

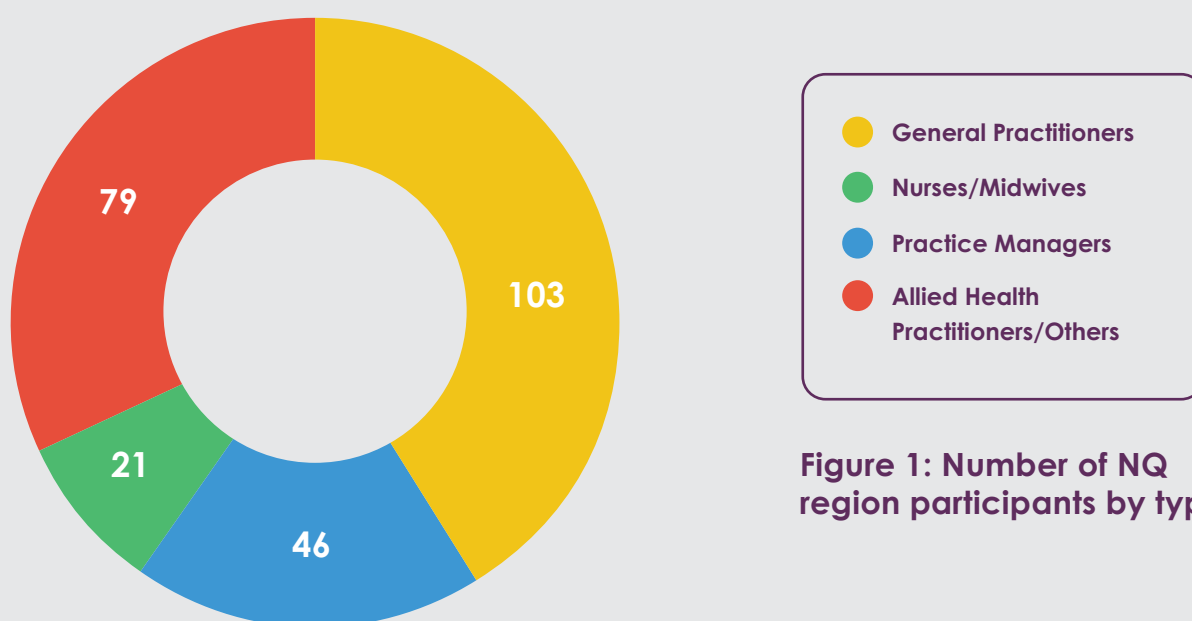
# Region in Focus

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 focuses on the **Northern Queensland region**, providing a snapshot of workforce gaps, primary care service gaps, perceptions about telehealth, and concerns identified by health practitioners and managers in their communities of practice.

The following data was sourced from Health Workforce Queensland's 2021 Health Workforce Needs Assessment survey.

There were 252 health practitioner/manager survey responses from the Northern Queensland region. Figure 1 shows that the majority of participants were general practitioners (41%) followed by allied health practitioners (31.3%).



**Figure 1: Number of NQ region participants by type**

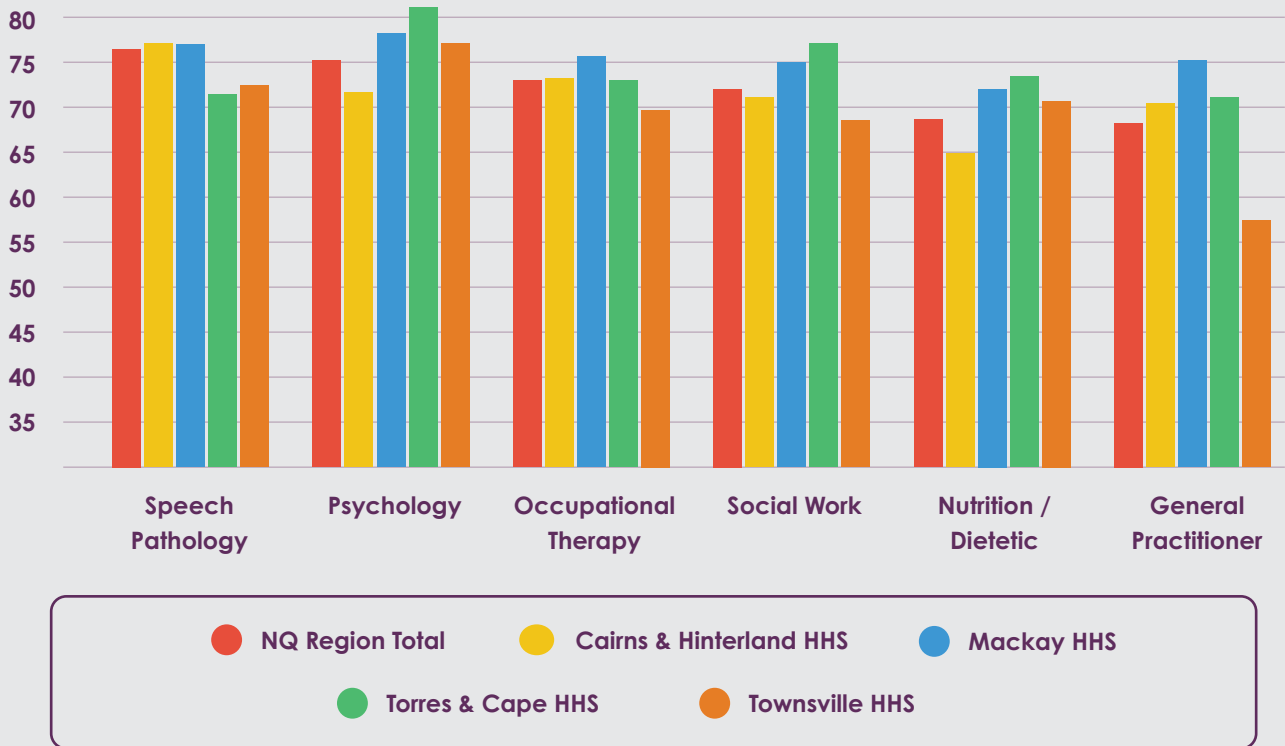
Survey participants were asked to rate their level of agreement with a series of statements about workforce and service gaps along a sliding scale from **'0 = Strongly disagree'** to **'100 = Strongly agree'**.

Higher scores indicate a stronger perception of the existence of a workforce or service gap in the community.



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Figure 2 shows the highest six workforce gaps for the Northern Queensland region (NQ) as well as the rating for each Hospital and Health Service (HHS) area in the region.



**Figure 2: Highest six mean workforce gap ratings for the NQ region and each HHS**

**Overall speech pathology, psychology and occupational therapy had the highest workforce gap rating across the Northern Queensland region.**

The highest gap rating for any of the HHS regions was for dentistry workforce in the Torres and Cape HHS ( $M = 81.9$ ), slightly higher than their psychology workforce gap ( $M = 81.4$ ). The Townsville HHS had the lowest average workforce gap ratings, substantially lower than those found in the Torres & Cape HHS. The Torres & Cape HHS had 16 workforce gap ratings above 60. Despite this, the Torres & Cape HHS had a lower general practitioner workforce gap rating than the Mackay HHS.



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

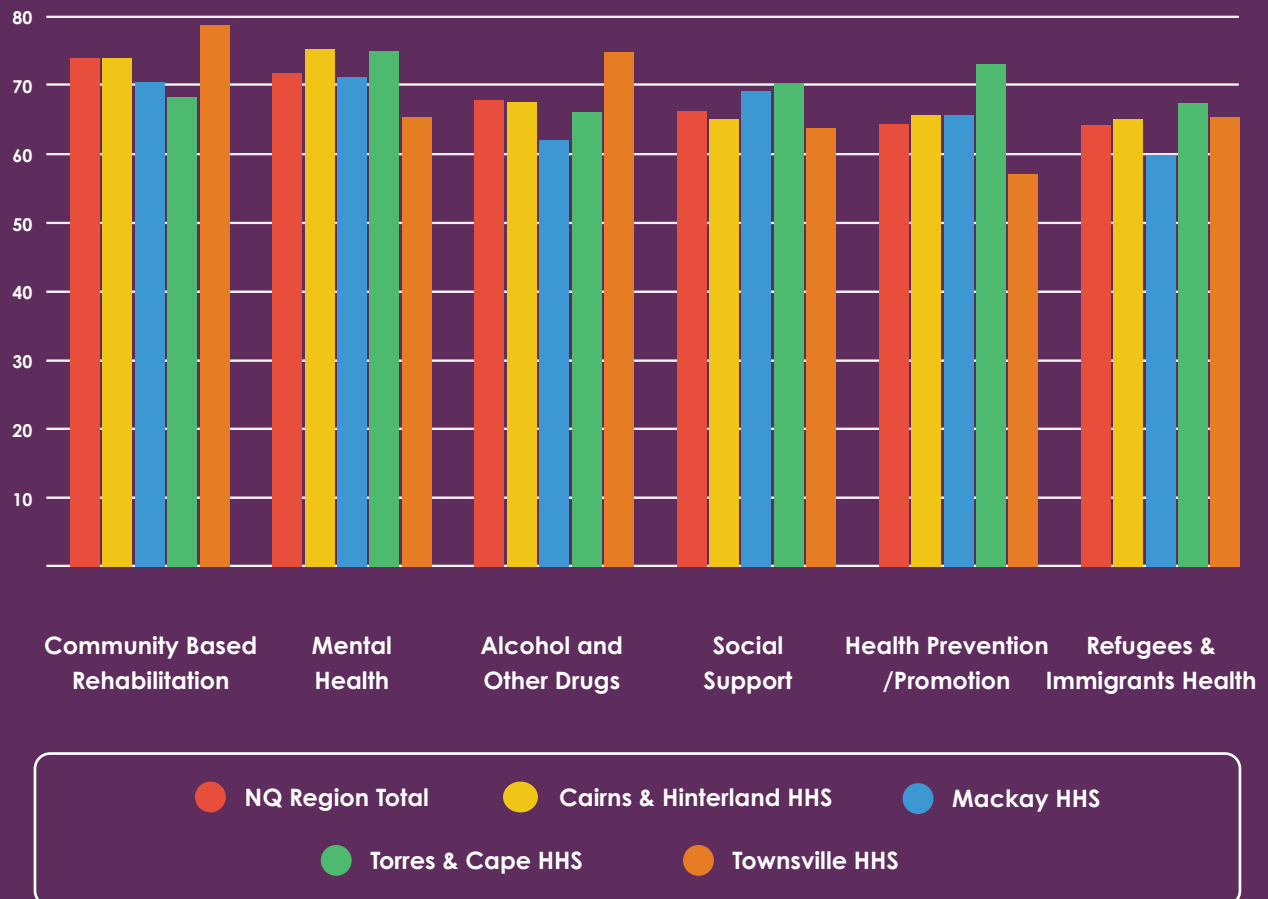


Figure 3: Highest six mean service gap rating for NQ region and each HHS

The highest service gap means for the NQ region were for community-based rehabilitation, mental health, and alcohol and other drug services.

The highest service gap rating in the region was for the Townsville HHS for community-based rehabilitation services, almost 10 points higher than the Torres & Cape HHS.

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

Insufficient Allied Health Workforce

Excessive wait times and costs

Inability to provide adequate recruitment incentives

“We struggle to have **enough workforce** to join our community to deliver health care services in our community and surrounding community, we have to send patients to **major cities** to be able to access health care services. This is a massive gap, as our patients **do not want to travel from [the] community**, and they do not get the education surrounding the importance of treatment.”

# Region in Focus:

## 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 NQ region and each HHS region



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The Northern Queensland region mean telehealth impact and availability ratings were slightly higher than the Queensland averages.

Survey participants in the Townsville HHS rated the professional and community impacts of telehealth moderately higher than their NQ HHS counterparts. Survey participants from all HHSs rated that they would like telehealth to be made more widely available with mean average ratings above 80, which the exception of the Torres & Cape HHS at 77.

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 access to regular, specialist, and follow-up care

Affordability, knowledge, and access to telehealth technology

Retain COVID MBS billing

“While **telehealth mental health services** have been beneficial for those who are unable to access face-to-face services due to living **rural and remote**, telehealth also presents with some challenges. As a professional, telehealth is difficult to establish **rapport and a therapeutic relationship** with a client. Many clients have also **declined services** due to only being offered telehealth appointments. I think for **some disciplines** the option of **telehealth is extremely beneficial**, however I believe mental health services need to provide a **personal and empathetic approach to services** and this is difficult to achieve via telehealth and not face-to-face.”

