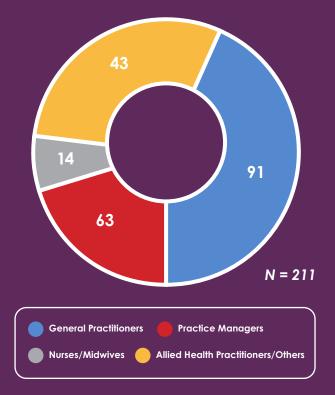
Central Queensland, Wide Bay, Sunshine Coast Data Snapshot

Health Workforce Queensland continues to build an evidence base for remote, rural and regional communities through our annual Health Workforce Needs Assessment (HWNA).

This edition of Health Works focuses on the Central Queensland, Wide Bay & Sunshine Coast region, providing a snapshot of workforce gaps, primary care service gaps, and concerns identified by health practitioners and managers in their communities of practice, as well as perceptions about telehealth.

211 health practitioners/managers from Central Queensland, Wide Bay & Sunshine Coast region responded to the 2021 surveys. The majority of participants were either general practitioners (43%) or practice managers (30%).

Figure 1: Number of CQWBSC Region participants by type



Survey participants were asked to rate their level of agreement with a series of statements about workforce and service gaps along a sliding scale from '0 = Strongly disagree' to '100 = Strongly agree'. Higher scores indicate a stronger perception of the existence of a workforce or service gap in the community. Figure 2 shows the highest six workforce gaps for the Central Queensland, Wide Bay & Sunshine Coast region (CQWBSC) as well as the rating for each Hospital & Health Service (HHS) in the region.

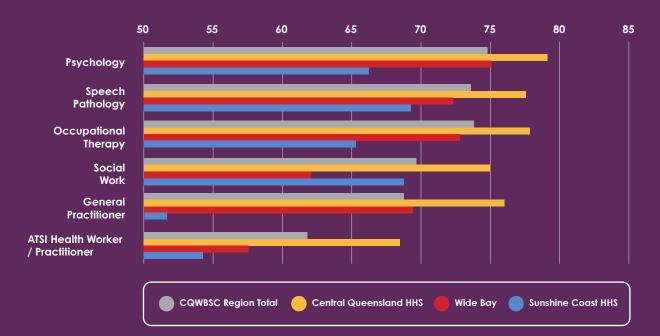


Figure 2: Mean workforce gap rating for CQWBSC Region and each HHS region

Overall psychology, speech pathology and occupational therapy had the highest workforce gap rating across the Central Queensland, Wide Bay, & Sunshine Coast region. The highest gap rating in the region was for the psychology workforce in the Central Queensland HHS. The Sunshine Coast HHS had the lowest average gap ratings in all of the CQWBSC region. The most notable result was the consistently high workforce gap rating for the psychology workforce found throughout the CQWBSC region, Central Queensland HHS, and Wide Bay HHS, but not the Sunshine Coast HHS who instead reported speech pathology as their largest workforce gap.

The top six service gap means are provided in Figure 3.

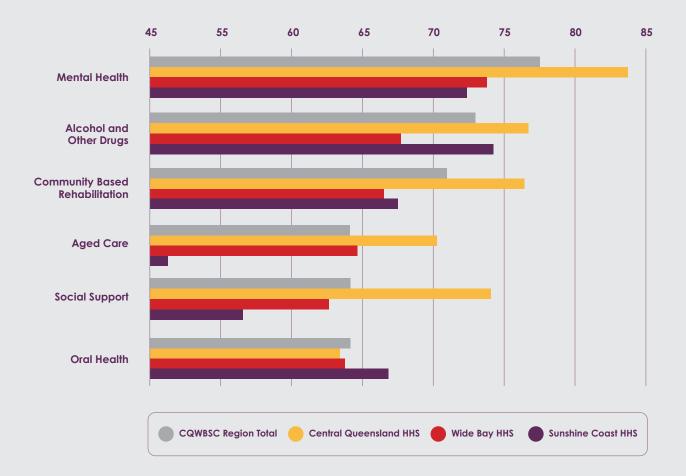


Figure 3: Mean service gap rating for CQWBSC Region and each HHS

The highest service gap means for the CQWBSC region were for mental health, alcohol and other drugs, and community-based rehabilitation services. The Central Queensland HHS had the highest service gap mean for any region for mental health services.

Comments about workforce and service gaps were thematically analysed and the following themes emerged:



The town that I work in, XXX has two doctors' surgeries and a pharmacy. For all other disciplines you have to travel to either YYY [town] or ZZZ [town] located approximately a 20and 45-minute drive, respectively.

There is a major lack in Allied health workers in the XXX 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.

Telehealth

The COVID -19 pandemic has seen a large increase in the use of telehealth in primary health care. Practitioners and managers were surveyed about the impact and potential for telehealth. They were asked to respond on a scale from **'0 = Strongly disagree'** to **'100 = Strongly agree'** to the following three statements:

- 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

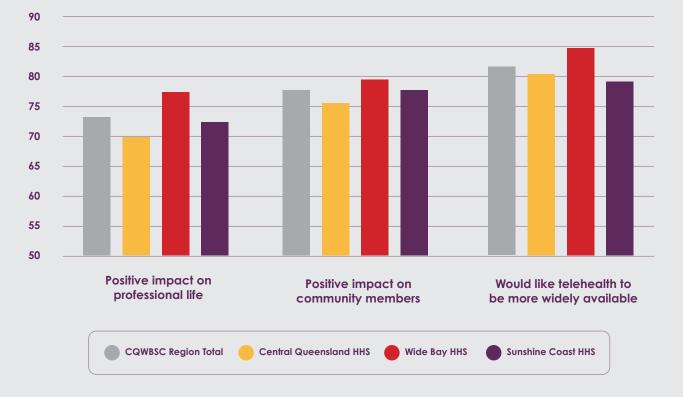


Figure 4: Mean telehealth impact ratings for CQWBSC region and each HHS region

Participants were also asked to suggest changes that would improve the provision of primary

care via Telehealth in their community(s) and the following themes emerged:

Improved support for telehealth

Better connectivity

Retain COVID MBS billing

Provide an access point (at a GP clinic or library) for clients to be able to use for [Telehealth] health appointments or have a nurse/ social work or home visit access.

Continue to be free through PHN - helpful when more patients have better internet. Telephone appointments with regular doctor or for scripts has been terrific. After-hours services who have got an after-hours agreement with local practices have been supplying Telehealth bulkbilled consults to Central Queenslanders; often provided by urban doctors who have never seen the patients before and do not have access to their records. This does not improve the health outcomes of these patients in many cases. We would support a change to the MBS descriptor of these items, so urban doctors in need of extra work can no longer service rural/regional patients without moving out of the cities.