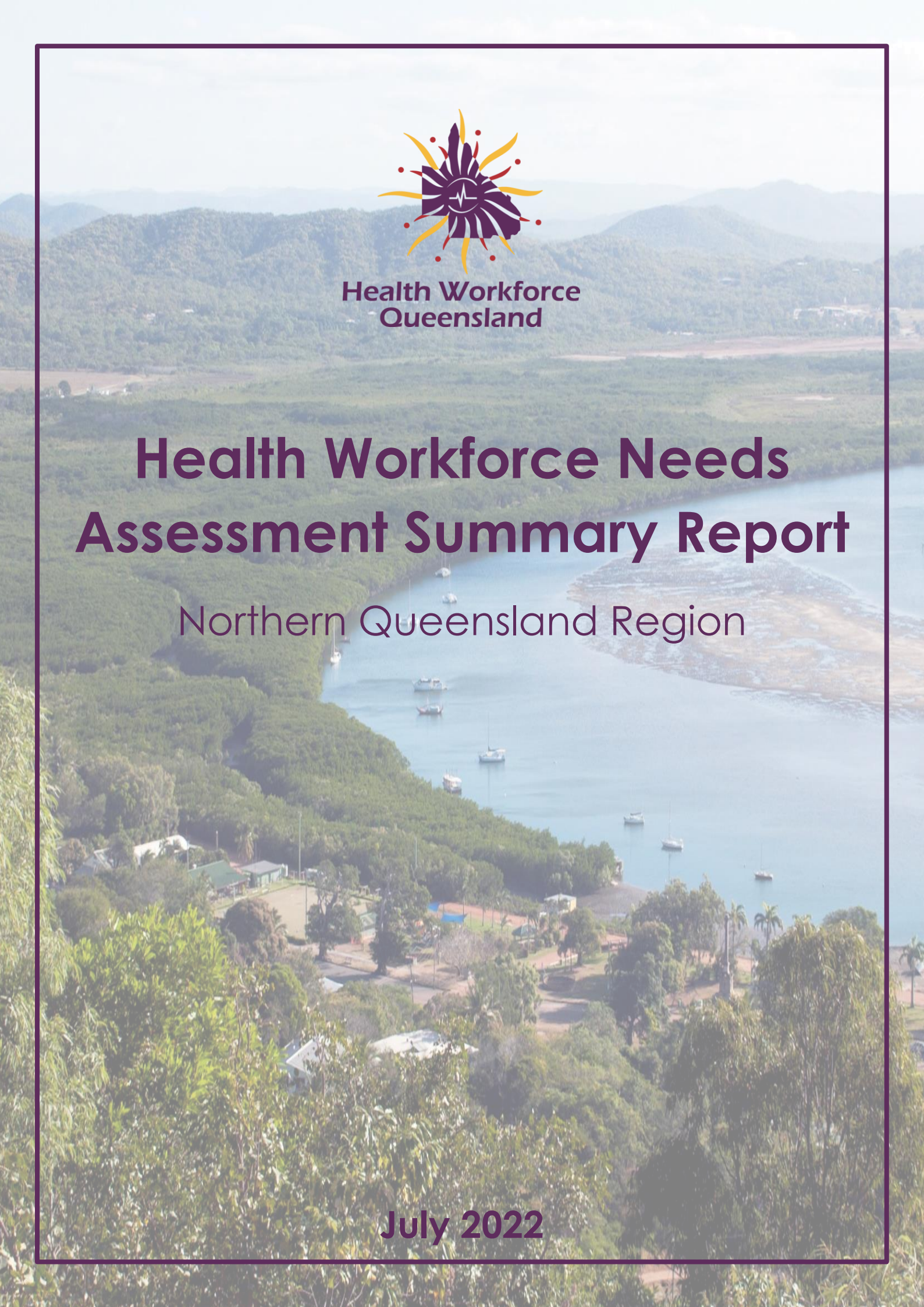

Health Workforce Queensland

Health Workforce Needs Assessment Summary Report

Northern Queensland Region

July 2022

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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 **Northern Queensland (NQ)** 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 **NQ region** are included in the following report.

This report for the NQ 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.

Northern Queensland 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 1,065 medical practitioners working their primary role in the NQ region, the largest GP workforce of the four mainly rural PHN regions, and only one fewer than was reported in the 2020 MDS. For those where date-of-birth data was available, the average age of these practitioners was 50.03 years, marginally older than the MM 2-7 Queensland average of 49.95.

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

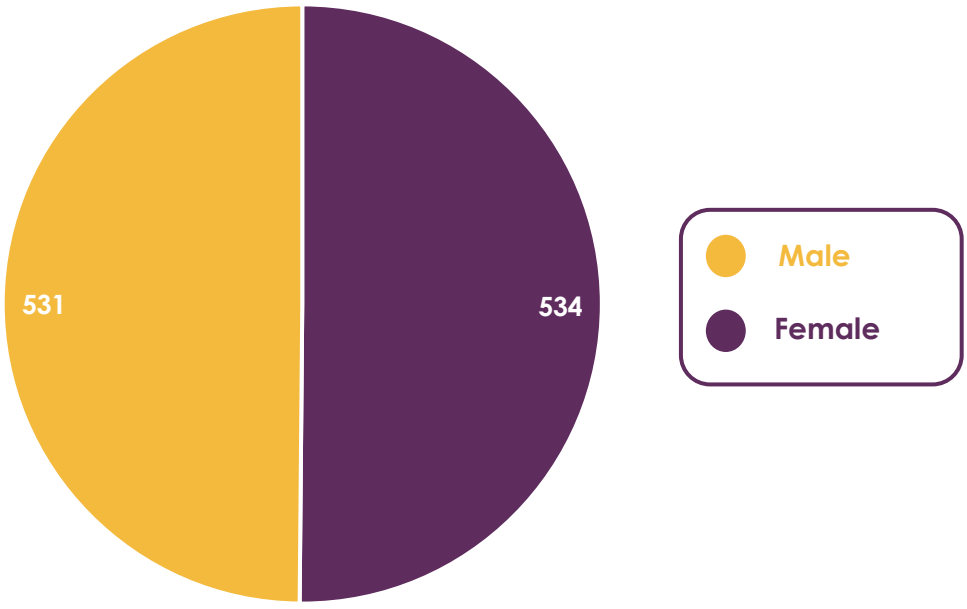


Figure 1: GPs in the NQ region by sex.

Approximately 50 percent of the GPs in the NQ region were female, substantially higher than the Queensland MM 2-7 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 NQ region, there were 592 Australian-trained practitioners (55.5%) and 473 overseas trained practitioners (44.5%). The percentage result for the NQ region and MM 2-7 Queensland are presented in ***Figure 2***.

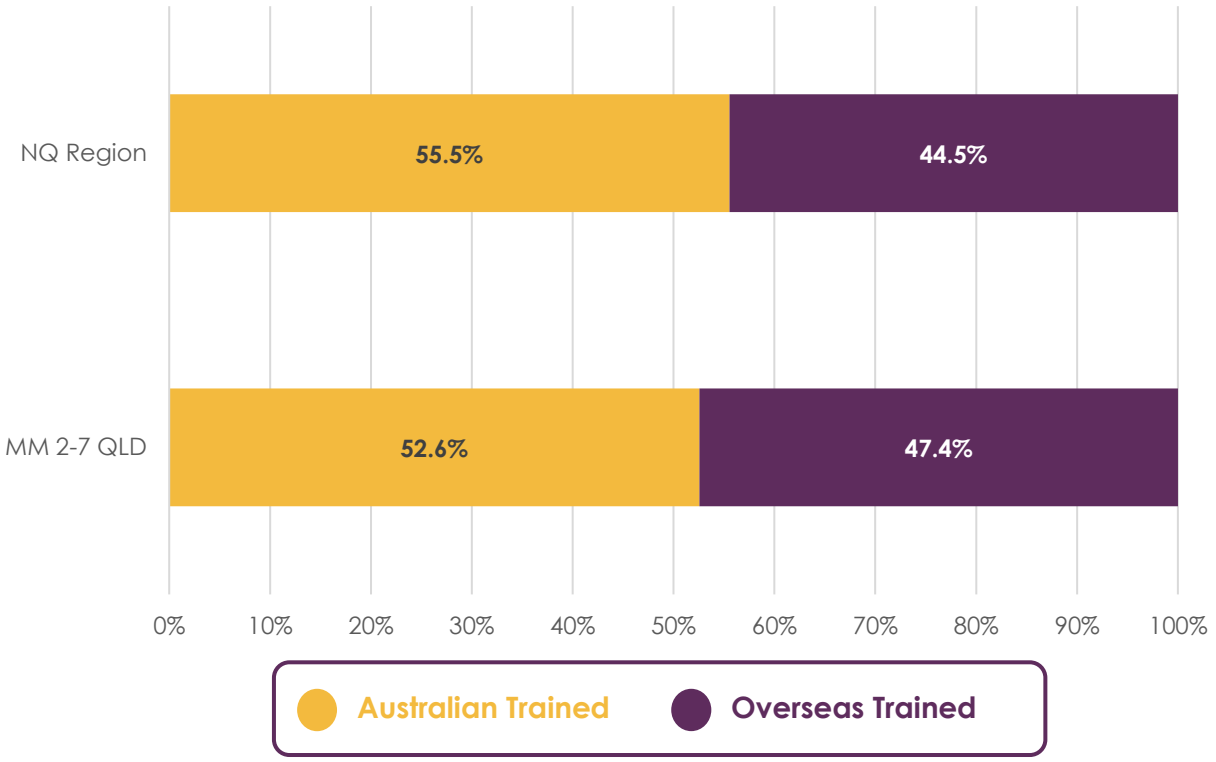


Figure 2: Percentage of GPs by country of basic medical qualification in the NQ region and overall MM 2-7 Queensland.

The NQ region had a slightly larger proportion (55.5%) 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 NQ region was 304, which consisted of 153 GPs, 49 practice managers, 81 AHPs/others and 21 nurses/midwives. The distribution of survey participants by employment type and **Hospital and Health Service (HHS)** area is provided in ***Table 1***.

Table 1: NQ region survey participants by employment type

Type	Cairns & Hinterland HHS *n (%)*	Mackay HHS *n (%)*	Torres & Cape HHS *n (%)*	Townsville HHS *n (%)*	*Total N (%)*
General practitioners	66 (55%)	33 (39%)	13 (65%)	41 (51%)	153 (50%)
Practice managers	16 (13%)	14 (16%)	3 (15%)	16 (20%)	49 (16%)
Nurses	14 (12%)	3 (4%)	0	4 (5%)	21 (7%)
AHPs/others	23 (19%)	35 (41%)	4 (20%)	19 (24%)	81(27%)
Total	**119**	**85**	**20**	**80**	**304**

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 NQ 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 NQ region and each HHS area.

Type of workforce	NQ Region Total *M (Rank)*	Cairns & Hinterland HHS *M (Rank)*	Mackay HHS *M (Rank)*	Torres & Cape HHS *M (Rank)*	Townsville HHS *M (Rank)*
Psychology	**78.69 (1)**	**74.80 (2)**	**84.76 (1)**	**79.77 (1)**	**78.12 (1)**
General Practice	**73.20 (2)**	**80.51 (1)**	**75.29 (4)**	**75.00 (5)**	57.53 (8)
Speech Pathology	**73.06 (3)**	**73.32 (3)**	**78.67 (2)**	**64.53 (10)**	**68.93 (2)**
Social Work	**70.29 (4)**	**71.23 (4)**	**75.70 (3)**	**63.13 (11)**	**65.24 (3)**
Nursing/Midwifery	**69.37 (5)**	**70.66 (5)**	**71.12 (7)**	**77.57 (3)**	**63.67 (4)**
Occupational Therapy	**66.92 (6)**	**68.18 (6)**	**73.75 (5)**	**61.38 (13)**	58.40 (6)
ATSI Health	**65.57 (7)**	**65.62 (7)**	**66.46 (9)**	**73.71 (6)**	**62.61 (5)**
Diabetes Education	**62.07 (8)**	58.85 (9)	**71.87 (6)**	**68.87 (8)**	54.75 (11)
Nutrition/Dietetic	59.64 (9)	58.32 (10)	**66.80 (8)**	56.29 (15)	54.80 (10)
Dentistry	59.18 (10)	**61.56 (8)**	59.38 (11)	**76.63 (4)**	49.17 (13)
Podiatry	56.59 (11)	56.36 (11)	**60.53 (10)**	**60.43 (14)**	51.88 (12)
Audiology	54.02 (12)	51.91 (13)	54.46 (13)	54.40 (16)	56.63 (9)
Exercise Physiology	52.99 (13)	51.67 (14)	56.19 (12)	**79.38 (2)**	44.76 (15)
Radiography/Sonography	52.96 (14)	49.48 (15)	50.35 (16)	**66.53 (9)**	57.66 (7)
Physiotherapy	52.70 (15)	56.13 (12)	51.00 (15)	**62.13 (12)**	46.73 (14)
Optometry	45.09 (16)	42.99 (16)	47.82 (16)	**73.13 (7)**	36.11 (16)
Pharmacy	34.78 (17)	36.97 (17)	38.02 (17)	54.21 (17)	20.86 (17)

In the **NQ region** there were eight workforce gap rating means of 60 or more. The highest were for the psychology, general practice, and speech pathology workforces. The only means lower than 50 were for the optometry and pharmacy workforces.

The **Cairns & Hinterland HHS** had eight workforce gap ratings of 60 or more. The highest rated were the general practice, psychology, and speech pathology workforces. There were four workforces with means below 50.

For the **Mackay HHS** there were 10 means higher than 60, with the psychology, speech pathology, and social work workforces having the highest means.

In contrast, the **Torres and Cape HHS** had 14 means of 60 or more. The highest ratings were for the psychology, exercise physiology, and nursing/midwifery workforces.

The **Townsville HHS** had the fewest means higher than 60 of all HHS regions at only five. Similar to the **Mackay HHS** the highest ratings were for the psychology, speech pathology, and social work workforces.

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

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

Type of service	NQ Region Total *M* (Rank)	Cairns & Hinterland *HHS* *M* (Rank)	Mackay HHS *M* (Rank)	Torres & Cape HHS *M* (Rank)	Townsville HHS *M* (Rank)
Mental health	**78.95 (1)**	**79.29 (1)**	**84.38 (1)**	**60.93 (11)**	**76.81 (1)**
Community-based rehabilitation	**73.61 (2)**	**73.85 (2)**	**74.19 (4)**	**78.14 (2)**	**71.15 (2)**
Alcohol & other drugs	**71.48 (3)**	**70.70 (3)**	**76.54 (3)**	59.13 (12)	**70.82 (3)**
Aged care	**70.36 (4)**	**70.46 (4)**	**72.37 (7)**	**71.73 (4)**	**67.91 (4)**
Social support	**68.94 (5)**	**69.86 (5)**	**72.56 (6)**	**69.14 (7)**	**63.94 (6)**
Disability	**67.20 (6)**	**63.74 (8)**	**73.84 (5)**	**75.07 (3)**	**63.59 (7)**
Health prevention/promotion	**66.27 (7)**	**64.66 (7)**	**69.53 (8)**	**69.31 (6)**	**64.56 (5)**
Palliative care	**66.14 (8)**	**61.74 (10)**	**76.82 (2)**	**69.77 (5)**	**61.07 (9)**
Child health	**62.91 (9)**	**61.93 (9)**	**68.26 (9)**	**65.67 (9)**	57.98 (11)
Oral health	**62.24 (10)**	**65.91 (6)**	58.87 (13)	**78.25 (1)**	52.86 (12)
Refugee & immigrant health	**61.54 (11)**	59.59 (11)	**62.53 (12)**	**66.14 (8)**	**62.54 (8)**
ATSI health	**60.63 (12)**	56.67 (12)	**66.90 (10)**	**63.25 (10)**	**60.53 (10)**
Maternal health	53.73 (13)	50.14 (13)	**63.93 (11)**	52.86 (13)	48.23 (13)

There were 12 service gap means of 60 or more in the NQ Region, with the highest being mental health, community-based rehabilitation, and alcohol & other drug services.

The **Cairns & Hinterland HHS** had 10 service means over 60 and the highest of which were the same as the NQ Region overall: mental health, community-based rehabilitation, and alcohol & other drug services.

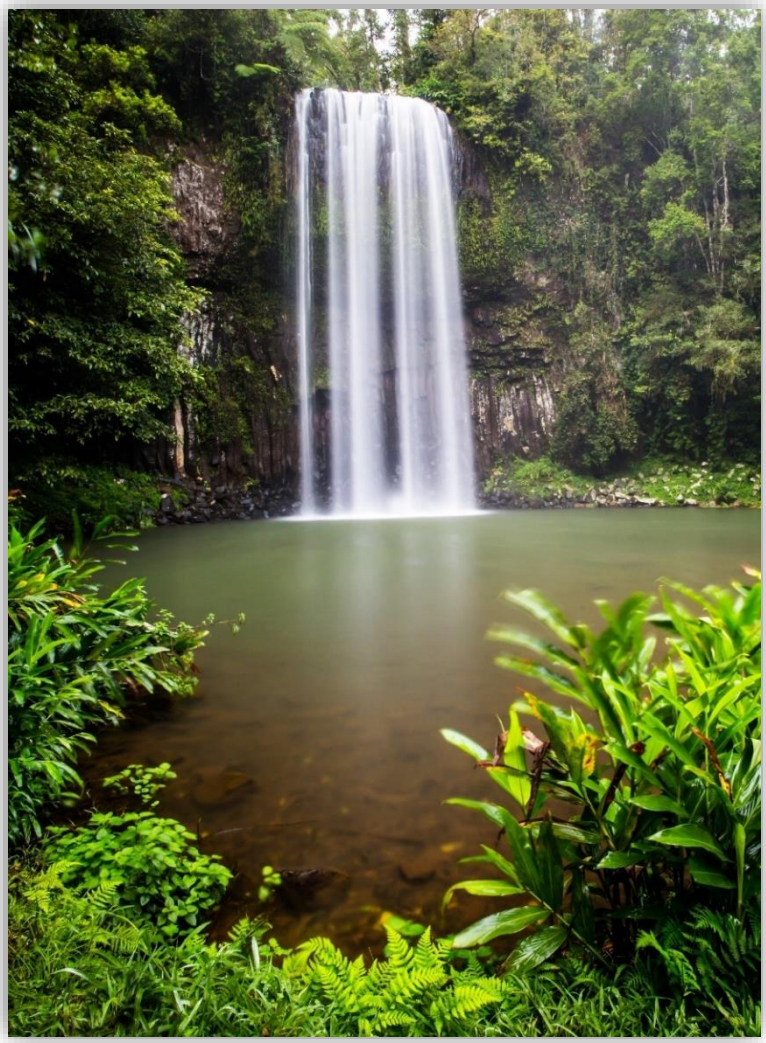
For the **Mackay HHS** there were 12 service gap means above 60. The highest means were for mental health, palliative care, and alcohol & other drug services. The mental health gap rating in the **Mackay HHS** was the highest in the NQ region and the only gap rating above 80.

In the **Torres & Cape HHS** there were 11 means of 60 or more. The highest of these were for oral health, community-based rehabilitation, and disability services. The **Torres & Cape HHS** was the only area to report oral health in its top five gap ratings.

The **Townsville HHS** reported 10 means of 60 or more. Similar to both the **Cairns & Hinterland HHS** and NQ Region overall, the three highest gap ratings were for mental health, community-based rehabilitation, and alcohol & drug services.

Comments about workforce and service gaps were thematically analysed. There were 81 comments received concerning workforce gaps. The main workforce gap themes were centred around difficulties recruiting and retaining health staff, and issues regarding the general practice and allied health workforces. The main workforce gap themes and issues are presented in ***Figure 3***.

There were 32 comments received from survey participants regarding primary care service gaps. The main themes were general absence/inaccessibility of mental and allied health services, lengthy wait times and high out-of-pocket costs for local primary care service. The main service gap themes and issues are presented in ***Figure 4.***



Workforce and Service Gaps Qualitative Analysis

Workforce Gap Themes

Allied Health Practitioner issues (*n* = 53)
Workforce shortages particularly for the psychology, social work, and occupational therapy workforces; limited support for new practitioners

General Practitioner issues (*n* = 25)
Workforce shortages; insufficient incentives for GP workforce; turnover as a result of burnout

Difficult recruitment & retention of staff (*n* = 17)
Limited recruitment opportunities for rural health practitioners; inadequate incentives

Figure 3: Workforce Gap Themes for the NQ region

Service Gap Issues

Limited access to mental health services (*n* = 10)
Lack of funding; high cost; low availability of bulk billing services; limited access to services

Limited access to allied health services (*n = 8)*
Palliative care; Aged Care; Oral Health, Refugee Services

Wait times, cost, and low availability of bulk billing services (*n* = 8)

Figure 4: Service Gap Themes for the NQ 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 NQ region are presented in ***Table 4***.

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

Sustainability Item	MM 2-7 QLD M (SD)	NQ Region Total M (Rank)	Cairns & Hinterland HHS M (Rank)	Mackay HHS M (Rank)	Torres & Cape HHS M (Rank)	Townsville HHS M (Rank)
Medicare/funding reform to better support remote and rural practitioners	**88.33 (1)**	**88.29 (1)**	**86.19 (1)**	**90.99 (1)**	**80.50 (12)**	**90.39 (2)**
Strategies to improve retention of staff (e.g., ongoing individual support)	**85.84 (3)**	**87.17 (2)**	**83.45 (3)**	**88.70 (2)**	**89.83 (2)**	**90.55 (1)**
Strategies to encourage remote and rural careers	**86.48 (2)**	**86.29 (3)**	**83.37 (4)**	**86.57 (4)**	**90.00 (1)**	**89.60 (3)**
Targeted infrastructure funding for remote/rural services	**83.26 (4)**	**84.78 (4)**	**84.15 (2)**	**82.46 (12)**	**86.13 (5)**	**88.28 (4)**
Local cooperation for shared workforce models	**80.34 (11)**	**83.26 (5)**	**80.77 (5)**	**83.72 (10)**	**85.40 (6)**	**86.21 (6)**
Information management systems that support continuity of care across public/private services	**81.18 (5)**	**83.06 (6)**	78.61 (8)	**86.78 (3)**	**86.47 (4)**	**85.22 (7)**
Improved access to Continuing Professional Development (CPD) for remote/rural practitioners	**80.49 (9)**	**82.53 (7)**	79.54 (6)	**84.67 (6)**	**84.72 (7)**	**84.66 (9)**
Better access to place-based education and training	**80.90 (6)**	**82.47 (8)**	78.44 (9)	**86.24 (5)**	**84.35 (8)**	**84.65 (10)**
Addressing pay disparities between public and private services	**80.51 (8)**	**82.42 (9)**	79.53 (7)	**84.10 (9)**	74.94 (15)	**86.94 (5)**
Practice management support	78.21 (14)	79.72 (10)	76.89 (11)	**83.64 (11)**	**80.31 (13)**	79.83 (14)
Targeted infrastructure funding for staff housing/accommodation	**80.61 (7)**	79.59 (11)	72.79 (12)	**84.63 (7)**	**86.50 (3)**	**81.42 (13)**
Improved telehealth and/or other technology to support community access.	77.81 (15)	79.54 (12)	72.56 (13)	**84.19 (8)**	**80.88 (11)**	**85.11 (8)**
Support for supervision	**80.42 (10)**	79.51 (13)	77.12 (10)	78.83 (15)	**82.06 (10)**	**83.05 (12)**
Development of 'Rural Generalist' models across the health care sector to work across primary and secondary care	78.40 (13)	78.17 (14)	71.96 (14)	**81.45 (14)**	**82.07 (9)**	**83.48 (11)**
Increased support for family members	78.92 (12)	77.11 (15)	71.93 (15)	**82.44 (13)**	**80.00 (14)**	78.27 (15)

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 NQ region, all importance rating means were higher than 72, indicating that there was an overall agreement amongst survey participants that all of these factors were important to the sustainability and viability of their remote and rural practices.

There were nine 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 NQ region ratings were relatively consistent to the findings of overall MM 2-7 QLD. The largest difference was for local cooperation for shared workforce models which was the 5th highest mean in the NQ region but only 11th for MM 2-7 QLD.

Results were summarised by HHS area:

- The **Cairns and Hinterland HHS** had five importance rating means higher than 80, the highest of which were Medicare funding reform, targeted infrastructure funding for remote/rural services, and strategies to improve retention of staff.

- For the **Mackay HHS** there were 14 importance rating means higher than 80, the highest were for Medicare funding reform, strategies to improve retention of staff, and information management systems that support continuity of care across private/public sector. The **Mackay HHS** had the highest rating for better access to place-based education training in the NQ region.

- Similarly, the **Torres and Cape HHS** also had 14 importance rating means higher than 80, the three highest ratings were for strategies to encourage remote and rural careers, strategies to improve retention of staff, and targeted infrastructure funding for staff housing/accommodation. The **Torres and Cape HHS** had the highest rating for staff housing/accommodation, and the lowest rating for Medicare funding reform in the NQ region.

- The **Townsville HHS** had 13 importance rating means higher than 80, the three highest, similar to the NQ region overall, were for strategies to improve retention of staff, Medicare funding reform, and strategies to encourage remote and rural careers.

Sustainability Qualitative Analysis

Participants were asked to comment about the following:

1. What would improve the sustainability of your service? (*N* = 211)
2. What needs to change to ensure primary care services in your community are sustainable into the future? (*N* = 188)

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.

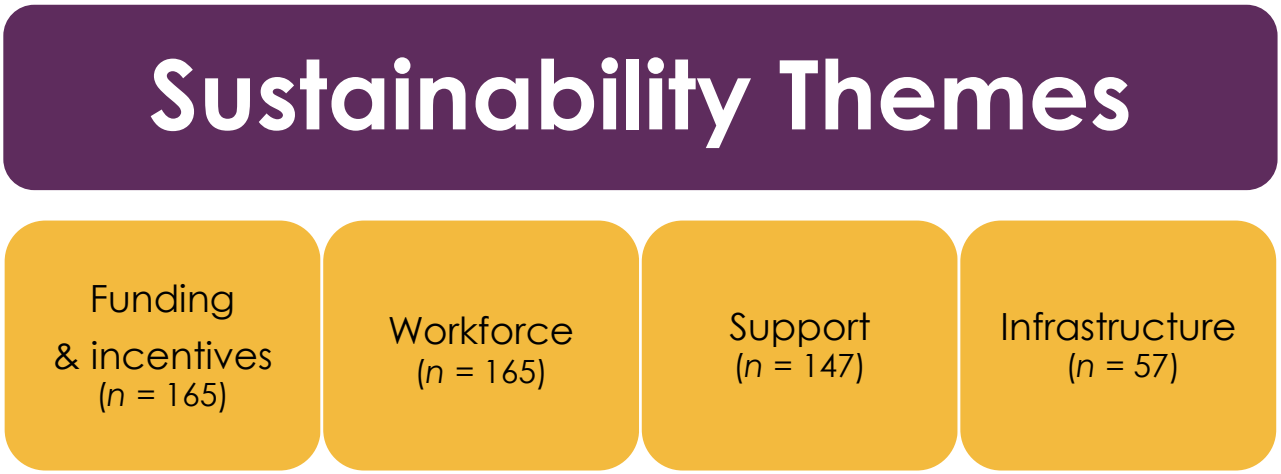


Figure 5: Sustainability Themes for the NQ region

Theme 1: Funding and incentives

Most participant comments within this theme highlighted improvements that were dependent on their practice or community receiving **increased or more adequate funding**. The most frequently mentioned benefits contingent on increased funding were the ability to be less reliant on private billings, **better remuneration to recruit and retain** staff, and the opportunity to provide additional services to their communities. Several participant comments specifically mentioned the need to increase the Medicare split to achieve this funding, whilst others suggested also **increasing funding** received from the **National Disability Insurance Scheme (NDIS)**. In contrast, other participant comments highlighted the need to implement innovative alternative funding models specifically tailored for remote and rural health practices. One participant mentioned difficulty achieving long-term workforce sustainability as they were reliant on varying year-to-year government funding, and instead proposed that funding be provided on a 3-4 yearly basis to allow for better planning. One participant highlighted a growing divide between traditional mixed billing practices and some bulk billing practices in their community:

"There is a growing major divide between traditional mixed billing practices that endeavour to provide comprehensive care including for those in RACFs and those requiring home visits and the "quick through put" practices some of whom have appointments slots as short as 5-6 mins. The Medicare rebate for a 19min visit at the first style of practice is identical to that for a visit to the second style of practice! The concept of "medical home" has been previously explored but nothing has ever eventuated. In that model the patient would choose a practice - that practice might get a "retention fee" and the patient would receive a higher rebate when attending their chosen practice"

Incentives were specifically mentioned by 11 participants, mostly in terms of increasing incentives so that they compensate remote and rural health professionals for the financial, social, and logistical impacts of living and working in remote and rural communities. Rental assistance, increased remuneration, and access to CPD were some examples of frequently mentioned incentives.

Theme 2: Workforce

Forty-four participant responses specifically mentioned the need for more GPs and to **improve recruitment and retention** of medical staff. Several participants also mentioned the need to have **more Indigenous health professionals** work in general practice. An additional nineteen participants mentioned the need for **more AHPs**; specific workforce mentions were most frequent for **psychologists, speech pathologists, and occupational therapists**. A further nine participants highlighted the need and current shortage of **practice nurses**. Many participants stressed the importance of having a consistent workforce to be able to deliver reliable primary care services to their community and to efficiently work around practitioner holidays/leave. Recruitment and retention of staff was a key focus for many participants, with participants highlighting workforce turnover as a result of burnout, lack of incentives, and limited locum availability. One participant comment highlights the difficulty of recruiting and maintaining staff in their practice:

"As a new clinic owner in a rural area, attracting and retaining staff is definitely the greatest challenge, especially quality staff. We have had to offer well above the average state wage to attract physios, and even then, it is uncertain how long they will be happy to stay in a "small town". To put this in perspective, we are offering pay 150% greater than many places in [MM1 City] for example. Obviously, this means it is difficult to make the clinic/small business viable, and growth is arguably even more important, but even more difficult given the above attraction issues"

Theme 3: Support

Under the theme of 'support', three main subthemes were identified within participant comments: **general support; professional development and training, and locum availability/practitioner leave**. There were a variety of comments for the 'general support' sub-theme as they touched on many different forms of support for remote and rural practitioners. Two participants specifically highlighted the importance of supporting Rural Generalist services outside of the hospital setting. Some of these comments highlighted the benefits of mental health support and improved working conditions/workplace culture to practitioners experiencing burnout:

> *"Better access to quality supervision, support, [and] better work conditions - everyone is stretched beyond capacity - leading to high stress and burnout."*

Participant comments around the 'professional development and training' sub-theme focused on the provision of locally based education/training to GPs, AHPs, and nurses alike. Participants stressed the importance of professional development and training as a form of support to contribute to the retention of staff.

Within the theme of 'locum availability/practitioner leave', many participants mentioned the current lack of support for practitioners to take leave/holidays particularly as a result of low availability/affordability of locums for general practice and allied health services:

> *"Relief for current workers (affordability of locums) - when workers take leave other staff have to pick up their load."*

Theme 4: Infrastructure

Infrastructure comments highlighted the importance of the **availability and affordability** of **rental accommodation** for health staff and **commercial space** for primary care services, and the current lack of infrastructure to properly house and employ primary care practitioners in the NQ region:

> *"Limited affordable options for renting clinic space in town due to housing market."*

Participant comments particularly focused on the length of leases, cost of accommodation, unavailability of rental units for staff, unsuitable locations to open their practices, and general lack of community awareness regarding the presence of local services. Other comments in the 'infrastructure' subtheme were in relation to insufficient community infrastructure, such as schools and entertainment venues.

Quantitative Methodology Findings: NQ region

Below are the top ranked SA2s for the NQ 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 NQ 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.

Northern Queensland Region:
Statistical Area 2 (SA2) Ranked by Need

1.	Torres Strait Islands	Badu Island | Boigu Island Mabuiag Island | Saibai Island
2.	Croydon- Etheridge	Croydon | Georgetown
3.	Aurukun	Aurukun | Wallaby Island
4.	Tablelands	Almaden | Dimbulah | Mount Malloy
5.	Herberton	Herberton | Mount Garnett Ravenshoe
6.	Collinsville	Collinsville | Mount Coolon
7.	Northern Peninsula	Bamaga | New Mapoon | Injinoo
8.	Palm Island	Palm Island
9.	Cape York	Coen | Hope Vale | Laura Mapoon
10.	Kowanyama - Pormpuraaw	Kowanyama | Pormpuraaw

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

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