ No workforce (n = 12)
- ✓ Cost of service (n = 5)

General Practitioner workforce gap: (n = 24)

- ✓ Recruitment issues (n = 11)
- ✓ Insufficient workforce (n = 8)
- ✓ Excessive wait times for clients (n = 4)

Psychology workforce gap: (n = 20)

- ✓ Insufficient workforce (n = 13)
- ✓ Excessive wait times for clients (n = 5)

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

The main workforce gap themes were centred around a lack of **allied health, general practitioner and psychology** workforce, difficulty in recruitment and retention and high costs and wait times for services, all of which impact community access.

Service Gap Comments

Comments about service gaps (N = 20) were thematically analysed and the main themes and issues are presented below:

Service Gap Themes

Services/Workforce Insufficient: (n = 17)

- ✓ Mental Health/Psychology/Alcohol and Other Drugs Services (n = 6)
- ✓ No specialised services available (n = 5)
- ✓ Dental Services (n = 3)

Access/Affordability of Services: (n = 10)

- ✓ Poor access to services (n = 5)
- ✓ Poor affordability/funding of service (n = 5)

Other Issues:

- ✓ No acute services – Lack of maternity and palliative care – Inconsistency in outpatient departments – Gaps in aged care services – Poor transport facilities to services – Long wait times – Poor community support and integration

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

The main service gap themes were centred around **insufficiency in availability of mental health/psychology/alcohol and other drug (AOD) and dental services**. Access and affordability of these services was problematic. There were other comments highlighting specific issues such as a lack of acute services, and poor transport facilities.

Telehealth in Focus

An unanticipated consequence of restrictions due to the COVID-19 pandemic in 2020 was advances in the use of telehealth in primary health care in Queensland, including the national rollout of Temporary COVID-19 MBS Telehealth items. The HWNA survey included several questions to gauge perceptions of practitioners and managers about the impact and potential for telehealth. The first items were agreement rating statements where participants were asked to respond to three statements along a 101-point scale from '0 = Strongly disagree' to '100 = Strongly agree'. The statements were:

1. Telehealth has had a positive impact on my professional life.
2. Telehealth has had a positive impact on primary care for community members.
3. I would like telehealth to be more widely available for rural/remote practitioners.

Table 4: Mean telehealth impact ratings for CQWBSC Region and each HHS

| Telehealth item | MM 2-7 QLD <i>M (SD)</i> | CQWBSC Region Total <i>M (SD)</i> | Central Queensland HHS <i>M (SD)</i> | Wide Bay HHS <i>M (SD)</i> | Sunshine Coast HHS <i>M (SD)</i> |
|---|-----------------------------|---|--|-------------------------------|--|
| Positive impact on professional life | 72.27 (25.75) | 73.35 (25.45) | 70.12 (29.05) | 77.42 (22.31) | 72.26 (23.01) |
| Positive impact on community members | 76.60 (22.14) | 77.62 (21.06) | 75.66 (22.93) | 79.68 (19.45) | 77.8 (20.11) |
| Would like telehealth to be more widely available | 82.51 (20.59) | 81.94 (21.74) | 80.38 (24.32) | 85.24 (19.21) | 79.47 (20.27) |

All means were higher than 70, suggesting that participants viewed telehealth as having a **positive impact** on professional life and on primary care for community members. The **CQWBSC region's** telehealth items had relatively similar mean ratings to QLD overall. The **Wide Bay HHS** had higher means for all items than the other HHS regions.

Participants were given the opportunity to provide more information about their impact ratings and whether they would like telehealth to be more widely available. Comments (N = 52) were thematically analysed, and the following themes identified.

Telehealth Impact Themes

Improved patient access:

- ✓ Improved access to services (n = 20)
- ✓ Reduction in travel time (n = 9)
- ✓ Improved access to specialist care (n = 6)
- ✓ Reduction in cost (n = 2)

Improved practice financial standing:

- ✓ Care providers able to bill for telehealth (n = 3)

Increased workload:

- ✓ Increased workload/other limitations (n = 8)
- ✓ Negative financial impact (n = 8)

Patient concerns with connection & quality:

- ✓ Telehealth access issues (n = 6)
- ✓ Prefer face-to-face (n = 6)

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

Four themes were identified from the 52 comments provided on the impact of telehealth. There were reports of patients having **improved access to care**, including specialist care, **reduced costs** and **reduced travel time**. Additionally, three providers reflected on their **improved financial standing** because of Medicare billing for telehealth services that had previously been excluded.

However, some practitioners reflected on the **increased workload** associated with telehealth because of the time required to set up some appointments. Some noted it was more **challenging to assess** new patients via telehealth, without being able to observe patients in person.

Finally, some participants commented on the impact of a lack of access to appropriate devices and connectivity concerns. In general, this tended to be coupled with a preference for face-to-face consultations.

The next item asked participants to indicate how satisfied they were with telehealth delivered through both telephone and online video communication. Responses were along a scale from **'0 = Not at all satisfied'** to **'100 = Extremely satisfied'**. Results are presented in Table 5.

Table 5: Mean satisfaction with telephone and video telehealth provision

| | MM 2-7 QLD | CQWBSC region Total | Central Queensland HHS | Wide Bay HHS | Sunshine Coast HHS |
|-------------------------|---------------|---------------------|------------------------|---------------|--------------------|
| Telehealth satisfaction | M (SD) | M (SD) | M (SD) | M (SD) | M (SD) |
| Telephone telehealth | 72.19 (23.41) | 75.53 (22.44) | 74.76 (24.33) | 79.98 (18.81) | 68.79 (23.47) |
| Video telephone | 65.04 (22.14) | 66.74 (27.11) | 67.92 (28.54) | 70.27 (25.05) | 58.00 (27.13) |

Most satisfaction means for **telephone telehealth** were above 70, except for the Sunshine Coast HHS (M = 69). For **video telehealth** satisfaction, most means were above 65, with the **Wide Bay HHS** having the highest (M = 70) and the **Sunshine Coast HHS** the lowest (M = 58). These results show that there was generally **higher satisfaction with telephone telehealth** than video telehealth in the CQWBSC and all associated HHS regions.

Participants were asked to comment on any issues they experienced with telephone and/or video telehealth. Responses (N = 52) were analysed, and major themes were identified and are provided below.

Telehealth Satisfaction Themes

Technological Issues (n = 41)

- ✓ Internet (n = 30)
- ✓ Infrastructure (n = 11)
- ✓ Computer literacy (n = 7)

Other Issues (n = 24)

- ✓ Issues with older clients & technology (n = 11)
- ✓ Connection or rapport issues with clients (n = 10)

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

The main themes identified from telehealth satisfaction comments were **technological issues** impacting effectiveness and **other issues** impacting satisfaction with telehealth.

Forty-one comments identified that both patients and practitioners were challenged with **lagging internet connections and phone lines** that impeded the quality of telehealth consultations. Some patients **did not have the appropriate technology to support telehealth consultations**, either because of expense or computer literacy.

Comments also identified patient-specific challenges with providing telehealth that included older clients **being unable to use or access the appropriate technology**.

Eight participants mentioned that they were not having any issues and that **telehealth was working well**.

The final telehealth question asked participants to suggest any changes they would like for the improvement of primary care delivery via telehealth in the community(s).

An analysis of responses (N = 52) was undertaken, and themes were identified which are presented below.

Telehealth Changes Themes

Improved Support for Telehealth (n= 26)

- ✓ Financial support (n= 13)
- ✓ Infrastructural support (n= 9)
- ✓ Specialist care support (n= 8)
- ✓ Training & skill development (n= 4)

Better Connectivity (n = 11)

- ✓ Internet connection (n= 8)
- ✓ Phone reception (n= 4)

Continue Telehealth MBS Items (n = 10)

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

The main themes for changes in future telehealth services included: **improved support for telehealth; better connectivity;** and requests to **continue the telehealth arrangements put in place during the pandemic.**

Improved support for telehealth comments centred on support for practitioners with **infrastructure and training** to assist them to engage patients in telehealth, as well as being adequately reimbursed for the increased time burden. On a wider scale, **specialist care** was thought to require additional support for a patient which included ideas such as having a GP present and access to an increased number of specialists.

Connectivity issues were commonly mentioned where both internet and phone connectivity posed a challenge in more rural locations where lines could not support telehealth calls adequately.

However, some participants called for telehealth MBS item continuation because of the improved access to healthcare provided.

Quantitative Methodology Findings

Below are the top ten SA2s ranked by need for the Central Queensland, Wide Bay, Sunshine Coast region. These areas were identified by a methodology which incorporated; GP FTE to population ratio, MM classification of remoteness, and SEIFA (IRSAD). There were further adjustments based on the population identified as being of Aboriginal and Torres Strait Islander origin and also for vulnerable age groups, those under 5 and over 65. Also included are the main towns or communities located within each SA2. Further information about the methodology can be found in the state-wide HWNA.

Central Queensland, Wide Bay, Sunshine Coast Region: Statistical Area 2 (SA2) Ranked by Need

- | | |
|------------------------------------|---|
| 1. Kilkivan | Goomeri Kilkivan |
| 2. Maryborough Region | Brooweena Mungar Tiaro |
| 3. Agnes Water- Miriam Vale | Agnes Water Miriam Vale Seventeen Seventy |
| 4. Cooloola | Cooloola Rainbow Beach Tin Can Bay |
| 5. Gin Gin | Gin Gin |
| 6. Mount Morgan | Mount Morgan |
| 7. Gympie Region | Amamoor Curra Goomborian Imbil Kandanaga |
| 8. Emu Park | Emu Park |
| 9. Gayndah- Mundubbera | Biggenden Gayndah Mundubbera |
| 10. Central Highlands | Blackwater Woorabinda |

What people said....

"There have been a number of **speech pathologists & OT's** leaving for various personal reasons, leaving a gap in service provision.

There is also a very low availability of **psychologists**, particularly since COVID and now impending exams and end of year pressures."

- **Bundaberg**

"The current pandemic caused aggravation of mental health issues and at present almost all of **psychologists** are not accepting new patients. This is affecting access to **psychology/counselling** services which further contributes to aggravation of symptomatology. Additionally, with [DPA] reclassification of Maryborough, the region is not eligible for bulk billing online psychological services. This is affecting many patients and any assistance to improve access to psychology services is greatly appreciated."

- **Maryborough**

"[You] can get in to see "**a**" **GP**, but we have many who only stay for a few years, who come and go, with poor communication skills and a rushed approach. This leaves a much smaller pool of what I consider useful GPs, as half of the workforce is only used by community when they want a medical certificate or something simple. **So, we have a dire shortage of long-term GPs.**"

- **Hervey Bay**

"There is a major lack in **Allied health workers** in the Gladstone community. Those who are in the community are booked up for weeks, which reduces quality of care. There are no government funded allied health clinics within the community, only private clinics."

- **Gladstone**

List of Abbreviations

| | |
|--------------|---|
| AH | Allied Health |
| CQ | Central Queensland |
| CQPHN | Central Queensland Primary Health Network |
| GP | General Practitioner |
| HHS | Hospital and Health Service |
| HWNA | Health Workforce Needs Assessment |
| HWQ | Health Workforce Queensland |
| IRSAD | Index of Relative Socio-economic Advantage and Disadvantage |
| MBS | Medicare Benefits Scheme |
| MM | Modified Monash |
| NBN | National Broadband Network |
| OT | Occupational Therapist |
| PHN | Primary Health Network |
| SA2 | Statistical Area Level 2 |
| SEIFA | Socio-Economic Indexes for Areas |

Our Vision

To ensure optimal health workforce to enhance the health of Queensland communities.

Our Purpose

Creating sustainable health workforce solutions that meet the needs of remote, rural, and regional and Aboriginal and Torres Strait Islander communities.

Our Values

Integrity

We behave in an ethical and professional manner at all times showing respect and empathy.

Commitment

We enhance health services in rural and remote Queensland communities.

Equity

We provide equal access to services based on prioritised need.

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