Health Workforce Queensland

Health Workforce Needs Assessment Summary Report

Darling Downs and West Moreton Region

July 2022

Authors

David Wellman

Christian Hughes

Anthony Mehan

Our Vision

Working 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, regional and Aboriginal and Torres Strait Islander communities by providing access to highly skilled health professionals when and where they need them, now and into the future.

Our Values

Our Values are Integrity, Commitment and Equity.

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.

Acknowledgements

Health Workforce Queensland is funded by the Australian Government Department of Health.

Health Workforce Queensland acknowledges the traditional custodians of the land and sea where we live and work, and pay our respects to Elders past, present and future.

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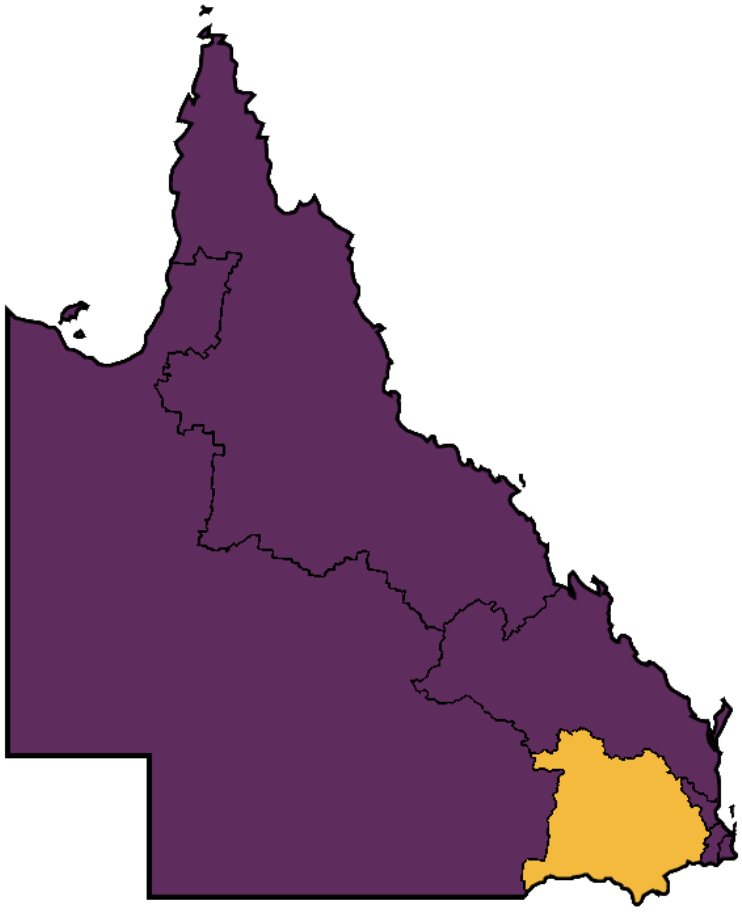
Introduction

The **Health Workforce Needs Assessment (HWNA)**, undertaken annually by Health Workforce Queensland, includes an online survey targeting general practitioners (GPs), practice managers, primary health care nurses/midwives, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health practitioners (AHPs) working in **Modified Monash (MM) 2-7 locations in Queensland**. Survey items were 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. GP workforce data for the **Darling Downs and West Moreton (DDWM) region** is provided in this report and is sourced from Health Workforce Queensland's **2021 Minimum Data Set (MDS)**. Quantitative and qualitative results from this survey applicable to the DDWM region are included in the following report.

This report for the DDWM region supplements the state-wide **2022 HWNA Summary Report** which is available on the Health Workforce Queensland website. The 2022 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.



Darling Downs and West Moreton Region

Darling Downs and West Moreton Region

GP Workforce Snapshot

Health Workforce Queensland maintains a database of medical practitioners working in a general practice context (private practice, small hospitals, Royal Flying Doctor Service [RFDS] and Aboriginal Community Controlled Health Service [ACCHS]) in remote, rural, and regional **Modified Monash (MM)** 2-7 areas of Queensland.

A snapshot of medical practitioners working in a general practice context was taken on the **30th of November 2021** for Health Workforce Queensland's 2021 MDS. As of the census date there were 618 medical practitioners working their primary role in the DDWM region, approximately 45 more than was reported in the 2020 MDS. The average age of these practitioners was 49.57 years, marginally younger than the MM 2-7 Queensland average of 49.95.

The number of GPs by sex are presented in ***Figure 1***.

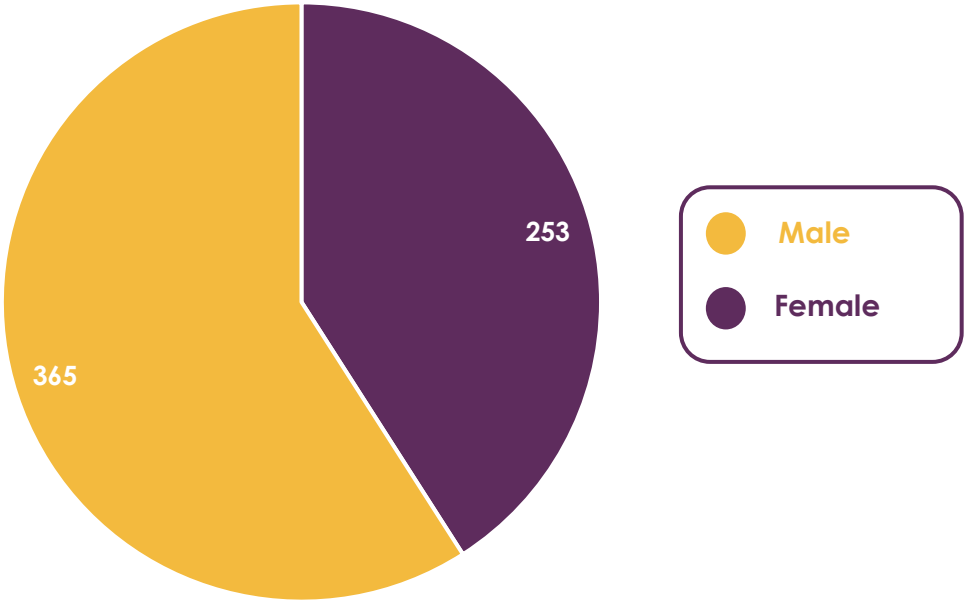


Figure 1: GPs in the DDWM region by sex.

Approximately 41 percent of the GPs in the DDWM region were female, slightly lower than the MM2-7 Queensland average of 45 percent.

Country of basic medical qualification

GPs were grouped according to whether they received their basic medical qualification from an Australian university or from an overseas university. In the DDWM region, there were 387 Australian-trained practitioners (62.6%) and 231 overseas trained practitioners (37.4%). The percentage result for the DDWM region and MM 2-7 Queensland are presented in ***Figure 2***.

Health Workforce Queensland

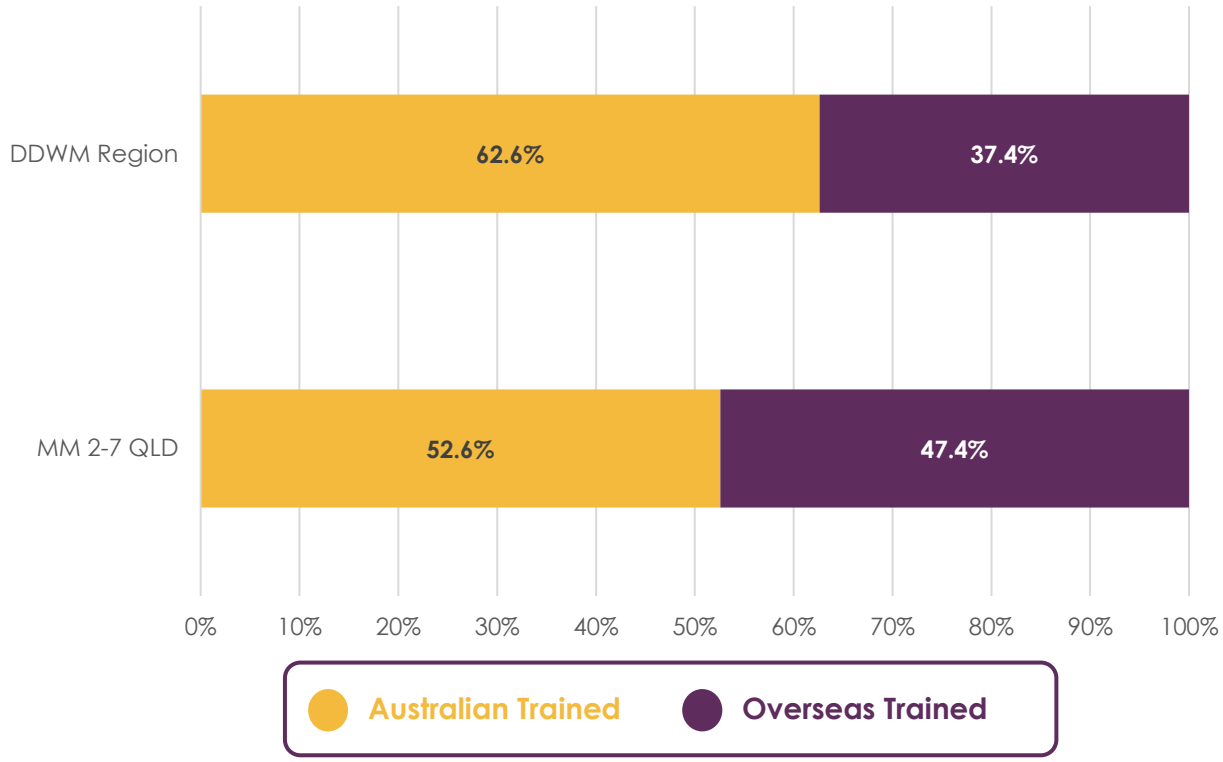


Figure 2: Percentage of GPs by country of basic medical qualification in the DDWM region and overall MM 2-7 Queensland.

The DDWM region had a substantially larger proportion (62.6%) of Australian-trained practitioners when compared to the MM 2-7 Queensland average (52.6%).

HWNA Survey Participants

Surveys were distributed to GPs, health service practice managers, primary health care nurses/midwives, Aboriginal and Torres Strait Islander health workers/practitioners and AHPs. The total number of participants in the DDWM region was 212, which consisted of 114 GPs, 26 practice managers, 63 AHPs/others and 9 nurses/midwives. The distribution of survey participants by employment type and **Hospital and Health Service (HHS)** area is provided in ***Table 1***.

Table 1: DDWM region survey participants by employment type

Type	Darling Downs HHS *n (%)*	West Moreton HHS *n (%)*	*Total N (%)*
General practitioners	91 (51%)	23 (72%)	114 (54%)
Practice managers	23 (13%)	3 (9%)	26 (12%)
Nurses / Midwives	9 (5%)	0	9 (4%)
Allied health practitioners/others	57 (32%)	6 (19%)	63 (30%)
Total	**180**	**32**	**212**

Workforce and Service Gaps

The 2022 HWNA survey contained 30 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 17 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.

Mean workforce gap ratings are provided in ***Table 2*** and primary care service gap ratings in ***Table 3***. These are presented for the overall DDWM region as well as for each of the HHS areas, with gap rating means ranked from 1-17.

Means in 'bold' are values of 60 or higher, indicative of a potential serious gap in that region.

Table 2: Mean workforce gap ratings for the DDWM region and each HHS area.

Type of workforce	*DDWM Region Total* *M (Rank)*	Darling Downs HHS M (Rank)	*West Moreton HHS* *M (Rank)*
Psychology	**82.22 (1)**	**82.72 (1)**	**79.70 (1)**
Speech Pathology	**71.27 (2)**	**70.69 (3)**	**74.48 (2)**
Social Work	**71.18 (3)**	**70.82 (2)**	**73.23 (3)**
Occupational Therapy	**68.35 (4)**	**67.53 (5)**	**72.64 (4)**
General Practice	**66.54 (5)**	**67.68 (4)**	**60.59 (5)**
Nursing/Midwifery	**61.93 (6)**	**63.03 (6)**	57.04 (8)
ATSI Health	**60.68 (7)**	**60.78 (7)**	**60.14 (6)**
Diabetes Education	59.21 (8)	59.22 (9)	59.20 (7)
Nutrition/Dietetic	57.35 (9)	58.98 (10)	50.00 (11)
Dentistry	57.05 (10)	57.50 (11)	54.79 (9)
Podiatry	56.16 (11)	59.29 (8)	40.08 (16)
Physiotherapy	54.26 (12)	55.58 (12)	47.96 (12)
Radiography/Sonography	51.94 (13)	53.47 (13)	44.96 (15)
Exercise Physiology	51.63 (14)	52.95 (14)	45.89 (14)
Audiology	50.80 (15)	50.62 (15)	51.64 (10)
Optometry	47.07 (16)	46.95 (16)	47.62 (13)
Pharmacy	35.11 (17)	36.29 (17)	29.88 (17)

In the DDWM region there were seven workforce gap rating means of 60 or more. The highest were for psychology, speech pathology, and social work workforces. The only mean lower than 40 was for the pharmacy workforce.

Similarly, the **Darling Downs HHS** also had seven means higher than 60, with psychology, social work, and speech pathology workforces having the highest means.

The **West Moreton HHS** had six workforce gap ratings of 60 or more and the highest rated were the same as for the DDWM region overall: psychology, speech pathology, and social work workforces.

Mean service gap ratings are provided in ***Table 3***.

Table 3: Mean service gap ratings for DDWM region and each HHS area

Type of service	*DDWM Region Total* *M (Rank)*	*Darling Downs HHS* *M (Rank)*	West Moreton HHS *M (Rank)*
Mental health	**79.49 (1)**	**79.16 (1)**	**81.22 (1)**
Community-based rehabilitation	**72.09 (2)**	**71.26 (3)**	**76.82 (2)**
Alcohol & other drugs	**71.15 (3)**	**71.44 (2)**	**69.67 (4)**
Social support	**67.46 (4)**	**66.91 (4)**	**70.35 (3)**
Health prevention/promotion	**62.86 (5)**	**62.74 (5)**	**63.48 (8)**
Refugee & immigrant health	59.56 (6)	58.27 (7)	**67.47 (5)**
Disability	58.88 (7)	57.83 (8)	**64.86 (7)**
Child health	58.68 (8)	57.30 (9)	**65.48 (6)**
Oral health	58.35 (9)	59.36 (6)	53.68 (13)
Aged care	57.52 (10)	57.12 (10)	59.63 (9)
ATSI health	56.41 (11)	56.23 (12)	57.43 (10)
Palliative care	56.24 (12)	56.25 (11)	56.24 (11)
Maternal health	49.89 (13)	48.44 (13)	56.20 (12)

There were five service gap means of 60 or more in the DDWM Region, with the highest being mental health, community-based rehabilitation, and alcohol and other drug services.

Similarly, the **Darling Downs HHS** also had five service gap means over 60 and the highest were for mental health, alcohol and other drug services, and community-based rehabilitation.

The **West Moreton HHS** had eight service gap means above 60. The highest means were for mental health, alcohol and other drug services, and social support.

Comments about workforce and service gaps were thematically analysed. There were 55 comments received concerning workforce gaps. The main workforce gap themes were centred around the AHP workforce, mental health/psychology workforce, GP shortages, and general difficulties attracting and retaining health practitioners. The main workforce gap themes and issues are presented in ***Figure 3.***

Workforce and Service Gaps Qualitative Analysis

Workforce Gap Themes

Allied Health Practitioner issues (*n* = 23)
Lack of local services; workforce shortages; affordability; turnover; waitlists

Mental Health and Psychology (*n* = 16)
Workforce shortages; lack of services; high demand; waitlists; affordability

General Practitioner shortages (*n* = 13)
Workforce shortages; high turnover; waitlists; limited GP Registrar availability

Attraction and retention of staff (*n* = 12)
Recruitment difficulties; increasing population; lack of health worker continuity

Figure 3: Workforce Gap Themes for the DDWM region

There were only 15 comments received for the primary care service gap ratings. The main themes were concerning mental health services and funding and affordability of services. Of the 15 comments, two provided positive feedback about primary care services in their community. Themes are presented in ***Figure 4***.

Service Gap Issues

Lack of local primary care services (*n* = 8)
Workforce shortages; waitlists; affordability

Funding and Affordability (*n* = 6)
Social support services lacking; lack of access to bulk billed options

Figure 4: Service Gap Themes for the DDWM region

Sustainability in Focus

This year our **'Issue in Focus'** was practice sustainability. Private practice for most health professions in rural and remote communities is currently only marginally financially viable. The HWNA survey included several questions to gauge the perceptions of practitioners and managers about issues that impact the sustainability and viability of their primary health care practices. Survey participants were provided a list of 15 factors (e.g., pay disparities, staff retention, place-based education) and were asked to respond to each factor along a 100-point scale from **'0 = Not at all Important'** to **'100 = Extremely Important'**.

These factors and their mean importance ratings for the DDWM region are presented in ***Table 4***.

Table 4: Mean Sustainability Importance Ratings for DDWM region and each HHS area

Sustainability Item	MM 2-7 QLD M (Rank)	*DDWM Region Total* M (Rank)	Darling Downs HHS M (Rank)	*West Moreton* HHS M (Rank)
Medicare/funding reform to better support remote and rural practitioners	**88.33 (1)**	**87.02 (1)**	**88.44 (1)**	**80.03 (3)**
Strategies to improve retention of staff (e.g., ongoing individual support)	**85.84 (3)**	**83.23 (2)**	**83.28 (3)**	**83.00 (1)**
Strategies to encourage remote and rural careers	**86.48 (2)**	**83.03 (3)**	**83.82 (2)**	78.69 (5)
Addressing pay disparities between public and private services	**80.51 (8)**	79.42 (4)	**80.30 (4)**	74.96 (11)
Support for supervision	**80.42 (10)**	78.76 (5)	79.26 (6)	76.16 (10)
Targeted infrastructure funding for remote/rural services	**83.26 (4)**	78.59 (6)	78.98 (8)	76.82 (8)
Targeted infrastructure funding for staff housing/accommodation	**80.61 (7)**	78.53 (7)	**80.13 (5)**	70.09 (15)
Improved access to Continuing Professional Development (CPD) for remote/rural practitioners	**80.49 (9)**	78.52 (8)	78.06 (10)	**80.74 (2)**
Information management systems that support continuity of care across public/private services	**81.18 (5)**	77.94 (9)	78.06 (11)	77.39 (6)
Increased support for family members	78.92 (12)	77.87 (10)	78.52 (9)	74.58 (13)
Local cooperation for shared workforce models	**80.34 (11)**	77.64 (11)	77.77 (12)	77.04 (7)
Better access to place-based education and training	**80.90 (6)**	77.63 (12)	79.10 (7)	71.28 (14)
Improved telehealth and/or other technology to support community access.	77.81 (15)	77.22 (13)	76.73 (13)	79.74 (4)
Development of 'Rural Generalist' models across the health care sector to work across primary and secondary care	78.40 (13)	76.00 (14)	75.85 (14)	76.76 (9)
Practice management support	78.21 (14)	74.93 (15)	74.97 (15)	74.72 (12)

Means in 'bold' are values of 80 or higher, indicative of the magnitude of their perceived importance on practice sustainability/viability.

Sustainability in Focus

Overall, in the DDWM region, all importance rating means were higher than 74, indicating that there was agreement amongst survey participants that all of the factors were important to the sustainability and viability of their remote and rural practices.

In contrast to overall MM 2-7 QLD, there were only three importance rating means higher than 80, the highest were for Medicare funding reform, strategies to improve retention of staff, and strategies to encourage remote and rural careers. The DDWM region ratings were similar to the findings of overall MM 2-7 QLD. However, addressing pay disparities between the public and private sectors ranked 4th highest in the DDWM region, whilst only 10th for MM 2-7 QLD as a whole.

Results were also summarised by HHS area:

- The **Darling Downs HHS** had five importance rating means higher than 80. Similar to MM 2-7 QLD overall, the highest three ratings in the Darling Downs HHS were for Medicare funding reform, strategies to improve retention of staff, and strategies to encourage remote and rural careers. At 88 points, the Darling Downs HHS had the highest rating for Medicare funding reform in the DDWM region.

- In the **West Moreton HHS**, there were only three importance rating means higher than 80. The three highest ratings were for strategies to improve retention of staff, improved access to CPD, and Medicare funding reform. At 81 points the West Moreton HHS had the highest mean importance rating for improved access to CPD in the DDWM region.

Sustainability Qualitative Analysis

Participants were asked to comment about the following:

1. What would improve the sustainability of your service? (*N* = 137)
2. What needs to change to ensure primary care services in your community are sustainable into the future? (*N* = 135)

Close examination of comments indicated that there were large areas of overlap of responses to both questions and, therefore, responses were combined in a single thematic analysis. The following main themes were identified.

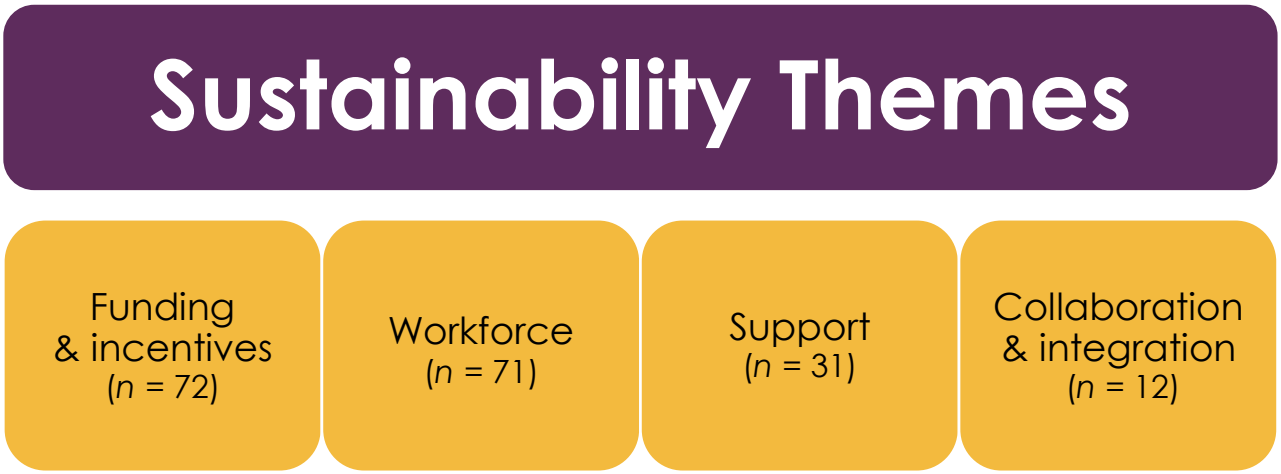


Figure 5: Sustainability Themes for the DDWM region

Theme 1: Funding and incentives

Many participant comments simply stated increased or adequate funding would improve their situation, with some specifically mentioning the need to **increase Medicare rebates** not only for **general practitioners** but also for **allied health services**. Some comments about Medicare also mentioned the increasing complexity of consultations and the inability of patients to pay gap fees. For instance:

> "Most of my patients in general practice are very complex comorbid patients often with poor health literacy. These patients need longer appointments, particularly as we as rural doctors are frequently managing more issues prior to referral to specialists given difficulty with service access. Unfortunately, most of these patients are unable to pay private fees."

However, others highlighted a requirement for **consistent and robust funding** or recurrent grants to alleviate short-term funding issues impacting continuity of service provision and staffing.

> *"Permanent funding models to support the community rather than programs that come and go."*

Incentives were mentioned by many participants, mostly in terms of **increasing practitioner incentives** so that they outweigh the financial, social, and logistical impacts of living and working in remote and rural communities. Whilst increased GP incentives were mentioned, some also stressed the need to increase **incentives for remote and rural AHPs and nurses/midwives** to match those available for GPs. As one participant stated:

> *"… better incentives for Allied Health to move out rurally, whether helping support the lower levels of privately funded clients or better rebates (Medicare rebate for most allied health is $54 which is severely lower than the typical cost of a session) to help encourage bulk billing more and improve clients access to services."*

Theme 2: Workforce

Many participant responses mentioned the **need for more permanent staff** whether that be GPs, AHPs or nurses. However, many also highlighted remote and rural workforce shortages by stating that there was not an available workforce. Others suggested that access to more health staff would enable existing staff to take time off for CPD or vacations and reduce burnout. One participant suggested a mechanism to improve this for GPs may be:

> *"Availability of Locum GP pools that could be funded by PHNS to allow GP owners or 1 GP practitioner to take leave to avoid burnout."*

Retention of staff was also a focus of some participants. One participant highlighted that retaining workforce was more important than recruitment for their practice:

> *"Our main issue around sustainability involves recruitment of, and more importantly, retention of general practitioners."*

Theme 3: Support

Under the theme of 'support', there were three main subthemes: **CPD and training; general support; telehealth/IT/and infrastructure.** Participant comments around the 'CPD and training' sub-theme focused on better access to education/training, improved support networks for clinicians, as well as mentoring for junior staff. There were a variety of comments for the 'general support' sub-theme. Some of the comments included **mental health support**, support to assimilate new health practitioners into the community, and support for locum cover for leave and holidays. Comments on the 'telehealth/IT/and infrastructure' sub-theme included mentions of improved IT/Telehealth resources, **accommodation for staff** and **transport** options for clients to get to services both in the community and to specialist services in larger centres.

> *'Help with digital platforms. Like redesigning and expanding the abilities of websites and digital resources to offer better telehealth both for individuals and groups and accessibility by patients from [their] touch phones etc. Costs for upgrades are prohibitive.'*

Theme 4: Collaboration and Integration

Collaboration and integration comments highlighted the importance of practices/agencies being able to **work together to improve sustainability of services** in smaller communities. Some highlighted the need for better integration of public and private health services to work together. For example:

> *'Integration of Hospital, Community and Private Health & Community Services Needs Planning - should be a High Priority. No Service is an Island unto itself. Our Patients/Clients have critical needs across all service areas.'*

Others highlighted the benefits of an **increased collaborative approach** to target community members who are not currently accessing services.

Quantitative Methodology Findings: DDWM region

Below are the top ranked SA2s for the DDWM region by need based on the quantitative methodology in use by Health Workforce Queensland. This methodology incorporates; **GP FTE to population ratio, MM classification of remoteness, SEIFA (IRSAD), vulnerable population aged under 5 or over 65 years, and Aboriginal and Torres Strait Islander status**. Priority SA2s indicate areas of possible current and/or ongoing workforce need. ***Figure 6*** outlines the priority SA2s for the DDWM region and highlights the main towns or communities located within each priority area.

Further information about the methodology can be found in the state-wide HWNA available on the HWQ website.

Darling Downs and West Moreton Region: Statistical Area 2s Ranked by Need

1.	Kingaroy Region	Cherbourg | Murgon | Proston | Wondai
2.	Millmerran	Cecil Plains | Millmerran
3.	Tara	Glenmorgan | Meandarra | Moonie | Tara
4.	Esk	Esk | Toogoolawah
5.	Crows Nest - Rosalie	Crows Nest | Yarraman
6.	Chinchilla	Chinchilla
7.	Nanango	Benarkin | Blackbutt | Nanango
8.	Inglewood - Waggamba	Inglewood | Texas
9.	Lockyer Valley - East	Hatton Vale | Laidley | Plainland
10.	Southern Downs (W)	Allora | Dalveen | Karara

Figure 6: DDWM Region: Statistical Area Level 2 (SA2) ranked by need

Health Workforce Queensland

GPO Box 2523, Brisbane
Queensland Australia 4001

Level 4/348 Edward Street,
Brisbane QLD Australia 4000

+61 7 3105 7800

+61 7 31057801

admin@healthworkforce.com.au

healthworkforce.com.au

Health Workforce Queensland