

# Region in Focus:

## Northern Queensland

With the view to identifying high priority locations, professions and workforce requirements to develop and support evidence-based and effective models of service delivery in remote and rural Queensland, Health Workforce Queensland (HWQ) undertakes an annual [2023 Health Workforce Needs Assessment \(HWNA\)](#).

The HWNA includes an online survey targeting General Practitioners (GP), practice managers, primary health care nurses and midwives, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health practitioners working in Modified Monash (MM 2-7) locations in Queensland.

In 2022, there were 290 responses received from Northern Queensland with the survey capturing practitioner's perceptions of workforce and services gaps in the region in addition to their thoughts on factors influencing health staff departures.

In line with results seen across the state, **psychology** was rated as having the highest workforce gap in the Northern Queensland region with **general practitioner, nursing and midwifery, speech pathology** and **social work** rounding out the top five workforce gaps.

With psychology having the highest workforce gap, it is therefore perhaps not surprising to see **mental health** rating as the highest service gap in Northern Queensland, followed by **community-based rehabilitation, alcohol and other drugs, aged care** and **social support**.

Similarities were seen in both workforce and service gaps across most of the HHS areas with some key differences noted. In the Torres and Cape the highest workforce gap was for **Aboriginal and Torres Strait Islander Health Workers/Practitioners** followed by **diabetes education, exercise physiology, nursing and midwifery** and **dentistry**. **Aboriginal and Torres Strait Islander Services, disability** and **child health services** were identified as key gaps in primary health care service provision.

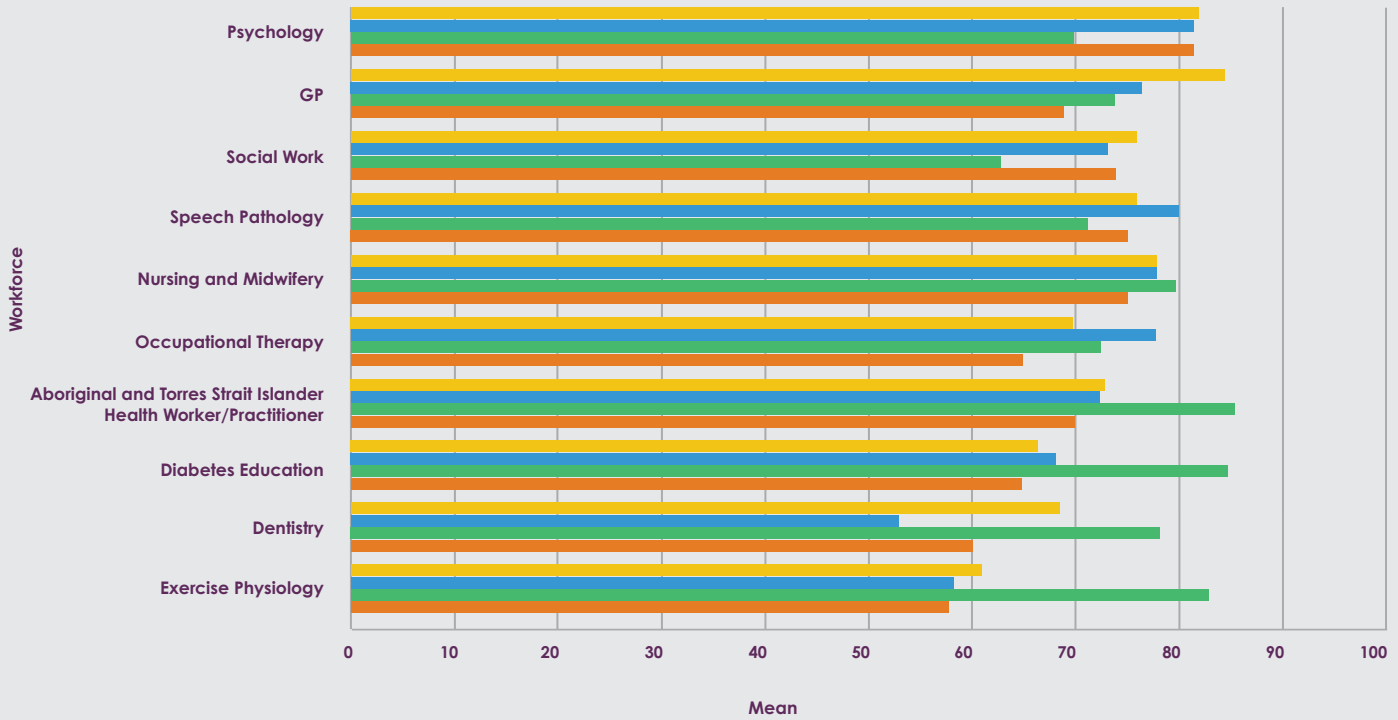
These results are perhaps reflective of the large Aboriginal and Torres Strait Islander population in the area and their specific health needs; with the burden of disease 2.3 times higher than in the non-Indigenous population, with mental and substance abuse disorders the leading contributor. This discrepancy between Aboriginal and Torres Strait Islander people is in part due to poor accessibility of locally available, affordable and culturally appropriate services<sup>1</sup>.

Interestingly, **health prevention/promotion** and **palliative care** ranked highly as service gaps for Mackay but no other HHS area within the region.

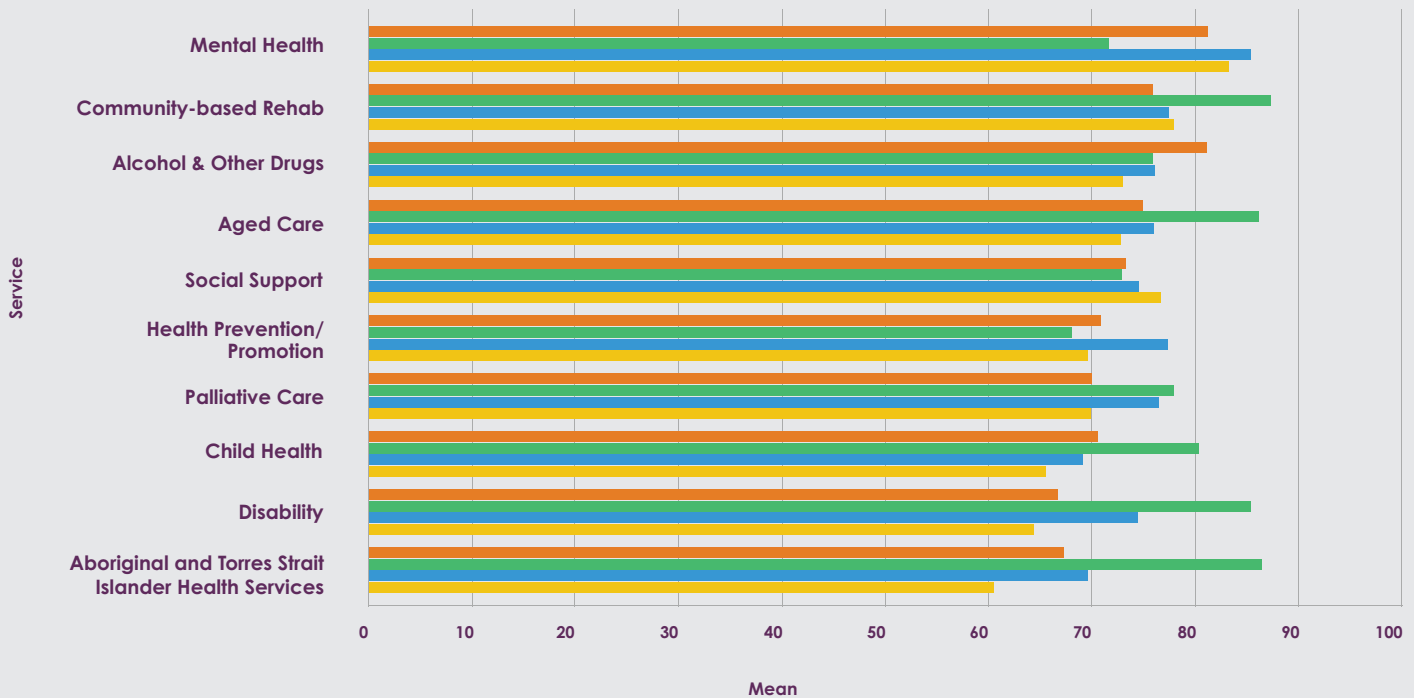
<sup>1</sup> Australian Institute of Health and Welfare. (2023). *Aboriginal and Torres Strait Islander Health Performance Framework: summary report July 2023*. Canberra: AIHW.



## Northern Queensland PHN Region Top Workforce Gaps by HHS Area



## Northern Queensland PHN Region Top Service Gaps by HHS Area

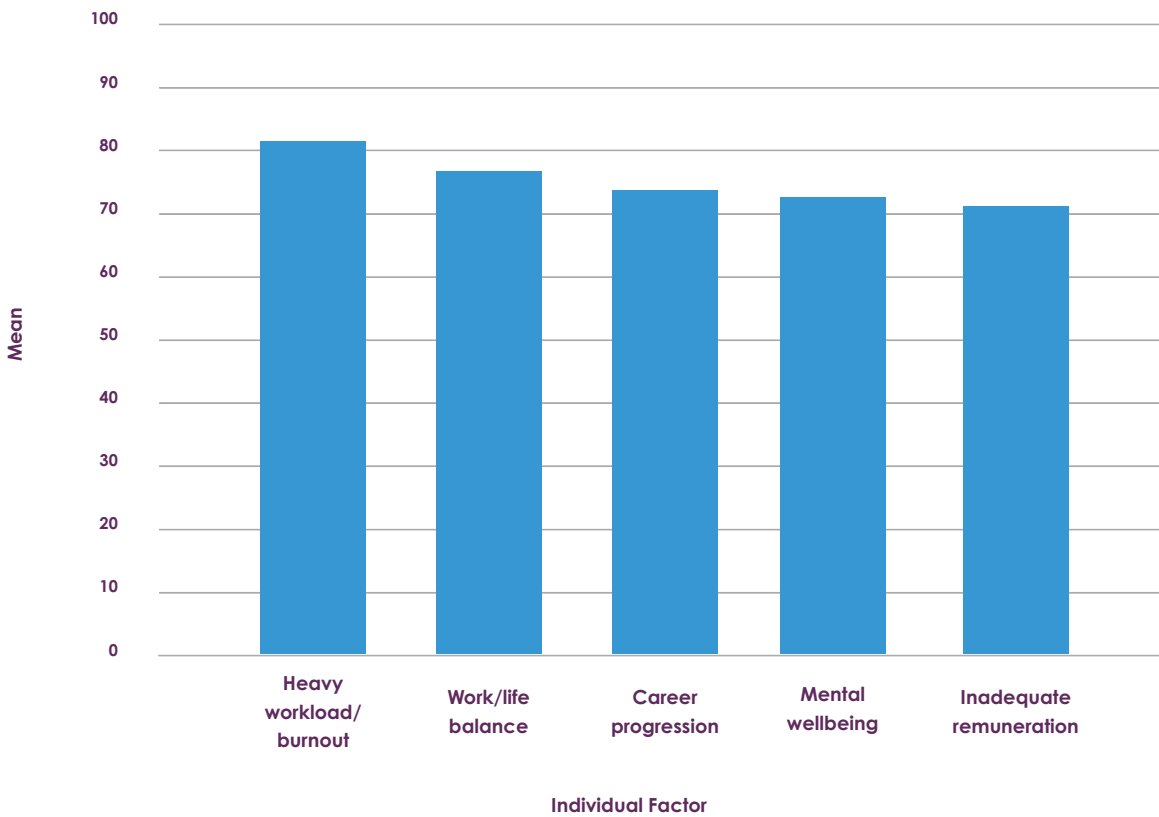


Seeking to understand what is contributing to health staff departure in remote, rural and regional Queensland, Health Workforce Queensland asked survey participants to rate 19 individual and 19 organisational factors, with 242 responses received from Northern Queensland.

**Heavy workload/burnout, work/life balance, mental wellbeing, inadequate remuneration and career progression** were seen as the highest individual factors influencing health staff departures across the region, comparative to overall state results. Similarities were seen across most areas with some variances observed such as **retirement** having a high influence in Cairns and Hinterland HHS whilst for Mackay, it was **job satisfaction**. **Accommodation, professional isolation and lack of perceived professional respect** all appeared in the top five individual factors for the Torres and Cape, whilst not rating highly in any other area.

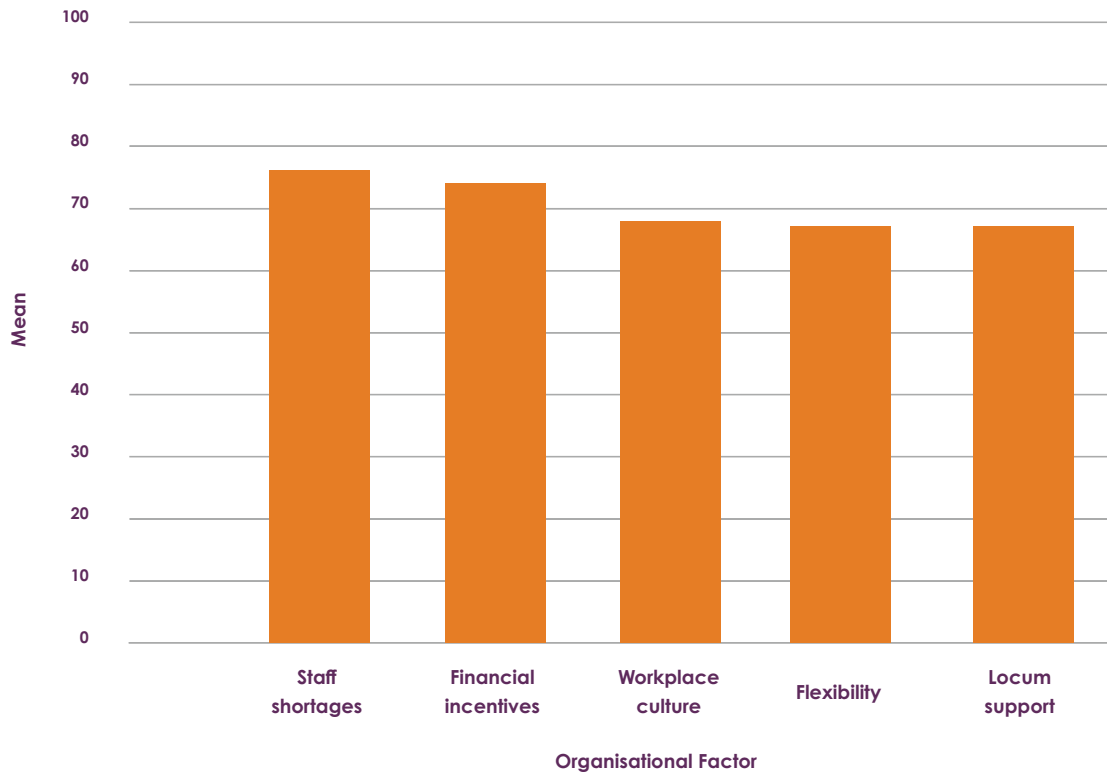
The top five highest means for organisational factors influencing staff health departures in Northern Queensland were **staff shortages, financial incentives, workplace culture, locum support and flexibility**, however differences were noted across the individual HHS areas. **Training access and operational management** rated highly for Mackay HHS area only, whilst locum support and accommodation difficulties both fell within the top five individual factors influencing departures in both Cairns and Hinterland and the Torres and Cape HHS areas. **Roster rotations** rated as fourth highest for the Torres and Cape, yet no higher than 12th for any other HHS area.

### Northern Queensland PHN Region Top Individual Factors Influencing Staff Departures





## Northern Queensland PHN Region Top Organisational Factors Influencing Staff Departures



Despite numerous similarities across the four HHS areas, it is evident that there are key differences reflective of the unique primary care workforce and service needs of each of the remote, rural and regional communities in Northern Queensland. With these needs having been identified, it is the responsibility of state and local governments, along with community and health organisations and other relevant agencies to lead change in partnership with these communities to ensure health equity and improved health outcomes.

One such initiative is the [Rural Workforce Enhancement Campaign](#), a partnership between Health Workforce Queensland and the Northern Queensland Primary Health Network (NQPHN), who are working to recruit and retain GPs, nurses and allied health professionals to build a sustainable primary health workforce for the region.

More detailed results for each of the four mainly rural PHN regions in Queensland can be found in the [2023 HWNA Survey Findings by PHN Region: Addendum Report](#).

